2011

JRG, SOUTH AFRICA

Contents

Acronyms:

CCM:	Country Commodity Manager
CCP:	Comprehensive Condom Programming
CO:	Country Office
CST:	Country Support Team
DRC:	Democratic Republic of Congo
ESA:	East and Southern Africa
FBO:	Faith Based Organisation
FP:	Family Planning
GPRHCS:	Global Programme on Reproductive Health Commodity Security
HIV:	Human Immuno-deficiency Virus
HR:	Human Resource
IDU:	Injecting Drug Use(r)
LMIS:	Logistics Management Information System
LSM:	Logistics and Supply Management
M&E:	Monitoring and Evaluation
MoH:	Ministry of Health
MSM:	Men who have sex with men
NAC:	National AIDS Commission/Council
PSB:	Procurement Services Branch
RHC:	Reproductive Health Commodity
RHCS:	Reproductive Health Commodity Security
RHCSAT:	Reproductive Health Commodity Security Assessment Tool
SP:	Strategic Plan
SPARHCS:	Reproductive Health Commodity Security Framework

SRH:	Sexual and Reproductive Health
SRO-J:	UNFPA Sub-Regional Office for East and Southern Africa, Johannesburg
UN:	United Nations
UNAIDS:	United Nations Joint Programme on AIDS
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children Emergency Fund
USAID:	United States Agency for International Development
WHO:	World Health Organisation

Definitions:

Buffer stocks – this is the "safety stock" to mitigate against stock-outs due to challenges in logistics management. It is equal to commodity consumption to cover the lead time.

Lead time – this is the latency, or delay period, from initiation of an activity to its completion. It covers the period from the time that a complete order is received to the time that the product is received by the purchaser. It covers manufacture, shipment and any other time required for any pre-agreed activities before delivery of product.

Market research – is the process used to identify consumer profiles, their needs and preferences.

Pre-qualified suppliers – are suppliers who have met set international standards of manufacturing (ISO certificates, product dossiers, Site Master File, on-site factory inspection, etc) and delivering products that are safe and effective through-out the stated shelf-life. This ensures the quality of the product and should preclude the need for in-country post-shipment testing

Targeted distribution – is the process of distributing condoms to all that need them including identified key populations at increased risk of acquiring HIV

Total market approach - aims to maximize access through the public and private sectors, civil society and social marketing channels

Executive Summary

Background and Findings:

Twenty countries in Eastern and Southern Africa (ESA) participated in the rapid assessment and all responded, with varying degrees of completeness of questionnaires handed in, using a questionnaire that was prepared and field-tested within the Johannesburg Sub-Regional Office (SRO-J). The questionnaire was completed by UNFPA country offices and assessed the functioning of national systems.

The assessment was in two parts. Part A assessed implementation of the various country reproductive health commodity security strategies and Part B assessed the actual status of the security of commodities, using condoms as a proxy, comprehensive condom programming. The overall objective of the assessment is to assist countries to improve implementation of RHCS strategic plans and comprehensive condom programming.

In Part A, the strategic plans were reviewed for content using the UNFPA's Reproductive Health Commodity Security Assessment Tool (RHCSAT) and Reproductive Health Commodity Security Framework (SPARHCS).

Almost all the plans were formulated around the SPARHCS framework and include: context/policy; coordination; commitment financing strategy for RH commodities; client utilization and demand; logistics system/capacity and M&E. The plans contributed to influencing RHCS activities and related interventions to a great extent in most countries.

If implemented well the reproductive health strategic plans should build in-country capacity to increase reproductive health commodity security in a country-driven and sustainable manner, especially since most countries in sub-Saharan Africa rely heavily on donor support for commodity procurement.

The factors identified as critical in implementation of the plans were Ministry of Health (MoH) ownership and leading role; UNFPA advocacy; government commitment to family planning; UNFPA technical and financial support; strong, effective and broad-based coordination mechanism; collaboration and clear division of RHCS roles between USAID DELIVER/USAID and UNFP; civil society and FBO involvement; and health systems strengthening with integration of services. However, the following challenges were identified: inadequate IT support, inadequate reporting and LMIS; inadequate forecasting capacity; high staff attrition; weak coordination and integration of services/interventions; and inadequate budgetary support.

Part B of the assessment showed that almost all countries had government-led structures of varying ages that co-ordinate and support reproductive health commodities, especially condoms; with UNFPA playing a crucial technical and financial support role in almost all of them. However, country systems had inadequate logistics and supply management (knowledge, storage, distribution, etc); inadequate coordination, especially at sub-national levels; inadequate funding; and in some case inadequate coordination. It was revealed that decision-making is generally not evidence-based as only three countries (Madagascar, Tanzania and Uganda) have done market research, while only 13 use the total market approach to ensure availability of condoms to all that need to use them. Further, 19 do targeted

distribution to various key populations, but only Comoros, Kenya, Mozambique, Madagascar and South Africa cater for MSM.
UNFPA is a major player commodity security, with the major role being procurement - providing technical and financial support and in some cases direct procurement. The challenges identifies were in understanding logistics and supply management systems and terminologies, e.g. pre-qualified suppliers were taken to mean only preferred suppliers. Of note is the fact that only four of the countries' systems operated a condom buffer stock of nine months and only Burundi, Eritrea and Swaziland had actual buffer stock of more than nine months. Further, condom shipments were within the agreed ordering lead time in only six countries. Of concern is the requirement for post-shipment inspection in 13 countries, despite the UNFPA recommendation that only pre-shipment inspection should be conducted on condoms procured from UNFPA and WHO prequalified suppliers. Challenges were noted with LMIS as a considerable number of countries do not use consumption data to inform distribution and in most countries were consumption data is used, less than 50% of the facilities report.

While a progress had been achieved in implementing comprehensive condom programming (CCP), only five countries had commenced implementation of the 10-Steps Strategic Approach, and of these only Zimbabwe had implemented all the ten steps.

In cognisance of the challenges identified, the countries requested technical support from SRO-J that included revision of plans, capacity building for various activities, baseline surveys, LMIS and advocacy to increase funding for RHC. In order to provide such support, it is imperative that an objective set of criterion is used to prioritise countries. UNAIDS has re-classified countries affected by HIV into the 20+5 countries for programme implementation to achieve high impact. These are classified as:

- High Burden: DRC, Ethiopia, Kenya, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe
- Severe/hyper-endemic: Botswana, Lesotho, Namibia and Swaziland
- Concentrated epidemic/geo-political: Djibouti and Rwanda

The UN co-sponsors of UNAIDS have agreed to implement their programmes based on this new classification. While significant progress has been made in implementing RHCS strategic plans and CCP programmes, facilitated by government ownership and leadership, human resource and logistics management challenges exist and capacity should be strengthened to meet these challenges, sustain programmes and accelerate implementation. SRO-J should provide specific and targeted support to develop/review RHCS and CCP Strategic and Implementation Plans; roll out **the** CHANNEL system; strengthen coordination and leadership; strengthen HR capacity (recruitment, training and orientation) in RHCS, LSM, CCP including market research. Further, to formulate an early warning indicator system based on existing CCM system; to facilitate the integration of RHCS and CCP coordination mechanisms at country level and to generate consensus on post-shipment testing of condoms and other commodities**.**

Introduction

Reproductive health commodities (RHC) are the supplies needed to ensure that every pregnancy is wanted, every birth is safe and every person is protected against HIV and other sexually transmitted infections. They include contraceptives and condoms, maternal health medicines and surgical equipment. Unless individuals can choose, obtain, and use the RH supplies they want, there can be no reproductive health commodity security (RHCS). Access to a reliable supply of *contraceptives, condoms, medicines and equipment* is absolutely essential to ensuring the right to reproductive health.

With support from the Global Programme on Reproductive Health Commodity Security (GPRHCS), most countries in East and Southern Africa have developed and are implementing national strategic plans on RHCS, which are either integrated into the existing Sexual Reproductive Health (SRH) strategy or related frameworks such as HIV/AIDS. Additionally, thirteen countries are implementing Comprehensive Condom Programming (CCP), which is a means to ensure that persons at risk of sexually transmitted infections, including HIV, and/or unintended pregnancies:

- are motivated to use male and/or female condoms;
- have access to quality condoms;
- get accurate condom information and knowledge; and
- use condoms correctly and consistently

CCP has the following components that are achieved using the 10-step strategic approach:

- Leadership and coordination
- Demand, access and utilisation
- Supply and commodity security
- Support

After years of responding to ad-hoc requests from countries for technical assistance and supplies, UNFPA developed the GPRHCS in 2008, following the efforts of the previous Thematic Trust Fund on RHCS that started in 2004. This current thematic fund is a framework for assisting countries in planning for their own needs. Through this programme, countries can move towards more predictable, planned and sustainable country-driven approaches to securing essential supplies and ensuring their use. Based on years of experience in reproductive health supplies, the programme makes use of lessons learned and establishes key activities that will help secure essential reproductive health supplies for countries.

The Global Programme is meant to be a catalytic fund; it is flexible so that each country can determine its own needs, and strategies often include:

- Establishing a comprehensive approach to supplies for the country, addressing issues such as demand generation, the needs of marginalized populations, and innovative financing methods.
- Creating national coordination teams, situation analyses and national strategic plans for Reproductive Health Commodity Security
- Including reproductive health supplies in the essential drug list. This is the national list of those drugs that the government has determined should be made consistently and widely available for basic health care.
- Drafting and supporting the implementation of a plan for handing over direct supply management and procurement to the government

- Making sure the national budget includes a line and funding source for reproductive health supplies
- Developing a streamlined and efficient business model for supply procurement and distribution so that parallel health delivery systems are eliminated or avoided
- Increasing country capacity to forecast need for supplies by developing or adapting appropriate tool/tools for projecting need

These strategies are usually outlined in a national strategic document, the RHCS strategic plan. The RHCS plan provides a medium term framework for country level concerted efforts toward the goal of reproductive health commodity security. If implemented the strategies outlined in the plan should build in-country capacity to increase reproductive health commodity security in a country-driven and sustainable manner.

After 3-5 years of UNFPA's support for the development and implementation of national strategic plans, SRO-J is undertaking a review of countries' progress to-date to understand their status and recommend appropriate direction. Recommendations will also include technical assistance needs which SRO-J will consider for developing a sub-regional technical assistance strategy based on common needs and trends.

Reproductive health commodity security is vital for effective programming as sexual transmission accounts for more than 80% of new HIV infections worldwide, including sub-Saharan Africa (UNAIDS 2008 Report of the Global AIDS Epidemic), therefore correct and consistent condom use is a significant intervention to reduce the risk of HIV transmission, however, the limited availability and accessibility of condoms in tandem with other social and cultural factors to pose barriers to effective condom utilisation. Approximately only nine male condoms were available for every adult male of reproductive age in Sub-Saharan Africa. Additionally, most countries in sub-Saharan Africa rely heavily on donor support for their condom supply, according the USAID 2010 Condom Gap Report. Further, most of the condom programming resources are spent on condom procurement, with minimal expenditure on programming, including demand generation and service provider capacity building.

Recent national population-based surveys have shown that an increase in condom use - in conjunction with the delayed sexual debut and reduction in sexual partners - is an important factor in the decline of HIV prevalence, contributing to substantial savings in terms of lives and costs.

Aim and Objectives

The overall objective of this assessment is to assist countries to improve implementation of RHCS strategic plans and comprehensive condom programming.

The assessment was done in two sections:

i. RHCS Strategy
ii. Comprehensive Condom Programming (CCP)

RHCS Strategy implementation assessment:

Specific objectives:

a. To establish the status of implementation of RHCS strategic plans in ESA in line with relevant SRH/RHCS indicators
b. Determine the level of government/ national ownership of the strategic plans
c. To identify bottlenecks in implementation of RHCS strategies
d. To identify strategies that ''successful'' COs have used to improve implementation
e. To propose practical strategies towards the development of sustainable systems
f. To identify UNFPA's role in (c) and (d)
g. To identify key directions for future technical assistance and guidance provided by UNFPA in development and implementation of strategic plans

Comprehensive Condom Programming assessment (CCP):

Specific Objectives:

a. To assess implementation of CCP in ESA countries
b. To assess condom logistics and supply management in ESA countries

Methodology

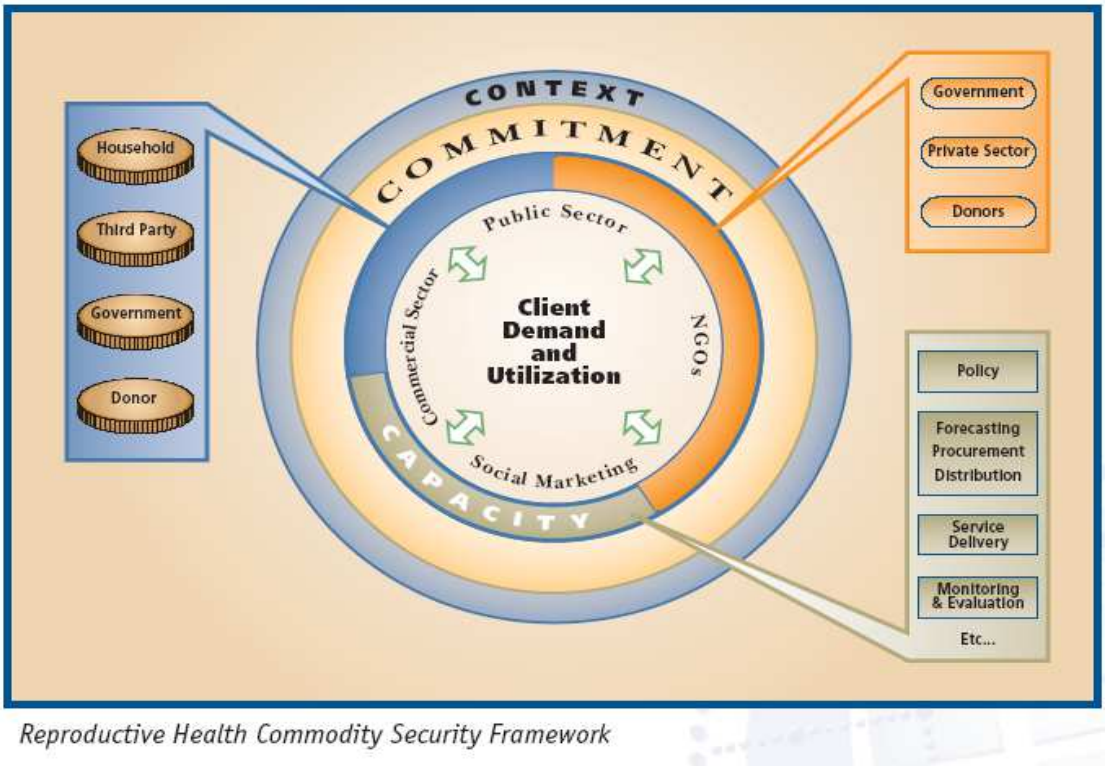
Twenty ESA countries (except Mauritius and Seychelles due to the uniqueness of their context and the difficulty of developing strategies that would apply to them) took part in the assessment between May and June 2011. A questionnaire was developed with mixed open and closed-ended questions. It was tested within SRO-J and revised according to input from various experts and supervisors. The revised questionnaire (see Annex 1) was then sent to the 20 respective country representatives and copied to the RHCS and HIV focal persons were requested to complete it. The responses were analysed and summarised using dummy tables.

The strategic plans submitted by the COs were reviewed for content using the UNFPA's Reproductive Health Commodity Security Assessment Tool (RHCSAT)[1] and Reproductive Health Commodity Security Framework (SPARHCS)[2]. The CCP component was reviewed against the CCP Framework and the 10-Step Strategic Approach, as well as PSB logistics management standards.

[1] *RHCSAT Adapted from JSI's SPARCHS and LSAT by UNFPA Africa CSTs' RH Logistic Advisers and Team of Africa RHCS Experts in August 2005*

[2] *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security. A Tool for Assessment, Planning, and Implementation.* Copyright © 2004 INFO Project, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

Figure 1: Figure showing Reproductive Health Commodity Security Framework



Reproductive Health Commodity Security Framework

Telephone interviews/discussions were held with UNFPA country RHCS and HIV focal points in the ESA region to seek clarifications, were need be, after the questionnaires were reviewed

Findings

RHCS Strategy

Of 20 ESA countries, only Eritrea and Angola did not respond. Most (13) countries in this review indicated that they currently have a strategic plan (SP) with the 5 years being the most frequent time frame for implementation. Seven of these SP will end in 2011 or 2012 (Ethiopia, DRC, Swaziland, Madagascar Lesotho, DRC, Kenya in 2012). Tanzania and Zimbabwe are both in process of developing strategic Plans.

Table 1: Table showing the time frames of RHCS Strategic plans in ESA, 2011

Countries	Year	Total	Comment
Namibia, South Africa, Tanzania, Zimbabwe, Mozambique Eritrea? Angola?	No strategic plan	5	Tanzania and Zimbabwe developing currently
Comoros	2006-2014	1	
Ethiopia, Kenya (2012)	2007-2011/12	2	Kenya focus on contraceptives only
DRC, Rwanda, Lesotho, Swaziland, Madagascar(2011)	2008-2012	5	
Botswana	2009-2013	1	
Burundi, Uganda	2010-2014	2	
Zambia, Malawi	2011-2015	2	

Notwithstanding the fact that there is no Strategic Plan, South Africa reported that there exist various policy documents/guidelines that enhance RHCS in the country. There also exists political will and leadership supported with generous budgetary allocation to health enabling procurement of RHCs in a consistent manner

UNFPA was identified as having initiated the process of RHCS strategic Plan development (Malawi, Rwanda), but the majority reported that MoH took the lead (Botswana, DRC, Kenya, Lesotho, Madagascar, Uganda, Swaziland, Zambia), while a combination of MoH with UNFPA leadership was observed in Ethiopia. In Lesotho, Madagascar, Swaziland, Rwanda, Uganda, Zambia, Government held the leadership role of the formulation process and chaired the technical working groups (TWG) in Kenya and Botswana, during the drafting stages, while the usual multi-sectoral stakeholders of the MoH were involved in the process in addition to UNFPA and relevant NGOs/FBOs. Except for Lesotho, NACs were not mentioned as partners of the process.

Other UN agencies such as UNICEF and WHO were mentioned as partners in addition to donors like PEPFAR, USAID, GTZ/KfW. The few countries with John Snow Inc (JSI) representation (Botswana, Malawi and Rwanda) indicated that they were consistently part of the planning process. Most countries followed a methodology of beginning with a situation analysis or assessment (either with support from the former Country Support Teams - CST/International consultants or JSI) through a consultative mechanism, then proceeded with the development of the SP based on findings of the situation analysis within a year. A few countries organized a RHCS TWG before moving to the strategy phase (Madagascar,

Malawi), which ultimately became the coordination mechanism during the implementation phase of the programme. Kenya however, used a different path altogether: UNFPA CO assisted Govt in advocating for the development of a National Contraceptive Commodities Security Strategy (NCCSS). Thereafter, a NCCSS taskforce was formed under the leadership of MOH for which UNFPA provided the funds in 2007 to develop a RHCS Strategy. Among stakeholders involved were the NCCSS/GTZ; the roles of KfW & USAID were limited to supporting the dissemination workshops while UNFPA & GTZ contributed to monitoring implementation of the strategy

Almost all the SPs were formulated around the SPARHCS framework. Thus the components of the strategic plans reviewed include:

- Context/policy
- coordination
- Commitment financing strategy for RH commodities
- Client utilization and Demand
- Logistics system/capacity
- M&E

In Kenya, the focus was on contraceptives: (a) Increased demand, utilization and accessibility of contraceptives, (b) Increased funding for contraceptives, (c) strengthening coordination and advocacy at all levels, (d) Improved capacity in logistics management, service provision, management information and (e) M&E.

The SP contributed to influencing RHCS activities and related interventions to a great extent in most countries. In fact, AWPs were inspired by the SP and informs all health sector FP and CS in Uganda. Swaziland plans to implement most RHCS activities in 2011 and therefore was not affected as much. In Botswana, because of ownership challenges of the SP and weak coordination, the strategy was not rolled out according to plan. The SP affected Kenya positively in some areas (increased CPR and Govt funding) but all others were challenged particularly LMIS and distribution aspects

Table 2: Table showing the extent to which strategic plans influenced RHCS activities in ESA, 2011

Response	Countries	Comments
Great extent	Uganda, Rwanda, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Comoros, DRC	SP has formed the basis of developing AWPs with government.
Some extent	Botswana	• Lack of clarity of ownership among government departments • Weak coordination mechanisms • Weak planning, M&E
	Zambia	• Plan just finalised
	Swaziland	• Most activities planned for 2011
	Burundi	•
No extent	Mozambique	Plan not yet finalised

Facilitating factors to implementation

The main facilitating factors cited by respondents were:

(i) Ownership and leading role of the MOH (Ethiopia, Kenya, Madagascar, DRC, Uganda, Swaziland)
(ii) Advocacy by UNFPA (Kenya)
(iii) Government commitment to FP (or maternal health) as a national development priority (Madagascar, Rwanda, Comoros, Burundi, Swaziland)
(iv) UNFPA technical and financial support (DRC, Madagascar): (including availability of GPRHCS funds, presence of CTA (Madagascar or focal person in government (Uganda))
(v) Strong and effective coordination mechanism with support by development partners (Madagascar, Mozambique, Uganda)
(vi) Collaboration between USAID DELIVER/USAID/UNFPA as main donors in RHCS in the preparation and clarity on the division of priority areas (Mozambique)
(vii) Involvement of civil society and FBOs (Botswana, Mozambique, Burundi)
(viii) Health sector reform policies with integration of services (Botswana)

Challenges and implementation gaps

In all cases, systems, capacity, resources (whether human and/or financial) were cited as major challenges. The specific issues cited include:

Systems and capacity:

- Weak capacity among national counterparts for forecasting
- High staff attrition and turnover
- Weak reporting systems, Inadequate capacity for LMIS, no identified software (mentioned by all)
- Weak coordination and integration of services/interventions
- Reaching 'hard to reach'' populations with services

Resources:

- Inadequate government allocation

Table 3: Table showing indicator status as influenced by strategic plans in ESA, 2011

	Improved	**Stagnant**	**Worsened**
Budget line (10)	Rwanda, South Africa, Swaziland, Ethiopia, Kenya, Uganda, Botswana, Lesotho, Madagascar, DRC	Malawi, Comoros	--
Coordination mechanism (10)	DRC, Rwanda, South Africa, Ethiopia, Kenya, Uganda, Botswana, Madagascar, Malawi,	Swaziland, Lesotho	--

	Comoros		
Essential drug list updates: (9)	DRC, South Africa, Swaziland, Ethiopia, Kenya, Uganda, Madagascar, Malawi, Comoros	Botswana, Lesotho	--

Status of RHCS SP implementation:

The countries have reached varied levels of implementation of their strategic plans, with Madagascar leading, followed by Botswana and and Ethiopia with rates of 50 – 8-%. DRC and Lesotho have rates of less than 50%, while Tanzania and Zimbabwe are Tanzania and Zimbabwe are in the development phase; Eritrea and Rwanda are waiting for government validation. For further details refer to annex 4.

Coordination and Leadership

All 20 countries responded to the questionnaire. 18 reported committees that provide leadership and coordinate RHCS activities, including condoms. Only Burundi and Swaziland do not have such a committee, as shown in annex 5.

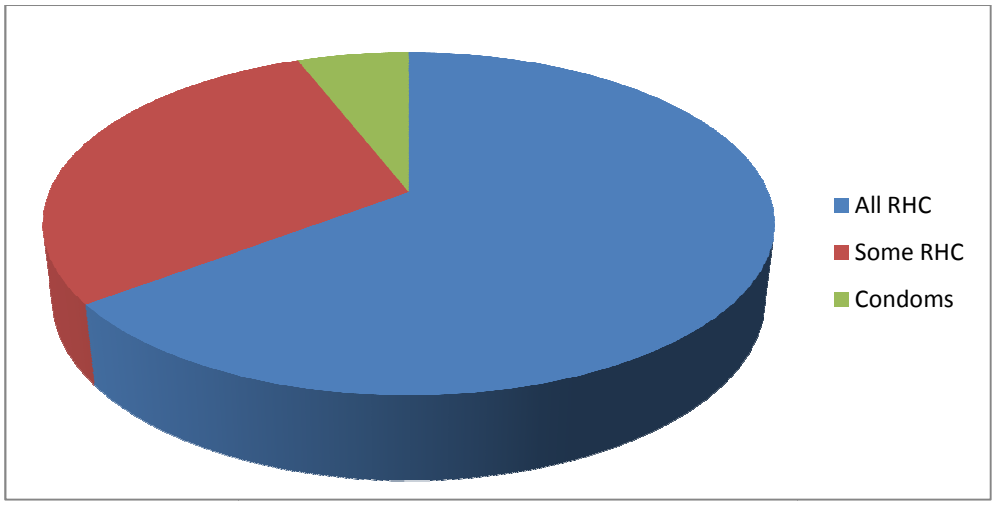
Namibia and South Africa are the only two countries out of 18 that have committees that are over 10 years old, though the South African committee is not specific to RHCS, but includes them in its discussions by co-opting members when necessary. Half of the countries (9 out of 18) - the Comoros, DRC, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Tanzania and Zimbabwe – have committees that are 5 – 10 years old. The rest of the countries (7/18)have committees that are less than five years old. These committees are chaired by government entities in all the 18 countries that have them and comprise government, the UN, bilateral/multi-lateral and other agencies like NGOs in all countries other than Namibia where it is composed entirely of government representatives.

The meeting schedules range from monthly in three of the countries (Angola, Ethiopia, Namibia), to ad-basis in DRC and Eritrea. Madagascar and Rwanda meet twice yearly while the remaining 11 countries meet quarterly. Meetings are regularly held in 10 of the 18 countries, other than Botswana, Comoros, Lesotho, South Africa, Tanzania and Zambia; and of course the two ad-hoc countries.

These committees attend to all RH commodities in 11 of the 18 countries, while in 6 countries they deal with some of the commodities, especially contraceptives. Only South Africa's co-opted committee deals with condoms only, as shown in the figure below.

The role of UNFPA varies from country to country to country and in most countries it plays more than one role. In 16 of the 18 countries UNFPA provides technical support, while in 8 it also provides financial support and in two countries it also provides procurement support (though Kenya did not indicate so, it procures 70% of the public sector condoms through a third party contract) and only in South Africa does it play no role.

Figure 2: Figure Showing the Proportion of Coordination Committees dealing with Specific Commodities in ESA, 2011



A variety of coordination challenges were highlighted. Half of the countries indicated systems and infrastructure challenges, 8 indicated human resource (HR) and commodity shortages, inadequate participation and logistics challenges and only Ethiopia identified no challenges as indicated in the table below:

Table 4: Table showing CCP coordination challenges in ESA, 2011

Response	Country	Total	Issues
No challenges	Ethiopia	1	
Holding meetings regularly	Comoros, Madagascar	2	Madagascar holds meetings per semester, time in-between is too large, reduced responsiveness
Leadership and ownership	Botswana, Swaziland, Uganda, Zambia	4	No or weak coordination body
Financial	Kenya, Zimbabwe	2	
Systems/infrastructure	Botswana, Madagascar, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia, Zimbabwe	9	Data management, no consumption data captured; space; unclear definition of roles; supply chain monitoring; coordinating multiple stakeholders; RHCS not integrated into CMS; inadequate logistics management capacity; clarity of who coordinates – NAC or Ministry
Other	Botswana, Eritrea, Kenya, Lesotho, Namibia, South Africa, Tanzania, Zambia	8	HR and commodity shortage; broad-based participation; demand creation; limited focus of coordination meetings

Response	Country	Total	Issues
Don't know /No response	Rwanda	1	
Total		N/A	

Detailed coordination challenges reported were:

1. **Inadequate logistics and supply management**
   - Inadequate LMIS
     - No data management software to facilitate forecasting, procurement, distribution and prevention of stock-outs
     - No consumption data reporting
   - Inadequate storage system
     - Inadequate storage system – duplication of functions (Angola
   - Inadequate distribution system
     - Sub-national
     - sub-district
   - Inadequate HR
2. **Inadequate coordination and leadership structures:**
   - no committee and no officers designated with the RHCS coordination and leadership function (Swaziland).
   - Irregular coordination meetings (e.g. Comoros)
   - Inadequate coordination at sub-national levels (Angola)
   - inadequate ownership by national structures
   - Inadequate national RHCS capacity
   - limited focus of coordination meetings (contraceptive shipments, central stock status)
   - lack of clarity on condom programming coordination – should it be AIDS control programme or RHCS
   - parallel systems that have stand-alone RHCS structures
   - Inadequate linkages between various RHCS players, e.g. public and private sectors, youth associations, etc
   - Constrained relationships between national authorities and some partners in Madagascar – MoH and USAID).
3. **Other challenges**

- Inadequate Funding
- No mechanism/system for continuous commodity level monitoring
- Human Resource shortage
- Commodity stock outs
- Weak ownership of the RHCS Strategy

To respond to some of the challenges above, countries instituted remedial action, including:

1. Holding regular stakeholder meetings to address all coordination and leadership challenges.

2. Establishing coordination mechanisms
3. Strengthening logistics management and supply system
   - data management
     - Routine reporting
     - RHC M&E
     - Consumption data reporting
     - Introduction and roll-out of CHANNEL
   - Transport
4. Advocating for increased national budget allocation for RHC
5. Decentralising supply management, e.g. regional warehouses
6. Building human resource capacity in logistics and supply management, including hiring and training
7. Integrating coordination and service delivery (e.g. condoms being coordinated within RHCS coordination system).

1.1 Demand Generation and Access

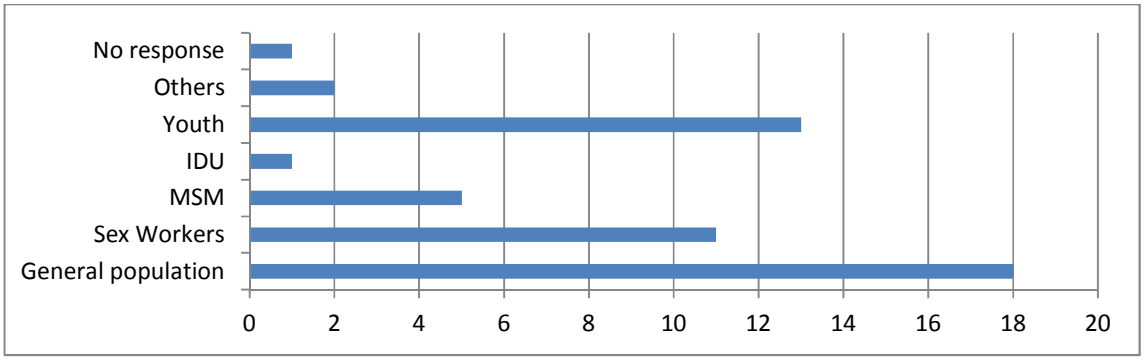
Only three countries (Madagascar – 2009; Tanzania – 2010, bi-annually and Uganda, 2008) out of the 18 reported conducting market research. 11 countries had no response. However, even four countries (Angola, Botswana, Lesotho and Namibia) that had indicated that they have not done any market research indicated that UNFPA had played actual roles in this market research. These roles were actual research work (Angola), technical support (Angola, Botswana, Lesotho, Namibia), financial support (Lesotho, Namibia) and advocacy (Botswana), though the Namibia role is anticipatory as they intend to carry out female condom acceptability studies. The table below summarises the information:

Table 5: Table showing the role of UNFPA in market research in ESA, 2011

Response	Country	Total	Comment
No role	Malawi, Tanzania, Zimbabwe	3	
Advocacy	Botswana	1	
Technical support	Angola, Botswana, Lesotho, Madagascar, Namibia, Uganda	6	Namibia – planned role in upcoming research
Financial Support	Lesotho, Uganda, Namibia	3	Namibia – planned role in upcoming research
Actual Research work	Angola	1	
Don't know /No response	Burundi, Comoros, DRC, Eritrea, Ethiopia, Kenya, Mozambique, Rwanda, South Africa, Swaziland, Zambia	11	
Total		N/A	

13 countries indicated that they utilise the total market approach in the distribution of condoms and other commodities, while seven (Angola, Comoros, DRC, Eritrea, Ethiopia, Lesotho and Zimbabwe) indicated that they do not utilise the total market approach though DRC, Lesotho and Zimbabwe's data filled in the table showed that they did have a total market approach and Zimbabwe is known for its robust condom programming. This may indicate a mis-understanding of terminology.

Figure 3: Figure Showing Targeted Condom Distribution in twenty countries in ESA, 2011



19 respondents indicated that they have targeted distribution of condoms, other than Ethiopia who did not respond to the question. 18 countries, other than Uganda (though other evidence indicates that Uganda also targets the general population) targeted the general population. 13 countries (Angola, Comoros, DRC, Kenya, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe) have specific programmes for young people, while 11 countries (Angola, Burundi, Comoros, DRC, Kenya, Malawi, Mozambique, Madagascar, Rwanda, South Africa, Uganda) target sex workers. However, only five (Comoros, Kenya, Mozambique, Madagascar, South Africa) have condom programmes for MSM and only Kenya has provides condoms to IDUs. Burundi and DRC have innovative programmes that provide condoms to prisoners and displaced people respectively.

1.2 Logistics, Supply Management

In 12 (Angola, Comoros, DRC, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Zambia, Zimbabwe) of the 20 countries, quantification and forecasting is done by teams composed of government, the UN (including UNFPA) and bi-lateral/multi-lateral. In the remaining 8 (Botswana, Burundi Lesotho; Namibia, SA, Swaziland, Tanzania, Uganda) countries this is done by government entities only.

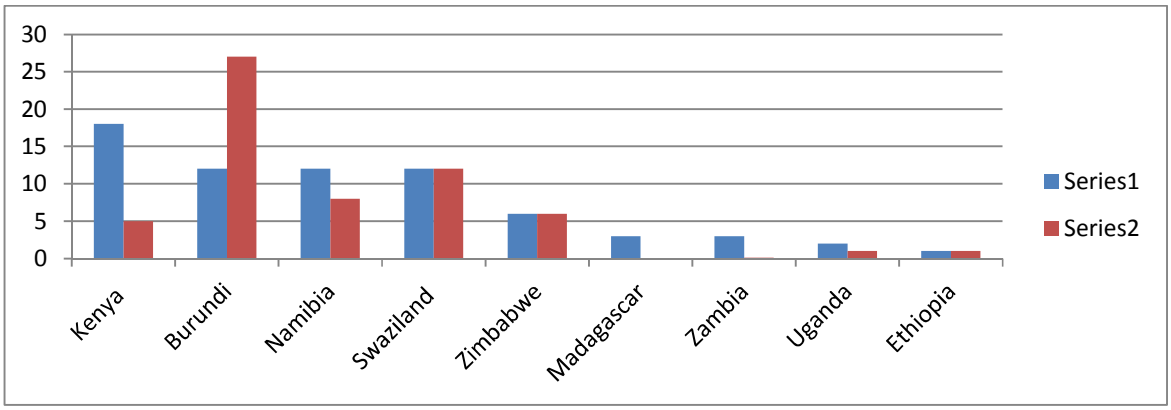
Procurement of condoms and other RH commodities: In 13 of the 20 countries (Kenya, Ethiopia, Malawi, Swaziland, Namibia, Tanzania, Madagascar, Uganda, Zambia, Zimbabwe, Rwanda, Burundi, DRC) is done collectively by teams consisting of government, the UN (led by UNFPA) and bilateral/multilateral organisations. In the Comoros and Lesotho, condoms are procured by UNFPA; in Mozambique and Angola by UNFPA and USAID, while in Botswana and South Africa the host governments procure and in Eritrea it is a combination of government and the UN system.

Pre-qualified suppliers: 16 out of 20 respondents indicated that they used pre-qualified suppliers (Angola, Botswana, Burundi, Comoros, DRC, Eritrea, Ethiopia, Madagascar, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe). Two countries (Kenya and Rwanda) indicated that they did not. Malawi uses pre-qualified suppliers sometimes and Lesotho did not respond to the question. However, it was noted that a significant number of countries that indicated that they did not use prequalified suppliers understood it to mean preferred suppliers who do not need to go through tender processes.

Ordering lead time: None of the responding countries indicated a condom lead ordering time of at least 9 months as recommended by PSB. 14 countries (Botswana, Burundi, Comoros, DRC, Eritrea, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Uganda , Zambia, Zimbabwe) indicated a lead time of less than nine months, while 5 (Kenya, Ethiopia; Madagascar; Rwanda; South Africa) did not respond to the question and Angola's response did not address the question.

Timely shipments: Six countries indicated that the last condom shipment was done within the lead time (Comoros, Lesotho, Mozambique, Namibia, Swaziland and Zimbabwe) while 13 countries did not respond (Botswana, Burundi, DRC, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Rwanda, South Africa, Tanzania, Uganda and Zambia). Angola's response did not address the question.

Figure 4: Figure showing Condom Agreed Buffer Stocks against Actual Buffer stocks in months per country in ESA, June 2011

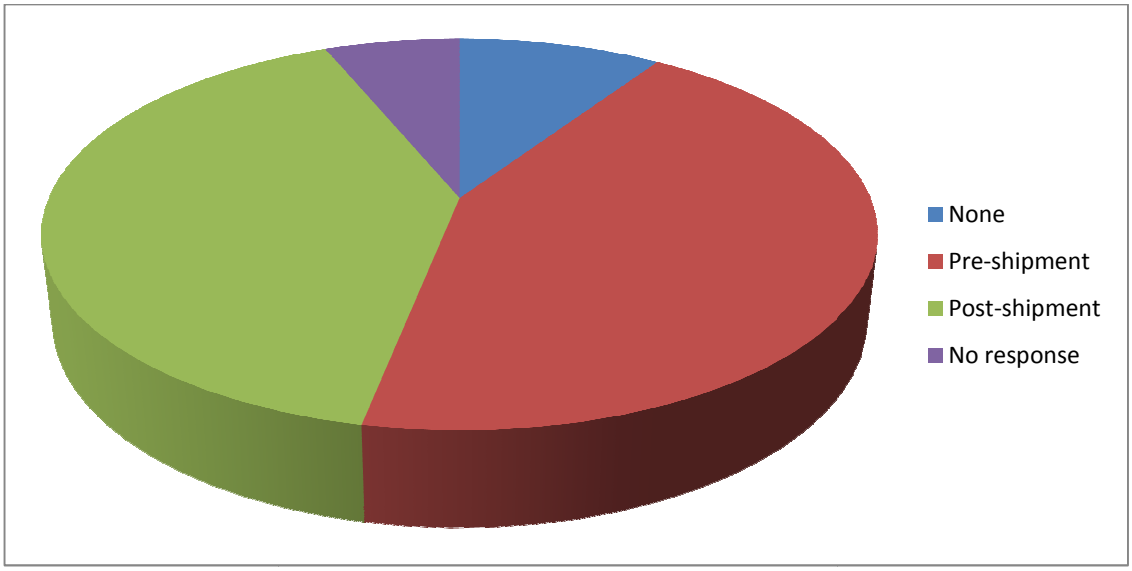


Buffer stock: 12 countries indicated that they had an agreed buffer stock for condoms. Of these, only four indicated that they kept condom buffer stocks of more than nine months (Burundi, Kenya, Namibia and Swaziland) while 8 countries indicated buffer stocks of less than nine months (Botswana, Comoros, DRC, Ethiopia, Madagascar, Uganda, Zambia and Zimbabwe), as shown in figure 4. Seven did not respond (Angola, Eritrea, Malawi, Mozambique, Rwanda, South Africa and Tanzania). Lesotho reported that it did not have a buffer stock system.

However, the following reported the actual buffer stocks at hand: Burundi, Eritrea and Swaziland had buffer stocks of more than nine months, 10 countries (Botswana, DRC, Ethiopia, Kenya, Malawi, Namibia, Tanzania, Uganda, Zambia, Zimbabwe) had buffer stocks of less than nine months and five countries (Angola, Madagascar; Mozambique, Rwanda, South Africa) did not respond to the question and Lesotho reported that they did not have any buffer stocks. Of concern are Ethiopia, Madagascar, Uganda, Zambia and Zimbabwe whose agreed and actual buffer stocks were below then recommended 9 months stock.

Quality Assurance: The countries reported a variety of QA systems for condoms. Fourteen countries (Botswana, Burundi, Comoros; DRC, Eritrea, Ethiopia, Madagascar; Malawi; Namibia, Rwanda, South Africa, Uganda, Zambia, Zimbabwe) reported that only pre-shipment inspection was required, while 13 (Botswana, Burundi, DRC, Eritrea, Ethiopia, Malawi, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe) conducted post-shipment inspection with an overlap of nine countries (Botswana, Burundi, DRC, Eritrea, Ethiopia, Malawi, Uganda, Zambia and Zimbabwe) that do both pre- and post-shipment inspection. However, it should be noted that some countries interpret routine warehousing and storage as post-shipment inspection. Three countries (Mozambique, Lesotho and Swaziland) did not report any QA system, while Angola and Kenya did not respond to the question.

Figure 5: Figure Showing Condom QA Systems in use in ESA, 2011



UNFPA participates in the QA system at various levels, but in most countries (Angola, Botswana, Burundi, DRC, Eritrea, Ethiopia, Kenya, Mozambique, Namibia, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe) it provides technical support that ranges from supporting post-shipment condom testing in Uganda to ensuring proper storage in Namibia. In DRC, Eritrea, Ethiopia, Rwanda, Tanzania (in emergency situations) it provides financial support, while it plays no role in four others (Lesotho, Malawi, Madagascar, South Africa). Comoros did not respond to the question.

Warehousing: In 18 out of the 20 countries, condom warehouses are managed by government entities only (Botswana, Ethiopia, Kenya, Lesotho, Madagascar, Namibia, Rwanda, south Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, Burundi, Comoros, DRC, Mozambique; Eritrea), while in Angola and Malawi the government entities manage the warehouses with support from the UN System and bilateral/multilaterals. Likewise, in 16 countries the government entities distribute condoms (Burundi, Comoros, DRC, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda and Zambia), while in Malawi and Zimbabwe, government entities with support from the UN System and bilateral/multilateral organisations distribute the condoms. Angola and Botswana did not respond to the question.

Distribution: Thirteen of the countries indicated that distribution of condoms is based on consumption data from the sites (Burundi, Comoros, DRC; Eritrea, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Swaziland, Tanzania, Zambia, Zimbabwe), while Angola, Lesotho; Botswana and Kenya do not have consumption data. Ethiopia and Uganda use a mixed system while South Africa did not respond to the question.

In half of the countries (Burundi, Comoros, Eritrea, Ethiopia, Madagascar, Malawi, Namibia, Swaziland, Zambia, Zimbabwe) there is a system for internal redistribution of commodities, including condoms while eight do not have such a system(Angola, DRC, Kenya, Lesotho, Mozambique, South Africa, Tanzania and Uganda). Botswana and Rwanda did not respond to the question.

Logistics Information Management System: All countries except Tanzania have a logistics information management system. Lesotho did not respond to the question. Eight of the countries (Angola, Botswana, Eritrea, Lesotho, Rwanda, Swaziland, Zambia and Zimbabwe) have stand-alone systems while another eight (Burundi, DRC, Ethiopia, Kenya, Mozambique, Namibia, South Africa and Uganda) have integrated systems. Four countries (Comoros, Madagascar, Malawi and Tanzania) did not respond to the question. These information systems cover all RH commodities in 17 countries (Angola, Burundi, Comoros, DRC, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique; Namibia, Rwanda, South Africa , Uganda, Zambia, Zimbabwe), while Swaziland only has a system for contraceptives. Botswana and Tanzania did not respond to the question. These systems allow for a varying degree of consumption data monitoring. In 9 countries (Burundi, Comoros, Ethiopia, Madagascar, Namibia, Rwanda, South Africa, Uganda and Zimbabwe) more than 50% of the facilities report consumption data, while less than 50% of the facilities report consumption data in Angola, Eritrea, Kenya and Zambia; while Lesotho and Mozambique do not have systems that allow for consumption reporting and monitoring. In DRC the system is not yet in use. Botswana, Malawi, Swaziland and Tanzania did not respond to the question.

The information systems in DRC, Madagascar, Mozambique, Zambia and Zimbabwe allows recording of best practices while those in 11 countries (Angola, Burundi, Comoros, Eritrea,

Ethiopia, Kenya, Lesotho, Namibia, Rwanda, South Africa, Uganda) do not. Botswana, Malawi, Swaziland, Tanzania did not respond to the question.

Implementation of the 10-Steps Strategic Approach: Out of the twenty countries, only five (Botswana, DRC, Malawi, Madagascar, Zimbabwe) have implemented the CCP 10-steps, three have not (Rwanda, Tanzania, Zambia) and 12 (Angola, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Uganda) did not respond to the question.

Technical Support Requirements

The countries indicated that SRO technical assistance should focus on:
Build country office capacity, especially in resource mobilisation, logistics and supply management
Provide technical support to develop, implement, monitor and evaluate CCP strategies
Advocate for increased visibility of UNFPA country programmes (refer to annex 6 for the complete list)

Discussion

The assessment was conducted in twenty countries in ESA. The UNFPA country offices were the respondents and they assessed national capacity and programmes. The assessment covered RHCS strategic plans, their implementation and CCP, including implementation of the 10-Step Strategic Approach.

Countries have developed strategic plans with UNFPA support and are at various stages of implementation. Though the overall impact of the SP implementation on RHCS in countries has not been established in this study, what is obvious is that the process of developing the SPs led to some awareness and improved knowledge and ownership of RHC in these countries. Furthermore, the participatory nature of conducting the diagnostics and the subsequent development of the SP itself facilitated the establishment of the coordination mechanisms. The more participatory and government led these processes were the more ownership there was and commitment to implementation.

The development of SP has also contributed to government commitment to allocating resources to RHC. A significant number of countries (10) have had budget lines assigned to RHC while 9 countries have updated their essential medicines list to include RHC.

Inadequate national capacity and systems continue to be a challenge in several countries and needs to be systematically addressed if the gains are to be sustained. Given that a major facilitating factor has been government ownership, it is critical that programmes continue to build on this and ensure that RHCS is effectively integrated in and linked with national priorities and programmes to ensure sustainability. It is important to note, however, that no monitoring or reviews of the implementation of the SP have been done.

On the other hand implementation of CCP is at various stages in ESA and only five countries (Botswana, DRC, Malawi, Madagascar and Zimbabwe) have implemented CCP, but only Zimbabwe has done all the steps. Though the reasons for this may be varied, inadequate human resources are a major contributing factor. The countries will require enhanced technical support and capacity building to accelerate implementation.

Coordination structures exist in all countries, except Burundi and Swaziland, and governments have ownership and leadership of these bodies, though they face challenges that range from irregular meetings, inadequate participation to unique problems like in Madagascar where there are challenges in managing donor relations.

Condom logistics coordination is well integrated with other RH commodities in 11 of the 18 countries and only South Africa has a stand-alone condom coordination entity. UNFPA is an active player in coordination of logistics management and its role ranges from technical and financial support to convening the meetings and actual procurement. However, consumer needs and preferences are not assessed as market research has only been done in 3 of the twenty countries, though a higher number of countries indicated that UNFPA had provided support to market research that they had reported was not done!

Though various coordination challenges were highlighted, most countries did not reflect them in their TA needs. Only six (Angola, Botswana, DRC, Kenya, Swaziland and Tanzania) countries linked their coordination challenges to their TA needs.

The concept of “total market approach” was not well understood by a significant number of countries, though 13 indicated that they practiced it. Of the seven that said they did not practice total market approach, three provided information that showed that they actually operated a total market approach. This total market approach targeted the general population and some key populations. In the key populations, 11 of the countries targeted sex workers, five had programmes for MSM (Comoros, Kenya, Mozambique, Madagascar and South Africa) and only Kenya targeted IDUs. However, youths were targeted in 13 of the countries, including the use of condom vending machines in the Malawi programme. The other innovations were condom programmes for prisoners and displaced people in Burundi and DRC respectively.

While significant progress has been made, the assessment showed that a substantial number of countries had challenges with basic logistics management concepts, including terminology. For instance, lead times were understood differently with some countries defining lead time as from the shipment left the port from the country of dispatch to arrival in the destination country. While others understood “prequalified suppliers” to mean preferred suppliers who are not be subjected to competitive tendering.

While PSB recommends a buffer stock of nine months for condoms, none of the countries kept such a buffer stock, all had plans of buffer stocks of less than nine months and only three (Burundi, Eritrea and Swaziland) had actual stocks of more than nine months.

The actual condom logistics management of quantification, forecasting, procurement, storage and distribution is done by government with support from various stakeholders, with UNFPA playing a critical role in all countries other than South Africa and to a large extent Botswana. Eritrea is a unique case where government works only with the UN through UNFPA in RHCS. However, warehousing and distribution components are predominantly government functions, with only Angola, Malawi and Zimbabwe reporting the involvement of other players in these functions. Though 13 countries reported using consumption data as a basis for distribution, only nine receive consumption data from 50% or more of their facilities and only five report best-practices, though all countries report a logistics management system other than Tanzania that does not have one and Lesotho who did not respond. Of note is the fact that only 8 countries report an integrated LMIS, while 8 others have parallel stand-alone systems that may pose standardisation challenges as well as increased workloads in a situation of reported HR shortages.

Recently, there have been reports of actual and impending condom shortages in a number of countries, notable being Kenya, Namibia, Tanzania and Zambia, all being countries that had less than nine months of buffer stock. Of these countries only Kenya has a programmatically agreed buffer stock of more than nine months.

Currently, there is no system that allows for oversight of condom stocks and flows in countries, making anticipation of and responding to condom stock outs a difficult task. In most countries, with the notable exception of Tanzania, the Country Commodity Manager (CCM) system is used to manage RHC stocks. This is a system that should be strengthened to allow country authorities, all levels of UNFPA and eligible partners to monitor commodity stocks, including condoms. However, this system cannot be applied in a wholesale manner to all the countries in ESA.

UNAIDS has identified the 20-plus countries to focus HIV programming on, a system that prioritises countries in order to mount a concerted and robust UN-wide response. Of these 20+ countries, 15 are in ESA. Almost all the ten high burden countries (DRC, Ethiopia, Kenya, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe) are low income with the notable exception of South Africa and Kenya, with UNFPA playing an important role in condom security, ranging from supporting quantification to emergency procurement, with the exception of South Africa. Of the four severely endemic countries (Botswana, Lesotho, Namibia and Swaziland), Botswana and Namibia have the capacity to procure their own commodities (refer to annex 7). The other countries in ESA (Angola, Burundi, Comoros, Eritrea and Madagascar) are not in the 20-plus priority countries, while South Sudan is yet to be classified.

Due to the varied nature of the financial capacities, UNFPA involvement and burden of HIV in the various countries, the response to ensure commodity security should be tailored with these

variables in mind (refer to annex 8). Consequently, it is being proposed that the fifteen 20+ countries in ESA be categorised (A – D) according to the state of their epidemic and financial and systems capacity. This should then form the basis of UNFPA support to countries. According, the following roles are proposed:

- Category A – own capacity to meet all condom requirements: UNFPA will provide strategic support to condom programming, especially strategic information.
- Category B – strong capacity to meet most condom needs: UNFPA will provide technical support, limited catalytic funding as well as advocacy and brokerage roles
- Category C – limited capacity to meet Condom needs: UNFPA will support commodity procurement, advocate for increased national financial commitment and increased role of social marketing
- Category D – inadequate capacity and systems to meet condom needs: UNFPA will support basic logistics management functions as well as capacity building; procure commodities.

All the non-20 plus priority countries in ESA have inadequate capacity and systems to meet condom needs. In these countries, however, UNFPA should play the role of advocate and broker so that other non-UN partners increase their RHCS roles, as well as increased national financing of RHC, including condom procurement (refer to annex 8).

The proposed UNFPA roles aim at equitable treatment of countries based on their HIV burden as define by the 20+ country classification and the capacity of that country to respond to its commodity needs, ranging from logistics management to creating demand and access to commodities. It also looks at long term sustainability of commodity provision by encouraging countries to take on increasing responsibility, over time, to meet their commodity needs from their own resources. UNFPA would over time assume the role of a strategic partner as countries increasingly meet their own commodity needs.

These new UNFPA roles, as well as the use of CCM to track consumption and stock levels, may take time to be fully functional. Therefore a stop-gap measure to monitor condom levels and anticipate stock-outs is proposed, consisting of three questions that all category B – D (Botswana and South Africa are deemed to be self-sufficient) and the non-20+ countries would answer quarterly:

1. The current condom stocks in the central stores
2. How long those stocks would last
3. The time that the next condom consignment is expected.

This would allow monitoring of stocks, anticipate and respond to stock-outs timely. Once fully operational, CCM monitoring would take over this function.

It is of concern that although PSB recommends that pre-shipment testing of condoms procured from pre-qualified suppliers should suffice for quality assurance purposes, as many as 13 countries insist on additional post-shipment testing. Given the related costs in terms of time and funds, this requirement may lead to delays and in the delivery of condoms.

Conclusion

Countries in ESA have made significant progress in implementing RHCS strategic plans, though challenges still exist. Government leadership and ownership have been key facilitating factor to successful implementation of RHCS and CCP programmes. However, UNFPA recognizes that Governments need more human and financial resources to make further progress. Ongoing support to countries must continue to build on and foster government leadership, while maintaining both a strategic and operational framework.

Recommendations

i. **UNFPA HQ – to provide normative guidance, quality standards and resource mobilisation.**
HQ will provide direct support to the regional office to support country level implementation with nominative guidance, quality standards and non-traditional resource mobilization and funding for market research.
.

ii. **SRO-J to provide specific and targeted support,** focusing on building country office capacity, especially in resource mobilisation, logistics and supply management; provision of technical support to develop, implement, monitor and evaluate CCP strategies

iii. **SRO-J to strengthen logistics and supply management**
- facilitate the harmonization of supply chain management software with other partners, including USAID
- generate consensus on post-shipment testing of condoms and other commodities
- refresher training of Country Offices in basic logistics management
- implement a regional RHCS early warning indicator system based on existing CCM system within all UNFPA country offices

iv. **SRO-J to build country office capacity on implementing CCP including the harmonisation of RHCS and CCP coordination mechanisms at country level and broaden it to all stakeholders.**

v. **UNFPA country offices to base their support to countries on the 20+5 HIV high impact countries for HIV impact approach as well as country capacities.**

Key assessment issues prioritised during the assessment report validation meeting

Coordination of partnerships

Identifying, including and seeking the leadership of critical government leaders/ministries/departments that need to be embraced in the partnerships is important for coordination successes. The actual

composition was agreed to be country -specific but the need to have the key players involved was universal.

Advocacy

Advocacy should be extended to broad-based resource mobilization that should also include civil society and the private sector. This advocacy should also focus on increasing national government funding for RHCS, including condoms in order to ensure sustainability.

Policies and regulations:

There is concern on the increasing number of countries demanding post-shipment testing of condoms, irrespective if these condoms being from pre-qualified supplier as well as the UNFPA recommendation against post-testing such condoms.

Resource mobilization

In the light of shrinking donor and other resources, there is need to engage the private sector (even at country level) in public/private partnerships for resource mobilisation.

Integration

There is a critical need to integrate CCP into existing SRH/HIV programmes, especially since these are integrated out of necessity at service delivery level, however there is need to have tools to ensure that some components do not fall through the cracks.

Strategic Plan for RHCS/CCP

Some countries have specific plans, while others have integrated CCP and RHCS into HIV strategic plans, but the important thing is that there should be clear RHCS/CCP implementing plans which can be monitored and evaluated as part of a comprehensive response to HIV.

Harmonisation of RHCS Systems and Software

There are too many different systems and software being used by different donors within countries, necessitating the need for harmonisation and use of preferably one such software. UNFPA should lead the process and convene partners to encourage use of standardised systems and software to monitor RHC stock levels with the aim of avoiding stock-outs throughout the commodity logistics management value chain. There need not be one system region-wide, but there should be a standardised and harmonised system within a country.

Innovative, easier and cheaper demand creation

It is important to find innovative, easier and cheaper ways of creating demand, identifying the 'Place' factor and appropriate and innovative communication strategies, especially for youth

It is also important for CO to facilitate the Total Marketing Approach. While Market Research is expensive, it is important for evidence-based decision making. Therefore HQ and ARO/SRO should

support countries by commissioning such research for country adaptation or supporting such research within specific countries (one size does not fit all). The meeting was reminded of the 2012 guidelines on creating market strategies for female condoms, pricing and ascertaining where users would be most comfortable to collect from.

M&E

Emphasise on using existing M&E Guidelines was made and if necessary, the Knowledge Management Branch and ARO/SRO can provide support where necessary.
Countries were encouraged to generate local evidence to guide programming.
It was also noted that COs cannot implement or support the implementation of all interventions necessary to meet the UNFPA mandate, but should form innovative and strategic partnerships to take up and implement some of the activities.

Best Practice

Countries wanted more clarity on what constituted Best Practice countries, but SRO-J explained the existing system where SRO-J captures best practices as detailed in country reports. It was emphasised that SRO-J should provide support to help countries understand what constitutes a best practice and how to document them. The countries resolved that they should be supported with templates and guidelines so that they would know what constituted a best practice.

Documentation

In-country documentation is a challenge, especially in countries that have inadequate IT support and rely on manual systems. There is need for countries to be supported to develop IT organisational and institutional capacity.

Condoms:

The following issues were raised on condoms.

Female Condoms

Availability of newly developed condoms: -UNFPA will be approving the CUPID Female condom developed by an Indian company in 2012. Another female condom made by a Chinese is made with latex and has a little applicator to push internal ring up to the cervix, while the female condom combined with a hormonal contraceptive may not be available yet and may be too expensive for UNFPA.
Sustaining female condom uptake
Balancing demand creation and supply was another challenge, Rwanda is facing stock outs after two campaigns which were not accompanied by strengthening supply.
Capacitation of women to use female condom Zimbabwe experienced the need to do so after embarking on aggressive marketing of the female condom.
Marketing: Attractive packaging attracts users, therefore countries need to make an investment in packaging and partner with social marketers.

Dual protection

If women are at risk of contracting STIs and having unintended pregnancies they should use both hormonal contraceptives and condoms, it should not be an "either or" case.

Essential drug list

Condoms are not classified on the essential drug list in countries like Tanzania because the condom is classified as a device. Countries where condoms are not on the essential drug list should undertake advocacy to get their governments to do so. ARO/SRO should support this advocacy.

ANNEX

ANNEX 1 Questionnaire - Rapid RHCS Assessment

Name of Respondent: **Designation:**

Country: **Date:**

Thank you for agreeing to take part in this Rapid RHCS Assessment. Kindly follow the instructions and answer all the questions. The information will be used to strengthen RHC security as well as identify critical areas that need urgent attention.

Answer all the questions.

SECTION A: National Strategic Plan

1. Has your country developed a national RHCS strategic/action plan
    a. If yes what is the time frame for implementation

2. Who initiated the process?

3. What was the role of government in developing the strategic plan?

4. Who were the participating stakeholders involved in the process?
    a. How were they identified?

5. Briefly describe the strategic planning process in a few steps.

6. What are the main strategic components/objectives?

7. To what extent has the strategic plan influenced RHCS activities and AWPs?
    a. Great extent: please explain
    b. Some extent: please explain
    c. No extent: please explain

8. Has a review been undertaken since implementation commenced?
    a. If so when?
    b. Was there any major recommendation in terms of re-direction of the strategy? Please attach a summary of this report

9. What in your opinion have been the facilitating factors to implementation of the national strategic plan

10. Please indicate any challenges as well as any implementation gaps related to:

a. Systems and capacity
b. Resources
c. Other

11. Please indicate the status of the following indicators since the implementation of your strategic plan (improved, worse, stagnant):
    a. Budget line:
    b. Coordination mechanism:
    c. Essential Drug List updates:

12. Kindly indicate where SRO assistance should focus

13. Please attach a copy of the action plan cited in (1) along with a status of implementation column as of 31 December 2010

SECTION B: RHC Security

1. Is there a national committee/body that leads and coordinates RHCS activities in the country?

   Yes No

   i. Name of committee/body
   ii. Date formed
   iii. Chaired by
   iv. Membership
       a. Government only
       b. Government and UN System only
       c. Government, UN, Bilateral/multilateral
       d. Government, UN, Bilateral/multilateral, others

   v. ToRs (attach)

   vi. How often does the committee meet? Please attach minutes of the last three meetings
       e. Weekly
       f. Fortnightly
       g. Monthly
       h. Quarterly
       i. Ad-hoc
       j. Other (specify)

   vii. Are meetings held regularly as scheduled?
   Yes No

   viii. Does it deal with all RH commodities?
   a. All RH commodities
   b. Only condoms

c. Some (specify)

ix. What role does UNFPA play in this committee/body?

2. Has there been any market research to understand consumer needs and preferences for RH commodities? Provide copy or link.

   Yes No

   If "Yes",

   a. When was the last time that market research was done?
   b. What was the name of the study?
   c. Name any relevant market research planned?
   d. What role does UNFPA play in RHCS market/operational research?
   e. List the relevant research priorities
      -
      -
      -

3. Is a total market approach used for access to RH commodities?

   a. Which RH commodities use the following access methods (rank, with 1 being the most used method and 5 the least used)

No	Access point	**Commodities**							
		Male condom	Female condom	Pill	Injectable	Implants	IUD	Vaginal method	Emergency
1	Free public sector								
2	Free NGO/CSO								
3	Social marketing								
4	Commercial								
5	Other (specify)								

   b. Is there targeted distribution of RH commodities? (tick as appropriate and give example of distribution points and commodities)
      - General population
      - Most-at-risk groups
        - Sex workers
        - MSM
        - IDUs
        - Others (Specify)
      - Young women and girls
      - Boys and Young men

4. What challenges are faced in the coordination of RHC security?
   What measures are in place to respond to/resolve these challenges?

5. RH Commodity Supply and Security

i. Who does quantification, forecasting and projection of RH commodities?
How long have they been doing it?

Who performed this role before?
Was there need to revise the quantification, forecasting and projection figures within the past 12 months? If "Yes", specify why

What role does UNFPA play in quantification, forecasting and projection?

ii. Who procures RH commodities?

Do they source from prequalified suppliers?
Yes No Sometimes

iii. Fill in the table below:
- What is the agreed programme lead time for ordering?
- What was the actual lead time for last two shipments?

No	Commodity	Lead Time		
		Agreed Lead Time	Shipment 1	Shipment 2
1	Male Condom			
2	Female Condom			
3	Pill			
4	Injectable			
5	Implants			
6	IUD			
7	Vaginal Method			
8	Emergency			

iv. What are the agreed and current buffer stocks?

No	Commodity	Buffer Stocks	
		Agreed	Current
1	Male Condom		
2	Female Condom		
3	Pill		
4	Injectable		
5	Implants		
6	IUD		
7	Vaginal Method		
8	Emergency		

v. What QA measures are in place before commodities get to storage areas?

No	Commodity	QA Measures (Tick)

		Pre-shipment Inspection	Post Shipment Inspection	Other (specify)
1	Male Condom			
2	Female Condom			
3	Pill			
4	Injectable			
5	Implants			
6	IUD			
7	Vaginal Method			
8	Emergency			

vi. How is UNFPA involved in these processes?

vii. Who manages the warehousing system?

How long have they been doing this role?

viii. Who manages the distribution system?
Is distribution based on consumption data and requests from service providers?
Yes No
If "No", what system is used?

Is there a system for internal redistribution of commodities?

ix. Is there a logistics management information system?
Yes No
Is it stand alone or integrated into national health management information system?

Does it cover all RH Commodities?
Yes Condoms only Others (specify):

Does the system allow consumption monitoring and reporting?
Yes No

If "Yes", what percentage of facilities report consumption data?

Does the system allow documentation of best practices?
Yes No

6. Has your country implemented the CCP 10-steps?

i. Do you have a national condom support team or similar body? If yes, attach terms of reference

ii. Have you undertaken a situation analysis? If yes, attach report.
Yes No

iii. Do you have a comprehensive and integrated national strategy for male and female condoms? If yes, attach copy.
Yes No

iv. Do you have a multi-year operational plan and budget? If yes, attach it
Yes No

v. Is the multi-year plan linked to the national commodity security plan? If yes, attach copy of national commodity security plan.
Yes No

vi. Do you have a resource mobilisation strategy or plan for CCP? If yes, attach copy or other documentary evidence.
Yes No

vii. Do you have a plan to strengthen institutional or human resource capacity for CCP? If yes, attach plan or other documentary evidence.
Yes No

viii. How have you created and sustained demand for condoms?
Yes No

If "Yes", explain briefly how:

ix. How have you strengthened advocacy and engaged the media around CCP?
Yes No
If "Yes", attach advocacy plan, MoUs or other documentary evidence

x. How is your CCP programme monitored and evaluated? What informs your decision making?

Thank you for your time.

Annex 2 - Terms of References for RHCS Assessment

What is the status of implementation of RHCS strategic plans in ESA

Introduction

Reproductive health commodities are the supplies needed to ensure that every pregnancy is wanted, every birth is safe and every person is protected against HIV and other sexually transmitted infections. They include contraceptives and condoms, maternal health medicines and surgical equipment. Unless individuals can choose, obtain, and use the RH supplies they want, there can be no reproductive health commodity security. Access to a reliable supply of *contraceptives, condoms, medicines and equipment* is absolutely essential to ensuring the right to reproductive health.

With support from the GPRHCS, most countries in East and Southern Africa have developed and are implementing national strategic plans on RHCS, which are either integrated to the existing Sexual Reproductive Health (SRH) strategy or related frameworks such as HIV/AIDs.

After years of responding to ad-hoc requests from countries for technical assistance and supplies, UNFPA developed the Global Programme on Reproductive Health Commodity Security (GPRHCS), which follows efforts of the previous Thematic Trust Fund on RHCS. This current thematic fund is a framework for assisting countries in planning for their own needs. Through this programme, countries can move towards more predictable, planned and sustainable country-driven approaches to securing essential supplies and ensuring their use. Based on years of experience in reproductive health supplies, the programme makes use of lessons learned and establishes key activities that will help secure essential reproductive health supplies for countries.

The Global Programme is meant to be a catalytic fund; it is flexible so that each country can determine its own needs, and strategies often include:

- Establishing a comprehensive approach to supplies for the country, addressing issues such as demand generation, the needs of marginalized populations, and innovative financing methods.
- Creating national coordination teams, situation analyses and national strategic plans for Reproductive Health Commodity Security
- Including reproductive health supplies in the essential drug list. This is the national list of those drugs that the government has determined should be made consistently and widely available for basic health care.
- Drafting and supporting the implementation of a plan for handing over direct supply management and procurement to the government
- Making sure the national budget includes a line and funding source for reproductive health supplies
- Developing a streamlined and efficient business model for supply procurement and distribution so that parallel health delivery systems are eliminated or avoided
- Increasing country capacity to forecast need for supplies by developing or adapting appropriate tool/tools for projecting need

These strategies are usually outlined in a national strategic document, the RHCS strategic plan. The RHCS plan provides a medium term framework for country level concerted efforts toward the goal of

reproductive health commodity security. If implemented the strategies outlined in the plan should build in-country capacity to increase reproductive health commodity security in a country-driven and sustainable manner.

In addition to content analysis as per SPARCHS it is also very important to analyse in line with the GPRHCS Performance Monitoring framework. To what extent are the major outputs, indicators and other deliverables of the Framework being achieved?

After 3-5 years of UNFPA's support for the development and implementation of national strategic plans, SRO-J is undertaking a review of countries' progress to-date to understand their status and recommend appropriate direction. Recommendations will also include technical assistance needs which SRO-J will consider for developing a sub-regional technical assistance strategy based on common needs and trends.

Objective

The overall objective of this assessment is to assist countries to improve implementation of RHCS strategic plans towards the establishment of sustainable RHCS systems.

Specific objectives are:

a. To establish the status of implementation of RHCS strategic plans in ESA in line with relevant SRH/RHCS indicators
b. To determine the level of government/ national ownership of the strategic plans
c. To determine progress achievements to date with the implementation of the SPs
d. To identify bottlenecks in implementation of RHCS strategies
e. To identify strategies that ''successful'' COs have used to improve implementation
f. To propose practical strategies towards the development of sustainable systems
g. To identify UNFPA's role in (c) (d) and (e)
h. To identify key directions for future financial and technical assistance and guidance provided by UNFPA in development and implementation of strategic plans
i. To make appropriate recommendations in response to findings

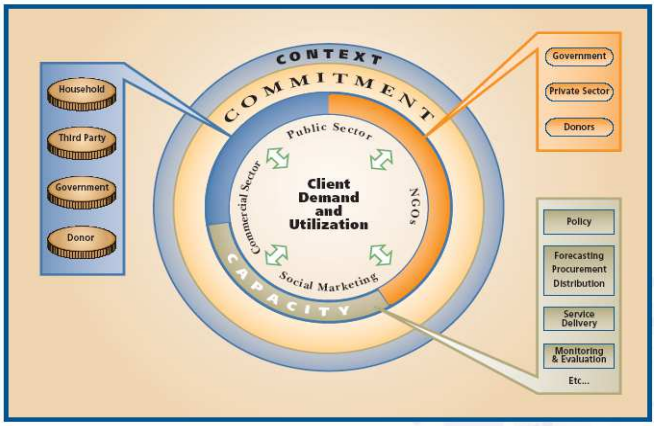
Methodology

1. Content analysis of available national RHCS strategic plans using the UNFPA's Reproductive Health Commodity Security Assessment Tool (RHCSAT)[3], Reproductive Health Commodity Security Framework (SPARHCS)[4] or any other assessment tool used by the CO and deemed appropriate.

[3] *RHCSAT Adapted from JSI's SPARCHS and LSAT by UNFPA Africa CSTs' RH Logistic Advisers and Team of Africa RHCS Experts in August 2005*

[4] *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security. A Tool for Assessment, Planning, and Implementation.* Copyright © 2004 INFO Project, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

Figure 1: Reproductive Health Commodity Security Framework



Reproductive Health Commodity Security Framework

2. Desk review of available literature including annual and other progress reports, etc
3. Telephone interviews/discussions to be held with UNFPA country RHCS focal points in the ESA region
4. Field visits to 2 well performing and/or challenging countries to obtain in depth information on what works.

Expected outputs

- Summary paper synthesizing the key findings on the status of implementation of national RHCS strategic plans countries in ESA according to relevant SRH/RHCS indicators
- Availability of selected innovative practices from COs to be shared
- Draft ESA strategy on RHCS in support of improving support for the implementation of existing national RHCS strategic plans

Follow up actions (immediate)

- The results of this assessment will be reviewed and analysed at a meeting of CSB management, advisers and CTA's to inform the development of strategies for TA to countries

Expected outcome

Knowledge management, financial and technical support activities tailored to the actual needs of countries and leading to the strengthening of RHCS

Participating countries

All ESA countries benefiting or not from GPRHCS support (except Mauritius and Seychelles due to the uniqueness of their context and the difficulty of developing strategies that would apply to them)

Proposed timeline

- Data collection: April – May 2011
- Analysis: May 2011
- Report writing: May 2011

- Review meeting: June 2011

Annex 3 – Dummy Tables

1. Is there a national committee/body that leads and coordinates RHCS activities in the country?

Response	Country	Total	Comment
Yes	Angola, Botswana, Comoros, DRC, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe	18	
No	Burundi, Swaziland	2	
Don't know /No response		0	
Total		20	

- Age of coordination body/committee

Response	Country	Total	Comment
>5 years	Angola, Botswana, Malawi, Mozambique, Rwanda, Uganda, Zambia	7	
5 – 10 years	Comoros, DRC, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Tanzania, Zimbabwe	9	
<10 years	Namibia, South Africa	2	
Total		18	

- Coordination body/committee chaired by:

Response	Country	Total	Comment
Government	Angola, Botswana, Comoros, DRC, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda,	18	

	Zambia, Zimbabwe		
Cooperating partner		0	
NGO		0	
Other		0	
Don't know /No response		0	
Total		18	

- Membership of coordination body/committee

Response	Country	Total	Comment
Government Only	Namibia	1	UN and others co-opted on ad-hoc basis
Government and UN System only		0	
Government, UN, Bilateral/multilateral		0	
Government, UN, Bilateral/multilateral, others	Angola, Botswana, Comoros, DRC, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe	17	
Don't know/No response		0	
Total		18	

- Meetings of coordination body/committee

Response		Country	Total	Comment
No meetings			0	
Weekly	Regular		0	
	Irregular		0	
Fortnightly	Regular		0	
	Irregular		0	
Monthly	Regular	Angola, Ethiopia, Namibia	3	
	Irregular		0	
Quarterly	Regular	Kenya, Malawi, Mozambique, Uganda, Zimbabwe	5	
	Irregular	Botswana, Comoros, Lesotho, South Africa, Tanzania, Zambia	6	

Other	Regular	Madagascar, Rwanda	2	Per semester
	Irregular		0	
Ad-hoc		DRC, Eritrea	2	
Don't know/No response			0	
Total			18	

- What RH Commodities does the body/committee deal with

Response	Country	Total	Comment
All RH commodities	Botswana, DRC, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Namibia, Rwanda, Uganda, Zambia	11	
Some RH commodities	Angola, Comoros, Lesotho, Mozambique, Tanzania, Zimbabwe	6	Contraceptives; FP, male and female condoms & PMTCT
Only condoms	South Africa	1	
Don't know /No response		0	
Total		18	

- Role of UNFPA on coordination body/committee

Response	Country	Total	Comment
No role	South Africa	1	Minimal
Convenor/Secretariat	Comoros, Ethiopia, Madagascar	3	
Technical support	Angola, Botswana, Comoros, DRC, Eritrea, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe	16	
Financial Support	Angola, Botswana, Lesotho, Madagascar, Rwanda, Uganda, Zambia, Zimbabwe	8	
Procurement	Angola, Mozambique	2	
Don't know /No response		0	
Total		N/A	

2. Market research to understand consumer needs and preferences for RH commodities? Provide copy or link

Response	Country	Total	Comment
Yes	Madagascar, TZ, Uganda	3	Madagascar; 2009 Ug; DHS 2006, RHCS sit analysis 2008 TZ : PSI 2010 (every 2 years)
No	Angola, Botswana, Burundi, Comoros, DRC, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, SA, Swaziland, Zambia, Zim,	17	
Don't know /No response		0	
Total		20	

- What role does UNFPA play in the market research?

Response	Country	Total	Comment
No role	Malawi, Tanzania, Zimbabwe	3	
Advocacy	Botswana	1	
Technical support	Angola, Botswana, Lesotho, Madagascar, Namibia, Uganda	6	Namibia – planned role in upcoming research
Financial Support	Lesotho, Uganda, Namibia	3	Namibia – planned role in upcoming research
Actual Research work	Angola	1	
Don't know /No response	Burundi, Comoros, DRC, Eritrea, Ethiopia, Kenya, Mozambique, Rwanda, South Africa, Swaziland, Zambia	11	
Total		N/A	

3. Is total market approach used for RHCs? (My comment: responses show that question not well understood)

Response	Country	Total	Comment
Yes	Botswana, Burundi, Kenya, Madagascar, Malawi (for condoms), Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania,	13	

	Uganda, Zambia		
No	Angola, Comoros, DRC, Eritrea, Ethiopia, Lesotho, Zimbabwe	7	DRC, Lesotho, Zimbabwe – but filled in table
Don't know /No response		0	
Total		20	

- Targeted distribution

Response	Country	Total	Comment
None			
General population	Angola, Botswana, Burundi, Comoros, DRC, Eritrea, Kenya, Lesotho, Malawi, Mozambique, Madagascar, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe	18	Only Uganda left out
Sex Workers	Angola, Burundi, Comoros, DRC, Kenya, Malawi, Mozambique, Madagascar, Rwanda, South Africa, Uganda	11	
MSM	Comoros, Kenya, Mozambique, Madagascar, South Africa	5	
IDU	Kenya	1	
Youth, including young women and girls	Angola, Comoros, DRC, Kenya, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe	13	Malawi vending machines
Others	Burundi, DRC,	2	Burundi – condoms for prisoners DRC – displaced persons
Don't know /No response	Ethiopia	1	
Total		N/A	

4. Coordination Challenges

Response	Country	Total	Comment
No challenges	Ethiopia	1	
Holding meetings regularly	Comoros, Madagascar	2	Madagascar holds meetings per semester, time in-between is too large, reduced responsiveness
Leadership and ownership	Botswana, Swaziland, Uganda, Zambia	4	No or weak coordination body
Financial	Kenya, Zimbabwe	2	
Systems/infrastructure	Botswana, Madagascar, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia, Zimbabwe	9	Data management, no consumption data captured; space; unclear definition of roles; supply chain monitoring; coordinating multiple stakeholders; RHCS not integrated into CMS; inadequate logistics management capacity; clarity of who coordinates – NAC or Ministry
Other	Botswana, Eritrea, Kenya, Lesotho, Namibia, South Africa, Tanzania, Zambia	8	HR and commodity shortage; broad-based participation; demand creation; limited focus of coordination meetings
Don't know /No response	Rwanda	1	
Total			

5. Who does quantification?

Response	Country (& date when started)	Total	Comment
Government Only	Botswana, Burundi Lesotho; Namibia, SA, Swaziland, Tanzania, Uganda	8	
Government and UN System only			
Government, UN, Bilateral/multilateral	Angola, Comoros, DRC, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Zambia, Zimbabwe	12	
Government, UN, Bilateral/multilateral, others (?????)		0	
Don't know/No response		0	
Total		20	

- Who procures RH Commodities?

Response	Country	Total	Reason for Change
Government Only	• Botswana, South Africa	2	
UNFPA	• Comoros, Lesotho	2	
Government and UN System only	• Eritrea	1	
Government, UN, Bilateral/multilateral	• Kenya, Ethiopia, Malawi, Swaziland, Namibia, Tanzania, Madagascar, Uganda, Zambia, Zimbabwe, Rwanda, Burundi, DRC	13	
Government, UN, Bilateral/multilateral, others	Mozambique, Angola (UNFPA and USAID)	2	
Don't know/No response			
Total		20	

Pre qualified suppliers?

- **Yes**: Angola, Botswana, Ethiopia, Madagascar, Tanzania, Zambia, Zimbabwe, Namibia, SA, Swaziland, Uganda, Burundi, Comoros, Mozambique; DRC; Eritrea; (16)
- **No:** Kenya, Rwanda, (2)
- **Sometimes:** Malawi, (1)
- **No response:** Lesotho; (1)

- What is the agreed lead time for ordering (use condoms as proxy)

Response	Country	Total	Comment
No lead time			
➢ 9 months			
9 months			
< 9 months	Comoros, Mozambique; Zambia, Burundi; Uganda; Namibia; Tanzania; Zimbabwe; DRC; Malawi; Botswana; Lesotho; Eritrea; Swaziland	14	
Don't know/No response	Kenya, Ethiopia; Madagascar; Rwanda; South Africa;	5	

Total		20	[redacted]

(Angola's response was inappropriate - Global Fund, USAID)

- Number of countries with last condom procurement falling within agreed lead time

Response	Country	Total	Comment
Yes	Comoros (1 shipment), Mozambique, Namibia, Zimbabwe; Lesotho ; Swaziland (first shipment)	6	
No			
Don't know /No response	Kenya, Zambia; Burundi, Ethiopia; Uganda; Tanzania; DRC; Madagascar; Malawi; Rwanda; Botswana; South Africa; Eritrea	13	
Total		19	[redacted]

(Angola not part of analysis – inappropriate answer)

- Country agreed buffer stocks for condoms(Comoros and Botswana indicated actual figures)

Response	Country	Total	Comment
No lead time		**0**	
➢ 9 months	Kenya (18); Burundi(12) Namibia (12) Swaziland (12)	4	
9 months		0	
< 9 months	Zambia (3); Ethiopia (1) Uganda (2); Zimbabwe (6); DRC(6); Madagascar (3) Botswana(128739); Comoros :734400	8	
Don't know/No response	Angola, Mozambique; Tanzania; Malawi; Rwanda; South Africa; Lesotho (none); Eritrea	8	
Total		20	[redacted]

- Current condom buffer stocks

Response	Country	Total	Comment

No buffer stock		**0**	
➢ 9 months	Burundi (27) Eritrea Swaziland (12)	3	
9 months		0	
< 9 months	Botswana(42,913), DRC(6), Ethiopia(1); Kenya (4.8; 9.6); Malawi (15,195,743); Namibia(8); Tanzania (6); Uganda (less than 2); Zambia (0.1), Zimbabwe (6);	10	
Don't know/No response	Angola, Lesotho (none); Madagascar; Mozambique; Rwanda; South Africa	6	
Total		19	

Comoros – figures given not translated into time.

- Country QA system (use condom as proxy)

Response	Country	Total	Comment
None	Mozambique; Lesotho Swaziland	**3**	
Pre-shipment	Zambia; Burundi; Ethiopia, Uganda; Comoros; Namibia; Zimbabwe; DRC; Madagascar; Malawi; Eritrea; Rwanda; Botswana; South Africa	14	Comoros: visual
Post-shipment	Zambia; Burundi; Ethiopia; Uganda; Namibia; Tanzania; Zimbabwe; DRC; Malawi; Rwanda; Botswana; South Africa; Eritrea;	13	
Other		0	
Don't know/No response	Angola, Kenya	2	
Total		N/A	

- UNFPA involvement in the process (responses too varied ranging from participating in Technical committee and drafting of policy/strategy)

Response	Country	Total	Comment
None	Lesotho, Malawi,	**4**	

	Madagascar, South Africa		
Technical Support	Angola, Botswana, Burundi, DRC, Eritrea, Ethiopia, Kenya, Mozambique, Namibia, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe	14	Namibia – "involved in post-shipment inspection to ensure proper storage and distribution". Uganda - Post-shipment inspection and testing of condoms
Financial Support	DRC, Eritrea, Ethiopia, Rwanda, Tanzania	5	Tanzania – financial supported limited to emergency situations
Other		0	
Don't know/No response	Comoros	1	
Total		N/A	

- Who manages warehouse system?

Response	Country (since?)	Total	Reason for Change
Government Only	Botswana, Ethiopia, Kenya, Lesotho, Madagascar, Namibia, Rwanda, south Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe, Burundi, Comoros, DRC, Mozambique; Eritrea	18	
Government and UN System only			
Government, UN, Bilateral/multilateral	Angola, Malawi	2	
Government, UN, Bilateral/multilateral, others			
Don't know/No response			
Total		20	

- Who manages distribution system

Response	Country (since)	Total	Reason for Change
Government Only	DRC; Lesotho; Mozambique; South Africa; Rwanda; Madagascar; Tanzania; Namibia; Burundi; Uganda; Ethiopia; Zambia; Kenya; Comoros;	16	

	Eritrea; Swaziland		
Government and UN System only			
Government, UN, Bilateral/multilateral	Malawi , Zimbabwe	2	
Government, UN, Bilateral/multilateral, others		0	
Don't know/No response	Angola, Botswana	2	
Total		20	

- Is distribution based on consumption data and requests from service providers?

Response	Country	Total	Comment
Yes	DRC; Mozambique; Rwanda; Malawi; Zimbabwe; Madagascar; Tanzania; Namibia; Burundi; Zambia; Comoros; Eritrea; Swaziland	13	
No	Angola, Lesotho; Botswana; Kenya;	4	
other	Uganda; Ethiopia (mixed system)	2	
Don't know /No response	South Africa	1	
Total		20	

- Is there a system for internal redistribution of commodities?

Response	Country	Total	Comment
Yes	Zimbabwe, Namibia, Zambia, Ethiopia, Burundi, Comoros; Eritrea; Malawi; Madagascar; Swaziland	10	
No	Angola, Uganda, Lesotho, South Africa, Mozambique DRC; Tanzania; Kenya;	8	
Don't know /No response	Rwanda; Botswana;	3	
Total		20	

- Is there a logistics and information management system?

Response	Country	Total	Comment
Yes	Angola, Botswana,	18	

	Uganda, Zambia, Zimbabwe, Namibia, Rwanda, South Africa, Swaziland, Madagascar, Malawi, Ethiopia , Kenya, Burundi, Comoros, DRC, Mozambique; Eritrea;		
No	Tanzania	1	
Don't know /No response	Lesotho	1	
Total		20	

- Is this system stand-alone or integrated?

Response	Country	Total	Comment
Stand-alone	Angola, Botswana, Zambia, Zimbabwe, Rwanda, Swaziland, Lesotho; Eritrea;	8	
Integrated	Uganda, Namibia, South Africa, Ethiopia, Kenya, Burundi, DRC, Mozambique	8	
Don't know /No response	Madagascar, Malawi, Comoros; Tanzania;	4	Malawi just answered yes
Total		20	

- Does the system cover condoms only or all RH commodities?

Response	Country	Total	Comment
All RH Commodities	Angola, DRC, Lesotho; Mozambique; South Africa; Rwanda; Malawi; Madagascar; Zimbabwe; Namibia; Uganda; Ethiopia; Burundi; Zambia; Kenya; Comoros ; Eritrea;	17	
Condoms only			
Contraceptives only	Swaziland	1	
Don't know /No response	Botswana ; Tanzania;	2	
Total		20	

- Does the system allow consumption monitoring and reporting?

Response	Country (include % reporting	Total	Comment

	consumption)		
Yes More than 50%:	Ethiopia (60), Madagascar (60%), Namibia (94), Rwanda (95), South Africa (100), Uganda (100), Zimbabwe (100), Burundi (70), Comoros (95)	9	
Yes Less than 50%:	Angola, Kenya (20), Zambia (27%) DRC (yes but system not yet in use) Eritrea (yes but no value stated)	5	
No	Lesotho; Mozambique	2	
Don't know /No response Not sure:	Botswana, , Tanzania, Malawi, Swaziland,	4	
Total		20	

- Does the system allow documentation of best practices?

Response	Country	Total	Comment
Yes	DRC, Mozambique; Zimbabwe; Madagascar; Zambia;	5	
No	Angola, Lesotho; south Africa; Rwanda; Namibia; Uganda; Ethiopia; Burundi; Kenya ; Comoros; Eritrea;	11	
Don't know /No response	Botswana; Malawi; Tanzania; Swaziland	4	
Total		20	

6. Has the country implemented the CCP 10-steps

Response	Country	Total	Comment
Yes	Botswana, DRC, Malawi, Madagascar, Zimbabwe	5	Only Zimbabwe has done all steps
No	Rwanda, Tanzania, Zambia	3	
Don't know /No response	Angola, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Uganda,	12	
Total		20	

Annex 4: Annex showing the status of implementation of the strategic plans in countries in ESA, 2011

Timeframe	Countries	Status of Implementation
2009 – 13	Botswana	50-80%
2008 – 12	Ethiopia	50-80%
2008 – 12	DRC	Less than 50%
2008 – 12	Lesotho	Less than 50%
2008 – 11	Madagascar	70-80%
2007 – 12	Kenya	Focus on contraceptive only
2008 – 11	Swaziland	N/A
Timeframe	Countries	Status of Implementation
2010-2014	Burundi, Uganda	On-going
2011-2015	Zambia, Malawi	On-going
No RHCS strategic plan	Angola, Eritrea, Namibia, South Africa, Tanzania, Zimbabwe, Mozambique	Tanzania and Zimbabwe developing currently Eritrea and Rwanda not validated by Govt

Annex 5: Table Showing CCP Coordination and Leadership in ESA Countries, 2011.

No	Country	Coordination Body	Meetings	Commodities	UNFPA Role
1	Angola	Yes (2010) Chair: MoH Govt, UN, bi/multi lateral, others	Monthly, regular	Contraceptives	Technical and financial support and procurement.
2	Botswana	**Yes** National RHCS Coordination Committee (2009) Chair: MoH Government , UN, others	Quarterly, irregular	All RHC	Technical support and advise
3	Burundi	No			
4	Comoros	Yes (2010) Chair: MoH Govt, UN, bi/multi lateral, others	Quarterly, irregular	Some - contraceptives	Technical support
5	DRC	Yes (20030 Chair: MoH Govt, UN, bi/multi lateral, others	Ad-hoc	All RHC	Technical support
6	Eritrea	Yes (20050) Chair: MoH Govt, UN, bi/multi lateral, others	Ad-hoc	All RHC	Technical support
7	Ethiopia	**Yes** FP Logistics TWG (2006) Chair: MoH Govt, UN, bi/multi lateral, others	Monthly, regular	All RHC	Secretariat
8	Kenya	**Yes** FP Logistics WG (2004) Chair: Min of Public Health and Sanitation Govt, UN, bi/multi lateral, others	Quarterly, regular	All RHC	Technical support - Active member
9	Lesotho	Yes RHCS CCP Coordinating Committee (2006) Chair: MoH Govt, UN, bi/multi lateral, others	Quarterly, irregular	Some – FP, condoms and PMTCT	Technical and financial support
10	Madagascar	Yes RH Stakeholder Committee (2006) Chair: MoH Govt, UN, bi/multi lateral, others	Semester, regular	All RHC	Technical and financial support; secretariat
11	Malawi	Yes RHCS sub-TWG (2010) Chair: MoH Govt, UN, bi/multi lateral, others	Quarterly, regular	All RHC	Technical support
12	Mozambique	Yes (2007)	Quarterly,	Some –	Technical support,

No	Country	Coordination Body	Meetings	Commodities	UNFPA Role
		Chair: MoH Govt, UN, bi/multi lateral, others	regular	specific contraceptives including male & female condoms	procurement and logistics management
13	Namibia	Yes Pharmaceutical Committee (1990) Chair: MoH Government only; UN+others on ad-hoc basis	Monthly, regular	All RHC	Technical support
14	Rwanda	Yes Logistics Committee (2003) Chair: MoH Govt, UN, bi/multi lateral, others	Semester, regular	All RHC	Technical support, procurement of contraceptives
15	South Africa	No specific committee, covered by a programme managers' meeting. More than 10 years. Chair: National Dept of Health Membership: Govt, UN, bi/multi lateral, others	Quarterly, irregular	Condoms only	Minimal
16	Swaziland	No	N/A	N/A	
17	Tanzania	Yes Commodity Security Committee (2003) Chair: MoH Govt, UN, bi/multi lateral, others	Quarterly, regular	All RHCS and 4 EmOC drugs	Development partners' focal point on MNCH and represents the committee at SWAp meetings
18	Uganda	Yes RHCS Committee (2007) Chair: MoH Govt, UN, bi/multi lateral, others	Quarterly, regular	All RHC	Active member and funds some MoH AWP activities
19	Zambia	Yes RHCS Committee (2007) Chair: MoH Govt, UN, bi/multi lateral, others	Quarterly, irregular	All RHC	Advocacy for RHCS, Technical support for logistics and supply management, including forecasting and quantification
20	Zimbabwe	Yes RHCS Steering (2001) Chair: MoH & ZNFPC Govt, UN, bi/multi lateral, others	Quarterly, regular	FP commodities only	Technical support and resource mobilisation

Annex 6: Areas of focus for SRO-J support to country offices

The sub-regional office should provide specific support to countries as follows:

- Angola: Continued capacity building and technical assistance
- Botswana: RHCS baseline survey, Develop of CCP training material and social marketing strategy, recruit Logistics Management Officer and RHCS/FP Coordinator.
- Burundi: Facilitate south to south cooperation for RHC security.
- Comoros: Situation Analysis
- DRC: Revision of the RHCS plan
- Eritrea: No response
- Ethiopia: RHCS training and LMIS, Documenting best practices
- Kenya: Training of RHCS focal points at CO level, resources mobilization for condoms (??)
- Lesotho: CCP policy and strategy, male condom and FP preference study (Market segmentation), FP training manual, Channel roll out, capacity in forecasting, support for RHCS coordinator position
- Madagascar: Advocacy for visibility of UNFPA plans; technical assistance in developing AWPs
- Malawi: Link national system with Channel
- Mozambique: Possible technical support for formulating the Pharmaceutical Strategic Plan
- Namibia: No response
- Rwanda: Advocacy for use of Channel
- South Africa: Support for development of RHCS strategic action plan and TORs for coordination committee.
- Swaziland: assistance with coordination mechanism strengthening and systems strengthening
- Tanzania: support for development of RHCS strategic action plan and setting up an integrated LMIS
- Uganda: RHCS advocacy, building effective M&E and mid-term review of RHCS Strategic Plan in 2012
- Zambia: Operationalising of the RHCS Strategic Plan and information sharing on successful implementation in other countries.
- Zimbabwe: support for development of RHCS strategic action plan

Annex 7: Table showing prioritised countries with UNFPA involvement in condom logistics management, ESA 2011

No.	Country		Financial Capacity	Condom involvement	Comments
1	H	DRC	Low	Quantification support, Procurement	Procurement with USAID, provides TA as well
2		Ethiopia	Low	Quantification	Procurement with government and USAID, secretariat support to coordination committee

No.	Country		Financial Capacity	Condom involvement	Comments
	I			support, Procurement	
3	G	Kenya	Middle	Procurement	Procurement of 70% condoms through WB grant and technical support; technical support to capacity building CCM and CHANNEL.
4	H	Malawi	Low	Quantification and forecasting support; Procurement	Procurement with government and other organisations, provides TA as well
5	B	Mozambique	Low	Procurement and distribution support	Procurement with USAID-Deliver
6	U	South Africa	Upper	Minimal	UNFPA plays very minimal role
7	R	Tanzania	Low	Emergency procurement	UNFPA procures only emergency condoms. Monitors process and flags any impending stock-outs
8	D	Uganda	Low	Procurement	Procurement with MoH, USAID, NGOs (RHU/IPPF, PACE). TA to quantification and forecasting. Supports post-shipment inspection of condoms
9	E	Zambia	Low	Procurement	Procurement with government and USAID, DFiD. TA to quantification and forecasting
10	N	Zimbabwe	Low	Emergency male and female condom procurement	TA to quantification and forecasting
11	S	Botswana	Middle	Minimal role	Technical support to quantification and implementation of strategic plan and capacity building in LSM
12	E	Lesotho	Low	Procurement	Capacity building and HSS in logistics management
13	V	Namibia	Middle	Procurement of female condoms	Capacity building in forecasting and quantification
14	E	Swaziland	Low	Procurement	UNFPA procurement complements government efforts; also provides TA to quantification and CCM reporting. SWASA condom standards have been developed and pre-implementation consultations are underway
15	R	Rwanda	Middle	Procurement	Procurement with USAID. KFW and GF – SM condoms
	E				
	Conc.				
Non-20 plus Countries in ESA					
16	Angola		Low	Quantification, Financing and procurement	Procurement in partnership with USAID
17	Burundi		Low	Procurement	Procures with KFW

No.	Country	Financial Capacity	Condom involvement	Comments
18	Comoros	Low	Procurement	Provides technical support; previously UNFPA had done the quantification now done by MoH
19	Eritrea	Low	Quantification, forecasting and Procurement	Unique situation of only government and UN (through UNFPA) involved in condom procurement
20	Madagascar	Low	Quantification, forecasting and Procurement	Procurement with government, UNICEF, WB, GF, USAID, GF, IPPF, etc

Annex 8: Table showing the 20+ priority countries for HIV impact and the proposed UNFPA role in condom programming

No	Country		Proposed UNFPA Support
1	**H**	A. Own Capacity To Meet All Condom Requirements	Provide strategic support to condom programming, especially Strategic Information, e.g: • commissioning or advocating research: comparing

No	Country		Proposed UNFPA Support
	I G H B U R D E N / S E V E R E / C O N C	Botswana South Africa	condom provision with incidence • new or innovative models of service delivery and generating demand for condoms, including targeted services where appropriate • identification of capacity development needs • identification of service gaps, etc
		<u>B. Strong Capacity to Meet Most Condom Needs</u> Kenya Namibia Rwanda	• Provide technical support to condom logistics and procurement processes, e.g. procuring from pre-qualified suppliers, sources of competitively priced quality assured commodities, etc • Provide limited catalytic funds for implementing innovative interventions, e.g. new delivery models, including targeted provision. • Support new or innovative models of generating demand for condoms to attain the Total Market Approach. • Advocacy for governments to create/increase RHC budget lines – develop phased condom support exit plans, e.g. Rwanda • Broker increasing the role of socially marketed condoms, e.g. private sector involvement, vending machines, etc. • Emergency procurement of condoms • Review condom consumption against HIV incidence • Periodic review of condom stock and consumption data
		<u>C. Limited Capacity to Meet Condom Needs</u> Lesotho Malawi Swaziland Tanzania Uganda Zambia Zimbabwe	• Advocacy to introduce RH budget lines in national budgets were they lack and their increased funding. Review status of national funding periodically • Support forecasting and quantification • Actual procurement of commodities, including condoms, with a view to increasing national support for condom procurement over time • new or innovative models of service delivery and generating demand for condoms • Review condom consumption against HIV incidence • Broker increasing the role of socially marketed condoms, e.g. private sector involvement; use of vending machines • Periodic review of condom stock and consumption data
		<u>D. Inadequate Capacity and Systems To Meet Condom Needs</u> DRC Ethiopia	• Logistics and Supply Management Systems Building and Strengthening, especially Logistics Management Information Systems (CCM, CHANNEL, etc), distribution system and human resources capacity strengthening.

No	Country		Proposed UNFPA Support
		Mozambique	• Procurement of condoms • Review condom consumption against HIV incidence • Facilitate the use of the total market approach to condom access • Periodic review of condom stock and consumption data
Non-20 plus Countries in ESA			
2	Inadequate Capacity and Systems To Meet All Condom Requirements Angola Burundi Comoros Eritrea* Madagascar		• Advocacy for non-UN partners to increase their role in RHCS • Advocacy to introduce RH budget lines in national budgets were they lack and their increased funding. Review status of national funding periodically • Procurement of emergency condoms • Provide strategic information to inform programming • Supporting forecasting and quantification of condoms and the procurement processes

*** Eritrea is a special case that may require continued full support due to its limited access to non-UN resources**