

Using the Power of Partnership to Speak the Same Language on Stockouts

In the summer of 2015, the Reproductive Health Supplies Coalition will release the much-anticipated reference sheets for its harmonized suite of indicators to measure stockouts. These indicators, the culmination of a more than two-year collective effort by members of the Systems Strengthening Working Group, will allow the community to elevate the issue of stockouts through increased measurement of stockouts using broadly comparable metrics.

Background of Suite Development

The RHSC Stockout Indicators workstream was launched by the Systems Strengthening Working Group with the broad directive to get the reproductive health supplies community to “speak the same language” about stockouts. To achieve this goal of increasing uniformity in the way stockouts are measured, the RHSC effort seeks:

1. To build consensus and common understanding among key RH institutions at global level about measuring stockouts.
2. To support the adoption/use at global and country levels of specific measures of stockouts from among a suite of tested indicators.

An Advisory Group was established with key players and experts from across the RH community including supply chain, research, advocacy, and FP2020¹.

¹ Members of the Advisory Group include: Bill and Melinda Gates Foundation, Financing for Development, Ibis Reproductive Health, John Snow Inc., Management Sciences for Health (MSH), Population Action International, Population Council, Performance Monitoring and Accountability 2020 (PMA2020), RHSC United Nations Population Fund (UNFPA) and United States Agency for International Development (USAID).

A landscape analysis then showed:

- › Vast differences in what is being measured for stockouts, how they are measured and how the information is being communicated.
- › No single indicator will satisfy the needs of all the different stakeholders and capture the complexity of the availability issue.

Consequently the Advisory Group endorsed the development of a suite of indicators from which organizations could choose the indicator(s) that best suit their needs. The result was a draft suite that, with the leadership of John Snow Inc., UNFPA, and Management Sciences for Health, was field tested in Bangladesh and Zambia for feasibility and to further inform the development of the final suite and guidance.

The suite is made up of twelve indicators in four categories: methods offered, range of methods available, point-in-time stock-outs, and lastly, frequency and duration of stockouts over time.

About the Suite: The Universal and Primary Indicators

To harmonize the information reported by various organizations and country programs, we have designated a single “universal” indicator for all organizations to collect, in order to be able to track stockout results across countries and over time in a consistent way. This point-in-time stockout indicator is foundational. It is arguably the most reliable, feasible and easily understood.

Each of the four indicator categories includes one primary indicator. If an organization wishes to collect indicators for a given category, we recommend they use, at the very least, that category’s primary indicator.

The universal and primary indicators were selected because they are easier for a larger number of country programs to report on. They do not require highly mature information systems or complex calculations. Therefore, they promise to offer the RH community the broadest dataset on stockouts that can be feasibly collected.

Indicator Category	Primary and Additional Indicators for the Indicator Category
A. Products or Methods Offered	<p>Primary Indicator A1 Percentage of facilities that offer each family planning product or method, reported by product or method</p> <p>Additional Indicators:</p> <p>A2. Percentage of facilities that are expected to offer each family planning product or method, reported by product or method</p> <p>A3. Percentage of SDPs that are expected to offer each family planning product or method and have trained staff to administer it, reported by product or method</p>
B. Point-in-Time Stockouts	<p>UNIVERSAL and Primary Indicator B1 Percentage of facilities stocked out, by family planning product or method offered, on the day of the assessment (reporting day or day of visit)</p> <p>Additional Indicators:</p> <p>B2. Percentage of facilities stocked out at the end of reporting periods, averaged over a 12-month period (reported by family planning product or method offered)</p> <p>B3. Percentage of facilities that offer the country’s most commonly used family planning product or method that are stocked out on the day of the assessment (reporting day or day of visit)</p>
C. Range of Methods Available (for SDPs only)	<p>Primary Indicator C1: Percentage of SDPs that have at least three modern family planning methods (primary) and at least five modern methods (secondary/tertiary) available on the day of the assessment (reporting day or day of visit)**</p> <p>**In November 2016, this indicator will change to five methods for primary, secondary, and tertiary level SDPs (per FP2020 guidance).</p> <p>Additional Indicators:</p> <p>C2. Percentage of SDPs that have at least one modern family planning method for each method category available on the day of the assessment (reporting day or day of visit), reported by method category</p> <p>C3. Percentage of SDPs that have at least one modern family planning method for at least four of the six method categories available on the day of the assessment (reporting day or day of visit)</p>

D. Frequency and Duration of Stockouts over Time**Primary Indicator D1:**

Percentage of facilities that experienced a stockout according to the ending balance of any of the last three reporting periods, reported by family planning product or method offered

Additional Indicators:

D2. Percentage of facilities that experienced a stockout at any point during the last three months, reported by family planning product or method offered

D3. Average across facilities of the total number of days stocked out in the last three months, for facilities that experienced a stockout (reported by family planning product or method offered)

Indicator Adoption

With the vision of mobilizing public health leaders “speaking the same language around stockouts,” the Coalition launched Take Stock in October 2014. This campaign to resolve stockouts seeks commitments from organizations to adopt the indicators and/or to use data from the indicators to raise the profile of this complex issue.

Take Stock is an initiative of the Reproductive Health Supplies Coalition. The Reproductive Health Supplies Coalition is a global partnership of public, private and non- governmental organizations working together to ensure that all people can choose, access and use affordable, high-quality reproductive health products. Since 2004, the Coalition has been at the forefront of international efforts to secure reproductive health supplies by increasing resources, strengthening systems, and harnessing the power of partnership. Learn more at rhsupplies.org.