



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

Contents

Acknowledgment	i
List of acronyms	ii
Executive Summary	v
Introduction	1
Section One: Country Level Results: Stream 1	3
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	3
B. Output 1: Country RHCS strategic plans developed	14
C. Output 2: Political and financial commitment to RCHS enhanced	16
D. Output 3: Capacity and systems strengthened for RHCS	20
Section Two: Streams 2 and 3	25
Section Three: The Regional Level	33
Section Four: The Global Level	36
Section Five: Commodity and Financial Report for 2009	41
Section Six: Challenges and Constraints	49
Section Seven: Moving Forward	51
Annex	52
Performance Monitoring Framework	52
Burkina Faso	59
Haiti	61
Ethiopia	64
Lao People's Democratic Republic	67
Madagascar	69
Mali	72
Mongolia	75
Mozambique	78
Nicaragua	82
Niger	86
Sierra Leone.....	89

Tables

Table 1.	CPR in Stream 1 countries
Table 2.	Percent of SDPs offering at least 3 methods of modern contraceptives
Table 3.	Percentage of SDPs with no stock-outs in last 6 months – Stream 1 countries
Table 4.	Five (including 3 essential) life-saving maternal/reproductive health medicines available in all facilities providing delivery services
Table 5.	Output 1 – RHCS strategic plans for Stream 1 countries
Table 6.	Output 2 – Political and financial commitment for Stream 1 countries
Table 7.	Output 3 – Capacity and systems strengthened for Stream 1 countries
Table 8.	List of countries in which the GPRHCS procured commodities in 2009
Table 9.	Contributions to the GPRHCS (RHCS Thematic Fund) in 2009
Table 10.	GPRHCS expenditures, 2009
Table 11.	Breakdown of contraceptives expenditure, 2008 and 2009
Table 12.	Commodities provision for Stream 1 countries, 2008 and 2009
Table 13.	Capacity development expenditure for Stream 1 countries, 2008 and 2009

Figures

Figure 1.	Trends in CPR (modern methods) for selected Stream 1 countries
Figure 2.	Trends in percentage of SDPs offering at least 3 types of modern contraceptives for selected Stream 1 countries
Figure 3.	Percentage of SDPs with no stock-outs in the last 6 months - selected Stream 1 countries
Figure 4.	Government allocations for reproductive health commodities in Ethiopia, 2007-2009
Figure 5.	Government expenditures on contraceptives in Nicaragua, 2006-2009
Figure 6.	Proportion of service delivery points with functioning LMIS in Nicaragua, 2007-2009
Figure 7.	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
Figure 10.	Breakdown of commodities expenditure, 2009
Figure 11.	Trends in commodity provision, 2008 and 2009
Figure 12.	Trends in capacity development expenditure, 2008 and 2009

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. Seven of the 11 Stream 1 countries have completed the "National Family Planning Strategy" and started to implement it.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_20427

