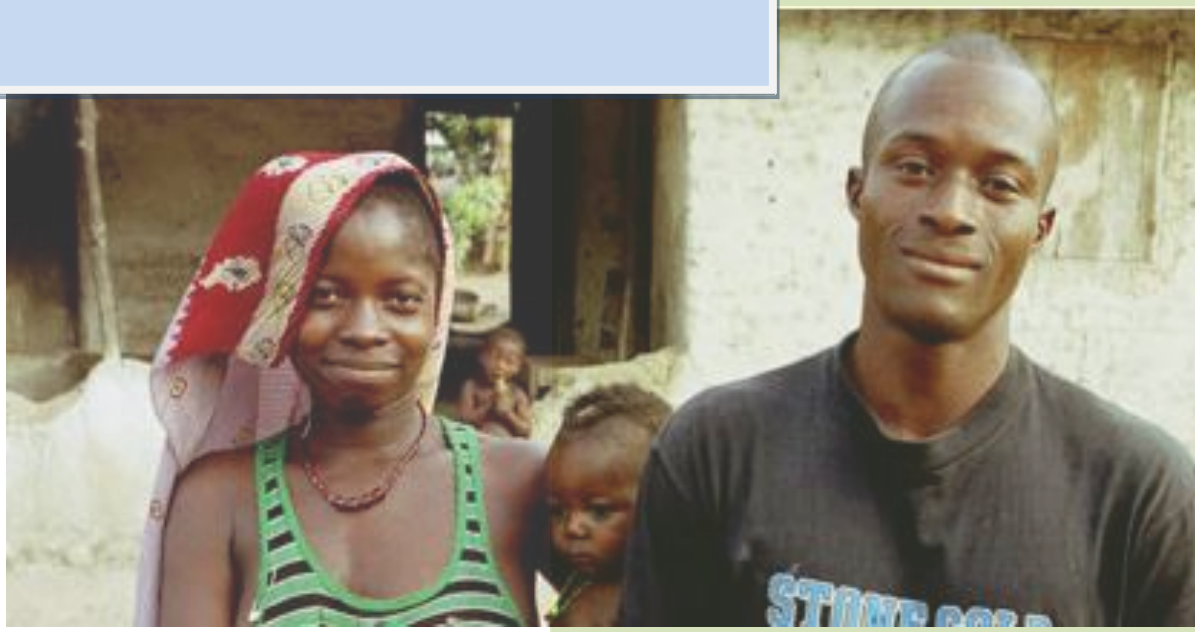
2009 Annual Report

Global Programme to Enhance Reproductive Health Commodity Security



Acknowledgment

UNFPA wishes to acknowledge with gratitude the multi-donor support generated towards strengthening and improving Reproductive Health Commodity Security (RHCS). In particular, we wish to thank the Dutch Government and the governments of Canada, Luxembourg, Spain and the United Kingdom for their kind contributions and assistance in 2009. We extend our thanks to KfW (Kreditanstalt für Wiederaufbau) for their support in the preparation of the monitoring framework used in this report and the Reproductive Health Supplies Coalition for their support of the Global Programme on various occasions.

Our appreciation is also extended to the many partners, governments, United Nations agencies, NGOs, and civil society organizations for their collaboration in championing RHCS issues and for their technical and political support.

We thank you all and look forward to further collaboration and active participation in the future.

List of acronyms

CCM	Country commodity manager
CCP	Comprehensive Condom Programming
CPR	Contraceptive Prevalence Rate
DHS	Demographic and Health Survey
EC	Emergency contraception
EmONC	Emergency Obstetric and Newborn Care
FGM	Female genital mutilation
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
HRB	Humanitarian Response Branch
IUD	Intra-uterine device
LMIS	Logistics Management Information System
MDGs	Millennium Development Goals
MHTF	Maternal Health Thematic Fund
MoH	Ministry of Health
MOU	Memorandum of Understanding
NGOs	Non-governmental organization
OC	Oral contraceptive
PMNCH	Partnership for Maternal, Child and Newborn Health
PRSPs	Poverty Reduction Strategy Papers
PSI	Population Services International
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RHSC	Reproductive Health Supplies Coalition
SADC	Southern African Development Community
SDP	service delivery point
SRH	Sexual and Reproductive Health
STD	Sexually transmitted disease
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WAHO	West African Health Organisation
WHO	World Health Organization

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Executive Summary

Introduction

Each year, more countries are establishing reproductive health commodity security (RHCS) as an integral and permanent component of the overall health sector plan and a key strategy in reducing maternal and newborn death and preventing the spread of HIV.

In 2009, countries supported by UNFPA's Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) reported significant progress and measurable impact.

The overall political and financial commitment to RHCS continued to rise in 2009 despite the challenges of the financial crisis, reflecting the growing momentum around reproductive health (RH) and rights. The Global Programme contributed to this momentum by supporting government efforts to integrate RHCS into health sector plans and establishing RHCS as a national priority. Awareness-raising and advocacy events were held at various levels for parliamentarians and other policy makers, to increase the visibility of RHCS within the health sector and at the community level to generate demand for RH services, particularly among vulnerable populations. At the same time significant progress has been made in supporting countries to build capacity for the management of reproductive health commodities and reduce the frequency of stock-outs within many facilities in the various countries.

Overview

The GPRHCS was active in 73 countries in 2009, up from 54 in 2008. In this three-tiered funding structure, Stream 1 countries receive multi-year funding for rights-based RHCS and national capacity building, while additional streams receive targeted or emergency funding. A total of 11 countries received funding through Stream 1 including Mali and Sierra Leone, which were added in 2009. Support was provided to 30 Stream 2 countries and 32 Stream 3 countries. Approximately $70 million was used to purchase RH commodities such as contraceptives, life-saving maternal health drugs, RH equipment, and RH kits. This expenditure doubled from $34 million in 2008 as a result of both increased capacity and commodity support to various countries in need. Approximately $17 million was allocated to countries for essential capacity development and advocacy activities for RHCS and family planning.

Stream 1 countries that have received multi-year funding such as Ethiopia, Madagascar and Niger, are now starting to see improvements in high-level outcomes such as contraceptive prevalence rate (CPR). Many countries are reporting that they are now able to regularly forecast for contraceptives and priority RH commodities. Stock-outs, particularly at the central level, declined in 2009 for several countries in Stream 1 and 2. Functional logistics management and information systems (LMIS) are now present in almost all of the Stream 1 countries.

Many countries that received funding in 2008 on an ad-hoc basis for the prevention of stock-outs are now developing national strategies to implement more sustainable approaches to RHCS. Despite this progress, countries continued to face emergency situations in 2009 due to weak infrastructure and humanitarian disaster. The GPRHCS purchased commodities in these countries to avert major stock-outs and to expand access to more isolated and vulnerable populations. As part of this effort, UNFPA procured and delivered emergency reproductive health kits to Benin, Chad, Guinea, Haiti, Pakistan, Rwanda, Sri Lanka, Sudan and

Togo to meet the needs of displaced persons and refugees. This work was carried out in close collaboration with UNFPA's Humanitarian Response Branch (HRB) and the United Nations High Commissioner for Refugees (UNHCR).

Regionalization at UNFPA has created more opportunities for South-South collaboration between countries with similar profiles in the same region. In every region, countries gathered together for advocacy events, knowledge sharing and programme planning in 2009. A major emphasis was placed on the strengthening of local institutions to build national capacity and ensure sustainability, particularly around commodity procurement and management.

As part of an internal integration process at UNFPA, the GPRHCS is working very closely with the Maternal Health Thematic Fund (MHTF) and the Campaign to End Fistula. The integration of several operational procedures has allowed for a more comprehensive approach to sexual and reproductive health (SRH) and a decrease in the potential for the duplication of efforts at the regional and country levels. Success would also not have been possible without help from key partners and country programmes.

Specific results and country highlights in Stream 1 countries

- As of 2009, eight of the 11 Stream 1 countries have a contraceptive prevalence rate greater than 10 percent and five countries have CPR of 25 percent or higher. CPR has more than doubled in Ethiopia, which received the most support for commodities and capacity development. CPR also increased in Madagascar and Niger, where support also increased. Along with higher CPR, many of these countries documented a decrease in the level of unmet need for family planning.
- In seven of the 11 Stream 1 countries, three types of modern methods of contraception are being offered in at least 80 percent of all service delivery points (SDPs). This is a strong indication that many of these countries are on track for achieving their set targets in this area.
- Many countries are still experiencing high levels of stock-outs, particularly at the district level. Most Stream 1 countries are moving in the right direction, aiming for no stock-outs of commodities within the last six months. Six of the 11 Stream 1 countries have a no stock-out rate of over 74 percent; Mongolia and Niger had a 100 percent no stock-out rate at the central and district levels.
- Five of the 11 Stream 1 countries report that the five priority maternal health medicines are available in over 80 percent of facilities.
- Nine of the 11 Stream 1 countries finalized and started to implement their national RHCS strategy and action plan. Some 90 percent of all Stream 1 countries have successfully lobbied for the inclusion of key RH commodities on the national essential drug/medicines list. Eight Stream 1 countries have a functional coordinating mechanism in place.
- Ten of the 11 Stream 1 countries have a budget allocation for modern methods of contraception. Budget allocations increased in 2009 in three of those countries (Ethiopia, Madagascar and Mongolia). In Ethiopia, the government allocation nearly doubled and in Madagascar it increased by approximately 30 percent.
- Government expenditures on contraceptives increased in 2009 in Burkina Faso and Madagascar, by 70 percent and 32 percent, respectively. Angola and Mongolia allocated and expended funds for contraceptives in 2009 for the first time.

- Most of the Stream 1 countries report having a functioning Logistics Management Information System and are able to regularly forecast for modern methods of contraceptives. Haiti conducted regular forecasting for the first time in 2009, which resulted in a 10 percent decrease in stock-outs.

Countries achieved these results with support from the GPRHCS in the provision of essential RH commodities and technical assistance, capacity development and demand creation. Grassroots demand-generation activities were a priority for many countries in 2009. Summary for each indicator of the Monitoring and Evaluation framework are presented in the Annex. Also data country specific data are provided in the respective sections of the Annex for each of the 11 countries.

Moving forward

In 2010, the GPRHCS will continue to work with governments and partners to improve RHCS in countries receiving support. For Stream 1 countries, the focus will be on continuing to develop sustainable approaches to RHCS as part of overall health sector reform. Ideally, government commitment to RHCS will continue to rise in those countries where the Ministry of Health (MoH) is budgeting for and expending on RH commodities. In other countries, the GPRHCS will continue to support awareness-raising activities to catalyze national action and commitment.

In all countries of the Global Programme, activities will build capacity in the procurement and management of supplies, particularly at district-level health facilities. Efforts to improve routine data collection at every level of the health facility also will be increased, in order to gain better information about supply inventories and stock-outs.

GPRHCS will support the effort of many Stream 2 countries to move towards sustainability through national planning, programming and advocacy for RHCS. The aim is to build a stronger foundation for more permanent and lasting solutions to RHCS. Stream 3 funding will continue to be necessary due to the unexpected and devastating nature of so many humanitarian situations and natural disasters, and the weak infrastructure in many countries. However, some Stream 3 countries are building up their capacity to achieve RHCS and may be selected for Stream 2 in the coming years.

All countries supported by the GPRHCS are submitting Annual Work Plans for 2010. These work plans are integrated in countries also supported by the Maternal Health Thematic Fund, to cover SRH comprehensively and efficiently. In future, GPRHCS support will continue to provided in line with UNFPA's Strategic Plan – working to ensure access to and use of quality RH commodities, supplies and medicines as part of the global effort to reduce the number of maternal and newborn deaths, halt the spread of HIV/AIDS, and improve the sexual and reproductive health and rights of men and women in developing countries. □

Introduction

Reproductive Health Commodity Security is achieved when all individuals can obtain and use affordable, quality reproductive health commodities. Since 2007, UNFPA's Global Programme to Enhance Reproductive Health Commodity Security has supported the efforts of national governments to carry out the diverse and multi-faceted work needed to achieve RHCS. The GPRHCS provides a structure for moving beyond ad-hoc responses to stockouts towards more predictable, planned and sustainable country-driven approaches for securing essential supplies and ensuring their use.

Funding streams

The GPRHCS supports countries through three funding streams in order to address the specific needs of each country:

Stream 1 provides multi-year funding to a relatively small number of countries. These predictable and flexible funds are used to help countries develop more sustainable, human rights-based approaches to RHCS, thereby ensuring the reliable supply of reproductive health commodities and the concerted enhancement of national capacities and systems.

Stream 2 funding supports initiatives to strengthen several targeted elements of RHCS, based on the country context. Support for Stream 2 countries became more formalized and less ad-hoc in 2009, with funds allocated for commodities and for capacity development initiatives.

The funding breakdown for Stream 1 and 2 countries is expected to be around 40 percent for capacity and systems enhancement and around 60 percent for the provision of commodities.

Stream 3 is emergency funding for commodities in countries facing stock-outs for reasons such as poor planning, weak infrastructure and low in-country capacity. Stream 3 also provides support for countries facing humanitarian situations, including natural or man-made disasters. In these settings, the GPRHCS works closely with UNFPA's Humanitarian Response Branch (HRB) and United Nations High Commissioner for Refugees (UNHCR) to deliver much-needed commodities in times of emergency. All funding through this stream is used for the provision of commodities.

In 2009, the GPRHCS was active in 73 countries in every region of the world, up from 54 countries in 2008. A total of 11 countries received funding through Stream 1, including Mali and Sierra Leone, which were added in 2009. Support was provided to 30 Stream 2 countries and 32 Stream 3 countries. This report will focus primarily on the Stream 1 countries.

As part of UNFPA's integration process, the GPRHCS is working in close collaboration with the Maternal Health Thematic Fund and the Campaign to End Fistula. These initiatives are streamlining their operational procedures in order to be more effective in delivering comprehensive reproductive health support at the regional and country levels. In selected countries with high maternal mortality, the Maternal Health Thematic Fund is providing programmatic support in collaboration with the GPRHCS to ensure that life-saving maternal health drugs and supplies are available in all facilities. It is also joining GPRHCS in working closely with UNFPA's HIV/AIDS branch to increase the availability of contraceptives in countries with high HIV prevalence and among vulnerable populations.

Monitoring and evaluation

Monitoring was a key priority in 2009, looking at both the impact of the GPRHCS and the performance of all countries supported by the GPRHCS. A baseline for RHCS has been established in most of the Stream 1 countries (and a number of other countries) in order to ensure a strong 'results' focus in addressing reproductive health. Several indicators are used to measure progress, including:

- Number of stock-outs of supplies;
- Number of service delivery points (SDPs) offering three or more contraceptive options;
- Levels of national capacity in forecasting and procurement.

The GPRHCS Monitoring and Evaluation Framework was reviewed extensively in 2009 in a collaborative effort by UNFPA country offices (COs), donors and partners.

Also this year, the Global Programme implemented an online monitoring tool to facilitate a periodic survey of process indicators related to RHCS. This tool goes beyond the country baseline to collect information on such areas as country office capacity, national action plans for RHCS, logistics and supply management, and policy and advocacy. Measuring progress against the baseline using the selected indicators assists countries in planning and encourages proactive corrective action and a focus on results.

Improvements in monitoring and reporting on indicators enabled the GPRHCS to gather valuable data on RHCS progress and results at the national, regional and global levels. Also, for the first time, information on stock-outs was collected as part of UNFPA's Country Office Annual Reporting (COAR). Improving the quality of the data collected will be a priority for 2010.

About this report

Section 1 of this report focuses on the results achieved in the 11 Stream 1 countries. The format follows the GPRHCS National Results Framework. It is indicator-focused with aggregate data followed by more in-depth examples of best practices from specific countries to highlight achievements from 2009 and priority areas for 2010.

Section 2 of this report focuses on Stream 2 countries, with some information about Stream 3 countries. Section 3 outlines activities at the Regional Level and Section 4 outlines activities at the Global Level. Section 5 is a report on the commodities procured through the GPRHCS in 2009 and the financial data for the year. □

Section One

Country Level Results: Stream 1

The UNFPA Global Programme to Enhance Reproductive Health Commodity Security monitors progress against specific outcomes and indicators. Progress is measured against these desired results and numerical values. Results at the country level in the 11 Stream 1 countries have been evaluated in terms of several outcomes and associated indicators (see blue boxes). This report looks first at the results (goal, outcome and output) and their associated indicators used to measure progress as encapsulated in the GPRHCS Monitoring and Evaluation Framework and the UNFPA Results and Resources Framework. Results with respect to each indicator are provided in the Annex of this report, with tables for each of the 11 countries showing country level figures.

A. Outcome: Increased availability, access and utilization of RHCS for voluntary family planning, HIV/STI prevention and maternal health services in the GPRHCS focus countries

Indicators

Outcome: Increased availability, access and utilization of RHCS for voluntary family planning, HIV/STI prevention and maternal health services in the GPRHCS focus countries

Indicators: Contraceptive Prevalence Rate (modern methods) and Unmet Need for Family Planning

Background

The two indicators provide different kinds of data:

- Contraceptive prevalence rate, in line with the Demographic and Health Surveys (DHS), is defined as the percentage of currently married women who are currently using any modern method of contraception. Rising levels of contraceptive prevalence rate are often reflected in a decrease in the unmet need for family planning.

- Unmet need for family planning captures the proportion of married women of childbearing age who wish to delay or prevent pregnancy, but are not using contraception. Though unmet need for family planning as an indicator has the potential to more accurately quantify the gap in access to or use of contraceptives in a country, data on contraceptive prevalence are collected more regularly and in more countries. Unmet need estimates are thought to be highly understated due to the stigma associated with contraceptives and the difficulties in data collection for this indicator.

The indicators, contraceptive prevalence rate and unmet need for family planning, reflect a country's progress in working towards universal access to sexual and reproductive health (SRH) and increased

availability and use of contraceptives and other reproductive health commodities. The work of the GPRHCS directly contributes to results in this area through support to governments to implement a comprehensive RHCS approach that not only delivers supplies but addresses related needs such as demand generation, innovative financing mechanisms, consideration for market segments and outreach to vulnerable populations, with due attention to the reproductive rights of individuals.

Progress at the level of CPR and unmet need takes time. Even incremental changes in these indicators can reflect progress and impact. However, significant progress can be made in countries where leadership and focused support are provided.

Results

Contraceptive Prevalence Rate

A baseline for CPR was established in 2008 in all of the Stream 1 countries. In the new Stream 1 countries (Mali and Sierra Leone), the baseline CPR from the most recent DHS was 6.9 percent and 7 percent respectively. New data for CPR in 2009 was not available for many countries. This information is usually collected through Demographic and Health Surveys (DHS), which only take place every four to five years. Table 1 provides data on CPR for all Stream 1 countries and figure 1 shows results for the countries for which baseline, current year (2009), and target data were available. Contraceptive prevalence increased for a significant number of countries, including Ethiopia, Lao People's Democratic Republic (Lao PDR), Madagascar, Mongolia and Niger. In Ethiopia, the contraceptive prevalence rate has more than doubled from 6 percent in 2003 to 14 percent in 2005 to 30 percent in 2009. In the other countries the CPR increased by 10 percentage points in Lao PDR; 11.2 points in Madagascar; 12.8 points in Mongolia and 4.8 points in Niger. It should be noted that year of data provided depended on the year of the last DHS or relevant survey, though baseline figures were collected in 2008. Attempts have been made to indicate the appropriate years in the table below.

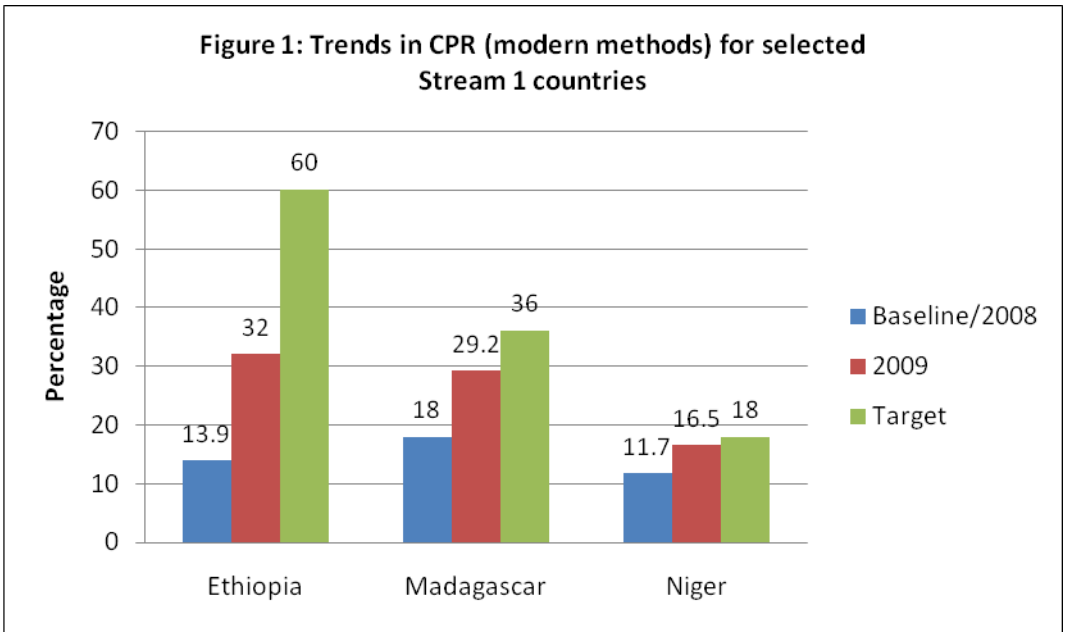
Unmet Need for Family Planning

Baseline figures show that Unmet Need for Family Planning in Stream 1 Countries ranged from 10.7 percent in Nicaragua (DHS 2007) to Haiti 37.5 percent (DHS 2005-6). Since Demographic and Health Surveys (DHS) were the principal data sources, only two countries were able to provide additional information for 2009. In both countries, unmet need for family planning is declining; from 31.1 percent to 28 .8 percent for Burkina Faso and from 24 percent to 19 percent in Madagascar. As more countries conduct nationwide surveys such as DHS, the trend for this indicator will emerge more clearly. For now, the challenge is encouraging and supporting governments to provide information on the current situation, and efforts made to address Unmet Need for Family Planning as one of the indicators for monitoring progress towards achieving MDG 5.

Table 1: Contraceptive prevalence rate (modern methods) – Stream 1 countries

Country	Baseline	2009	Target
Burkina Faso	8.6 % (DHS 2003)	NA	35% (2013)
Ethiopia	13.9% (DHS 2005)	30% (MOH)	65% (2015)
Haiti	24.8% (DHS 2005/06)	NA	35% (2013)
Lao PDR	35% (LRHS 2005)	NA (MOH)	55% (2015)
Madagascar	18% (DHS 2004)	29.2% (MOH)	36% (2012)
Mali*	-	6.9% (DHS 2006)	15% (2013)
Mongolia	40% (RHS)	52.8% (RHS 2008)	55% (2012)
Mozambique	11.7% (DHS 2003)	NA	34% (2015)
Nicaragua	69.8% (DHS 2007)	NA	72% (2013)
Niger	11.7% (DHS 2006)	16.5% (MOH)	18% (2012)
Sierra Leone*	-	7% (DHS 2008)	10.5% (2013)
Stream One and Two	15.6%	18%	22.5% (2013)

*New Stream 1 countries/no baseline for 2008.

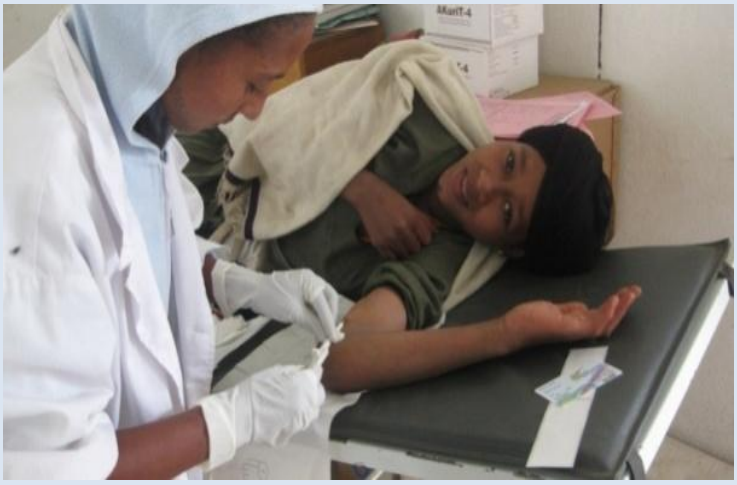


Discussion

Progress on CPR is a clear indication that the support of the GPRHCS and other partners is contributing to results at the national level. Many countries (Ethiopia, Lao PDR, Madagascar, Mongolia and Niger) with

increasing contraceptive prevalence rates had relatively stagnant rates during the years leading up to the implementation of support to the government from the GPRHCS and partners. Some of these recent improvements are the result of effective government programming in RHCS, implemented with continuous support from UNFPA.

In many countries where CPR is increasing and unmet need is decreasing, the government is working closely with the GPRHCS and partners to expand coverage to isolated and vulnerable populations. In Ethiopia, for example, where CPR continues to rise, the GPRHCS is supporting the government's Health Extension Worker Programme to carry out an initiative to increase the availability of longer-acting methods of contraceptives. More than 600 health extension workers were trained this year to deliver quality family planning services in isolated communities with high need (see box 1).



Health extension worker inserting Implanon, Ethiopia (2009)

Box 1: Scaling up the effort in Ethiopia

Ethiopia's MoH data shows a growing need for safe, long-acting methods of contraception and, in response to this need, the GPRHCS is working with Ethiopia's successful Health Extension Worker Programme to jump start a major initiative to scale up the availability of Implanon. In 2009, the GPRHCS provided funds for 520,000 sets of Implanon and for training that prepared more than 600 health extension workers to provide Implanon service delivery and counseling.

As these health extension workers head out into Ethiopia's most isolated and rural communities to serve those most in need, the GPRHCS will continue to work with the government to ensure they are adequately stocked with contraceptives and reproductive health medicines. The Health Extension Worker Programme has been successful in rapidly expanding family planning services in Ethiopia, and has contributed to the most recent increase in CPR from 14 percent in 2005 to 32 percent in 2009.

Demand creation is a key intervention for increasing CPR and reducing unmet need, and it was a 2009 priority in Madagascar, Mongolia and Niger. Behaviour change communications campaigns were launched at the community-level in the three countries, in a collaborative effort of the GPRHCS and local NGOs.

In Mongolia, where CPR had increased by 5 percent between 2003 and 2008 with support from the GPRHCS, the country intensified its demand creation campaign and activities targeting the most vulnerable groups, particularly adolescents and youth. A nationwide multi-media campaign on reproductive health targeted young people aged 15 to 24 years, and continued in 2010. The highly participatory campaign approach invited teens to contribute at every stage of the project's development. Also in Mongolia, a condom promotion initiative targeting female sex workers was carried out with NGOs that work with sex workers. The NGOs joined technical working groups through the GPRHCS to assist with reaching vulnerable populations. Peer educators and outreach workers received training and distributed male and female condoms. The full impact of this initiative is not yet known, but findings from the Sentinel Surveillance Surveys show that the percentage of female sex workers who correctly identify the ways in which HIV is transmitted has increased from 32.7 percent in 2007 to 50.4 percent in 2009.

Laraba Tandja (left), then First Lady of Niger with the UNFPA Representative (right) in Niger at the 2009 launch of a reproductive health communication campaign.

In Niger, CPR has doubled in a matter of years but still remains very low, at 16.5 percent. The government decided to provide contraceptives free of charge, which increased demand, but advocacy is still greatly needed to reach more isolated communities. In 2009, then First Lady Laraba Tandja joined UNFPA and Animas Sutura, an NGO, to launch a communication campaign across the country focusing on reproductive health, including HIV/AIDS, unwanted pregnancy and female genital mutilation. A radio drama series was aired nationwide and followed by over 4,000 focus groups with peer educators – resulting in close to 200 referrals for health services. The successful partnership between government and UNFPA with Animas Sutura started in 2008 with support from the GPRHCS and will expand in 2010.

In Madagascar, the GPRHCS collaborated with Marie Stopes International to conduct market research on contraceptive availability and use. The Total Market Initiative, to be launched in 2010, is intended to collect data on groups with the least access to and greatest need for family planning services.

The GPRHCS also supported the development of a mobile movie screening unit in Madagascar. The unit was developed to deliver advocacy films and family planning information to adolescents in rural communities. Advocacy efforts also targeted military personnel with information about the availability and use of contraceptives. These intensified efforts to reach vulnerable populations with very low rates of

contraceptive use and high rates of unmet need for family planning have contributed to Madagascar's recent increase in CPR and decrease in teenage pregnancy.

In Burkina Faso, a multi-media communication campaign entitled 'A Plan for Life' focused on outreach to rural areas while covering the entire country. All available media outlets (e.g. television, radio, newspapers and public postings) were used to expand messaging on condom promotion and SRH.

The overall challenge for 2010 will be to maintain the momentum in countries where CPR is increasing and unmet need is decreasing, and to expand efforts in countries where these indicators remain unchanged. Equally important will be for the GPRHCS to continue to support government efforts to improve health information management systems so that more quality data on these indicators can be routinely collected in all Stream 1 countries.

Training of providers

Provider training is another key area in the promotion of family planning and demand creation. The GPRHCS supports many Stream 1 and Stream 2 countries in broad-based efforts to improve the quality of family planning services through the training of healthcare providers. These initiatives are intrinsically linked to demand generation and increased utilization of services. Men and women are more likely to seek reproductive health services when clinicians and community health workers provide accurate and comprehensive information about family planning along with user-friendly, quality health services.

This year in Ethiopia, some 800 providers were trained on the use of female condoms, the insertion of Intra-Uterine Devices (IUDs) and comprehensive condom promotion (CCP). This is in addition to the 600 health extension workers trained in Implanon service delivery, as mentioned. In Nicaragua, 512 doctors and nurses were trained on the newly developed national Family Planning Guidelines and close to 500 providers were trained on the standards of care during pregnancy, childbirth and postpartum. In Liberia (a Stream 2 country), 120 health professionals were trained to provide comprehensive condom promotion and family planning services, and they in turn trained 150 community members to promote and distribute condoms throughout the country.

Indicators

Outcome: Increased availability, access and utilization of RHCS for voluntary family planning, HIV/STI prevention and maternal health services in the GPRHCS focus countries

Indicators: Percentage of Service Delivery Points offering at least 3 types of modern contraceptives and Number of Service Delivery Points with no stock-outs of contraceptives within the last 6 months

Background

Assessing the percentage of service delivery points (SDPs) that report the availability of at least three types of modern methods of contraceptives allows a country to better understand the extent to which quality contraceptive services are being made available and accessible to their population, which will impact CPR in the long run. Ensuring the availability of contraceptives and choice of methods at *every* facility that offers health services is the foundation for improving reproductive health and rights.

The GPRHCS supports governments in making sure that reproductive health commodities and services are available on a consistent and reliable basis with no stock-outs. These efforts involve the timely response

to reproductive health commodity requirements to avert shortfalls; they also support capacity development to improve procurement and management systems for reproductive health. For many countries, supply management systems are still not fully functional at every level of the health system. As such, data on these two indicators is difficult to obtain for all health facilities. The number of stock-outs experienced in a country reflects the level of functioning of the logistics management and information system (LMIS) at central and district levels.

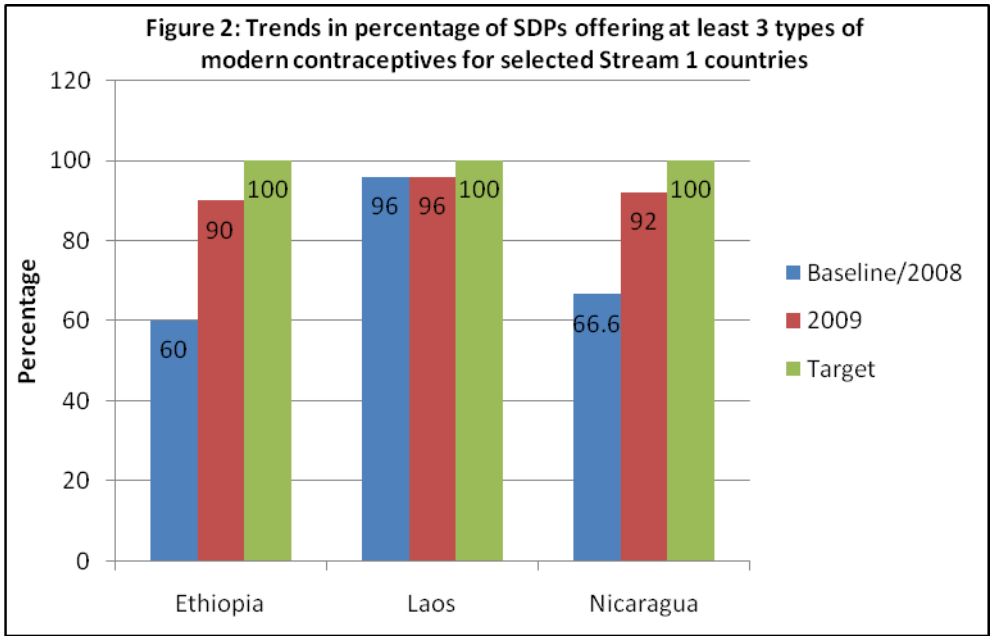
Results

Results for all Stream 1 countries are shown in Table 2 and Figure 2. In seven of the 11 Stream 1 countries, three types of modern methods of contraception are being offered in at least 80 percent of all SDPs. Madagascar is the only country with fewer than half of all SDPS offering at least three types of contraceptives in 2009, though it appears that more rigorous criteria were adopted for this country's study this year. Increases were reported in Ethiopia, Mongolia and Nicaragua in 2009. Data available for Mali indicate that 100 percent of SDPs at the central level offered at least three types of contraceptives. The figures are much lower at the sub-national level. Trends in data from some of the Stream 1 countries (as shown in figure 2) indicate that most countries (except Haiti and Madagascar) are on course for achieving their set targets.

Table 2: Percentage of SDPs offering at least 3 methods of modern contraception – Stream 1 countries

Country	Baseline	2009	Target
Burkina Faso	NA	80.4% (2009)	100%(2012)
Ethiopia	60% (2006)	90% (2008)**	100% (2010)
Haiti	0%	N/A	60% (2013)
Lao PDR	96% (2006)	96% (2008)**	100% (2012)
Madagascar	NA	30.8% (2009)	100%(2012)
Mali*	-	100%	NA
Mongolia	98%	NA	100%
Mozambique	95.7% (HIS 2008)	NA	100%
Nicaragua	66.6% (2008)	92% (2009)	100%***
Niger	56% (2008)	NA	90%
Sierra Leone*	-	88% ****	100%

* New Stream 1 countries.
**Data became available in 2009.
***Under discussion. UNFPA will propose but indicators have to be agreed upon with the health sector committee (MOH, donors, etc) and thus require consensus.
**** Proportion with at least two modern methods available
100% reported at central level; 43% CSCOM, 16% DISP/MAT

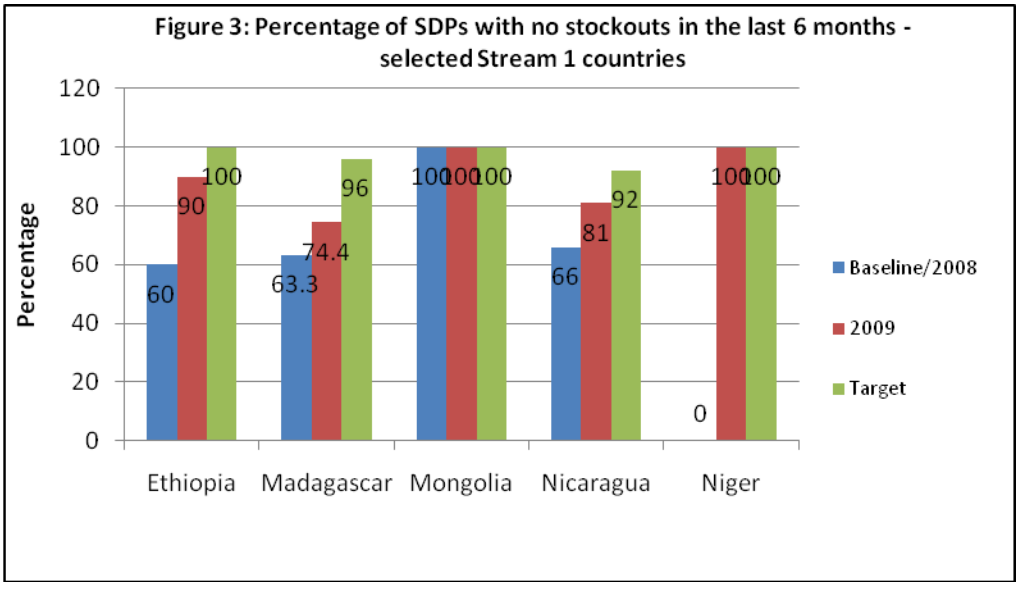


In 2009, six out of the 11 Stream 1 countries have a no stock-out rate of over 74 percent. Both Mongolia and Niger (Table 3) did not report any stock-outs at the central or district level. Ethiopia, Madagascar and Nicaragua reported reduced stock-outs from 2008 to 2009. Data for this indicator was not available for Haiti, Mali and Mozambique.

Table 3: Percentage of SDPs with no stock-outs in last 6 months – Stream 1 countries

Country	Baseline	2009	Target
Burkina Faso	NA	29.2% (2009)	100% (2012)
Ethiopia	60% (2006)	90% (2009)	100% (2012)
Haiti	NA	NA	NA
Lao PDR	NA	Nat – 20%. Prov. H-50%, Dist Hospital: 19% Health Centre: 15% (2009	Nat: 80% Prov. H: 100% , District H – 80%, HC: 60% (2012)
Madagascar	63.3% (2008)	74.4% (2009)	96% (2012)
Mali*	-	NA	NA
Mongolia	100%	100%	100%
Mozambique	NA	NA	NA
Nicaragua	66% (2008)	81% (2009)	92%
Niger	0% (2007)	100% (2009)	100% (2012)
Sierra Leone*	-	77%	100%

*New Stream 1 countries.



Discussion

Making modern methods of contraceptives available at all service delivery points is a main priority for the GPRHCS. Most Stream 1 countries are moving in the right direction, but many are still experiencing high levels of stock-outs, particularly at the district level. In Lao PDR (where disaggregated data is available in

2009), only 15 percent of facilities at the health centre level had no stock-outs compared to 50 percent of facilities at the provincial Level. A similar situation exists in many of the other countries.

In countries such as Mongolia and Nicaragua, where contraceptives are more widely and consistently available, the GPRHCS has been successful in working with the governments to improve the LMIS. These are the same countries that are able to regularly forecast and effectively manage procurement in order to prevent stock-outs.

As mentioned above, difficulties in obtaining data on stock-outs, particularly at the district level, continue. Despite recent efforts to include this indicator in UNFPA's annual reporting process, many countries are unable to gather and analyze data from every SDP. Improving the routine collection of such information will be a priority for 2010.

Indicator

Outcome: Increased availability, access and utilization of reproductive health commodities for voluntary family planning, HIV/STI prevention and maternal health services in the GPRHCS focus countries

Indicator: Five (including all three essential medicines) life-saving maternal/reproductive health medicines available in ALL facilities providing delivery services

Background

Reducing the maternal mortality ratio (MMR) is a key goal for all Stream 1 countries supported by the GPRHCS. High rates of maternal mortality continue to plague most of the Stream 1 countries. Women, particularly in rural areas, die in high numbers from lack of access to quality maternal health services. Situation analyses such as national Emergency Obstetric and Newborn Care (EmONC) needs assessments often reveal that facilities which provide delivery services are not adequately stocked with the necessary supplies and medicines to save a woman's life during childbirth.

UNFPA, in collaboration with WHO and other partners, has identified ten priority and essential medicines that must be available in all facilities where births take place to decrease the number of maternal and infant deaths. The GPRHCS is working to ensure that these medicines are routinely available in adequate quantities and quality at all maternal health facilities. Similar to reported stock-outs and availability of contraceptives, this indicator is a measure of the functionality of the health system, and the ability of countries to forecast their needs and then procure and manage commodities to efficiently meet those needs. Given the inherent difficulty in tracking all 10 essential medicines, the number of medicines has been restricted to five in this indicator.

Results

As of 2009, five out of the 11 Stream 1 countries report that the five priority maternal health medicines are available in over 80 percent of facilities (Table 4). Nicaragua, Niger and Sierra Leone report the availability of all five life-saving maternal health medicines in 100 percent of facilities that provide deliveries. For details on Sierra Leone, see below. Nicaragua reports that the five priority maternal health medicines are available in 100 percent of facilities in 2009, up from 96.5 percent in 2008. In Mongolia, 90 percent of facilities provide all five medicines and 80.3 percent in Madagascar**.** Data from the recently

concluded large EmONC assessment in Ethiopia showed over 80 percent availability of most essential maternal health drugs, except for magnesium sulphate, which was only available in 29 percent of hospitals and 9 percent of health centres. This study was not repeated in 2009. Lao PDR reported that the five priority maternal health medicines are available in 15 percent of facilities (national average); with 44 percent, 61 percent and 0 percent at the level of provincial, district and community health centres, respectively. Burkina Faso and Haiti had no information for this indicator.

It is important to note that several countries have some, but not all, of the essential maternal health medicines available at every level of the health system as shown in Table 4. Oxytocin, magnesium sulfate and intravenous antibiotics are available in over 90 percent of maternal health facilities in Lao PDR at the provincial level, for example, but facilities lack many of the other drugs. Similarly, oxytocin and intravenous antibiotics are available in Ethiopia in 82 percent of and 66 percent of maternal health facilities, while magnesium sulfate is only available in 2 percent of facilities. Maternal mortality and morbidity continue to be high due to the insufficient number of delivery facilities in Stream 1 countries at which these essential life-saving medicines are actually available, which translates into low access to services for a significant proportion of the population.

Table 4: Five (including 3 essential) life-saving maternal/reproductive health medicines available in all facilities providing delivery services

Country	Baseline	2009	Target
Burkina Faso	N	N	Y
Ethiopia	NA	Y*	100%
Haiti	NA	NA	NA
Lao PDR	Y**	NA	Y***
Madagascar	NA	80.3%	100%
Mali	NA	NA	NA
Mongolia	NA	90%	98%
Mozambique	NA	NA	NA
Nicaragua	96.5% (2008)	100%	100%
Niger	100%	100%	100%
Sierra Leone	100%	100%	100%

*Oxytocin (81% of hospitals). MaSO4: 29% of hospitals and 9% of health centers. Anti-hypertensives (75% of hospitals), IV antibiotics: 90% of hospitals (2009)

**National average: 15%, Prov: 44%, Dist: 61%, HC: 0%

***National average 80%, Prov: 100%, Dist: 90% HC: 30%

Discussion

Much still needs to be done to ensure that women do not continue to die from preventable causes associated with pregnancy and childbirth. As with contraceptives, commodities logistics management for these life-saving maternal health medicines must be improved at all levels of the health system to prevent stock-outs. The GPRHCS will continue to support advocacy efforts with government officials to ensure that maternal health remains a national priority, and that governments begin to allocate and spend funds on procuring life-saving medicines that should be available in every facility where women give birth.

B. Output 1: Country RHCS strategic plans developed

Output 1: Country RHCS strategic plans developed, coordinated and implemented by government with their partners

Background

The strategy of the GPRHCS for Stream 1 countries is to support a government-led process wherein strategic planning for RHCS is integrated in the overall plan of the Ministry of Health (MoH). In some countries this approach can slow down the process, but it ensures that the RHCS planning is not a stand-alone, parallel activity. The GPRHCS supports and facilitates planning without controlling the process, which ultimately leads to greater institutionalization and national ownership of RHCS issues.

Developing a national strategic plan for RHCS assists countries in carefully selecting priority activities to avoid duplicate efforts by government and external partners and to ensure a comprehensive approach to RHCS. The strategy yields maximum impact when it is costed, budgeted and implemented at the national and sub-national levels. The GPRHCS supports countries in the initial development of an RHCS strategy, but also in the ongoing implementation process. This often involves considerable resources and ongoing technical assistance to ensure the broad strategy is translated into feasible activities that achieve results.

The existence of a functional coordinating body led by the government, and with participation from various stakeholders, ensures greater harmonization of aid and increased visibility of RHCS. Countries are most successful in maintaining support for RHCS-related issues when RHCS is integrated into the overall health sector plan and the government regularly convenes the coordinating body. Likewise, inclusion of reproductive health commodities in the essential drug list symbolizes the government's recognition of their importance and helps to ensure that reproductive health commodities will be made available along with other essential commodities for the delivery of quality services.

Results

Box 2: Saving Women's Lives in Sierra Leone

Historically, Sierra Leone has had one of the highest rates of maternal death in the world, with a maternal mortality ratio reaching 2,000 deaths per 100,000 live births, according to UNFPA's State of the World's Population 2007. In 2009, the GPRHCS procured life-saving maternal health drugs as well as contraceptives in Sierra Leone. Facilities were stocked with magnesium sulphate, oxytocin, ergometrine and antibiotics to prevent maternal death during pregnancies with complications and difficult deliveries. The districts are reporting that women's lives are being saved every day with the availability of these drugs. The Maternal mortality ratio has decreased to 857 deaths per 100,000 live births (DHS, 2008) and is expected to be even lower at the time of next data collection.

As of 2009, nine of the 11 Stream 1 countries had finalized a national RHCS strategy and action plan. Seven of these countries (Burkina Faso, Ethiopia, Madagascar, Mongolia, Nicaragua, Niger, Sierra Leone) are in the implementation phase and eight countries have a functional coordinating mechanism in place.

This year almost all (90 percent) of the Stream 1 countries have successfully lobbied for the inclusion of reproductive health commodities on the national essential drug list. For Madagascar and Sierra Leone, 2009 was the first year reproductive health commodities were included. In Haiti, the Essential Drug List was currently under review at the time of this report. See Table 5 for results on this indicator for all Stream 1 countries.

Table 5: Output 1 – RHCS strategic plans for Stream 1 countries

	Indicators			
	Strategy/action plan developed	Strategy/action plan implemented	Functional coordination mechanism in place	Essential RH commodities included in Essential Medicines List
Burkina Faso	Y	Y	Y	Y
Ethiopia	Y	Y	Y	Y
Haiti	N	N	N	N
Lao PDR *	Y	Y	Y	Y
Madagascar	Y	Y	Y	Y**
Mali	N	N	Y**	N
Mongolia	Y	Y	Y	Y
Mozambique	Y	N	Y	Y
Nicaragua	Y	N	N***	Y
Niger	Y	Y	Y	Y
Sierra Leone	Y	Y^	Y	Y

*RHCS Strategic plan is part of Maternal Neonatal and Child Health initiative. There is a Supply Task Force under which RHCS is coordinated. ** For contraceptives only. ***Proposal developed for establishment of Nat'l Commission on SRH and this body will coordinate RHCS activities. Action Plan to be approved by October 2010. ^Existence of a budget action plan in implementation.

Discussion

All Stream 1 countries continued to develop and/or implement their national strategies for RHCS in 2009, with the exception of Haiti and Mali. Some countries are further along than others, but all have started the process with regular support from the GPRHCS and in close collaboration with government and partners.

Activities are more easily implemented in countries where the RHCS national strategy is seamlessly embedded in the Ministry of Health's strategic plan. In Nicaragua, the GPRHCS and partners engaged in the process of integrating RHCS into the government's annual action plan, which led to a decision in 2009 to convert the national Disponibilidad Asegurada de Insumos Anticonceptivos (DAIA) Committee into the RHCS coordinating body for the country. This Committee is finalizing a plan for the period of 2009-2011, with support from the GPRHCS, which will focus on increasing the availability of and access to long-term contraceptive methods, targeting adolescents and populations along the Caribbean coast. In Lao PDR, the RHCS Strategic Plan is part of the Maternal and Neonatal and Child Health Initiative, with a Supply Task Force under the Initiative having the responsibility for coordinating RHCS.

In Ethiopia, funds from the GPRHCS effectively complement several government initiatives including an ambitious five-year Ministry of Health plan to implement a nationwide supply system for RHCS; the third five-year cycle of the country's Health Sector Development Programme; and the Compact signed under the International Health Partnership (IHP+). The goal of the GPRHCS is to ensure that the national strategy for RHCS is embedded in all of these ongoing aid effectiveness and health systems initiatives. Many strategic activities related to reproductive health were assessed in Ethiopia in 2009, which was an

important mid-term review point for the country. As part of this process, the GPRHCS conducted a situational analysis for RHCS in six regions of the country.

In Madagascar, 2009 marked the first year of implementation of the Strategic Plan for RHCS. This plan was carefully developed with support from the GPRHCS and partners to ensure that it reflects a comprehensive approach to RHCS. Madagascar is also in the process of developing a national strategy for advocacy and resource mobilization for sexual and reproductive health (SRH). A national coordinating body was put in place by the government in 2008, with representation from UNFPA and partners, and will continue to guide the implementation process for these strategies.

This past year both Burkina Faso and Mongolia finalized their national strategic plans for RHCS. In Mongolia, the Ministry of Health endorsed the National Strategy for RHCS and a subsequent Plan of Action covering the period 2009-2011. In Burkina Faso, the strategy for RHCS was included in a national strategic plan for SRH that was adopted and implemented this past year. In 2010, Niger will review and update the RHCS plan within the process of the next National Health Plan, 2011-2015 and IHP+.

In 2010, Haiti and Mali will continue to finalize their national strategies for RHCS, and other countries will continue to engage in the process of translating their plans into concrete activities that can be implemented at the national and sub-national levels. It will be an important year in Mali, for example, where a comprehensive reproductive health situation analysis was completed when it became a Stream 1 Country. In 2010, information from this analysis will be used to finalize the RHCS national strategy and action plan.

In Madagascar, Mali and Nicaragua, the GPRHCS has supported powerful advocacy efforts to ensure that contraceptives are recognized as essential medicines by the government, though more work will need to be done to expand this recognition to all reproductive health commodities.

C. Output 2: Political and financial commitment to RCHS enhanced

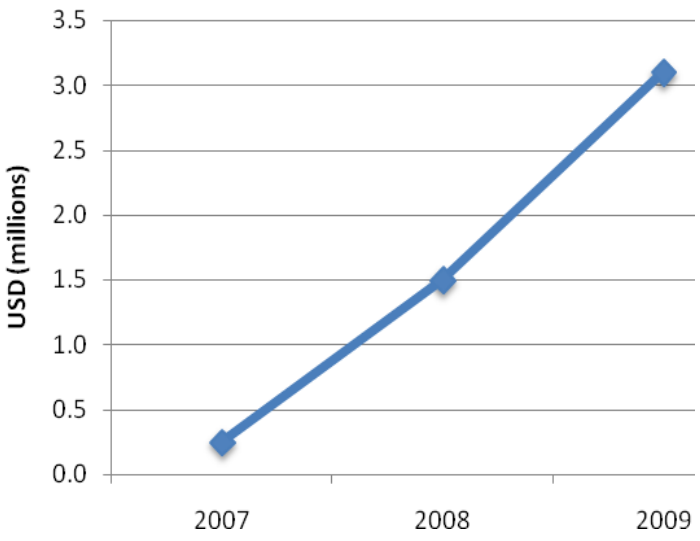
Output 2: Political and financial commitment for RHCS enhanced

Background

Funding for reproductive health commodities in most countries has long depended heavily on aid from external partners. In moving towards a more sustainable approach, progress can be measured by several indicators that symbolize the commitment of national governments to support and finance RHCS. Countries must begin by ensuring that RHCS is included in national planning and policy documents related to the overall health sector programme and in other key strategies such as the Poverty Reduction Strategy Papers (PRSP). The GPRHCS strongly supports countries that are implementing broad-based efforts to reform and improve health systems and services, and advocates for the mainstreaming of RHCS into such processes. Inclusion of RHCS in the national planning process is an important step in ensuring that reproductive health issues are national priorities and budgeted for accordingly. The establishment of a national budget line sends a powerful message that the government has chosen to prioritize RHCS. When the budget allocation is translated into expenditures, the country is firmly backing their commitment to mainstreaming sustainable financing of RH commodities.

Results

Figure 4. Government allocations for reproductive health commodities in Ethiopia, 2007-2009



More than half of the 11 Stream 1 countries (Burkina Faso, Haiti, Madagascar, Mali, Mongolia, Niger and Sierra Leone) have RHCS included in their PRSPs. All of the Stream 1 countries have integrated RHCS into the overall health sector programme. Ten of the 11 of the Stream 1 countries established a budget allocation for modern methods of contraceptives. In three of those countries (Ethiopia, Madagascar and Mongolia) allocations increased from 2008 to 2009. In Ethiopia, the government allocation nearly doubled (See figure 4) and in Madagascar it increased by approximately 30 percent. Mongolia allocated funds for contraceptives for the first time in 2009.

In Nicaragua, the national budget allocation for all reproductive health drugs and commodities decreased by 18 percent in 2009. Allocation amounts are not available for Lao PDR, Mali, Mozambique and Niger or Sierra Leone. In Niger, however, the budget allocation for contraceptives is now included in the budget line for selected free reproductive health services, which is around $17 million in total. There was no budget line for contraceptives in Haiti in 2009.

According to Table 6, in all the 10 countries where a budget allocation for modern methods of contraceptives was established for 2009, there were government expenditures for modern contraceptives. Information on the exact expenditure amount is not available for a majority of the countries. Data are available for Burkina Faso, Madagascar and Nicaragua. Of those countries, government expenditures have increased this year in Burkina Faso and Madagascar by 70 percent and 32 percent, respectively. In Nicaragua, expenditures specifically for contraceptives decreased by 59 percent though expenditures for all reproductive health commodities increased by 2 percent (as mentioned). No previous year data are available for Niger. In Sierra Leone, a budget line was established for contraceptives, but no funds were released. See Table 6 for results on this indicator.

Table 6: Output 2 – Political and financial commitment for Stream 1 countries

	Indicators			
	RHCS included in PRSP	RHCS included in health sector programme	Government budget allocation for modern contraceptives	Government expenditure on RHCS
Burkina Faso	Y	Y	Y	Y
Ethiopia	N	Y	Y	Y
Haiti	Y	Y	N	N
Lao PDR*	Y	Y	Y	Y
Madagascar	Y	Y	Y	Y
Mali	Y	Y	Y	Y
Mongolia	Y	Y	Y	Y
Mozambique	N	Y	Y	Y**
Nicaragua	N	Y	Y	Y
Niger	Y	Y	Y	Y**
Sierra Leone	Y	Y	Y	Y**

* RHCS Strategic plan is part of Maternal Neonatal and Child Health initiative. There is a Supply Task Force under which RHCS is coordinated.
**Exact amount of expenditure is not available.

Discussion

Establishing RHCS as a national priority can be very challenging. Countries often have to spend considerable time carrying out awareness-raising efforts with high-level officials to cultivate and maintain commitment, particularly during the current economic downturn. Despite these challenges, all of the Stream 1 countries have RHCS incorporated in at least one health sector strategy, planning or policy document. This high level of government commitment will ensure RHCS-related issues remain on the national agenda.

In 2008, the Ministry of Health in Mozambique, with strong support from UNFPA, developed a National Integrated Plan to achieve Millennium Development Goals (MDGs) 4 and 5 (officially launched in 2009). RHCS was significantly featured in the plan as a key intervention for improving health services. During the Poverty Reduction Strategy Review in 2009, the government and cooperating partners indicated the strengthening of logistics management information systems as one of the main recommendations for the next Poverty Reduction Strategy Paper. UNFPA plans to continue with its strong advocacy efforts in 2010 for inclusion of RHCS in this strategy. The government of Mozambique defined logistics management for medicines as one of the top six priorities in the Health Sector Plan for 2010. There are two logistic systems at present in country, which they are hoping to integrate, with support from the GPRHCS.

Mongolia was also successful this past year in integrating RHCS in the health sector programme. With support from the GPRHCS, an advocacy team worked with government officials on mainstreaming RHCS. The team was successful in convincing the government to include RHCS priorities in the Health Sector Strategic Master Plan (see box 3). There is no specific Poverty Reduction Strategy in Mongolia, but RHCS was included this year as a specific item in the National Socio-Economic Development Guidelines, which focus on improving reproductive health needs for poor and vulnerable populations.

Madagascar continued to enjoy a high level of commitment from the government with RHCS included in strategic health sector policy documents such as the Madagascar Action Plan and the Health Sector and Social Protection Development Plan.

In Mali and Sierra Leone, the GPRHCS initiated national commitment in 2009 with the signing of an MOU between UNFPA and the government to facilitate reproductive health commodity security in both countries. As a result of ongoing advocacy efforts supported by UNFPA, RHCS priorities are included in the Poverty Reduction Strategy and Health Sector Programme in Mali and Sierra Leone. The GPRHCS has made the maintenance of government commitment a high priority for 2010. In Sierra Leone, reproductive health interventions and commodities were included in the Essential Health Package as part of the National Health Sector Strategic Plan. By quickly establishing this high level of commitment from the governments in Mali and Sierra Leone, the GPRHCS will be able to effectively support a government-led process that prioritizes RHCS issues in the health sector.

Box 3: It takes a team: Securing commitment in Mongolia

An advocacy team was organized in Mongolia in 2008 with support from the GPRHCS. This team set forth with the goal of convincing the government to establish a national budget line for essential reproductive health commodities. Sexual and reproductive health experts were selected from local NGOs and United Nations agencies. Officials from within the Ministry of Health were also asked to join, as well as media and advocacy experts. The team's varied set of backgrounds ensured a diverse set of skills enlisted to appeal to government officials in various ministries including Health, Finance and Planning.

After outlining a clear strategy and plan of action, the team embarked on a series of activities throughout 2009, under the leadership of the State Secretary of the Ministry of Health. These activities included sensitization workshops and consensus-building meetings with directors and high-level officials from selected ministries. The team worked tirelessly throughout the year and in the end, they achieved their goals.

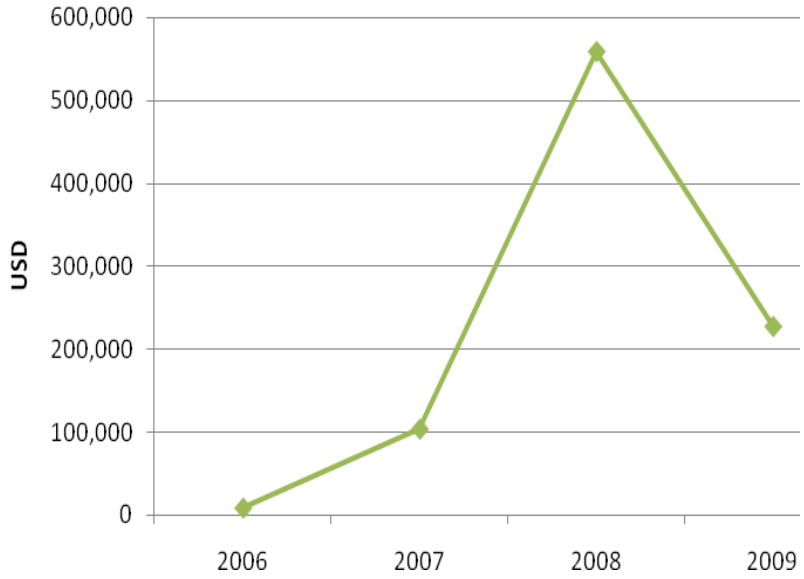
For the first time ever, the Government allocated money for reproductive health commodities in the 2009 national budget. The amount of $70,000 was allocated and over 90 percent of the allocated amount was spent. The government has also pledged to fund 100 percent of the contraceptive supply by 2015.

As mentioned before, over 60 percent of Stream 1 countries had integrated RHCS into their PRSs. This marks a broader base of support from the government that extends beyond the health system. It recognizes an important dynamic: increasing and improving reproductive health services is a strategy for decreasing poverty levels.

The GPRHCS welcomed an increase in political and financial commitment in 2009, reflected in the budgeting and allocation of funding by governments for contraceptives – an action that is one step further on the path to sustainability. In Mongolia, the government pledged to allocate some $50,000 for 2009, but

increased that amount to $70,000 of which $65,000 was spent. Ethiopia, Mongolia and Nicaragua, have pledged to increase their allocations in 2010.

Figure 5. Government expenditure on contraceptives in Nicaragua, 2006-2009



Government allocation and expenditure for contraceptives has been steadily increasing in Nicaragua since 2006 (see figure 5) and in Ethiopia since 2007. There was a substantive drop in expenditure in Nicaragua in 2009. In Sierra Leone, the GPRHCS was successful in supporting the govern-ment in establishing a budget line for modern methods of contraceptives, although the government did not release the allocated funds.

Haiti is the only Stream 1 country without a known budget line for contraceptives, though it was introduced this year and strongly advocated for by UNFPA and partners. The government's initial enthusiasm waned with the economic downturn.

Some portion of the funds allocated for contraceptives in the 10 countries resulted in actual expenditures. Data on the specific amounts are very difficult for many countries to obtain from their Ministries of Health. As the GPRHCS continues to assist more countries in allocating money for and purchasing contraceptives, it will be important to access this information. A priority for the GPRHCS for 2010 and onward will be to continue to strengthen the government's monitoring and evaluation processes to ensure these data are regularly available for measuring progress and planning more effectively.

D. Output 3: Capacity and systems strengthened for RHCS

Output 3: Capacity and systems strengthened for RHCS

Background

Building in-country capacity allows for sustainable progress and the elimination of reliance on outside technical assistance. In 2009, many countries received funding from the GPRHCS to train health workers, government officials, local UNFPA staff, and partners in areas such as procurement, logistics management and forecasting for reproductive health commodity needs.

UNFPA developed Country Commodity Manager (CCM) and is piloting CHANNEL, computerized logistics management software, to address in-country needs for monitoring stock levels from central warehouse to

district level. The CCM reports current stock levels in the central warehouses of all the countries supported by the GPRHCS. CHANNEL reports current stock levels at all levels of the pipeline/system. These computer programs provide information on how much the warehouses distribute on a monthly basis, which enables the GPRHCS to help forecast needs and avert commodity shortfalls at all levels of a country's supply chain. The focus on ease-of-use has meant that these software tools are proving very valuable where the widespread use of existing but more sophisticated software is not feasible at the present time.

The GPRHCS carried out several initiatives with UNFPA's Procurement Services Branch (PSB) in 2009. To build government capacity for procurement, a Procurement Specialist was recruited and a methodology for capacity building was established, following pilot testing in Madagascar. As a result of this process, a package describing how to implement the methodology for capacity building is now available in English and French on the UNFPA intranet. With the addition of this resource, countries now have a complete tool kit with which to carry out assessments independently for the planning of subsequent procurement training and development.

Seven missions to build capacity for procurement were undertaken in all the geographic regions in 2009. These missions were conducted by PSB, governments, and geographic teams responsible for daily procurement requests from UNFPA country offices. An estimated 250 staff were trained in procurement and logistics operation during the year. Most of staff were from country offices, local offices of United Nations agencies and organizations, and government counterparts who work in the field of RHCS.

Indicators for Output 3 (see table 7) measure capacity building in the areas of commodity procurement, logistics and management. The ability of a country to regularly forecast for modern methods of contraception and priority medicines is indicative of a functioning LMIS that is able to predict and prevent stock-outs. When a country has successfully implemented a management system, such as CHANNEL, at the central and district levels, the government is able to more effectively manage the procurement of contraceptives and other reproductive health commodities using national expertise. The GPRHCS is working to ensure that logistics systems are implemented in every Stream 1 country and that in-country staff and government officials have the capacity to manage the systems with little external assistance.

Results

More than 70 percent of Stream 1 countries are able to regularly forecast for modern methods of contraception. Nine countries have forecasting capabilities for contraceptives; of these countries, seven are also able to forecast for the three most essential maternal health medicines (magnesium sulphate, oxytocin and ergometrine). Eight of the 11 Stream 1 countries have successfully integrated a Health Supply Chain Management information tool such as CHANNEL into their national system. Similarly, seven countries report having a functioning LMIS and 10 countries report having a coordinated approach to implementing LMIS. Six of the 11 Stream 1 countries have the technical expertise in country to manage the procurement and tracking process, though nearly all of these countries report the need for increasing this capacity, particularly at the district level. See table 7 for results on this indicator for all Stream 1 countries.

Table 7: Output 3 – Capacity and systems strengthened for Stream 1 countries

Country	Indicators					
	Provision of a regular forecasting for modern methods of contraception	Provision of a regular forecasting for the 3 identified priority medicines	Health Supply Chain Management information tool adopted into national system	National technical expertise available for managing procurement processes	Functioning National LMIS	Coordinated approach towards integrated health supply chain management system exists
Burkina Faso	Y	N	N	Y	Y	Y
Ethiopia	Y	Y	Y	Y	Y	Y
Haiti	Y	Y	Y	N	N	Y
Lao PDR	N	N	N	N	Y*	Y
Madagascar	Y	N	Y	Y	N	Y
Mali	Y	N	Y	N	N	N
Mongolia	Y	Y	Y	N	Y	Y
Mozambique	N	Y	N	N	N	Y
Nicaragua	Y	Y	Y	Y	Y	Y
Niger	Y	Y	Y	Y	Y	Y
Sierra Leone	Y	Y	Y	Y	Y	Y

*Only contraceptives.

Discussion

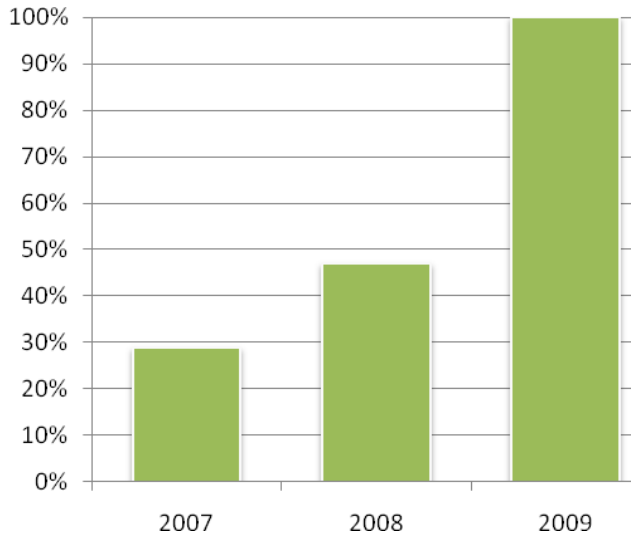
The GPRHCS continued to support capacity building in every Stream 1 country to improve commodities management at the national level in 2009. This was the first year that Haiti was able to conduct regular forecasting for 10 priority medicines using national technical expertise. The CHANNEL system was implemented in two pilot provinces in Haiti, and all warehouse managers at the district level were trained to use CHANNEL; as a result, they reported a decrease in stock-outs by 10 percent in 2009.

In Nicaragua, the expansion of the Information System for Logistical Management of Medical Supplies to the district level has been moving forward for the past three years with substantial support from the GPRHCS. In 2009, Nicaragua reported 100 percent implementation of this system into the local health care system, providing the capacity to monitor priority medical supplies and medicines at all levels (see figure 6). Nicaragua also established a procurement unit with the MoH to facilitate the overall purchasing and management process.

Burkina Faso successfully integrated CHANNEL into the national system in 2009, with training supported by the GPRHCS at more than 200 service delivery points. Similar progress was achieved in Madagascar where 35 trained officers at the central level conducted training on the use of CHANNEL for nearly 300 district administrators. This expansion in training was in response to results from a RHCS assessment conducted in 2008 that revealed that the greatest weakness in securing reproductive health commodities was lack of capacity amongst personnel at the district level.

The GPRHCS supported a major scale-up in the implementation of CHANNEL in Niger in 2009. The system is now in place in the central warehouse, as well as in eight regions (up from two regions in 2008) and 42 districts. A specialist from UNFPA's Country Office in Madagascar enabled Niger to rapidly expand the implementation process through the training of 60 trainers and 31 health workers on LMIS and/or CHANNEL and new contraceptive technologies. This was the first year that Niger was able to report the existence of a functioning national LMIS and available technical expertise for managing the procurement process.

Figure 6: Proportion of service delivery points with functioning LMIS in Nicaragua, 2007-2009



In Madagascar, CHANNEL is being used to manage 15 reproductive health priority commodities, contraceptives, STI/AIDS prevention and maternal health drugs at all levels. Data are routinely being collected from service delivery points at the central and district levels.

The need for training on the use of logistics management and information systems for health commodities will continue in all Stream 1 countries as expansion of these systems increases. Ideally, national capacity will continue to grow, with support from the GPRHCS, so that training can be conducted without outside technical assistance. One important step in this process is the strengthening of local institutions. When institutions at the local level are able to independently conduct training, there is greater national ownership and sustainability, as seen in Ethiopia and Mongolia in 2009.

In Ethiopia, the Ministry of Health and UNFPA partnered with The Addis Ababa School of Public Health to train over 100 graduates and 26 warehouse managers on supply chain management. This partnership led to an initiative to develop a course on supply logistics management to be included in the Public Health curriculum. Similar partnerships are being formed with medical schools across the country, including Hawassa, Jimma and Mekele, where the GPRHCS provided training materials and supplies in 2009.

In Mongolia, the Ministry of Health and UNFPA are planning to sign an MOU with the Pharmacy School at the Health Science University of Mongolia. Through this MOU, training on forecasting and procurement, including CHANNEL and LMIS, will be conducted by the university with only minimal outside technical assistance. In 2009, the government decided to implement CHANNEL for the management of all essential medicines. Two workshops were organized to train 65 specialists from all districts of Mongolia.

For some countries, such as Mali and Mozambique, the procurement and management of reproductive health commodities still relies heavily on external technical assistance. In Mali, there is an LMIS in place, but it is not yet fully functional and hence relies heavily on expertise provided by the GPRHCS and partners. For other countries, such as Lao PDR, the LMIS is capable of generating data for contraceptives, but the expertise that exists in country offers no capacity for forecasting based on the data. This situation is expected to change over the long-term when the government develops one unified logistics system for the procurement and management of all health supplies and medicines.

To some degree, all Stream 1 countries rely on technical assistance to assist in establishing a LMIS or expanding such a system to all districts and to include all priority medicines. Stock-outs are decreasing rapidly at the central level in many countries but continue at the district level. Data collection, forecasting capabilities and improved storage of health commodities at the district level will continue to be a priority for all Stream 1 countries in 2010. □

Box 4: Delivering as One in Lao PDR

The GPRHCS funded an assessment of vertical logistic systems in 2008 in support of the newly developed Maternal, Neonatal and Child Health package. Discussion of the assessment findings resulted in the decision by the Government to combine all vertical logistic systems into a single supply management system for the entire health system. The Ministerial decree designated the Food and Drug Department (FDD) to be responsible for building the system.

This will move the responsibility of commodity supply chain management away from the vertical programme to the FDD, which has a mandate and qualified personnel for supply chain management and will lead to the strengthening of the health system in Lao PDR.

Section Two

Streams 2 and 3

The GPRHCS formalized funding through Stream 2 in 2009 in order to provide systematic and targeted RHCS support as part of the overall regional effort, an improvement over the previously ad-hoc approach. More than 30 countries received support through this stream, with representation from every region. An additional 25 to 30 countries were supported under Stream 3. The Stream 3 countries received contraceptives, reproductive health commodities and RH kits in emergency situations to avoid damaging shortfalls in supplies. As part of this effort, UNFPA procured and delivered emergency RH kits to Benin, Chad, Guinea, Haiti, Pakistan, Rwanda, Sri Lanka, Sudan and Togo to meet the needs of vulnerable populations, displaced persons and refugees. The total expenditure for RH kits in 2009 was approximately $1.4 million.

During 2009, support for Stream 2 countries focused on national strategic planning for RHCS, prevention of stock-outs, capacity development around supply management, advocacy and demand creation. This section of the report highlights some key activities and results in selected Stream 2 countries.

National strategic RHCS planning

Many countries, including Afghanistan, Dominican Republic, Ecuador, Philippines and Uganda are in the process of developing or finalizing a national strategy for RHCS. In 2009, Uganda received support from the GPRHCS to assist the Ministry of Health in developing a national strategy. The strategy focused on logistics management to improve the functionality of the national and district RHCS coordination mechanisms. As part of this effort, six district Medicine and Therapeutic Committees (MTCs) were established. Their members received training in logistics management, and then carried out supervisory visits to health facilities at the sub-district level.

In Afghanistan, UNFPA was integral in providing technical support to the government in developing a National Plan of Action for RHCS.

In Bangladesh, a Technical Working Group was convened with key officials from the Ministry of Health, United Nations agencies and local NGOs to develop the National RHCS Strategy.

In the Philippines, UNFPA provided continuous technical assistance to the Department of Health in the development of a holistic and coordinated policy framework on RHCS as a key strategy for reducing maternal and neonatal mortality. A draft RHCS Policy Framework highlights the need for a revitalized LMIS at the local, sub-national and national level, as well as the need for the inclusion of family planning commodities as 'public goods'. As part of this effort, WHO, UNFPA and the Department of Health in the Philippines conducted a rapid assessment on the status of availability, access and rational use of critical life-saving reproductive health drugs in selected parts of the country. The objectives of the study were to a) obtain a snapshot of the current status of access to, quality and rational utilization of selected critical essential medicines for reproductive health and b) to develop a harmonized approach for performing rapid assessments of accessibility, use and quality of essential medicines for reproductive health. The key

findings of the RHCS assessment were shared in several meetings with government, United Nations agencies and other development partners. The findings became the basis for a continuing policy dialogue on several issues: government allocation for life-saving drugs and prioritization of their procurement, inclusion of additional life-saving supplies (e.g. Zinc) in the essential drug list, and strengthening regulatory function and quality assurance.

Technical support was provided to eight Pacific Island Countries (PICs) for development of reproductive health policies and strategies that include RHCS as an integral component. A political communiqué was adopted by Pacific Ministers of Health in 2008 in order to operationalize the Pacific Policy Framework for Achieving Universal Access to RH services and Commodities. WHO, UNFPA and UNICEF sponsored a technical meeting to operationalize the framework and assist the senior programme managers and technical experts of 14 PICs to develop action plans for mainstreaming the framework in current strategies. Participants also included national RHCS managers or pharmacists, facilitating a closer communication between reproductive health programme managers and commodity managers.

In collaboration with WHO, the UNFPA Pacific Sub-regional Office (PSRO) conducted an assessment of life-saving drugs used in maternal health in Vanuatu. This assessment aimed to strengthen integration of RHCS in the broader existing essential health supply framework.

RHCS Strategic Action Plans were developed and/or reviewed in five PICs and a three-year strategy for national training in RHCS was developed. Regional and national training materials were developed for various cadres of health workers along the supply management chain. Training in logistics management was undertaken in four PICs including Papua New Guinea.

Increased collaboration with WHO and UNICEF, through continued engagement with these organizations in longer-term strategic planning for improved systems, resulted in work being undertaken together for strengthened supply chain management in the region, focusing on essential medicines.

Reproductive health costing analyses was undertaken in the Solomon Islands and Vanuata. Research on barriers to condom and contraceptive use was also convened by Fiji School of Medicine (FSMed) to better understand social and anthropological barriers associated with the uptake of contraceptives and condoms.

Secondary analyses on DHS in the Pacific were also conducted for discussion at the Pacific Symposium on ICPD@15 held in Fiji. Analyses focused on Nauru, Samoa and Tuvalu. These analyses will assist in exploring strategies for addressing unmet need for family planning among vulnerable and underserved groups.

Health practitioners received training in vasectomy through a south–south collaboration arrangement between Papua New Guinea and the Solomon Islands. Other family planning training opportunities addressed implants and IUD insertion in four PCIs. Nurses from Cook Islands were attached to family planning centres in Fiji.

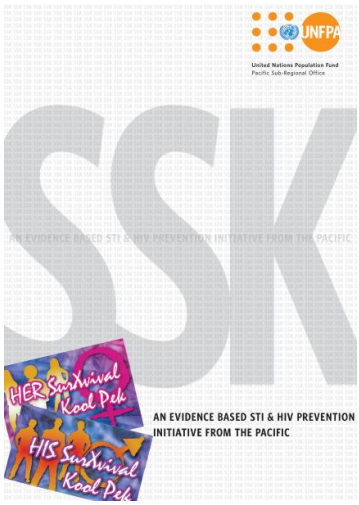
In collaboration with Family Planning International (FPI), UNFPA's Pacific Sub-regional Office mapped reproductive health supplies in the region to obtain a broad overview of aspects such as supplies from a service provider's perspective, responsibility of in-country entities, procurement responsibility, type of commodity and source of funding for commodities. The exercise revealed the complexity of reproductive health supplies in the Pacific region, and enabled greater understanding of how key players in the region can work together to bring about synergy for promoting reproductive health commodity security.

For the first time, a national consultation workshop on Comprehensive Condom Programming (CCP) was conducted in Papua New Guinea. The objective of the meeting was to promote CCP at all levels and

amongst all sectors in the community. It is envisaged that a CCP strategy will be developed to promote the scaling up of modalities for promoting proper condom use amongst the communities that need them.

An initiative to make condoms more accessible to youth was initiated by UNFPA in 2008 in response to recommendations made by young people during the evaluation of the adolescent sexual and reproductive health (ASRH) cinema advertisement campaigns. This entailed the packaging of male and female condoms and lubricants in a pocket-sized, easy-to-carry kit that also contained credit card-sized information leaflets on STI and HIV prevention, instructions on condom use and contact details of referral clinics for services. The development of this package was based on research on young people as the target audience. A total of 40,000 Safe Sex Kits were produced, including 20,000 female kits and 20,000 male kits. Half of the kits for females were labeled 'HER Survival Cool Pek' and half of the kits for males were labeled 'HIS Survival Cool Pek'.

Safe Sex Kits and condom dispensers



UNFPA promoted male and female condoms in the Pacific region in 2009, providing funds to produce his and her pocket-sized kits for young people (left) and increasing uptake of female condom by placing dispensers outside of traditional distribution points.

The youth initiative supports Behaviour Change Communication principles of making condoms readily accessible to youths in places they frequently visit, e.g. cinemas, entertainment centres, or where they are more likely to engage in high risk activities such as night clubs and bars. The distribution of Safe Sex Kits in these places have the way for the installation of condom dispensers, which increased the distribution points and increased the uptake of condoms outside mainstream public distribution outlets. The Pacific continues to receive contraceptive and condoms from PSB.

Capacity development

In almost all of the Stream 2 countries, efforts are underway to improve the logistics management of reproductive health commodities. In Eritrea, the GPRHCS supported the implementation of CHANNEL in all basic warehouses at the district level as part of the first phase of implementation. Fifty health

professionals were trained in LMIS and CHANNEL utilization. Similarly, in Sri Lanka, focal points from every district were trained on LMIS, and CHANNEL continues to function effectively at the national level.

In Liberia, 121 doctors and nurses were trained in comprehensive condom programming, including logistics management. These health professionals were then able to train service providers in the health facilities at the district level. In Angola, similar trainings took place with close to 30 reproductive health clinicians.

In Peru, a situation analysis was conducted in 2009 to review existing LMIS manuals and procedures for procurement and management of commodities. Findings from this assessment led to improvements in procurement, delivery scheduling, storage and distribution of commodities.

Improvements in supply chain management were also supported by the GPRHCS in Guinea, where an assessment of the supply chain design and management was carried out. The results of this assessment will lead to the development of a national integrated logistic and supply chain system for all the national health programmes. This integration is a critical step in achieving RHCS. Additionally, a monitoring and evaluation plan was completed in Guinea to measure the implementation of the RHCS strategy and action plan. These efforts, in strong support of the Ministry of Health, will contribute to strengthening the LMIS.

CHANNEL, the supply chain management software, was introduced in Botswana in seven districts (Chobe, Francistown, Gaborone, Jwaneng, Lobatse, North East, Selebi-Phikwe) covering 30 health facilities. The system was introduced to contribute towards elimination of stock-outs and wastages. with an emphasis on capturing Average Monthly Consumptions for each health supply and reporting this information to CMS to guide reliable forecasting, procurement and distribution. Training of service providers was offered in the seven districts for 32 implementers from health facilities, including pharmacists/technicians, IT officers, national programme officers and health auxiliaries. UNFPA also supported the training of an additional 20 trainers. The trainers will support re-installation of the updated CHANNEL software program to the seven districts and their health facilities. They will also work in clusters to support training of other health workers during future scaling up to other districts. Personnel in charge at district and clinic levels were orientated on supply chain management and CHANNEL, including the need to own the programme and start including the programme intervention needs in annual budgets, especially for equipment, manpower, training and support materials.

Thirty-eight national-level cascade training sessions were organized in the Democratic Republic of Congo (DRC), where UNFPA provides support in 22 health districts. These training were conducted by a pool of 62 local trainers who enhanced the skills of 647 service delivery personnel and other health staff for LMIS of reproductive health commodities and data collection on product use.

UNFPA in DRC works very closely with the Programme National Multisectoriel de Lutte contre le Sida (PNMLS/NAC) for condom programming in the country and currently co-chairs the condom Technical Working Group. Condom supplies were scarce in 2009 due to poor coordination and planning. The condom TWG chaired by the PNMLS with support from UNFPA is now coordinating supplies country-wide, including coordination with local partners such as USAID, UNDP/Global Fund, PSI/Association de Sante Familiale (ASF) and UNFPA.

In Eritrea, training on LMIS principles and CHANNEL software utilization was carried out for 50 health professionals from all zobas (districts) and health facilities. The CHANNEL software was installed in hospitals and selected health centres, including all basic warehouses at zoba level, as part of the first phase of implementation.

Additional training in Eritrea aimed to improve service delivery. Financial support was provided for implementation of activities related to skills building and conducting of maternal death audits, with 44 health care providers trained on maternal death review (MDR). Four Maternal Death Review committees were established and now discuss and audit maternal death and near misses. Two doctors received training on anesthesia in Oshikoto and Otjozondjupa, and 114 health care providers (particularly nurses from the maternity sections) received training in emergency obstetric and neonatal care.

With UNFPA financial support, Eritrea's Ministry of Health conducted training on EmONC, which has proven to be an effective method of skills building. Equipment donated to one of the regions has contributed to ensuring access to basic emergency obstetric as deliveries are now conducted at the health centre and clinics.

Participants write notes during an EmONC training group work session).

UNFPA Representative Mr. Fabian Byomuhangi (centre) handing over emergency obstetric care equipment to Zambia's Minister of Health (right).

Building political and financial support

In Angola, the GPRHCS supported efforts to lobby the government to include contraceptives on the essential medicines list. These efforts were successful leading to the Ministry of Health's first-ever purchase of contraceptives, as part of the budget allocated for essential medicines. In 2010, UNFPA will continue to advocate for a separate budget line for contraceptives to ensure they remain a national priority. CPR in Angola continues to be very low (estimated at 5 percent). In December 2009, the National Directorate of Public Health (DNSP) organized, with substantive and financial support from UNFPA, a meeting to reflect on the creation of a mechanism for the coordination of reproductive health services' provision in the country, under the leadership of the Ministry of Health. Participants included NGOs, churches, public sector stakeholders, United Nations agencies and other donors. Consequently, the DNSP decided to target a 10 percent CPR increase in 2010. A coordination meeting will be organized in January to mobilize resources from potential donors and finalize the 2010 contraceptives procurement plan.

High-level support was also cultivated in Uganda where the Central RHCS Committee conducted two meetings with stakeholders to discuss the need for improved forecasting and procurement of reproductive health commodities. With the support of UNFPA, Reproductive Health Uganda (RHU), an NGO involved in sexual and reproductive health in Uganda, held four advocacy forums for district leaders

in Arua, Kayunga and Ntungamo in which the leaders were sensitized on RHCS issues. A declaration in support of RHCS was made by the district leaders. A plenary meeting was held with members of the Parliamentary Forum for Food security, Population and Development. The meeting explored challenges to RHCS in the country and parliamentarians pledged to advocate for increased funding to the health sector to support RHCS. RHU also held an advocacy meeting with religious leaders where commitment in support of RHCS was solicited. A position paper on RHCS was written by the religious leaders.

Similarly, in Panama the MoH participated in advocacy activities to heighten awareness about the need for better storage and distribution of commodities at the district level.

In Sri Lanka, the government's Family Health Bureau made arrangements to distribute female condoms to all 25 clinics for the treatment of sexually transmitted infection and disease in the country and to continue training medical officers in these facilities to provide quality family planning services, including comprehensive condom promotion.

In Guinea, the GPRHCS helped to establish a national RHCS coordination committee led by the Health Deputy Minister. The committee aims to engage more stakeholders in working together to improve RHCS.

In the Philippines in 2009, UNFPA successfully lobbied the government to expand their strategy for RHCS to include life-saving maternal and newborn health drugs and supplies. These advocacy efforts are helping to establish RHCS as a key component of the country's strategy for reducing maternal and newborn deaths.

Commodities

Support for commodities varies greatly across the Stream 2 countries. In some countries, such a Bangladesh, governments are still faced with a large number of stock-outs that require emergency procurement from the GPRHCS. In 2009, the GPRHCS procured around $0.5 million in contraceptives for Bangladesh.

Similarly, in Pakistan, the government budget for contraceptives was not released in 2009 causing a major shortage in supplies at many facilities, particularly at the district level. UNFPA was able to mobilize some $2.5 million of which 1.5 million came from the GPRHCS for the purchase of reproductive health commodities. Efforts are being made in both countries to strengthen inventory management and build political support and commitment.

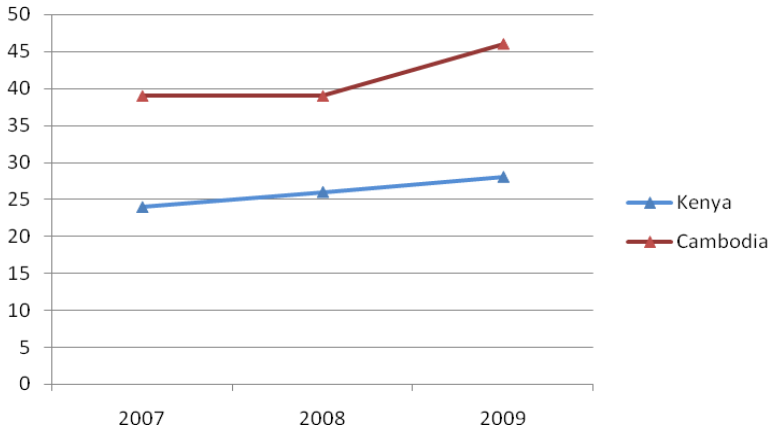
In the Philippines, the procurement of commodities in 2009 focused on reaching poor and vulnerable communities. UNFPA worked closely with the government to procure reproductive health commodities in 457 income-poor municipalities in 49 different cities.

In other countries, such as Cambodia and Kenya, UNFPA has supported the government in making significant gains in securing and managing commodities, as evidenced by increasing contraceptive prevalence rates (see figure 7). No major stock-outs were reported in 2009 at any front-line health facilities in Cambodia. In Kenya, the GPRHCS and partners contributed to an increase in CPR after 10 years of stagnation. In the Maldives, the government is steadily increasing their expenditure for contraceptives. It is expected that the government will be purchasing 100 percent of contraceptives by the end of 2010.

In Zimbabwe, UNFPA in consultation with the Ministry of Health and Child Welfare (MOHCW), developed a plan for the distribution of reproductive health commodities to rural districts in Zimbabwe. UNFPA contracted Biddulphus, a reliable private transporter, to deliver commodities to the 57 rural district

hospitals. On receipt of each consignment, the responsible district hospital authorities signed a delivery form specifically designed for commodities procured either under CERF, ERF or Core funds. The signed copies were sent back through the respective transporters. This served to acknowledge receipt of goods, with the exact amount for each item sent. Through this process, UNFPA ensured that each district hospital received the exact allocation of the procured commodities. UNFPA supported the printing of management information and guidance, along with forms such as stock cards and tally sheets to ensure proper documentation and internal accountability. District hospital authorities acknowledged that the commodities were a considerable relief given that some facilities had gone for many weeks without some of these essential commodities.

Figure 7: Contraceptive prevalence rates for Cambodia and Kenya, 2007-2009



Demand creation

Many Stream 2 countries are carrying out demand creation activities to ensure that commodities procured by the GPRHCS reach those populations most in need. In Malawi, a variety of methods were used for demand generation in 2009 including training of service providers in the promotion and use of male and female condoms, social gatherings and sporting activities with targeted groups, community discussions, newspaper articles, radio programmes and billboards. Though no formalized study has been conducted, the demand for both female and male condoms seems to be rising. Distribution data show that consumption of male condoms rose from 800,000 to 1.7 million per month from 2007 to 2009 and female condom consumption rose from 10,000 to 70,000 per month in the same time period.

In Botswana, key stakeholders for RHCS are members of the established RHCS Committee which coordinates the implementation of the RHCS Strategic Plan and the Annual Work Plan for RHCS programme. Significant results achieved in 2009 include:

- Integrated RHCS audit visits to health facilities;
- Finalized RHCS Strategic Plan;
- Training on LMIS for health care personnel;
- Drug management/LMIS workshop supported by UNFPA and undertaken in the third quarter for three identified districts (Ghantsi, S/Phikwe, Tsabong) with 17, 20 and 26 health personnel trained respectively;
- Condom specification and procurement procedures workshop; and

- Road show to promote family planning with an emphasis on female condom, undertaken during the second quarter and covering five districts: Chobe/Kasane, S/Palapye (Serowe, Palapye), S/Phikwe (Maun), Jwaneng and South East/Ramotswa.

Districts covered by these activities showed a lot of interest and commitment to strengthening local promotional activities, especially for addressing myths and misconceptions.

In Namibia, support was provided for non-governmental and faith-based organizations to implement sexual and reproductive health programmes. Technical and financial support was provided to the King's Daughters' project, a project of the Council of Churches of Namibia (in Windhoek) that focuses on empowering former commercial sex workers. Funds were utilized to train 24 commercial sex workers on reproductive health and rights.

Technical and financial support was also provided to Health Unlimited, an NGO in Namibia, to mobilize and sensitize marginalized groups, especially the San community, on adolescent sexual and reproductive health (ASRH). During the year, 112 Volunteer Peer Counselors received refresher training and nine community mobilization activities were carried out to promote health messages reaching 173 young people. Total expenditure for this activity was $11, 274.

UNFPA provided support to UNHCR to implement an integrated sexual and reproductive health programme (with special attention to adolescents and young people) in Osire Refugee Camp, Otjozondjupa region. The UNFPA Country Office in collaboration with UNHCR and Ministry of Health and Social Services implemented programmes in Osire Refugee Camp for the integration of programmes in gender, sexual and reproductive health and HIV/AIDS. These activities reached 3200 refugee community members and over 2000 young people with integrated messages via training and information campaigns. In addition, 29 SRHR Task Force members and health workers received training for trainers, and then went on to train 22 mentors and group leaders of the Osire Girls and Boys Club. Twenty-six Traditional Birth Attendants were orientated on the identification of danger signs during pregnancy and referrals to health facilities. Total expenditure for this activity $19,566.

In Swaziland, regular monitoring of the RHCS status of the country assisted in preventing stock-outs by ensuring continued availability of reproductive health commodities. Logistics officers facilitated marketing of new commodities during national, regional and community meetings. Through the GPRHCS funds, UNFPA was able to contribute to the refurbishment of a maternity unit in one of the rural areas, upgrading this facility to be one of the Campaign for the Reduction of Maternal Mortality in Africa (CARMMA) sites that handle basic and comprehensive obstetric emergencies. This funding also supported community-based dialogues on HIV prevention, gender-based violence and maternal health. The dialogues targeted men, women and youth and reached about 42 communities, serving to increase the demand for HIV testing by men in those communities. □

Section Three

The Regional Level

South-South collaboration

Opportunities for knowledge exchange are increasing as the GPRHCS continues to facilitate and expand RHCS technical support in more countries. Countries with similar profiles are able to share information and experiences around strategic planning and capacity development efforts for RHCS. As UNFPA strengthens its Regional Offices through reorganization, there is also more opportunity for countries to come together for joint advocacy and awareness-raising initiatives.

Nine countries in Latin America gathered in 2009 to exchange lessons learned and best practices in advocacy for the legalization of emergency contraception (EC). With GPRHCS support, participants from Chile, Colombia, Costa Rica, El Salvador, Guatemala, Mexico, Nicaragua, Panama and Peru agreed on the need to adopt a common language on the issue and to increase the availability of evidence-based information in support of EC. These advocacy efforts are part of an ongoing partnership between UNFPA and the Latin American Consortium on Emergency Contraception (CLAE) and the Latin America Federation of Obstetrics and Gynecology to expand the network of advocates who are able to disseminate accurate medical and legal information about the availability and use of EC in the region.

Fifteen countries came together from the Asia and Pacific region and from Africa for international RHCS trainings in Indonesia in 2009. There were three different training sessions with participation from over 120 representatives. Similarly, Madagascar and Niger teamed up with CEFOREP, a regional West African training centre based in Senegal, to build capacity in new contraceptive technologies, including IUD insertion and removal.

Strengthening of regional institutions and capacity building

Stronger regional institutions will help to ensure that RHCS technical assistance can be provided to the countries from the regional level. Promoting this strategy was a major focus in 2009, in line with UNFPA's effort to strengthen its country offices through regionalization. Capacity building workshops were held at selected institutions in almost all of the regions.

In Latin America, the Center for Health Research and Studies (CIES) and the non-governmental organization PRISMA were selected to build capacity among health professionals working in private and public institutions in the Andean and Central American sub-regions. The GPRHCS is supporting these institutions along with the UNFPA Regional Office in delivering technical assistance on RHCS at the national level. The GPRHCS facilitated introductory training workshops on reproductive health costing for personnel from CIES and PRISMA, which included participants from El Salvador, Guatemala, Nicaragua and

Peru (Honduras could not participate due to the political situation). Following this training, participants from CIES were able to train close to 120 health professionals from government, academic institutions and NGOs. CIES is planning to integrate a course on reproductive health costing methodology into their Public Health master's degree curriculum. Both institutions will continue providing technical assistance for RHCS, as well as virtual training and research.

In Africa, similar initiatives took place to build a team of experts at the regional level with the capacity to deliver RHCS technical assistance to countries in the region. Training sessions were held in both Dakar and Johannesburg, facilitated by UNFPA Regional Offices and the GPRHCS, with active participation from Harmonizing for Health in Africa (HHA) agencies. The trainings targeted individual health professionals and regional institutions and provided information about reproductive health costing, innovative financing for health, and human resources in health systems. Participating institutions included the National University of Rwanda School of Public Health, Walter Sisulu University, Wits University and Mauritius Institute of Health.

In Asia and the Pacific, the UNFPA Regional Office and the GPRHCS have established a base of national professionals and training institutes that have the capacity to deliver technical assistance on RHCS issues to countries in the region. A workshop was conducted in May 2009 with health professionals from the Ministry of Health, training institutes and academic institutions, representing 11 countries in the region. Participants were trained on RH costing, forecasting of RH commodities and health supply management (CHANNEL).

Box 5: The GPRHCS in Eastern Europe

Efforts to enhance RHCS in Eastern European Countries have been only moderately successful in the past five years. Members from the GPRHCS team set out in 2009 to raise awareness in the historical city of St. Petersburg, Russia. Parliamentarians, senior health officials, NGOs and media personnel from 15 countries gathered to discuss the revitalization of RHCS in the region.

The meeting ended with the signing of a Call to Action and the development of a Country Action Plan for RHCS. Maintaining this momentum around reproductive health in the region will be a priority for the GPRHCS in 2010.

Regional planning and partnerships

With the recent strengthening of UNFPA Regional Offices, planning at the regional level has become more feasible. Countries in many regions gathered with partners to review 2009 progress and plan for 2010 together. The GPRHCS supported UNFPA's Sub-Regional Office in Johannesburg in organizing a planning meeting with the Inter-Governmental Authority on Development (IGAD) and the East African Community (EAC) in Kampala, Uganda. The purpose of the meeting was to review progress on the Maputo Plan of Action and RHCS activities in East Africa and to plan for 2010.

Advocacy and communication

Parliamentarians in many regions met to advocate for RHCS at the policy level. In 2009, parliamentarians gathered in the Eastern Europe Region (see box 5s) and the Asia Pacific Region to promote RHCS, as part of the comprehensive reproductive health package.

The UNFPA Asia Pacific Regional Office organized a Conference of Parliamentarians in Nepal from the countries of the South Asian Association of Regional Cooperation (SAARC), with support from the GPRHCS. The purpose of the conference was to promote the capacity of South Asian parliamentarians, media personnel and senior policy makers in advocating in a coordinated way for universal access to reproductive health services and commodity security to achieve Millennium Development Goal 5 (MDG 5).

A Joint Declaration for support was signed by the head of each country delegation and individual County Plans for Action for advocacy on RHCS were developed.

In the Africa region, the GPRHCS supported high-level advocacy efforts through two separate parliamentarian conferences. First, an East African Inter-Parliamentary Forum (IPF) on Health, Population and Development was organized in November of 2009. The overall objective was to revive activities of the IPF by updating its members on the status of health in East Africa through the presentation of detailed country profiles. Data were presented on overall health and population issues, including health financing and reproductive health more specifically. Progress on the Millennium Development Goals was outlined in detail to highlight challenges faced by each country in the region. The second conference in 2009 was a gathering of women parliamentarians for a workshop on RHCS and maternal health (see box 6). □

Box 6: "Invest! Keep Mothers Alive"

UNFPA's Regional Office in Johannesburg hosted a capacity building workshop on RHCS and Maternal Health advocacy for Anglophone African women Parliamentarians and Government Officials in November 2009. The workshop, held in collaboration with the Southern African Development Community (SADC), focused on building advocacy skills among Parliamentarians and Ministries of Health.

The 18 African countries participating in workshop issued a Call to Action entitled "Invest! Keep Mothers Alive", in which the Parliamentarians and Government Officials in attendance made the following commitments:

- To strengthen oversight roles in monitoring budgetary allocations for reproductive and maternal health;
- To strengthen health systems to guarantee reproductive health commodity security;
- To advocate for enabling political and legal environments for the protection of adolescent reproductive health;
- To encourage a multi-sectoral government approach to improving maternal health;
- To increase outreach to rural communities;
- To promote community mobilization, including male involvement in reproductive health;
- To increase maternal health awareness and use of services.

Section Four

The Global Level

Integration at UNFPA

A main focus at the global level for 2009 was integration. In an effort to streamline internal business processes and reduce transactional costs, UNFPA is integrating some of the operations of the GPRHCS, the Maternal Health Thematic Fund and the Campaign to End Fistula. This effort will also reduce the workload of the country offices and eliminate the potential for duplicate efforts by implementing joint missions, work planning and reporting.

In 2009, joint missions and reproductive health assessments took place in countries supported by both the Maternal Health Thematic Fund and the GPRHCS, allowing for more integrated and comprehensive reproductive health technical assistance. In Burundi, a Stream 2 country, a joint mission took place to conduct a rapid assessment of the reproductive health situation and to roll out the Maternal and Neonatal Health Road Map. The GPRHCS provided technical assistance to ensure RHCS was included as a key factor in reducing maternal and newborn death. In Niger, the GPRHCS and the Maternal Health Thematic Fund are working together to carry out a national EmONC assessment over the next year.

The GPRHCS and the Maternal Health Thematic Fund are working in closer synergy with UNFPA's HIV/AIDS Branch to ensure that technical assistance at the country level for reproductive health issues is comprehensive in nature. To solidify the integration process, meetings were held at both the global and regional levels with representation from both Thematic Funds and the HIV/AIDS Branch to promote comprehensive and integrated delivery of SRH programmes, services and activities.

Partnerships

The 'Health 4': The GPRHCS is playing a key role in the joint commitment to collaborate in accelerating maternal health formalized in 2008 by UNFPA, WHO, UNICEF and the World Bank, known as the H4. The four agencies have agreed to enhance their support to the countries with the highest maternal mortality and to assist them in making progress towards MDG 5. The GPRHCS supports these countries in supplying essential life-saving maternal health drugs and ensures that maternal health drugs are included as an integral part of the health system.

H4 and the Partnership for Maternal, Newborn and Child Health (PMNCH): The GPRHCS is also a part of the new collaborative efforts between the H4 and the Partnership for Maternal, Newborn and Child Health.

Reproductive Health Supplies Coalition: UNFPA continues to play a lead role in the Reproductive Health Supplies Coalition. The increasingly relevant coalition with over 70 members is a global partnership made up of multilateral and bilateral organizations, private foundations, national governments, civil society groups and private companies. UNFPA is particularly active in the three working groups through which the

Box 7: Working Together to Achieve Results

In 2006, the European Commission partnered with the African, Caribbean and Pacific Group of States (ACP) and UNFPA to provide reproductive health equipment and supplies to 17 countries in conflict or post-conflict situations. Countries were selected based on need related to severe shortages of medical supplies and contraceptives. The programme used a highly participatory approach that set out to reduce shortfalls and improve access to, use, distribution and procurement of reproductive health commodities, as well as to build governments' capacity to plan and manage supply systems.

In 2009, the ACP/UNFPA/EC joint programme was externally evaluated. The evaluation revealed that the initiative was very successful and all outcomes were achieved. Shortfalls were greatly reduced in every country that participated. Women and men gained access to contraceptives, clinics gained life-saving supplies, and a thousand service providers were trained. Moreover, governments weakened by conflict learned valuable skills that increased their capacity to meet maternal health goals, especially through family planning, and to achieve reproductive health supply commodity security.

Best practices were identified in many of the 17 countries that participated. For example, this programme supported Cote d'Ivoire, Ethiopia and Liberia in successfully institutionalizing RHCS capacity development by integrating LMIS trainings into the curricula at various training institutes. Sierra Leone implemented CHANNEL at the district level with technical assistance through the joint programme. All 17 countries developed an operational or strategic plan for RHCS, and the majority successfully lobbied for inclusion of RH commodities on the essential drug list.

Coalition operates, chairing the Market Development Approaches Working Group since 2005, the Systems Strengthening Working Group since 2009. UNFPA also leads one of the three workstreams of the Resource Mobilization and Awareness Working Group. UNFPA has three of the 12 places on the Coalition's Executive Committee; more than any other Coalition member.

The Reproductive Health Supplies Coalition's Market Development Approaches Working Group is carrying out a Total Market Initiative in two countries. It is designed to facilitate and increase the effective delivery of reproductive health supplies. This is being done by means of a market segmentation exercise involving the in-country stakeholders from the public and non-public sectors involved in the provision of reproductive health and family planning services. The aim is to ensure the better use and targeting of resources, in particular to increase access and equity for currently underserved and otherwise marginalized population groups. The overall aim is to ensure that all individuals within the selected country are able to obtain and use the reproductive health commodities of their choice when they need them. The total market initiative includes a segmentation of the total national market as a basis for agreement among service providers as to which population groups they will target with their RH/FP services.

UNFPA-WHO Collaborative Initiative on Critical Medicines: In 2008, UNFPA and WHO launched a joint collaboration to review access to a core set of critical, life-saving maternal and reproductive health medicines (oxytocin, ergometrine, magnesium sulphate and some antibiotics). Joint UNFPA-WHO-MOH fact-finding missions are being carried out in selected countries including Lao PDR, Mongolia, Philippines, Ethiopia, Nepal, Democratic People's Republic of Korea, Vanuatu, Solomon Islands and Burkina Faso. Exercises have been completed in Democratic People's Republic of Korea, the Lao PDR, Mongolia, Nepal, Philippines, Mongolia, Solomon Islands and Vanuatu. Ethiopia completed a nationwide

EmONC assessment incorporating the tool and in Burkina Faso the activities are in the early implementation stage.

ACP/UNFPA/EC Joint Programme: In 2009, the Joint Programme launched by the European Commission, the African Caribbean and Pacific Group of States (ACP) and UNFPA was externally evaluated and found to be overwhelmingly successful in achieving its outputs (see box 7).

Family planning in the new aid environment

The Bill and Melinda Gates Institute for Reproductive Health (at Johns Hopkins University), Makerere University School of Public Health and the Implementing Best Practices Initiative organized a conference on family planning research in Kampala, Uganda, in November 2009. The main focus of the meeting was to discuss a strategy for repositioning family planning that is congruous with the new aid environment and the effectiveness of health systems strengthening over vertical programming. Participants included high-level representation from several organizations, including USAID, The Gates Foundation, World Bank, WHO, DFID and UNFPA.

The role of the GPRHCS in repositioning family planning was outlined in a presentation to the group. It was noted that the GPRHCS will continue to focus on RHCS and family planning as part of the government programme, rather than as stand-alone initiatives. Moreover, UNFPA will continue to work with partners, regional commissions and communities, civil society and parliamentarians to ensure that family planning is positioned within the broader sexual and reproductive health package, and that equitable access to family planning services will be increased.

Donors meeting: Focus on monitoring and evaluation

Donors and key partners in the GPRHCS met in April of 2009, in a meeting held in Burkina Faso. Participants included representatives from Canada, Catalonia, Denmark, France and Germany as well as DFID, WAHO, UNFPA Headquarters and the UNFPA Country Office in Burkina Faso. Presentations and discussions on the 2008 GPRHCS Progress Report indicated that significant progress had been made at the global level and by many Stream 1 countries. It was noted that the GPRHCS was a very successful 'offspring' of the collaborative work of the Reproductive Health Supplies Coalition.

As part of the meeting, field visits were made to two health centers in Burkina Faso. Visits provided clear evidence of the difference being made by the GPRHCS in the lives of women, children and families. The group also met with the RHCS Coordination Committee in Burkina Faso, which has proved itself a very useful body for overseeing the implementation of the RHCS Strategic Plan.

The meeting provided an opportunity to discuss the RHCS monitoring and evaluation framework and agree on a way forward. Useful information about progress in countries was provided by the baseline indicators and targets from the Stream 1 countries. It was agreed that there is a need to simplify and reduce the number of indicators. As follow-up to the donors meeting, a small core group from UNFPA met with selected donors to review and simplify the monitoring and evaluation framework. All participants agreed upon a finalized integrated results framework. This was part of the GPRHCS' overall strategy to improve monitoring and evaluation by focusing on a smaller number of key indicators and tracking them more closely in each country.

Meeting of Stream 1 countries to review progress

Representatives from all of the Stream 1 countries came together in Madagascar in September 2009 to review their progress, share lessons learned and define priority areas for strengthening. This meeting was also an opportunity to discuss the new mode of technical assistance implemented by UNFPA as part of reorganization. UNFPA country offices in the Stream 1 countries were happy to learn of the efforts by the UNFPA Technical Division to integrate the Reproductive Health Thematic Trust Funds' processes in order to reduce country-level burden and increase programme efficiency.

Assessment of RHCS interventions

A planning meeting was held to discuss the upcoming assessment of RHCS initiatives to be carried out with support from HSLP, an international healthcare consultancy group that works with countries to improve the health sector through a systems approach. Findings from this assessment will guide the strategic planning process for RHCS support to countries. UNFPA's Humanitarian Response Branch will also participate in this work to ensure that RHCS is addressed in complex emergency settings.

Update on CCM, CHANNEL and Dashboard

The Country Commodity Manager (CCM) and CHANNEL are two logistic management information software developed to support national staff in the management of their commodity logistic systems. The most distinctive characteristic of these software is their ease-of-use and can be quickly learned and mastered by health workers without a great deal of computer experience. The newer software package, CHANNEL, was developed to help countries manage the flow of their health supplies throughout their entire public health distribution network. The data captured and reported by CCM has proved an invaluable advocacy tool for fund-raising for the purchase of reproductive health commodities.

The Dashboard is an Excel tool that generates information on a range of priority components of RHCS and is increasingly being used to monitor and track progress towards commodity security in programme countries. Using weighted questions for each of the priority components, UNFPA has developed an overall score for 'Reproductive Health Commodity Security Country Status' to measure a country's current overall progress. Priority components into which RHCS is divided under the Dashboard are: country office capacity; national coordination; situation analysis and action plan development; policy and government commitment; logistics and supply chains; and access, equity and demand.

Advocacy and communication

UNFPA initiated a global-level process to define Global Advocacy Strategy in the sphere of Reproductive Health Supplies. The strategy's development is being undertaken in collaboration with a range of partners in the Reproductive Health Supplies Coalition. An initial mapping exercise of the current situation (including an analysis of gaps) has been carried out, to serve as a foundation for the strategy. At the level of individual organizations, the strategy will be used to redefine or revisit existing advocacy approaches. UNFPA continues to lead the strategy initiative, which is now a workstream of the Resource Mobilization and Awareness Working Group of the Reproductive Health Supplies Coalition.

Assuring quality reproductive health commodities: Procurement prequalification

As the leading procurement agency for contraceptives, UNFPA in cooperation with WHO, UNICEF and UNAIDS has embarked upon a pre-qualification programme whereby manufacturers willing to supply the United Nations system with condoms and IUDs have to undergo a rigorous quality assessment to ensure

that the commodities supplied by these companies live up to the highest international standards at all times. The main objectives of this initiative are as follows:

- Assuring users of the quality and safety of RH commodities;
- Widening the RH commodity supplier base to include sources from all geographical regions including developing countries and sources indigenous to countries being assisted and to ultimately ensure sustainability of supply;
- Providing technical advice to participating manufacturers and improve their ability to produce RH commodities and contraceptives according to WHO/UNAIDS specifications;
- Implementing a system that will ultimately enable government agencies to undertake procurement of contraceptives and RH commodities in the future;
- Designing and implementing a system that meets policy requirements of important donors and partners and can be utilized by all donors and clients; and
- Increasing supply volumes and reducing lead times for RH commodity deliveries.

Since the pre-qualification programme started in 2001, a total of nine IUD factories (of which eight are approved) have been inspected and a total of 52 condom factories (of which 23 are approved) have been inspected. In 2009, UNFPA inspected 16 condom factories. Also in 2009, UNFPA, along with the WHO Department of Reproductive Health and Research, conducted four successful mini-workshops as well as on-site mentorship trainings on the Male Latex Condom Pre-qualification Scheme in Botswana, Indonesia, South Africa and Vietnam.

AccessRH project

The AccessRH project was developed from what was formerly the Minimum Volume Guarantee – MVG project. Its ultimate goal is to offer a platform for end users, especially governments, to have easy access to quality contraceptive supply. The research on AccessRH was launched in 2009. Key issues were identified during the course of the work, with the evolution of the mechanism from the original minimum volume guarantee concept to the current managed inventory model, and detailed steps were taken to secure funding for implementation and commodity procurement. Conclusions and recommendations of the Interim Project Team as well as a list of suggested follow-up activities are identified and will be pursued in the short- to medium-term.

Donor Support Report for Contraceptives and Condoms for STI/HIV Prevention

Since 1990, UNFPA has been considered to be the largest multilateral supplier of contraceptives and condoms, and the lead United Nations agency for RHCS. “Donor Support for Contraceptives and Condoms for STI/HIV Prevention” is a routine report produced by UNFPA’s Commodity Security Branch yearly since 1997. UNFPA has been monitoring the trends and gaps between estimated commodity needs and actual donor support. This annually published report highlights trends in support from bi-lateral and multi-lateral donors and is used mainly in planning contraceptive supply, advocacy and resource mobilization. In addition, the report provides information on donor support for essential reproductive health commodities for reproductive health programmes in developing countries. Data are presented and analyzed by region, donor and contraceptive method. The report presents male condoms provided by donors by country. There is also a section on the donor support for female condoms. □

Section Five

Commodity and Financial Report for 2009

In 2009, the GPRHCS was active in 73 countries up from 54 countries in 2008. For a complete list of countries see Table 8. A total of approximately $70 million was spent on the procurement of commodities, which included contraceptives, RH drugs, supplies and equipment, up from $34 million in 2008. Of the total amount spent on commodities, approximately $63 million was spent on contraceptives.

Table 8: List of countries in which the GPRHCS procured commodities in 2009

Africa Region			
Angola	Congo (Brazaville)	Kenya	Sao Tome Principe
Benin	Congo-DRC	Lesotho	Seychelles
Burkina Faso	Cote d' Ivoire	Liberia	Sierra Leone
Burundi	Djibouti	Madagascar	Sudan
Botswana	Eritrea	Mali	Rwanda Swaziland
Cameroon	Ethiopia	Mauritania	Tanzania
Cape Verde	Gabon	Mauritius	Togo
Central Africa Republic	Ghana	Mozambique	Uganda
Chad	Guinea	Niger	Zambia
Comoros	Guinea-Bissau	Nigeria	Zimbabwe
Asia and the Pacific			
Bangladesh	Papua New Guinea		
Cambodia	Sri Lanka		
Lao PDR	Suriname		
Mongolia	Timor Leste		
Myanmar	Vietnam		
Pacific Islands			
Eastern Europe and the Middle East			
Georgia	Pakistan		
Kyrgyzstan	Tajikistan		
Lebanon	Turkmenistan		
Palestine	Uzbekistan		
Latin America and the Caribbean			
Argentina	Haiti		
Barbados	Honduras		
Belize	Jamaica		
Bolivia	Nicaragua		
Dominican Republic	Peru		
Guyana	Trinidad & Tobago		

Fuelled by the demand from countries for commodities, procurement of every type of contraception (condoms, oral contraceptives, injectables, implants, and IUDs) increased from the previous year, with the exception of emergency contraception, which decreased by 25 percent.

The greatest increases were in oral contraceptives, implants and IUDs, where procurement more than tripled from 2008 to 2009 (see figures 8 and 9). This may have been a result of the improved distribution systems within countries. The increasing demand also may have been a result of the many demand generation activities embarked upon by countries with the support of the GPRHCS and other partners.

Figure 8: Number of condoms (male and female) procured in 2008 and 2009

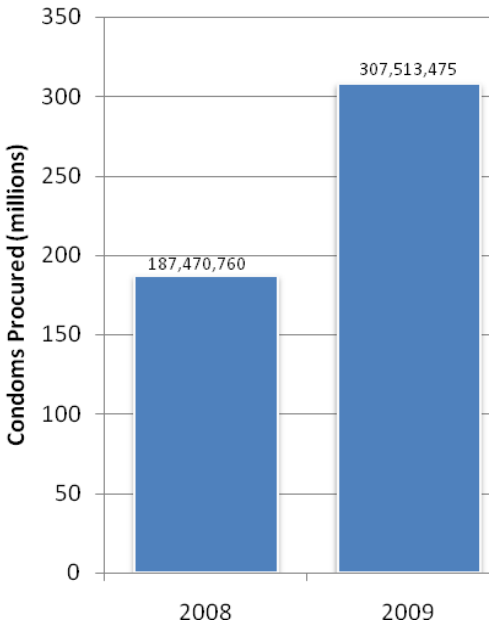
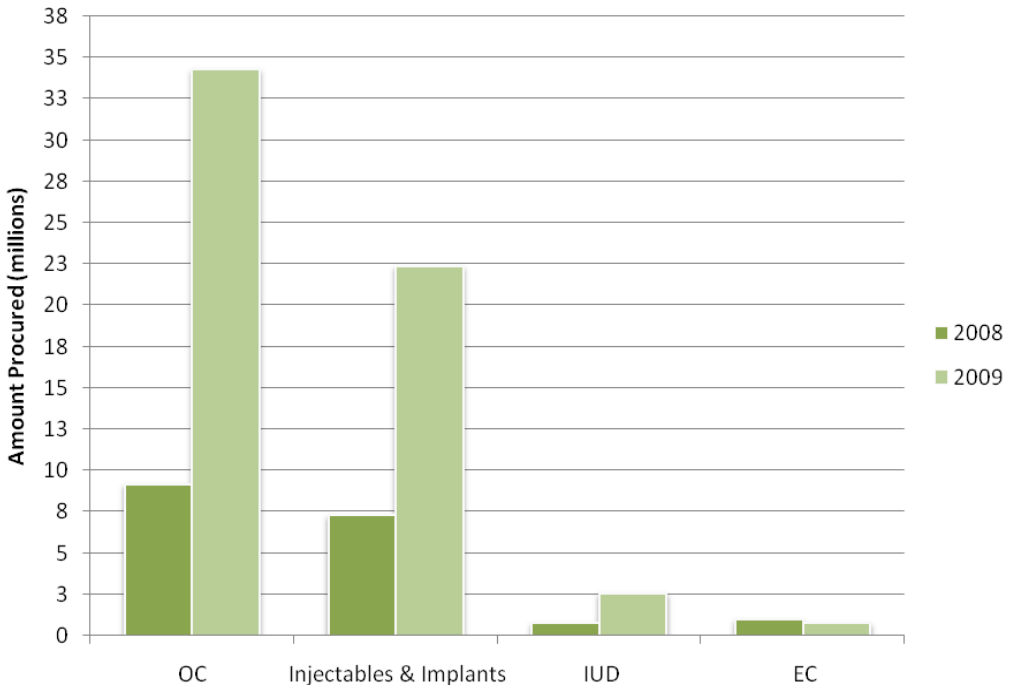
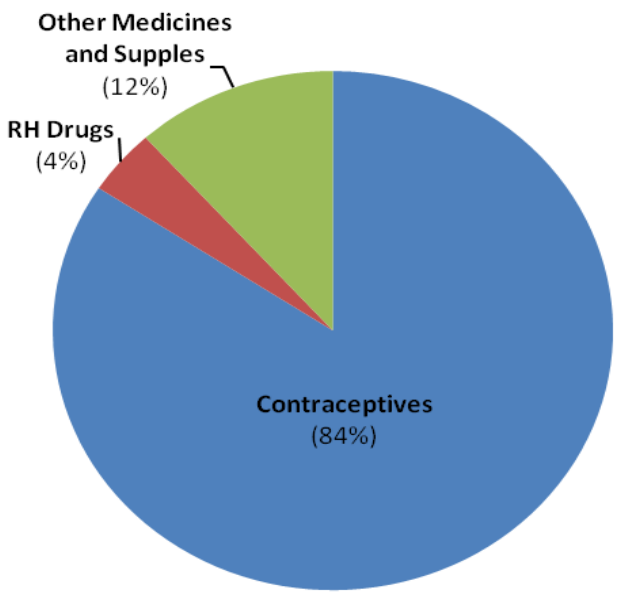


Figure 9: Number of procured oral contraceptives (OC), injectables and implants, intrauterine devices (IUD) and emergency contraception (EC) in 2008 and 2009



The GPRHCS is rapidly expanding the availability of maternal health drugs such as oxytocin and magnesium sulphate. These drugs are life-saving for women with complicated pregnancies. With the availability of these medicines, along with contraceptives and an increased focus on demand creation, we expect to see drops in maternal mortality and adolescent pregnancy in these countries over the next years. In 2009, the GPRHCS procured essential RH drugs in the amount of $3 million in 16 different countries.

Figure 10: Breakdown of commodities expenditure, 2009



Emergency response to natural disasters and conflicts

As part of the GPRHCS' integral work in providing commodities in emergency settings, including humanitarian crisis and natural disasters, UNFPA procured and delivered emergency RH kits to Benin, Chad, Guinea, Haiti, Pakistan, Rwanda, Sri Lanka, Sudan and Togo to meet the needs for vulnerable populations, displaced persons and refugees. The total expenditure for RH kits in 2009 was approximately $1.4 million.

GPRHCS revenue and expenditures

The total contributions received by the GPRHCS in 2009 ($72,291,411) and the carry over funds from 2008 ($55,421,618), the total funds available in 2009 were $127,713,029 (see table 9). Of these funds, $70,259,603 (81 percent) was used for the provision of commodities and $16,830,202 (19 percent) was used for capacity development. Thus approximately 81 percent was spent for the provision of commodities and 19 percent was spent for capacity development at country regional and global levels.

Table 9: Contributions to the GPRHCS (RHCS Thematic Fund) in 2009

DONOR	TOTAL (US $)
Carry over 2008 funds	55,421,617.94
Canada	1,996,805.00
Netherlands	45,831,976.00
UK (DFID)	16,474,464.58
Luxembourg	591,715.98
Spain	7,396,449.70
TOTAL	**127,713,029.20**

The total expenditure for 2009 was $87,089,805 and the expenditure rate was around 68 percent for the year (see table 10). It is important to note that funds from three donors were not received until August of 2009, and so those expenditures will be reflected in 2010.

Of the roughly $16.8 million expended on capacity development, the majority (74 percent) was spent at the country level with 15 percent expended at the regional level and 5 percent at the global level. The remaining 6 percent was expended on prequalification projects. Of the roughly $2.5 million spent on capacity development at the regional level, the largest proportion (34 percent) was allocated in the Africa Region, followed by Asia/Pacific (30 percent), Latin America (25 percent), Eastern Europe (7 percent) and then Arab States (4 percent) (see table 10).

The 2008 carryover amount of $55.4 million resulted from the receipt of contributions totaling $54.3 million from Luxembourg, the United Kingdom, Spain (Catalonia), Spain, Finland and the Netherlands in the last quarter of 2008. The remaining $1.1 million is the interest income and rolled-over purchase orders from 2008 (see table 11).

Since the financial closure is still in process, all financial figures in this report should be seen as *provisional* until actual expenditure is reflected in the certified financial report.

Table 10: GPRHCS expenditures, 2009

ACTIVITY		TOTAL (US $)	Percent
Commodities provision		70,259,604.00	80.7%
Capacity Development		16,830,201.00	19.3%
Breakdown of Capacity Development Expenditure			
Africa Regional Office	875,589.00	5.2%	
Arab States Regional Office	99,593.00	0.6%	
Asia/Pacific Regional Office	756,783.00	4.5%	
Eastern Europe Regional Office	180,316.00	1.1%	
Latin America and the Caribbean Region	640,754.00	3.8%	
Country Level	12,482,476.00	74.2%	
Global Level	775,388.00	4.6%	
Prequalification project	1,019,302.00	6.1%	
TOTAL		**87,089,805.00**	

Note: The abovementioned figures are preliminary

Table 11: Breakdown of contraceptives expenditure, 2008 and 2009

	Expenditure in US$ Millions			
Method	**2008**	**Percentage (%)**	**2009**	**Percentage (%)**
Male Condoms	4,377,236.06	17.1	8,242,375.68	13.1
Female Condoms	1,664,604.00	6.5	4,674,433.80	7.4
Oral Contraceptives	6,362,229.74	24.8	11,986,822.70	19.0
Implants	7,211,250.00	28.1	18,978,735.00	30.1
IUDs	237,999.50	0.9	789,609.33	1.3
Injectables	5,602,910.80	21.9	18,159,885.89	28.8
Emergency Contraceptives	177,548.00	0.7	193,244.25	0.3
Total	**25,635,786.10**		**63,027,115.65**	

NOTE: The abovementioned figures are preliminary

Trends in commodity provision and capacity development

Table 12 and figure 11 highlight the changes from 2008 to 2009 in commodity expenditure in the Stream 1 countries. The table shows that in 2009, about one-third of the total amount expended on commodities was in favour of Ethiopia folowed by Madagascar with 23.2 percent. Table 13 and figure 12 highlight the changes in capacity development expenditure in the Stream 1 countries. In all Stream 1 countries, expenditure on commodities has increased since 2008. In 10 of the 11 Stream 1 countries, expenditure for capacity development has also increased. See tables and figures for details.

Table 12: Commodities provision for Stream 1 countries, 2008 and 2009

	Expenditure in US$			
	2008	Percentage (%)	2009	Percentage (%)
Burkina Faso	955,604.00	15.3	1,846,902.00	7.1
Ethiopia	1,509,770.00	24.2	8,885,144.00	34.2
Haiti	44,601.00	0.7	648,623.00	2.5
Lao PDR	31,997.00	0.5	646,521.00	2.5
Madagascar	1,255,058.00	20.1	6,035,491.00	23.2
Mali			123,278.00	0.5
Mongolia	326,471.00	5.2	1,230,087.00	4.7
Mozambique	324,929.00	5.2	776,340.00	3.0
Nicaragua	912,928.00	14.6	3,271,311.00	12.6
Niger	794,456.00	12.7	1,645,897.00	6.3
Sierra Leone	88,975.00	1.4	851,753.00	3.3
Total	**6,244,790.00**		**25,961,345.00**	

Note: The abovementioned figures are preliminary

Figure 11: Trends in commodity provision, 2008 and 2009

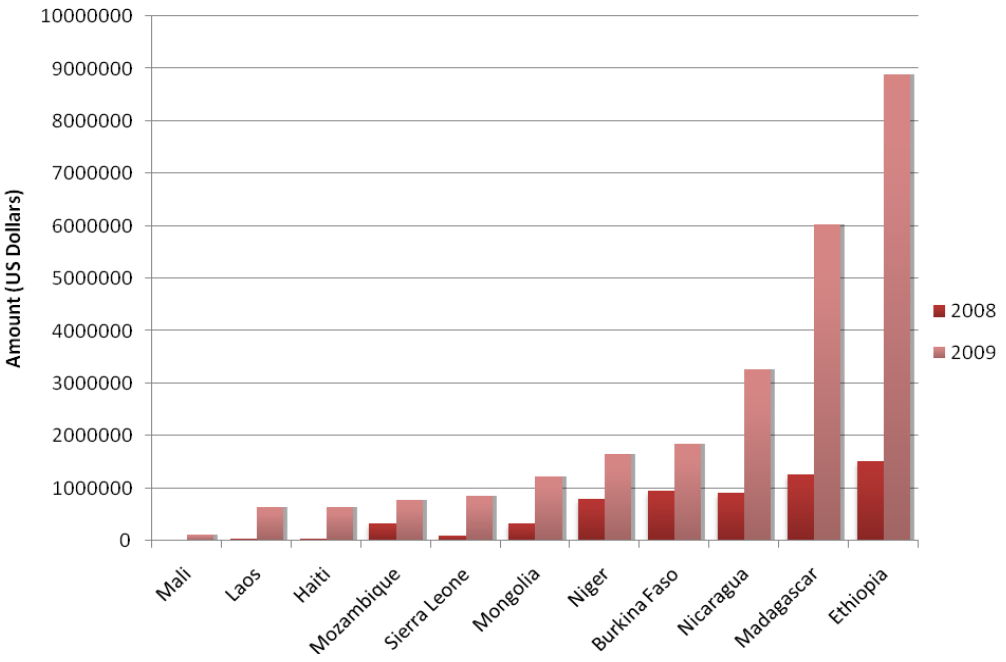
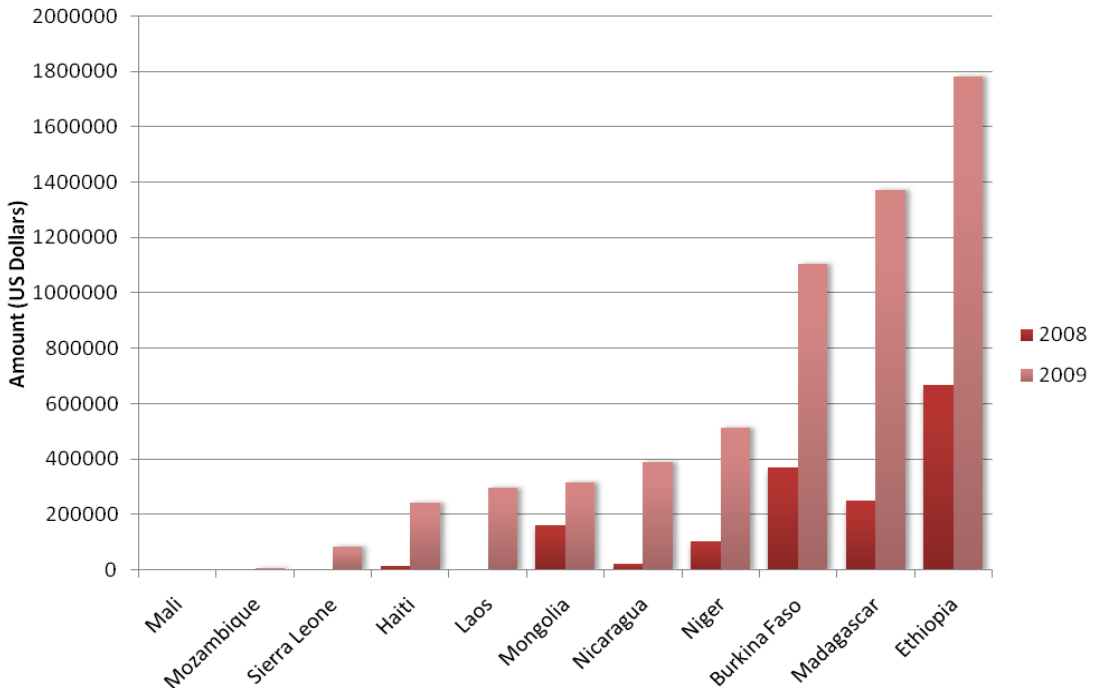


Table 13: Capacity development expenditure for Stream 1 countries, 2008 and 2009

	Expenditure, in US$			
	2008	Percentage (%)	2009	Percentage (%)
Burkina Faso	370,738.00	23.3	1,105,510.00	18.1
Ethiopia	669,039.00	42.0	1,779,837.00	29.2
Haiti	14,142.00	0.9	242,272.00	4.0
Lao PDR			297,022.00	4.9
Madagascar	251,472.00	15.8	1,372,961.00	22.5
Mali				
Mongolia	162,181.00	10.2	314,551.00	5.2
Mozambique			5,761.00	0.1
Nicaragua	20,164.00	1.3	389,769.00	6.4
Niger	103,353.00	6.5	514,734.00	8.4
Sierra Leone			82,456.00	1.4
Total	1,591,088.00		6,104,873.00	

Note: The abovementioned figures are preliminary

Figure 12: Trends in capacity development expenditure, 2008 and 2009


2000000
1800000
1600000
1400000
1200000
1000000
800000
600000
400000
200000
0
Amount (US Dollars)
Mali
Mozambique
Sierra Leone
Haiti
Laos
Mongolia
Nicaragua
Niger
Burkina Faso
Madagascar
Ethiopia
2008
2009

Tracking funds to results

Despite increased efforts to link funding streams to the outputs of the Global Programme to Enhance RHCS, this task proved quite challenging in 2009 because some countries experienced difficulties in using the reporting format, which had been revised in a comprehensive manner. This issue has now been resolved and it is expected that reporting in 2010 will more effectively link results achieved to funding streams. □

Section Six

Challenges and Constraints

Substantial challenges continue to exist within many countries despite the significant progress clearly demonstrated by many countries supported by the GPRHCS and partners. Several countries noted the fact that their reproductive health logistic systems remain weak and fragmented, with the system for family planning commodities still existing as vertical initiatives. Many national governments are now in the process of establishing comprehensive integrated commodity logistic systems. This is, however, usually a protracted activity that is not only resource intensive but requires sufficient capacity within government to ensure effective coordination of all relevant stakeholders and actors both within and outside government. This was particularly the case in countries such as Ethiopia and Mozambique, where even with determined effort by government and partners, these integrated systems are still in their early stages of establishment despite two to three years of efforts in this area.

Distribution of reproductive health commodities at the district and sub-district levels continues to pose a serious challenge for many countries, even those with relatively well-organized central- and regional-level distribution. Donor and partner efforts tend to concentrate on upper-level distribution. The challenges of difficult terrains and other poor physical infrastructure which often compound lower-level distribution usually appear to receive limited attention from stakeholders. UNFPA will work closely with communities and relevant partners/NGOs in meeting the urgent needs for more effective distribution of commodities at this level.

Closely linked to the issue of poorly functioning systems is the unavailability of a sufficient number of skilled human resources for the management of supplies and delivery of services. The lack of policies and strategies/plans for addressing the shortage of qualified professional staff are major constraints in target countries such Haiti, Mongolia and Mozambique. These factors are compounded by high turnover in government staff and the need for close technical and managerial backstopping at decentralized levels. Ministry of Health technical staff shortages pose difficulties in terms of RHCS coordination, institutionalization and consultation processes, including decision-making related to programme activities.

Effective coordination of RHCS activities by government and partners is essential for greater harmonization of aid and for ensuring synergies with other RH-related initiative. Although many countries have recently established their RHCS coordinating bodies or ensured that the required functions have been more effectively integrated into existing bodies, sustaining the activities of these bodies has proven to be a major challenge for many countries, particularly within resource-constrained settings. UNFPA and other partners are working with national governments in identifying sustainable mechanisms for providing the required support for these important bodies.

The availability of quality technical support for programmes continues to be a challenge for many of the countries though there is marked regional variation in this area. Skills for assuring the availability of supplies are scarce in many countries, particularly within sub-Saharan Africa and, in spite of the active efforts being made to partner with relevant institutions in this regard, effective transfer of skills is naturally slow and resource intensive.

National procurement capacity remains weak within many countries. Reproductive health commodities, particularly family planning commodities, are still largely donor financed and donor procured. Support was provided to Madagascar and Mongolia in building their national procurement capacity but a great deal remains to be done. Delays and weaknesses in the national procurement processes were cited by several countries as reasons for stock-outs. Efforts will be intensified in 2010 to work with governments in identifying their priority procurement capacity needs and to provide the required support to ensure greater national capacity for managing the procurement of required commodities.

The lack of availability of physical infrastructure (e.g. warehouses), or their poor maintenance, were also identified by many countries. This is particularly the case in many countries in sub-Saharan Africa. UNFPA is working very closely with partners in supporting government to address this important and basic issue. A partnership worthy of mention and emulation is the ongoing collaboration between the Government, UNFPA and the European Union in Sierra Leone, in which the EC has provided the resources and technical expertise for the construction of both central and regional warehouses for commodities and UNFPA is equipping the storage facilities.

Demand creation and the urgent need to address the high unmet need for family continue to be a challenge for many countries. Several GPRHCS-supported countries had, as discussed in previous sections, embarked on initiatives to address the prevailing high unmet need for family planning. However, a great deal remains to be done particularly in reaching the poor and most vulnerable segments of the population. GPRHCS-supported countries have identified addressing the unmet need for family planning as a priority activity for 2010 and plans are underway to use existing information to develop more innovative strategies for the implementation of programmes and for more effective advocacy.

The insufficient financial resources for both procurement of commodities and capacity development continues to be a big challenge for many countries. Remarkable progress had been witnessed with the establishment of dedicated budget lines within many countries for the purchase of reproductive health commodities. However, the actual maintenance and allocation/release of funds within these budget lines is being threatened by the present global financial crisis. In many countries the situation is compounded by political crisis, armed conflicts or natural disasters. Notable examples include Haiti and Madagascar, which are both Stream 1 countries whose activities have been significantly affected in 2009 by natural disaster or political crisis, respectively.

Effective monitoring and evaluation is critical for tracking the results of interventions and for deriving lessons learned to be used in guiding programme implementation. Although significant achievement was recorded in 2009 with the extensive review of the existing GPRHCS monitoring and evaluation framework, which countries used more effectively in reporting their activities, more work is necessary in establishing a database for the indicators, collating the data necessary for populating the framework and analyzing and using the information for more effective planning and implementation. To ensure that this will be achieved in 2010 a full-time expert will be contracted to support this important area of work. □

Section Seven

Moving Forward

In the next year, the GPRHCS will continue to work with governments and partners to improve RHCS in countries receiving support. For Stream 1 countries, the focus will be on continuing to develop sustainable approaches to RHCS, as part of overall health sector reform. Ideally, government commitment to RHCS will continue to rise so the reliance on external funding can lessen.

Many Stream 2 countries will also move towards sustainability through national planning, programming and advocacy for RHCS. In these countries, the GPRHCS will look to assist in building a stronger foundation for more permanent and lasting solutions to RHCS. Stream 3 funding will continue to be necessary due to the unexpected and devastating nature of so many humanitarian situations and natural disasters, and the weak infrastructure in many countries. However, some Stream 3 countries are building up their capacity to achieve RHCS and may be selected for Stream 2 in the coming years.

All countries supported by the GPRHCS have started implementing their Annual Work Plans for 2010. In countries also supported by the Maternal Health Thematic Fund, these work plans are integrated to cover SRH more comprehensively and to avoid duplicate efforts. Over the coming years, the GPRHCS plans to continue in line with UNFPA's Strategic Plan to ensure access to and use of quality reproductive health commodities, supplies and medicines, as part of the overall effort to reduce the number of maternal and newborn deaths, halt the spread of HIV/AIDS and improve the overall sexual and reproductive health and rights of men and women all over the world. □

Annex

Performance Monitoring Framework

Global Programme to Enhance RHCS 2008-2013

Indicators	Baseline (data/end 2008 or otherwise indicated)	2009 progress data (output level only)	Milestone(s) (data/end 2010)	Target (data/end 2013)	Source of data
Goal [1]: Universal access to Reproductive Health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life					
Adolescent birth rate	52.6 per 1000 girls aged 15-19[2] (2005)		Not applicable	MDG Target 5.B: Achieve by 2015, universal access to reproductive health	DHS, World Population Prospects: the 2006 Revision, UN Pop Division, Programme Division Database
Maternal Mortality Ratio	400 per 100,000 live births[2] (2005)		Not applicable	MDG Target 5.A: Reduce by three quarters, between 1990 and 2015	DHS, WHO, MICS, World Mortality 2007, UN Pop Division
Youth HIV prevalence rate	0.6% female; 0.4% male[2] (2007)		Not applicable	MDG Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	DHS, UNAIDS/ 2008 Report on the Global AIDS Epidemic

1 Goal and Goal indicators, and Outcome indicators 1, 2 and 3 are from UNFPA Development Results Framework (DRF) 2008-2013

2 UNFPA Strategic Plan and DRF 2008-13

Outcome[3]: Increased availability, access and utilisation of RHCs[4] for voluntary family planning, HIV/STI prevention and maternal health services in the GPRHCS focus countries					
Outcome indicators	Baseline	2009 progress data	Milestone	Target	Source of data
1. Average Unmet need for FP (45 countries)	23.8%[5]		20%	15%	DHS, UN Pop Division and UNFPA Programme Division & PRB Databases
2. Average Contraceptive prevalence rate of modern methods (45 countries)	15.6%[5]		18%	22.5%	DHS, UNFPA Programme Division & PRB databases
3. No. of stream 1 countries with Service Delivery Points (SDPs) offering at least three modern methods of contraceptives	3/9	5/11	8/11	13/15	Country surveys and national information systems, COAR
4. No. of stream 1 countries where 5 life-saving maternal /RH medicines from UNFPA list[6] is available in all facilities providing delivery services	3/9	5/11	7/11	13/15	RHCS Survey, EmOC survey, other special surveys, COAR
5. No. of Stream 1 Countries with Service Delivery Points with 'no stock outs' of contraceptives within last 6 months[7]	3/9	6/11	7/11	13/15	Country reports, RHCS Survey, other special surveys, COAR
6. Funding available globally for contraceptives/condoms[8]	$214m	$237m	$250m	$303 m[9]	RH Interchange; donor support database

3 In line with UNFPA strategic plan, UNFPA is not responsible for, but contributes to the achievements of outcomes

4 Modern contraceptive methods, essential lifesavings maternal/RH medicines and related equipments

5 Based on data for 45 GPRHCS countries drawn from PRB data sheet, weighted average

6 UNFPA list for life-saving maternal/RH medicines list contains 10 UNFPA medicines

7 Number of FP service delivery points in GPRHCS stream 1 countries that experienced 'no stock out' of one or more of the modern methods of contraceptives expected to be provided by that point at any time during the last 6 months. To meet this indicator at least 60% of the service delivery points at each level should have "no stock outs" in last 6 months. The analysis will include the geographically disaggregated data from central, provincial, and up to the district level SDPs (or country specific distribution of equivalent levels.)

8 For donor-dependent countries

9 RH Supplies Coalition (RHSC) projected figure for 2012

Output 1: Country RHCS strategic plans developed, coordinated and implemented by government with their partners					
1. Number of countries where RHCS strategy is integrated with national RH/SRH, HIV/AIDS, Gender, & Reproductive Rights strategies (45 countries)	12	18	24	34[10]	
2. Number of countries with strategy implemented (National strategy/action plan for RHCS implemented) (45 countries)	5	6	18	34	COAR, programme progress reports, Programme Division Database
3. Number of countries with functional co-ordination mechanism on RHCS or RHCS is included in broader coordination mechanism (45 countries)	20	32	32	34	
4. Number of countries with essential RH commodities in EML (Contraceptives and life saving maternal/RH medicines in EML) (45 countries)	25	36	40	45	
Output 2: Political and financial commitment for RHCS enhanced	**Baseline**	**2009 Progress Data**	**Milestone**	**Target**	**Source of data**
1. Funding mobilised for GPRHCS on a reliable basis (e.g. multi-year pledges)	$26.6m (2007)	$127m	$150m annually	$150m annually	UNFPA Resource Mobilisation Branch data
2. UNFPA signed MOUs with Stream 1 country governments	0	4	9	15	GPRHCS Annual Report and signed MOUs
3. RHCS mainstreamed in regional policies and strategies through UNFPA work with global, bilateral and regional organizations/partners (Regional Economic Communities)	RHCS in 2 regional strategies and others (e.g. Asian Forum for Parliamentarians for Population Development(AFPPD) , other similar Regional Forums)	2	4	6	GPRHCS Annual Report, REC policy and strategy RECs/Fora reports, websites, plans

[10] 34 of 45countries represent approximately 75 percent of target countries.

4. Number of countries with RHCS priorities included in (45 countries) a) PRS b) Health sector policy and plan	 13 25	 13 30	 16 32	 22[11] 45	 COAR, country documents, Programme Division Data
5. Number of countries maintaining allocation within SRH/RHCs budget line for contraceptives (45 countries)	18	23	28	34	COAR, country documents, MTEFs, Programme Division
Output 3: Capacity and systems strengthened for RHCS	**Baseline**	**2009 Progress Data**	**Milestone**	**Target**	**Source of data**
1. Number of countries using AccessRH[12] for procurement of RHCs resulting 20% reduction in lead time (45 countries)	0/2009		5	22	UNFPA PSB data, RHInterchange
2. Number of pre-qualified suppliers of IUDs and condoms for use by UNFPA and partners	22 condom suppliers, 8 IUD factories[13]	22	26	26 condoms 8 IUD factories Existing suppliers prequalified	UNFPA/WHO data
3. Number of Stream 1 Countries making 'no ad hoc requests' to UNFPA for commodities (non-humanitarian)	3 of 5	5/11	8 of 11	13 of 15	Annual Country Report, National LMIS Reports
4. Number of Stream 1 Countries forecasting for RHCs using national technical expertise	2 of 5	7 of 11	8 of 11	12 of 15	Annual Country Report, National LMIS Reports
5. No of Stream 1 Countries managing procurement process with national technical expertise	2 of 5	6 of 11	7 of 11	10 of 15	Annual Country Report, National LMIS Reports
6. No of Stream 1 Countries with functioning Logistics Management Information System (LMIS)	3 of 5	7 of 11	9 of 11	12 of 15	Annual Country Report, National LMIS Reports
7. No of Stream 1 Countries with co-ordinated approach towards integrated health supplies management system	0 of 5	10 of 11	11 of 11	13 of 15	Annual Country Report, National LMIS Reports
8.No of stream 1 countries adopting/adapting a Health Supply	3 of 5	8 of 11	9 of 11	12 of 15	Annual Country

[11] 22 of 45 countries represent approximately 50%

[12] AccessRH initiative will offer: a. affordable, high quality RHCs to meet public sector needs, b. improve delivery times to clients needs, c. contraceptive order and shipment information available to countries. By decreasing the lead time and ensuring quality with competitive lower prices will have 'value for money' to the clients.

[13] Eight (8) is the total number of IUD factories globally.

Chain Management information tool (e.g. CHANNEL, PIPELINE) into national system					Report, National LMIS Reports, Programme Division Data
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)		**2009 Progress Data**	**Milestone**	**Target**	**Source of data**
1. Expenditure of UNFPA /CSB core resources for RHCS increased)	$ 1.94m	$2.12	$2.20m	$2.5	UNFPA Financial Reports, ATLAS Analysis, COAR, Planning Reports
2. GPRHCS planning takes into account lessons learned in RHCS mainstreaming (45 countries)	11	22	25	45	COAR, Planning Reports
3. Number of countries with RHCS priorities included in (45 countries):					
a. CCA[14]	0	3	10	22	Programme Division Database, COAR, CSB annual reporting
b. UNDAF[15]	20	29	35	45	
c. CPD	40	42	45	45	
d. CPAP	40	43	45	45	
4. Number of UNFPA Country Offices with increasing funds allocated to RHCS (45 countries)	5	Not Available	7	12	Programme Division Database
5. Number of countries with all the relevant joint UN programmes for SRH and MNH that include RHCS (45 countries)	3	Not Available	6	10	Programme Division Database
6. No. of national/regional institutions providing quality technical assistance on RHCS in the areas of Training and Workshops, Advocacy, Monitoring & Progress Reviews, and Programme Development with countries (1 in each of 5 regions)	2	Not Available	3	5	GPRHCS reports, Regional Office Reports
Programme Management[15]	**Baseline**	**2009 Progress data**	**Milestone**	**Target**	**Source of data**
1. No. of countries achieving at least 60% of workplan outputs (45 countries)	Not Available	27 (2009)	35	45	GPRHCS reports, Country monitoring reports
2. No. of country offices with completed and budgeted Annual Workplan by end of December each year (45 countries)	Not Available	25 (2009)	40	45	GPRHCS reports, Country monitoring reports

[14] Note that CCA and UNDAF are renewed every five years. Some of the target countries may not be doing their next CCA and UNDAF in this phase (particularly CCA). However, the targets would be 100% of those countries doing CCAs and UNDAFs during this phase.

[15] This section monitors the completeness and timeliness of management oversight activities

3.	No. of country offices submitting mid-year progress report to respective regional offices by 15 June each year (45 countries)	Not Available	25 (2009)	40	45	
4.	No. of country offices submitting completed annual narrative programme report to respective Regional Offices by 15 December (45 countries)	Not Available	25 (2009)	40	45	GPRHCS reports, Country monitoring reports
5.	No. of country offices submitting completed financial report to respective Regional Offices by 15 December (45 countries)	Not Available	25 (2009)	40	45	GPRHCS reports, Country monitoring reports
6.	No. of Regional Offices submitting reviewed AWPs to Technical Division/HQ by mid January (5 Regional Offices)	Not Available	3/5 (2009)	5/5	5	GPRHCS reports, Country monitoring reports
7.	No. of Regional Offices submitting mid-year report by mid July and annual report of mid January to Technical Division/HQ (5 Regional Offices)	Not Available	1/5 (2009)	3/5	5	RO reports
8.	Country work plans reviewed and allocation made By HQ by 1st week of March[16]	Not Available	0/1 (2009)	1/1	1	CSB/HQ report
9.	Semi annual and annual progress review/planning meeting organized for all GPRHCS Stream 1 counties by CSB/TD	Not Available	2/2 (2009)	2/2	2/2	CSB/HQ report
10.	Consolidated annual GPRHCS report (programmatic and financial) prepared by end of March of following year by HQ	Not Available	1/1 (2009)	1/1	1/1	CSB/HQ report

[16] At least 80% of all Annual Work Plans will be reviewed and funds will be allocated to meet this indicator

Burkina Faso

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 – BURKINA FASO				
Indicator	**Baseline (data/2008)**	**Milestone (data/2009)**	**Target (data/2012)**	**Source of data**
Adolescent birth rate	104/1000	104/1000	NA	RGPH 2006
MMR	307.3	307.3	NA	RGPH 2006
Youth HIV prevalence rate	Global: 1.3% Urban: 2% Rural: .3%	NA	NA	SP/CNLS-IST
Unmet need for FP	31.3%	28.8%	NA	MOH
CPR/modern methods	9.7% (2003)	NA	26.4%	EDS 2003
Percentage of SDPs offer at least three methods of modern contraception	NA	80.4%	100%	DRS
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	No	No	Yes	DRS
Percentage of SDPs with no stock outs of contraceptives in last 6 months	NA	29.2%	100%	DRS
Output 1: Country RHCS strategic plans developed, coordinated and implemented by government with their partners				
1.Strategy/action plan developed reflecting comprehensive approach	No	Yes	Yes	Nat'l Strategic Plan for RHCS
2.Strategic Action Plan implemented	No	Y	Y	MOH Reports
3. Functional coordination mechanism in place	Y	Y	Y	MOH Reports
4.Essential RH commodities in Essential Drug list	N	Y	Y	Nat' List of Essential Medicines
Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in (a) PRS; and (b) health sector programme	Y	Y	Y	PNDS, Nat'l Strategic Plan for RHCS
2.Government budget allocation for RHCs	Yes	Yes	Y	Natl MOH budget
3.Govt actual expenditure from budget	US $854,762	1,450,000	2,500,000	Natl MOH budget
Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise	Y	Y	Y	RHCS Survey
1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	N	N	Y	RHCS Survey
2. Health supply chain management information tools adapted/adopted into national system	N	Y	Y	RHCS Survey
3. National technical expertise available for managing procurement processes	Y	Y	Y	RHCS Survey

4. National LMIS functioning	Y	Y	Y	Nat'l LMIS report
5.Co-ordinated approach towards integrated health supply chain management system exists	Y	Y	Y	Country Reports
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP; (e) Joint UN Programmes for SRH	Y	Y	Y	a) CCA; (b) UNDAF; (c) CPD; (d) CPAP; (e) Joint UN Programmes for SRH

Haiti

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 - HAITI				
Indicator	**Baseline (data/year)**	**Milestone (data/year)**	**Target (data/2012)**	**Source of data**
Female adolescent birth rate (15-19)	69/1000 (2005-2010)			DHS
MMR	630/100,000 (20050			DHS
Youth HIV prevalence rate	% female/2007 .4% male/2007			DHS, UNAIDS/2008 Report on the Global Aids Epidemic
Unmet need for FP				
CPR/modern methods				
Percentage of SDPs offer at least three methods of modern contraception				
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services				
Percentage of SDPs with no stock outs of contraceptives in last 6 months				
Output 1: Country RHCS strategic plans developed, coordinated and implemented by government with their partners				
1.Strategy/action plan developed reflecting comprehensive approach	No/2008 No/2009			Annual Progress Report
2.Strategic Action Plan implemented	No/2008 No/2009			Annual Progress Report
3. Functional coordination mechanism in place	No/2008 No/2009			
4.Essential RH commodities in Essential Drug list	No/2008 Essential RH List reviewed by MOH. List not yet validated/2009			Nat'l List of Medicines
Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in (a) PRS; and (b) health sector programme	Yes/2008			COAR, national policy documents, PRS and health sector programme
2.Government budget allocation for RHCs	No/2008 No/2009			Nat'l MOH Budget
3.Govt actual expenditure from budget	NA		NA	COAR, PER

Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise 1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	1a) yes/2008 1b) no/2007	1a) yes/2009 1b) yes/2009		RHCS Survey, DHS
2. Health supply chain management information tools adapted/adopted into national system	No/2008	CHANNEL implementation in 2 provinces (pilot)		RHCS Survey
3. National technical expertise available for managing procurement processes	No (2008) No (2009)			RHCS Survey
4. National LMIS functioning	No (2008) No (2009)			Nat'l LMIS report
5.Co-ordinated approach towards integrated health supply chain management system exists	No (2008) Yes (2009)			Country Reports
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP; (e) Joint UN Programmes for SRH	a) yes b) yes, c) yes, d) RHCS included in 100% SRH/HIV 2009 joint project			CPD, CPAP, CCA, UNDAF, Joint UN Programmes for SRH

Ethiopia

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 - ETHIOPIA				
Indicator	**Baseline (data/year)**	**Milestone (data/year)**	**Target (data/2012)**	**Source of data**
Female adolescent birth rate (15-19)	109 (2000)		NA	EHHS and NRH Strategy
MMR	673 (2005)		273 (2015) MDG Target	PASDEP, EDHS and NRH Strategy
Youth HIV prevalence rate	2.2 % (2005)		1.2% (2010)	ANC and EDHS
Unmet need for FP	34% (2005)		Less than 10% (2011)	Revised NRH Strategy
CPR/modern methods	14% (2005)	30% (2009)	60% (2015)	L10K survey report, EDHS, NRH Strategy
Percentage of SDPs offer at least three methods of modern contraception	60% (2006)	90% (2008)	100% (2010)	LIAT Survey and Revised NRH Strategy
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	Oxytocin (81% of hospitals). MaSO4: 29% of hospitals and 9% of health centers. Anti-hypertensives (75% of hospitals), IV antibiotics: 90% of Hospitals (2009)		NA	EmONC survey 2008
Percentage of SDPs with no stock outs of contraceptives in last 6 months	60% (2006)	90% (2009)	100% (2012)	Commodity tracking and Emonc survey and the revised NRH Strategy
Output 1: Country RHCS strategic plans developed, coordinated and implemented by government with their partners				
1. Strategy/action plan developed reflecting comprehensive approach	Yes/2005		Yes/2015	NRH Strategy and RHCS Strategic Plan
2. Strategic Action Plan implemented	Yes/2005		Yes/2015	RHCS Strategic Plan
3. Functional coordination mechanism in place	Yes/2006		Yes/2011	
4. Essential RH commodities in Essential Drug list	Yes/2007		Yes/2011	MOH Essential Drug List

Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in a) PRS and b) health sector programme	No/2005 Yes/2005/10 in HSDP IV & Revised NRH Strategy	No/2009 Yes/2010	Yes in both doc's 2015	HDSP III
2.Government budget allocation for RHCs	$250,000 (2007)	$1.5 M/2008 $3.1 M/2009	NA	Health and health related indicators, MOH
3.Govt actual expenditure from budget	NA		NA	
Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise 1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	Yes/2007 Yes/2007	Yes 2010	Yes/2011 Yes/2011	Nat'l Contraceptive Forecast 2007-2011
2. Health supply chain management information tools adapted/adopted into national system	Yes/2008		Yes/2011	Master Plan of Health Commodities
3. National technical expertise available for managing procurement processes	Yes/2008		Yes/2011	Master Plan of Health Commodities
4. National LMIS functioning	Yes/2006		Yes/2011	Master Plan of Health Commodities
5.Co-ordinated approach towards integrated health supply chain management system exists	Yes/2008		Yes/2011	Master Plan of Health Commodities
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP	No/Yes/yes/yes/yes		Yes/yes/yes/yes	CPD, CPAP Doc (2007-11)

Lao People's Democratic Republic

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 – Lao PDR				
Indicator	**Baseline (data/year)**	**Milestone (data/year)**	**Target (data/2012)**	**Source of data**
Female adolescent birth rate (15-19)	102 per 1000 (2000)	76 per 1000 (2005)	NA (No national target has been identified)	LRHS 2000 & 2005,
MMR	656 (1995)	405 (2005)	260 (2015 MDG target)	Census
Youth HIV prevalence rate	NA 0.05% (2006) age group 15-49	NA 15-49 Age group: Male: 0.2%; F: 0.1% (2009)	Youth : NA 15-49: 0.2%	UNAIDS - UNGASS – 2006/ 2010
Unmet need for FP	27.3% (2005)	27.3% (2005)	NA (CPR target is set in MNCH strategy, rather than unmet need).	LRHS 2005
CPR/modern methods	29% (2000)	35% (2005)	45% (2010); 55% (2015 MNCH strategy)	LRHS 2000 & 2005
Percentage of SDPs offer at least three methods of modern contraception	96% (2006)	96% (2008)	100% (2012)	Based on HIS & LMIS
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	National (overall) Level: 15% Prov Hospital: 44% Dist Hospital: 61% Health Center: 0% (2009)	NA (the stock availability survey planned to conduct by end 2010)	National (overall) Level: 80% Prov Hospital: 100% Dist Hospital: 90% Health Center: 30% (2012)	Stock availability survey 2009
Percentage of SDPs with no stock outs of contraceptives in last 6 months	National (overall) Level: 20% Prov Hospital: 50% Dist Hospital: 19% Health Center: 15% (2009)	NA (the stock availability survey planned to be conducted by end 2010)	National (overall) Level: 80% Prov Hospital: 100% Dist Hospital: 80% Health Center: 60% (2012)	Stock availability survey 2009
Output 1: Country RHCS strategic plans developed, coordinated and implemented by government with their partners				
1.Strategy/action plan developed reflecting comprehensive approach*	No/2004	No/2008	Yes/2010	

2.Strategic Action Plan implemented	No/2005	No/2008	Yes /2010	
3. Functional coordination mechanism in place	Yes/2007	Yes/2007		
4.Essential RH commodities in Essential Drug list	No/2000	Yes/2007	Yes/2012	MOH Essential Drug list
Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in (a) PRS; and (b) health sector programme	a) Yes/2007 b) No/2005	a)Yes/2006 b)Yes/2009		NGPES 2004/ National Social Economic Development plan 2006-2010/ 7th. NSEDP 2011-2015. Health sector plan 2006-2010; and HSP 2011-2015
2.Government budget allocation for RHCs	$0/2005	$5,000/2006 $18,500/2008	>20,000 USD	
3.Govt actual expenditure from budget	0	16,300 (2009)	>20,000 USD	MOH and PSB – UNFPA CO
Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise 1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	1a) No/2005 1b) No/2005	No/2009 No/2009	1a) Yes/2012 2b) Yes/2012	
2. Health supply chain management information tools adapted/adopted into national system	No/2005	No/2006	Yes/2010	
3. National technical expertise available for managing procurement processes	1,2,3=no (2005)	1,2,3=no (2009)	Yes FDD/2012	
4. National LMIS functioning	no/2005	Yes/2009 for only contraceptives	Yes/2012	
5.Co-ordinated approach towards integrated health supply chain management system exists	a) No, b) yes for contraceptives only, c) Yes (2005)	a) No, b) Yes, for contraceptives only, c) Yes (2009)	Yes/2012	
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP; (e) Joint UN Programmes for SRH	a) No, b) no, c) yes, d) yes, e) no (2006)	a) No, b) no, c) yes, d) yes, e) yes* (2009)	a)Yes, b) yes, c) yes, d) yes, e) yes (2012)	CPD, CPAP, UNDAF

Madagascar

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 - MADAGASCAR				
Indicator	**Baseline (data/2008)**	**Milestone (data/2009)**	**Target (data/2012)**	**Source of data**
Female adolescent birth rate (15-19)	152 (2004)	148		DHS III, DHS IV (2009)
MMR	469/100k (2004)	498	273	DHS III, DHS IV (2009)
Youth HIV prevalence rate	.28% (2004)	NA		MOH
Unmet need for FP	24% (2004)	19%		DHS III (2004)
CPR/modern methods	18% (2004)	29.2%	36%	DHS III, DHS IV (2009)
Percentage of SDPs offer at least three methods of modern contraception	NA	30.8%	100%	RHCS Survey 2009
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	NA	80.3%	100%	RHCS Survey 2009
Percentage of SDPs with no stock outs of contraceptives in last 6 months	63.3% (2008)	Ovrette: 88,1% Lofemenal : 94,0% Depo provera : 84,4% Implanon : 96,2% Overall : 74,7% (2009)	96%	RHCS Survey 2008 & 2009
Output 1:				
1.Strategy/action plan developed reflecting comprehensive approach	Yes	Yes		Annual Progress Report
2.Strategic Action Plan implemented	No	Yes		Annual Progress Report
3. Functional coordination mechanism in place	Yes/2005	Yes		TOR of the Cmtee
4.Essential RH commodities in Essential Drug list	No/2007	Yes for contraceptives but not all maternal commodities		Essential Nat'l Drug List
Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in (a) PRS; and (b) health sector programme	Yes	Yes		MOH
2.Government budget allocation for RHCs	Yes	Yes		Nat'l MOH Budget
3.Govt actual expenditure from budget	Contraceptives :	Contraceptives :		MOH

	$1 649 555, 56 /2008 (100%) Maternal health drugs: $24 890/2008 (99,56%)	$1 124 922,22/2009 (100%) Maternal Health drugs : $195701,39 /2009 (100%)		
Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise 1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	No/2007 No/2007	Yes No		RHCS Survey 2009
2. Health supply chain management information tools adapted/adopted into national system	Yes	No		MOH
3. National technical expertise available for managing procurement processes	No	Yes with PSB training		Training Report
4. National LMIS functioning	No	No		RHCS Survey 2009
5.Co-ordinated approach towards integrated health supply chain management system exists	No	Yes		PAIS Strategic Plan
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP; (e) Joint UN Programmes for SRH	Yes	Yes		MOH

Mali

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 - MALI				
Indicator	**Baseline (data/year)**	**Milestone (data/year)**	**Target (data/2012)**	**Source of data**
Female adolescent birth rate (15-19)	188			DHS, World Population Prospects, UN Pop Division
MMR	464/100,000 (2006)			DHS, WHO, MICS, UN Pop Division
Youth HIV prevalence rate	.6 %female .7% male			DHS, UNAIDS
Unmet need for FP	31%			
CPR/modern methods	7% (National CPR)	1% by year	15%	Country projection (PRODESS II)
Percentage of SDPs offer at least three methods of modern contraception	43% CSCOM 16% DISP/MAT 100% CSRef provide all FP methods			LIMS survey
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	Not Available			Country surveys, COAR
Percentage of SDPs with no stock outs of contraceptives in last 6 months	Not Available for the time, but USAID conducted a study and we are waiting for the results			
Output 1				
1.Strategy/action plan developed reflecting comprehensive approach	No			NRH Strategy and RHCS Strategic Plan
2.Strategic Action Plan implemented	No			RHCS Strategic Plan
3. Functional coordination mechanism in place	Yes for contraceptives			
4.Essential RH commodities in Essential Drug list	To be included			Nat'l List of essential medicines
Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in (a) PRS; and (b) health sector programme	Yes			
2.Government budget allocation for RHCs	• 7.87% Instead of 15% for health sector • Existence of a budget line (10%) for			

	contraceptives • Existence of budget line for caesarian section			
3.Govt actual expenditure from budget	$ 2,637, 680 (2009)			Source DPM (country survey)
Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise	YES by a national committee			
1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	Not Yet to be implemented			
2. Health supply chain management information tools adapted/adopted into national system	Pipeline 3 used CHANNEL to be implemented			RHCS Survey
3. National technical expertise available for managing procurement processes	To be strengthened			RHCS Survey
4. National LMIS functioning	To be strengthened			RHCS Survey
5.Co-ordinated approach towards integrated health supply chain management system exists	TAC			RHCS Survey
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP; (e) Joint UN Programmes for SRH	UNDAF/ CPD6/CPAP			CPD, CPAP, UNDAF

Mongolia

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 - MONGOLIA				
Indicator	**Baseline (data/2008)**	**Milestone (data/2009)**	**Target (data/2012)**	**Source of data**
Female adolescent birth rate (15-19)	8.2	6.3	5.4	The National RH Survey: NSO, UNFPA, 2008 and Health Indicators 2008, 2009
MMR	49.6	81.4	65	National Health Indicators: 2007-9, Department of Health, MOH, 2007, 2009
Youth HIV prevalence rate	Less than 0.1	Less than 0.1	Less than 0.1	The Second Generation HIV Surveillance Report, MOH, NCCD, 2007
Unmet need for FP	14.4		10.0	National RH Survey Report, Mongolia 2008
CPR/modern methods	52.8	51.2	55.0	The National Health Indicators: Dept of Health, MOH, 2007,2009
Percentage of SDPs offer at least three methods of modern contraception	98%	98%	100%	LMIS Data, COAR
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	NA	90.0	98.0	Review of Maternal Health Medicines, 2009 (sample) EmONC survey (selected facilities) 2009, COAR
Percentage of SDPs with no stock outs of contraceptives in last 6 months	100%	100%	100%	LMIS Data, COAR
Output 1				
1.Strategy/action plan developed reflecting comprehensive approach	No	Yes	Yes	Annual Progress Report
2.Strategic Action Plan implemented	No	ongoing	Achieved outputs	Annual Progress Report
3. Functional coordination mechanism in place	No	Yes	Yes	TOR of the Committee Meeting Minutes
4.Essential RH commodities in Essential Drug list	Yes	Yes	6th edition 2009	Nat'l List of Medicines
Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in (a) PRS; and (b) health sector programme	No/Yes	Yes/Yes		COARs, nat'l policy documents, PRS and health sector programme
2.Government budget allocation for RHCs	No	$70,000	$150,000	PER/MTEF, Nat'l MOH budget
3.Govt actual expenditure from budget	No	$65,000 for (2)		COAR, PER
Output 3: Capacity and systems strengthened for RHCS				

1a. Provision of regular forecasting for modern methods of contraception using national technical expertise 1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	No	Yes	Yes	RHCS Survey, DHS
2. Health supply chain management information tools adapted/adopted into national system	No	Yes	Yes	RHCS Survey
3. National technical expertise available for managing procurement processes	No	No	Yes	RHCS Survey
4. National LMIS functioning	No	Yes	Yes	Nat'l LMIS Report
5.Co-ordinated approach towards integrated health supply chain management system exists	Satisfactory	Satisfactory	Good	Country Reports
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP; (e) Joint UN Programmes for SRH	Yes	Yes	Yes	1) CCA 2) UNDAF 3) CPD 4) CPAP 5) Joint UN Programmes for SRH

Mozambique

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 - MOZAMBIQUE				
Indicator	Baseline (data/year)	Milestone (data/year)	Target (data/2012)	Source of data
Female adolescent birth rate (15-19)	NA	NA	NA	DHS, World Population Prospects: 2006 Revision, UN Pop Division, PDB Database
MMR	408/100,000 (DHS 2003)	NA	310/100,000	DHS, WHO, MICS, World Mortality 2007, Un Pop Division
Youth HIV prevalence rate	11.3% (2007)	NA	9.3%	DHS, UNAIDS 2008 Report on Global AIDS Pandemic
Unmet need for FP	18.4% (DHS 2003)	NA	NA	DHS, Un Pop Division and UNFPA, PDB Database
CPR/modern methods	14.2% (DHS 2003)	NA	34% (2015)	DHS,
Percentage of SDPs offer at least three methods of modern contraception	95.7% (HIS 2008)	NA	100%	National information system, COAR
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	NA	NA	NA	Although these life saving medicines are part of the essential list, there is no a system in place to collect this information at present in all HF. Efforts are in place for setting up a HMIS that provides this information.
Percentage of SDPs with no stock outs of contraceptives in last 6 months	NA	NA	NA	At present, there is not a systematic manner to collect this information. Efforts are in place for setting up a HMIS that provides this information.
Output 1				
1.Strategy/action plan developed reflecting comprehensive approach	ongoing	NA	Action plan developed and approved by October 2010	Annual Progress Report
2.Strategic Action Plan implemented	NA	NA		Depends on the development of the strategic plan and its monitoring and evaluation plan.
3. Functional coordination mechanism in place	Yes	NA	NA	TOR of the Committee meeting minutes

4.Essential RH commodities in Essential Drug list	Yes	NA	NA	National List of Essential Medicines
Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in a) PRS and b) health sector programme	a) No b) Yes (2007)	NA	Will advocate for its inclusion in the next PRSP expected in 2010	COAR, national policy documents, PRS and Health Sector Programme
2.Government budget allocation for contraceptives	Yes (6.5%, 2009)	6% (2010)	10% (2012)	National MOH budget. Note: Due to shortfalls has not been able to procure with gov't up to date
3.Govt actual expenditure from budget for the 3 identified as most essential/mandatory from 10 UNFPA priority medicines (magnesium sulphate, Oxytocine, Ergometrine)	NA	NA		Government budget expenditure reports do not provide this level of disaggregation.
Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise 1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	1.a Weak nat'l capacity to procure modern methods. At present, the planning of contraceptives needs is done by the RHCS task force but the procurement of contraceptives is done by UNFPA and USAID (technical and financial support) 1.b The government is fully responsible for the forecasting of the 10 UNFPA priority medicines using national expertise.	NA	Not defined	Procurement Plan
2. Health supply chain management information tools adapted/adopted into national system	No		December 2010	Tools
3. National technical expertise available for managing procurement processes	Very weak nat'l capacities	NA	Not defined	UNFPA provides tech support for the procurement process of RHCS
4. National LMIS functioning	None at present		December 2010	Nat'l LMIS Report
5.Co-ordinated approach towards integrated health supply chain management system exists	Yes, there is a medicines working group within the context of the health SWAP working towards an integrated approach	NA	NA	Country reports

Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP	CPAP 2009-11		In next PRSP, efforts will put in place to ensure that RCHS is a key priority.	CPAP

Nicaragua

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 - NICARAGUA				
Indicator	**Baseline (data/year)**	**Milestone (data/year)**	**Target (data/2012)**	**Source of data**
Female adolescent birth rate (15-19)	106 (2007)		Not established as yet.	DHS
MMR	62.5 (2008) Data updated by the MOH to April 2010	60.9 (2009)	55 x1000 LB	MOH
Youth HIV prevalence rate	.07/10,000 (2008)		Not established as yet.	MOH
Unmet need for FP	10.7% (2007)		8%	DHS
CPR/modern methods	69.8% (2007)		72 %	DHS
Percentage of SDPs offer at least three methods of modern contraception	66.6% (2008)	92% (2009)	90%	Survey in Health Centers
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	96.5% (2008)	100 % (2009)	100%	Survey in Health Centers
Percentage of SDPs with no stock outs of contraceptives in last 6 months	66% (2008)	81% (2009)	92%	Survey in Health Centers
Output 1				
1.Strategy/action plan developed reflecting comprehensive approach	In process. RHCS plan will be integrated into the Nat'l Rh Strategy. MOH has requested that DAIA be expanded into RHCS Cmtee.			MOH
2.Strategic Action Plan implemented				MOH
3. Functional coordination mechanism in place	No	A proposal has been developed for the establishment of the National Commission on Sexual and Reproductive Health, wich includes RHCS	National Commission on Sexual and Reproductive functioning,	
4.Essential RH commodities in Essential Drug list	Include in EML: RH drugs and contraceptives (medroxyprogesterone acetate, levonorgestrel + ethinyl estradiol + ferrous fumarate, norestisterone enantate + estradiol valerate, male condoms, copper T 380A)			MOH

Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in (a) PRS; and (b) health sector programme	RHCS included in Nat'l RH strategy			MOH
2.Government budget allocation for RHCs	$C 436,954,000 (2008) $C 359,786,000 (2009)			MOH
3.Govt actual expenditure from budget	(all commodities including RH and contraceptives) $C 451,109,000 (2008) $C 461,335,000 (2009)			MOH
Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise 1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	Annual Planning is done based on logistics data from the local levels consolidated at the central level			MOH
2. Health supply chain management information tools adapted/adopted into national system	SIGLIM currently implemented in 47% of the units of primary health care. Is currently designing the automated logistics system (Logistics Software).	SIGLIM currently implemented in 100% (2009) of the primary health care units. Is currently designing the automated logistics systems (Logistic software)	SIGLIM fully implemented in primary health care units and 50% of secondary health care units. Logistic software implemented in 100% primary health care units.	MOH
3. National technical expertise available for managing procurement processes	The MoH has a procurement unit that coordinates the purchasing processes at the national level, there is a law of contracts (procurement), that includes products from RH. We need to strengthen some procurement processes: international and prequalification. MoH in the years 2008 (US% 177,278.46) and 2009 (US$ 227,427) have made purchases of contraceptives through UNFPA.			MOH
4. National LMIS functioning	SIGLIM currently implemented in (47%) of the units of primary health care. Is currently designing the automated logistics system (Logistics Software).	SIGLIM currently implemented in 100% (2009), of the primary health care units. Is currently designing the automated logistics systems (Logistic software)	SIGLIM fully implemented in primary health care units and 50% of secondary health care units. Logistic software implemented in 100% primary health care units.	MOH

5.Co-ordinated approach towards integrated health supply chain management system exists	Yes (as of 2008)			MOH
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP; (e) Joint UN Programmes for SRH	a) No, b) no, c) NA d) yes, e) no			SNU

Niger

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 - NIGER				
Indicator	Baseline (data/year)	Milestone (data/year)	Target (data/2012)	Source of data
Female adolescent birth rate (15-19)	14% (2006)	NA	NA	DHS 2006 for Baseline Data
MMR	648/100,000 (2006)	NA	200/100,000 births	PASDEP, EDHS and NRH strategy
Youth HIV prevalence rate	1.3 (2006)	ND	0.7 for all population	DHS for Baseline data, Poverty Reduction for Target Data
Unmet need for FP	22% (2006)	NA	NA	DHS, UN Pop Division and UNFPA, PDB Database for baseline data
CPR/modern methods	5% (2006) Urban 18% (2006) Rural	16.5%	14%	MOH Annual Report for Milestone data; PRSP Log Frame for target data
Percentage of SDPs offer at least three methods of modern contraception	56% (2008)	NA	90%	UNFPA Survey conducted in 2008 for baseline data, Country surveys and nat'l information systems, COAR
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	100% (2008)	100%	100%	RHCS Survey, EmONC Survey 2008
Percentage of SDPs with no stock outs of contraceptives in last 6 months	0% (2007)	No stock-outs reported in 2009	75%	UNFPA Survey conducted in 2008 for baseline data, Strategic RHCS plan for target data
Output 1				
1.Strategy/action plan developed reflecting comprehensive approach	Y (2007-2010)	Y/2009	Y/(2007-2010 and 2011-2015)	Annual Progress Report
2.Strategic Action Plan implemented	Y/2007	Y/2009	Y/(2007-2010 and 2011-2015)	Annual Progress Report
3. Functional coordination mechanism in place	2 /2007	Y/2009	Y (NCM and Secretariat of NCM)	TOR of the Committee Meeting minutes
4.Essential RH commodities in Essential Drug list	Yes/2006	Yes/2009	All essential RH commodities	Nat'l List of Medicines
Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in (a) PRS; and (b) health sector programme	Yes/2008	Yes	Yes	COARs, national policy documents, PRS and health sector programme

2.Government budget allocation for RHCs	$250,000 (2007)	$1.5 million/2008 $3.1 million 2009	NA	PER/MTEF, national MOH budget
3.Govt actual expenditure from budget	NA		NA	
Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise 1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	1a) yes/2007 1b) yes/2007		1a) Yes/2011 2b) yes/2011	National Contraceptive Forecast 2007- 2011
2. Health supply chain management information tools adapted/adopted into national system	yes/2008		Yes/2011	Master Plan of Health Commodities
3. National technical expertise available for managing procurement processes	Yes (2008)		Yes/ 2011	Master Plan of Health Commodities
4. National LMIS functioning	Yes/2006		Yes/2011	
5.Co-ordinated approach towards integrated health supply chain management system exists	Yes 2008		Yes/2011	Master Plan of Health Commodities
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UNDAF; (c) CPD; (d) CPAP; (e) Joint UN Programmes for SRH	No, b) yes, c) yes, d) yes, e) yes (2008)		a) Yes, b) yes, c) yes, d) yes, e) yes (2011)	CPD, CPAP Doc (2007-2011)

Sierra Leone

Goal 2: Universal Access to RH by 2015 and to comprehensive HIV Prevention by 2010 – SIERRA LEONE				
Indicator	Baseline (data/year)	Milestone (data/year)	Target (data/2012)	Source of data
Female adolescent birth rate (15-19)	146	146	100	DHS (2008)
MMR	857 (DHS 2008)	857	600	DHS
Youth HIV prevalence rate	1.6 (15-24 women) 0.5 (men)			DHS 2008
Unmet need for FP	Total 28% Urban 29% Rural 27%	25%	40% reduction	DHS, UN Pop Division and UNFPA, PDB Database
CPR/modern methods	Total 7% Urban 14% Rural 4%	7%	10.5%	DHS 2008
Percentage of SDPs offer at least three methods of modern contraception	60% (RHD/MOS)	88% offer at least 2 methods	100%	Country surveys and national information systems, COAR
Five (including 3 essential) life saving maternal health RH medicines available in ALL facilities providing delivery services	yes	All 5 Available	All 5 Available	RHCS Survey, EmONC survey, COAR
Percentage of SDPs with no stock outs of contraceptives in last 6 months	69%	77%	100%	Reproductive Health Division, MOH&S. Baseline year: 2008
Output 1				
1.Strategy/action plan developed reflecting comprehensive approach	Yes/2007	Yes	Existence of RHCS strategic plan	Annual Progress Report
2.Strategic Action Plan implemented	Yes/2007	Existence of a budget action plan in implementation	1 budgeted action plan	Annual Progress Report
3. Functional coordination mechanism in place	Yes/2007	Yes/2009	1 functional coordination mechanism in place	TOR of the Committee Meeting Minutes

4.Essential RH commodities in Essential Drug list	Yes/2007	Yes/2009	Existence of EML including RH commodities	Nat'l List of Essential Medicines
Output 2: Political and financial commitment for RHCS enhanced				
1.Inclusion of RHCS priorities in (a) PRS; and (b) health sector programme	a) Yes b) yes	RHCS included in Health Sector Policy, RH Policy, Joint UN vision framework and basic essential health package	RHCS in national strategic frameworks and documents	COAR, national policy documents, PRS and health sector programme
2.Government budget allocation for RHCs	Yes	Existence of budget line with effective allocation and release of fund	Government releases fund for RHCs	PER/MTEF, Nat'l MOH budget
3.Govt actual expenditure from budget	NA	NA	NA	COAR, PER
Output 3: Capacity and systems strengthened for RHCS				
1a. Provision of regular forecasting for modern methods of contraception using national technical expertise 1b. provision of regular forecasting for 10 UNFPA priority medicines using national technical expertise	1a) yes 1b) yes	1a) yes 1b) yes Forecasting of modern methods of contraception and 10 UNFPA priority medicines done by experts from RH/FP Division of MOH	Nat'l forecasting system	RHCS Survey
2. Health supply chain management information tools adapted/adopted into national system	yes	Channel being used at national level (Central & District)	Institutionalize CHANNEL to include more commodities	RHCS Survey
3. National technical expertise available for managing procurement processes	Yes – one available at MOHS	1 expert at national level	13 experts (1 per district)	RHCS Survey
4. National LMIS functioning	Yes- at central level	Yes- Central & few District levels	Functioning at all level (Central & District)	Nat'l LMIS report
5.Co-ordinated approach towards integrated health supply chain management system exists	In progress	In progress and supported by UNFPA and UNICEF (external consulting firm conducted an assessment of the PSM to guide the development of the integrated health supply chain management system	Fully functional by 2012	Assessment Report
Output 4: RHCS mainstreamed into UNFPA core business (UN reform environment)				
RHCS integrated into (a) CCA; (b) UN Joint Vision for Sierra Leone; (c) CPD; (d) CPAP;	a) & b) yes, c) yes, d) yes	yes	RHCS integrated in UN development framework docs	CCA, CPD, CPAP, Joint UN Programmes for SRH