IMPACT AREA: SUSTAIN CONTINUITY OF CARE

PRIORITY OUTCOMES METRIC

Stockout-Free Reporting Periods, for Priority Products

DESCRIPTION AND PURPOSE

This metric measures reporting periods in which prioritized products remain available, without stockouts, at the service-delivery level. It provides a shared way to understand consistency of product availability over time and how donated products contribute to sustaining care.

WHY THIS MATTERS

Stockouts interrupt care delivery, delay treatment, and place strain on providers and facilities and consistent access to priority products helps providers sustain treatment and plan care with greater confidence. Tracking stockout-free periods informs greater understanding of how donated supply supports this consistency. This metric also informs where recurring or prolonged interruptions may call for changes in supply planning, timing, or coordination in partnership.

WHAT THIS HELPS DIFFERENT ACTORS UNDERSTAND

CORPORATE DONORS

what scale is the demand for priority products at the service supply level; how reliably donated supply helps keep priority products available for ongoing care. Patterns over time inform donation timing, volume, commitments and partnerships that can strengthen supply between donations.

NGOS/DISTRIBUTORS/INTERMEDIARIES

where donated supply supports consistent product availability across partners and where recurring gaps need additional support or coordination. This information also informs forecasting, shipment typing, allocation and complementary procurement to sustain supply.

LOCAL/IN-COUNTRY PARTNERS

how often priority products remain continuously available, whether donated products can be counted on reliably to sustain treatment and plan upon. This information articulates timing and the consequences of supply gaps among partners.

KEY QUESTIONS

- How consistently are priority product types available during the reporting period without stockouts?
- Are donated products helping reduce interruptions in access?
- Are facilities experiencing fewer shortages over time because of repeated donations?
- Which product types, facilities, or geographies experience recurring interruptions?
- Are stockout patterns improving, remaining stable, or worsening over time in regards to donation efforts?
- What changes in supply planning or partner mix and coordination could help sustain availability?

RECOMMENDED FOR

- Produce-to-Give
- Recurring Excess Product Donations
- Programs where local inventory or stockout information is available

TYPICAL DATA SOURCES

- Stock cards
- Facility inventory records including balance on hand and stockout date informatin
- Digital inventory or logistics management information systems
- Periodic partner reports where routine inventory data are not available

CALCULATION GUIDANCE

- Define the priority product type and reporting period in advance. Use months where monthly data are reliable; otherwise use another consistent reporting period and state it clearly.
- For each valid observed reporting period, classify the product type as available without stockout or stocked out.
- Calculate: number of valid observed reporting periods without stockout / total valid observed reporting periods x 100.
- Also take note of length of stockouts/time to fulfill.
- Examine % and stockout free streaks by product type, per reporting period.
- Repeat for each product type of interest by service partner.
- Examine % stockout data over different product types, if applicable.
- Analyze results over reporting periods and across years.
- Keep product types and reporting periods consistent across cycles.
- Where possible, record donated and non-donated sources separately to help interpret the donation program's contribution to continuity.
- Stories and qualitative data will shape the context.

ADDITIONAL METRIC INFORMATION

UNIT OF MEASURE	Percentage (%) of valid observed reporting periods without stockout
NUMERATOR	Valid observed reporting periods in which the priority product type was available without stockout.
DENOMINATOR	Total valid observed reporting periods for the same product type, site/context.
DIRECTION	Higher percentage = more consistent product availability.
REPORTING FREQUENCY	Typically annual using repeated observations within the year; another fixed cycle may be used.
USEFUL DISAGGREGATION	Product type; facility/site; geography; reporting period; donated vs. other supply where available; time to restock/stockout length; reason for stockout (if inclusive of dates).

INTERPRETATION AND LIMITATIONS

- A stockout is zero usable available quantity of the defined priority product type during the reporting period used by the program.
- Calibrate granularity to local reporting capacity. Product type is the default level because clinically appropriate substitution may occur within a class or type.
- Missing observations should not be treated as stockout-free periods. Report valid observed periods only.
- Stockouts can be influenced by donated supply, procurement, public-sector supply, demand changes, inventory practices, logistics, and other factors.
- Interpret the metric as contribution to continuity, not proof that donations alone caused the result.

DECISIONS THIS EVIDENCE CAN INFORM

- What is the relationship of ongoing donations to product consistency at the service level by product type?
- Which product types or partners would benefit from closer supply planning
- Where shipment cadence or replenishment timing is critical
- Where repeated interruptions warrant additional sourcing or other supply strategies
- Where deeper review of frequency, duration, or time to replenishment would be useful

WHAT THIS EVIDENCE HELPS YOU SHOW

Whether priority products are reliably available over time and where recurring interruptions may threaten continuity of care. It also uncovers donations role by product type and service level.

WHERE TO GO NEXT

AMI Metrics Catalogue →
Every output and outcome metric PQMD has catalogued, and where health and quality outcomes sit.

Gathering Stories and Understanding Results →
Tool 4: the human and program context that explains what this result means.

Key Terms →
The controlled definitions behind the words this card uses.

ACKNOWLEDGEMENTS