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Global health Supply Chains. Dar es Salaam Tanzania 2016



Alternative distribution mechanism reduces logistics cost and promotes FP uptake

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Global health Supply Chains. Dar es Salaam Tanzania 2016



Background to the project

- In 2012 the MOH approved an Alternative Distribution Strategy (ADS) to address weaknesses in distribution of contraceptives.
- Implementation of the strategy required an implementation manual (but was not developed)
- Previous strategy expired in 2015
- Access Global Ltd won the bid to provide professional services for strengthening ADS





Project Objective

The purpose of the project was

- to generate evidence on the performance of the ADS for (2012-2015) with regard to achievement of planned results, accountability to stakeholders and lessons learned;
- to develop a new Alternative Distribution Strategy (2016 2020);
- and to develop an implementation manual in support of the new Alternative Distribution Strategy (2016 - 2020).



Project conceptualization – Supply chain system design & TMA

- Supply chain: The full range of organisations involved in the storage and movement of FP & selected RH commodities from the warehouse of the national lead firm to end users
- TMA: Provision of free commodities; social marketing and commercially marketed products informed by appropriate market segmentation





Project conceptualization – Supply chain system design

Supply chain structure Network design

- Number of supply chain levels
- Number and location of storage points
- Transport devices and routing

Chanel Governance

- Level of HR knowledge & skills
- Inventory policies
- Distribution policies
- Decision-making (process)

Common measurement system

Information systems

Supply chain performance

- •Uptake of commodities
- •Stock-out commodities

of

- •Expiry rate of commodities
- Logistics cost
- Stakeholder satisfaction
- •market share of different sources of FP commodities in Uganda (TMA)

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rate





Project conceptualization – TMA – current status

| Free Access | Social Marketing | Comm ercial Market ing |
|-------------|---------------------|---------------------------------|
|-------------|---------------------|---------------------------------|





Project conceptualization – TMA – future status

| Free Access | Social Marketing | Commercial Marketing |
|-------------|------------------|---------------------------------------|
| | | |





Process & flow of work



The Evaluation Report

2012-2015





Objectives of the ADS

- Increase uptake of contraceptives and other RH commodities at the public service delivery points by 50% annually
- Reduce the number of service delivery points experiencing stock outs of contraceptives and other selected RH commodities in both the public and private sector to less than 30% in five year





Evaluation questions

- Generate evidence on the performance of the ADS for 2012-2015 with regard to achievement of planned results, accountability to stakeholders and lessons learned
- Assess the relevancy, effectiveness, efficiency, sustainability and potential impact
- Assess the extent to which the implementation and coordination framework for the alternative distribution strategy enabled or hindered achievement of the results chain
- Make recommendations for the development of a new Alternative Distribution Strategy and implementation manual
 - Flow of commodity & information
 - Pricing
- Identify success stories, if any, and document the lessons learnt



Method: Research Approach

1. Quantitative

Used secondary data: UDHS2011, AHSP Reports, Global program for RH commodities security (GPRHCS) of 2014 report, Evaluation of the Joint Program for Population (UNFPA), 2015, and Uganda National Housing and Census, 2014 report.

2. Qualitative

- i. Document review
- ii. 3-day stakeholder kick off consultation in Dec 2015
- iii. 59 KIIs were conducted with central level stakeholders (10), DHOs (19) and Health Facility (HF) in-charges (30).
- iv. 20 FGDs were conducted with women and men of reproductive age (15-49 for women; 15-54 for men) from 19 selected districts (2 from each of the 9 UBOS regions of Uganda plus Kampala)
- v. 2-day stakeholder meeting to review findings & recommendations



Findings: ADS 2012-2015 system





Findings: %age increase in uptake of FP commodities & services

| Year | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 |
|----------------------------|---------|---------|---------|-----------|-----------|-----------|-----------|
| CYPs | 845,404 | 591,206 | 803,139 | 1,780,578 | 3,275,403 | 4,059,810 | 3,308,142 |
| % Increase in uptake | | -30% | 36% | 122% | 84% | 24% | -19% |





Findings: Rate of stock out of Family Planning commodities (source survey by HEPS & ABH, 2015)

| | % of fac | ilities not stocl months | ked out in 6 | Average stock out days per month | | | |
|---------------------------------------|------------------|-----------------------------|-------------------|----------------------------------|---------|---------|--|
| Commodities | Public (N=37) | Private (N=41) | Mission (N=36) | Public | Private | Mission | |
| Female condoms | 24 | 12 | 28 | 17 | 23 | 25 | |
| Levonorgestrel 0.75mg/rod*2 | | | | | | | |
| implant Etonogestrel | 22 | 15 | 30 | 11 | 9 | 17 | |
| 68mg/ rod*1 implant Misoprostol | 27 | 7 | 25 | 8 | 12 | 17 | |
| 200 μg Tablet | 38 | 15 | 12 | 11 | 4 | 11 | |

ABH = Advocacy for Better Health





Implementation and coordination

Achievements

- Meetings of the FPWG/RHCS committee were held regularly and information on stock position was shared
- MOH Quantification & Procurement Planning Unit (QPPU) supported quantification while Development Partners (DPs) directly procured required commodities
- MOH internal audit verified payments and other transactions under the ADS

Gaps

- Coordination between IPs, districts, and Health facilities and the feedback mechanism from down to the central level is still weak
- No implementation manual
- No baseline and mid term evaluations
- Accreditation by MOH was not successful





Level of Human Resource knowledge

Health workers knowledgeable about logistic terms

| Logistic term | No. of respondents found knowledgeable | Percent of Health workers knowledgeable |
|--------------------------------|--|---|
| Stock on Hand | 27 | 100 % |
| Average Monthly Consumption | 27 | 50 % |
| Months of Stock | 27 | 7 % |





TMA: Wealth Quintile of the population in Uganda (Source UDHS 2011)

| Wealth Quintile | Proportion |
|-----------------|------------|
| Poorest | 17.50% |
| Poor | 18.20% |
| Middle | 18.50% |
| Richer | 19.90% |
| Richest | 25.80% |
| | 100% |





Current Source of RH commodities





Future Source of RH commodities

Private Sector (Middle, Richer & Richest wealth quantile), 64.20% Public Sector (Poorest, Poor wealth quantile), 35.70%



Economic impact of increased uptake of FP commodities





Success Stories

- 1. Transfer of RH commodities between the private sector and public sector
- 2. The strategy helped to avert expiry of RH products
- 3. Reducing RH commodity handling fees through Public Private Partnerships (PPP)
- 4. Batch tracking for efficient post shipment testing of condoms





Lessons Learnt

- Provision of public commodities through the private sector increases uptake of family planning
- Provision of free commodities subsidizes private sector prices thereby encouraging users to switch to the private sector, which could be more sustainable and contribute to TMA.





Recommendations (1)

- Government should allocate a budget in support of the ADS
- Maintain a single national storage point
- Establish regional distribution points (partnerships between IPs and UHMG)
- Enroll more HFs under the strategy
- Include equipment in support of RH and FP services that were found to be very unaffordable





Recommendations (2)

- Min-max inventory holding points should be established and enforced throughout the supply chain
- Institute integrated information systems that facilitate information sharing and access across the supply chain
- Adopt the TMA
- Service fee for commodities distributed under the ADS should be determined and published



The Alternative Distribution Strategy

2016-2020





- Premised on the Evaluation of ADS 2012-2015
- Success stories, challenges and recommendations taken into consideration

Goal: To increase access to Reproductive Health Commodities across the country.





Strategic Objectives 2016-2020

- Increase uptake of FP and selected RH commodities in both public & private SDPs by 50% annually
- Reduce the no. of SDPs experiencing stock outs of FP and other selected RH commodities in both public and private to less than 10%
- 3. Reduce the no. of SDPS experiencing expiry of FP and other selected RH commodities in both public and private sector to less than 5%





Priority areas for the period 2016-2020

- Improving the relevancy, effectiveness, efficiency, sustainability and potential impact of the ADS in contributing to RH commodity security outputs, outcomes and national targets
- Streamlining the flow of products and information across the ADS supply chain
- Strengthening Implementation and coordination framework
- Promoting a Total Market Approach to RH Commodity Security



Strategic interventions (2016-2020)

| 1 | Public sector distribution | 7 | Expand natural FP |
|---|---|----|--|
| 2 | VHT | 8 | Integrate FP into non health sectors |
| 3 | Private sector distribution | 9 | Provision of information, services & commodities through places of worship and cultural activities |
| 4 | Building capacity for logistics management | 10 | Provision of information, services & commodities at public places e.g Hotels, etc |
| 5 | FP in OPD, YCC, ART clinics | 11 | Institutionalizing FP outreach, days & camps |
| 6 | Expand/strengthen capacity for post-shipment testing | 12 | Voucher system and social franchising |
| | | 13 | Social marketing & mobilization |
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Streamlining flow of products and information

[•] Level, Number and location of storage points

- regional level storage and distribution services to ensure all regions are well covered.
- Increase no. of storage points at health facility level
- Inventory policy- Min-max inventory holding points shall be established, disseminated and enforced
- Distribution policy A distribution schedule to deliver to all SDPs Transport devices and routing
- Common measurement systems
- Integrated Information systems





Pricing

- MOH to pay UHMG 9 % of CIF value
- UHMG to provide commodities to IPs and eligible service providers at no additional cost.
- Mutually agreed fee from UHMG to IP with regional storage
- IPs to pass on commodities to clients and service providers at no additional cost.
- A recommended service fee shall be published by the MOH for private providers





Total Market Approach

Remove barriers to provision of free commodities and socially marketed commodities to the private sector.

Result - subsidized cost of access thereby switching those who can pay to the private sector

Efforts at sustainability





Implementation and Coordination framework

- Lead firm (UHMG) to lead supply chain coordination meeting
- UFPC to lead coordination meetings of consumer organizations
- MOH accreditation and Quality Assurance
- ACHS (Pharmacy) & ACHS (RH) supported by RHCS Coordinator to strengthen supervision, M&E
- Independent supply chain management verifications and audits



Immediate Logistics cost

| | mUSD | | | | | | (UGX) bn |
|--|------|------|------|------|------|-------|----------|
| | 2016 | 2017 | | | | | |
| Commodity costs | 14.8 | 17.4 | 20.5 | 23.4 | 26.5 | 102.6 | 359,100 |
| Handling fees (9% of commodity costs) | 1.33 | 1.57 | 1.85 | 2.11 | 2.39 | 9.2 | 32,319 |





Commodities

- Oral pills
- Injectables
- IUDs
- Condoms (Male & female)
- Implants
- Emergency Contraceptive Pills
- Misoprostol
- Others consider adding Delivery Kits, IUD insertion kits, MVA kits, Vasectomy kits, Minilap kits, mama kits



Conclusions

- The Alternative Distribution Mechanism for FP & selected RH commodities in Uganda is a supply chain system design intervention.
- The system design intervention has increased uptake of FP and reduced the logistics cost (from 10% to 8% of CIP value)
- Key additional structural interventions necessary to sustain the benefits of system design are – common performance measurement system and strengthening of information systems.