



CONTRACEPTIVE SECURITY AND DECENTRALIZATION

Central-Level Stewardship for Reproductive Health Commodity Security in a Decentralized Setting



Staff working on family planning at a central-level meeting in El Salvador.

During the last decade, in many countries, reproductive health (RH) programs and supply chain managers have helped improve access to RH commodities. Historically, ministry of health (MOH) staff developed and managed their reproductive health commodity security (RHCS) strategies at the central level. However, decentralization reforms in many countries have shifted commodity management responsibility to regional- or district-levels.

Central-level staff have an important role during and after such a transition. Their role often changes from direct responsibility for managing activities to one of stewardship to protect RH supply chains in a decentralized setting. By adapting quickly to this role, central-level staff can help increase efficiencies; improve quality of care; and, ultimately, satisfy clients despite changes in the health system structure.

What Is Stewardship?

Stewardship is a way for government leaders to oversee or watch over the entire health system to ensure that the population receives the quality health attention it needs. The World Health Organization (WHO) defines stewardship as—

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“...the careful and responsible management of the well-being of the population, the very essence of good government... This does not... mean that the government needs to fund and provide all health interventions. It needs... to set the direction... and ensure that the health system contributes to the socially desired intrinsic goals... Ministries of Health must take on a large part of the stewardship of health systems and should direct/coordinate intersectoral action for health. (WHO 2010)

Stewardship comprises four core domains: (1) formulating policy direction, (2) ensuring accountability, (3) securing the tools for implementation, and (4) ensuring that organizational structures are in place to support policy objectives. (WHO 2007)

MOH staff are responsible for ensuring that the population receives quality health services by formulating policies, guaranteeing accountability, creating systems, and transferring resources and capacity. Staff are not necessarily responsible for day-to-day management and implementation of these domains. Others—private sector, nongovernmental organizations, and lower health system-level personnel, for example—use these policies, guidelines, and tools to provide quality care.

How Does Good Stewardship Strengthen RHCS?

To provide national oversight in a decentralized setting, central-level RHCS advocates must adapt to a new role. Rather than carry out RHCS related functions themselves, central-level personnel need to guide, support, and inspire

regional and district level managers to carry out good RHCS work on behalf of the population.

Under decentralization, lower health system-levels are expected to perform more RHCS functions, including financing, forecasting, procuring, warehousing, and distributing health commodities. Sometimes, these changes are risky for RHCS; however, when lower-level managers have the enabling policy and regulatory environment, are well prepared, and recognize the benefits of investing in RH and family planning (FP), programs and supply chains can be strengthened.

Country experiences indicate that central-level stewards positively impact support for RHCS at lower levels when they focus their activities on the stewardship domains outlined by WHO: formulating policy direction, guaranteeing adequate resources, ensuring accountability, and putting organizational structures in place.

Formulating Policy Direction

Setting the tone at the national level

By prioritizing the importance of making RH services and commodities available, central-level policymakers set the tone for the lower levels. Lower levels often frame their own goals and annual health plans based on guidance from the central level. Although lower levels may set some of their own priorities, regions or districts may be more easily convinced of the importance of RH and FP if government leaders officially demonstrate their support for these health priorities at the national level. By explicitly including RH, FP, and commodity security as priorities in national development plans, national health strategic plans, RH and FP strategies and other national frameworks, and regional and

Box 1. Policy Documents Strengthen RHCS

RHCS stewards can help regulate the services from lower levels by influencing the content of the national essential health services packages, standard treatment guidelines, and national essential medicines list. These documents help government staff at all levels reach consensus on priority services and supplies and where to provide them.

RHCS stewards and policymakers can advocate to include RH services and commodities in these guidelines; they help define priorities, ensure access, reduce conflicts, clarify expectations, define costs, and evenly distribute resources.

district-level managers are more likely to focus on these areas at their level.

Regulating RH services and supplies provision

The central level plays a critical role in regulating the health sector. Laws and regulations establish rules to govern behavior and ensure compliance at lower health system-levels.

Central-level RHCS stewards can use this regulatory power to prioritize the RH services and commodities they will provide, determine who should receive them, and decide the health system-level where they should be made available (see box 1).

Guaranteeing Adequate Resources

Protecting funding at the lower level

Funding is crucial to RHCS. In many countries, RHCS advocates have worked hard to protect contraceptive financing in the central-level budget. When financing and budgeting authority is delegated to the regional- or district-level, resources for contraceptives and other important RH commodities are often put at risk.

When financing challenges arise, central-level stewards can convince lower-level decisionmakers of the benefits of financing RH and FP services and supplies. The central level may also need to build lower-level capacity and systems to secure and manage funds at their level.

In some cases, if a voluntary approach does not produce results, central-level stewards may need to mandate a protected budget line item for contraceptives or make central-level supplementary resources available for priority commodities (see box 2). RHCS stewards can successfully secure financing through various mechanisms, including—

- a protected central-level budget (as in Peru by presidential decree)
- mandated financing at the central level but by channeling monies through regional budgets (as in Bolivia through the national insurance package)
- supplementary funds (as in the Philippines through central-level grants to lower levels).

Box 2. MOH Leadership Guarantees Commodity Financing

In Mexico, after many states had contraceptive stockouts because they lacked the experience or commitment to plan, budget, or procure contraceptives, the MOH now requires states to include contraceptives funds in their budgets. Because states can opt to pool their money in a fund, they have lower prices and states do not have to manage the procurement process. Thus, central-level stewards resolved two state-level obstacles to financing and procuring contraceptives.

Coordinating RHCS financing

In a decentralized system, managing financing schemes across levels often becomes complex and requires coordination. RHCS stewards can help track and coordinate funding between levels during the forecasting, budgeting, and expenditure process.

Too often, managers at all levels are not clear about their financial responsibilities. Some may not have the skills or resources to plan ahead, accurately estimate their needs, or disperse funds across levels in a reasonable time (see box 3). RHCS stewards can clarify if funding for FP supplies is to be mobilized from the lower health system—levels, and how and when these funds will be dispersed.

Box 3. Coordinating Contraceptive Financing in Ethiopia

In Ethiopia, lower levels are uncertain if they should increase funding in their budgets for contraceptives and when they should make these funds available. As a result, some regions reactively deal with contraceptive financing, allocating funds during shortages or stockouts. The national RH strategy states that government funds should be used for “no less than half of key contraceptive stocks for public use,” but it does not specify which levels these funds must come from and at what point in the financing or procurement process. Because the central level and donors have historically provided contraceptives for the regions, only one region set aside funding for contraceptives and also resolved how and when to use these resources to complement central-level donations.

If contraceptive funding responsibility is shared across levels, central-level stewards can develop resources (such as tracking tools and budgeting and disbursement procedures) to clarify the funding situation for responsible staff at all levels. To plan contingency needs in advance, stewards can also advocate that regions be fully engaged in forecasting and be informed of any national funding gaps.

RHCS stewards at all levels can routinely monitor contraceptive funding from all sources (federal, regional, donor funding, and in-kind donations, etc.). They can use this information to advocate for continued or increased funding when needed and resolve coordination or synchronization issues in the financing system.

Assigning adequate human resources at the lower level

Under decentralization, managing human resources and clarifying new roles and responsibilities of local-level staff also help protect RH commodity availability.

Stewards can help ensure that RHCS functions, responsibilities, and authority are explicitly delegated, thus creating an enabling environment for local staff. If regional- or district-level staff are overburdened by this new work, RHCS stewards can advocate for additional staff assignments at lower levels. In countries facing human resource limitations, central-level stewards can advocate with regional managers to help front-line staff understand the importance of protecting the supply chain and avoiding stockouts.

In Guatemala, the MOH identified the need to strengthen district health care—level management capacities. The central level’s human resources directorate worked with lower health system managers to ensure that

authority, logistics functions, and responsibilities were clearly delegated and included in lower-level job descriptions.

Ensuring Accountability

Using standard indicators to track progress

Regions are increasingly responsible for identifying goals, developing indicators, and tracking their progress under decentralization. Nonetheless, central-level stewards still need to oversee and give feedback on RHCS progress. Low-level indicators can identify regions and districts making progress or falling behind. For example, regional contraceptive prevalence rates, unmet need, and contraceptive stock data can identify which regions have low demand or are struggling to provide services and supplies.

Comparing data across regions is difficult if the indicators are not standardized. The central level may need to work with regions or districts to standardize data collection and analysis, as well as determine who is responsible for funding and administering the process (see box 4).

To avoid overburdening lower levels, the central level may also need to build capacity at lower levels for managing reporting systems and monitoring only essential RHCS indicators. Sometimes regions have their own useful data collection mechanisms that complement a national system. In addition, in some highly decentralized countries, a standard national-level monitoring system may not be appropriate, but the central level may still have a role—ensuring that regions are effectively collecting and analyzing their own data and contributing to national RHCS goals.

Box 4. Data Collection in Nicaragua

In 2007, central-level logistics advisors in Nicaragua developed a pilot program to strengthen the logistics management information system (LMIS) for essential medicines, as they did for contraceptives. About the same time, the Minister of Health often requested impromptu stock status reports for essential commodities. Only regions involved in the pilot program could provide the requested data. Central-level stewards used this situation to advocate for expanding the LMIS system nationwide as an effective way to monitor stocks.

Consequently, all regions were able to report standardized data on stock status; and the minister, also a good steward, received a more accurate picture of how the country was progressing toward making essential commodities available to the population. (Olson et al. 2008)

Putting Organizational Structures in Place

Tailoring procurement options to fit a country's need

Under decentralization, the regional and district managers are often responsible for the procurement process. Other times, the central level may coordinate some part of the procurement process. In all cases, however, central-level stewards should monitor procurement processes and provide support when needed. Such support can include providing central procurement services, contracting out procurement on behalf of regions, or just sharing information from the local level about nationwide options.

In Ecuador, where funding is not a major constraint, the procurement function is almost fully decentralized.

Regional health areas procure commodities from local, pre-qualified suppliers. Because areas do not pool orders, prices are high. However, by procuring locally, health areas benefit from a very short lead time and low transportation costs. Central-level stewards decided that the trade-off between higher prices and short lead times was worth the additional costs and enabled health areas to continue procuring on their own.

In countries with limited funds, cost efficiency may take priority. For example, in El Salvador, central-level stewards decided to manage certain procurement aspects to take advantage of economies of scale. Each district manages its own contraceptive budget and prepares a forecast. The Essential Drug Unit then consolidates the district's forecasts and pools funds, ensuring lower prices through central-level bulk negotiations. Central-level stewards designed a solution that brings cost savings and simplifies the procurement process, yet keeps forecasting and financing at the lower level. Lower levels have the authority to manage many aspects of their own procurement process while keeping the prices low.

Setting up effective communication channels between levels

To successfully transfer capacity to lower levels during and after decentralization, staff at various levels may need to work together to set up communication mechanisms. For example, central-level RHCS committees can set up regular meetings with regions and districts to inform them of plans to strengthen the supply chain or policy changes that can impact workloads or workplans (see box 5).

For example, in Ethiopia, the RHCS committee had few ways to

coordinate RHCS activities with lower-level staff. The central level did not understand the lower-level problems and that the lower level was not aware of ongoing federal-level policy changes. RHCS champions helped set up committees at the regional level to resolve this challenge. These committees now share information with the central level to determine how RHCS plans at all levels can complement one another.

Regional RHCS committees may not be appropriate in every setting. But, in most cases, central-level stewards may need to plan how they will communicate to enable stewards to access the right people to strengthen RHCS at the regional- or district-level.

Box 5. Coordinating and Disseminating Product Information

Communication is essential when disseminating changes in product selection to each level, particularly the central level. When a country changes to a new brand or product, the lower levels must be promptly informed about this change. Knowing who is going to disseminate this information helps ensure that regions, districts, and health providers can inform their clients of these changes and can plan training needs for health care providers.

In one country, program managers were changing from Norplant to Implanon. No one knew whether the central medical stores or the district health office was responsible for alerting health facilities. Because no one was notified, health workers and commodity managers were not fully prepared to deliver the new implant and related services to clients.

Making Tools Available for Implementation

Transferring supply chain skills to the lower level

Decentralization creates the need for supply chain management skills that local levels often do not have. Allowing lower levels to purchase locally assumes that staff understand forecasting, inventory control, and procurement procedures. Central- and regional-level managers must work together to ensure that regional- and district-level staff are prepared to effectively carry out these tasks.

After decentralization in Tanzania, the central level had to clarify roles and responsibilities and provide training to lower levels on how to manage the logistics management information system (LMIS) because local-level staff were not prepared to take over. Similarly, in Ecuador, standard logistics operating procedures were not set up prior to decentralization. The lower level did not know how to collect data, what indicators to collect, how to set up a distribution schedule, or how to conduct proper supervision. Central-level stewards worked with the

lower levels to ensure that a proper commodity management system was functioning after decentralization.

Central-level stewards can work with regional managers to provide basic logistics management guidelines—including expected information flows and inventory control norms—and train and supervise regional- and district-level staff to manage the supply chain on their own.

Some Final Words

Under decentralization, each level of the health system plays an important role in guaranteeing RHCS. In most countries, the central level can step back and oversee the RHCS process, while regional- or district-levels begin to more actively manage RH and FP programs and supply chains.

Good RHCS stewards rely on multiple strategies to strike a balance between guiding and supporting lower levels and holding back when regions or districts are able to successfully implement RHCS strategies. Managers at all levels must do their part to successfully meet the RH needs of the population.

References

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

- 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
- Tips for Engaging Lower Level Health Point Managers in the SPARHCS Process
http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/TipsEngaLow.pdf



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