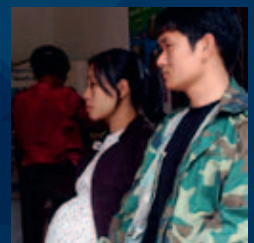


**Increasing Access to Reproductive Health:**

# KEY RESULTS OF THE GLOBAL PROGRAMME TO ENHANCE REPRODUCTIVE HEALTH COMMODITY SECURITY 2007-2012





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# RESPONDING TO A CHALLENGING AD HOC HISTORY

For decades, the international community had viewed supplies for reproductive health services in isolation from programming. It was a matter of boxes – albeit important boxes. There was a need to think outside the box.

Funding was sporadic, which meant procurement was ad hoc, leading to dangerous shortfalls at family planning clinics, maternity hospitals, pharmacies and other distribution points. Too often, funding was in response to a shortfall. It was time to get ahead of the curve.

Meanwhile, demand for modern methods of family planning was growing. The pressure was on to meet that need, especially the ‘unmet need’ of women in the developing world who want to avoid pregnancy but are not using a modern method of contraception. And, when no life-saving maternal health drugs were at hand, women giving birth were dying of preventable causes.

There were national goals in public health, the ICPD Programme of Action with its call to achieve universal access to reproductive health, and the urgency of meeting the Millennium Development Goals. Governments of developing countries were interested in doing things differently. They were looking for ways to achieve a secure, steady and reliable flow of affordable, quality contraceptives and other essential supplies.

UNFPA recognized that intensified support for reproductive health commodity security (RHCS), a concept akin to food security, would be pivotal and strategic and underpin all reproductive health programming. It is working.

Access to voluntary rights-based family planning is an accelerator of development and gender equality. The ability to have children by choice, not chance, transforms lives, communities and countries.

**“Family planning is a basic human right. However, it remains meaningless unless individuals and couples have access to contraceptives, information and services to enable them to exercise that right.”**

*- UNFPA Executive Director Dr. Babatunde Osotimehin*

# LAUNCHING THE GLOBAL PROGRAMME TO ENHANCE REPRODUCTIVE HEALTH COMMODITY SECURITY

The first systematic United Nations programme for reproductive health commodity security was launched by UNFPA in 2007 to ensure access to a reliable supply of contraceptives, condoms, medicine and equipment for family planning, HIV/STI prevention and maternal health services.\* In light of measurable impact, UNFPA has embarked on a new phase of the programme starting in 2013.

The UNFPA Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) offers a framework for assisting countries in planning for their own needs. It provides a structure for predictable, planned and sustainable country-driven approaches for securing essential supplies and ensuring their use. To date, this work has focused on (1) developing capacity to strengthen national health systems; and (2) procuring reproductive health commodities.

In the programme's first five years, countries receiving significant levels of multi-year support achieved some impressive results:

- Higher rates of contraceptive prevalence mean that more individuals are using modern methods of contraception, which supports their right to plan their families;

- More service delivery points are keeping their shelves stocked, reporting fewer 'stock-outs';
- More health centres have more availability and choice of contraceptives and life-saving maternal health medicines;
- Family planning is increasingly being prioritized at the highest levels of national policies, plans and programmes; and
- More governments are allocating domestic resources for contraceptives – a strong sign of commitment to securing much-needed reproductive health supplies.

Partnerships and collaboration have been the key to success, with the governments of programme countries, donors, UN agencies, non-governmental and private sector partners, and in-country organizations and institutions.

Behind the results are the people who have created the positive change one by one: health workers in mountainous rural villages, warehouse managers in cities, pharmacists, traditional and religious leaders, and policy makers who value the profound social and economic benefits of family planning.

\* After a mid-2007 launch, programming began in earnest in 2008 and the GPRHCS operated for five full years, including a one-year no-cost extension through 2012. National and GPRHCS survey information is provided for the widest range of dates for which data is available.

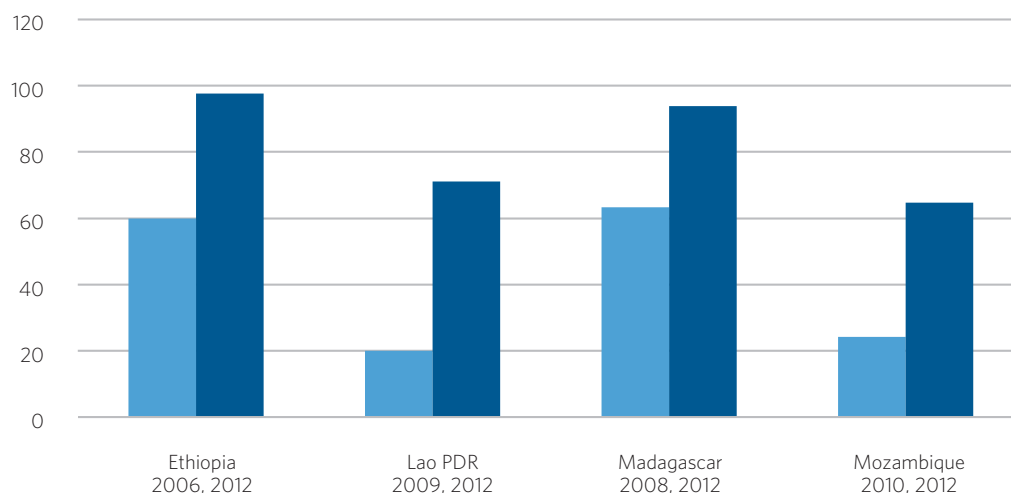
# Reproductive health commodity security (RHCS) is achieved when all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them.

- ✔ Meeting the unmet need for modern family planning and maternal and newborn health care would reduce maternal deaths by about two thirds – from 287,000 to 105,000.
- ✔ In sub-Saharan Africa alone, maternal deaths would drop by 69 per cent and newborn deaths would fall by 57 per cent.
- ✔ If all women wanting to avoid pregnancy used modern family planning methods, unintended pregnancies would decline sharply – by 71 per cent from 75 million to 22 million per year.
- ✔ An estimated 222 million women in the developing world who want to avoid pregnancy are not using a modern method of contraception.
- ✔ Of the 222 million married and unmarried women who lack access to family planning, 59 per cent live in sub-Saharan Africa and South Central Asia.
- ✔ About 22 million women have unsafe abortions each year, and three million of the 8.5 million who need care for health complications following an abortion do not receive it.
- ✔ Pregnancy- and childbirth-related complications are the number-one killers of 15-19 year old girls worldwide.

# More Secure Supplies

A secure supply of reproductive health essentials – contraceptives, condoms, maternal health medicines and equipment – protects reproductive health and saves lives. Affordable good-quality supplies need to be available at the right time, in the right place, in the right quantity. UNFPA monitors shortfalls or 'stock-outs' because reliable access to a choice of appropriate methods of modern contraception is a sign of supply security. To practice their reproductive rights, women, men and young people need a supply of contraceptives they can count on.

**Percentage of service delivery points reporting 'no stock-out' of contraceptives within the last six months in selected GPRHCS priority countries, baseline and 2012**

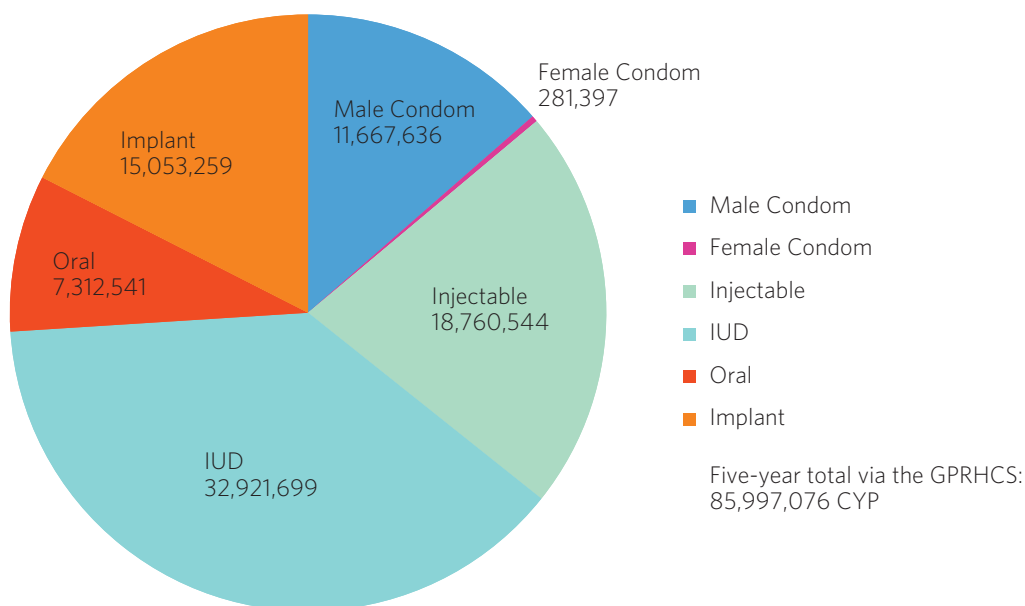


Source: Annual surveys supported by UNFPA obtained data on male condoms, female condoms, oral pills, injectable contraceptives, IUDs, sub-dermal contraceptive implants, and male and female sterilization.

# More Couples Protected

Calculating the number of couples protected from unwanted pregnancy for one year is another way to assess progress. Contraceptives procured by UNFPA through the Global Programme to Enhance Reproductive Health Commodity Security provided **86 million couple years of protection (CYP)**. The long-acting IUD accounts for the largest share of these CYP, followed by the three-month injectable, implants and the male condom. All people have the right to decide freely and responsibly the number and spacing of their children.

## Couple years of protection (CYP) by contraceptive method provided, 2008 to 2012



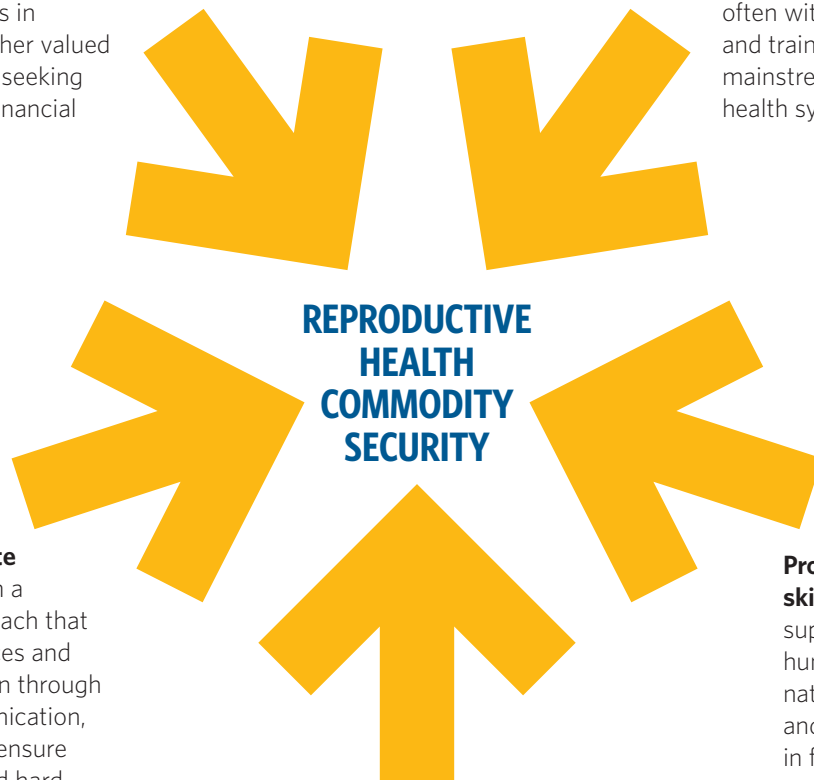
## To catalyze country-driven efforts to achieve reproductive health commodity security, complex challenges require sustained action for several interrelated objectives:

### **Integrate RHCS in national policies, plans and programmes**

through evidence-based advocacy with policy makers, parliamentarians, partners in government and many other valued partners in each country, seeking to catalyze political and financial commitment.

### **Strengthen the delivery system**

to ensure a secure, steady and reliable supply through improved logistics management information systems, often with computer software and training, as well as RHCS mainstreaming in the national health system.



### **Increase access and create demand**

by working within a human rights-based approach that empowers individual choices and dignity, sharing information through behaviour change communication, and going the last mile to ensure access for underserved and hard-to-reach populations.

### **Provide training to build skills**

at every step of the supply chain, developing the human resources capacity of national staff, pharmacists and warehouse managers in forecasting, procurement, storage and distribution. Build the skills of health workers and others charged with providing reproductive health information and services.

**Procure contraceptives** and other essential reproductive health supplies and promote their use through various mechanisms such as community-based distribution and social marketing, seeking to increase timely access to a choice of quality, affordable reproductive health commodities.

## Countries have received support through three funding streams:

**Stream 1** countries have used multi-year funding to develop sustainable, human rights-based approaches to RHCS for a reliable supply and enhanced national capacities and systems. In 2012, there were 12 Stream 1 countries.

**Stream 2** countries have applied strategic funding to support initiatives to strengthen several targeted elements of RHCS, based on the country context. In 2012, there were 34 Stream 2 countries.

**Stream 3** countries have received emergency funding when faced with humanitarian crises or with dangerous stock-outs due to poor planning, weak infrastructure and low in-country capacity. The number of countries varied each year.



# Catalyzing national and financial commitment

Integrating RHCS into national policies, plans and programmes has been a process of fostering commitment at all levels. Advocacy with partners in government, parliamentarians and other policy makers has helped to ensure national ownership and sustainability. Many countries have taken action to mobilize political will and financial resources for RHCS, both international donors and the governments of developing countries. New national budget lines and allocations for contraceptives are striking signs of commitment when limited resources are further strained by the global economic crisis.

Vigorous and committed support at the highest national levels has proven to be an important factor in achieving sustainable results. In Ecuador, evidence-based advocacy for the family planning strategy won presidential support. In Sierra Leone, data from a computerized supply management system inspired the Minister of Health to login daily at her desk. At the first high-level meeting on RHCS at the United Nations, Ministers of Health, First Ladies and parliamentarians numbered among the 80 people present.

## RHCS is a national health priority

- ▶ National action plans are propelling implementation of RHCS strategies, RHCS coordinating mechanisms are meeting regularly, and the essential medicines list contains contraceptives and maternal health medicines in nearly all of the 46 programme countries.
- ▶ Up significantly over time, 100 per cent of GPRHCS Stream 1 and 2 countries have integrated RHCS issues into poverty reduction strategies, national development plans, and health sector policies and plans – and nearly all have RHCS in their Sector Wide Approaches.
- ▶ Access to and use of modern methods of contraception has improved, with increases in contraceptive prevalence rate (CPR)\*\* reported in programming areas and even at the national level, where indicators can be difficult to move.

\*\* CPR refers to the proportion of women aged 15 to 49, married or in union, who are using or whose sexual partners are using, any modern method of contraception.



*H.E. Mrs. Sia Nyama Koroma,  
First Lady of the Republic  
Sierra Leone.  
Photo: Omar Gharzeddine/UNFPA*

### High-level commitment:

UNFPA held the first-ever UN High Level Meeting on Reproductive Health Commodity Security in September 2011 in New York. Ministers of Health, First Ladies and parliamentarians shared experiences among 12 priority countries in the UNFPA GPRHCS and issued a Call to Action. Panel discussions focused on how to mobilize political and financial resources, how to integrate supply management in national health systems, and how to provide access to family planning services for underserved communities.



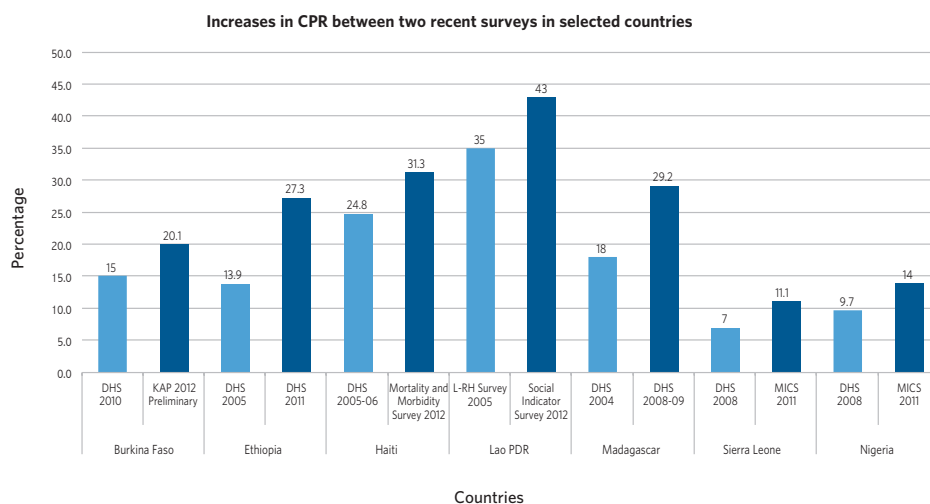
Photo: UNFPA Ecuador

### Advocacy leads to action:








Evidence-based advocacy in **Ecuador** won high-level support for the national family planning strategy, along with Government support of \$8 million for the strategy plus \$7 million to procure modern contraceptives through UNFPA in 2011. The country also integrated the procurement of reproductive health commodities for a more efficient system. In **Nicaragua**, an advocacy strategy developed with GPRHCS support helped win inclusion of RHCS indicators in the national health plan and recognition of adolescents and youth as a priority group.



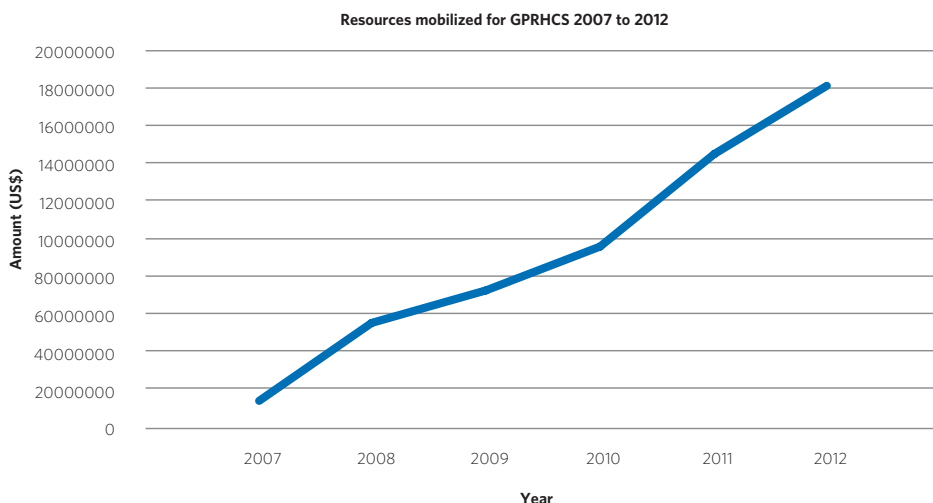
## More women are choosing to use modern methods of contraception



The contraceptive prevalence rate has increased in several countries where partnerships and pivotal support have catalyzed country leadership for reproductive health commodity security as a priority for sexual and reproductive health and reproductive rights:

-  In Burkina Faso, CPR increased by 11.5 percentage points from 8.6 per cent in 2003 to 20 per cent in 2012
-  In Ethiopia, CPR nearly doubled from 13.9 per cent in 2005 to 27.3 per cent in 2011
-  In Haiti, CPR increased by 6 percentage points from 24.8 per cent in 2006 to 31.3 per cent in 2012
-  In Lao PDR, CPR increased by 8 percentage points from 35 per cent in 2005 to 43 per cent in 2012
-  In Madagascar, CPR improved by 11.2 percentage points from 18 per cent in 2004 to 29.2 per cent in 2009
-  In Sierra Leone, CPR increased by 4 percentage points from 7 per cent in 2008 to 11 per cent in 2011
-  In Nigeria, CPR increased by 4.3 percentage points from 9.7 per cent in 2008 to 14 per cent in 2011

## The GPRHCS mobilized more than \$565 million 2007 to 2012

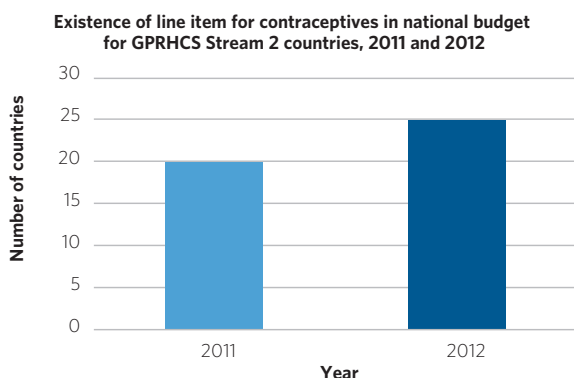


Funding mobilized on a reliable basis empowers countries to plan to meet the needs of their people, especially the poor and vulnerable and underserved.

## Donors to GPRHCS, 2007 to 2012

Australia	France	Spain
Canada	Ireland	Spain (Catalonia)
Denmark	Liechtenstein	United Kingdom
European Commission	Luxembourg	Private/Individual Contributors
Finland	Netherlands	

## Budget lines are signs of RHCS integration and sustainability



When governments allocate resources for reproductive health, especially in difficult economic times, this is a sign of commitment. Integration of the RHCS concept in planning and integration of contraceptives in the supply chain strengthens health systems. Allocations increased in Ethiopia, Lao PDR, Mali, Niger and Nigeria in 2012. The number of Stream 2 countries with budget lines for contraceptives increased from 20 in 2011 to 25 in 2012.

**“Comprehensive sexual and reproductive health services including for voluntary family planning, ensured by a secure supply of reproductive health commodities, is a national priority for saving women’s lives, improving maternal health and preventing HIV.”**

*– Call to Action, United Nations High Level Meeting on Reproductive Health Commodity Security, September 2011*

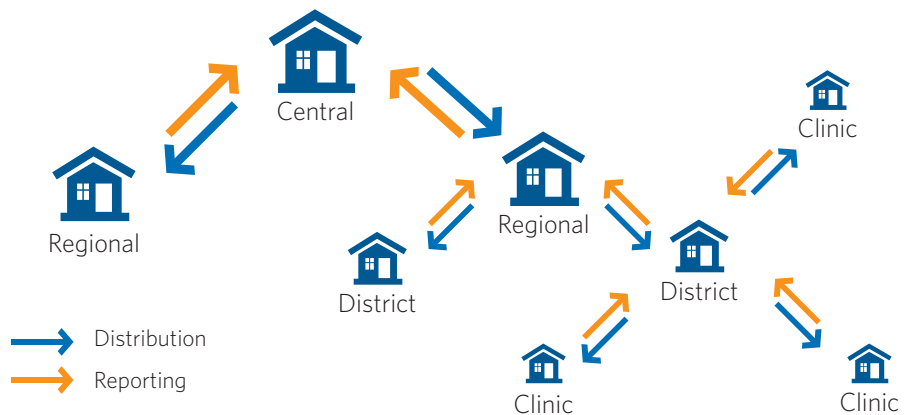


Photo: UNFPA Madagascar

**Computerized management:** The Government of Madagascar has adopted the CHANNEL computer software to monitor and manage health supplies nationwide, with very positive results. CPR in Madagascar rose by 11 percentage points from 2004 to 2009, to reach 29.2 per cent, after years of stagnant rates prior to support from UNFPA's GPRHCS. Unmet need declined from 24 per cent in 2004 to 19 per cent in 2010. Stock-outs are down, more pharmacies and warehouses are operating, coordinating committees are meeting regularly, more women are using contraception, and more youth-friendly health centres opened in 2013.

# Strengthening health systems for securing supply delivery

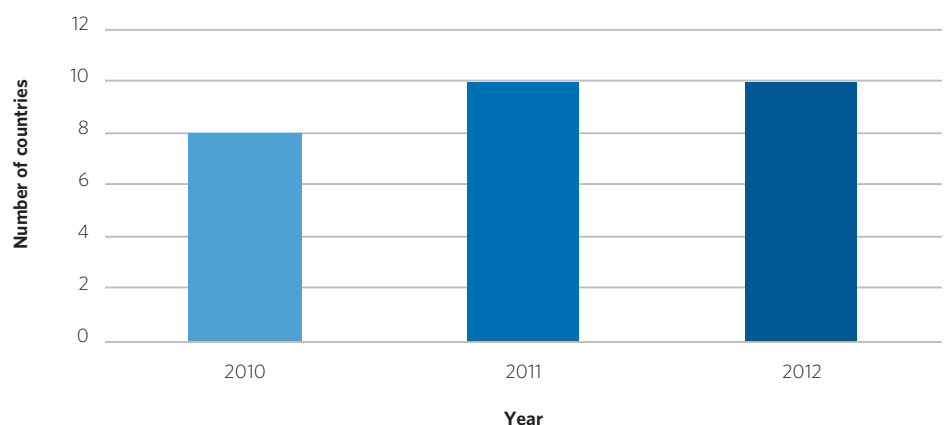
## Distribution and reporting system



National efforts to build stronger health systems and procure essential supplies drive day-to-day progress towards RHCS. It can be a complex process moving away from a situation of sudden shortages, stock-outs and ad hoc requests towards commodities people can count on. Developing national capacity, mechanisms and procedures has been a GPRHCS priority - not only for essential supplies but for the information and services that guarantee their use.

Stakeholders in a county first agree on which logistics management information system (LMIS) to adopt, promote and roll out. Then begins work in forecasting, procurement, storage and distribution. There is training to develop skills throughout the supply chain, from the central warehouse to local family planning clinic. Finally, a monitoring framework measures results.

Stream 1 countries using national technical experts for forecasting of RH commodities

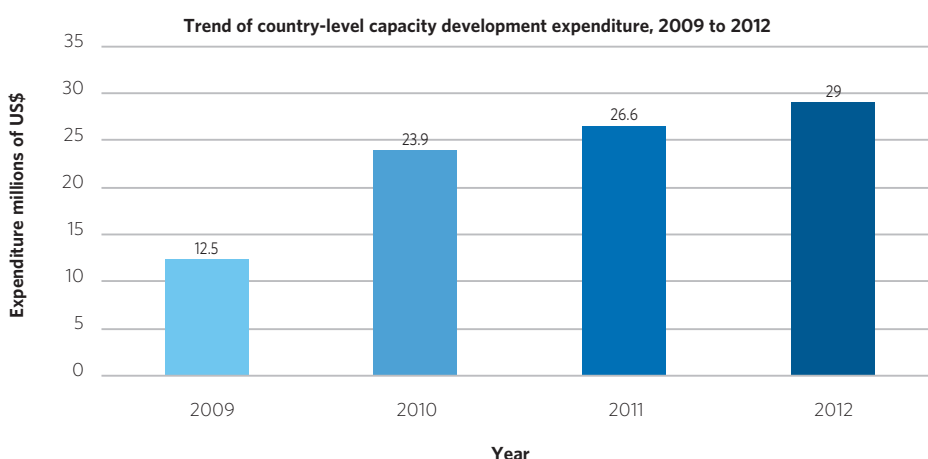


- More trained national staff are predicting the RH commodity needs for their own countries and procuring the supplies, an institutionalization of skills and step towards sustainability. Ten Stream 1 countries had national technical expertise in the Ministry of Health or in other government agency for forecasting for RH commodities in 2012 – up from 8 in 2010.
- All Stream 1 countries have in place a functional logistics management information system (LMIS) for data to track distribution, an increase from 7 in 2010 to 12 in 2012. They all have adopted some form of computerized system, most using the UNFPA-developed CHANNEL software.
- More countries are taking a coordinated approach towards integrated and unified procurement and distribution systems for all health supplies, including RH commodities. Some form of coordinated and integrated supply management system exists in 10 Stream 1 countries, and more have integrated procurement mechanisms – up from 5 in 2011 to 8 in 2012.



Photo: Ollivier Girard/UNFPA

**Civil society partnership:** Members of a civil society organization (CSO) are closely monitoring health commodities in **Sierra Leone** – from the quay and airport to the central medical store, district medical stores and peripheral health units. Theft of drugs is down, availability of supplies at facilities is up, and access to health services and medicines has improved. The Government introduced the civil society component to enhance its newly computerized system for tracking and managing essential supplies. It also made a first-ever budget allocation to RH commodities in 2011 and pursued inclusion of family planning in national policies. CPR has increased from 7 per cent in 2008 to 11.1 per cent in 2011.



Over time, countries requested increasing support for capacity building efforts in order to strengthen systems for commodity security. Capacity building expenditure at the country level increased from \$12.5 million in 2009 to \$29 million in 2012. Of total expenditures over the four years, capacity building accounted for \$136 million (35 per cent) and commodity procurement for \$249 million (65 per cent).



Photo: UNFPA Mongolia;  
UNFPA Ethiopia

#### **RHCS in the curriculum:**

**In Ethiopia**, where RHCS has become part of the curriculum at the Public Health School and School of Pharmacy at Addis Ababa University, many Health Extension Workers have received training to insert long-lasting contraceptive implants and five universities have launched training towards task shifting among middle-level health workers for maternal health. In **Mongolia**, training in RHCS was added to the curriculum at the Health Sciences University of the School of Pharmacy. Hundreds of pharmacists graduate each year with special training in family planning services and supplies. In addition to quality of care, they learn how to manage a computerized supply chain.



Photo: Desmond Koroma/UNFPA

**“We are achieving notable successes by directing sustained, multi-year funding towards underserved populations and by building the capacity of our health systems. Many of us described how our integrated supply management systems are reducing costs, making effective use of resources, and reducing wastage.”**

*– H.E. Zainab Hawa Bangura, Minister of Health and Sanitation in Sierra Leone, reporting to the UNFPA Executive Board*

# Increasing availability, access and use

How efficient was a country's commodity distribution network? Did the supplies reach the service providers when and where they were needed? Were countries able to forecast their needs and then procure and manage commodities to meet those needs?

Through the GPRHCS, UNFPA has procured contraceptives and other essential reproductive health supplies and promoted their use through various mechanisms such as community-based distribution, seeking in particular to reach underserved communities. Access to reproductive health commodities has been a priority not only for relatively easier-to-reach people in cities but also for those in rural areas, for those less educated, young, disabled or displaced and for those who cannot afford to pay. In the 12 focus countries of the GPRHCS, up to 90 per cent of the populations live in rural areas that are difficult to reach.

All aspects of the GPRHCS approach have had a part to play in increasing availability, access and use. This involved timely forecasting, procurement and distribution of reproductive health commodities to avert stock-outs. It entailed supporting countries to have fully functional logistics management information systems in place. It called for demand generation, so that more people, especially young women, would understand – and exercise – their reproductive rights and seek services, as needed.

The availability of a choice of contraceptives and specific maternal health medicines at a service delivery point has been an indicator of the state of the supply system as well as the important issue of choice.

- Eight out of the 12 Stream 1 countries had at least three modern contraceptive methods available in more than 90 per cent of service delivery points (SDPs) in 2012. Six out of 12 countries had at least three methods available in at least 90 per cent of SDPs in both rural and urban areas.
- Monitoring of five life-saving maternal health drugs has tracked improvement in eight Stream 1 countries. In 2012, seven life-saving medicines – including magnesium sulfate and oxytocin – were found to be available in more than 70 per cent of service delivery points in 6 of 12 Stream 1 countries.



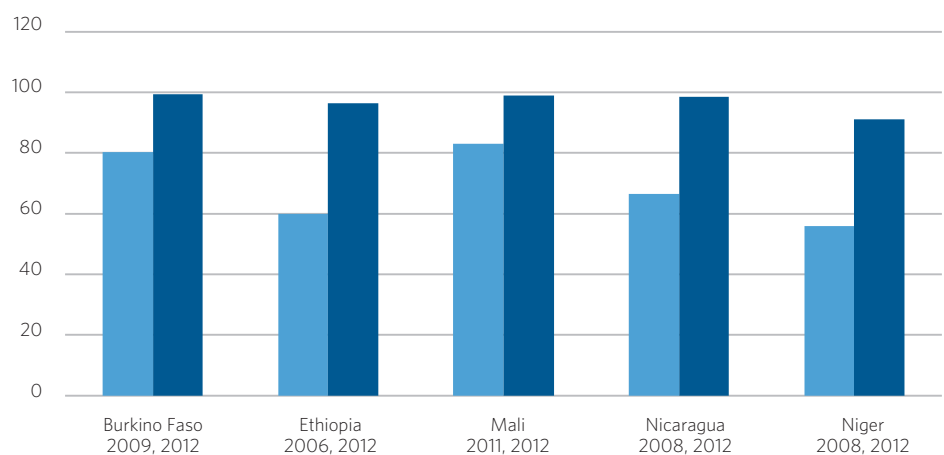
Photo: Burkina Faso/Ollivier Girard

**Community-based distribution:** Access to family planning took a leap forward in **Burkina Faso** with the 2009 launch of community-based distribution of contraceptives, in a partnership of government, civil society and UNFPA's GPRHCS. Agents have served 94 per cent of health districts including more than 1,000 health facilities. Women accounted for nearly half of the 1,443 facilitators and 4,954 distributors trained from 2009 to 2011. In 2012, contraceptives distributed provided 8,184 couple years of protection from unwanted pregnancy. A national UNFPA-supported survey shows CPR up 5.8 percentage points 2010 to 2012.



**Increasing access and demand:** Community Wellness Advocacy Groups (CAGs) operated in 120 chiefdoms in 9 of the 13 districts in Sierra Leone in 2012, supported by two government ministries, NGOs, community-based organizations and UNFPA's GPRHCS. Members of CAGs are Community Wellness Advocates, respected local women trained in issues of sexual and reproductive health and gender issues. They serve as community-based distribution agents, make referrals to service providers, and offer accurate information through song, dance and drama in marketplaces.

**Percentage of service delivery points (SDPs) offering at least three modern methods of contraception in selected GPRHCS Stream 1 countries, baseline to 2012**



Source: GPRHCS 2010 country and related sample survey reports in 2012



**“Madagascar would not have improved its maternal health and family planning indicators without the support of GPRHCS.”**

*– The Honorable Johanita Ndahimananjara, Minister of Health*



# Accelerating reproductive health commodity security 2013-2017

Positive change for reproductive health can happen when significant investments in capacity development are combined with the large-scale provision of contraceptives and other reproductive health supplies – that is a major lesson learned in the first five years. Lessons like this one are shaping the new UNFPA programme starting in 2013 in 46 countries.

There has been a process of reflection with particular attention to issues of access, equality and demand especially among underserved and hard-to-reach populations; aligning with country processes; improving on the already robust Performance Monitoring Framework and seeking opportunities for scaling up. While no single intervention will achieve reproductive health commodity security, experience has shown that sustained, multi-year support yields measurable results.

The programme will be anchored on key principles:

- National ownership and leadership in support of national priorities, alignment, harmonization, management for results, and mutual accountability (Paris Declaration);
- Increased emphasis on broad, multi-sectoral partnerships (Accra Agenda);
- Human-rights-based approach, gender equity, and geographical, social and economic equity (core underpinnings of all UNFPA efforts);
- Focus on results, efficiency, impact and evidence (UNFPA strategic plan);
- Catalytic, flexible in addressing gaps, promoting alignment of all pro-RHCS efforts (key principle of the GPRHCS thematic fund).

Reproductive health commodity security has been, and will continue to be, a comprehensive, pivotal and strategic contribution to meeting the goal of universal access to reproductive health, including family planning, as part of sexual and reproductive health and reproductive rights.



## Reaching the underserved:

Taking a culturally-sensitive approach is the key to reaching indigenous communities. In **Lao PDR** trained community-based distribution agents speak the same ethnic language and share the same cultural values. They visit households every month, serving married, unmarried, adolescents and young people. As a result, more 'hard to reach' women are using modern methods of family planning, with uptake increasing from 12 per cent in 2007 to 45 per cent in 2011, and local services are providing better care to more clients. With UNFPA's GPRHCS support, use of modern contraceptives (CPR) has increased in Lao PDR by 8 percentage points 2005 to 2012.



Photo: Scott Henderson/  
Condomize!/UNFPA

Flash mob performances by the 45 CONDOMIZE! Dancers drew huge crowds at the XIX International AIDS Conference, part of a lively campaign launched by UNFPA and The Condom Project that raises awareness with condom promotion, distribution, T-shirts, dialogue sessions and other colorful activities. Comprehensive condom programming (CCP) is a core UNFPA programme to ensure that condoms are universally available and widely accessible, to motivate people to use them to prevent unintended pregnancy, HIV and other sexually transmitted infections. UNFPA procures male and female condoms and works with governments to incorporate CCP in national HIV prevention strategies and RH programmes; advocate access to vulnerable, marginalized and key populations; and develop capacity through skills-building training on condom demand generation. In 2012, UNFPA reporting showed strategic CCP strengthening in 12 of 15 priority countries.

Continuing to provide a crucial contribution to the ICPD Programme of Action and the Millennium Development Goals, the programme also will contribute to delivering on recent UNFPA commitments:

**Choices not Chance: UNFPA Family Planning Strategy 2012-2020:** The strategy aims to accelerate access to information, exercise of rights, services and supplies in the poorest countries where the need is greatest. The five measurable results areas are: enabled environments, increased demand, improved availability and reliable supply of quality contraceptives, improved services, and strengthened information systems for family planning.

**FP2020:** This initiative is designed to deliver on the commitments made at the London Summit on Family Planning held in July 2012 and hosted by the UK Government and the Bill & Melinda Gates Foundation with UNFPA, now co-chair of the FP2020 reference group. The aim is to reach 120 million more women and girls in the world's poorest countries with access to voluntary family planning information, contraceptives and services by 2020.

**UN Commission on Life-Saving Commodities for Women and Children:** Created by the UN Secretary-General, under the auspices of the Every Woman Every Child movement, the Commission seeks to increase access to life-saving medicines and health supplies for the world's most vulnerable people. Working groups address market shaping, regulatory environment, and best practices and innovation. Commission chairs are Nigeria's President and Norway's Prime Minister. The Executive Directors of UNFPA and UNICEF are vice chairs.

**“The Global Programme has successfully set up country-level building blocks for reproductive health commodity security.”**

*- Synthesis Report, UNFPA Global Programme to Enhance Reproductive Health Commodity Security Mid-Term Review, January 2012*

# Outputs for the programme starting 2013



## **Enabled environment for RHCS, including family planning, at national, regional and global levels**

Mainstreaming in national plans and strategies, coordination, partnership, resource mobilization



## **Increased demand for RHCS by poor and marginalized women and girls**

Advocacy, community mobilization, awareness-raising, capacity development, policy dialogue, total market, partnership, demand generation IEC/BCC



## **Improved efficiency for procurement and supply of reproductive health commodities**

Prequalification of key medicines, efficient procurement processes, appropriate method mix (global-level focus)



## **Improved access to quality reproductive health/family planning services for poor and marginalized women and girls**

Availability, use, scaling-up good practices, integrated approaches, gender and culture, humanitarian settings, young people, RHCS training



## **Strengthened capacity and systems for supply chain management**

Demand forecasting, procurement, distribution, monitoring, warehouses, training, logistics management information system



## **Management output**

Improved financial commitment, tracking and reporting on resources, governance framework for the programme, resource allocation, accountability, meetings of steering committee and interdivisional working group, annual work plan review, multimedia reporting of results

**For more information about UNFPA support for reproductive health commodity security, visit the Essential Supplies page on the UNFPA website: [www.unfpa.org](http://www.unfpa.org)**



**Involving men:** In Niger, the GPRHCS supported scaling up of an innovative local initiative involving men that became the star of multi-year support including commodity procurement and capacity development. The School for Husbands (École des Maris) originated in the Zinder region and results in Bandé showed two-fold increases in the use of post-natal consultation services and three-fold increases in the use of family planning. The project inspired men to become responsible actors in the reproductive health of their communities, and inspired scaling up to additional districts in Niger and to several other countries, including Côte d'Ivoire and Sierra Leone.



[www.unfpa.org](http://www.unfpa.org)