

# Recent Success Stories in Reproductive Health Commodity Security



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# Preface

Sustained and strategic support from UNFPA is helping developing countries to provide access to a reliable supply of contraceptives, condoms, medicines and equipment. Reproductive health commodity security (RHCS) is essential to achieving the Millennium Development Goals, particularly MDGs 4, 5 and 6 to reduce child mortality, improve maternal health and combat HIV/AIDS. Reproductive health commodity security is achieved when all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them.

The UNFPA Global Programme to Enhance Reproductive Health Commodity Security is a framework for assisting countries in planning for their own needs. At the request of governments, UNFPA provides sustained multi-year support as well as more targeted and emergency support through the Global Programme, working to:

- Integrate RHCS in national policies, plans and programmes through advocacy with policy makers, parliamentarians and partners in government;
- Strengthen the delivery system to ensure reliable supply, logistics information and management;
- Procure contraceptives and other essential RH supplies and promote their use through various mechanisms such as community-based distribution;
- In partnership with UNFPA Country Offices and the Maternal Health Thematic Fund and HIV/AIDS Branch, provide training to build skills at every step — from forecasting needs, to providing quality information and services in family planning, maternal health and the prevention of STIs, including HIV.

This publication presents eight examples of activities funded through the Global Programme, which was active in 73 countries in 2009, providing multi-year funding to a core group of 11 countries. The examples were prepared by UNFPA Country Offices in Ethiopia, Lao People's Democratic Republic, Madagascar, Mongolia, Nicaragua and Sierra Leone. They represent a range of activities carried out in response to each country's situation. Ultimately, the aim is for countries to move towards more predictable, planned and sustainable country-driven approaches to securing essential supplies and ensuring their use.



## 1

# Integrating RHCS in national strategies, plans and budget lines

Emphasizing the importance of RHCS to policy makers, parliamentarians and partners in government sectors such as planning, economics and finance is an important first step. Commitment to RHCS at the national level is expressed in the creation of policies and strategic plans for RHCS, and in the creation national coordination bodies. This commitment is further expressed in the inclusion of essential reproductive health supplies in national budgets, with a budget line and funding sources dedicated to ensuring that governments can meet the needs of their people.

## **MONGOLIA: First-ever budget line for essential RH supplies**

### **Progress despite harsh conditions**

Extreme drought followed by a harsh winter in 2009-2010 made life harder than usual in Mongolia. While the United Nations system, including UNFPA, rallied additional support in this time of crisis, many ongoing projects and programmes worked to reduce poverty in Mongolia, which ranks 115th out of 182 countries in the Human Development Index.

Mongolia's dependence on donors for contraceptive supplies and the remoteness of some provinces has made it difficult to achieve reproductive health commodity security. The country is making progress, however. In 2007, the Government of Mongolia made a commitment to finance all in-patient medi-

cal care related to pregnancy and childbirth. Also, more women of reproductive age are using modern methods of contraception. The contraceptive prevalence rate (CPR) for modern methods increased in Mongolia from 33.4 percent in 1998 to 40.4 percent in 2008.

In 2009, Mongolia allocated funds for reproductive health commodity security in its national budget. UNFPA played a key role in helping the country to achieve this major 'first' for reproductive health.

### **A process of developing support**

In March 2008, partners in the Government of Mongolia and UNFPA's Global Programme to Enhance Reproductive Health Commodity Security established an advocacy team for RHCS, chaired by the State Secretary of the Ministry of Health. The advocacy

team consisted of a Member of Parliament, senior officers from the Ministry of Health, sexual reproductive health (SRH) experts, SRH focal points from United Nations and other agencies and a media representative. The specific objectives of the advocacy team were to:

- incorporate RHCS into the Mid Term Budget Framework; and
- establish a national budget line for essential reproductive health commodities, including contraceptives.

The team developed an advocacy plan and strategy in consultation with key stakeholders, including the identification of primary audiences for advocacy interventions, which included policy makers in ministries of planning and finance and selected Members of Parliament.

In August 2008, a sensitization meeting brought together officers from the Ministries of Finance, Planning and Health to openly discuss challenges and opportunities in Mongolia's efforts to improve access to reproductive health commodities and services, reduce inequities, and link poverty reduction to sexual and reproductive health strategies.

Next, a consensus-building meeting was attended by directors from selected ministries and the UNFPA Representative. Participants agreed to allocate funds in the national budget for reproductive health commodities.

In November 2008, the final and most important advocacy event was a High-Level Meeting on RHCS held in Ulaanbaatar.

The Chairperson of the Parliament Standing Committee, the Minister of Health and the Minister of Finance of Mongolia made statements on prioritizing sexual reproductive health, the importance of RHCS in achieving the Millennium Development Goals, and enhancing Government funding to help the country achieve RHCS and national MDG targets. The Finance Minister highlighted the Government's role in ensuring sustainability, and committed to a gradual increase in the budget for reproductive health commodities. He also recommended signing a Memorandum of Understanding among Mongolia's Ministries of Finance and Health and UNFPA.

Alongside these activities, the team worked to incorporate RHCS into the national development plan and budget, collaborating closely with officers from the National Development Board and the Ministry of Finance.

### **A national strategy and budget line**

In April 2009, Mongolia's Cabinet endorsed the National Strategy for RHCS, expressing the political commitment to increase government investment to ensure universal access to reproductive health commodities and services, particularly for the poor and nomadic herders. This commitment was also reflected in the inclusion of RHCS in the country's Mid Term Budget Framework.

The advocacy efforts supported by UNFPA through the Global Programme to Enhance RHCS contributed to the allocation of 85 million Tugrug (US\$ 62,000) for reproductive health commodities in the national budget for 2009 – for the first time ever in



Women and children at a UNFPA-supported maternity clinic. ©UNFPA / Carina Wint

Mongolia. The Government increased the budget allocation to 100 million Tugrug (US\$ 70,000) in the 2010 national budget and committed to funding 100 percent of the contraceptive supply by 2015.

## **NICARAGUA: Advocating for a comprehensive national commitment**

### **Progress despite challenges**

Nicaragua, with a population of 5.8 million, is the second-poorest country in Latin America after Haiti. Economic growth has been slow and the situation has worsened with the international financial crisis in 2009. Pervasive poverty has deepened, and income inequality especially affects women. Despite such challenges, the country has made some progress over the past few years. There are

stronger laws and policies promoting equality of rights and opportunities, and the educational gap between urban and rural areas has been significantly reduced. The country also has reduced infant mortality and increased the use of modern methods of contraception. The total fertility rate has declined, though a great disparity remains in contraceptive use between the poorest and the wealthier population groups. The inclusion of sexual and reproductive health and reproductive health commodity security in Nicaragua's national plans and policies has been a process of advocacy and collaboration.

### **Advocacy and collaboration**

In close collaboration with the Government, notably through Nicaragua's Health Common Basket Fund (FONSALUD), UNFPA has advocated and lobbied for a comprehensive



Teenage parents in Bolivia with their baby girl. ©UNFPA / Tom Weller

national commitment to reproductive health. UNFPA has provided financial assistance through FONSALUD since 2005, which provides more comprehensive assistance than a project-driven approach and is part of UNFPA's commitment to aligning and harmonizing external support with national priorities.

Efforts supported by UNFPA in Nicaragua have been tied to health system reform, and have emphasized the benefits of actively engaging women in policy processes. For example, UNFPA played a leadership role in the development of the Sector Wide Approach (SWAp), which aims to increase the overall efficacy of resource use and create a health system more responsive to population needs.

### **Working together with partners**

When the Government began efforts to formulate a national health policy in 2005, UNFPA worked alongside FONSALUD and the Health Sector Board, to promote RHCS. This effort included collaboration in working groups such as an RHCS committee which, in turn, contributed to ensuring public funding for procuring reproductive health commodities.

Also in 2005, UNFPA collaborated with members of FONSALUD to develop a mid-term plan with activities and 22 indicators, including nine indicators related to sexual and reproductive health. In addition to the indicators – fundamental for measuring progress – UNFPA and partners also developed a new set of instruments to support the national

efforts to improve the health system. Examples included a Joint Financing Agreement and the Mid-Term Expenditure Framework.

Another opportunity to promote RHCS was in the development of the second edition of the National Sexual and Reproductive Health Strategy. UNFPA's Global Programme to Enhance Reproductive Health Commodity Security supported efforts by the Government of Nicaragua to develop the strategy and advocated for a strong RHCS component.

Today, the National Sexual and Reproductive Health Strategy provides for specific and concrete services to specific population groups according to health needs and human rights, incorporating a gender and culture perspective. Activities to promote sexual and reproductive health and the prevention and early detection of health problems are being carried out by social and community networks. These networks promote self-care among vulnerable groups such as pregnant women, youth and people living with HIV/AIDS. Providers of health services at the primary, secondary and tertiary levels of care provide a range of sexual and reproductive health services specified by the national SRH strategy.

### **Demonstrating sustained commitment**

The Government has demonstrated its sustained commitment to increasing access to modern contraception by allocating funds: 10 percent of the Ministry of Health budget in 2007, 36 percent in 2008 and 11 percent in 2009. The financial commitment from the Government in 2009 was affected by the economic crisis and phasing out of support by important donors. For 2010, the Ministry

of Health has allocated funds to cover 44 percent of total contraceptive budget needs.

The development process of the national SRH strategy, which was collectively supported by social development partners including UNFPA, has also contributed to the following achievements:

- Contraceptive prevalence rate (use of modern methods) increased from 66.1 percent to 69.8 percent between 2001 and 2007. The unmet need for family planning decreased from 14.6 percent in 2001 to 10.7 percent in 2007, with significant improvement in the gap between urban and rural populations;
- The number of service delivery points with no stock-outs of contraceptives in a six-month period increased from 66.6 percent in 2008 to 81 percent in 2009. The number of facilities with three to five life-saving maternal/reproductive health medicines available increased from 96 percent in 2008 to 100 percent in 2009;
- RHCS efforts, including the replenishment of Emergency Obstetric Care Drugs at service delivery points, have contributed to a nearly six-fold decrease in maternal deaths caused by infection;
- Before 2007, most health care programmes in Nicaragua had parallel logistics management systems. By 2009, 100 percent of local comprehensive health systems (Sistemas Locales de Atención Integral en Salud, or SILAIS) were implementing an integrated logistics management system. With support from the UNFPA Global Programme to Enhance RHCS, software is being developed to further improve this manual system.



# 2

## Expanding access to family planning

Progress in reducing maternal and newborn deaths has been slow in the developing world, particularly in sub-Saharan Africa and South Asia. One reason is the lack of access to family planning for those women who want to delay or prevent pregnancy. Universal access to family planning is critical to fulfilling the right to choose when and how many children to have. From a national perspective, it is a critical component for development. UNFPA provides essential reproductive health supplies and addresses unmet need for family planning and other SRH services by engaging communities and removing bottlenecks in uptake of services.

### **LAO PDR: Culturally-appropriate and community-based distribution**

#### **Overcoming barriers to meet unmet need**

Ethnic (indigenous) communities in Lao People's Democratic Republic (Lao PDR), especially in very remote areas, have little knowledge about family planning and their access to reproductive health services is severely limited. Ethnic peoples represent more than 40 percent of the total population and often live in uplands where involvement in the mainstream development processes is difficult. Many ethnic peoples continue to suffer from issues related to poverty and lack of access to basic social services. Unmet need for family planning is high, especially in hard-to-reach areas. According to Lao PDR's

Reproductive Health Survey of 2005, unmet need for family planning was 21.9 percent in urban areas with road access, 26.8 percent in rural areas with road access, and 32.4 percent in rural areas without road access.

Because Lao PDR has many ethnic groups whose population are scattered in remote mountainous areas, fixed-site services cannot reach these populations. There is a great need for community-based service delivery, and for finding a cost-effective model. Culturally-appropriate family planning programming helps to ensure that marginalized groups obtain access to information and services. This approach is critical in a country with 49 ethnic groups. Such programming is targeted to populations with little access to formal health services due to distance as well as cultural, linguistic, psychological and financial barriers.

## The role of UNFPA

Interventions to increase access to culturally-appropriate family planning services in remote and ethnic communities were initially funded by UNFPA core funds, but funds from the UNFPA Global Programme to Enhance Reproductive Health Commodity Security funds were recently used to evaluate these efforts. The evaluation recommended how to scale up and further improve performance, and how to effectively mobilize support for new interventions. The Global Programme also provides contraceptives and other essential supplies. Recently, UNFPA supported the Integrated Maternal, New-born and Child Health (MNCH) package to reduce child mortality and to improve maternal health, which the Government has adopted.

### Community-based distribution model

In June 2006, an initiative was launched to provide culturally-appropriate and client-friendly family planning services in remote communities, working through community-based distribution agents. It was implemented by the Ministry of Health's Mother and Child Health Center with support from UNFPA. Villages in three poor southern provinces, located in districts targeted by the Government for intensified development efforts, were selected for priority intervention by district maternal and child health managers. The populations of these provinces have high percentages of ethnic groups in which many women do not speak the national language (Lao) and have little contact with other villagers. Long distances and poor road conditions also make it difficult for villagers to travel to health centres.

Selected villagers received training to serve as community-based family planning service providers, empowered to provide outreach family planning services (including provision of condoms, oral contraceptives and injectables) free of charge to all those in need. These community-based distribution agents belong to their communities, speak the same language, and share the same social norms.

While sexual and reproductive health matters remain sensitive and it may be considered shameful to discuss them in public (especially in remote ethnic communities), these family planning providers are tasked with the following duties:

- Visit every household in their catchment village(s), discuss with and provide family planning information and services to the couple and to other family members at client's residence;
- Provide family planning information and services to both adolescents and to young and married people without discrimination;
- Visit every household once a month to provide counseling and services to all people with reproductive health needs, including non-married people;
- Submit a report that feeds into the contraceptive logistics management information system.

In this ongoing initiative, community-based distribution agents (CBD agents) report to the district maternal and child health manager every month. They report on their performance, obtain advice and secure a resupply of contraceptives. The agents' reports are also



*A young pregnant woman in early labour and her partner wait outside a maternity clinic. ©UNFPA*

communicated to the provincial and central levels. Different levels of managers provide periodic on-site supervision visits that also provide on-the-job training in the catchment villages, depending on local needs.

The community-based distribution model of family planning outreach service is recommended for consideration by the Ministry of Health and development partners as a model for community-based distribution of the Integrated Maternal, Newborn and Child Health package. In this approach, the role of the CBD agents would be expanded by adding MNCH services to the agents' current package of services.

### **A successful approach**

When client-friendly family planning services are provided within communities and without financial constraints, remote and ethnic populations become more recep-

tive. In this context, it has been important to progress that family planning providers do not discriminate against sexually-active unmarried youth, and that they are able to provide condoms to pill users as back-up. Contraceptive prevalence rate has increased sharply in many areas. It reached 61 percent in 2009 from a baseline of 0.6 percent in 2006 in Ta Peun Phu catchment area, Taoi District, Saravan Province.

In some districts, the level or extent of family planning services provided by special family planning providers, such as CBD agents and Village Health Volunteers, now exceeds that of district hospitals. In Kaluem District, Sekong Province, for example, 390 family planning clients received contraceptives from CBD agents in December 2009. For the same period, only 280 clients were using services from district hospitals.



*A woman in Ethiopia shows her family planning card after Implanon, a long-lasting modern method of contraception, was surgically inserted in her upper arm. ©UNFPA Ethiopia*

## **ETHIOPIA: Health workers expand access to modern methods**

### **Saving lives through family planning**

Ethiopia has one of the highest maternal mortality rates in Africa. To save women's lives, UNFPA advocates universal access to contraception to avoid unintended pregnancies, skilled care during delivery and rapid access to quality emergency obstetric care. According to the most recent estimates and findings only 6 percent of pregnant women in Ethiopia have access to professional assistance during pregnancy and childbirth; the lifetime risk for dying in pregnancy or childbirth is 1 in 27, compared to 17000 in

Sweden; and the under-five mortality risk is more than 1 in 10.

Contraceptive prevalence rate has been increasing in Ethiopia, yet there is still high unmet need for family planning. If all currently married women who say they want to space or limit the number children were to use family planning, the contraceptive prevalence rate in Ethiopia could increase from 15 percent to 49 percent, UNFPA estimates. Many potential clients in Ethiopia lack information or have misconceptions about long-acting methods and permanent methods, though most people know about family planning. Myths and misconceptions about these methods are widespread.

## Promoting long-lasting modern methods

In 2009, the Ministry of Health and partners including UNFPA embarked on an ambitious Health Extension Worker Programme that is expected to reach all woredas (districts). This programme aims to tackle the high unmet need for family planning. An estimated 34 percent of sexually active women in Ethiopia want to stop childbearing or delay their next birth by at least two years but are not using any method of contraception, either modern or traditional. By addressing unmet need, the programme aims to decrease the lifetime risk of dying from pregnancy or childbirth.

The initiative's objectives are to:

- increase access to family planning information and services with a focus on long-acting methods, especially Implanon; and
- create demand for long-acting family planning methods through an intensive strategy of Behaviour Change Communication (BCC).

Implanon is a long-term and reversible family planning method that prevents pregnancy very effectively for up to three years, yet does not require the user to do anything once inserted. It is flexible plastic implant about the size of a cardboard matchstick that is put just under the skin of a woman's upper arm. Insertion and removal requires care by specifically-trained practitioners in order to avoid complications at removal time or dropping-out of the device after insertion. It is also necessary to ensure supplies are readily available and that strict hygienic conditions are maintained to prevent infections.

Health extension workers play a key role in the government's strategy to expand access to family planning information and services to all woredas, given the country's human resource constraints. Beyond Implanon, the health workers also provide other contraceptive choices and reproductive health services. The aim is to for approximately 15,000 health workers to be trained by 'master trainers' for the Implanon scale-up initiative at the kebele (village) level.

In 2009, UNFPA's Global Programme to Enhance Reproductive Health Commodity Security funded 520,000 sets of Implanon, and more than 600 health extension workers received training to provide service delivery and counseling. As health extension workers travel to Ethiopia's most isolated and rural communities, reaching out to those most in need, the Global Programme continues to work with the Government ensuring that facilities are adequately stocked with contraceptives and essential reproductive health medicines.

## Expanding access to family planning

The Health Extension Worker Programme has rapidly expanded family planning services in Ethiopia, contributing to the most recent increase in contraceptive prevalence rate from 14 percent in 2005 to 30 percent in 2009. The percentage of service delivery points offering at least three methods of modern contraception increased from 60 percent in 2006 to 90 percent at health posts in 2009. The number of delivery facilities where at least three life-saving maternal health RH medicines are available has increased significantly, while the number of stock-outs is down dramatically.



# 3

## Improving maternal health with training and supplies

Nearly all pregnancy-related deaths could be prevented by family planning to avoid unintended pregnancies, skilled birth attendance at all births, and emergency obstetric care when needed. Each of these three measures depends on a secure, reliable stream of supplies, which is why the Global Programme works closely with UNFPA Country Offices and the Maternal Health Thematic Fund to increase access to contraceptives, antibiotics and other essential medicines and supplies.

### SIERRA LEONE: Strengthening emergency obstetric care

#### Need for skills and RH supplies

Without the right products, even the best programmes cannot succeed. In Sierra Leone, life-saving reproductive health commodities procured through UNFPA's Global Programme to Enhance RHCS contributed to the success of a training programme for emergency obstetric and newborn care.

To reduce maternal and newborn deaths, access to life-saving interventions that address pregnancy and birth-related complications is required. Professionals performing various specialized functions, including anesthetists, play key roles in Comprehensive Emergency Obstetric and Neonatal Care. In May 2006, Sierra Leone commenced a project to train

nurses to provide anesthesia, carried out with support from the European Union, UNFPA and more recently the UK Department for International Development (DFID). Before training started, Sierra Leone had only two anesthetists to serve a population of 5.5 million people. Yet the country requires a minimum of approximately 300 nurse anesthetists for optimal 24 hour anesthetic coverage.

#### Developing capacity countrywide

The training and deployment of nurse anesthetists in all districts in the country is building capacity to support implementation of national policies and standards for reproductive health services. Regular training of nurse anesthetists will improve the human resource base for countrywide anesthetic coverage and improve anesthetic care. The training is made more effective with the



*Training for nurse supervisors. ©UNFPA Ethiopia*

provision of essential inputs such as life-saving reproductive health commodities.

The Nurse Anesthetist Training Project has accomplished the following:

- Selected four designated hospitals with facilities for clinical training;
- Recruited local and international clinical teaching staff to develop and execute the programme;
- Achieved an annual recruitment of 20 trainees for the project through advertisements and interviews;
- Facilitated student internship and deployment through incentives including accommodation, allowance and graduation working kit;
- Provided logistic support, including life-saving reproductive health commodities for clinical use by the students in the operating room;

- Improved the quality of facilities for anesthetic care in the project hospitals and all district hospitals.

### **Results lead to funds and link to medical college**

The Nurse Anesthetist Training Project has increased the number of nurse anesthetists in Sierra Leone to 67 as of May 2010 from an initial nine (who had been training in an earlier, lapsed programme). Health facilities report that standards of general anesthetic care, resuscitation and patient safety have improved considerably. The number of life-saving caesarean sections has increased due to a combination of the availability of reproductive health commodities and key staff including trained nurse anesthetists. The number of caesarean sections increased from 770 in 2004 to 1641 in 2009, according to the National Reproductive Health Annual Progress Report 2009. The

same source reports an overall reduction of fatalities in all hospitals from an average of 7 percent in 2006 to 4 percent in 2009.

Most trainees in the programme are drawn from Sierra Leone's cadre of midwives and, upon graduation, offer valuable assistance to the midwives and doctors responsible for delivering comprehensive EmONC. Assessment of performance by graduates thus far suggests that recruitment of midwives to the training programme has been a success, as these graduates can serve in the twin capacities of nurse anesthetists and midwives when necessary, which is especially valuable in rural areas where midwives were not available prior to the project. This development also assists in task-shifting of health professionals where human resources may be inadequate. The project sees an annual intake of 20 students. Furthermore, nurse anesthetist training has been institutionalized at the College of Medicine and Allied Sciences to ensure sustainability and to meet the need for trained health professionals in the future.

## **MONGOLIA: Developing capacity to save mothers' lives**

### **Focusing on soum and aimag hospitals**

With a population of 2.7 million people spread out across 1.5 million square kilometers of steppes, deserts and mountains, Mongolia is a very sparsely populated country. Remoteness creates a major challenge for access to emergency care in rural areas of Mongolia; the majority of nomadic herder families live far away from the nearest district (soum) hospital and even farther away from the provincial (aimag) general hospital. Primary-level health care is provided by 334 soum hospitals in rural towns

with 2,500 to 10,000 inhabitants. Secondary-level health care is provided by 21 aimag hospitals in provincial centres with populations from 47,000 to 122,000 inhabitants.

Both soum and aimag hospitals often have insufficient supplies of essential medicines and other reproductive health supplies. An absence of adequate infrastructure and an extremely cold climate (-45C in winter) also hamper access and can lead to poor emergency maternal care.

Maternal mortality remains relatively high in Mongolia, particularly in rural areas, despite having skilled birth attendants at most births. Over half of maternal deaths occurred among herder women living in the countryside. Improving access to, and the quality of, emergency obstetric care in rural areas is key to reducing maternal deaths.

### **Medicine, supplies and training**

In 2007, Mongolia was designated as one of the initial Stream One countries to receive comprehensive support and multi-year funding under the UNFPA Global Programme to Enhance Reproductive Health Commodity Security. Programme administrators agreed that universal access to all essential commodities including contraceptives for basic and comprehensive emergency maternal and newborn care could be achieved by 2015.

The Global Programme to Enhance RHCS has contributed to improving access and quality of emergency obstetric and newborn care in numerous ways, with a focus on:

- increasing availability of essential maternal health life-saving medicines;

- equipping secondary care rural hospitals with essential Emergency Obstetric and Neonatal Care (EmONC) equipments and other supplies;
- training of service providers in EmONC.

An assessment was carried out and priority regions were identified and selected based on criteria such as remoteness, level of poverty, maternal mortality rate, commitment of local government, and existing level of health care. With a focus on existing primary- and secondary-level health facilities, the Ministry of Health and UNFPA collaborated to develop the capacity of selected facilities to provide quality basic and comprehensive EmONC.

The initiative was implemented in two phases. The first phase, 2007-2008, focused on five aimags (provinces) in the western region of Mongolia, where the maternal mortality rate was higher than the national average. In the second phase, 2008-2009, the support was broadened, with the Global Programme to Enhance RHCS funding 13 additional aimags.

Main interventions included the following:

- Comprehensive EmONC needs assessment in target areas;
- Revision/update of national protocols and guidelines for soum hospitals and general aimag hospitals;
- Skills-building training for all doctors and midwives on basic and comprehensive EmONC;
- Introduction of an effective referral and mobile emergency maternal care model;

- Increased supply of maternal health essential medicines;
- Increased supply of essential medical equipment for EmONC;
- Social support and community mobilization;
- Supervision and quality control.

In 2007-2008, with UNFPA assistance, life-saving maternal health medicines were made available in all service delivery points; five aimag general hospitals and 11 soum hospitals were supplied with essential EmONC equipments and supplies; and vans were equipped for mobile emergency maternal care. More than 80 percent of service providers in the country including general practitioners, midwives and bag feldshers (semi-skilled health workers) were either trained or re-trained on basic and comprehensive EmONC. Guidelines and handbooks were developed by professional associations and disseminated to service providers. An EmONC reference guide was developed and posters were displayed in health centres for easy reference by doctors and midwives.

Improvements in the referral system included early detection of maternal complications by primary health care providers, increased communication and telephone consultation if necessary, counseling, arranging transportation, accompanying women, facilitating admission and supporting supervision by trained doctors and midwives.

For referral to aimag general hospitals, poor and herder families received free or subsidized transportation from the local



*Essential supplies ensure for a safe delivery. ©UNFPA*

government and all pregnant women received free food and services in maternity waiting homes. In most cases, families responded to the need for a referral without any hesitation. According to the country's health law, pre- and post-natal care is to be provided to any person, free of charge, regardless of whether or not she is insured.

### **Developing capacity to save lives**

The preparedness of facilities for EmONC and the capacity of service providers has improved significantly, according to a 2009 mid-term review. Between 2007-2009, nearly 8,350 mothers and babies received comprehensive, quality EmONC. Hospitals were better-equipped with essential medical equipments and supplies, and vans were fully utilized. Mobile emergency maternal care teams with professionals from provincial centres provided emergency care to over 5,600

mothers in the most remote areas. These results led to a significant decrease in the maternal mortality rate in the western region in 2007-2008, which contributed to lowest rate ever reached in the country of 49 deaths per 100,000 live births in 2008. Infant and child survival has also improved during the past decade.

Emergency referral to aimag hospitals was not always possible due to distance, or the condition of mothers and babies, or the risks associated with transportation or cold weather. Strengthening the capacity of more nearby and numerous soum hospitals to provide quality EmONC proved equally important for saving lives. A new 'Model RH Soum Hospital' initiative has been launched with UNFPA support to provide integrated sexual and reproductive health care services in 11 soums.



# 4

## Building capacity for logistics management

Ensuring access to essential reproductive health supplies is a complex process. Sustainable access to contraceptives and condoms requires overcoming constraints at the local, national and global levels. Performing these functions successfully requires good data about how much of each commodity has been used (consumption) and how much is left at each level of the supply chain (stock status). This data must be collected by an effective logistics management system and used to forecast future needs, determine financing requirements, procure supplies in a timely manner, and manage their distribution in order to avoid shortages.

### **MADAGASCAR: A functioning logistics management system with CHANNEL software**

#### **A better way to track and forecast**

The population of Madagascar, estimated at 18 million, is likely to double within 25 years. With 85 percent of the population living below the poverty line, Madagascar ranks among the poorest countries in the world. The country is prone to natural disasters, which exacerbate the precarious living conditions of the population. With the unmet need for contraception at 24 percent, ensuring reproductive health commodity security has become a priority.

A well-functioning logistics management information system (LMIS) is a basic requirement in a country seeking a secure supply of reproductive health supplies. Such a system

requires accurate data. Until recently, management of reproductive health commodities in Madagascar was done manually or with a spreadsheet. The forecasting of needs was mainly based on demographic data or issues data instead of actual consumption data that reflect the reality of utilization. This led to forecasting errors and high rates of stock-outs or overstocking in health facilities.

In order to improve this situation, the UNFPA Global Programme to Enhance Reproductive Health Commodity Security introduced CHANNEL in Madagascar in 2007.

CHANNEL, user-friendly health supplies management software, enables countries to better manage their reproductive health supplies through the public health distribution system. It allows individual warehouses to track their supply stock as soon as

commodities enter or leave storage, and to generate simple reports and requests. It was developed by UNFPA with the active participation and involvement of local governments.

### **Management from the district level**

In Madagascar, CHANNEL is used at the district level to manage commodities for multiple reproductive health components – family planning, STI/HIV/AIDS and emergency obstetric and neonatal care – and 15 priority essential drugs.

The stocks at service delivery points (SDPs) are managed by the district by entering logistics data into CHANNEL. Data from the SDPs is obtained quarterly from district purchase orders and sent to the central level on CD ROM to be stored and analyzed since access to the internet is limited and power outages frequent.

A number of activities have been introduced and scaled up:

- Installation of CHANNEL in pilot districts by Ministry of Health, the UNFPA country office in Madagascar and the UNFPA Commodity Security Branch;
- Training of 33 RHCS focal points to serve as trainers at central and regional levels in commodity logistics and use of CHANNEL;
- Training of 299 RHCS focal points at district level in logistics and use of CHANNEL;
- Allocation of 109 computers to the districts for using CHANNEL;
- Regular supervision of trained personnel at district level.

### **Results, including fewer stock-outs**

By using CHANNEL, the districts now have data available on consumption and the existing stock all levels; the result is a reduction in the rate of stock-outs, especially for contraceptives. “CHANNEL has been very useful,” says the Ministry of Health’s Family Health Director, “giving us up-to-date information, helping us make the right decisions, and strengthening LMIS at the central and peripheral levels.”

District use of CHANNEL has led to the following results:

- The percentage of districts reporting on consumption data has risen from 28.8 percent in 2007, to 82.9 percent in 2008 to 86.5 percent in 2009;
- The percentage of districts reporting stock-on-hand data has increased from 29.7 percent in 2007, to 83.8 percent in 2008 to 86.5 percent in 2009;
- The percentage of service delivery points reporting no stock-out of contraceptives during the past six months has increased from 63.3 percent in 2008 to 74.7 percent in 2009.

The Government of Madagascar has adopted CHANNEL as part of its Integrated Action Plan for Health (PAIS). This is an important step for strengthening the country’s health logistics system, promising improved access to essential health commodities and better reproductive health in the population.

### **Sharing software know-how with other countries**

Countries that have successfully launched this software at home often travel to neighbouring

countries to train others to strengthen their logistics management information systems. Examples of this cooperation include:

- UNFPA Madagascar installed CHANNEL in Senegal;
- UNFPA Afghanistan installed CHANNEL in Northern and Southern Sudan;
- Pharmaciens Sans Frontieres in Tajikistan supported a study-tour by health workers from Kyrgyzstan;
- UNFPA country offices in Mongolia and in Sri Lanka conducted a regional workshop in Bangkok attended by several neighbouring countries;
- Staff members from the Ministry of Health in the Philippines travelled to support their counterparts in Lao People's Democratic Republic;
- UNFPA Jamaica provided training and technical assistance for LMIS implementation in Saint Vincent;
- UNFPA Georgia trained and supported a project managed by John Snow, Inc. to provide mobile health clinics.

Such examples of collaboration are part of the UNFPA strategy to promote sustainability. In deploying CHANNEL, UNFPA seeks to engage partners and local institutions and to use South-South collaboration.

## SIERRA LEONE: Managing RHCS data more effectively

### Mothers and infants at risk

Sierra Leone ranked 180 out of 182 countries in the 2009 Human Development Index



Essential reproductive health supplies being delivered. ©UNFPA

(HDI). In 2008, the maternal mortality rate was 857 per 100,000 live births and the infant mortality rate was 87 per 1,000 live births. Although these Demographic and Health Survey figures show significant improvement over the past, a concerted effort is still needed to save lives.

The Government of Sierra Leone aims to reduce the high levels of maternal and child death and achieve the Millennium Development Goals by making Reproductive and Child Health (RCH) one of the key priorities of the Ministry of Health and Sanitation. The Government of Sierra Leone and UNFPA are collaborating to strengthen reproductive health commodity security. This initiative is contributing to national goals for the health and well-being of the people of Sierra Leone through ensuring a secure supply of quality and affordable contraceptives and other reproductive health commodities to meet

every person's needs at the right time and in the right place.

## **Developing capacity through a national plan**

The UNFPA Global Programme to Enhance Reproductive Health Commodity Security is working with the Government in several areas. Capacity development in the area of RHCS management has been a core area of activity for the implementation of the Government's RHCS strategic plan 2007-2011. UNFPA and its partners have helped to:

- Establish a functioning multi-partite RHCS Committee in Sierra Leone with civil society organizations involved to assist in handing over procured reproductive health commodities to Government and health facilities, and to monitor the supply chain and drug use in the field;
- Strengthen supervision and quality of service provision, as seen in increased utilization of existing treatment protocols in reproductive health and sexually transmitted infections, by nearly 32 per cent, from 4143 protocols in 2008 to 5456 in 2009;
- Provide free reproductive health commodities to women and newborn infants in support of the Government's policy of free healthcare for women who are pregnant or breastfeeding, and children under five years of age;
- Include reproductive health commodities in the Basic Package of Essential Health Services for Sierra Leone and in the National Health Sector Strategic Plan developed in 2009;

- Strengthen capacity for the Ministry of Health's logistic management system, through the introduction of CHANNEL software to selected districts.

The introduction of CHANNEL software to selected districts for use by district health management teams and district hospital stores has improved the Government's ability to keep track of distribution and stock levels, and has addressed a number of logistics challenges.

## **Increase in use and availability of contraceptives**

A recent assessment of UNFPA support for RHCS has found the following areas of progress:

- Reduction in the incidence and severity of stock-outs at service delivery points, which was almost chronic for all methods before 2006;
- Increase in the number of contraceptive acceptors in 2007 and 2008, thus increasing the contraceptive prevalence rate for modern methods as reported by the recent DHS from about 4 percent in 2005 to 7 percent in 2008;
- Improvement in the percentage of health facilities that had with contraceptives in stock from 60 percent in 2007 to 88 percent in 2008 (with most service delivery points offering at least two contraceptive choices such as pills and injectables methods to clients).

Reproductive health commodity security means that all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them.

The Global Programme to Enhance Reproductive Health Commodity Security addresses the complex logistics of providing the right quantities, of the right products, in the right place, at the right time, for the right price.



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