

Towards Resilient Family Planning Supply Chains in India

POLICY BRIEF

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India's Family Planning Program: Accessible and inclusive family planning and reproductive health programmes are core parts of global development mandates. Target 3.7 of the Sustainable Development Goals (SDG) calls on nations “by 2030, to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.” Thus, SDG calls on integrating family planning (FP) and reproductive health into core national strategies, and emphasises on inclusion and information.¹ Adoption of the 2030 Agenda by India has confirmed their commitment to SDG.²

India's FP programme has undergone evolution since its inception in 1952. Although the mandate has become broader; from population control to reproductive health (RH), rights, and overall well-being, birth limitation continues to be a significant part in practice. This undermines the needs of newly married couples, unmarried youth and

adolescents.³ Male engagement in public health programs and communication about the contraceptive basket of choice remain low. This limits informed adoption of contraception methods, and restricts choice and agency.

Impact of Supply Chain Challenges on Family Planning Outcomes

Within the FP and RH landscape, the FP product supply chain is key to ensure diverse and inclusive FP and RH outcomes in India, in alignment with SDGs. Supply chain inefficiencies result in breaks and discontinuity in contraceptive access and use thereby widening the unmet need for FP.

There are limitations in beneficiaries accessing the basket of choice with modern contraceptives.

Right quantities and types of contraceptives are not always consistently available to the beneficiaries when they need them.

Limitations in choice and access exist at the last mile, even though FP commodities might be available upstream.

1. 2019. United Nations, Department of Economic and Social Affairs, Population Division. Family Planning and the 2030 Agenda for Sustainable Development: Data Booklet. (ST/ESA/SER.A/429)
2. Health and Family Welfare Department, Government of Gujarat, 24 September 2021, <https://gujhealth.gujarat.gov.in/family-planning-rch.htm>.
3. 2021. Debanjana Choudhuri. “India's Family Planning: Moving the Needle from ‘Control’ to ‘Choice’” in The Diplomat. September 16, 2021

Additionally, FP method and product choice in rural India is almost always mediated through men⁴. Delays in access, or no access, means burdening women with communication and fresh negotiations with partners. Already precarious decisioning power among women can suffer further from

supply shortages, increasing unmet need and diminishing choice. FP supply chains in the public sector play a crucial role to reduce unmet need for FP in particular for the vulnerable women, girls and marginalized youth who are primarily dependent on free contraceptives.

Key Challenges faced by Family Planning Supply Chains



Inadequate physical infrastructures lead to stockouts and delays: inadequate space for storage, poor warehouse management.



Human resource constraints and knowledge gaps lead to errors in management and logistics: lack of trained and dedicated personnel to indent stock, transfers or relocation of staff lead to knowledge and skill gaps.



What works in one state system or geography, might not work in another: each Indian state follows a customized supply chain structure for all health commodities, and therefore root causes of inefficiencies are different in different states, and hence require customized solutions.



Ambiguities in processes to be followed lead to logistics and accountability failures: Lack of regular review processes and standard protocols contributed to issues and gaps.

4. 2018. Hook, C., Miller, A., Shand, T., & Stiefvater, E.. Getting to Equal: Engaging Men and Boys in Sexual and Reproductive Health and Rights. and Gender Equality. Washington, DC: Promundo-US.

Learnings from PATH's Pilot Innovations

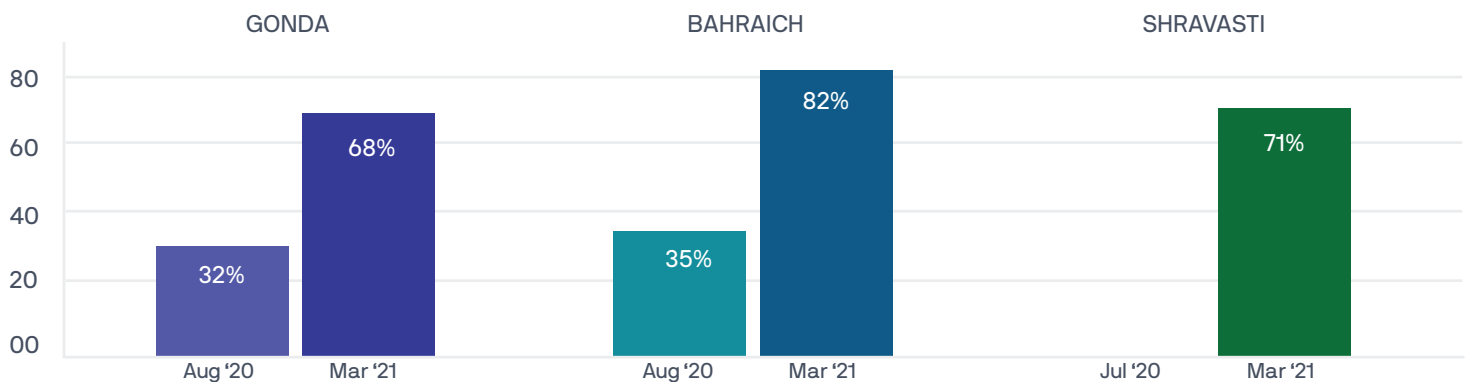


Fig: Reduced stock-outs across all pilot districts in Uttar Pradesh (U.P)

Informed Push Model

A first of its kind intervention, piloted in UP, ensured stocks were directly delivered to Community Health Facilities (CHCs). It demonstrated the positive role experienced, private sector, third party logistics (3PL) partners can play in transportation with centralized tracking, delivering and stock availability. This model is especially beneficial in regions where supply chain management is limited by inadequate personnel skills or infrastructure.



Standardized Family Planning Kits for Accredited Social Health Activist (ASHAs)

We provided ASHAs with predetermined monthly supplies of FP commodities at regular intervals. This led to overcoming stockouts, shortages and delays in supply of contraceptives. This bottom up approach for demand estimation and reduced requisition delays worked well.



Engaging India Post

In Odisha, the state's health system relied on a state-owned vehicle to transport FP commodities to district warehouses. India Post was leveraged to address transport gaps and strengthen the FP supply chain. It proved to be cost efficient and allowed faster delivery times as a much wider network of services and significant resources were utilised. It proved that the Indian postal system has the potential to deliver contraceptives all the way to end users.



Recommendations for Scale

At present, the involvement and utilisation of the private sector in strengthening FP supply chains and improving awareness among beneficiaries is sub-optimal. Evidence from PATH's IPM pilot in Uttar Pradesh demonstrates that private sector involvement reduces the burden on public sector personnel and increases efficiency. A total market approach which brings public and private players towards a shared goal, may help meet the unmet need for FP in diverse, hard-to-reach populations⁵.

Leverage the Potential of the Private Sector

Improve & Strengthen the FP-LMIS Implementation

Capacity building via regular training is required for all state & district level personnel. IVR systems and e-modules in local languages might be a sustainable way of providing support for managing and monitoring health commodities' stock availability and improving indenting practices. Interactions with ASHAs also highlighted the need for a user-friendly and fully operational FP-LMIS, that can provide better demand estimation and efficient visibility of stocks in facilities to key stakeholders in the supply chain⁶.

Innovations that work within a specific state structure or geography, might not work in another. For example, in Odisha, leveraging India Post services as a transport mechanism was successful. Whereas, in Uttar Pradesh, operational issues with the postal system could not produce similar results.

State-specific, variegated and differentiated plans can help customize approaches to resolve unique challenges, and at the same time achieve larger, shared goals.

Achieve Universal Goals with Differentiated Action Plans

Alternate Transport & Optimised Systems for Seamless Delivery

Transport related challenges such as breakdowns of vehicles and lack of stocking space can be addressed by exploring alternate systems of transportation. This need has never been greater, with the impact of pandemic related lockdowns.

Budget and financing for family planning supply chain can be better utilised by eliminating excess touch points in the supply chain. In addition, integration with essential drug list (EDL) supply chains, where possible, can also serve to optimize financing.

5. Mozumdar, Arupendra. 2019. "India's family planning market and opportunities for the private sector: An analysis using the total market approach" in International Journal of Health Planning & Management. 2019:34.

6. 2020. Maknikar, Sudhir. "India: Protecting reproductive choice through stronger supply chains". URL: <https://www.path.org/articles/india-protecting-reproductive-choice-through-stronger-supply-chains/>