



CONTRACEPTIVE SECURITY AND DECENTRALIZATION

Tips for Engaging Lower-Level Health Managers in the SPARHCS Process



Field workers receiving contraceptives from UZ Store Keeper

During the past ten years, in more than 50 countries, the SPARHCS framework and tool has inspired the use of multiple methodologies for assessing and improving reproductive health (RH) commodity availability. In many of the countries, these efforts have produced effective strategies to strengthen supply chains and improve access to contraceptives and other essential RH commodities.

The USAID|DELIVER PROJECT synthesized these country experiences to help strengthen reproductive health commodity security (RHCS). This brief includes practical tips for RHCS champions working at all levels on how to engage the lower health system—levels throughout the SPARHCS assessment, strategic planning, and implementation phases.

During the last decade, technical advisors and country managers have learned more about the importance of engaging managers and practitioners from lower health system—levels (regions, districts, and service delivery points) throughout the SPARHCS process. Lower-level managers' and service providers' strategic thinking, inputs, and experience have been vital to the successful and coordinated implementation of RHCS strategies.

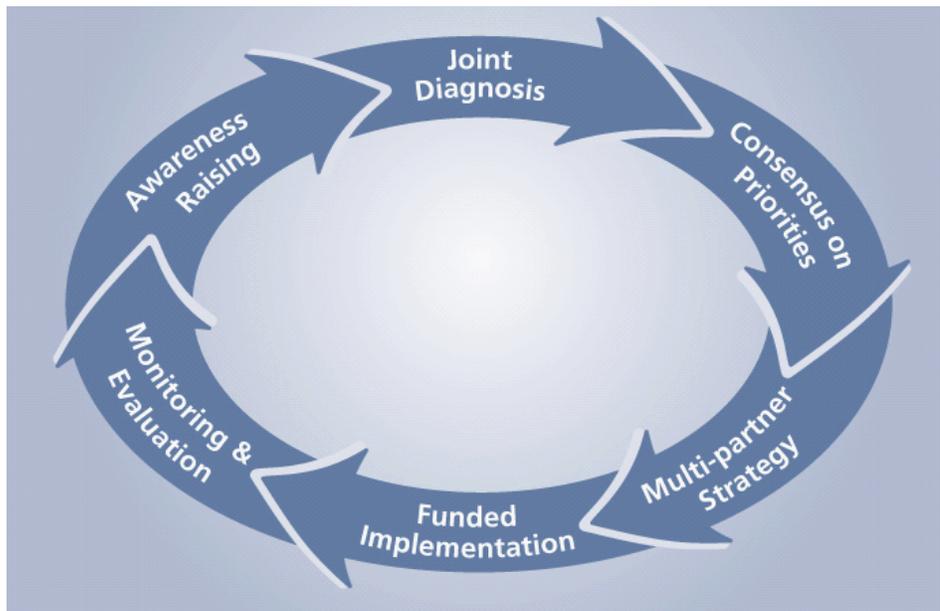
Because of their on-the-ground perspective, lower-level managers and staff can help develop solutions that meet clients' commodity needs—which is the ultimate goal of SPARHCS.

The Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessment, Planning, and Implementation (SPARHCS) has been used extensively to improve access to reproductive health commodities. The SPARHCS process measurably improves commodity availability by examining each phase of the cycle of reproductive health commodity security activities—from raising awareness to monitoring the effectiveness of a funded and implemented strategic plan.

This tip sheet provides guidance on how to adapt this approach to a decentralized setting. For more information about SPARHCS in all settings, go to <http://www.maqweb.org/sparhcs/>

Every country will apply SPARHCS in a different way. The tool's adaptability is one of its greatest strengths. Some countries—especially highly decentralized ones—may opt to duplicate the SPARHCS process at the regional level, including developing regional RHCS strategies. Other countries may decide to only involve regional, district, and service delivery point—managers in the central-level processes.

Figure 1. SPARHCS Program Cycle



No matter their approach, all countries can consider effective ways of engaging personnel from lower health system levels when they design and carry out strategies to improve commodity availability. Lower-level managers and staff often develop solutions that meet clients' commodity needs—the ultimate goal of SPARHCS—because they have a practical, on-the-ground perspective.

The SPARHCS Process

Figure 1 shows the multiple stages of the SPARHCS program cycle (Hare et al. 2004). The SPARHCS process can begin in any part of this cycle, and it is easily adapted to country needs based on country context and health priorities. In all settings—and particularly in a decentralized setting—going through the complete cycle is necessary to identify the lower levels' unique issues and to determine which stages should take place with lower-level input or guidance. For example, regional- or district-level managers may want to raise awareness on the importance of RHCS and identify priority issues, but they rely on the central level to incorporate these

issues into the national strategic plan, especially if there is limited time for such strategic planning at the region or district. On the other hand, a country may choose to duplicate the entire process—from raising awareness, to strategic planning, to implementation—in regions or districts.

The practical tips outlined here provide advice to RHCS advocates as they carry out the steps in the SPARHCS cycle and when they decide on the best approach for including lower health system—levels in their country. Country case examples illustrate how others have approached the process; for example, when Indonesia adapted SPARHCS to its decentralized setting and improved how they engage lower levels in securing commodities (see box 1).

Raising Awareness

Raising awareness is an important step in the process. It is crucial for lower-level RH program and commodity managers to understand the concept of RHCS. Awareness-raising activities can be an entry point for the SPARHCS process.

To guarantee results, lower-level personnel need to be as committed to family planning (FP) and RHCS as their higher-level managers, especially in a decentralized setting. Important decisions about financing,

COUNTRY SPOTLIGHT

Adapting the SPARHCS Process in Indonesia

In Indonesia, in 2001, commodity security (CS) champions worked to adapt the SPARHCS tool to better engage the lower-level staff because the country's health system was highly decentralized.

With input from two local district governments in East and Central Java (Boyolali and Malang), the team reduced the original 12 SPARHCS contraceptive security components to five. Several components—for example, forecasting and logistics management—were merged into a single component because all the components used at the central level were not relevant at the district levels. The end result was an assessment and strategic planning tool that the two district governments felt was appropriate and manageable, given local resources and time. As a result, the District Planning Tool for Contraceptive Security was created.

Family planning managers found that designing a flexible process and tool with the right balance of complexity and simplicity, built local capability to lead the RHCS process and empowered local stakeholders. For example, stakeholders redesigned and reemphasized questions in the assessment tool based on local priorities. This flexible, collaborative approach gave lower-level RHCS stakeholders a strong feeling of ownership of the SPARHCS process, right from the start. (Thompson 2005)

Coordination Mechanisms in Ethiopia

Ethiopia has a national contraceptive security committee, but each of its regions is very diverse. In recognizing the important and unique challenges to contraceptive security in a decentralized setting, Ethiopia's Regional Health Bureaus, the Federal MOH, and partners, established Regional Reproductive Health Networks to strengthen regional-level contraceptive security coordination and commitment. Regions have established RHCS committees that meet their needs.

Oromia has organized two committees to address commodity security. The Commodity Security Committee discusses logistics issues to support the shift to an integrated supply chain system. The Family Planning/ Reproductive Health-Maternal and Child Health Task Force most recently addressed their regional scale-up efforts for providing Implanon.

In the Amhara region, an RH Task Force addresses RH and related health issues. It facilitates information sharing, identifies resources, builds capacity, coordinates issues, standardizes approaches, and helps provide a complete picture of RH in the region.

service delivery, training, and supply chain management can be made at the regional, district, and service delivery point levels. Further, potential RHCS champions at central-, regional-, and district-levels need to know how lower-level managers' decisions and efforts can help achieve commodity security goals.

Central level

- *Brief lower-level stakeholders on central-level RHCS activities.* Central-level RH programs and commodity managers or

RHCS champions can visit lower levels to share plans, objectives, challenges, and successes. Lower-level managers and health system personnel can be strong supporters of RHCS. Yet, they cannot do this unless they are familiar with what is actually happening at the central level and embrace central-level objectives as a way to further their own goals.

- ◆ Update central-level RHCS-related presentations with regional- or district-demographic data, essential logistics indicators, and potential health outcomes of strengthening the supply chain. Present them to lower-level managers to illustrate the benefits of spearheading an initiative that focuses on commodities.
- ◆ Share stories about how supply chain or commodity security work has benefited clients over time. Central-level RHCS converts—from the ministry of health (MOH), partners, and nongovernmental organizations (NGOs)—can share stories by describing how they became convinced that RHCS was a priority and how their work has helped improve the lives of their fellow citizens.
- ◆ Ensure that RHCS-related requests are not unduly burdensome or time consuming for the regional- or district-level. For example, central-level RH managers can consider adding RHCS as an agenda item to routine regional- or district-meetings related to the supply chain or the RH program.
- *Advocate for SPARHCS at lower levels* and/or include personnel and partners beyond the central level, especially partners that do not typically work on RHCS.

- ◆ Lobby program managers and their partners to finance lower-level participation (regional- and district-managers and service providers) at national-level RHCS-related workshops. Lower-level participants can identify the needs of front-line health system workers, highlight RHCS challenges specific to the lower levels, and broaden the types of partners supporting RHCS.

Lower levels

- *Identify regional- or district-level RHCS champions* who can share their experiences, motivations, and successes with one another. Central-level reproductive health commodity security champions can help regional-level managers create communication mechanisms and share the benefits of supporting RHCS work.

State-Level Assessment in Nigeria

To increase awareness of the importance of FP in the larger effort to improve RH and raise contraceptive prevalence in Nigeria, stakeholders conducted a state-level RHCS assessment. In Kano State, the MOH and a diverse range of partners—these groups do not usually meet—were included in a workshop where they talked together, solicited opinions on RHCS priorities, and suggested ideas to address RHCS weaknesses.

Later, they presented the findings of the assessment at a stakeholder meeting; this encouraged the group to develop next steps for resolving the identified issues. Technical advisors also shared the findings with RHCS champions at the central level. (Tien et al. 2009)

Sample Set of Assessment Questions for the Lower Level

- Do you have local leaders and/or champions that ensure commodities are available at regional- and district-levels? If so, what actions have they taken to improve RHCS?
- Are any RH committees, other committees, or meetings where participants discuss RH, commodity security, or supply chain issues that affect commodity security at the regional- or district-level?
- Does the region/province fund RH commodities? Are they included in the health budget?
- Does the region/province finance all its health commodities? If not, how does it receive commodities?
- Does the region/province always receive the requested amount? If not, what feedback does the central level provide on their decisions?
- What are issues at the lower levels that have prevented the continuous, adequate, and timely supply of RH commodities?
- Are there any issues in providing RH commodities or health services to the client?

- ◆ Form formal or informal networks among regions and districts to solicit feedback, exchange lessons learned, and cultivate regional- or district-leaders throughout their RHCS process.

■ In **El Salvador**, regional logistics managers took a study tour to share their experience with other regional-level managers with strengthening supply chains and forecasting methodologies. Similar

study tours can be planned and expanded to other elements of RHCS—such as financing or cost-recovery strategies, procurement models, commodity distribution solutions, and demand creation plans—depending on local needs.

- *Form regional or district-level RHCS committees or working groups* if many important forecasting, financing, procuring, and distributing decisions are being made or managed from lower levels (see box 2).
 - ◆ Include on these committees members of the local MOH, RH and FP divisions, local ministry of finance, NGOs, local donors, social marketing programs, community leaders, religious leaders, and commercial sector representatives. These participants can be either formal members or technical resources for the committee.
 - ◆ Invite civil society groups (women's groups, medical associations, user groups, and community leaders) from regions, districts, or villages to participate. In a decentralized setting, their participation is important because of their role in monitoring service provision. These groups often have valuable insights into issues concerning service delivery, supply chain, and client demand.
 - ◆ Continuously engage all members of the committee, ensuring they are involved in each step of the process; this will create a cohesive team that represents the concerns of all sectors and the broader community.

- ◆ Cultivate exemplary commodity managers and service delivery providers from hospitals, health centers, and below, from both public and NGO sectors.

Tanzania Client Focus Group Discussion—Sample Questions

- Where did you purchase/access your last contraceptive?
- Is access to affordable, quality, private, or public family planning services/supplies nearby?
- How much time does it take to reach this location?
- Have you ever asked for a family planning method and were turned away or referred to other facilities because basic services or products were not available at your preferred source?
- What are your main reasons for not using family planning (e.g., fear of side effects, perceived spousal objections, religious reasons, lack of access, etc.)?
- During your last visit, were you satisfied with the providers' service to you?
- What is your preferred family planning method?
- Have you ever stopped using a family planning method? Why?
- How much are you paying for family planning services and supplies?
- Would you be willing to pay (more) for your contraceptives if the—
 - a) facility location was closer?
 - b) wait was shorter?
 - c) staff was more responsive?
- For the last contraceptive you purchased, did you think it was too expensive or just right?
- Approximately how much of your household income is spent on contraceptives each month?

(Patykewich et al. 2007)

Health providers have a crucial hands-on view and they can highlight client utilization and demand issues that RHCS committees can address. These stakeholders are not only the eyes and ears for identifying RHCS issues, but they can take contraceptive security messages back to the service providers through routine supervision and in-service training activities.

- *Obtain and review the national RHCS plan* and other important policies related to RHCS that the central-level RHCS committee prepared. This will help in understanding national-level concerns and objectives and will identify impending policy changes that impact commodities and create opportunities for improved commodity availability at lower levels. Regional- and district health-managers can then begin to consider policies or strategies to complement central-level RHCS plans at lower levels.
- *Mobilize funding from partners or set aside funds from lower-level budgets* for the SPARHCS assessment, planning, and implementation process. Throughout the SPARHCS process, regional- or district-health program and commodity managers, and RHCS technical assistance providers, can coordinate financing plans with the central level to avoid duplication or funding gaps among levels.

Joint Diagnosis

Findings from lower levels are central to developing a specific and practical RHCS approach, particularly in decentralized settings. When planning for an assessment at the lower level or working to include

lower-level issues in a central-level assessment, a number of approaches have proven successful.

All levels

- *Involve RHCS stakeholders from all levels in the assessment design phase* to ensure that data collection tools collect information on issues relevant to everyone, clarify roles and responsibilities among levels, and generate a sense of ownership beyond the central level.
 - ◆ Agree on whether the central level should lead this phase or whether regional and/or district levels should carry out comprehensive or partial, stand-alone assessments (see box 3).
- *Engage important stakeholders at lower levels*, even when the central level is leading the assessment process (see box 4). Regional-, district-, and service delivery-point input is essential to diagnosing national or regional RHCS issues. These findings can help RHCS committee members devise practical strategies that personnel throughout the health system will be more likely to implement. Each level will highlight distinct issues.
 - ◆ During the assessment, include sample site visits at all levels. Clinic and warehouse visits are especially illustrative, giving higher-level personnel and technical assistance providers the opportunity to spot check commodity availability and to speak directly to service providers committed to RHCS. An adapted version of the USAID | DELIVER PROJECT's Logistics Indicators Assessment Tool can give the assessment team a snapshot of stock status at the

regional or district warehouses, hospitals, health centers, and health posts.

- ◆ Hold focus group discussions on RHCS for health workers and clients. This participatory data collection often provides evidence that supports issues identified during the broader assessment.
 - In **Tanzania**, for example, focus group discussions with clients (see box 5) reinforced the need for more client education on FP and health worker training on counseling about FP methods. The client discussions found that a fear of side effects was one of the main reasons clients did not use contraceptives.
- *Share findings among levels* after the assessment phase is finished—regardless of the type of assessment undertaken. By doing so, managers at all levels can familiarize themselves with the issues their counterparts at other levels may be dealing with. This information can determine whether they can take action or coordinate at their level to help resolve these issues.

Lower levels

- *Involve the central level during the assessment* if the lower level will be doing a stand-alone assessment. Consider including a member of the national-level RHCS committee as a team member to witness first-hand the RHCS situation at the lower level. This person, in turn, can become an advocate on behalf of the lower level and make the findings widely known at the central level.

Strategic Planning

Often, central-level RHCS advocates will devise RHCS strategies with input from lower-level managers and staff. Lower-level personnel, however, may also want to identify their own RHCS strategies. To ensure seamless and feasible strategic planning, all levels will need to coordinate their strategic planning process and prioritize their RHCS goals and issues. Tips to ensure coordinated and effective planning follow.

All levels

- *Create mechanisms for collaboration among levels* to develop an appropriate strategy for the lower level. A collaborative process helps ensure the RHCS goals, strategies, and activities address practical challenges throughout the entire health system and personnel at all levels can realistically resolve them.
- ◆ Create a multi-level team to adapt central-level plans to fit regional- or district-level needs. For example, lower levels may only want to include financing and service delivery as part of their approach and they may want to coordinate with the central level to develop an effective procurement option that takes advantage of bulk negotiations.
- ◆ When appropriate, recognize that a central-level strategy is sufficient if lower-level staff have been included in the planning process. If lower-level human resources are strained, they may need significant assistance from the central level to help identify, prioritize, and deal with RHCS challenges at their level. In such cases, stand-alone regional strategies may not be appropriate.

- ◆ Consider developing stand-alone regional- or district-level strategies when central-level commitment is insufficient or if the system is highly decentralized. Later, local-level RHCS advocates can obtain central-level support. For example, in Indonesia, at the outset districts took the lead on RHCS because of a lack of central-level political will. Later, when the central level was able to see lower health system-level results, they more actively supported the SPARHCS process.

Central level

- *Invite participants from the regional-, district-, and service delivery-points* to the national-level strategic planning workshops to ensure the RHCS strategy addresses lower-level concerns and challenges.
- ◆ Empower service delivery providers and lower-level managers to devise national RHCS strategies. Often, good nurses and doctors working at clinics, or as managers, have clear ideas about how to improve RH services and increase access to supplies. By making such staff key partners in the national strategic planning process, they may feel supported and empowered to resolve issues on their own and/or seek support to implement these ideas nationally. Furthermore, central- and regional-managers and partners may identify what strategies are important to support by hearing about challenges from lower-level staff (see box 6).

Example Strategies Developed with Local-Level Input

In Angola, São Tomé and Príncipe, and Mozambique, regional champions and committed nurses were invited to attend a national-level RHCS strategic planning workshop. An extra effort was made to cover their travel and lodging, and they were invited with sufficient lead time to plan their trip. These efforts to involve the lower levels was successful, resulting in the inclusion of RHCS strategies in central-level RHCS plans related to lower-level concerns. Some sample strategies included—

1. Organize a regional RHCS advocacy workshop for key decisionmakers at the provincial level to ensure that their annual workplans prioritize RH commodities and strengthen supply chains.
2. After implementing an RHCS action plan, support and expand it to involve communities, with an emphasis on the role that civil society can play in advocacy, implementation, and monitoring and evaluation.
3. Computerize all provincial- and district-level warehouses. Implement an online communications system for all participants to improve sharing of essential logistics data.
4. Construct and rehabilitate regional-, district-, and provincial-warehouses so they can provide adequate storage space for RH commodities.
5. Identify focal points for RHCS at the central-, provincial-, and district-levels. Ensure they have basic supply chain management and commodity security advocacy skills.
6. Provide incentives, including internships, international exchanges, training opportunities, and bonuses to staff after they have been trained and have demonstrated good performance.
7. Complete a cost-benefit analysis to illustrate the costs of attrition of *health personnel* versus establishing an incentive program to retain these personnel. Use this analysis to advocate for increased resource mobilization for the RH program overall and for training and incentives, in particular.

Lower levels

- *Request central-level assistance* to develop strategic plans from the region or district, when appropriate.
 - ◆ Consider modeling lower-level strategic plans after the central-level's plan to facilitate their integration into national strategic plans and frameworks, thus increasing their acceptability.
 - ◆ Invite a member of the national RHCS committee to assist or help facilitate a regional strategic planning workshop, especially if this person has experience in developing the central-level's plan. Consider identifying this central-level champion early on in the national process and building his/her capacity to move the lower level's RHCS process along. Leadership from the central level can build lower-level capacity to develop a detailed strategic plan and can help improve future implementation processes.
- *Form a temporary technical working group* to draft and steer the strategy toward completion at the lower levels, whether national or regional. Including a member from the national RHCS committee in this working group can improve political and financial buy-in. In addition, if a regional- or district-strategy is being developed, a technical working group can maintain a channel to access assistance from the central level when the plan is being drafted and implemented.

Implementation

Most strategic plans falter when it comes to implementation. Overcoming this challenge requires

political and financial commitments from all levels. Sometimes, activities devised by the central level will need to be implemented by lower health system-levels; at other times, lower levels will develop and implement their own strategies, with central-level support. Countries can use the following strategies to successfully move the implementation process along at lower levels.

All levels

- *Engage potential RHCS funding partners* when planning for implementation, including those focused at the regional- and provincial-level. These partners' resources, both financial and human, are essential to help successfully implement the RHCS strategy.
 - ◆ Ensure that key partners integrate vital RHCS activities into their workplans. Regional- or district- RHCS committees can participate in the local MOH and partners' work planning process to ensure RHCS activities are incorporated into annual workplans and that funding is set aside to complete these activities.
- *Identify and reward workers*, including health workers, commodity and health system managers, and community or civil society members who emerge as RHCS champions during strategic planning and implementation.
 - ◆ Schedule press conferences or meetings at the central- or regional-headquarters to recognize the achievements in implementing the RHCS strategic plan at lower health system-levels. Such meetings or award ceremonies can shine the spotlight on how committed

Ecuador Community Members Help Monitor Service Provision

The Ecuadorian Congress in 1994 originally passed the Law for the Provision of Free Maternity and Child Care. It created two important mechanisms to promote the participation of community members in the decentralized health system. Their participation in the management of maternal and child health services delivered under the free maternity program has been critical to the law's success. These two mechanisms are—

1. *Local management committees that administer the law's funds.* The mayor forms committees comprised of the Health District Director, a representative from community organizations, a representative from women's organizations, and a representative from indigenous organizations, where appropriate. The management committees strengthen the role of the municipal government in local health-care management by identifying public health priorities, incorporating citizens' perspective into health management, identifying potential resources, and assessing the local health situation, and other activities.
2. *User's committees*, comprised of clients, produce reports about client satisfaction with service delivery, quality of services delivered; they also promote citizen and family participation in health care.

Although neither mechanism had a formal RHCS process, representatives of both groups have helped monitor and ensure that contraceptives and other essential medicines are available at service delivery points in Ecuador's decentralized health system. (Hermida et al. 2005)

individuals have benefited their community and contributed to national health goals.

- *Include key personnel in the central level or neighboring regions' RHCS* planning and implementation processes. This enables them to learn from their counterparts' struggles and successes. When ready to implement their own strategic plan, staff will be able to avoid pitfalls and be more inspired to act as their region's RHCS champion.

Lower levels

- *Keep local level partners engaged*, such as NGOs, religious groups, community leaders, committees, and health system user groups.
 - ◆ Tap into civil society to help monitor progress throughout the implementation process. These groups can help hold the health system and other partners accountable to the goals outlined in the RHCS strategic plan, especially those that will impact their community or region (see box 7).

Monitoring

Tracking progress to implement RHCS activities at all levels is essential to providing a complete picture of the national RHCS situation and to ensuring that strategies are translated into action.

All levels

- *Develop indicators specific to lower levels to capture essential data* for comprehensively monitoring the country's stock levels and RHCS-related progress (see box 8).
 - ◆ All levels will need to agree on which indicators should be collected at each level and how the data will flow to the central level. This coordination is essential to harmonizing monitoring

Sample Indicators to Help Monitor RHCS Progress at Lower Levels

Monthly/frequent indicators:

- What is the current months of stock on hand (based on average monthly consumption)?
- How many products were stocked out in the last reporting period?
- What percentage of health facilities reported on time?
- If the central level ordered the commodities, were deliveries on time?
- Was the requested amount received?

Annual indicators:

- How many stockouts occurred in the past 6–12 months, by product?
- What was the duration of the stockout for each product?
- What percentage of health facilities reported on time?
- Is there a local budget line for RH commodities?
- Is there a local budget line for contraceptives?
- What percentage or amount did the local government finance for RH commodities?
- What percentage or amount of financing or value did the partners provide?
- Does funding from the central level arrive as scheduled (applicable when funding comes from central level)?
- Is the amount that is requested received?
- Is there an annual procurement plan in place (for regions procuring their own commodities)?
- Did spending on procurement of contraceptives decrease or increase from the previous year? By how much?

systems across levels and to ensuring that monitoring efforts are streamlined rather than duplicative.

- ◆ At a minimum, the central level should obtain information on stock on hand to monitor *last-mile* stock levels and to plan for procurement. In a decentralized setting, obtaining standardized data nationally may become more difficult, but it may still be needed to adequately monitor national stock status. In a highly decentralized setting, regions can monitor and respond to their own stock situations—if they have the resources and commitment to resolve any issues that may arise at their level.
- *Develop a regular reporting schedule* among levels. This communication mechanism can help managers share developments and receive advice on any ongoing issues. It can give lower levels a chance to learn from each other, as well as to gauge each other's progress.
 - ◆ If they exist, regional- or district–commodity security committees or technical working groups can hold regular meetings to monitor and report on RHCS progress and be a resource for sharing information with the central level and other regions or districts.

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To complement this brief, the USAID | DELIVER PROJECT developed the following tools to help countries ensure RHCS in a decentralized setting:

- Central Level Stewardship for Reproductive Health Commodity Security in a Decentralized Setting http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/CentStewRHCS.pdf
- Lessons on Improving Reproductive Health Commodity Security in a Decentralized Setting http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/LessImprRHCS.pdf
- Reproductive Health Commodity Security in a Decentralized Setting: Learning from Ethiopia http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/RHCSDelectSett.pdf



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