GLOBAL PROGRAMME TO ENHANCE
REPRODUCTIVE HEALTH COMMODITY SECURITY

Ten Good Practices in Essential Supplies for Family Planning and Maternal Health

UNFPA: *Delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.*

RHCS: *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.*

Cover: Members of the Bandé Magaria School for Husbands. Credit: UNFPA Niger.

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PREFACE

The worldwide trend toward smaller families – average family size has declined by half since 1950 – is linked to advances in education and health care and increased opportunities for women. This great global success story can continue only if access to family planning continues to grow worldwide.

UNFPA is intensifying strategic support to voluntary family planning through its Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS). Countries participating in the programme are now reporting their own success stories backed by measureable results.

The GPRHCS targets persistent challenges in reproductive health: unmet need for family planning, preventable maternal death and HIV/AIDS. It is thematic fund that catalyzes national action.

- Some 222 million women in the developing world want family planning but cannot get it. This unmet need for contraception results in 82 per cent of all unintended pregnancies.

- Becoming a mother can be dangerous and life-threatening. More than 287,000 women die every year from pregnancy-related causes, most of them preventable. Ninety-nine per cent of all maternal deaths occur in the developing world.

The aim is reproductive health commodity security (RHCS), which is achieved when all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them. RHCS has a pivotal and strategic role in accelerating progress towards the ICPD Programme of Action and the Millennium Development Goals, especially MDG5 to reduce maternal mortality.

In prenatal consultations in Guinea, pregnant women are offered a choice of family planning methods to consider postpartum.
Credit: Mariama Sire Kaba/UNFPA Guinea.

How it works

UNFPA launched the GPRHCS in 2007 to provide a structure for moving beyond ad hoc responses to stock-outs towards more predictable, planned and sustainable country-driven approaches for securing essential supplies and ensuring their use. It offers 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 GPRHCS, working to:

- Integrate RHCS in national policies, plans and programmes through advocacy with policy makers, parliamentarians and partners in government;
- Strengthen delivery systems to ensure reliable supply, logistics information and management;
- Procure contraceptives and other essential reproductive health supplies and promote their use through various mechanisms such as community-based distribution; and
- 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.

Activities supported by the GPRHCS are carried out in collaboration with UNFPA's invaluable partners, including the governments of participating countries, donors, other UN agencies, non-governmental organizations and civil society groups. Many activities are carried out with the close cooperation of UNFPA's Country Offices, Maternal Health Thematic Fund and HIV/AIDS Branch.

A track-record of results

Since its launch in 2007, the GPRHCS has been highly effective in achieving its primary initial goal of mainstreaming RHCS both within UNFPA and, even more importantly, at the national level – particularly in those countries that have received its most committed and systematic support.

The principal strength of the GPRHCS is that it empowers governments and national stakeholders to decide how to use these complementary funds according to national priorities and the particular areas where action is required in order for RHCS to be achieved, based on knowledge and evidence. For this reason, the profile of support provided by the GPRHCS varies considerably from country to country. The programme provides (and builds awareness of and support for) an overall, integrated vision of RHCS. It allows countries to allocate funds according to what is considered most important, complementing other work in related spheres of sexual and reproductive health, regardless of funding source (e.g. health SWAP, regular government resources, UNFPA country programme).

For UNFPA, the GPRHCS is the main channel for providing technical and financial assistance for family planning. UNFPA also facilitates third-party procurement of essential reproductive health supplies.

This publication shares numerous examples of activities in countries participating in the GPRHCS as of 2011. Examples are included from Burkina Faso, Ecuador, Ethiopia, Lao PDR, Madagascar, Mongolia, Mozambique, Nicaragua, Niger, Senegal and Sierra Leone. Many are Stream 1 countries in the GPRHCS, receiving sustained, multi-year support. A dynamic Call to Action issued at the first United Nations High Level Meeting on Reproductive Health Commodity Security concludes this publication, pointing to the way forward for this transformative work.

In Lao PDR, a woman from the Lenten ethnic group obtains contraceptives at the village pharmacy. Credit: Vincent Gautier/UNFPA.

REACHING UNDERSERVED COMMUNITIES

Access to reproductive health commodities is a priority not only for relatively easier-to-reach people in cities but also for those in more difficult-to-reach rural areas, for those who are less educated, young, disabled or displaced and for those who cannot afford to pay. In the 12 focus countries of the GPRHCS, up to 90 percent of the populations live in rural areas that are difficult to reach.

1 Opening doors to family planning in remote, ethnic households of Lao PDR

Trained agents visit every household once a month to provide counseling and services, including to adolescents and young people, married or unmarried. They speak the same ethnic language, belong to the same community, and share the same social norms.

Community-based distribution agents

In Lao People's Democratic Republic (Lao PDR), specially trained 'community-based distribution agents' are the reason why more hard-to-reach women are using modern methods of contraception and why local family planning services are providing better care and serving more clients.

This culturally-appropriate approach is urgently needed in light of high unmet need for family planning in poor, remote, mountainous areas. In Lao PDR, 80 per cent of the population lives in rural areas, mostly dispersed in small villages that are often difficult to access. Indigenous ethnic communities comprise 40 per cent of the population, with 49 ethnic groups from four ethno-linguistic families, each with its distinct culture, attitudes, and widely-differing livelihood systems. These communities have limited knowledge about family planning, and access to reproductive health services is almost non-existent.

Despite steady economic growth, the population's health status remains low and maternal mortality remain high. Many more couples want to use modern methods of contraception but lack access to reproductive health services and supplies.

Growing with intensified support

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. The initiative was implemented by the Ministry of Health's Mother and Child Health Center with support from UNFPA. In 2008, Lao PDR became a Stream 1 country in the GPRHCS, receiving multi-year support from UNFPA for the government's efforts to ensure access to a reliable supply of contraceptives, medicine and equipment for family planning, HIV/STI prevention and maternal health services.

Villages in three poor southern provinces of Attapeu, Saravan and Sekong – located in districts targeted by the government for intensified development efforts – were selected for priority interventions 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 villages. Long distances and poor road conditions also make it difficult for villagers to access health facilities.

How the approach works

Using a bottom-up capacity development approach, selected villagers received training and minimal financial incentives to serve as community-based family planning service providers, delivering outreach family planning services (provisioning of condoms, oral contraceptives and injectables) free of charge. These community-based distribution (CBD) agents belong to the communities, speak the same language, and share social norms. Sexual and reproductive health (SRH) matters remain sensitive and may be considered shameful to discuss in public. The family planning providers are tasked with a set of 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 the client's residence;
- Provide family planning information and services to both adolescents and young people and married couples without discrimination;
- Visit every household once a month to provide counselling 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.

A monitoring system is built into the initiative. CBD agents report to the district maternal and child health manager every month. They report on client numbers, obtain advice and secure a resupply of contraceptives. The agents' reports are also 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.

This community-based distribution model of family planning outreach service has demonstrated positive results and is now adapted for scaling up by the Ministry of Health and development partners as a model for community-based distribution within Integrated Maternal, Newborn and Child Health (MNCH) package. In this approach, the role of the CBD agents would be expanded by adding MNCH services to the agents' current package of services. In the UNFPA supported programme to Lao PDR 2012-2015, this CBD initiative will be further scaled up to other geographic areas that are hard to reach.

Progress and key results

When client-friendly and free-of-charge family planning services are provided to communities that cannot afford to access such services, remote and ethnic populations become more receptive to using them. When community agents are involved in implementing and monitoring of services, in-built accountability systems are developed.

Overall, the family planning uptake in CBD catchment areas has gone up from 12 per cent in 2007 to 45.42 per cent in 2011. Contraceptive prevalence rate has