

3

ASHA Kits-

last mile availability
of FP commodities
in Uttar Pradesh





Challenge

Challenge: Demand estimation & requisition delays by frontline workers, lead to inadequate availability of Family Planning (FP) products at the community Level

PATH's assessment of the family planning supply chain in eight states (Bihar, Karnataka, Maharashtra, Odisha, Punjab, Telangana, Uttar Pradesh and West Bengal) showed recurring stock outs of family planning products at downstream facilities.

Multiple reasons were attributed to stockouts, including human resource and accountability issues, and lack of proper knowledge, processes and skills. These challenges get further exacerbated at the last mile where frontline workers lack clarity on processes and demand estimation, and suffer from irregular availability of commodities at health centers.

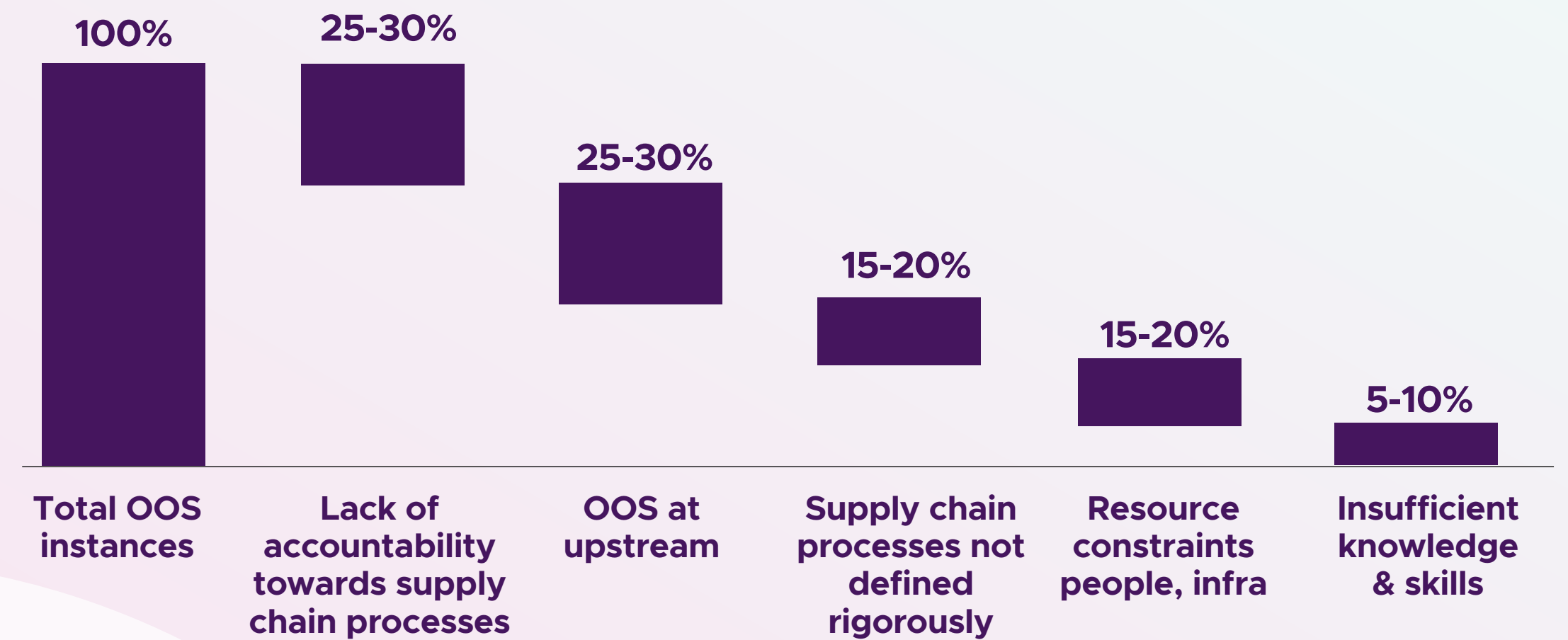


Fig: Reasons for stockout at Uttar Pradesh



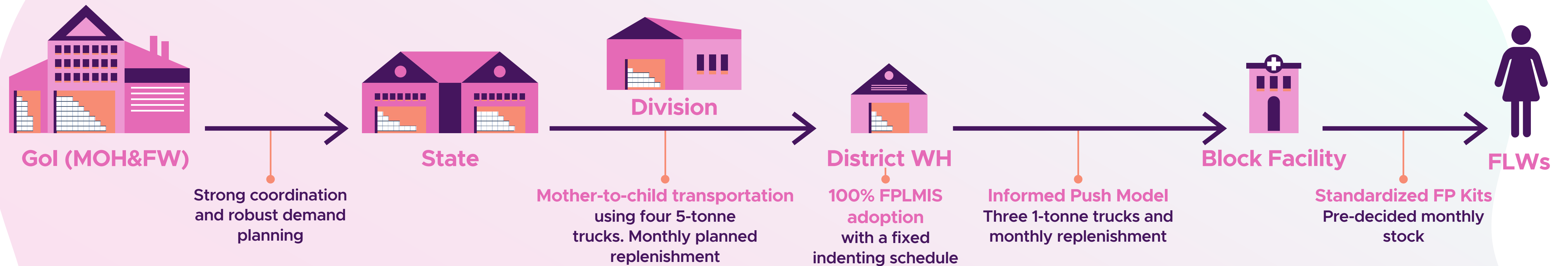


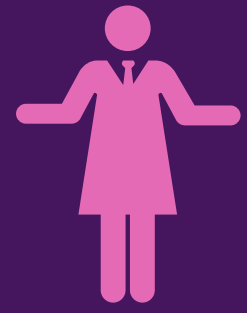
Context

Continuous availability of a wide range of contraceptive methods is a key factor in people's ability to plan families. A reliable stock of contraceptives supports voluntary choice, contributes to user satisfaction, and promotes method continuation (Dehlendorf, et al, 2014)¹. Effective family planning (FP) supply chains, by ensuring a range of commodities reach the last mile, contribute to supporting women's choice of modern contraception, and ensure previously unavailable methods reach beneficiaries (WHO/RHR, 2017)².

Equipping frontline health workers with the tools to provide a full range of contraceptives, at regular intervals, is key to promoting use of contraceptives of choice, and regular uptake. To address identified challenges and promote agency and access in family planning and reproductive health solutions, PATH identified several interventions, to address gaps in specific points of the supply chain.

PATH'S VISION OF END-TO-END SUPPLY CHAIN IN UP





Our Pilot

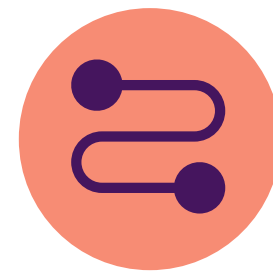
As part of government mandate, ASHAs (Accredited Social Health Activists) at the front line, dispense condoms, oral contraceptive pills and emergency contraceptive pills for interested eligible couples in the community. This often leads to a range of challenges arising from:



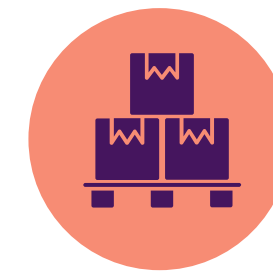
Limited ability among ASHAs to estimate need for contraceptives and forecast demand



Delays in collection of the issued commodities by ASHAs from PHCs

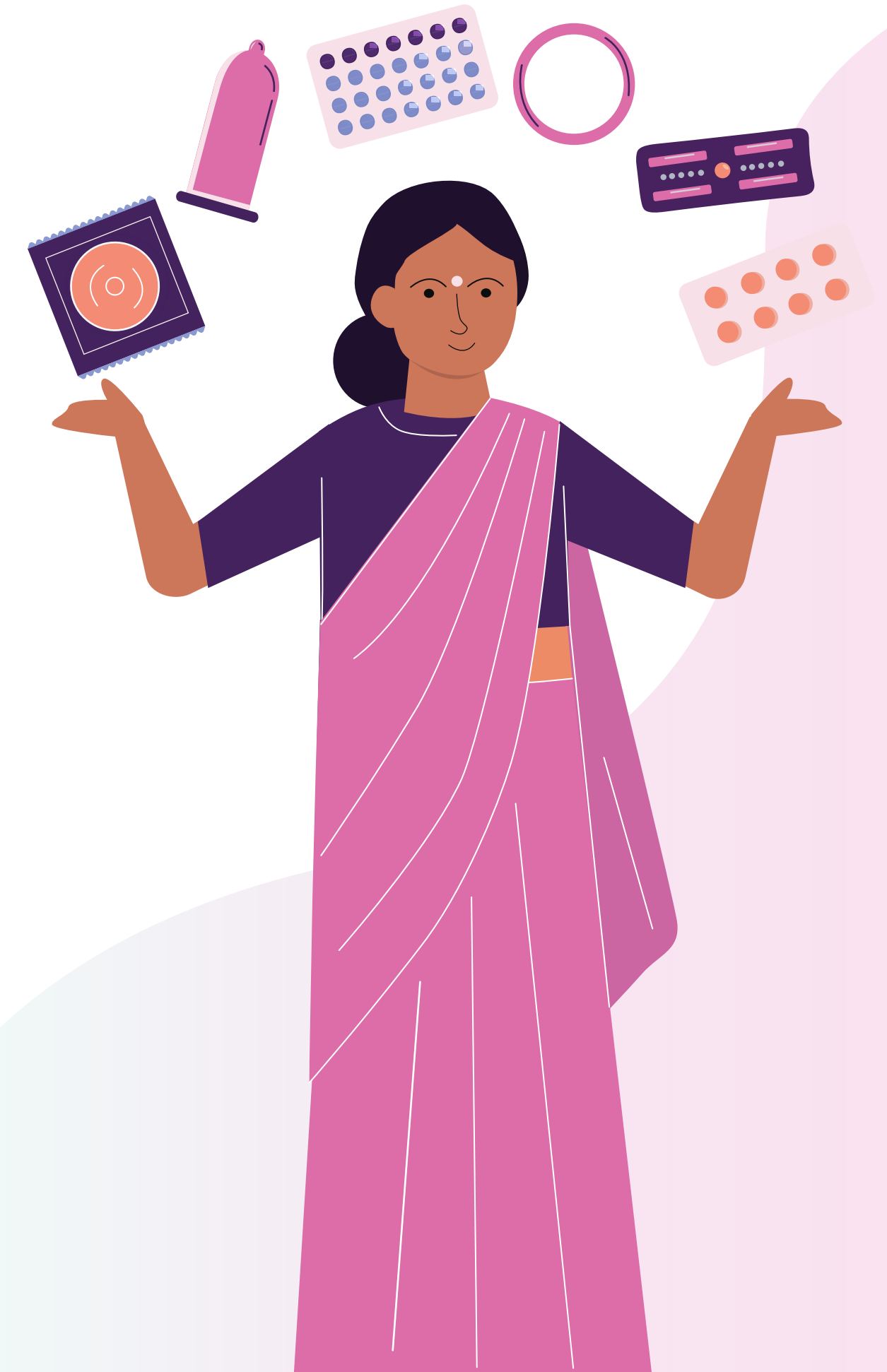


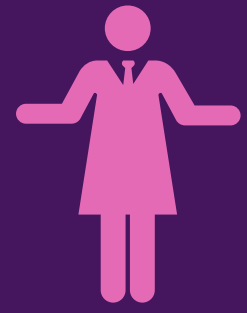
Limited ability of PHCs to track requisitions by a large number of ASHAs



Lack of clear understanding of guidelines for stock management and requisition

To address these challenges, PATH piloted the Standardized Kit System or ASHA kits, to improve availability of contraceptives for home delivery by ASHAs.



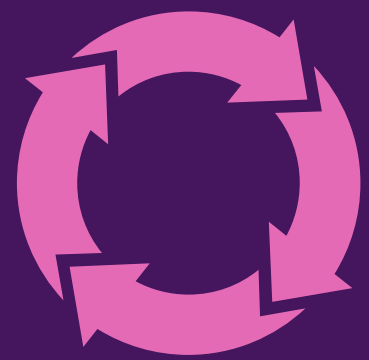


Our Pilot



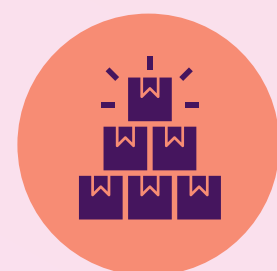
The Standardized Kit System ensured supply by providing ASHAs with kits with predetermined quantities of family planning products

The Standardized Kit System (SKS, also called as the True-Kit System or the Informed Kit System) was designed to respond to family planning product demand forecasts, reduce delays in collecting supplies from CHC and make it easier for ASHAs and pharmacists to track and manage stock requisitions and supplies. The kit provides a package with predetermined quantities of FP products to the frontline workers at regular intervals.



Process

ASHA kits were piloted in a few blocks of Gonda and Bahraich districts, in Uttar Pradesh. In this system:



First, the quantity of contraceptives was predetermined based on the population of the catchment area, the number of eligible users, and Contraceptive Prevalence Rate (CPR), the number of PHCs associated and Village Health and Nutrition Day (VHND) sessions.



In consultation with the district and block officials, monthly requirements of contraceptives were estimated.



Then, the kits were packed at the service delivery point in the supply chain, which had capabilities to pack and supply large quantities. In this case it was the Community Health Centre (CHC).



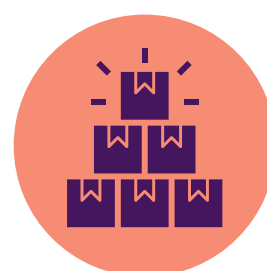


Early Challenges

Early into the pilot, resource, space, and transport concerns were experienced. PATH iteratively introduced a series of changes to address these challenges and deployed a revised kit.

Constraints Faced

FP kits packing and transportation had challenges at District Warehouse level:



Huge number of packets to be made



inadequate human resources



Space constraint for storage



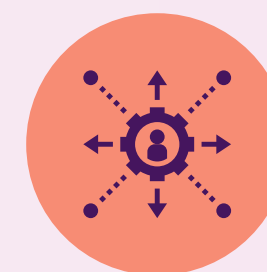
Security concern



Transportation from District Warehouse to facilities

BCPM-Block community program mobilizer
HEO-Health education officer

Change Made



Decentralized approach in packaging-CHC level



Bags provided at the CHCs through IPM van.



AVD worker at each CHCs responsible for packaging and Rs. 3 package is being given to the worker.



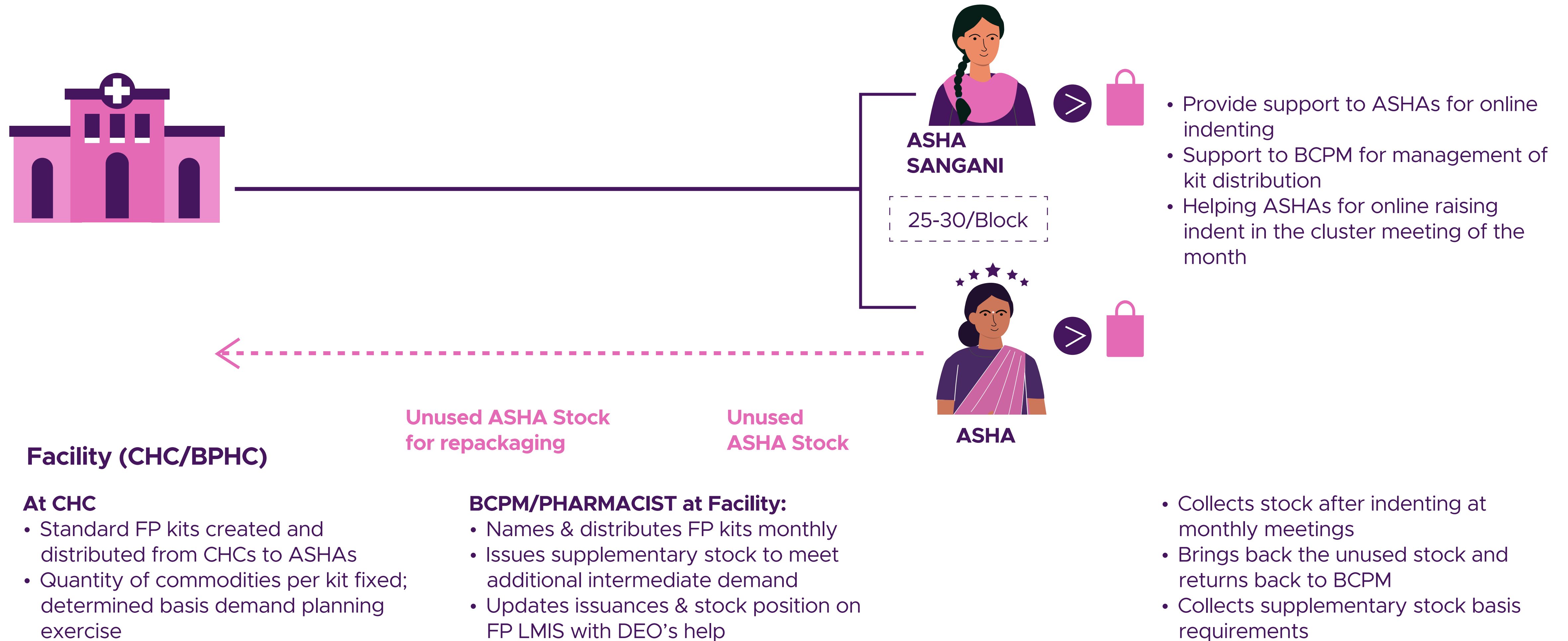
BCPMs/Pharmacists HEO made responsible for proper storage of the bags.

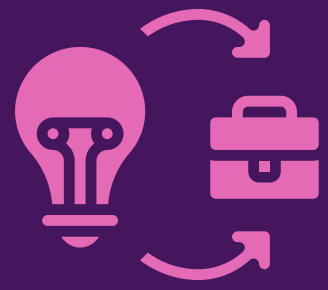


ASHA Sanginis were made accountable for ASHA stock tracking FPLMIS indenting and record maintenance.



Final Adopted Standardized FP Kit Model





Implementation

The Standardized FP Kits for FLWs pilot was implemented in two phases:

i) Preparatory phase

Before starting the implementation, PATH assessed the monthly requirement of contraceptives. The monthly demand estimation for the ASHAs, sub-centers, the PHCs and CHCs was done using the bottom-up demand estimation approach.

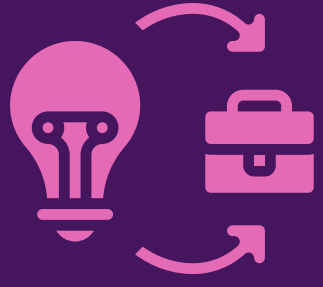
Commodities	Per ASHA
Mala-N	3 cycles
Chhaya	1 strip
EC Pills	2
Condom	30 pieces
PTK	2

Fig: Monthly FP kit commodities

ii) Field Implementation phase

Field visits were conducted to assess the feasibility of the pilot in various blocks. Post the feasibility assessments, PATH initiated the pilot.





Implementation



Bags for the kit were procured by PATH and supplied to the intervention CHCs and blocks.



The pharmacists at the block CHCs used support staff (either contractual or temporary) for preparing the packages based on the number required for each commodity.



Two bags were provided to the blocks for every ASHA. The bags were marked with a unique code for individual FLWs.



In the first ASHA cluster meeting, pre-filled kits were handed over to the ASHAs and they were asked to return the unused commodities in the next cluster meeting.

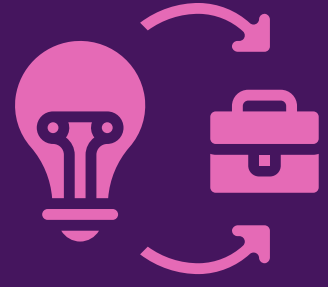


Commodities were to be returned in the same kit in the next cluster meeting, along with a format reporting balance commodities.



After the kit with unused commodities was collected in the next cluster meeting, a second kit with all the commodities was handed over to them.





Implementation

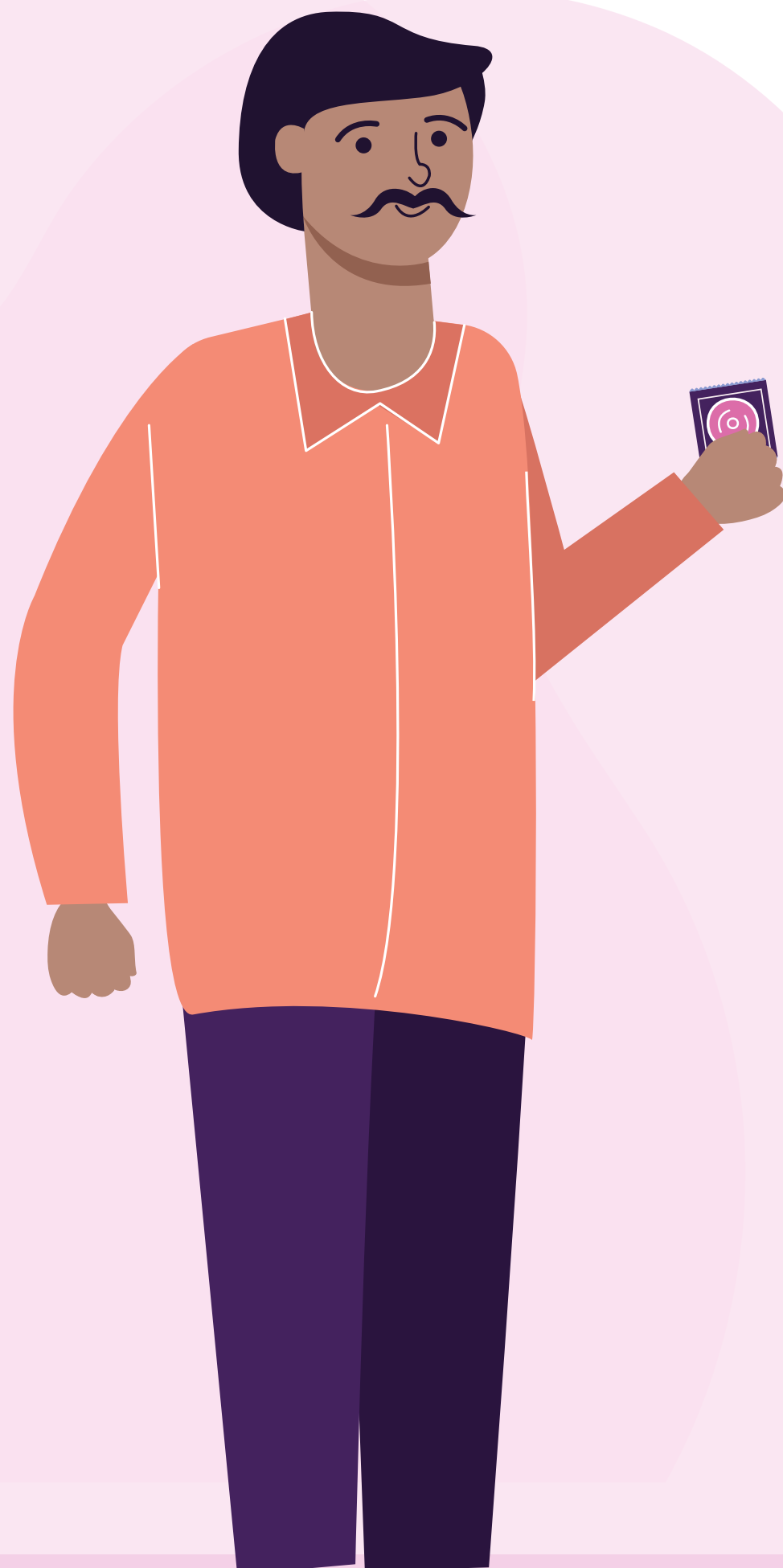


This slide shows some key indicators with respect to the number of kits distributed, details on training, and details on bags procured

Key indicators	In Numbers
Total kits distributed	5,042
Total ASHAs trained	6,000
Total ASHA Sanginis trained	220
Total BCPMs trained	37



Impact of Standardized Kit System on Family Planning Product Availability



Intervention Blocks

Commodities received on time

Kits were easy to carry and enabled ease of delivery

Complete basket of contraceptives received by ASHAs and delivered

Non -Intervention Blocks

Commodities not received on time

Only 10% of ASHAs received contraceptives

Only condoms received

In intervention blocks, FP commodities were received on time, there was greater variety and choice in the FP commodity supply, and the kits were easy to carry, facilitating delivery of the contraceptives



Lessons



ENSURED RIGHT ESTIMATION

ASHAs required support to estimate the monthly requirement of FP products. The handholding provided the ASHAs with the right tools to estimate the correct quantity to avoid stock outs.



ENSURED COMFORT AND EASE OF CARRYING

The FP kit was packed in a cloth bag that ensured privacy and easy of carrying. This allowed ASHAs to carry condoms and other commodities safely, without embarrassment, and in larger quantities than earlier.



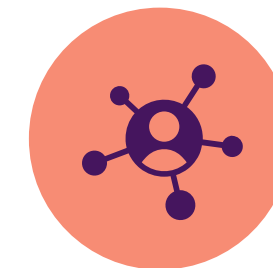
REDUCED WASTAGE

The pharmacists collected the unused stock from ASHAs before issuing a new kit during the pre-planned monthly meeting. This not only reduced wastage and pilferage but also helped track and record consumption. The unused quantities were returned by the BCPM to the pharmacist of the concerned CHC for repackaging and redistribution.



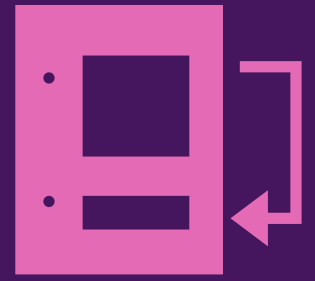
REDUCED TASKS

The Standardized FP Kit required minimal record keeping, allowed tabulation of actual dispensed-to-user data from ASHAS and ANMs, and used this data to determine type and quantities of commodities most consumed and required.



LEVERAGED EXISTING PLATFORMS AND NETWORKS

Using existing platforms, like the monthly cluster meetings for ASHAs and weekly meetings for the ANMs, to collect Standardized FP Kits resulted in timely delivery of stocks to community based delivery agents.



Endnotes

- 1 2014. Christine Dehlendorf, Colleen Krajewski, and Sonya Borrero. “*Contraceptive Counseling: Best Practices to Ensure Quality Communication and Enable Effective Contraceptive Use*” in *Clinical Obstetrics and Gynecology*: December 2014 - Volume 57 - Issue 4 - p 659-673.
- 2 2017. Evidence Brief: Ensuring contraceptive security through effective supply chains. WHO/RHR/17.09. July, 2017.