

**National Reproductive Health Commodity
Security Strategy & Operational Plan
2012-2015**

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Acronyms

| | |
|----------|--|
| ASRO | Arab State Regional Office |
| CMS | Central Medical Supplies Public Corporation |
| NEML | National Essential Medicines List |
| FMOH | Federal Ministry of Health |
| FP | Family Planning |
| IEC | information, education and communication |
| JSI | John Snow Incorporation |
| LMIS | logistics management information system |
| MDGs | Millennium Development Goals |
| M&E | Monitoring and Evaluation |
| MOH | Ministry of Health |
| NGOs | Non-Governmental Organizations |
| NHIF | National Health Insurance Fund |
| RDF | Revolving Drug Fund |
| RHP | Reproductive Health programme |
| RH | Reproductive Health |
| RHCS | Reproductive Health Commodity Security |
| SWOT | Strength, Weaknesses, Opportunities and Threats analysis |
| UNFPA | United Nation Population Funds |
| UNFPA CP | UNFPA Country Program |

Background

The Government of Sudan is committed to exerting maximum efforts to rehabilitate and develop the health sector, as reform of the health sector has been identified as one of the main long-term priorities on the national agenda for post-conflict recovery.

The National Health Strategy 2012 – 2016 is focusing on investing on health of the people and fostering progress towards achieving the international commitment towards the Millennium Development Goals (MDGs) and beyond.

The National Reproductive Health programme (NRHP), Federal Ministry of Health (FMOH) exerted considerable efforts to strengthen reproductive health service delivery in Sudan including achieving the overall objective of RHCS “to ensure sustainable supply of quality RH commodities for all Sudanese, so as they can choose, obtain and use, the quality reproductive health commodities they need, when and where they need them¹”.

In 2007, an RHCS situation analysis was carried out which identified the widespread inequalities in CPR among regions and income/wealth groups, the limited physical and financial accessibility and the frequent stock outs, the dependence on donors support for contraceptives, the multiple supply chains for RHCs, the service delivery constraints in terms of staffing and providers capacity and the non-availability of budget item line for RHCs procurement². The findings were used to prepare an operational plan as an addendum to the National Reproductive Health Strategy 2006-2010, which addressed the coordination, the commitment and policy support, the national capacity, an integrated supply chain, inclusion of RHCs into the NEML and the sustainability as a major areas need to be addressed to strengthen the RHCS situation in the country.

This has been followed by several initiatives to advance the RHCS situation; international TOT on RHCS, development of RHCS six month training plan 2007-2008, several training on CHANNEL/CCM, coordination and resource mobilization.

¹ The National Strategy for Reproductive Health, 2006 -2010, Addendum: Reproductive Health Commodity Security, Republic of Sudan Federal Ministry of Health, July 2007

² Dowling, Paul, Sylvia Ness. 2007. *Sudan: Reproductive Health Commodity Security Situation Analysis for the Northern States*. Arlington, VA: John Snow, Inc./Logistics Services for the United Nations Population Fund (UNFPA).

In year 2011, another round of situation analysis was undertaken to assess the progress made in improving RHCS status as well as to identify existing gaps and weaknesses[†].

Introduction

To ensure that current and future client demand for reproductive health commodities is met, we need to design strategies to eliminate the obstacles and constraints facing RH programs in order to improve women and child health status.

In Sudan, the reproductive health indicators are poor when compared with countries in the region and across the globe. The maternal and child health and survival necessitate critical investment from the government and partners to revolutionize it and to assure the human rights of survival and good health.

The maternal mortality throughout the last two decades has been static at high levels, and despite the different measurement methodologies the reported figures were alarming. It was as high as 509 maternal Deaths (MDs) per 100,000 Live Births (LBs) in 1999[‡]. This figure then peaked to 1,107 and 638 MDs per 100,000 LBs in 2006[°] for the entire country and northern Sudan respectively. In 2010, maternal mortality showed relative improvement (216 MDs per 100,000 LBs)^ˆ than previous records. It is worth noting that comparison across the various surveys cannot be undertaken due to the different methodologies and geographical coverage. Contraceptive prevalence rate (CPR) in Sudan is among the lowest in EMRO region. The CPR was stagnant around 7% for almost the last two decades with a minimal improvement in 2010, reaching 9%. The unmet need for family planning in 2006 is low at 5.7% but the national unmet need has increased to 28.9% in 2010.

Government of Sudan successfully developed "A Road Map for Reducing Maternal and Newborn Mortality in Sudan 2010-2015", where they were able to identify that implementation of maternal and newborn health programs in the Sudan is confronted by many challenges, such as: (1) Unclear policies concerning practice regulation and inadequate financial resources, (2) imperfect health systems, with weak referral systems, especially

[†] Friel Patrick, El-Fiki Manal, Reproductive Health Commodity Security (RHCS) Status Assessment in North Sudan, 5-17 June 2011, United Nations Population Fund (UNFPA)

[‡] DHS, 1999

[°] Sudan Household Health Survey 2006

^ˆ Sudan Household Health Survey 2010

during obstetric and neonatal emergencies, (3) unreliable logistics system for management of drugs, family planning commodities and equipment, and (4) lack of co-ordination among partners.

Ensuring effective Family Planning program with secured RHCs, including essential drugs for maternal survival, has been identified as key strategy for reducing maternal and neonatal deaths and disabilities. This has been clearly stipulated in FMOH-UNFPA CP (2009– 2012) “Essential and integrated RH package and RH commodities are available at appropriate service delivery points.”

The change in family planning indicators as reflected the improved CPR to reach 9% and the unmet need of 28.9% reflects the efforts exerted by the MOH and partners at federal and state levels to advance the community awareness on the importance of using family planning methods for improving the health of both women and children. Moreover, the increase on unmet need challenged the MOH to reduce it through creating initiatives and designing awareness programs addressing the community concerns.

As per the findings of the RHCS assessment 2007, UNFPA is the only donor supporting public sector family planning commodities which satisfies 12% of the country’s demand. Improving contraceptives availability requires major investment from the MOH to provide required family planning commodities taking into consideration the need to strength health system capacity concerning logistics and supply chain.

In response to this situation, the Government of Sudan through its Ministry of Health has issued a revised RH Policy (2010) and the National Maternal and Newborn Mortality Reduction Roadmap which favors improved access to RH/FP services through community distribution and demand creation for FP.

To this effect, the FMOH/NRHP with UNFPA took the lead to develop an RHCS strategy in order to ensure the availability of required commodities for RH and FP programs.

In preparation to the strategy development an RHCS status assessment has been carried out in June 2011 which included revision of previously executed assessments; reviewing RH guiding documents “RH Policy and Strategies” to identify the challenges facing RH program; several meetings with stakeholders and a stakeholders workshop to debrief them on the key assessment findings. This workshop was used to explore the RHCS related strengths, weaknesses, opportunities and threats. The SWOT finding were as follow:

Strengths

- Existence of government policies supporting RHCS
- Existence of development partners support
- Unification of supply chain through CMS
- Supportive RH policy for the community-based distribution of family planning

Weakness

- Absence of regular reports among different levels of the supply chain
- No integration among different vertical programs
- Lack of staff retention mechanisms
- Lack of supervision mechanism at different levels

Opportunities

- Availability of different assessments findings that could guide the RHCS development
- The midwifery strategy directives on establishing new midwifery cadres and strengthening the capacity of VMWs to the effect of improving access to and utilization of RH/FP services
- Donors interest in liaise and support RH/FP services
- There is growing interest by government and donors towards more integration between vertical programs

Threats

- Operationalization of assessment findings into action plans
- Donors mandate to support project/program vertical logistic system

This has been followed by a strategy development workshop during which stakeholders prioritized the challenges facing RHCS in Sudan which could be summarized as follows:

1. Need to establish guidelines to ensure that appropriate mixture of short, medium and long-term contraceptive methods are available.
2. Need to strength coordination and collaboration among all RHCS partners.
3. Need to address reasons for lack or stock-out of several family planning methods as well as logistical information system limitations at all levels, specially generated reports and its use in improving decision making process.
4. Maintain an updated NEML including all essential RH and FP commodities.

5. Advocacy for all aspects of RH and in particular for FP.
6. Need to include FP commodities and services in the NHIF list.
7. Need to clearly outline the roles and responsibilities of each partner for overall supply chain management of essential medicines especially applying the Ministerial Decree concerning the role of CMS and RDF
8. Need to strength staff capacity at all levels.

To enhance the mentioned issues, the RHCS strategy was designed to support the national RH policy by ensuring reproductive health commodity security to all Sudanese couples and individuals at any time at all levels provided through high quality services.

Several drafts of this strategy has been developed and reviewed by the RHCS partners to be finalized. The document will be considered as dynamic document needed to be updated and/or upgraded according to changes in the current situation. Move to M&E

Goal and Objectives:

The National Reproductive Health Commodity Security Strategic Plan 2012–2015 was designed to serve as a platform for the construction and reinforcement of a high-quality, sustainable commodity flow at all levels. Thus, it should be viewed as an expression of the Government of Sudan’s commitment to a dynamic and proactive response to the commodity security situation; to meet RH needs of its citizens and to achieve the MDGs.

Vision statement of the national RH policy: "a quality reproductive and sexual life for all women, men, adolescent young children and the elderly".

The goal of the RHCS strategy is to ensure that Sudanese men and women are able to choose, obtain, and use high-quality RH services and commodities at a reasonable price, whenever they want them with an intention of improving maternal health status.

The RHCS Goal could be achieved through the following objectives:

Strategic objective (1): Ensure adequate funds to carry out RHCS strategy interventions. The following expected results are necessary for this objective attainment.

- i) Ensured availability of more funds for RH commodities by:

- (1) Increasing government budget item line for RHCs and supplies with focus on FP
- (2) Identification and mobilization of public sector, donor and other resources (Health Insurance) to implement priority RHCS strategies.
- ii) Ensured programme sustainability through revenue generation and cost recovery schemes including incentives for service personnel.

Strategic Objective (2): Ensure availability of high-quality commodities at any time where it is needed.

- i) Ensured availability of functional LMIS to enable RH staff/managers to:
 - (1) Obtain required information for identifying gaps and needs in the area of RH commodities
 - (2) Develop timely and regular estimation of adequate quantities and varieties of quality RH commodities
 - (3) Strengthen RH staff/managers capacity to effectively use service delivery statistics and data for programme management and decision-making purposes
- ii) Efficient and effective distribution and dispensing of RH commodities is in place.
- iii) National RH staff capacity strengthened in RHCS related policy formulation, advocacy, forecasting, Logistics Management Information Systems (LMIS), Supply Chain, and M&E
- iv) Improved access to an appropriate RHCs including FP methods
- v) Continue examination and respond to social, regulatory, operational, financial and cultural barriers with respect to RHCS
- vi) Update the national essential drug list with new RH commodities and Contraceptives

Strategic objective (3): Ensure that partners are committed to better exchange of experience, mobilize resources and avoiding overlap.

- i) Family planning services included within the National Health Insurance scheme
- ii) Donors, private sector, decision makers support to RHCS enhanced
- iii) RHCS coordination mechanisms strengthened with more inclusion of public, private and non-profit sectors.
- iv) Institutional capacities of the authorized organization strengthened to undertake quality testing and monitoring of RH commodities

• **RHCS Log frame**

| Item | Time-frame | | | | Responsibility | | Budget USD |
|---|------------|------|------|------|----------------|----------|-------------------------------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| <u>Expected Result 1</u> | | | | | | | |
| By the end of 2015; ensured availability of more fund for RHCs and supplies with focus on FP | | | | | | | |
| <u>Product 1.1:</u> | | | | | | | |
| By the end of 2015; new funding sources has been established at national and state level for RH commodities | | | | | | | |
| Activity 1.1.1 : Explore, and mapping government, public sector, donor and other resources including health insurance to identify potential sources for funding | X | X | X | X | FMOH | | Meetings 4000 Events 20000 |
| Activity 1.1.2 : Identify potential target audience and potential donors | X | X | X | X | FMOH | | No cost |
| Activity 1.1.3 : Design and conduct cost effective studies | | X | | X | FMOH | | 34000 |
| Activity 1.1.4 : Design and produce advocacy materials according to cost effective study findings and other required information | | X | | X | FMOH | | 20000 |
| Activity 1.1.5 : Conduct series of advocacy activities, monitor advocacy activities | X | X | X | X | FMOH | | 20000 |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|--|------------|------|------|------|----------------|----------------|---|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| Product 1.2: | | | | | | | |
| By the end of 2015 ; revenue-generation and cost-recovery schemes has been introduced in support of RHCS | | | | | | | |
| Activity 1.2.1 : Explore revenue-generation and cost-recovery chances and possibility to replicate other organization experience such as RDF | X | X | | | FMoH | UN/INGOs /CBOs | 2 meetings 2000 |
| Activity 1.2.2 : Develop and endorse a scheme for RH cost recovery and utilization of generated revenue (service provider incentives; improve services outlets, buying commodities...etc.) | | X | | | FMoH | UN/INGOs /CBOs | Proposal development 10000 |
| Activity 1.2.3 : Pilot the endorsed scheme in selected states for future scaling up | | X | X | | FMoH | UN/INGOs /CBOs | In 3 states; 10000 for admin & M&E work per state per year = 60000 |
| Activity 1.2.4 : Evaluate the pilot project and share results with stakeholders | | | | X | FMoH | UN/INGOs /CBOs | 15000 |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|--|------------|------|------|------|----------------|-------------------|------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| <u>Expected Result 2</u> | | | | | | | |
| By the end of 2015; Required information for decision making is strengthened | | | | | | | |
| <u>Product 2.1:</u> | | | | | | | |
| By the end of 2015; Ensured availability of a unified, updated and reliable logistics information system at national and state level | | | | | | | |
| Activity 2.1.1: Assess the current LMIS including public, private and social marketing sectors | X | | | | FMOH | UN/INGOs /CBOs | 10000 |
| Activity 2.1.2: Summarize and prioritize previous operational researches' findings related to the LMIS | X | | | | FMOH | UN/INGOs /CBOs | 5000 |
| Activity 2.1.3: Incorporate OR and assessment findings to upgrade LMIS | | X | | | FMOH | UN/INGOs /CBOs | 5000 |
| Activity 2.1.4: Assess different manual data collection formats used at all levels to identify missing data and to design unified comprehensive formats to be used at different levels | | X | | | FMOH | UN/INGOs /CBOs | 5000 |
| Activity 2.1.5: Conduct specific studies for generation of missing data | | X | X | X | FMOH | UN/INGOs /CBOs | 45000 |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|---|------------|------|------|------|----------------|----------------|--|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| <p>Activity 2.1.6 : Explore possibility of applying the unified LMIS across the country “MoH and partners” including the unified manual format, software and periodicity of reporting at each level (setting standards for the supply chain)</p> | | X | | | FMOH | UN/INGOs /CBOs | 1000 |
| <p>Activity 2.1.7 : Pilot and modify the unified comprehensive format to ensure inclusion of all required logistics data</p> | | X | X | | FMOH | UN/INGOs /CBOs | 20000 |
| <p>Activity 2.1.8 : Select and use specialized software in reporting “software training, required equipment at different levels, monitoring system performance”</p> | | X | | | FMOH | UN/INGOs /CBOs | Training [ToT=8000; 17 trainings=34 000]=42000 Equipments= 34000 M&E 8500; 84500 (168500) |
| <p><u>Expected Result 3</u> By the end of 2015; RH managers and staff capacity in the area of RHCS at all levels improved</p> | | | | | | | |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|--|------------|------|------|------|----------------|-------------------|------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| Product 3.1: | | | | | | | |
| By the end of 2015; National capacity strengthened in RHCS related policy formulation, forecasting, LMIS, supply chain and M&E at all levels | | | | | | | |
| Activity 3.1.1: Develop/Adapt training manuals and materials on different RHCS components | | X | | | FMOH | UN/INGOs /CBOs | 5000 |
| Activity 3.1.2: Training of managers on data processing, generation and interpretation of reports and decision making based on generated information | | X | X | X | FMOH | UN/INGOs /CBOs | 15000 |
| Activity 3.1.3: Conduct managers training on Policy analysis and formulation, Policy dialogue (advocacy), etc | | X | X | | FMOH | | 10000 |
| Activity 3.1.4: Conduct managers training on forecasting and quantification of RHCs | | X | X | | FMOH | | 10000 |
| Activity 3.1.5: Develop timely and regular estimates of required RHCs | | X | X | X | FMOH | | 6000 |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|---|------------|------|------|------|----------------|----------------|------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| Activity 3.1.6 : Conduct managers training on total market approach. | | X | | X | FMOH | | 12000 |
| Activity 3.1.7 : Conduct managers training on Monitoring and Evaluation of RH services | | X | | X | FMOH | | 12000 |
| Activity 3.1.8 : Conduct study tours for decision makers from different organizations to successful country/s on RHCS | X | X | X | X | FMOH | | 20000 |
| Expected Results 4: By the end of 2015 ; Access to an appropriate FP method mix including long-term methods have been improved | | | | | | | |
| Product 4.1 : By the end of 2015 ; Increased number and quality of outlets providing FP services | | | | | | | |
| Activity 4.1.1 : Conduct market segmentation study and utilize its findings to provide FP type of services at right places according to beneficiary characteristics | X | | | | FMOH | UN/INGOs /CBOs | 15000 |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|--|------------|------|------|------|----------------|-------------------|------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| Activity 4.1.2 : Advocate for inclusion of FP services in national health insurance scheme | X | X | | | FMOH | UN/INGOs /CBOs | 2000 |
| Activity 4.1.3 : Design and implement an initiative to increase pharmacists and drug vendors awareness on FP program, methods and supplies | | X | X | X | FMOH | UN/INGOs /CBOs | 15000 |
| Activity 4.1.4 : Develop advocacy campaign to encourage partners to ensure availability of RH/FP commodities at various outlets | X | X | X | X | FMOH | UN/INGOs /CBOs | 20000 |
| Activity 4.1.5 : Test the modified systems to identify obstacles and finalize updated systems | | X | | | FMOH | UN/INGOs /CBOs | 15000 |
| Activity 4.1.6 : Endorsed proposed system through RHCS committee | | X | | | FMOH | UN/INGOs /CBOs | No cost |
| Product 4.2: By the end of 2015; Well-designed mechanism to integrate supervision at all levels | | | | | | | |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|--|------------|------|------|------|----------------|-------------------|--------------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| Activity 4.2.1: Scan the current supervision process and review it to identify gaps and requirements | | X | | | FMOH | UN/INGOs /CBOs | Consultant 3000 |
| Activity 4.2.2: Develop/update/upgrade a mechanism for effective supervision including RHCS component | | X | | | FMOH | UN/INGOs /CBOs | Consultant 3000 |
| Activity 4.2.3: Review current supervision scope of work, guidelines | | X | | | FMOH | UN/INGOs /CBOs | 3000 |
| Activity 4.2.4: Include RHCS issues in the supervision process | | X | | | FMOH | UN/INGOs /CBOs | No cost |
| Activity 4.2.5: Develop tool to acquire information from supervision visits | | X | | | FMOH | UN/INGOs /CBOs | 3000 |
| Activity 4.2.6: Design and conduct required reports to monitor RHCS status at all levels from supervision process | | X | X | X | FMOH | UN/INGOs /CBOs | 18000 |
| Product 4.3: By the end of 2015; Provide updated and reliable information on RHCS to partners at decision making level | | | | | | | |
| Activity 4.3.1: Summarize available RHCs information and share | | X | X | X | FMOH | UN/INGOs /CBOs | 12000 |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|--|------------|------|------|------|----------------|-------------------|------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| with partners using media outlets as well as developing presentations and materials on regular base | | | | | | | |
| Activity 4.3.2 : Conduct/utilize events to disseminate available data on RHCS | | X | X | X | FMOH | UN/INGOs /CBOs | 12000 |
| <u>Product 4.4:</u> By the end of 2015; Major barriers for effective RHCS addressed (social, regulatory, operational, financial and cultural barriers) | | | | | | | |
| Activity 4.4.1 : Develop a mechanism to track/register social, regulatory, operational, financial and cultural barriers in RHCS at both national and state level | | X | | | FMOH | UN/INGOs /CBOs | No cost |
| Activity 4.4.2 : Conduct RHCS TWG meetings to develop approaches to respond to the identified barriers | | X | X | X | FMOH | UN/INGOs /CBOs | 12000 |
| Activity 4.4.3 : Monitor progress on addressing barriers and possible alternatives | | X | X | X | FMOH | UN/INGOs /CBOs | 12000 |
| <u>Expected Result 5</u> By the end of 2015; all RHCS program' partners are providing quality of services | | | | | | | |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|--|------------|------|------|------|----------------|-------------------|------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| Product 5.1: | | | | | | | |
| By the end of 2015; Establish an active network for all RHCS partners | | | | | | | |
| Activity 5.1.1: Identify and collect information about current and potential partners | X | X | X | X | FMOH | UN/INGOs /CBOs | No cost |
| Activity 5.1.2: Establish a database to include required information about partners such as addresses, contact numbers, name of responsible staff, their interest | X | | | | FMOH | UN/INGOs /CBOs | 2000 |
| Activity 5.1.3: Ensure regular update/inclusion of key partners from the network into the RHCS committee | | X | X | X | FMOH | UN/INGOs /CBOs | No cost |
| Activity 5.1.4: Design accountability matrix and assign RHCS related tasks e.g. information, distribution, advocacy, policy, M&E to the RHCS committee members (based on areas of interest) with regular progress reports during RHCS meetings | | X | X | X | FMOH | UN/INGOs /CBOs | No cost |
| Activity 5.1.5: | X | X | X | X | FMOH | UN/INGOs | 16000 + |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|--|------------|------|------|------|----------------|-------------------|-----------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| Conduct quarterly RHCS committee meeting at national and state levels and ensure existence of linkages between national and state levels | | | | | | /CBOs | 4x17 = 84000 |
| Activity 5.1.6 : Conduct regular revision of the list of registered RHCs by the RHCS committee to identify and undertake needed process for registering unregistered commodities | | X | | X | | UN/INGOs /CBOs | 4000 |
| Product 5.2: By the end of 2015; coordination among RHCS partners strengthened | | | | | | | |
| Activity 5.2.1 : Design a mechanism to update partners during meetings with all RHCS related program information | X | X | X | X | FMOH | UN/INGOs /CBOs | No cost |
| Activity 5.2.2 : Share input forms with partners and generated report | X | X | X | X | FMOH | UN/INGOs /CBOs | No cost |
| Activity 5.2.3 : Develop a quarterly report to be shared with other partners | X | X | X | X | FMOH | UN/INGOs /CBOs | No cost |
| Activity 5.2.4 : | X | X | X | X | FMOH | UN/INGOs | 16000 |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|---|------------|------|------|------|----------------|-------------------|--------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| Conduct a meeting through RHCS every 6 months to discuss achievements and obstacles | | | | | | /CBOs | |
| Product 5.3: | | | | | | | |
| By the end of 2015; Design and implement an advocacy campaign to incorporate RH/FP services in Health Insurance Package | | | | | | | |
| Activity 5.3.1 : Prepare required information to advocate | X | X | | | FMOH | UN/INGOs /CBOs | No cost |
| Activity 5.3.2 : Conduct a cost effective study to support advocacy campaign | | X | | | FMOH | UN/INGOs /CBOs | 15000 |
| Activity 5.3.3 : Review current policies and legislation to identify non supportive policies to be addressed in the advocacy campaign | | X | | | FMOH | UN/INGOs /CBOs | 15000 |
| Activity 5.3.4 : Develop advocacy materials including proposed policies | | X | | | FMOH | UN/INGOs /CBOs | 30000 |
| Activity 5.3.5 : Develop and implement advocacy plan | | X | X | X | FMOH | UN/INGOs /CBOs | 60000 |
| | | | | | | | Total |

| Item | Time-frame | | | | Responsibility | | Budget USD |
|------|------------|------|------|------|----------------|----------|----------------------|
| | 2012 | 2013 | 2014 | 2015 | Main | Partners | |
| | | | | | | | 650,500 .00\$ |

I- M&E mechanism

Several drafts of this strategy has been developed and reviewed by the RHCS partners until it was finalized. This document will be considered as dynamic document needed to be updated on annual bases or according to changes in the current situation. This monitoring and evaluation framework is based on the developed strategic plan and the indicators will be collect during the implementation of the strategy. The indicators were developed according the following criteria:

- Are operational and collectable;
- Are available for use by the FMoH and its partners;
- Are relevant to context of Sudan and within the RH policy
- Have a notional baseline value so that progress can be measured

The indicators will be based upon the three strategic objectives and will be able to define them, monitor the performance of implementation and define the roles of the FMoH and its partners within the implementation plan.

Strategic Objective One: -Ensure adequate funds to carry out RHCS strategy interventions. The following expected results are necessary for this objective attainment.

The aim of this objective is to increase funds for RH commodities from all sources at the country level, including government, donors, and the private sector including the commercial sector. The achievement of this will also rely on innovative mechanisms to reduce volatility and improve predictability of RH funding for supplies and the strengthening the cost recovery schemes.

Strategic Objective Two: - Ensure availability of high-quality commodities at any time where it is needed.

The aim of this objective is to strengthen supply chain systems and ensure sustained delivery of a broad range of RH supplies that meet users' needs and demands, through the strengthening of the information system to produce reliable data and building the capacity of the RH staff to withstand policy reforming and formulation, forecasting and supply chain at all levels.

Strategic Objective Three: - Ensure that partners are committed to better exchange of experience, mobilize resources and avoiding overlap.

The aim of this objective is to overlap the verticality of the programs implemented to share resources, experiences, and reach the expected results. This can be through the formulation of a proper coordination mechanism, inclusion of the public, private and non-profit sectors in the decision making for proper monitoring of the supply chain system.

Expected Results: -

1. By the end of 2015; ensured availability of more fund for RHCs and supplies with focus on FP
2. By the end of 2015; Required information for decision making is strengthened
3. By the end of 2015; RH managers and staff capacity in the area of RHCS at all levels improved
4. By the end of 2015; Increased number and quality of outlets providing FP services
5. By the end of 2015; all RHCS program' partners are providing quality of services

According to the objectives and its expected results the list of indicators will be as follows: -

1. Increase in the level of funding allocated to RH commodities using the government funding
2. Increase in the proportion of the government expenditures on RH commodities
3. Increase in the number of donors
4. Number of initiatives/schemes for revenue generation and cost recovery
5. Percentage increase in the success of the initiatives/schemes for revenue generation and cost recovery
6. Percentage increase in the efficiency of the logistic information system at all levels
7. Number of RHCS training materials
8. Percentage increase in the number of trained RH staff on different components of RHCS, management and administrative system
9. Number of new initiatives undertaken to expand the total market approach for RH supplies
10. Number of functioning mechanism for managing RH commodity supply chain

11. Percentage increase in the performance of the mechanism for managing RH commodity supply chain
12. Percentage increase in the number of outlets availing FP services
13. Examples of actions aiming for strengthening RH commodity supply security

The monitoring reports will be shared with all the partners during RHCS coordination committee. In collaboration with FMoH and UNFPA/RHCS coordinator formats will be formed accordingly to be filled by partners quarterly based and shared with the coordinating committee to discuss achievements, and obstacles.

Annex - 1

A summary of Recommendations of different RHCS situation analysis

1. Develop nationwide IEC strategies to deal with low unmet need especially in remote areas of the country. At different levels; for couples in the general public, decision makers to believe that making family planning access and use is great primary prevention strategy that affects health issues related to pregnancy and will positively affect the MMR, IMR, miscarriages, PMTCT, etc., for the general public including stakeholders, and for policy makers.
2. Design studies to explore ways to make the RH program more efficient, effective and sustainable including developing ways to generate revenue to improve services coverage and quality, expanding the number of qualified health services personnel who can provide consumers with contraceptives of their choice and establishing local production capacity for contraceptives and other essential drugs.
3. Send decision makers on study tours to countries that operate model RH programs to educate them on the desirability and feasibility of providing good RH services.
4. Conduct research on reasons behind high ‘turnover,’ develop a health staff retention policy/plan and implement it.
5. Train and support qualified staff to deliver services and products at all levels—including program management, LMIS, Channel and the integration of RHCS with HCSS.
6. Train and support qualified managers to oversee services and products at all levels.
7. Invest adequate public resources to strengthen the national RH program’s capacity to research, select, procure, record, report, manage and analyze RH services and commodity provision.
8. Prioritize beginning the process of developing and approving a Strategic Plan before the end of 2011 .

9. Link the developed RHCS strategy with the MNH Road Map and outline the RH program's vision, mission, structure, development partner functions and the short and long-range objectives and activities of the program.
10. Convene a meeting to explore ways to meet the financial requirements of the MNH Road Map led by FMOH with participation from NRHPF, Ministry of Finance.
11. Explore resource mobilization strategies.
12. Assure that there is an RHCS plan for each state and locality to cover its RH service needs by one or more of the four sectors making up the 'total market'.
13. Strengthening the coordination work of the Total Market Approach (TMA), including government, commercial, NGO and social marketing capacities, and should be mentioned in all policy and strategy statements dealing with RH.
14. The introduction and maintenance of a functioning LMIS for health and RH products and equipment may be difficult and complicated but it is extremely important.
15. Compatible software must be identified and introduced to all sectors of the national program to facilitate recording, reporting and analysis at all levels. The FMOH-led NRHPF must be in the information and decision-making loop to assure transparency and accountability across all sectors at all levels.
16. Government and development partners should support the national RH program to implement the Ministerial decree, carry out program management training and conduct research to better establish exactly what aspects of RH programming need to be improved and expanded.
17. Carry out M&E effort that is integrated with each program activity and supported at the highest levels.