

## 2013 PROGRESS REPORT

### Support for Reproductive Health Commodities Security in Cambodia

Country:	Cambodia
Reporting Period:	01 January – 31 December 2013
Programme Component:	Reproductive Health
Implementing partner:	Ministry of Health

#### I. PURPOSE

This report provides an overall result implemented in 2013 under the support from the Australian Government through the Department of Foreign Affairs and Trade (DFAT) for "Support of Reproductive Health Commodities Security in Cambodia 2013 – 2015". The report reflects the achievements made using funds provided by the Government of Australia through the United Nations Population Fund (UNFPA) to the Royal Government of Cambodia/Ministry of Health. This report is submitted in respect of requirements for a progress and financial reporting agreed between the Government of Australia and UNFPA.

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#### Expected Output(s) and Activities:

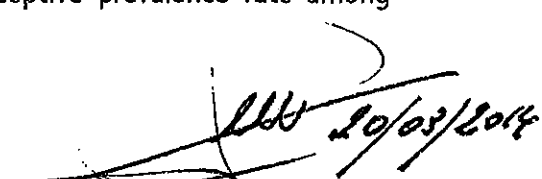
The support from the Australian Government will not only contribute to improving the reproductive and maternal health of Cambodians, but also supporting the implementation of the Fast Track Initiative Road Map (FTIRM) of the MoH as well as continuing to maintain the current momentum and achievements to meet the Cambodia's MDG 4: Reducing Child Mortality and MDG 5: Improving Maternal Health, and contribute to UNFPA Cambodia's Country Programme Action Plan 2011-2015.

This Grant covers the procurement of contraceptive commodities for the MoH to supply to the public facilities and support the contraceptive needs of the Cambodia population, specifically those of women of reproductive age and youth in need of family planning. The procurement of contraceptive commodities follows the UNFPA's Procurement procedure conducted by Procurement Service Branch (PSB).

The support from the Australian Government/DFAT to the Ministry of Health through UNFPA in supporting the contraceptives is part of the UNFPA Country Program Framework in which indicators are set forth as below:

**RH outcome indicator 1 (UNFPA):** By 2015, 18% of women with unmet need for family planning have access to and utilization of at least one modern contraceptive.

**RH output indicator 6 (UNFPA):** By the end of 2015, contraceptive prevalence rate among currently married women will reach 60% (any modern methods)



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**Process indicators and target:** By the end of 2015, 4,300,000 Contraceptive pills, 1,550,000 DMPA Injectable contraceptives, 160,000 of IUD and 4,700,000 condoms procured and supplied to MoH will be made accessible to women of reproductive age at all health facilities in Cambodia.

## II. RESULTS

### 1. OVERALL ACHIEVEMENTS

In 2013, all health centres are providing at least three contraceptive methods, 60 RHs having staff trained in FP and 44 are providing FP services by the end September 2013<sup>1</sup>. 914 HCs and 44 RHs are providing IUD insertion and removal services and 448 HCs and 27 RHs providing Implanon insertion and removal services respectively<sup>2</sup>. With the increased service delivery points and secured commodity supply in 2013, the CPR from the public sector alone continues to increase moderately with a notable increase in LTM use.

Emergency Contraception Pill (EC) was first introduced in the public sector in Cambodia in 2012. The introduction of this method was a step forward in preventing unwanted pregnancies, addressing GBV issues, and reducing unsafe abortion. In addition, the introduction of EC was considered as a "gateway" to family planning. EC is also used and targeted for Entertainment Workers in order to contribute to the reduction of unwanted pregnancies and unsafe abortion among this vulnerable group. The EC training for health staff started in 2013 and by end of September, 520 HCs and 36 RHs have been trained in EC<sup>3</sup>.

In order to cover the gaps of contraceptive supply in 2013, 1,728,000 pieces of condoms, 23,500 sets of Implanon, 15,000 packs of Emergency Contraceptive, and 60,000 cycles of PoP were procured by using the Grant from the Australian Government to the MoH through UNFPA.

A remarkable achievement in advocacy was also realized in 2013. With technical assistance from UNFPA and DFAT, an advocacy tool was developed for the National Maternal and Child Health Centre/Ministry of Health to present to the Ministry of Economy and Finance to establish a national budget line to contribute to contraceptive procurement in 2014. As a result, a national budget line with the amount of around US\$100,000 was created as an initial contribution of the Royal Government of Cambodia to the contraceptive procurement for 2014.

In order to strengthen the Contraceptive Security Working Group (CSWG) of the MoH, UNFPA uses UNFPA core fund to hire a national consultant to support the roles and functions of the CSWG. The national consultant works to support the monitoring of the contraceptives stock status at the national and sub-national levels, and conduct field visits to health facilities to assess the stock status and use of contraceptives. He coordinates with the Central Medical Store (CMS) of the MoH,

<sup>1</sup> Report from Review Meeting of the NRHP in Siem Reap 24-25 Oct 2013

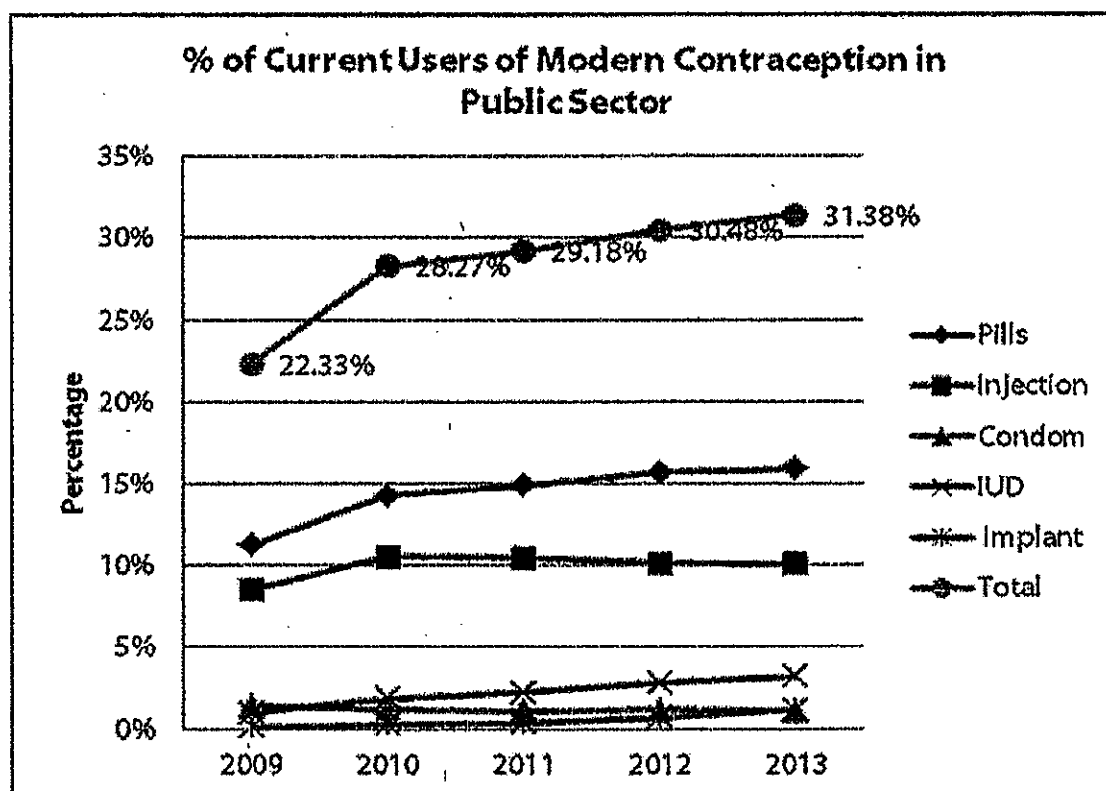
<sup>2</sup> NRHP Training Record

<sup>3</sup> Report from Review Meeting of the NRHP in Siem Reap 24-25 Oct 2013

concerned National Programmes, NGOs and DPs to ensure that contraceptives supply to the country is secured and well - coordinated.

## 2. PROGRESS OF PUBLIC SECTOR

Public sector CPR continues to increase steadily and is in the right direction with annual growth between 1 to 1.5 percentage points per year<sup>4</sup>.



## 3. DFAT/UNFPA PROCUREMENT OF CONTRACEPTIVES IN 2013

Based on the actual needs in 2013, the MoH requested UNFPA to assist in the procurement of contraceptives by using the DFAT Grant for condoms, Implanon, Emergency Contraceptives and Progestin Only Pill (PoP).

Commodity	Originally Planned Procurement in 2013	Actual Request for Procurement from the MoH based on actual needs in 2013
COC	800,000 cycles	<ul style="list-style-type: none"> <li>No procurement needed, thanks to satisfactory beginning stock balance and additional support from USAID.</li> <li>There was a need to procure EC and PoP instead.</li> </ul>

<sup>4</sup> Incomplete HIS 2013 as of 6 February 2014

Injectables	250,000 vials	<ul style="list-style-type: none"> <li>No procurement needed, thanks to satisfactory beginning stock balance.</li> <li>There was a need to procure Implanon instead.</li> </ul>
IUD	50,000 units	<ul style="list-style-type: none"> <li>No procurement needed thanks to satisfactory beginning stock balance.</li> </ul>
Condom	1,500,000 pieces	<ul style="list-style-type: none"> <li>1,728,000 pieces given increased demand from health facilities and shortfall of supply in 2013.</li> </ul>
Implanon	-	<ul style="list-style-type: none"> <li>23,500 sets given increased demand from users and increased service delivery points that are providing services.</li> </ul>
Emergency Contraceptive (EC)	-	<ul style="list-style-type: none"> <li>15,000 packs of EC procured in order meet the demand for early stock at trained health facilities and potentially increased uptakes.</li> </ul>
PoP	-	<ul style="list-style-type: none"> <li>60,000 cycles of PoP procured to meet the need for this particular method.</li> </ul>

#### 4. THE CONTRIBUTION OF CONTRACEPTIVE COMMODITIES TO HEALTH IMPACT

The estimated budget necessary to fund in the public sector contraceptive commodities was approximately US\$1.75 million<sup>5</sup> in 2013.

With the current investment in contraceptives, the estimated health impact from the public sector and the support from DFAT through UNFPA can be reliably estimated<sup>6</sup>:

Estimated health impact	Whole Public Sector	Contribution from DFAT	% of DFAT contribution
Unintended pregnancies averted	229,270	66,952	29%
Live births averted	133,629	39,023	
Abortions averted	61,674	18,010	
Maternal deaths averted	267	78	
Child deaths averted	2,446	714	
Abortions averted	37,683	11,004	13%
Couple Years Protection (CYPs)	607,290	77,900	

<sup>5</sup> Based on UNFPA Catalogue Price List

<sup>6</sup> Using the MSI Impact 2 software (version 2), Marie Stopes International, 2013. <http://www.mariestopes.org/impact-2>

<b>Estimated Cost to MoH (US\$)</b>	<b>1,719,000</b>	<b>352,000</b>	<b>20%</b>
<b>Direct health costs saved (US\$)</b>	<b>11,908,915</b>	<b>3,477,674</b>	<b>29%</b>

### III. FACILITATING FACTORS AND CONSTRAINTS

Throughout the implementation of the "Support for Reproductive Health Commodities Security in Cambodia" in 2013, the main factors facilitating and constraining the implementation were as follows:

#### Facilitating Factors:

- Reproductive, Maternal, Newborn and Child Health (RMNCH) were key priorities in the Ministry of Health's new *Health Strategic Plan 2008 – 2015*.
- The *Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality (2010-2015)* was developed and endorsed by the Minister of Health in March 2010 and widely disseminated in June 2010. It reflects a commitment to rapidly scaling up services and improving access to quality reproductive and maternal health services including EmONC, skilled birth attendance, family planning and safe abortion.
- The National Strategy for Reproductive and Sexual Health and Rights 2013 – 2016 was approved and disseminated in early 2013 with a particularly focus on rights-based family planning and secured contraceptive supply to the country.
- Satisfactory beginning stock with additional contribution from USAID helps ensure commodity security in the country and save DFAT Grant for other actual commodity needs.
- DFAT continuing support from KfW gave the MoH opportunity to advocate the Ministry of Economy and Finance to establish a national budget line for contraceptive procurement starting from 2014.

#### Constraints:

- The interruption of LMIS support has hindered timely reporting of Essential Medicines including contraceptive stock status from health facilities, OD and CMS.
- There was two-month stock out of Implanon at CMS and some health facilities due to abrupt increase use of this method, thanks to increased number of health staff trained in insertion and removal, and health financing schemes, particularly the voucher scheme.

### IV. FINANCIAL EXPENDITURES:

In respect of financial performance, the temporarily estimated expenditure in 2013 was US\$ 320,105.00 out of the total approved budget of US\$ 1,919,935.00 for three years (2013 – 2015). The official certified expenditure will be submitted by UNFPA headquarters, expectedly in July 2014.

#### V. PROCUREMENT PLAN IN 2014

Based on ending stock balance at the end of 2013, the MoH has indicated a procurement plan in 2014 as per below:

Commodity	Est. Quantity Needed	Estimated Budget
COC	Enough stock	
Injectable	520,000 vials	US\$348,500
IUD	Enough stock	
Condom	2,995,200 pieces	US\$ 96,745
Implanon	20,032 sets	US\$ 170,272
Emergency Contraceptive (EC)	10,000 packs	US\$ 6,600
PoP	75,000 cycles	US\$ 22,500
Freights, Insurance and Clearance		US\$ 15,000
Management Indirect Cost		US\$45,200
TOTAL		US\$704,817

## LIST OF ACRONYMS

ANC	Ante-natal care
AOP	Annual Operational Plan
BEmONC	Basic Emergency Obstetric and Neonatal Care
BS	Birth Spacing
CDHS	Cambodia Demographic and Health Survey
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CMS	Central Medical Store
CoC	Combined Oral Contraceptive Pill
CPR	Contraceptive Prevalence Rate
CSWG	Contraceptive Security Working Group
DFAT	Department of Foreign Affairs and Trade
DP	Development Partners
EC	Emergency Contraceptive Pill
EmONC	Emergency obstetric and neonatal care
FP	Family Planning
GBV	Gender Based Violence
HC	Health Centre
HIS	Health Information System
HSP	Health Strategic Plan
HSSP	Health Sector Support Programme
IUD	Intra-Uterus Device
LTM	Long Term Method
MoH	Ministry of Health
MEF	Ministry of Economy and Finance
NMCHC	National Maternal and Child Health Centre
NRHP	National Reproductive Health Programme
OD	Operational District
PHD	Provincial Health Department
PNC	Post-natal care
PoP	Progestin/Progestin Only Pill
RH	Referral Hospital
RHCS	Reproductive Health Commodity Security
RMH	Reproductive and Maternal Health
RMNCH	Reproductive, Maternal, Newborn and Child Health

