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FROM THE AMERICAN PEOPLE



CCIH
Christian Connections
for International Health

**GETTING CONTRACEPTIVES TO HEALTH FACILITIES:
10 QUESTIONS FOR COMMUNITY-BASED
GROUPS TO CONSIDER**



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A letter to community-based health providers around the world:

Dear Friends:

In recent years, many members of **Christian Connections for International Health (CCIH)** have introduced or expanded contraceptive services in their health facilities and community programs around the world. There are several reasons why they want to provide these services:

- Many couples want to space their children, because they know that adequate time between pregnancies is healthy for mothers and children.
- Some couples want to have fewer children than their parents or grandparents did, so they can feed, clothe, and educate them in today's difficult conditions. Traditional attitudes seem to be changing – such as ideas that many children were a sign of virility, or that they would help in farm work, or that they were needed to provide for the parents in their old age. These ideas seem to be much less common today. For some women, pregnancy will be dangerous, even life-threatening. For them, contraceptives can literally be life-saving.

The use of family planning is increasing in most countries of the world. Much more often, people know about family planning methods and want to use them. In many African countries, “unmet need” for family planning is high. Indeed, surveys show that there are more people who would use family planning methods if they could get them than there are people who are already using them. In other words, if a variety of family planning methods that people want to use are available through programs that are equipped to provide high-quality services, many couples will use family planning.

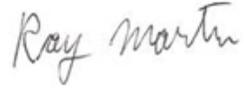
The purpose of this guide is to help you plan and implement the process of ensuring a consistent supply of family planning supplies at your service delivery sites, and get contraceptive supplies to your field sites and your health workers. This process requires careful planning, coordination, and overall management. You will need to engage with a range of partner organizations, such as donors, governments at the local and national levels, and other non-government and community-based organizations.

This guide is flexible, since every country is different, and community-based groups operate under varied conditions. This is a first edition. As you contribute your own experiences, this guide will become even more useful.

We hope that this guide will make it easier for you to provide family planning services – a key health service – to the people you serve. Please let us hear about your experiences and how we can improve the guide. You can reach us by e-mail at ccih@ccih.org.

We offer our thanks to the USAID | DELIVER PROJECT and the Institute for Reproductive Health at Georgetown University, who provided resources and technical expertise for the production of this guide.

Sincerely,

A handwritten signature in cursive script that reads "Ray Martin". The ink is a light grey color.

Ray Martin, Executive Director, CCIH

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Introduction

Who uses this guide?

All over the world, public health care facilities at all levels receive contraceptives. However there are private health care facilities like hospitals, health centres/clinics, community health workers who do not have a formal structure to receive the contraceptive supplies from the public sector. This Guide helps all the health care providers in the non- public sector to explore alternative means of access to contraceptives and skills to determine quantities required and management of stock. Health care providers include community health workers, nurses and midwives, clinical officers and medical doctors.

Getting Started

You will be able to make the most of this document if you keep in mind a handful of key facts.

What are contraceptives?

Contraceptive methods prevent pregnancies from occurring. A variety of methods are available throughout the world. Some are easy for women and men to use on their own and can be provided by a community health worker, while others must be provided by a nurse or doctor.

The decision about which family planning methods are acceptable varies widely among Christian organizations and individuals.

Sources of Family Planning Commodities

Contraceptives can be accessed from the public sector, private sector, social marketing and private clinics/drug shops franchising.

Access through the Public Sector

The public sector refers to the official government distribution system for family planning commodities. You may have to request the essential medicines list for the country in which your facility is situated. This will help you to know the types of contraceptives distributed within the public sector and the level of facility that is recommended for the commodities. You may need to find out the classification of your health facility by level of care to know what commodities your health facility can access. In addition, you need to be familiar with the public sector family planning guidelines.



Link into the regular channels of family planning commodity supply chains of a country so that your sites are supplied in the same way as Ministry of Health (MoH) sites. Many FBOs have made this connection successfully, and it works well for them, especially if the country has a good, steady supply of these commodities.

Advantages	Disadvantages
Contraceptives can be ordered and delivered in the usual, routine ways. In many countries, they are provided free to both MoH and community-based family planning programs	If the national stock of contraceptives is running short, the MoH may send contraceptives first to their own MoH hospitals and health centers, and FBOs may not get enough.

Access through the Private Sector

Develop your own independent supply line:

Direct Supply	Private Pharmacies/Drug shops
You may find a donor organization that will regularly send you these commodities from outside the country	Depending on the set up of your health facility and available financing, you may procure contraceptives from the private pharmacies or drug shops at market price and provide them to clients at a fee
Social Marketing Organizations	Private Clinic/Pharmacy Franchising
Social marketing organizations do sell branded contraceptives at a highly subsidized price. The branded contraceptives look more attractive but maintain the same quality as other non-branded contraceptives	Because of the need to increase contraceptive access and affordability through the private sector, projects have been planned and implemented in countries to build capacity for private health care facilities to provide contraceptives

If you work with a community-based drug supply organization that provides your facilities with other health commodities, consider advocating with leadership to include family planning commodities.

Advantages:	Disadvantages:
This source of supply can be a supplement to the first, especially if the first is undependable. It is always wise to have at least two sources!	You can expect to pay high unit prices if you purchase only small quantities from the private sector inside a country. And you must identify a reputable source that can ensure quality products. (Family planning commodities are rarely among the drugs that are counterfeited, but it is possible)

Encourage your hospitals and health centers to know and collaborate with the other family planning providers in their areas. You may find that your organization or facility does not have access to all the different family planning commodities that clients want. If this is the case, you will need to identify places to refer clients so that they can get the method they want at a price they can afford. Referral sites need to be within an appropriate distance and they need to provide high-quality services that meet the needs and preferences of the people who you refer to them.

Advantages:	Disadvantages:
If one health center risks running out of key family planning supplies, they may be able to borrow from another center. Also they can refer family planning clients for special services (such as insertion of implants in the woman's arm or surgical sterilization), and other centers can refer some of their clients to your centers.	None.

Getting contraceptive supplies is not "one-time only" work. Once you get started, it will still require maintenance work. It is an ongoing process to stay resupplied and to avoid stock-outs. Over time, the quantities and types of family planning commodities your program needs will change depending on provider skills, client preferences, program capacity, and available supplies.

Promoting family planning is easier now than in the past. It might not even be necessary. A generation ago, the challenge was to inform people of the benefits of family planning and increase use. Now the challenges are to have sure and regular supplies available for all the people who want them. The shortage is in supplies, not in customers!

Family planning services will have a significant impact on the health of the people served.

All kinds of advantages have now been demonstrated, such as improved maternal and child survival, nutritional status, growth, and also the financial status of families. For example, see the report “Family Planning Saves Lives” at: <http://www.prb.org/pdf09/familyplanningsaveslives.pdf>

The Ten Points in this booklet may be applied differently by each organization. Some may be applied concurrently, or in a different order, or maybe not at all. You decide what applies to your group in the countries where you work.

There are various sources of help available for this work. See the listing of Annotated Sources at the end of the document.

This booklet does not deal with a number of important issues, like good family planning counseling or service provision. Those are critical topics, but they are handled extensively elsewhere. This document is about **getting the family planning supplies** so people actually have access to the supplies they need.

No Product, No Program. This is a key point, often emphasized by specialists in Commodity Security and Supply Chain Management. You have no family planning program if you do not have family planning commodities.

Question One. What can the staff and clients at our health facilities tell us?

It is always a good idea to start with the “end users” rather than some central office. If you don’t talk to people, it is easy to make assumptions about family planning that might not be correct, and important pieces of information may be missing. For example, preferences for family planning methods by people who receive services at a rural clinic may be different from a clinic in town. One ethnic or religious group may have different concerns and need different counseling from another. Some people may mistakenly believe that breastfeeding protects against pregnancy and not realize that there are important criteria for the Lactational Amenorrhea Method (LAM). Many misconceptions exist around pills as well. Some Muslim women will not swallow a pill during daylight hours in the month of the Ramadan fast. Others believe the pills accumulate in the stomach of the woman and are never released. Other forms of hormonal contraception may be feared because clients believe they cause infertility. When considering CycleBeads®, providers may have misconceptions about its efficacy or the ability of women to learn and use the method correctly. These are just a few of the things you might miss if you skip the step of talking to staff and clients.

This early information gathering process can be done in various ways, such as these:

- **Informal conversations with service providers.** Nurses and community health workers know a great deal about the people they serve, and usually they have very good insights into attitudes, needs, potential problems, etc. They may have an idea about which family planning methods will be in greater demand. They can also tell you if their training has already included family planning counseling, and if they need basic training or just a refresher. As you begin providing family planning services, build on your staff experiences. Which people are interested in family planning? Which ones are not? How can they be reached?
- **Small focus group discussions with staff and/or clients.** The dynamics of a group can bring out issues with real clarity. The group may be able to discuss easily the issues that individuals may not have mentioned. Is the husband's knowledge and consent an issue everywhere or just in some couples? Will clients come to the clinic just for family planning services, or do they more easily come on the day of child vaccinations, or on market day?
- **Short and informal questionnaires.** Questionnaires should be simple and basic enough to be valid with people who may have limited or no education. Can only a woman administer such a questionnaire to other women? Should questions be converted into an informal chat? Are clipboards or forms filled out by a surveyor a barrier that will bias people's answers?
- **One-on-One listening.** This is a good way to complement other approaches. When people are at ease, they can be very informative.

The following list shows sample questions you may want to ask before you begin offering family planning services. These particular questions are mostly for staff, as opposed to patients/clients. Please note that in some cultures, direct questions like this may be unacceptable. Adapt the questions to the context of your facilities.

1. Do we think the people who come to this clinic know about family planning? Do they know about ___(specific methods)_____?
2. Would they like to get family planning methods here?
3. Do we have an idea about what family planning methods women around here would like most? (CycleBeads®, pills, contraceptive injections, condoms, etc.)
4. Will some women be afraid of or not want to start using family planning methods? Why?
5. Should family planning commodities be free, or should clients be asked to pay, at least a small amount?
6. Are any of our patients/clients already using family planning methods? (If so, where do they get them? Which methods do they like best? How much do they pay for them?)
7. What do we know already about counseling people and giving them family planning methods? What kinds of methods are you ready to explain to people – (CycleBeads®, condoms, pills, contraceptive injections, IUDs, etc.) Can you explain about the side effects of some methods?

8. How can we make family planning methods available? For example, should they be routinely offered in well-baby clinics, through village extension workers, on market days, in pharmacies? How else?)
9. If we do not have a particular family planning commodity here, where can we refer people to go for contraceptives? (For example, private pharmacies, a hospital, other clinics, where? How far away are they, and how easy and cheap is it for people to get there?)
10. What are other things we should think about before we start providing family planning here, or try to offer the service to more women?



Question Two. Are people already getting family planning methods from other sources?

In some cases, staff may think that no women to whom they provide other services are using family planning. This could be a mistake, however, since the staff may have never asked, and the women may have never told. Look at these examples from various countries:

- Some women travel long distances every three months to an urban site to get Depo-Provera, a contraceptive injection. Such a trip takes considerable time and expense, and when family funds are low, they are tempted to skip the trip. (Stories like this indicate a real need. Offering injections near their homes can be a considerable service to women in the community.)
- People buy contraceptive pills being sold illegally in market places. (The pills may be expired or may have been poorly stored. They may have been stolen from hospitals or clinics, or they could be counterfeits.)
- Women may buy family planning commodities from licensed, private pharmacies. (They can continue to be a suitable supply for the community under two conditions: the pharmacies are near the homes, and the family budgets can reasonably cover the cost.) But your program may be able to offer these same methods to people who live farther from pharmacies or who cannot afford the prices pharmacies charge.
- Condoms are available at many sites, even in bars, for a low price through subsidized programs. (Condoms can help people avoid both sexually-transmitted diseases and unwanted pregnancies. Some couples, though, will prefer to use different methods of contraception, if they become available.)

Women may use a hormonal method of family planning like pills or contraceptive injection but discontinue use due to concerns about side effects. If your program includes CycleBeads®, which does not have any side effects, the needs of these women could be met. The advantage of knowing other sources of family planning helps you plan better for introducing or expanding your organization's family planning services. This knowledge helps you judge these points:

- How interested are the potential clients in family planning?
- How dependable are the sources of family planning supplies?
- Do people seem to be willing and able to pay? If not, how will the program cover the cost of supplies? If so, how much are they willing to pay, and for what supplies? For instance, clients may not be willing to pay for pills or condoms that are given free by the Ministry of Health, but they may be willing to pay for contraceptive injections or CycleBeads, which are not available from other sources. This information could help you decide which methods your programs should provide and which ones clients should be referred for.
- Can other facilities serve as referrals if your own facility cannot provide certain methods? For example, you may not be able to do IUD insertions or sterilizations, but it could be important to know hospitals that can, and even to make appointments for women going there. IUDs and sterilization have saved the lives of women in many countries when another pregnancy was diagnosed as too risky. Can some of the current sources of contraceptives begin to refer clients to you for contraceptive methods they do not offer? For example, if your health nurses learn to do IUD insertions, community distributors of pills can refer IUD clients to them.
- Do there seem to be significant privacy concerns in the population, as in not letting spouses or in-laws know about obtaining methods?

With this sort of information, it is easier to plan for future contraceptive services.

Question Three. How can we get a “starter pack” of family planning supplies?

A starter pack contains a small quantity of a variety of methods. It is only a short-term, one-time solution, but it can have certain advantages.

- When you have a starter pack, you can act right away to help women you know should not have another pregnancy.
- By keeping track of distribution – usually on a form like a Daily Activity Register used for many other products – you get an idea for the various family planning methods included in your starter pack. You will learn, for example, whether 100 cycles of pills are likely to be enough for your clients for a week or for three months. (Of course, once a reliable supply of commodities has been established, consumption will rise significantly. But your beginning data will help you know how much to order.)

- A starter pack is a good way of judging what the local “method mix” will be. Will half your clients probably want injections, 30% pills, 10% CycleBeds®, and 10% condoms?
- Once you have a starter pack, you can refine your record keeping system, look at the adequacy of your storage space, and set up the internal product flow in your clinics. For example, should all staff members be trained as family planning providers and know how to sign out supplies? If clients will be referred for some methods, is everybody familiar with the referral system?
- Your staff will soon be able to tell you what they are good at and what they need to learn more about in terms of family planning service provision and counseling.
- Ask for a free “Starter Pack” from the Ministry of Health or another supplier in the country where you work. They may not be familiar with the term “Starter Pack,” but the essential thing is to do basic estimates and get a supply to begin distribution with. See Example B at the end of this book.
- Even if you have to buy a starter pack of contraceptives, a small amount of money can launch your contraceptive services. US \$1,000, for example, can buy a modest quantity of pills, CycleBeds®, contraceptive injections, and condoms. Even if you have to purchase from a private supplier on a one-time basis, you will have begun!
- Don’t wait to “see how it goes.” Begin early to link up with other providers and with the supply systems you hope to connect to in the future.

Question Four. What can we learn from other organizations that have a good source of family planning supplies?

In any country, some Community-based Organizations or Non-Governmental Organizations have probably already learned lessons that can save you time and resources. Ask them! Here are some questions:

- When did you start providing family planning services?
- Where do you get your family planning commodities? Are you happy with your source(s)?
- How do you order them, and how often? How does the system work? Do you have to estimate each time what you need? Or do you just report your stock on hand and recent consumption data, and then the supplier calculates what to give you?
- Are there government regulations or laws I need to know about before distributing contraceptives?
- What is your method mix of contraceptives (the approximate percentage of clients that use each of the various methods)?
- Do you refer clients to organizations that you are happy with? For example, if we do not offer IUDs, but some of our clients want them, is there a hospital or clinic you would suggest?

- Is commodity consumption stable for the various methods, or is it on the increase? Are you distributing more now than last year or a few years ago?
- Did your staff have formal training in counseling and distribution? If so, where did they get it? Do you recommend it?
- Do you suggest putting up posters of some kind to announce the service? If so, do you have any sources for good, simple materials?
- Do women come for family planning on their own, or do staff members need to mention family planning and explain the methods?
- Do you have community health workers who provide family planning methods? Which methods?
- Would it be possible for some of our staff to come visit your staff to see how they offer family planning services?
- What have been some problems or challenges in this work?
- What advice would you give to an organization interested in providing contraceptive services?

Question Five. What people and organizations should we contact?

1. The Christian Health Association (CHA) in the country where you work.

You may find that many community-based clinics and hospitals are already offering family planning services. The CHA staff will be able to advise you and help you get started quickly with family planning activities. They may suggest other community-based programs you can visit or send your staff for practical, on-site training. They will tell you whether you can begin to offer family planning under the CHA umbrella. They can advise you on whether you need to contact government officials or international agencies directly (see below) and how you can receive donated contraceptives.



2. Government officials at the national and/or local level

If you have 10 or more clinics, health posts, or hospitals in different parts of a country, you may need to contact officials in the Division of Family Planning of the Ministry of Health about adding family planning services. If you have only two or three clinics, you can probably work with officials at the district level or regional level.

3. International governmental donors

The two agencies that provide the majority of donated contraceptives world-wide are USAID (a US government agency) and UNFPA (an agency of the United Nations). Other donors include the European Union, British DFID, Canadian CIDA, Irish Aid, and Swedish SIDA. They generally

donate contraceptives directly to the Ministry of Health (MOH), rather than to various smaller groups, in a country. The World Bank is the most prominent lender of funds, typically to governments, to purchase contraceptives.

Your own church health facilities may be able to tie in to the MOH distribution chain and receive some of these commodities. In some countries, donors also give contraceptives directly to an umbrella association of NGOs or FBOs, such as the community-based Drug Supply Organizations in some African countries.

4. International non-governmental organizations (NGOs)

The International Planned Parenthood Federation has member organizations in many countries where FBOs work. Cordaid, World Vision, Adventist Development and Relief Agency, the Institute for Reproductive Health, and Marie Stopes International are other organizations and institutions that have collaborated successfully with FBOs in many countries.

5. Local FBOs or NGOs

The advantage of “local” FBOs and NGOs (within a country or one part of the country) is that they often have tremendous knowledge of the area and very close ties with their communities. They can share ideas to help launch your family planning initiative quickly and effectively. Sometimes they will be eager to collaborate in order to ensure regular family planning services for their own members.

Question Six. What data do we need when we ask for contraceptives?

At the beginning, you can only make estimates, because you don't yet have accurate data on quantities or types of family planning commodities distributed over a period of months. The **Forecasting Guide for New & Underused Methods of Family Planning** (Institute for Reproductive Health Georgetown University, John Snow Inc., and Population Service International for the Reproductive Health Supplies Coalition, 2012) is a key resource to use when asking for contraceptives: <http://www.k4health.org/toolkits/NUMs-forecasting-guide>.

Below are some examples of what to say when you request these supplies. We have used international “default” figures for the percentage (22.5%) of women of reproductive age in a population, and for the number of condoms needed by a couple (120 per year). A complete sample letter/e-mail is included in the annexes of this document.

Sample wording: “Our health facilities date back to 1980, and we serve all clients and patients, whether they are members of our churches or not. Our facilities are mostly in rural areas where there is no access to other health services. Our Lemu Clinic is typical, with the nearest government facility (the Barako District Hospital) 70 kilometers away, and few private sector services available or affordable to poor people, whom we serve.”

Sample wording: About 100,000 people are served by our clinics, and about 22% of them are women of reproductive age. An estimated 80% of those women (17,600) are in union, meaning that they can become pregnant. Our investigation so far tells us that at least 15% of these women would like to use family planning to space or limit the number of children they have. This means approximately 2,640 women want these services now.

Sample wording: We are asking for an initial three-month supply of contraceptives to get our activities started. During those three months, we will keep accurate records so that we can estimate what the real need will be in future months. Our interviews and information gathering so far indicate that 50% of the 2,640 women will want contraceptive injections, 30% will want pills, 10% CycleBeads® and 10% will want condoms. Based on these estimates, the specific quantities would be:

- 1,320 doses of the three-month contraceptive injectable for the 1,320 women estimated to want this method.
- 2,376 cycles of contraceptive pills (a three-month supply for the 792 women who want this method).
- 264 sets of CycleBeads® for a lifetime supply for the 264 women estimated to want this method.
- 7,920 condoms (a 3-month supply for the 264 women who want this method, at 10 condoms per month).

Sample wording: We believe that this three-month initial supply will get us started. We will begin immediately to keep accurate records of quantities distributed and remaining stock, so that at the end of the first month we can place an accurate order to arrive before our stock runs out. If we have low stock levels before then, we will place an emergency order so that we do not run out.

Sample wording: We do not have any sources of funds to buy family planning commodities for our clients. We cannot send them to private pharmacies, which are too far away and too expensive. Other programs we have contacted have referred us to you. We would like to become a new family planning service site, in addition to the 12 sites existing in our district.

Note: You can probably give a great deal more information, but that can be counterproductive. Decision makers often want key selected points, rather than extensive data. They need basic information on why you want family planning commodities, how many you need, and how you will report to them.

Question Seven. What are some effective techniques for getting family planning commodities?

Persist. At the local level, success could take months. At the national level, it could take longer. You may need to make multiple visits to some of the same offices. Sending different members of your organization at different times can have an impact. Sometimes a local citizen and an expert from the organization make a good combination. And in some countries, female officials can be much more responsive to requests for help in getting supplies.

Win-Win. Emphasize that your efforts are all part of the national plan to provide more family planning services to people who want them and that you are strengthening and reinforcing that work. Imply in a diplomatic way that helping you will make the official(s) and their programs look good.

Select your data and information. Nothing beats “data for decision making,” and that’s what decision makers need. Numbers talk, as long as they are the right numbers. In this case, the key numbers are people served and quantities of contraceptives needed (broken down by type of contraceptive). Over time, you hope that you will be able to place routine orders for resupply of contraceptives, in increasing amounts as demand increases, and maintaining a safety stock, so that stock-outs can be controlled. It is important to avoid extra data (income levels, ethnic group, educational levels, etc.) that won’t help the official focus on your request for contraceptives.

Understand the donor or provider. The people you meet with will not simply take notes and then hand you the supplies you need. They must fit your request into their annual plans and the budget cycles of their own donors. They may tell you to go to a regional or district warehouse for a one-time supply. They may ask you to set up a regular supply plan from a regional or district warehouse, and you will need written authorization to do that. The warehouse may deliver supplies to you, or you may have to pick up your supplies monthly or quarterly. If the MOH simply does not have enough supplies coming into the country to supply both MOH facilities and FBOs like yours, you will have to develop some other system of procurement, using your own resources.

Precede your visit with an e-mail or letter. If you send your information and data in advance, you may have a chance that it will be read before your visit. And the person you meet with will already have an electronic record, one that is easy to forward to the staff who may be the ones to handle your request. See the sample letter in the Example B at the end of this Guide.

Follow up with progress reports. Decision makers who have been responsive love to hear that what they got for you had an impact. Mention the number of people served, the quantities

distributed, preferred methods, and increases in consumption. Be a source of good news. It is a good idea to attach a photo of happy clients being served (ask permission before taking any photo).

Remember: Your long-term goal is not to be treated as a special case, but rather to become like other family planning services that get re-supplied regularly.

Question Eight. Should we join a coordinating group?

First of all, what is a coordinating group? It is typically a national group with representatives of donors, NGOs, FBOs, and government officials who meet periodically to assess and take action on the supply of contraceptives coming into the country. (Some coordinating groups work on both reproductive health supplies and also on HIV/AIDS tests and antiretroviral drugs.)

While the name of the coordinating groups will vary from country to country, a common name is the RHCS Coordinating Committee. (RHCS stands for Reproductive Health Commodity Security.)

In most countries, the Ministry of Health, USAID, and UNFPA are active members of coordinating groups. The group is usually chaired by an MOH official. The groups may meet monthly, quarterly, or irregularly. Some countries also have regional or district contraceptive coordinating groups.

The long-term goal of these groups is "Contraceptive Security" (sometimes called "Commodity Security"). These terms mean that every man and woman who wants contraceptives should be able to "choose, obtain, and use" them.

Should you join Contraceptive Coordinating Group in the country where you work? That will depend on your interests and where your facilities are located. Several reasons why it could be worthwhile to join:

- Your membership can help ensure a supply of contraceptives for your own facilities.
- You can learn important points from other providers of contraceptive services. (For example, they may advise you that, before the planting season when women work in distant fields, they may want to pick up extra pill cycles to last through the season.)
- You may be able to strengthen your referral system. (For example, where in your region can women get surgical sterilization or Norplant?)
- You can contribute your own on-the-ground experience to a national initiative.
- You will gain insight into government priorities and regulations. For example, are condoms and other contraceptives considered "Essential Drugs" on the government lists? Are there new contraceptive pills not yet on the national drug list?

- You will learn whether some groups charge clients for contraceptives. How much? Are the fees high enough to purchase resupplies (called “cost recovery”)? Or are the fees nominal (“cost sharing”)?

Question Nine. How will we keep track of contraceptive use?

You need good records and data to avoid contraceptive stock-outs. Running out of contraceptives will lead to unintended pregnancies. It will be necessary to set up a reporting system using forms for providers. Adequate training on the forms, with a plan for regular follow up must be established before the forms are used.

A good analogy is the fuel tank of a vehicle. You have an idea of how far you can go in your vehicle with a tank of fuel (your fuel consumption rate). Suppose you calculate that 12 liters of fuel will take you to a distant town and back. But you don’t want to take any chances, so you refuel before the needle on the fuel gauge reaches the red mark. You want to have extra fuel in case anything happens, such as a washed-out bridge or a detour that adds more kilometers.

The same logic works with contraceptives. For each type, you calculate your monthly consumption (based on recent months). Then, by looking at how much of that contraceptive you have on hand, you know how far that quantity will take you, i.e., how many months it will last. If you give clients an average of 80 pill cycles per month, and you have 400 cycles on hand, you have enough for five months. But you will want to order and get new supplies before the five months are up. Just as you ensure that you have enough fuel in your tank until you get to a service station, you want to keep an adequate stock of contraceptives on hand.

These simple principles are the basis of the whole Contraceptive Security movement, and the disciplines of logistics and supply-chain management. Look at the list of key concepts below and in the next chapter, and notice how they are calculated. Then see how they are applied in the example “Calculations at Sarah’s Clinic.” (More detailed information on these concepts is available in the Sources list at the end of this booklet.)

Typical Month. This refers to a month when consumption of a contraceptive is more or less normal. There was neither a big increase (because of a promotional campaign, for example), nor a big decrease (because of low stock levels, stock-outs, etc.). Look at these six monthly numbers: 85, 75, 44, 122, 78, and 90. The numbers 44 and 122 are not typical because they do not fall in the same range or group as the others.

Average Monthly Consumption (AMC). You need to know how much you give to clients during an average month. Since no month is perfectly average, you would take the quantities of a contraceptive distributed in three or more recent typical months and average them. In the

example above, use the numbers of the four typical months: 85, 75, 78, and 90. Add them and average them (divide the total by 4). The AMC is 82.

Months of Stock (MOS): This means how long your stock of contraceptives will last. You need to convert the quantities you have on hand (sometime called inventory or stock on hand or physical stock) into months so that you can tell if you have enough for two months, six months, or even more. Divide your stock on hand by your AMC to get MOS. (Do not include expired or damaged items as part of your stock on hand.) For example, if you have 160 pill cycles on hand (and none are expired or damaged) and your AMC is 50, you have enough pills for a little over three months.

Quantity to Order (QTO): QTO is the most important of the calculations, but if you don't calculate AMC and MOS correctly, you will not have an accurate QTO. (Like the other acronyms, QTO may be known by different names in different countries.) In many countries, the contraceptive supplier will assign you a "Max," or Maximum Stock Level that you may have. If your Max is 3 (that means three months), you may stock up to three times your Average Monthly Consumption (AMC). But before you order, you must first subtract your stock on hand. (You don't want to "overstock.") Suppose your AMC of contraceptive injections is 50, and your Max is 150. When it's time to order, you count 70 in your stock on hand. Subtract 70 from 150 to calculate that 80 is your Quantity to Order (QTO).

Trend: In supply chains, a "trend" is defined as three or more months of continual increase or decrease in consumption. For example, during the past four months the number of pills distributed was 112, 118, 122, and 130. In this case the increase is steady. If a trend (either positive or negative) is happening, you will not want to use your Average Monthly Consumption for the past months, because it may not tell you what future consumption will be. If you expect the trend to continue, you may decide to use only the last month as the AMC. In our example, use 130 for your estimate, since it will better indicate what will happen in the coming months. Another type of trend in contraceptive services may occur when a new method or brand is introduced; over a few months, you may see an old method decline in use, as clients switch to the newer method or brand.

Seasonality: If you have a change in consumption every year at about the same time, you probably have seasonality. For example, more umbrellas are sold in the rainy season, so sellers need to stock up in advance. Likewise, more contraceptives will be needed if a migrant population comes through your area once or twice a year, or if there is an annual well-baby campaign during which mothers are offered contraceptive services. You will order extra stock every year to prepare for these events.

Let's think again of the fuel in your vehicle. Think of Quantity to Order (QTO) as the fuel you need in the tank to get you to the next fuel station. You already have some fuel in the tank, but not enough. How much do you need to buy? If you know what your average consumption is, you can calculate what you need.

Suppose that in your contraceptive supply system, you place orders every two months (two months between "fuel stations") and you are always supposed to keep two months of Stock on Hand (SOH) in case you have an increase in consumption or the next shipment is late. That means that you place an order that will "top up" your stock to four months (four times your Average Monthly Consumption). That is your "Max," or maximum stock level; ordinarily, you will not need or want to go over that amount.

Example: Your AMC of contraceptive injections is 21, and the Max = 4 AMC. You calculate the Max as 4×21 , or 84 injections. But you will not order 84 (unless you were "stocked out" and had 0), because you have Stock On Hand of 47, and you should not over stock. So you subtract the SOH of 47 from the 84 to get 37, which is the Quantity to Order.

The formula is $QTO = Max - SOH$.

In this example, $QTO = 84 - 47 = 37$.

You will order 37 cycles of contraceptive pills.

Question Ten. How can we prevent contraceptive stock-outs?

Any supply system must avoid running out of contraceptives, or "stock-outs." Contraceptive stock-outs result in some women having unplanned pregnancies. The forecasting guide previously mentioned in question VI will be helpful to prevent stock-outs. This is a summary of earlier points in this Guide.

Don't estimate consumption (use) of contraceptives. "Just guessing" is a frequent cause of stock-outs.

Track how many your clients use. Use a Daily Activity Register (A Family Planning register), tick sheet, or some equivalent form to keep these numbers. It is best to keep a running total from day to day so that it is easier to get the monthly total. If you know what you use, you can estimate what you need.

Calculate your Average Monthly Consumption (AMC). Use three or more typical months. Typical months are months that show no big increase or decrease in consumption. They represent what is usual and average.

Calculate Months of Stock (MOS). Will your stock last long enough or will you run out before new supplies arrive? Divide the good stock you have on hand by your current AMC. For example, if you have 80 contraceptive injections, and your AMC is 20, your MOS is 4, meaning your supply will last four months.

Comply with the policies of your regular supply system. For example, suppose the district warehouse of the MOH allows you to pick up contraceptives once a month and allows you to keep on hand a three-month supply, plus a two-month “safety stock.” You should try to keep the full five-month supply in stock, and you should use the MOH forms to do so. Take your report form and your order form to the warehouse once a month to get your supplies.

Use regular order intervals to resupply. Getting contraceptives at irregular times and intervals will lead to stock-outs. The best plan is learn and follow the system of the MOH (or perhaps another supplier). If possible, use e-mail or Fax to send your reports and your orders. Use the phone to follow up.

Know when to place an emergency order. In many contraceptive systems, you should place an emergency order when only half of your “safety stock” level remains. For example, if your safety stock is for two months, place an emergency order when you hit the one-month AMC level. Don’t wait for the stock-out!

Have a clinic policy to offer substitute methods. If your stock of contraceptive injections runs out, your workers need to know whether to offer pills or condoms. Substitute methods are far from ideal, but better than nothing. Do anything you can to avoid clients going away empty-handed.

Have a backup source of contraceptives, if your regular source fails. Well in advance, you need to identify other sources. You may borrow from another clinic that has sufficient stock; you may have to try to get a good price at a private pharmacy to avoid the stock-out. Plan in advance!

Have a referral system for clients, in case you ever do have stock-outs. Where can you send your clients if you have a real stock-out? Ideally, your alternate site will be low cost and nearby. Notify that site that you will be sending clients for temporary supplies, and send a note with the client you are referring.

Example A: Calculations at Sarah’s Clinic

The terms presented on the last two pages are applied in this hypothetical example. The woman in charge of the clinic is Sarah, and she is doing the calculations to place an order.

How she calculated Average Monthly Consumption (AMC). The Daily Activity Registers for contraceptive pills at Sarah’s Clinic showed that the nurse and assistant nurse together gave out the following quantities of pill cycles from January to June:

Pills					
January	February	March	April	May	June
21	19	17	5	22	24

Sarah considered the “5” in April “not typical” (there were either fewer clients for some reason or there was a supply shortage). So she drops the “5” and adds the other five months together: $21 + 19 + 17 + 22 + 24 = 103$. And when 103 is divided by 5 (the number of months), the average or AMC is 21. This means that Sarah will need on average 21 cycles for each month.

She should still recalculate the AMC each month because it will go up and down, at least a little. She will do the same calculations for each type and brand of contraceptive available at her clinic. Here are the six month figures for the contraceptive injections and condoms:

Injections					
January	February	March	April	May	June
45	52	47	88	41	55

(Sarah drops the 88 as not typical; she uses the other five figures to calculate an AMC of 48.)

Condoms					
January	February	March	April	May	June
210	215	223	249	254	268

Sarah notices a trend with condoms -- a consistent increase every month for several months. So this time she will use 268 instead of calculating the Average Monthly Consumption, since consumption is probably going to keep on increasing and 268 is a better indicator of the future than an average of the last six months.

CycleBeads®					
January	February	March	April	May	June
5	8	3	4	7	5

Sarah notices no outliers or increasing trends so she calculates the AMC for CycleBeads just as she did for pills and arrives at an AMC of 5.

How she calculated Months of Stock (MOS) on hand. Sarah had an accurate, up-to-date stock record card for each of the types of contraceptives, so she did not have to do a complete new count or inventory. (She did remember to add to the numbers on the stock record cards the pill cycles, injectables, condoms, and CycleBeads® that were in the desk drawers of the nurse and nursing assistant. And she did not include any contraceptives that were expired or damaged.) Now Sarah had a total of all the stock on hand. Finally, for each method, she divided the Stock On Hand by the Average Monthly Consumption to get the MOS.

	Stock on Hand	Average Monthly Consumption	Months of Stock on Hand
Cycles of Pills	67	21	About 3
Injectables	102	48	About 2
Condoms	268	125	About 2
CycleBeads®	10	5	2

Sarah's Clinic has more than two months stock of all the contraceptives, so she does not need to place any emergency orders. Since she is resupplied monthly, and she has a least two Months of Stock for all three products, the clinic is in no danger of running out of contraceptives.

How she calculated Quantity to Order (QTO). In Sarah's country, the maximum quantity (Max) for contraceptive supplies is three months' worth (based on the Average Monthly Consumption). Since Sarah knew for each contraceptive method the Average Monthly Consumption (AMC) and her Stock on Hand (SOH), she could calculate her Quantity to Order (QTO). Here is the formula for calculating the Quantity to Order: $QTO = \text{Max} - \text{Stock On Hand (SOH)}$.

	Stock on Hand	Average Monthly Consumption	Max (3*AMC)	Quantity To Order (QTO)
Cycles of Pills	67	21	63	$63 - 67 = -4$ 0*
Injectables	102	48	144	$144 - 102 = 42$
Condoms	125	268	804	$804 - 125 = 679$
CycleBeads®	10	5	15	$15 - 10 = 5$

*Note that for pill cycles, Sarah's QTO is a negative number. This calculation showed that Sarah had previously ordered too many cycles of pills and still had more than her 3-month Max. On her order form, she will write "0," which shows she has done the calculations, she found that her current stock of pills is adequate, and the clinic needs no more pills this month.

After Sarah re-checked her calculations to be sure she had no errors, she sent off her order. By following this procedure every month, she was sure that she would not have stock-outs— as long as the district warehouse itself did not have a stock-out.

Over the next year, as more family planning clients came to Sarah's clinic, the Average Monthly Consumption of contraceptives also went up, and so did her Max and her Quantity to Order. Sarah also calculated an additional 25% of each contraceptive before the annual well-baby campaign. The mothers of young babies were often eager to begin contraceptive use. And for those who were nursing their babies, she ordered a supply of progestin-only pills, since in her training she had learned that the lactational amenorrhea method was effective for only six months after birth or even earlier if the mother's period returned or she began feeding the baby food/liquid other than breast milk.

All in all, by keeping good consumption records and ordering monthly, Sarah had no stock outs and an increasing number of happy and healthy contraceptive clients.

Example B: Request for contraceptives to an official at the Ministry of Health

(Use your organizational letterhead, including e-mail address, etc. Send by e-mail and fax as appropriate. Adapt introduction and closing as culturally appropriate.)

Dear Dr./Ms./Mr.:

Greetings from all the members of our organization and all the patients whom we serve. You may know that we have been serving a population of about 48,000 people for over three decades, and we are grateful for the support and guidance you have provided and the excellent collaboration we have had.

At this point, we want to increase collaboration and serve the population better. Specifically, we would like to contribute to the National Action Plan of Expanded Access to Contraceptive Services. Our patients do not have any access to contraceptive services within a range of 30 kilometers, and most of the households do not have the resources to travel that distance for those services.

We propose to introduce contraceptive services with a choice of three methods in the next few months at all five of the clinics run by our organization. We ask you to include us in the organizations that are supplied with contraceptives by the Ministry of Health. We have studied the report and order forms used in your supply chain, and we are more than willing to strictly observe all the policies and procedures.

To explain how the collaboration might work, it would be preferable to meet with you for 30 minutes any time the morning of ___ or _____, but of course we are very flexible. The basic information is included below so that our conversation can be more focused.

We are requesting a “starter pack” of contraceptives to begin these services. Based on our interviews and calculations, we estimate that to begin with, about 15% or 7,200 of the Women of Reproductive Age (WRA) in our area will want contraceptives. Estimating that 50% of these women will want the three-month contraceptive injection, 30% will want the contraceptive pill, 10% will want condoms, and 10% will want CycleBeads®, here are the quantities we are requesting for a three-month starter pack:

- 3,600 units of the three-month contraceptive injection – 3,600 WRA (50% of the estimated users in our area)
- 6,480 cycles of pills—2,160 WRA, three pill cycles per woman for the first three months (30% of the estimated users)
- 21,600 condoms – 720 WRA, an average of 30 condoms per woman for the first three months (10% of the estimated users)
- 720 CycleBeads®—WRA, one set of CycleBeads® per user (10% of the estimated users)

There is reason to believe that demand for contraceptives will increase significantly over time, but it is better to start with conservative estimates.

With your authorization, this starter pack could be obtained from the Regional Warehouse at _____. At the end of the first month, we would begin placing re-supply orders in the same order cycle like the other clinics and organizations the Regional Warehouse supplies. As you wish, monthly or quarterly reports on consumption and number of clients served will be forwarded to your office in addition to the usual reporting/ordering to the Regional Warehouse.

You have an extremely full schedule, and while it would be good to work with you directly, it is understandable if you need to refer our request to one of your capable staff with whom we can meet.

Please do not hesitate to contact us with any further questions.

Again, we deeply appreciate your help and support, and we have great enthusiasm for collaborating in the National Action Plan of Expanded Access to Contraceptive Services.

We look forward to hearing from you soon about our request.

Respectfully,

Sources of more information

- Christian Connections for International Health is a network of organizations and individuals, representing numerous disciplines and nationalities. The website (www.ccih.org) includes recent CCIH publications on contraception, reproductive health, and community-based family planning programs around the world.
- The website www.usaid.gov has a wealth of information about the United States Agency for International Development, (the US foreign aid program around the world). Much of the Agency's work includes donations and technical assistance to the central level of governments, such as Ministries of Health, but the context given on the web site is very informative. Also, you can find the web site of the USAID office in specific countries. You need to know what USAID is doing and what its current emphases are. Note: USAID does not donate to small NGOs, but contraceptives may be available in your country through groups that do receive USAID donations.
- The site www.unfpa.org explains the assistance given by the United Nations Population Fund, including country-specific work. Note that while UNFPA is a major donor of contraceptives, the donations are mostly to the central levels of a government or large umbrella organizations of NGOs. In many instances, however, groups providing family planning services may arrange to be supplied by the in-country recipients of UNFPA donations.
- The site www.deliver.jsi.com explains the technical resources available through the worldwide USAID | DELIVER PROJECT, including work in specific countries. This project provides supply chain expertise and training, but does not itself give contraceptives. Three items in particular will be of interest to CCIH members and affiliates.

- 1. Online Logistics Training:** *Lessons in Logistics Management for Health Commodities* is a series of five interactive learning sessions which can be accessed on-line or through a CD, allowing the user to work at her own pace to learn the basics of logistics management. The sessions include: Introduction to Logistics, Logistics Management Information Systems, Assessing Stock Status, Maximum-Minimum Inventory Controls Systems, and Selecting Maximum-Minimum Inventory Controls Systems. If you prefer not to take the lessons online, you may request a copy of the CD from askdeliver@jsi.com.
- 2. Logistics Handbook: A Practical Guide for the Supply Chain Management of Health Commodities** offers help in managing the supply chain, with an emphasis on

health commodities. It is intended to help program managers who design, manage, and assess logistics systems for health programs. In addition, policymakers, system stakeholders, and anyone working in logistics will also find it helpful as a system overview and overall approach.

3. In-country training: Depending on the country, slots in supply chain courses may be available when the DELIVER Project is training groups of MOH employees and staff of various NGOs and other organizations. The courses are country-specific, very interactive, and based on Adult Learning Theory. They specifically train participants how to manage the supply chain and avoid stock-outs of contraceptives and other public health products at their clinics and district offices.

- **Empty Handed: Responding to the Demand for Contraceptives.** This excellent twenty-minute video made by Population Action International and available free online was made in Uganda. It clearly shows the difference in women’s lives when they can get contraceptives versus when they are at on-going risk of unplanned pregnancy. Audiences for the video would include organizational staff as plans for contraceptive provision are being developed. www.populationaction.org/empty-handed
- **IAPHL** – The International Association of Public Health Logisticians is a virtual organization, free to join, which specializes in supply chain management for public health products in developing countries. <http://knowledge-gateway.org/IAPHL>
- **The Population Reference Bureau** (www.prb.org) offers easily accessible demographic data, including contraceptive prevalence rates, for the countries of the world. The data are very useful when planning or updating services.
- **International Planned Parenthood Federation** (<http://www.ippf.org/en>) is a non-governmental group that offers education, training, and services in many countries of the world. In your country, you may find that the national IPPF affiliate organization can offer training for your staff, cancer screening for your patients, education for youth or other groups, or even contraceptive supplies for your clinics.
- **Forecasting Guide for New & Underused Methods of Family Planning:** What to Do When There is No Trend Data? 2012. Washington, DC: Institute for Reproductive Health Georgetown University, John Snow Inc., and Population Service International for the Reproductive Health Supplies Coalition. (<http://www.k4health.org/tags/new-and-underused-methods-family-planning>)

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Note to readers: Documents about contraceptive counseling and quality of care are not included here, because those topics are beyond the scope of this Guide. Ask for information at your Ministry of Health. Many good sources are also available online.