



# LANDSCAPE ANALYSIS OF CONTRACEPTIVE COMMODITY SECURITY IN PAKISTAN

---

*October 2020*



# LANDSCAPE ANALYSIS OF CONTRACEPTIVE COMMODITY SECURITY IN PAKISTAN

*October 2020*

## DISCLAIMER

---

The findings, analysis and recommendations presented in this report do not necessarily reflect the views that of the United Nations Population Fund. The use of particular designations of regions does not imply any judgement by UNFPA as to the legal status of such regions, of their authorities and institutions or of the delimitation of their boundaries.

Copyright ©

United Nations Population Fund, 2020. All rights reserved.

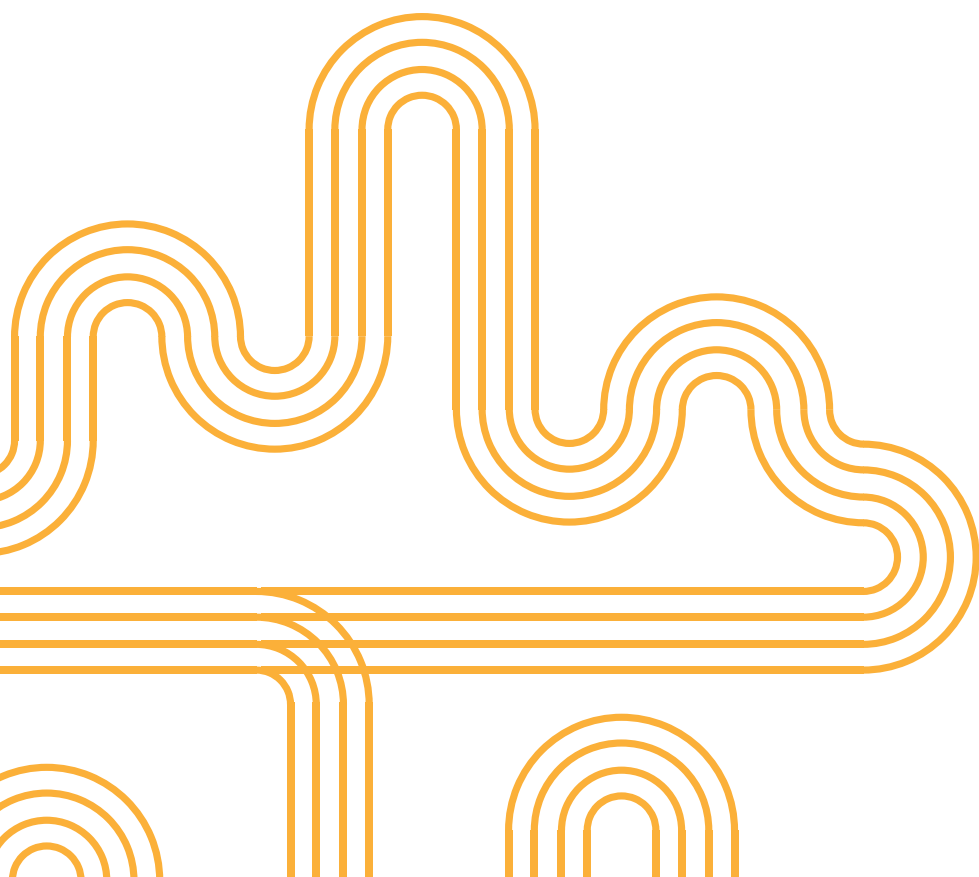
# ACKNOWLEDGMENTS

We would also like to thank the Foreign, Commonwealth & Development Office, UK (FCDO) for its generous financial support.

The team would like to thank Ms. Lina Mahmoud Mousa, Country Representative, UNFPA Country office Pakistan, for her dynamic leadership and supervision throughout the study process. Esteemed colleagues from UNFPA including, Dr. Bakhtior Kadirov, Deputy Representative, Dr. Jamil Ahmed, Program Specialist, Dr. Naila Yasmin, and Mr. Ghulam Abbas, have our thanks and appreciation for their guidance and involvement during the exercise and finalization of this report.

We are obliged to the whole project team who worked hard, even during the COVID-19 pandemic within the specified time period. The team was cognizant of the challenges and handled them well. Their technical capabilities proved vital in translating the quality data into actionable recommendations for managers and policy makers. We are also very grateful to the Population Welfare and Health Departments of all provinces for their participation in the qualitative data collection exercise and theory of change workshop held in Islamabad. Without their support and thorough involvement of these government official, this important task would not have been possible.

This study was completed by Dr. Khurram Shahzad (Consultant), Dr. Yilma Melkamu, International FP Advisor and Dr Asif Wazir, Technical Specialist from UNFPA Country Office Pakistan. For any correspondence or queries regarding the report please contact Dr. Asif Wazir, at [wazir@unfpa.org](mailto:wazir@unfpa.org)



# EXECUTIVE SUMMARY

Pakistan's progress towards global commitments for family planning largely depends upon a revamped supply chain system able to respond to current and evolving demand. Stagnant contraceptive prevalence rate and high unmet need warrants immediate attention to core challenges including, but not limited to, supply chain and logistics. The landscape analysis aimed to analyze the length and breadth of provincial and regional supply chains to extract the key challenges and root causes requiring attention from government and other stakeholders. Following were the objectives of the assessment

1. To identify bottlenecks and incentives affecting political and operational level commitments to securing family planning commodities in time and in sufficient quantities
2. Facilitate development of Theory of Change (TOC) in consultation with contraceptive commodity security technical working group for improved availability of supplies through the public sector
3. Examine and formulate short and long term mitigation strategies to overcome the bottlenecks affecting contraceptive availability

Review of quantitative data was carried out, as a first step, after extracting data from Pakistan's Logistics Management Information System (LMIS). The volume of data since 2010 provide important insights into stockout analysis and consumption trends. Further analysis was geared towards glean qualitative information from all relevant public and private sector stakeholders through semi structured interviews. The in-depth interviews revolved around the following topics

1. Supply chain - current status, issues and identify bottlenecks
2. Institutional capacity
3. Procurement of the commodities – process, hiccups and business interests
4. Accountability
5. LMIS
6. Resource mobilizations
7. COVID-19 impact on FP supply chain
8. Development of Theory of Change to mitigate the situation

The preliminary findings were tabled to group of experts in a consultative workshop aimed to build a theory of change model. Following five key challenges were identified in the wake of the inputs provided in earlier analysis (in-depth interviews).

1. Resource allocation
2. Procurement challenges
3. Storage & distribution
4. Monitoring & Evaluation / LMIS
5. Human resource

The final construct included a theory of change model linking problem analysis with proposed interventions and ultimately to outcomes. The following table summarizes the key challenges and respective problem analysis.

Key challenges	Problem analysis
Resources (Allocations / Spending)	Insufficient allocations Delayed releases of funds Less than optimal spending rates Diversion of funds to other emergencies
Procurement Challenges	Delayed initiation of procurement Lack of procurement capacity Weak monitoring of procurement processes International procurements challenges
Storage & Distribution	Non data-driven distribution Lack of emergency supplies mechanism Lack of transportation financing / delays in transportation Absence of robust track and trace mechanism
M&E / LMIS	Low LMIS reporting and uncovered SDPs Lack of structured validation of LMIS data Less than optimal use of LMIS data Absence of robust supply chain monitoring mechanisms
Human Resource	Lack of technical capacity in strategic supply chain planning to achieve long term goals Lack of procurement capacity Lack of capacity for M&E, data use and continuous improvement

**Some of the most critical interventions proposed are listed below:**

1. Prioritizing family planning allocations through high level policy forums
2. Stimulating timely releases and spending through multitude of interventions, e.g. ensuring joint allocations by health and population, and monitoring resource allocation and releases
3. Strengthening of logistics and procurement cells at provincial level
4. Linking/collaboration of PWD and DOH on contraceptive procurement to circumvent the procurement capacity issues at Population Welfare Department (PWD) level
5. Costing for effective transportation mechanism (preferably via third party)
6. Expanding LMIS to 100% of facilities with universal and structured validation mechanism
7. Develop and implement supply chain monitoring frameworks for each level of supply chain
8. Develop and implement assessment based supply chain workforce development framework

# TABLE OF CONTENTS

<b>1. BACKGROUND</b>	<b>11</b>
<b>2. METHODOLOGY</b>	<b>13</b>
Brief Overview of the Contraceptive Logistic Management System	14
<b>3. RESULTS AND DISCUSSIONS</b>	<b>15</b>
Provincial contraceptive availability snapshot	15
<b>4. DOMESTIC CONTRACEPTIVE FINANCING</b>	<b>18</b>
<b>5. PROVINCE WISE COMMODITY SECURITY SITUATION</b>	<b>20</b>
Punjab	20
Sindh	21
Khyber Pakhtunkhwa	22
Balochistan	24
Azad Jammu & Kashmir	25
Gilgit Baltistan	26
<b>6. OVERVIEW OF PROVINCIAL SUPPLY CHAINS</b>	<b>27</b>
Punjab	28
Population Welfare Department Punjab	29
Sindh	30
Population Welfare and Health Department of Sindh	30
Khyber Pakhtunkhwa	32
Population Welfare Department Khyber Pakhtunkhwa	32
Department of Health (KP)	33
Balochistan	34
Department of Health Balochistan	34
ICT/AJK and GB	35
Family Planning Association of Pakistan	36
<b>7. THEORY OF CHANGE (TOC) AND RECOMMENDATIONS</b>	<b>37</b>
<b>8. CONCLUSION</b>	<b>42</b>
<b>REFERENCES</b>	<b>44</b>
<b>ANNEXES</b>	<b>45</b>
Annex-I	45









# 01

## BACKGROUND

A successful family planning program is directly dependent on robust, adaptable, and efficient supply chain to ensure not only uninterrupted contraceptive availability but also adjusting to changes in demand and method mix over time. Pakistan has struggled to sustain improvements introduced through various programs and interventions during the last two decades and contraceptive availability has waxed and waned since the start of the century. Lack of contraceptive availability renders the other resources and investments useless. Moreover, discontinuation of contraceptives due to non-availability puts women at risk of unintended pregnancy and unsafe abortions placing undue burden on health system in addition to resulting in high fertility.

In Pakistan's perspective, the availability of various types of methods free of cost, at least via public sector, is highly important for the most in need populations for birth spacing; as the most poverty stricken communities have difficulty sparing out of pocket expenses which essentially cuts through their essential basket of items. Thus, the significance of strengthening public sector supply chain is heightened compared to countries where clients are able and willing to pay for cost of contraceptives.

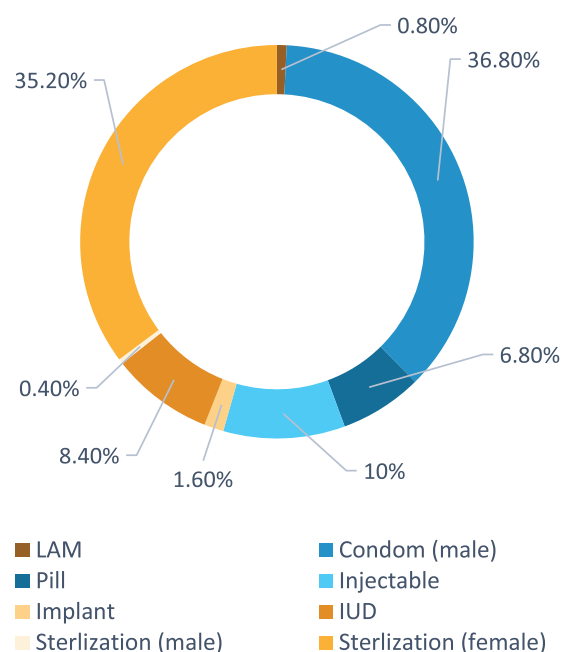


Government of Pakistan through support from USAID initiated the USAID | DELIVER Project in 2009 to strengthen the family planning supply chain. The project was successful in improving data visibility and commodity availability. Real-time contraceptive logistics data was made visible through web-based logistics management information system (1). Pakistan had seen an improvement in contraceptive commodity availability since the start of supply chain strengthening efforts in year 2009. Almost \$108 million worth of contraceptives were supplied to federal and provincial governments from January 2010 to June 2016 (2). The overall support resulted in more than 80% average contraceptive commodity availability (3). Only 15% stockouts were reported for male condoms and three-month injectables, and stockouts for combined oral contraceptives (11%) and intrauterine contraceptive device (9%) were even lower. There was a marked improvement in availability in facilities managed by health departments. The project adjusted its approach as per the devolution in 2010 and worked directly with provinces to build institutional capacity for supply chain management. However, all provinces were not able to sustain improvements in availability after weaning off of USAID commodity support in 2016. Responsiveness of provinces to additional procurement and distribution responsibilities was variable leading to less than optimal spending and increasing stockouts as this report describes later.

Almost no growth in contraceptive prevalence rate as per comparison of PDHS 2012-13 and 2017-18, paints a dismal picture of the outcome of Pakistan's population program. Pakistan lags far behind other regional countries in terms of CPR; India and Bangladesh are doing much better with their CPR being close to 50%. Pakistan's contraceptive method mix has not changed much from 2012 to 2017. The use of modern method has rather declined by 1%. There has been no or minimal change for almost all methods. The use of short-term methods is relatively high compared to other regional countries. Among current users of contraceptives, condom use (27%) is most common; followed by traditional methods (27%) and female sterilization (26%); while contribution by pills (5%), IUCDs (6%) and Implants

(1%) is very low (Figure 1). A move towards long term methods is required for effective birth spacing. A recent analysis of method mix of 123 low and middle income countries shows that out of all the current users, the use of pills, injectable and IUCD are 22.3%, 16.7% and 12.5% respectively (4); which is quite high compared to Pakistan.

**Figure 1**  
Contraceptive method mix in Pakistan



The unmet need is still at staggering 17%, showing failure of FP services and logistics to reach out to women who are willing to adopt birth spacing (5,6). The current unmet and traditional methods use translates into nine million potential users for modern methods, and if these women uptake family planning through better access to FP services and logistics, it will convert into a CPR of more than 50% (7).

Data from PDHS 2017-18 and 2017 Population Census has indeed stirred debate in government and academia, resulting in Honorable Chief Justice of Pakistan taking Sou Moto notice. The notice led to formation of national task force which identified eight broad priorities for implementation by federal, provincial and regional governments. The achievements in these eight broad areas, combined with CPR commitment of 60% by 2030 requires a concerted effort from all stakeholders (8).

# 02

## METHODOLOGY

The analysis aims to comprehensively review province/region wise logistics data (historical and current). The quantitative data will be further augmented by consultations with key policy makers and managers at the provincial level. Following are the objectives of the landscape analysis for commodity security.

1. To identify bottlenecks and incentives affecting political and operational level commitments to securing family planning commodities in time and in sufficient quantities
2. Facilitate development of Theory of Change in consultation with contraceptive commodity security technical working group for improved availability of supplies through the public sector
3. Examine and formulate short and long term mitigation strategies to overcome the bottlenecks affecting contraceptive availability

The analysis included all provinces and regions (Azad Jammu & Kashmir, Gilgit Baltistan and Islamabad Capital Territory). We studied the architecture of commodities and reporting flow in each district and identified gaps vis-à-vis each level of supply chain. Thus, the analysis has encompassed the complete horizontal and vertical spread of supply chain in each province.

The step-wise approach to analysis started with review of background data including in-depth analysis of contraceptive financing, stock-out analysis and consumption trends. LMIS data provided insight into the current and recent stock situations and identifying potential association with funding inputs from provincial governments.

Qualitative data were collected from each provincial health and population department based on a semi-structured in-depth interview. The questionnaire intended to elucidate underlying challenges to various supply chain related thematic areas mentioned below.

- Supply chain - current status, issues and identify bottlenecks
- Institutional capacity
- Procurement of the commodities – process, hiccups and business interests
- Accountability
- LMIS
- Resource mobilizations
- COVID-19 impact on FP supply chain
- Development of Theory of Change to mitigate the situation

Based on the findings of background review and landscape analysis through in-depth interviews, a theory of change consultation was held to formulate an agreed upon model which proposes evidence-based interventions based on the problem analysis. These interventions then translate into effective outcomes, culminating in responsive, adaptable and cost-effective supply chain.

Our analysis, however, has been limited by the lack of quantitative data, especially from the user, facility, and service provider perspective. Analysis was also dependent on insight provided by various stakeholders and although it does open a door towards action-oriented supply chain research and highlights broader areas for more investments by government and donors

## Brief Overview of the Contraceptive Logistic Management System

Pakistan had successfully launched the contraceptive LMIS in July 2011 (1). The web-based system was contextualized to local stakeholder structure and devolution. LMIS has the flexibility to integrate other health commodities in addition to contraceptives. The project relies on data entry at each level of supply chain by the government workforce and its data is housed within government entity for long term sustainability.

Timely and accurate data entry as well as submission of a monthly report at the district and SDPs level is critical to the functioning of the LMIS. The data collected from the LMIS can then, subsequently be used at each level of the supply chain to enhance informed decision making to meet service delivery demands. Utilization of the LMIS depends heavily on the level of understanding of those trained on its various functionalities. cLMIS is equipped with automated requisitioning and decision support system for redistribution decisions at the facility and district store levels. With full scale utilization of cLMIS Pakistan can revamp its supply chain as it provides critical inputs to M&E and evidence-based policy formulation.



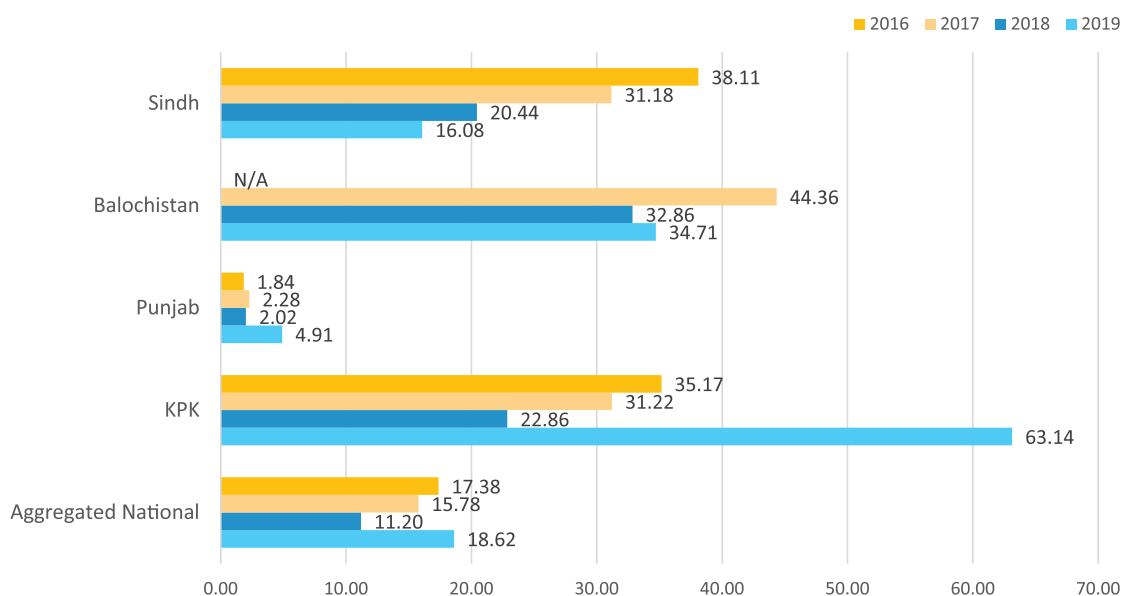
# 03 RESULTS AND DISCUSSIONS

## Provincial contraceptive availability snapshot

Following is reported average availability of four key contraceptives (Condoms, COC, DMPA and IUCD) in provinces for year 2016-2019. It is noteworthy that the stockout from the low of less than 40% in 2016 have drastically increased in KPK, while remaining low in Punjab and Sindh. Only data for LMIS is reported which is available through Contraceptive Logistics Management Information System, the data for Department of Health is not available. Historically, the DOH stock levels have remained lower compared to PWD.

Figure 2

Average Stock Out rates for all provinces and national level for population welfare department: 2016-2019 (Source: LMIS)

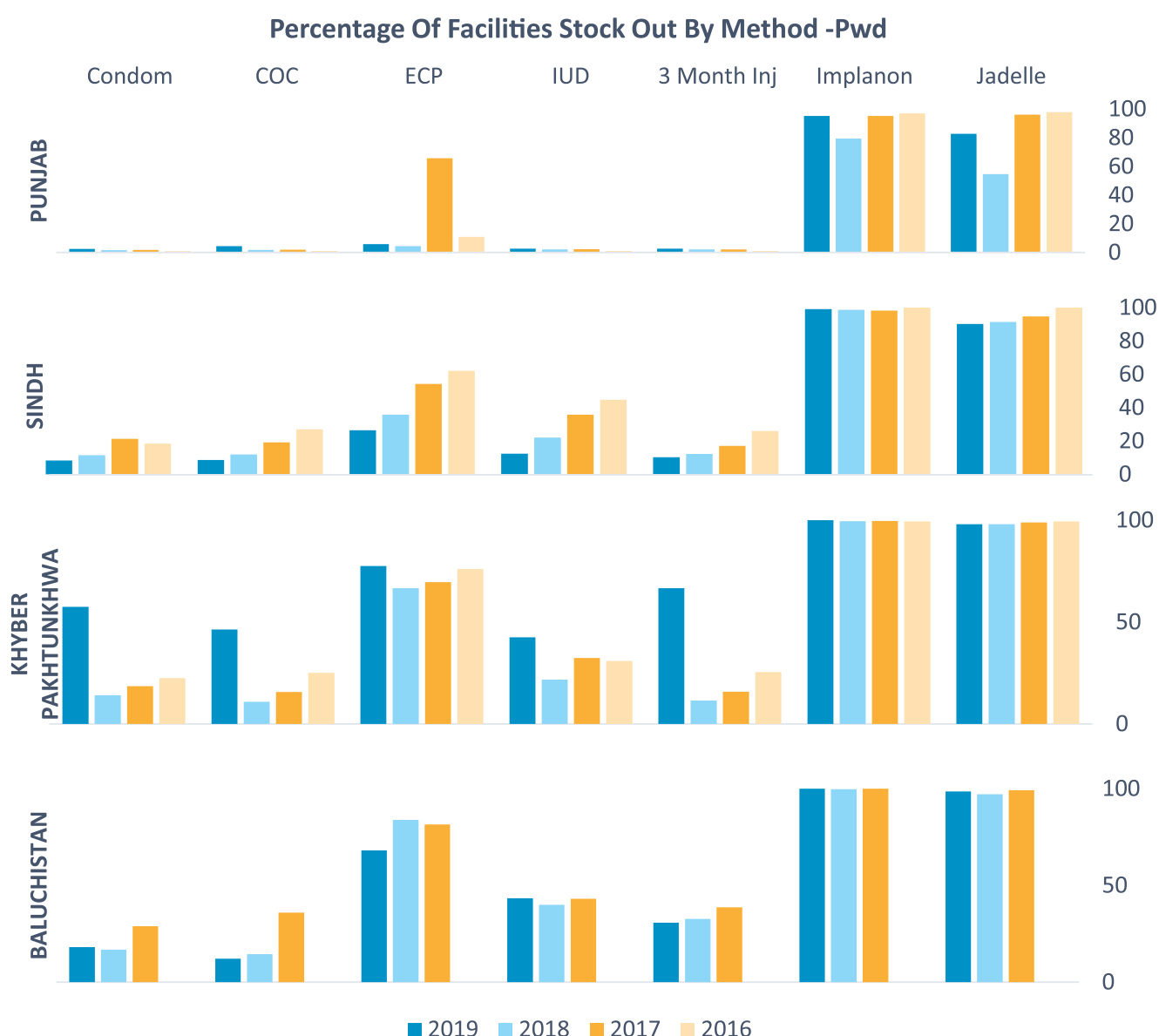


Contraceptive LMIS also provided the method wise stockout rates for all health facilities of population welfare departments of provinces. Stockouts for most modern methods are relatively

high in KP and Balochistan. Sindh has done modestly better, while Punjab has been able to maintain low levels of stockouts for the past five years (Figure 3)

**Figure 3**

Percentage of facilities of population welfare department stock out by methods: 2016-2019 (Source: LMIS)



One of the key parameters of countrywide commodity availability is the inflow and outflows from the central warehouse. The two graphs below (Figure 4 & Figure 5) show the year wise incoming shipments in Central Warehouse Karachi since January 2010. Central Warehouse Karachi is main hub of incoming shipments to both health and

population welfare departments in Pakistan. After devolution in 2010, the control of the warehouse rested with the federal government. However, all provinces agreed to use it as a central store maintaining separate provincial accounts of contraceptives for provincial procured commodities after the USAID commodity support weaned off in

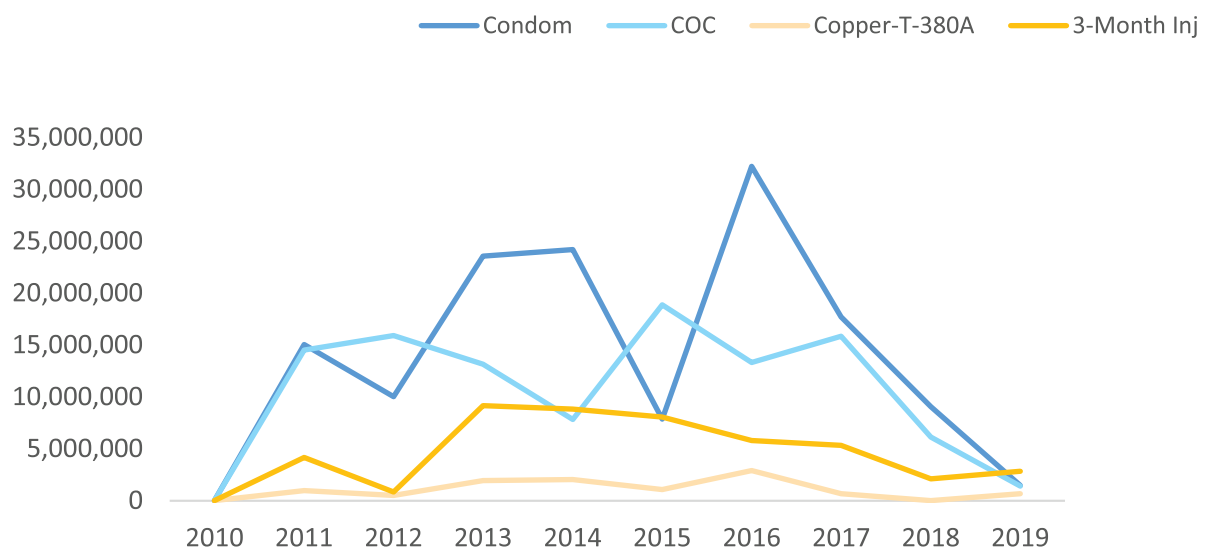


2016. The two graphs below show the inflow and outflow (all accumulated outflows to provinces and regions) of contraceptives since 2010. The graph clearly shows a rapid decline in inflows from 2016. This could partially be explained to some strengthening of buffer stocks by USAID before weaning off, however, the major reason has been

delayed uptake of procurement responsibilities by the provincial governments due to various reasons. The distribution chart below shows a more reliable picture of how the demands at district stores and SDPs have been met. It shows a clear decline from year 2016 onwards. This is explained by low incoming supplies as mentioned earlier.

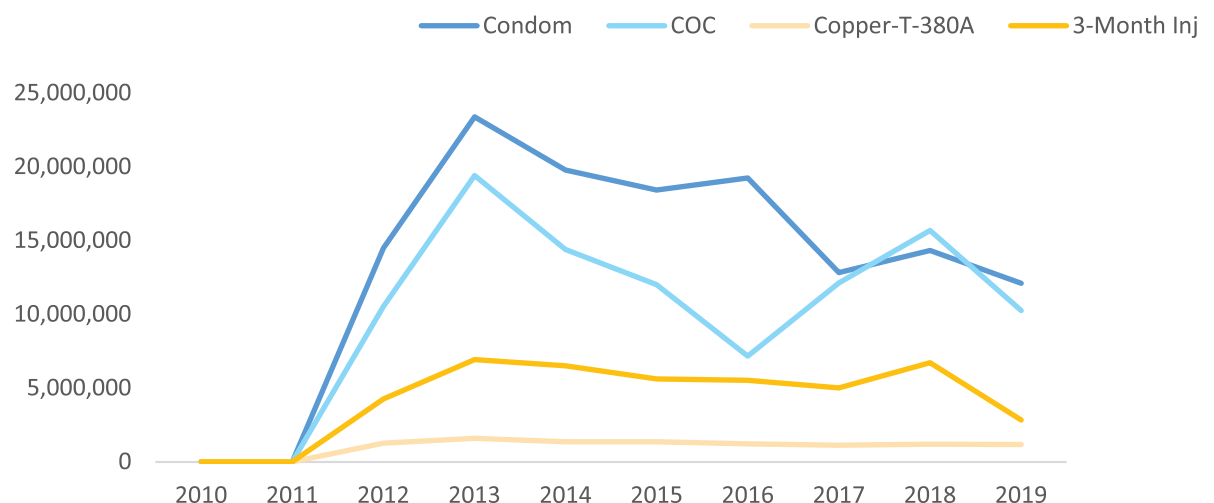
**Figure 4**

Inflow of contraceptives to Central Warehouse and Supplies, Karachi (Source: LMIS)



**Figure 5**

Outflow of contraceptives from CWH, Karachi (Source: LMIS)



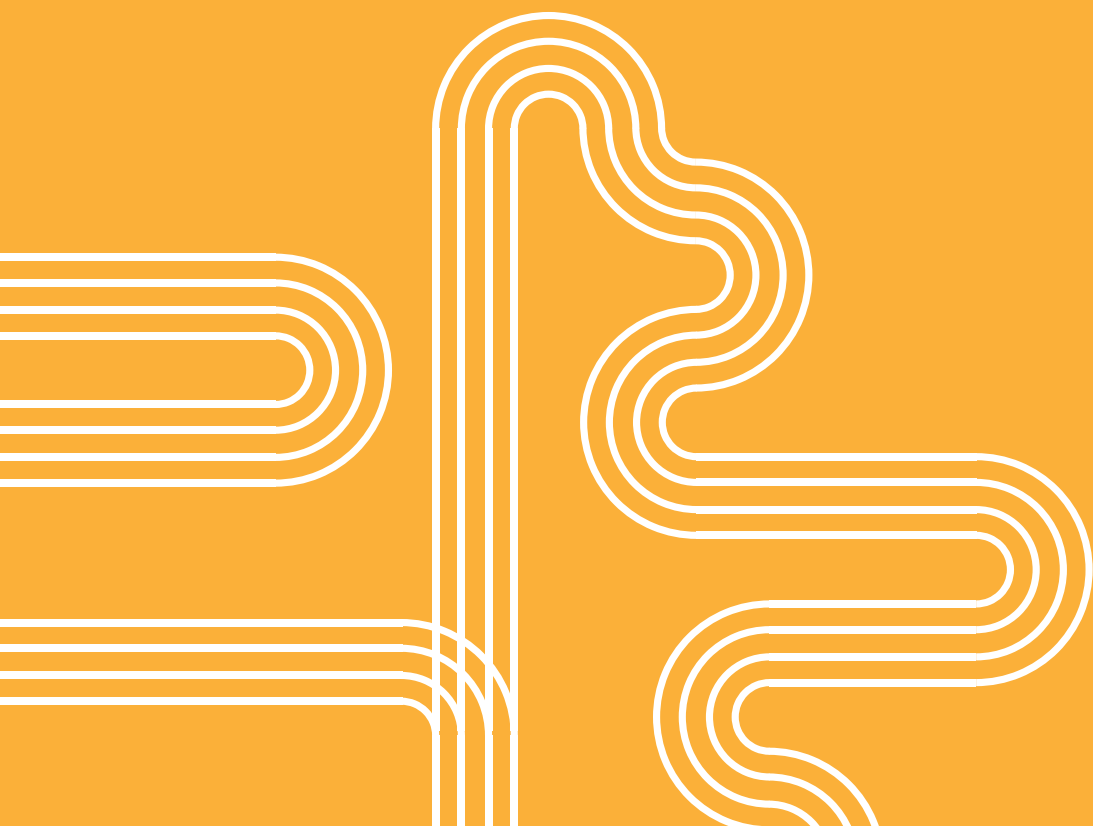
Looking at the disaggregated data from individual provinces of distribution from CWH to specific provinces, the same pattern prevails (see Annex-I).

The decline, however, is not pronounced in Sindh and Punjab due to their relatively better procurement volumes and onward distributions.

# 04

## **DOMESTIC CONTRACEPTIVE FINANCING**

A total of \$38.6 million were spent on contraceptive procurement in a five-year period of 2014 to 2019, which is approximately \$7.7 million per year, much lower than the previous USAID investment of \$18 million per annum from 2010 to 2016 (Table 1). A total of \$24.8 million are allocated for FY 2019-20. It is important to note that meager quantities have been spent by Balochistan, KPK and Federal government.



**Table 1**

Funds planned and spent on contraceptive procurement by province

Province	Department	Planned	Expenditure	Per Capita Spending	Planned	Total Planned
		2014–19	2014–19	2014-19	2019–20	2014–2020
Sindh	PWD & DOH (Joint)	PKR 6,400.0 (\$40.0)	PKR 2,523.0 (\$15.7)	PKR 308.8 (\$1.93)	PKR 3,560.0 (\$16.0)	PKR 8,960.0 (\$56.0)
Punjab	DOH	PKR 4,144.0 (\$25.9)	PKR 2,160.0 (\$13.5)	PKR 2,064.0 (\$1.29)	PKR 480.0 (\$3.0)	PKR 4,624.0 (\$28.9)
	PWD	PKR 2,608.0 (\$16.3)	PKR 1,696.0 (\$10.6)		PKR 368.0 (\$2.3)	PKR 2,976.0 (\$18.6)
KPK	Integrated Health Program	PKR 1,984.0 (\$12.4)	PKR 256.0 (\$1.6)	PKR 70.4 (\$0.44)	PKR 153.6 (\$0.96)	PKR 2,137.6 (\$13.36)
	PWD	PKR 1,104.0 (\$6.9)	PKR 112.0 (\$0.7)		PKR 304.0 (\$1.9)	PKR 1,408.0 (\$8.8)
Balochistan	DOH	PKR 736.0 (\$4.6)	PKR 112.0 (\$0.7)	PKR 107.2 (\$0.67)	PKR 0.0 (\$0.0)	PKR 736 (\$4.6)
	PWD	PKR 224.0 (\$1.4)	PKR 112.0 (\$0.7)		PKR 32.0 (\$0.2)	PKR 256.0 (\$1.6)
Federal (Regions: GB, AJ&K & ICT)	PWD	PKR 0.0 (\$0.0)	PKR 0.0 (\$0.0)	PKR 0.0 (\$0.0)	PKR 73.6 (\$0.46)	PKR 73.6 (\$0.46)
Total		PKR 17,200.0 (\$107.5)	PKR 6,176.0 (\$38.6)		PKR 2,971.0 (\$24.82)	PKR 21,171.0 (\$132.32)

Table 2 below provides comparative analysis of financial gaps by provinces. Proportion of fund spent out of planned shows best performance for Punjab, followed by Sindh. KPK and Balochistan spent less than quarter of their allocated funds, while no allocations were made for federal regions. Despite having spent less out of allocated, the spending was

more than adequate when compared to demand for Balochistan. Spending was adequate for Sindh and Punjab as well when compared to estimated demand. However, KP had spend almost 50% of its contraceptive requirements in the past five years and the impact is clearly visible in poor stock availability in KP.

**Table 2**

Financial gap analysis by proportion of funds spent out of allocated

Province	% spent out of planned 2014-19
Sindh	39%
Punjab	57%
KPK	12%
Balochistan	23%
Federal Regions	0%

# 05

## PROVINCE WISE COMMODITY SECURITY SITUATION

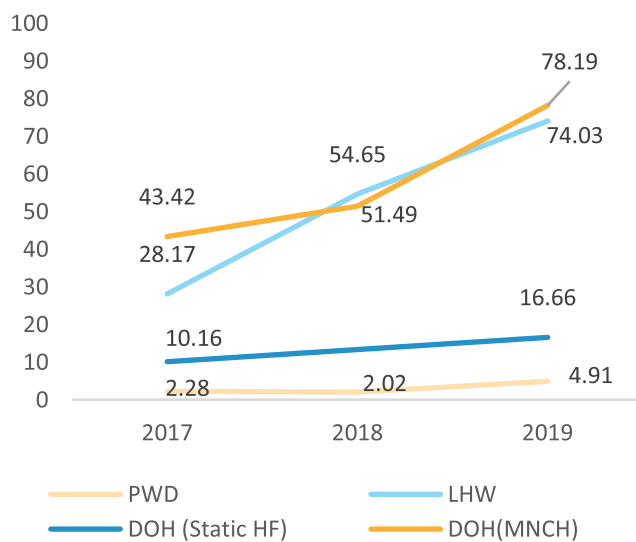
---

### Punjab

Punjab has done well in making its stock availability data visible through LMIS for the past more than three years. The average contraceptive availability for four key contraceptive methods (Condoms, COC, DMPA and IUCD) in Punjab has remained high for PWD and DOH static facilities. However, only one fourth of LHWs and MNCH facilities were providing contraceptives on average in 2019 compared to almost 50% in 2018. Similarly, there was almost a 6% increase in stockouts for DOH static facilities in year 2019 compared to 2017 (Figure 6). As number of clients being served are high through LHWs and MNCH, a lot of opportunity for counseling and services provision is missed due to non-availability of products.



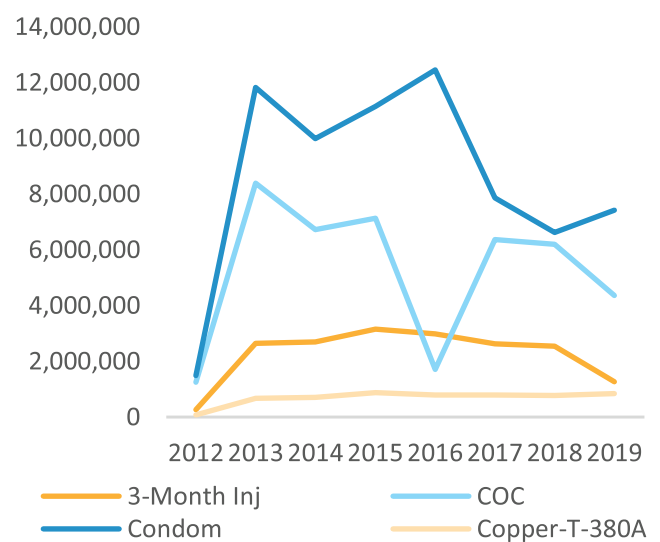
**Figure 6**  
Average stock out rate for Punjab



The key factor behind relatively improved availability in Punjab has been adequate and timely procurements. Punjab government spent almost \$24.1 (\$13.5 million by DOH and \$10.6 million by PWD) from 2014 to 2019 for contraceptive procurements, while additional \$5.3 million is planned to be spent in 2019-20.

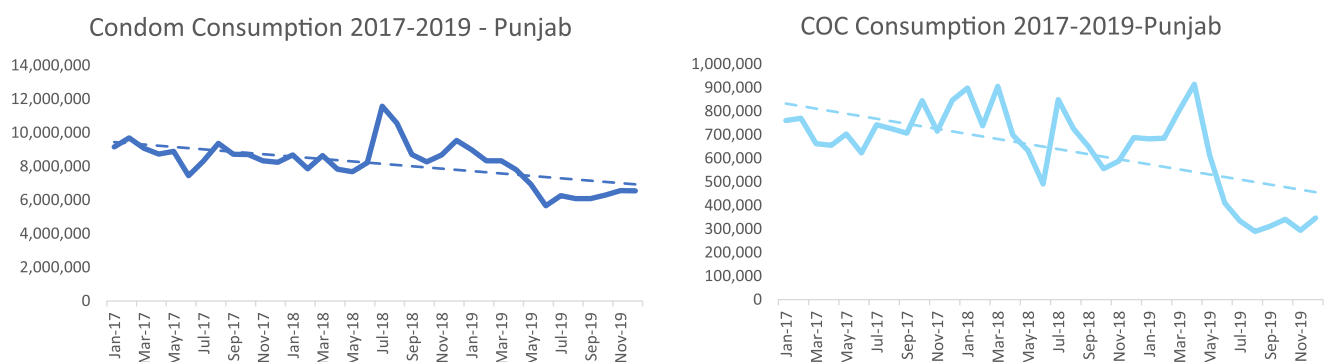
If we look at the overall trend of issuance from CWH to Punjab districts, it shows that Punjab was able to maintain shipments of four key products without a significant general decline, while other provinces struggled to maintain this trend. This has been the main factor behind improved availability in Punjab.

**Figure 7**  
Distribution of contraceptives<sup>1</sup> from CWH to Punjab districts



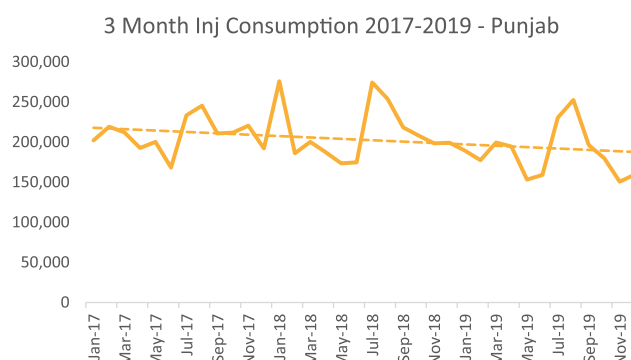
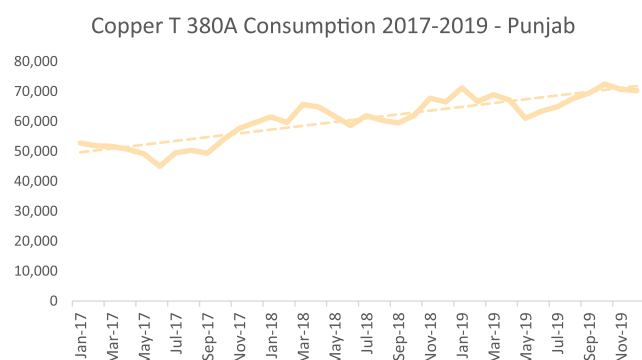
Consumption<sup>2</sup> of the contraceptive method trends show a gradual decline for all methods except IUCD which has shown some increase in consumption from 2017 to 2019. Considering the increased stockout trends, the decline in consumption in mainly contributed by gradual increase in stockouts, possibly for LHW and MNCH programs (Figure 8). Some decline in Condoms, COC and DMPA could be a shift of client towards IUCD. However, a further investigation is required at the user level to identify other factors behind these trends.

**Figure 8**  
Contraceptive consumption trends for Punjab



<sup>1</sup> The numbers for condoms are divided by 10 for the sake of better visualization

<sup>2</sup> Consumption is defined as the quantities dispensed to clients from service delivery points

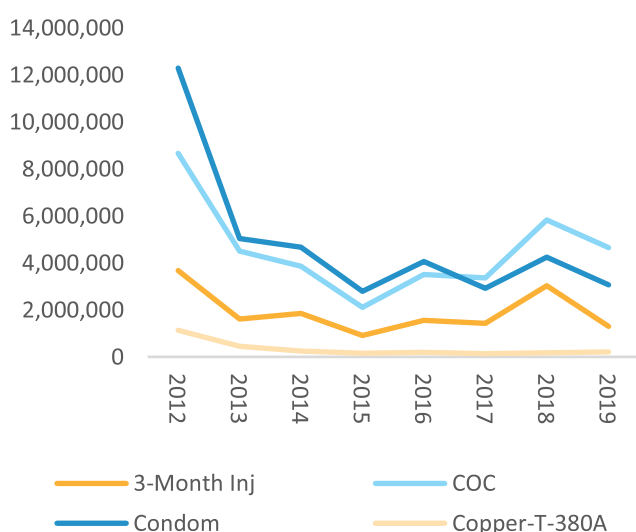


## Sindh

The province of Sindh reported an average contraceptive stockout for four key contraceptives to be almost 16% for year 2019, which is the second lower after Punjab. Government of Sindh has spent \$15.7 million from 2014-19, a further \$16 million is planned for 2019-20. Combined with USAID support up till 2016, the provincial procurements have been able to sustain a continuous supply of contraceptives to districts as shown by the issuance data from 2012-19 below (Figure 9).

**Figure 9**

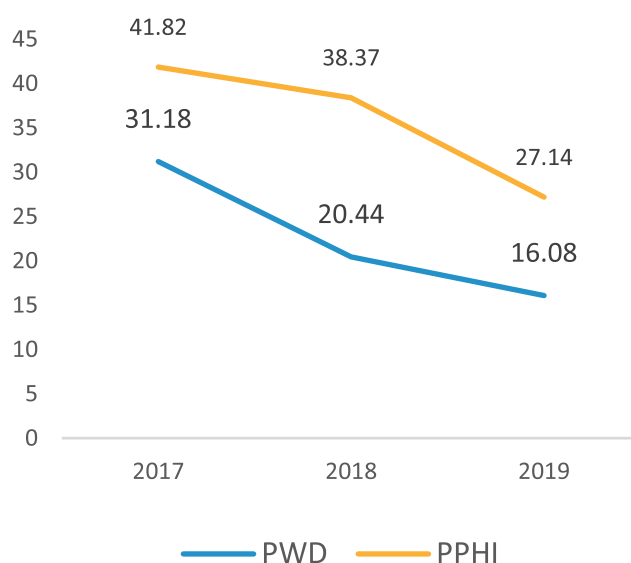
Distribution of contraceptives from CWH to districts of Sindh



Stockout data for PWD and PPHI were available for Sindh. From a high of almost 42% and 31%, the stockouts have declined to almost 27% and 16% in 2019 for PPHI and PWD respectively, owing to the financing and procurement by the Sindh government (Figure 10).

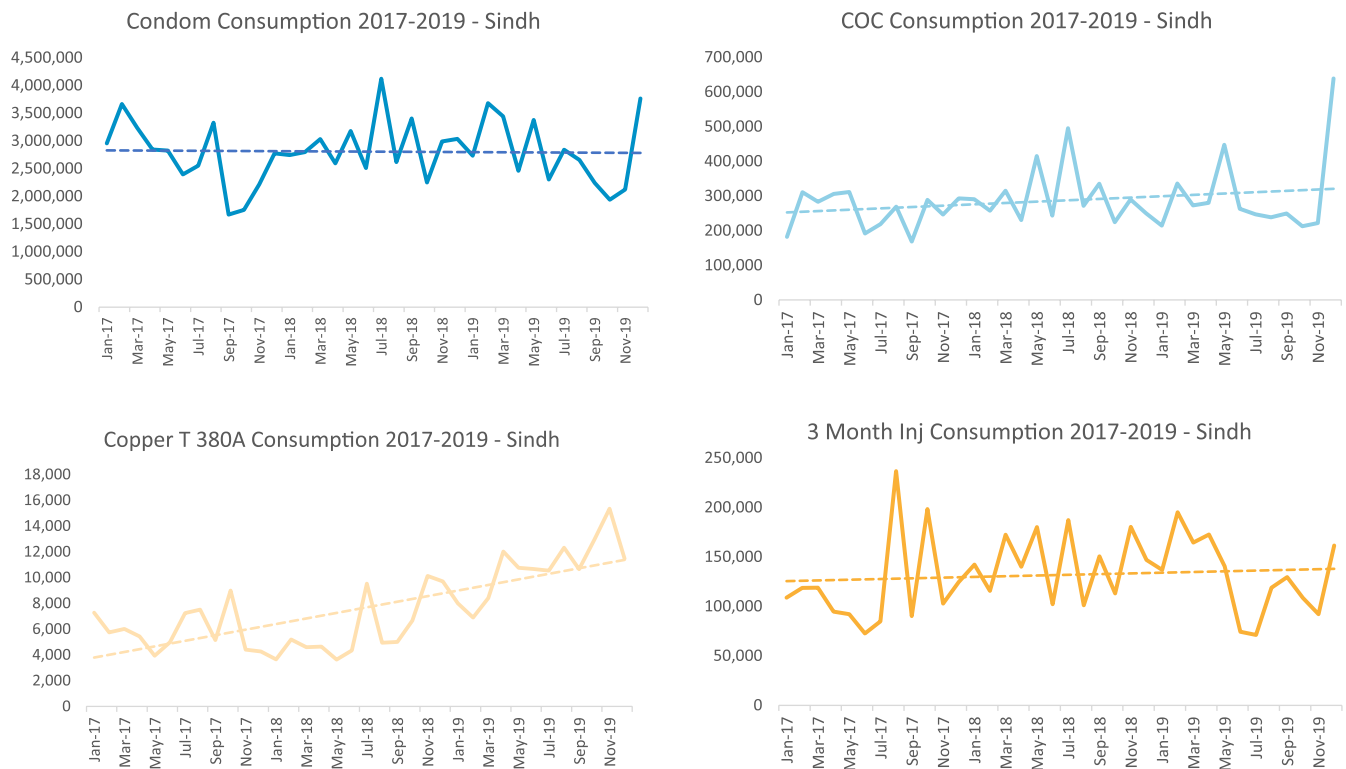
**Figure 10**

Average stockout rate - Sindh



Looking at the consumption trends, it shows some growth in consumption for Condoms, COC and DMPA. The IUCD consumption has grown significantly from 2017 to 2019. Thus, Sindh has enabled sustenance of consumption for all key methods over time due to improved availability (Figure 11).

**Figure 11**  
Consumption data - Sindh



## Khyber Pakhtunkhwa

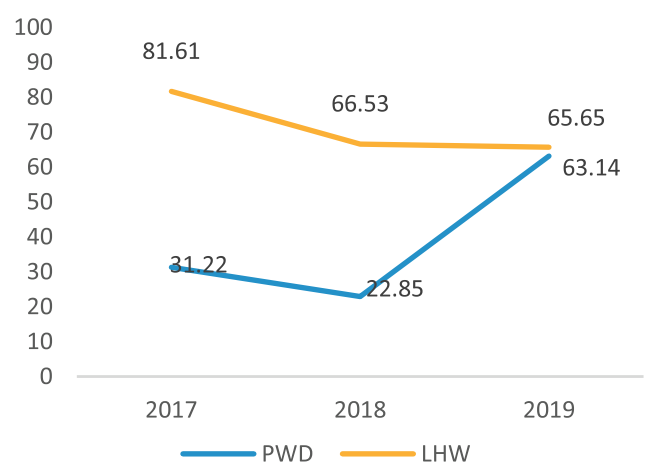
The provinces of KP has reported the most perturbing figures for average stockouts. Around one third of PWD facilities were stocked out in year 2017, however, this has now risen to almost two thirds of facilities in 2019. The LHW stockouts have shown a decline of almost 20% from 2017 to 2019. However, they were quite high in the first place and despite this decline, almost two thirds of the LHWs are stocked out. Stockout data for health department was not available for KP (Figure 12).

The government of KP has only spent \$2.3 million on contraceptive procurements from year 2014-19. An additional \$3million are planned for FY 2019-20.

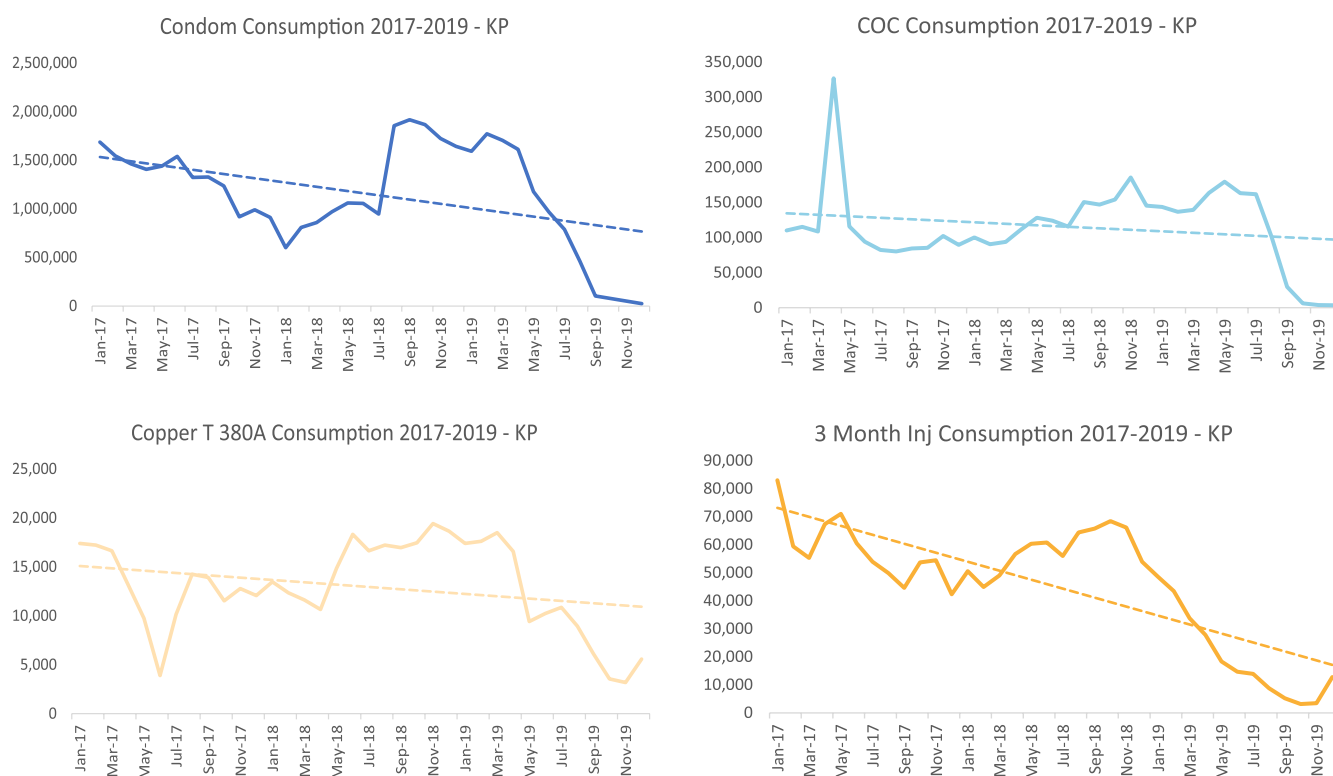
The contraceptive consumption trends below provide a picture which correlates with the increasing stockouts. Consumption for all methods has shown a gradual decline in last three years, with

last six months witnessing the most rapid decline; highlighting the risks of couples being deprived of continuous supply of contraceptives (Figure 13).

**Figure 12**  
Average stockout rate - KP



**Figure 13**  
Consumption trends - KP

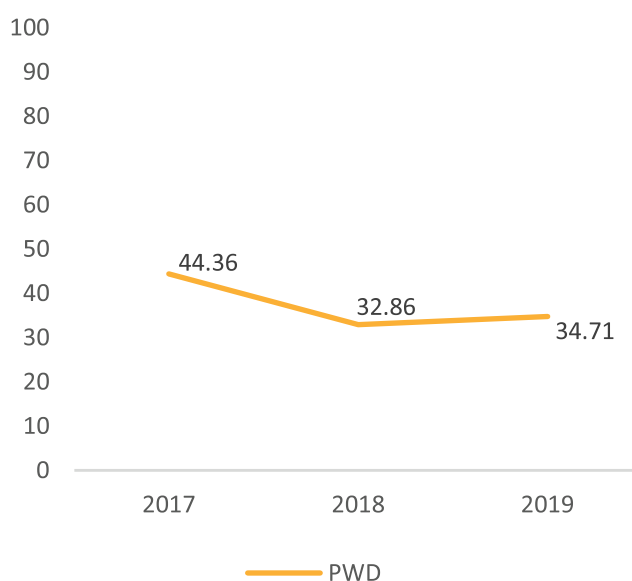


## Balochistan

Balochistan and regions have fared the worst in terms of contraceptive commodity security since devolution. The USAID commodity support had maintained high levels of availability up till around 2016; after which stocks started declining. Only \$1.4 million have been spent from 2014 to 2019 for contraceptive procurement. The trend below shows high stockout level in Balochistan with almost one third of facilities being stocked out on an average. However, a decline of almost 10% since 2017 has been observed (Figure 14).

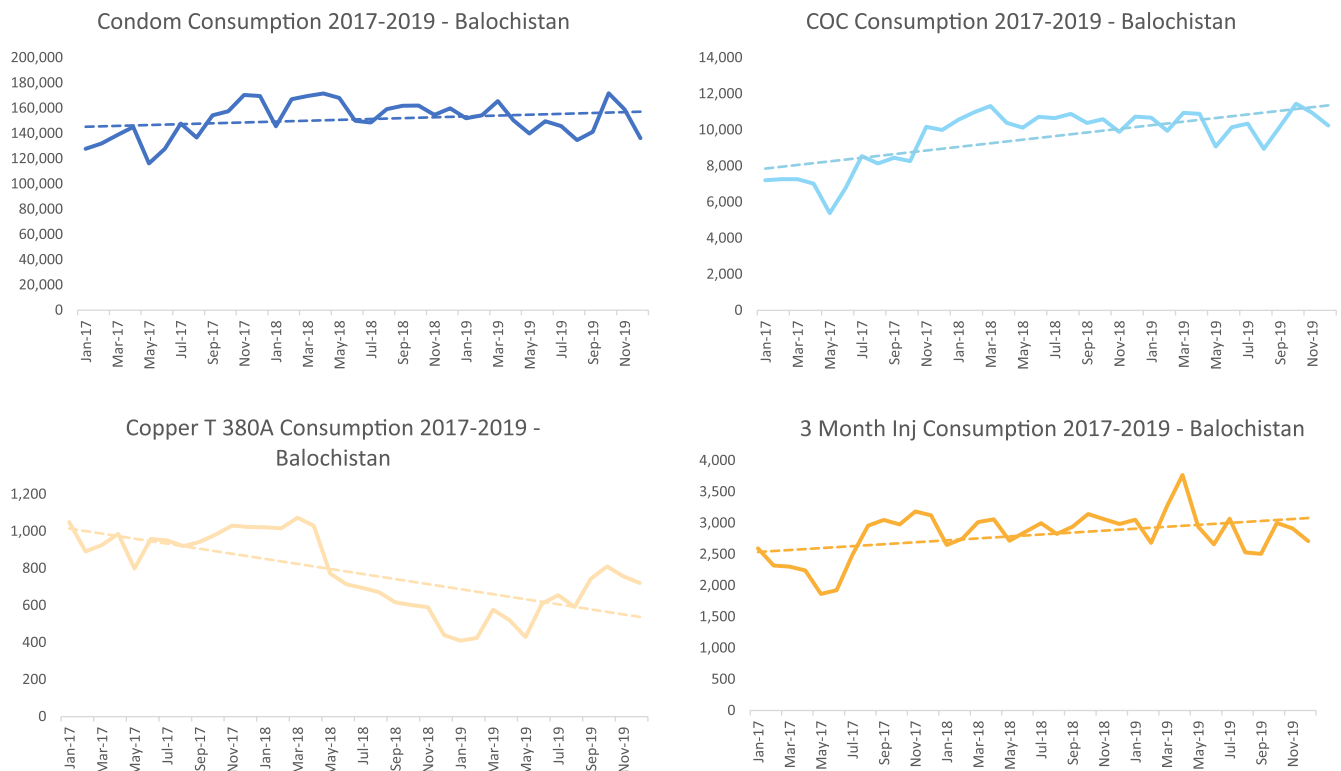
Looking at the consumption trends, there has been only a marginal increase for COC and DMPA in last three years, while the consumption of IUCD declined and consumption for condoms remaining almost constant over this period (Figure 15).

**Figure 14**  
Average stockout rate – Balochistan





**Figure 15**  
Consumption trends - Balochistan

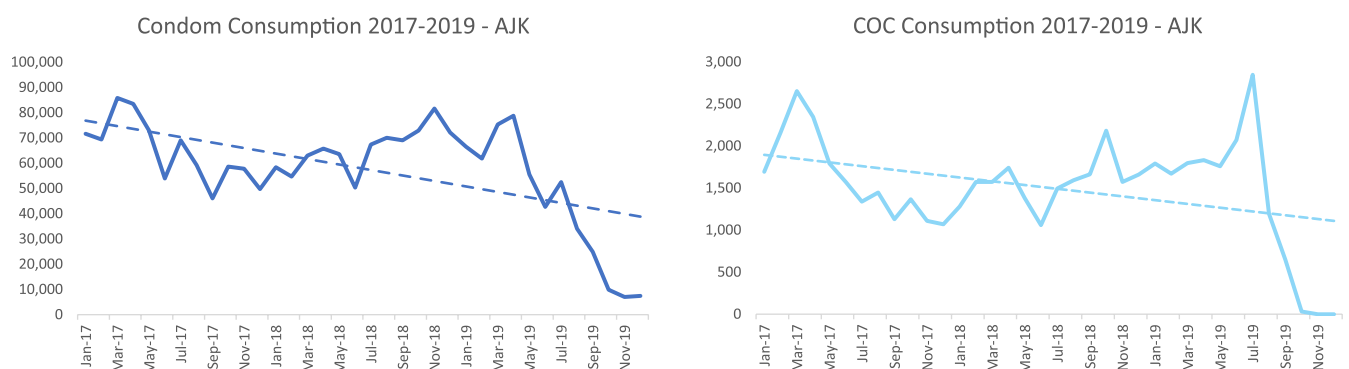


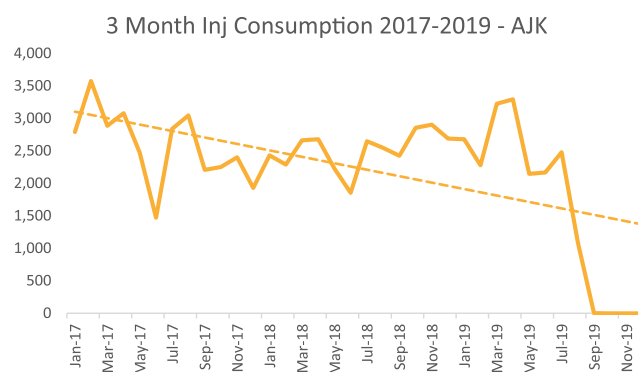
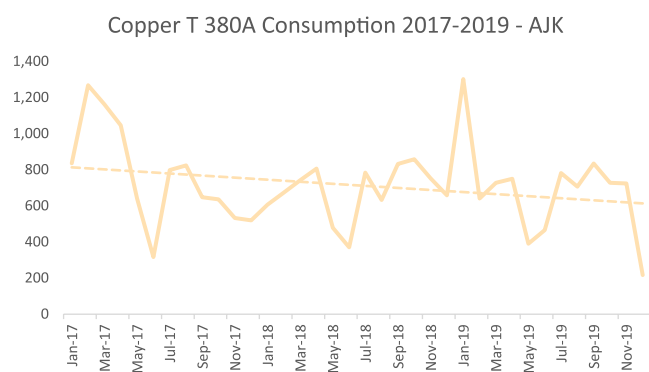
## Azad Jammu & Kashmir

The visibility of data from AJK has remained limited. Only 25% of PWD facilities have reported in LMIS since 2017. The data shows declining

consumption for all four key products. The recent sharp decline shows that commodity availability has remained limited for most parts.

**Figure 16**  
Consumption trends - AJK



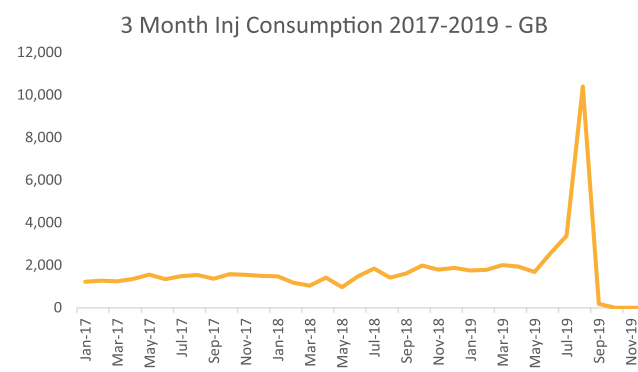
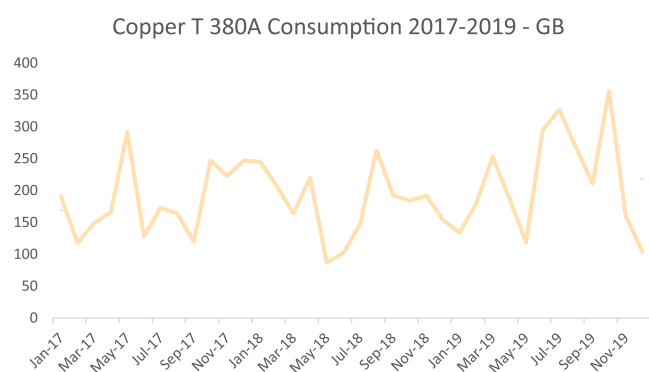
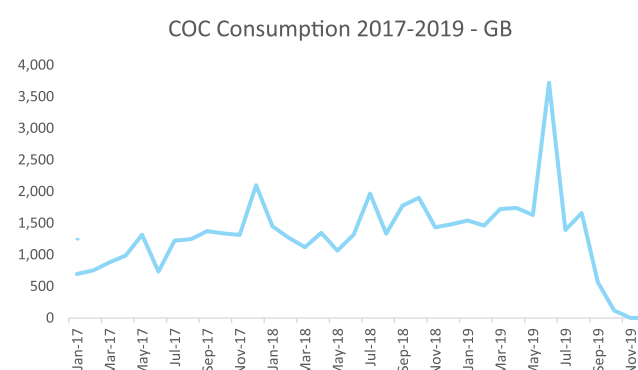
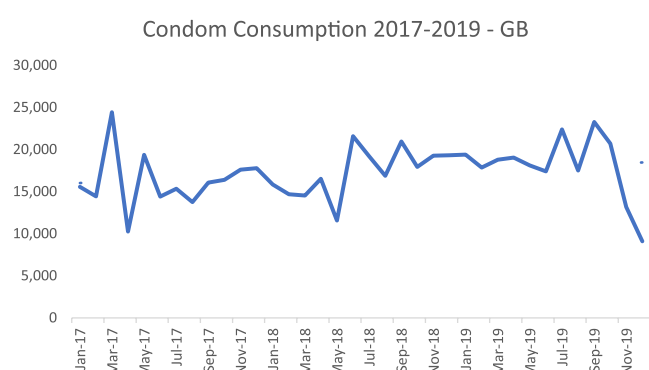


## Gilgit Baltistan

The reporting rates for Gilgit Baltistan have remained relatively better (75% reporting rate for 2019). The reported consumption has remained

the same for the reported PWD facilities from 2017 to 2019.

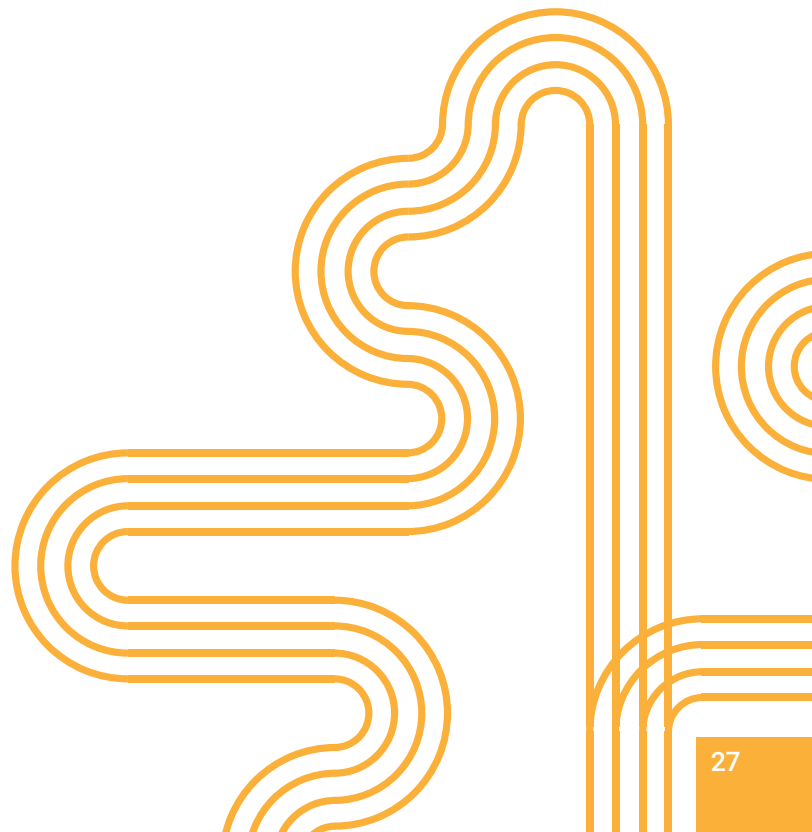
**Figure 17**  
Consumption trends - Gilgit Baltistan



## 06

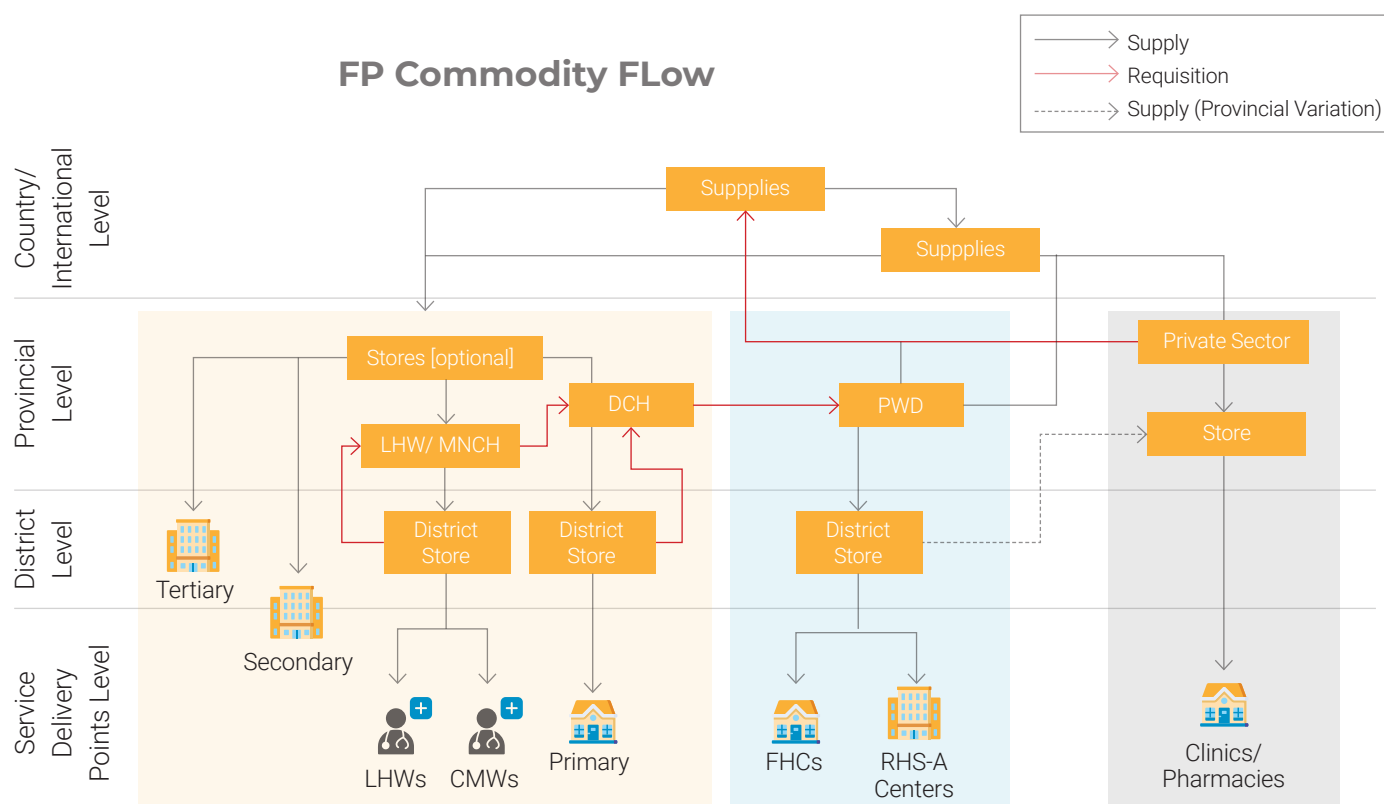
## OVERVIEW OF PROVINCIAL SUPPLY CHAINS

This section reviews the FP supply chain in each province. Each province has taken a different course in terms of flow of supplies, reporting and requisitions since devolution in 2010. However, sharing of space in Central Warehouse in Karachi exists, as a hub for internationally procured products. The schematic below (Figure 18) provides a generic overview of supplies within DOH, PWD and Private sector at various levels of supply chain.



**Figure 18**

Generic description of requisitions and flow of commodities for DOH, PWD and Private sector



## Punjab

DOH and PWD are procuring separately as per demand in Punjab. The local procurements for DOH (e.g. pills) are stored both in CWH and MSD. The onwads supplies to districts are carried out from MSD and CWH based on paper based requisitions generated from respective district stores. In districts where Punjab Health Facility Management Company (PHFMC) is operating, the products are shipped from MSD to PHFMC district stores. For CMWs and LHWs a separate supply chain is used; with IRMNCH store receiving products from MSD and then distributing onwards to the respective IRMNCH district stores.

For PWD, all incoming shipments are stored at CWH. Onwads distribution to SDPs for PWD is carried out through electronic requisition process.

The auto-generated CLR-6 captures historic data on consumption and stocks entered into LMIS and calculates demand for the next quarter. CLR-6, however, is reviewed before being submitted to CWH. The purpose of review is to adjust the quantities based on qualitative inputs from facilities in cases where the historic consumption is unable to project the actual demand e.g. in case a product has remained stocked out in recent times or a new method is being introduced. CLR-6 is then submitted to province for further processing. The province reviews and approves the CLR-6 and forwards to CWH for distribution. Once CWH has issued products as per CLR-6, the district will receive the products and generate CLR-7. Each month, all districts report their consumption from SDPs and their issued and received products at SDP and district level. The aggregated consumption is then used as baseline for generating the next quarter cycle for CLR-6.

Supplies to private sector/NGOs are routed from PWD district stores to the stores of respective NGOs, and in some cases directly from CWH to the provincial stores of NGOs/Social marketing agencies.

### Population Welfare Department Punjab

PWD Punjab had allocated \$1.56 million (PKR 250 million) for 2018-19. Allocations were increased to \$ 1.75 (PKR 280 million) 2019-20. However, the 2019-20 allocations were withdrawn due to diversion funds towards COVID-19 response. Forecasting and quantification exercise was done after the allocations and allocations were not particularly as per demand. The LMIS cell of PWD Punjab collects field requirements through electronic LMIS and compiles them for annual procurement.

Districts are being supplied as per demand (requisitions) sent every quarter. The demand for each district is reviewed by provincial department for accuracy and identifying any outliers. District level requisitions are dependent on accuracy and timeliness of reports from SDPs. Thus, the delays and inaccuracies occur there is lack of capacity and resources at SDPs to generate demand.

Deliveries from provincial store are as per demand. The accuracy of deliveries is confirmed by provincial department. In case of requirement, provision of emergency orders is available in LMIS manual for urgent requirements. Quantities are distributed from districts to SDPs as per demand and detailed procedures are laid down in LMIS manual.

Electronic LMIS operations in Punjab and Sindh are relatively better compared to other provinces. LMIS cell is functional, regularly performing stock verification and physical counts, comparing stock registers with electronic LMIS.

In terms of financing, the government's funds have been the main source since weaning off of USAID commodity support in 2016. As per national action plan, 50% additional resources for contraceptive procurement will be provided through block allocation.

Procurement plans are regularly being developed in consultation with relevant stakeholders. Procurement is being managed by a dedicated cell. However, since its establishment in 2018, it is not up to its full capacity in terms of staff, the recruitment process is still ongoing. The process adopted in Punjab is joint prequalification of firms for PWD, Primary and Secondary Healthcare Departments. However, due to lack of prioritization for FP by Health Department, procurement process gets affected. In terms of procurement efficiency, an automated procurement monitoring system has been implemented by Punjab Procurement Authority. As per record, where funds were available, all procurements were completed. All the procurement process is well coordinated between Directorate General, LMIS cell and procurement cell.

Absence local production for Condoms, IUCDs and implants poses a major challenge for procurement. Longer lead times and process requiring foreign currency transactions causes delays. In addition, limited number of suppliers for some specific products is also a challenge. High tax on raw materials as well is an impediment to local production. Similarly, including FP commodities in the taxable list is a major disincentive for producers.

SOPs are in place for various supply chain thematic areas. However, there are no incentives for compliance or vice versa. Better accountability is in place through improved data visibility and use through LMIS and procurement monitoring system.

As mentioned earlier, LMIS reporting and use is much improved in Punjab. LMIS is regularly used for requisitioning, forecasting, distribution and stock and consumption monitoring. LMIS data is also validated through monitoring visits. LMIS decision support system for redistribution, forecasting and quantification is effectively utilized.

Smooth flow of funds from allocation to release and simplification of international procurement process could lead improved commodity security in the immediate term. However, for medium to long term security, local industry must be incentivized for contraceptive production.

## COVID-19 effects

One of the major impacts of COVID-19 has been the withdrawal of all of funds for 2019-20 procurement. Local manufacturer also had production issues due to shortage of raw material. Delayed transportation due to lockdown also affected availability at SDP levels. Imported deliveries were also delayed for similar reasons. Disruption of services has occurred due to staff re-assignment on COVID-19 duties. Sexual and reproductive health services had remained suspended partially or completely during phases of intense lockdown. Decreased likelihood of clients visiting facilities due to fears of COVID-19 is played a role in reduced demand globally and in Pakistan.

## Sindh

Joint procurement mechanism is being used in Sindh, where DOH and PWD orders are being placed by PWD Sindh. All the incoming shipments are being stored at CWH, Karachi. PWD Sindh is using the automated CLR-6 within LMIS to generate demand from districts. The process is described above for Punjab in detail.

Most of the primary healthcare facilities in Sindh are managed by Prime Minister's Primary Healthcare Initiative (PPHI). The PPHI provincial office receives and reviews requisitions from their respective stores and sends them onwards to CWH for processing shipments. Similarly, DOH is overseeing and reviewing the demand fulfillment for LHW, MNCH and some secondary and tertiary healthcare facilities. Their requisitions are also sent to CWH after review from DOH.

## Population Welfare and Health Department of Sindh

Almost \$3.12 million (PKR 500 million) have been allocated from Government of Sindh for procurement of contraceptives for both Population Welfare and Health Departments. Most of the allocated funds have been spent in the past two years.

Overall, the pooled procurement process adopted by Sindh is smooth and efficient. The mechanism leads to better collaboration among stockholders, timely procurements, cost efficiency and better fulfillment of demand for smaller NGOs. However, there were no bidders for Jadelle in the recent procurement. Similar issue occurred with Sayana Press, in which the sole producer (Pfizer) did not participate in bidding process. Pfizer had removed government purchases from priority after some private partners from Pakistan approached them.

Forecasting and quantification is done every year by using LMIS consumption data. Consumption data has a relatively better reporting rate and quality as electronic CLR-6 is regularly being used for requisitioning. All district stakeholders send quarterly requisition to PWD provincial office. PWD evaluates all requests and sends them to central warehouse after approval. The statistical office makes the distribution plan, adjustments are made wherever required. Delivery accuracy is verified through vouchers once deliveries are done to the districts.

Costed Implementation Plan (CIP) secretariat and PWD work closely to perform supply chain monitoring. During field visits, register entries and physical counts are verified. CIP quarterly report is also verified from LMIS. In case emergency supplies are required, provision of emergency order through raising a CLR-6 is available. Below district level, the commodities are distributed from district store to SDPs every month. The quantities delivered are as per demand from SDPs.

Government of Sindh has been allocating sufficient quantities for contraceptive procurement since weaning off of USAID commodity support in 2016. There has not been a significant need for resource mobilization for commodity security. Apart from Syana Press provided through DFID grant (for pilot introduction), there has not been any other donor support. To maintain commodity security in NGO sector, the CIP secretariat has developed a mechanism of collaboration. NGOs report on CIP Performa detailing their contraceptive issuance every quarter.



There are number of procurement challenges. IUD procurement has remained a problem due to major providers being Indian companies, as there is ban on importation of products from India. Another more critical challenge is lack of trained human resource in the procurement cell. One of the most vital process of the supply chain and commodity security is managed only by two to three staff members and addition of staff remains a problem due to hiring ban. There are no automated procurement efficiency tools in place.

Local production indeed is much required for cost efficiency and avoiding high lead times for international procurements. However, the process is stalled since being initiated by federal government. No follow up has been done after an initial meeting with potential producers. Punjab and Sindh had expressed reservations on pooled procurement due to their own relatively improved procurement process and economies of scale. However, for any such mechanism to succeed it must have the buy-in and participation from the two larger provinces.

In terms of SC accountability, SOPs are in place. However, human resource capacity challenges are there for proper implementation or compliance of SOPs. The reporting and use of LMIS is relatively better in Sindh, with LMIS data being regularly utilized for requisitioning, forecasting and monitoring purposes.

There is a mechanism for inter district rationalization of contraceptives which allows re-distribution based on demand and consumption. There needs to be much stronger mechanisms for inter-provincial loaning to allow for commodity security for products which may have limited availability e.g. Jadelle and utilization of products with short shelf life.

### **Peoples' Primary Healthcare Initiative Sindh**

PPHI obtains its supplies from PWD and does not procure products by itself. PPHI is using electronic LMIS requisition within LMIS for requests from districts on quarterly basis. The distribution is managed by PPHI through their own vehicles. Most of the time, demand is met through

quarterly requisitions. However, in case of shortages, emergency orders and push supplies are also used occasionally. District requisitions are scrutinized for accuracy by provincial office. For SDPs, monthly paper-based requests are being sent to district stores. The district compiles the reports for onwards

PPHI has a M&E system in place, through which they verify the physical quantities, as well as the accuracy of records and reports in LMIS and stock records. LMIS is being efficiently used for monitoring purposes, with 99% compliance and almost 90% validation rates for the data. LM. IS data is also used for developing annual forecasts.

Delayed procurement is identified as the root cause affecting contraceptive availability. Introducing more efficiency to procurement, pooled procurements at higher levels and engaging third party may be viable solutions for immediate and long term. Although there is political commitment for provision of FP products and services, but commitment for improving systems and monitoring could only result in actual impact in terms of delivery of efficient and affordable services.

In terms of COVID-19 impacts, the supply remained unaffected as PPHI has been using their own vehicles. However, restriction of movement for clients and fear of COVID-19 infection did affect the clientele at SDPs. Human resources were not diverted at SDPs, but some diversion due to COVID-19 did occur at tertiary care hospitals.

### **COVID-19 effects**

The distribution of contraceptives overall did not face major challenges in Sindh, though there were some delays in deliveries during the lockdown period. In order to provide uninterrupted services, guidelines were issued to all RHS-As in Sindh for continued and safe operation during the COVID-19 epidemic. All district officers are ensuring implementation of guidelines and provision of PPEs to staff.

## Khyber Pakhtunkhwa

The Population Welfare Department is using the electronic requisition process as described earlier for Punjab. The PWD district stores received products from CWH as per the requisitions.

The Integrated Health Project (IHP) is managing the Lady Health Workers and Community Midwife programs in KP. IHP have their respective provincial and district stores receiving products from CWH. The static health facilities of Department of Health receive contraceptives from DOH stores in each district. The paper based requisitions are generated by district store for review by DGHS and onwards submission to CWH.

### Population Welfare Department Khyber Pakhtunkhwa

The KP Population Welfare Department has allocated \$ 1.25 million (PKR 200 million) for 2018-19 and \$ 1.81 million (PKR 290 million) for 2019-20. Forecasting exercise is usually done before budget allocation. Thus, the allocation is as per demand and usually fulfills 100% of demand.

Districts submit their demands on quarterly basis to central warehouse. However, deliveries from CWH to districts take on average one month, which risks some districts going out of stock before next shipment is received. Although, demand-based requisitioning from districts is a norm, sometime supplies are pushed. There is a provincial oversight on demands from districts and they are reviewed and adjusted if errors are identified. Once deliveries are made to the districts, confirmation of accurate quantities are done telephonically. Policy of emergency orders exists. However, they are not encouraged as it overloads the already busy schedule of the CWH.

In terms of supply chain monitoring, provincial monitoring officers visit districts to physically verify stocks. Physical verification is done at least once a year and, in some settings, even twice.

Below district distribution is also as per demand, based on requisitions generated from SDPs every month. SDP stocks are verified by district officers

during monitoring visits. Moreover, emergency orders from SDPs can be sent to districts as and when required. LMIS is regularly reported being reported for PWD KP. It is being used for consumption reporting, stock status, quantification, and validation. Mapping of stakeholders has been done by the department. However, provincial government remains the main source of financing.

In terms of local production of contraceptives, no manufacturer is WHO prequalified. There are only few local companies producing contraceptives. Constraints are being faced in terms of potential bidders due to the aforementioned factor and also due to low quantities required by KP.

The department is preparing procurements plan well in advance in consultation with relevant stakeholders. A paper-based system exists to track procurement efficiency. Various committees are assigned specific monitoring roles. The department has standard operating procedures in place for each of the supply chain thematic area. However, mechanisms lack for incentivizing the implementation of SOPs or vice versa.

LMIS is used for study of historical trends in consumption of contraceptives, projected contraceptive requirements and quantification. No regular mechanism exists for data validation, but there are frequent visits of district and provincial level monitors to do spot checks and validation. LMIS data is being used for policy briefs. LMIS is being used for monitoring of facility reporting and stock situation. SMS and email alerts via LMIS are also being used as a monitoring tool.

Procurement challenges were identified as the core of lack of contraceptive availability in the province. Complicated and lengthy procurement process leads to undue delays. Approval processes for release of funds become a bottleneck for timely availability of funds. Procurement staff is mostly overburdened and has difficulty in complying with procurement timelines. In addition to these internal factors, there are external factors like lack of local providers for contraceptives and difficulty of finding suppliers for quantities which may relatively be smaller for KP.



One of the critical need identified by the province is to have a pooled procurement mechanism for economy of scale and also making the procurement process more efficient. There should be a viable mechanism for inter-district and inter provincial borrowing, which required collaboration among provinces to avoid stock-out and expiries. In addition, a distribution system managed by a third party could be more efficient and even cost effective in the longer run.

### COVID-19 effects

Enough supplies were available in the districts before COVID-19 emergency to provide buffer for any supply interruptions. Some delays were experienced for CWH dispatches to the districts. To counter the effect, early shipments were requested from CWH. Although, no major shortages have been experienced up till now, further delays onwards from manufacturers may lead to stockouts later this year.

Disruption of services is also experienced due to diversion of staff services towards COVID-19 emergency. Similarly, vehicles have also been given at the disposal of respective deputy commissioners. Some services, e.g. contraceptive surgeries have been suspended.

### Department of Health (KP)

KP DOH had allocated \$1.25 million (PKR 200 million) for 2018-19 and \$ 0.62 million (PKR 100 million) for 2019-20 for contraceptive procurement. Forecasting and quantification was done before recent allocation. Districts are sending demand on half yearly basis, compared to the typical quarterly requisitions elsewhere. Requests from districts are also somewhat fixed in the form of a quota and not purely on actual demand. Once the orders are initiated by districts to provincial offices, they are reviewed and sent onwards to Central Warehouse. There is no formal evaluation of demand or as such quota for adequacy. There is no mechanism for emergency orders as no buffer stock is maintained at CWH. IHP has no access to cLMIS and no validation of stocks with LMIS being done. Similarly, no physical count for stocks is done. Below district distribution is based

on quota allocation. As for districts, no emergency order provision is there for SDPs.

Non-availability of funds has hampered the procurement process leading to widespread non-availability of contraceptives at health facilities. Inclusion of contraceptive items in the MCC list of medicines/drugs will avoid the long procurement process and delays in future.

KP DOH has done physical mapping of all FP services based on geographical information system. The mapping provides useful insight into the FP supplies, equipment, and HR status.

There is a quite a lot of room for simplification of procurement process, such as single sourcing and for some items doing rate contract agreement for three to five years. In addition to these challenges, the insufficiency of funds is still the major challenge leading to stockouts in KP. There is no automated procurement monitoring system in place. There are procurement capacity issues, and currently no program in place to improve it. Logistics officer IHP is responsible for initiating the procurement process as per need of the project and provision of funds in PC-1. A committee constituted by Health Department is responsible for completing the procurement process. No specific SOPs are in place for various supply chain thematic areas. IHP, reportedly, does not have access to LMIS and there is no other alternate in use currently.

Lack of accountability from procurement process to last mile delivery was identified as the root cause behind low commodity security in the province. A pooled procurement mechanism would be useful in improving procurement efficiency and save costs.

There is no inter or intra district redistribution mechanism currently in place. Moreover, lack of buffer stock at district store and SDPs will render any such mechanism ineffective, even if in place.

### COVID-19 Impact

Clients' access to FP services and commodities got reduced due to lockdown and lack of service providers. Even after opening of services, the utilization remained low due to fear of infection.

## Balochistan

The supply chain for health, lady health workers and PWD is mostly vertical in Balochistan. CWH supplies to provincial stores of LHW, MNCH and DGHS, and these stores supply to their respective district stores. The requisition system for PWD is electronic as followed by PWDs in other provinces.

### Department of Health Balochistan

No procurement has been done during 2018-19 and 2019-2020 period due to non-allocation of funds. The supplies are pushed from central warehouse to districts based on previous years consumption. This results in a rather crude method of estimation with possibility of over or underestimation. Moreover, as the demand is not generated from district level, it lacks the critical adjustments for factors at the district and below level, e.g. increase in demand due to new facilities or changes in method mix. There is a mechanism for emergency orders. In case there is an emergency order from a district, the department attempts to fulfill it from adjoining districts having surplus quantities.

Distribution of commodities from district to SDP is done by account supervisors on monthly basis. However, quantities are delivered based on historical data and adjustment is done for any feedback from SDPs. Provision of emergency order from district level is done if district has the quantities available.

Since cessation of commodity support from USAID, there has not been any significant financing from government or private sources. Balochistan has faced challenges in mobilization of resources, a federal government support initially with gradual weaning out is essential to maintain commodity financing.

Electronic LMIS is not functional for the past four years or so. A revival of LMIS can not only help in tracking and tracing of products but also help monitoring of stockouts and allocation of resources for contraceptive financing and supply chains.

A lot is required to enable the province to perform procurements independently. There are procurement capacity issues at the provincial level. The processes

are only partially automated, leading to delays. Currently, there are no programs underway to increase procurement capacity and/or improve procurement efficiency. There is lack of SOPs for each supply chain thematic area. There is a general lack of supply chain monitoring and data validation.

Lack of prioritization is the root cause for lack of contraceptive availability. Improving flow of funds from government and donors for commodity procurements would be a key step towards improving commodity security in the province. Strategy for introduction of implants and Sayana Press is under development

In order to bring about a major improvement in supply chain, a culture of evidence based forecasting based on properly reported LMIS needs to be introduced. Balochistan also requires a robust public awareness program to improve uptake of FP services. Capacity of staff is a major challenge compared to other provinces and a lot needs to be invested in it to bring it at par with the national level.

### COVID-19 effects

Within province delivery of contraceptives was not affected by COVID-19. However, closure of services led to potential discontinuation for clients. No specific measures were taken to address the adverse impact of COVID-19 on FP services and logistics.

## ICT/AJK and GB

The three regional entities are mainly dependent on federal government for supplies of contraceptives. The flow follows from CWH to district stores of DOH, LHW and PWD.

A total of \$ 0.18 million (PKR 28.8 million) had been allocated by Government of AJK for 2019-20. The allocation was based on forecasting exercise to fulfill 100% demand of contraceptives.

Districts are submitting the demand every quarter directly to CWH in Karachi, and deliveries usually take up to one month. There is no mechanism for emergency orders from district. Stock verification at district level is done regularly. SDPs send monthly

requisitions to district based on demand, i.e. consumption pattern of last three months and buffer stock. The district population welfare officers verify the stock at SDPs during their monitoring visits. For SDPs, there is a mechanism in place for requisitioning of emergency supplies from the district store. LMIS is being regularly used to assess the consumption trends and status of stock at district and SDP level. LMIS data is being regularly used in forecasting, requisitioning of contraceptives, demand projections, budgeting and procurement planning. However, there is no data validation system in place for LMIS data. There is lack of use of data in terms of informing policy decisions. There is a general lack of SOPs for all supply chain thematic areas. There are almost minimal to no efforts in terms of resource mobilization.

Regions have limited technical expertise of international procurement. Due to small quantities required, high rates are quoted and overall supply chain costs e.g. transportation are also high. Availability and sustainability of financial resources is usually a bigger challenge for regions as they are mostly dependent on federal funding.

For the past 5 to 7 years, GB had been dependent on the supplies provided by USAID | DELIVER Project. After weaning of USAID supplies, first ever procurement by PWD GB has been made through a pooled procurement mechanism via population program wing.

Delayed approval of PC-1 and release of funds are identified as the major reason behind low contraceptive availability. Sustained funding and timely approval of PC-1 could immediately resolve the major hurdle behind commodity availability. Pooled procurement is an efficient and cost effective way of resolving procurement challenges. Similarly, local production of contraceptive is the long term solution to Pakistan's contraceptive availability challenges. Declaring contraceptives as essential services is critical for ensuring growth in CPR, especially in this COVID-19 era.

There is an inter-district borrowing mechanism. However, lack of interprovincial borrowing mechanism makes smaller provinces like GB and AJK at a disadvantage. There is no strategy for

introduction of new methods in regions.

### COVID-19 effects

COVID-19 has adversely affected FP supply chain in terms of transportation, timely requisition and resulting low availability. Since FP service provision was not regarded as essential services to be continued during emergency, they were severely affected during the period of lockdown. Even after partial opening, the services uptake is likely to remain affected due to multitude of factors, ranging from poor product availability to lack of staff. However, no diversion has yet been done for FP and SRH staff towards emergency services in GB.

## Family Planning Association of Pakistan

FPAP has allocated \$ 0.062, 0.075 and 0.47 million (PKR 10, 12 and 75 million) for the last three years. The allocation is done based on forecasting and quantification, based on consumption and stocks reported from FPAP's Monitoring, Evaluation and Reporting (MER) system. Thus, allocation is aimed at fulfilling 100% of demand. As most of the contraceptives are imported, it usually takes 6 to 8 months for the orders to arrive. The distribution system from central store to districts is requisition based. Emergency order provision is available in case of acute shortages. Demands are evaluated and adjusted based on previous trends.

A supply chain monitoring system exists which includes automated monitoring through ERP software and MER data management system. Quarterly stock verification is done through physical counts and comparisons with MER system.

FPAP has a concerted resource mobilization strategy for contraceptives. This includes allocation for contraceptives fund through Annual Program Budget, and availability of funds through donor projects. At time, FPAP also receives contraceptives directly from international agencies such as UNFPA. International also play their role in risk management and mitigation related to commodity security.

Procedural delays due to import heavy procurements comes out to be the major procurement challenge. Procurement capacity is much less of an issue compared to public sector. Further enhancement in capacity is planned through workshops and on the job training. Both paper based and automated procurement monitoring is done, inclusive of vendor management. Procurement processes are standardized through procurement and supply chain management manual.

SOPs are in place for all supply chain thematic areas in the form of supply chain manual. Although, no formal incentives are given for implementing SOPs, but staff are provided with supportive supervision for the required adherence.

### **Following are the recommendations**

1. There is needs to improve/further strengthen the integration/coordination between different departments at national & provincial level.
2. After 18th amendment, the subject has been transferred to provinces; due to this Value for Money (VFM) is also being affected because each province buys same product on different rates. It is suggested that Federal Govt should centrally procure the commodities while keeping the provincial share in NFC award and distribute commodities to provincial governments and NGOs as per their share.
3. The federal government in collaboration with provinces should develop an advanced planning mechanism for commodity availability for NGOs. A monitoring and reporting mechanism needs to be established to ensure commodities are reaching end users.

### **COVID-19 effects**

COVID-19 has indeed shifted the focus of the government and other stakeholders. As most of the government facilities were closed during lockdown, only FPAP and private clinics were providing the services during the period. Transportation delays were also experienced leading to understocks and stockouts. FPAP prepared a strategy to continue providing services during the epidemic. Use of PPE for staff was made mandatory, and special transport were arranged to mobilize reserve commodities to prevent stock shortages.

# 07

## THEORY OF CHANGE (TOC) AND RECOMMENDATIONS

A theory of change workshop was held at Islamabad on September 29, 2020. The consultation involved key stakeholders from both public and private sector. Following were the objectives of the meeting.

1. Review and validation of findings
2. Developing a TOC model linking key supply chain outcomes with potential factors related to operations, capacity and political commitment
3. Devising a way forward for addressing the identified key factors or root causes

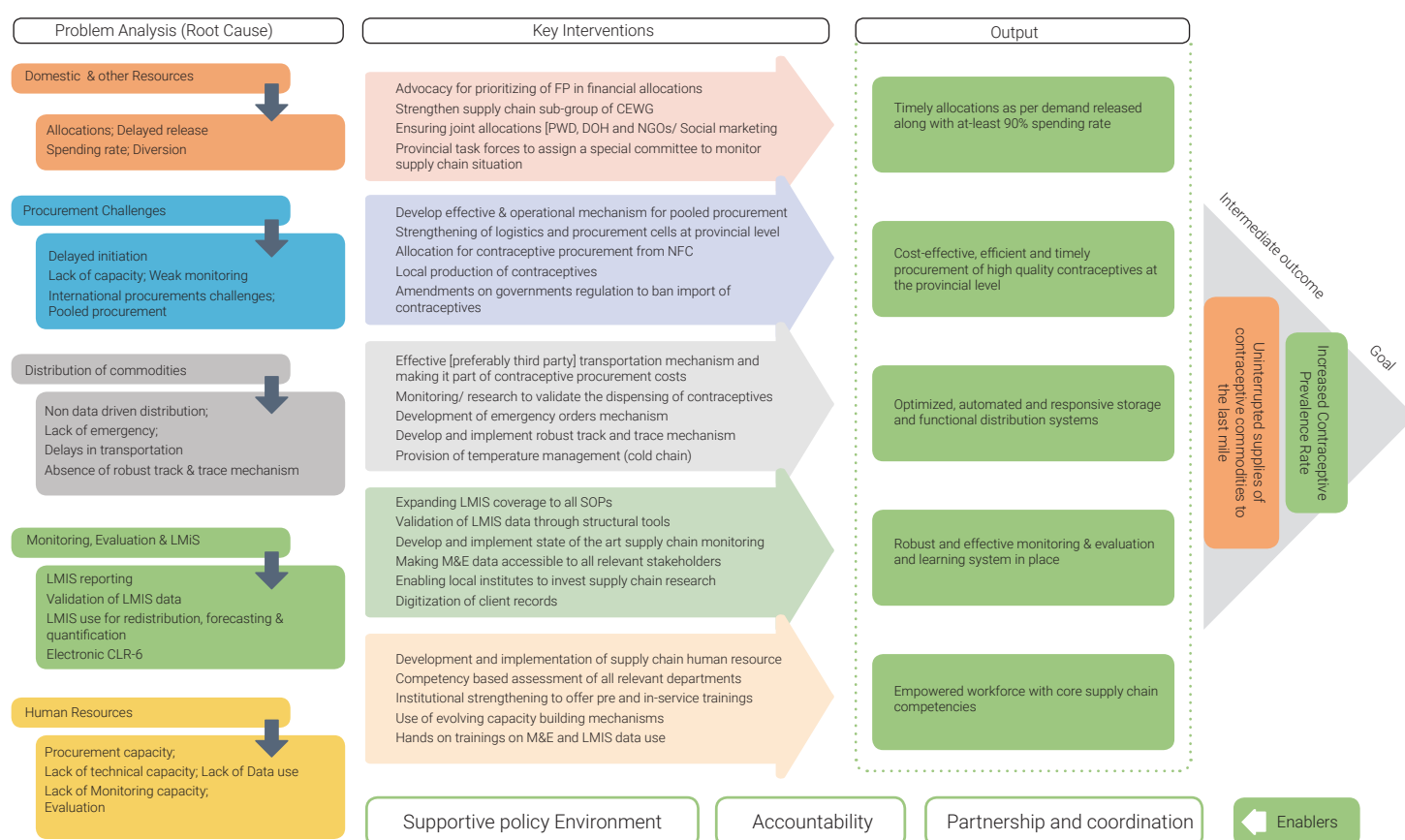
Following schematic describes the flow from problem analysis to the impact of improved CPR (Figure 19). Five broad thematic areas were identified based on the landscape analysis conducted earlier (Table 3). These areas encompass the contraceptive commodity security challenges from financing and procurement to last mile delivery. Participants were invited to provide inputs to key challenges identified in each thematic area and then propose relevant, cost effective and feasible interventions to resolve these challenges.



Resource allocation has remained the underlying reason for delayed or insufficient procurements. While allocations remained reasonable for most provinces except federal level for 2014-19 the actual spending was less than 50% except Punjab (57%). Delayed release of funds has been cited the most common cause leading to lower than optimal spending rates. Diversion of funds

initially allocated for contraceptive procurement is a common occurrence. It has occurred in past due to national emergencies like floods. Recently, COVID-19 epidemic also led to diversions. However, there is need to realize that population 'emergency' is accentuating the effects of other disasters and investment in this area is of utmost significance and should not be spent on other areas.

**Figure 19**  
Theory of Change framework for FP supply chain



Last mile availability is solely dependent on timely commodity financing and procurement. Since the uptake of responsibility of procurement by provinces certain challenges have emerged related to procurement. There have been instances of reluctance of provinces to initiate procurement due to lack of capacity or fear of litigation. Sometimes, the initiation is delayed as data is not used to understand the critical window for initiating procurements. Procurement capacity is

also a challenge, especially in population welfare departments. There is no procurement strengthening and capacity building program currently in place. Procurement monitoring either does not exist or is based on outdated methods. The smaller provinces have had difficulties in international procurements due to less quantities on orders. High lead times for internally procured products sometimes leads to unforeseen delays.

Despite progress in improving storage and distribution of contraceptives, there are still challenges at various levels of supply chains and among various stakeholders. Not all stakeholders have robust emergency supply or re-distribution mechanism. Both mechanisms are critical to maintaining uninterrupted supply and are also a marker for a functioning and data-driven distribution system. Lack of transportation financing or an efficient system has often led to delays in distribution. The value of a robust track and trace system (GS1 barcoding) cannot be emphasized enough as it could act as a tool for data capture, data analysis, decision making and improved governance.

Since the launch of LMIS in 2011, the visibility of data has gradually improved, with most of the SDP level data now available in LMIS. However, reporting rates remain modest at best. Weaknesses in data quality are not uniformly addressed through a structured validation mechanism. LMIS data use has

remained limited to forecasting & quantification and needs to be expanded for M&E, policy formulation and improved governance.

Supply chain human resource is an emerging area globally. Progress has been made in bringing established public health institutes in the area of pre and in-service supply chain capacity improvement. FP stakeholders lack a concerted supply chain human resource development framework. Such framework can highlight the required competencies at various levels of supply chain, compare it with currently available competencies and can chalk out a plan to address these gaps through local institutions in a long-term sustainable manner.

Table 3 below describes the proposed interventions in detail. The interventions are designed to achieve the expected outputs as mentioned in Figure 19. Achieving the outcome of uninterrupted supply chain requires interplay of key enablers, which in Pakistan's context are community involvement, public private partnership and political commitment.

**Table 3**  
Key challenges and proposed interventions

Key Challenges	Proposed Interventions
	Resources (Allocations / Spending)
<ul style="list-style-type: none"> <li>• Insufficient allocations</li> <li>• Delayed releases of funds</li> <li>• Less than optimal spending rates</li> <li>• Diversion of funds to other emergencies</li> </ul>	<ul style="list-style-type: none"> <li>• Using high level policy forums for prioritizing FP in financial allocations</li> <li>• Advocacy with the policy makers to make Family Planning &amp; Population issues a priority, and to ensure other emergencies do not let population funds get diverted.</li> <li>• Strengthen supply chain sub-group of CEWG to effectively look after contraceptive commodity security challenges on regular basis</li> <li>• Monitoring of resource allocation, releases against allocations and resultant spending on at least quarterly basis and hold relevant authorities accountable Ensuring joint allocations (PWD, DOH and NGOs/Social marketing) for contraceptive commodity security. These allocations must be on the basis of rigorous forecasting &amp; quantification exercise involving all stakeholders. The allocations must fulfill 100% demand and also have the provision to cover the projected increase in demand</li> <li>• Development of costed Action plan to seek approval from provincial task force and require finance department to release the amounts on time. Proactive follow up with Finance for releases based on the CCIs decision.</li> <li>• Provincial task forces to assign a special committee to monitor supply chain situation and report to the task force members</li> <li>• Public &amp; private sector engagement for resource mobilization and forecasting &amp; supply planning</li> </ul>

### Procurement Challenges

- Delayed initiation of procurement
- Lack of procurement capacity
- Weak monitoring of procurement processes
- International procurements challenges

#### Immediate

- Amendments on government's regulation to ban import of contraceptives from India on exceptional basis as it has led to less competition and cartelization of distributors in Pakistan, leading to high cost of certain methods. Certified global suppliers of some products eg. IUD are mainly from India limiting international procurement options
- Development/strengthening of logistics and procurement cells at provincial level. The cell should be equipped with experienced human resources to carry out local and international procurement
- Linking of PWD and DOH on contraceptive procurement to circumvent the procurement capacity issues at PWD level. The collaboration could be in the form of joint procurement (rate contract etc.), which has led to better results in provinces adopting this approach (provincial pooled procurement – lessons from Sindh)

#### Medium to Long Term

- Develop an effective and operational mechanism for pooled procurement mechanism at national level with concurrence for all entities, leading to economies of scale and efficient use of resources. Adapt joint procurement/separate payment modality to speedup implementation of national pooled procurement
- Allocation for contraceptive procurement from the National Finance Commission and procurement at central level, similar to the model used for Expanded Program of Immunization
- Local production of contraceptives to improve availability and also lessen the burden on exchequer

### Storage & Distribution

- Non data-driven distribution
- Lack of emergency supplies mechanism
- Lack of transportation financing / delays in transportation
- Absence of robust track and trace mechanism
- Costing for effective (preferably third party) transportation mechanism and making it part of contraceptive procurement costs
- Monitoring/research to validate the dispensing of contraceptives at the SDP level (third party or independent monitoring)
- Development of emergency orders mechanism and mechanism to monitor the emergency orders as these are indicative of disruption of routine supply mechanism
- Develop and implement robust track and trace mechanism by institutionalizing the GS1 barcoding standards at all levels of supply chain
- Provision of temperature management (cold chain) /monitoring for safe storage and transportation of contraceptive products



### M&E / LMIS

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Low LMIS reporting and uncovered SDPs</li> <li>• Lack of structured validation of LMIS data</li> <li>• Less than optimal use of LMIS data</li> <li>• Absence of robust supply chain monitoring mechanisms</li> </ul> | <ul style="list-style-type: none"> <li>• Expanding LMIS coverage to all SDPs and ensuring 100% reporting rates</li> <li>• Validation of LMIS data through structured tools, developed in consensus with all relevant stakeholders. Making the validation data accessible to all stakeholders.</li> <li>• Develop and implement state of the art supply chain monitoring with supportive supervision.</li> <li>• Bringing in community oversight in monitoring and establishing collaboration of all stakeholders.</li> <li>• Making M&amp;E data accessible to all relevant stakeholders</li> <li>• Enabling local institutes to invest in supply chain research in Pakistan, to bring out evidence on commodity availability, storage, distribution, procurement, and cost effectiveness of various supply chain processes</li> <li>• Digitization of client records (following example of immunization record), this will aid low cost monitoring and reduce pilferage of contraceptives</li> </ul> |
|---|---|

### Human Resource

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Lack of technical capacity in strategic supply chain planning to achieve long term goals</li> <li>• Lack of procurement capacity</li> <li>• Lack of capacity for M&amp;E, data use and continuous improvement</li> </ul> | <ul style="list-style-type: none"> <li>• Development and implementation of supply chain human resource development framework, which encompasses the evolution of workforce through capacity building, on the job support, motivation and incentivization</li> <li>• Competency based assessment of all relevant departments to ensure all required supply chain skills are present wherever applicable</li> <li>• Institutional strengthening to offer pre and in-service training programs in various supply chain thematic areas</li> <li>• Use of evolving capacity building mechanisms, e.g. online courses, virtual university set up for supply chain</li> <li>• Hands on trainings on M&amp;E and LMIS data use with on the job supervision to improve skills</li> </ul> |
|---|---|

# 08


## CONCLUSION

Pakistan is at a critical juncture of its population program. Despite stagnant CPR and high unmet need, the awareness among those in the driving seat of policy making and operations is much better than ever before, and can potentially translate into strengthened program serving the needs of women and families nationwide.

The current analysis aimed to engage all relevant stakeholders through in-depth interviews and consultations to come up with detailed problem analysis and a theory of change model linking key challenges with expected outcomes. Following key challenges, hampering contraceptives availability to those in need, were identified

1. Resource allocation and utilization
2. Procurement challenges
3. Storage & distribution
4. Monitoring & Evaluation / LMIS
5. Human resource





The final construct included a theory of change model linking problem analysis with proposed interventions and ultimately to outcomes. Proposed key interventions are listed below

1. Prioritizing family planning allocations through high level policy forums and ensure other emergencies do not let population/FP funds get diverted
2. Stimulating timely releases and spending through multitude of interventions, e.g. ensuring joint allocations by health and population, and monitoring resource allocation and releases
3. Strengthening of logistics and procurement cells at provincial level
4. Linking/collaboration of PWD and DOH on contraceptive procurement to circumvent the procurement capacity issues at Population Welfare Department (PWD) level
5. Costing for effective transportation mechanism (preferably via third party)
6. Expanding LMIS to 100% of facilities with universal and structured validation mechanism
7. Develop and implement supply chain monitoring frameworks for each level of supply chain
8. Develop and implement assessment based supply chain workforce development framework
9. Fully implement the Council of Common Interest decisions including local production and pooled procurement

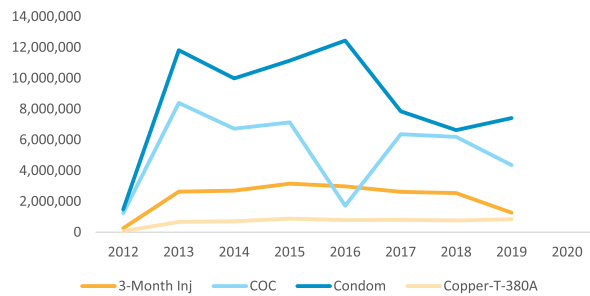
# REFERENCES

1. Pakistan's Logistics Management Information System [Internet]. Available from: [www.lmis.gov.pk](http://www.lmis.gov.pk)
2. USAID | DELIVER PROJECT Final Country Report [Internet]. 2016. Available from: [https://deliver.jsi.com/wp-content/uploads/2017/01/FinaCounRepo\\_PK.pdf](https://deliver.jsi.com/wp-content/uploads/2017/01/FinaCounRepo_PK.pdf)
3. Rapid Assessment to Determine Current Stock Availability of Contraceptives in Sindh and Punjab, Pakistan [Internet]. 2016. Available from: [https://www.rhsupplies.org/uploads/tx\\_rhscpublications/Rapid\\_Assessment\\_to\\_Determine\\_Current\\_Stock\\_Availability\\_of\\_Contraceptives\\_in\\_Sindh\\_and\\_Punjab\\_\\_Pakistan\\_Final\\_Report.pdf](https://www.rhsupplies.org/uploads/tx_rhscpublications/Rapid_Assessment_to_Determine_Current_Stock_Availability_of_Contraceptives_in_Sindh_and_Punjab__Pakistan_Final_Report.pdf)
4. Trends in the contraceptive method mix in low- and middle-income countries: analysis using a new “average deviation” measure. *Global health, science and practice* [Internet]. 2015 Feb;3(1):34–55. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25745119>
5. Pakistan Demographic & Health Survey. National Institute of Population Studies; 2017.
6. Pakistan Demographic & Health Survey. National Institute of Population Studies; 2012.
7. LANDSCAPE ANALYSIS OF THE FAMILY PLANNING SITUATION IN PAKISTAN [Internet]. 2016 Sep. Available from: [https://www.popcouncil.org/uploads/pdfs/2016RH\\_LandscapeAnalysisFP-Pakistan.pdf](https://www.popcouncil.org/uploads/pdfs/2016RH_LandscapeAnalysisFP-Pakistan.pdf)
8. Pakistan's commitment - ICPD25 Nairobi Summit. Nairobi, Kenya; 2019.

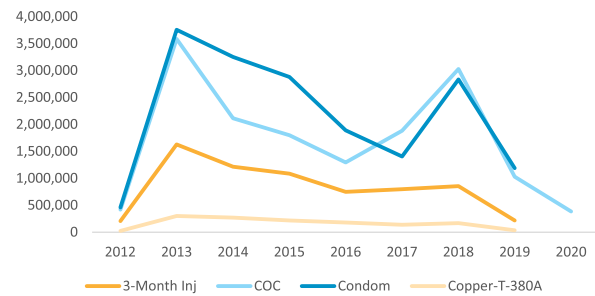
# ANNEXES

## ANNEX-1

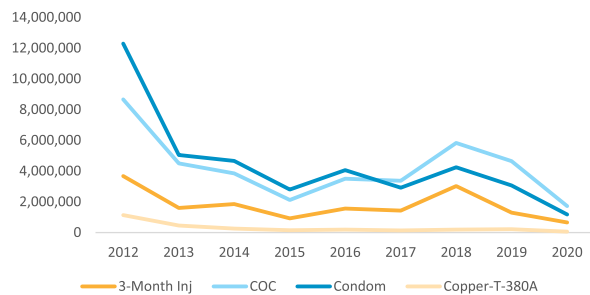
Distribution to Punjab 2010-2020



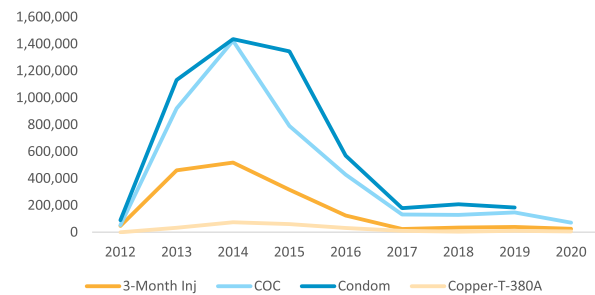
Distribution to KPK 2010-2020



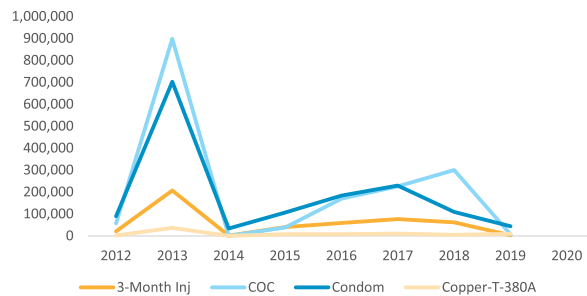
Distribution to Sindh 2010-2020



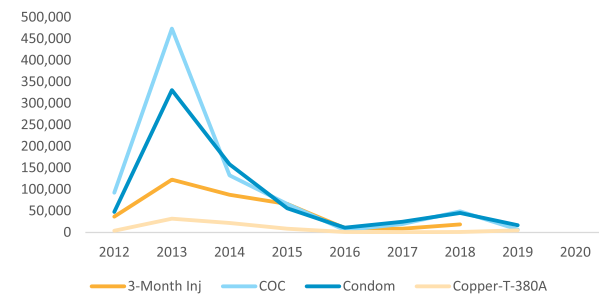
Distribution to Balochistan 2010-2020



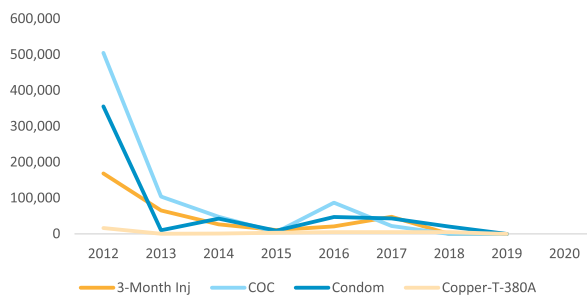
Distribution to AJK 2010-2020



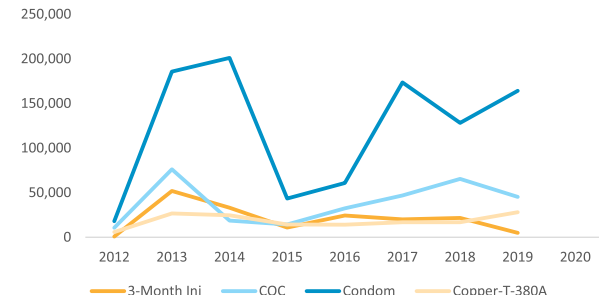
Distribution to KP NMD 2010-2020



Distribution to GB 2010-2020



Distribution to Islamabad 2010-2020





**LANDSCAPE  
ANALYSIS OF  
CONTRACEPTIVE  
COMMODITY  
SECURITY IN  
PAKISTAN**

*October 2020*