Ensuring Access to Reproductive Health Supplies

Joint ACP/UNFPA/EC Programme in Conflict and Post-Conflict Countries







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Delargy/UNFPA. Returnee from Liberia he Bo resettlement camp, Sierra Leone

A pregnant woman receiving a shot at a UNFPA-supported health clinic in Haiti.

Reproductive health commodity security (RHCS) is achieved when all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them. Each \$1 million worth of reproductive health commodities can prevent: 360,000 unwanted pregnancies; 150,000 induced abortions; 800 maternal deaths; 11,000 infant deaths; and 14,000 additional deaths of children under five.

Carina Wint/UNFPA. Haiti, 2007.

RESPONDING TO NEEDS



The price paid by women during times of armed conflict was about to go higher. Without immediate action, more mothers would die. The danger was a severe shortage of contraceptives and medical supplies in 17 conflict and post-conflict countries. The European Commission (EC) saw the urgent need and responded with close to 15 million Euros (18 million dollars) to purchase pills, condoms and supplies that make birth safer.

Women and men gained access to contraceptives; clinics gained life-saving supplies; and governments weakened by conflict gained skills, developed strategies and reduced shortfalls in essential commodities.

The African, Caribbean and Pacific Group of States (ACP) selected the countries most in need of assistance. With European Commission funding, UNFPA, the United Nations Population Fund, working through its country offices, provided strategic and programmatic support to national governments.

The programme helped countries to estimate current and future reproductive health commodity requirements, and to buy and deliver products when and where they were needed. It increased access to supplies and boosted national capacity to meet maternal health goals, especially through family planning.

PROGRAMME AT A GLANCE	
Programme	Joint ACP/UNFPA/EC programme of assistance to ACP countries more in need of achieving reproductive health commodity security (RHCS)
Partners	African, Caribbean and Pacific (ACP) Group of States, United Nations Population Fund (UNFPA), European Commission (EC)
Summary	This programme increased access to supplies for reproductive health programmes in 17 African, Caribbean and Pacific countries in conflict or post-conflict situations. The European Commission provided major funding in a partnership agreement with the ACP Group of States in the framework of the 9th European Development Fund. UNFPA was the implementing agency and junior funding partner.
Participants	Angola, Burundi, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Haiti, Guinea-Bissau, Liberia, Mozambique, Rwanda, Sierra Leone, Somalia and Sudan
Duration	42 Months, from May 2006 to October 2009 (Initial 24 months, plus 18 months at no extra cost)
Budget	Euro € 16.4 million (\$21 million) of which the EC provided Euro € 14.9 million (\$18 million) and UNFPA provided Euro € 1.5 million (\$1.8 million)
Allocation	90 percent to procure reproductive health commodities 10 percent for capacity development

This well-designed programme based on a highly participatory approach set out to:

- Reduce shortfalls in contraceptives and other commodities for reproductive health
- Improve their access, use, distribution and procurement
- Build capacity and promote national ownership

The result — a tremendous influx of reproductive health commodities, a thousand service providers trained, and a significant impact on national capacity to plan and manage their supply systems.

SAVING LIVES AND IMPROVING HEALTH

In times of upheaval, reproductive health services — including prenatal care, assisted delivery, emergency obstetric care and family planning services — often become unavailable. Young people become more vulnerable to sexual exploitation and HIV infection. Many women lose access to family planning services, exposing them to unwanted pregnancy in perilous conditions. When normalcy returns, mothers stand in line behind infrastructure projects as nations start to rebuild. Yet every country wants to save mothers' lives.

The ACP/UNFPA/EC programme aimed to:

- Improve the health of women, particularly poor women by lowering the number of unwanted pregnancies and sexually transmitted infections including HIV/AIDS
- Reduce health risks associated with pregnancy and childbirth

The programme did so by working together with countries to improve access to and use of reproductive health commodities through their procurement and distribution.

The ultimate aim was to improve Reproductive Health Commodity Security (RHCS). RHCS means that all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them.



Risky birth made safer

Mariama needed an emergency C-section. Reproductive health commodities procured through the ACP/UNFPA/EC programme in Sierra Leone helped to save the life of Mariama and her baby. "I am so happy he's healthy," she says. Far too many women are not so fortunate: the risk of a woman dying as a result of pregnancy or childbirth during her lifetime is about 1 in 8 in Sierra Leone, compared with less than 1 in 17,400 in Sweden.

Use of contraceptives rises with start of programme

The spike in people using contraceptives shown in this chart can be attributed in part to the success of the ACP/UNFPA/EC programme, say government officials in Sierra Leone, because they became widely and easily available to existing and new users. Hospital staff in Sierra Leone assert that the ACP/UNFPA/EC programme reduced maternal deaths, increased life-saving Caesareans, and maintained a much steadier supply of contraceptives and other medicines. It made it possible for a hospital in Makeni to attract poor pregnant women with the provision of free services.



Contraceptive users in 13 Districts of Sierra Leone

Source: Draft Annual Progress Report 2008, Reproductive Health Division, Ministry of Health and Sanitation, Sierra Leone, March 2008





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