

2014 PROGRESS REPORT

Support for Reproductive Health Commodities Security in Cambodia

Country:	Cambodia
Reporting Period:	01 January – 31 December 2014
Programme Component:	Reproductive Health
Implementing partner:	Ministry of Health

I. PURPOSE

This report provides an overall result implemented in 2014 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, and also progress made in advocacy work in support of the family planning commodity security and strengthening enabling environments. This report is submitted as part of the requirements for a progress and financial reporting.

Expected Output(s) and Activities:

The support from the Australian Government contributes to improving the reproductive and maternal health of Cambodians and also supports the implementation of the Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality (FTIRM) of the MoH. The support ensures and expedites the momentum and achievements made to date in order to meet the Cambodia's MDG 4: Reducing Child Mortality and MDG 5: Improving Maternal Health.

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

II. RESULTS

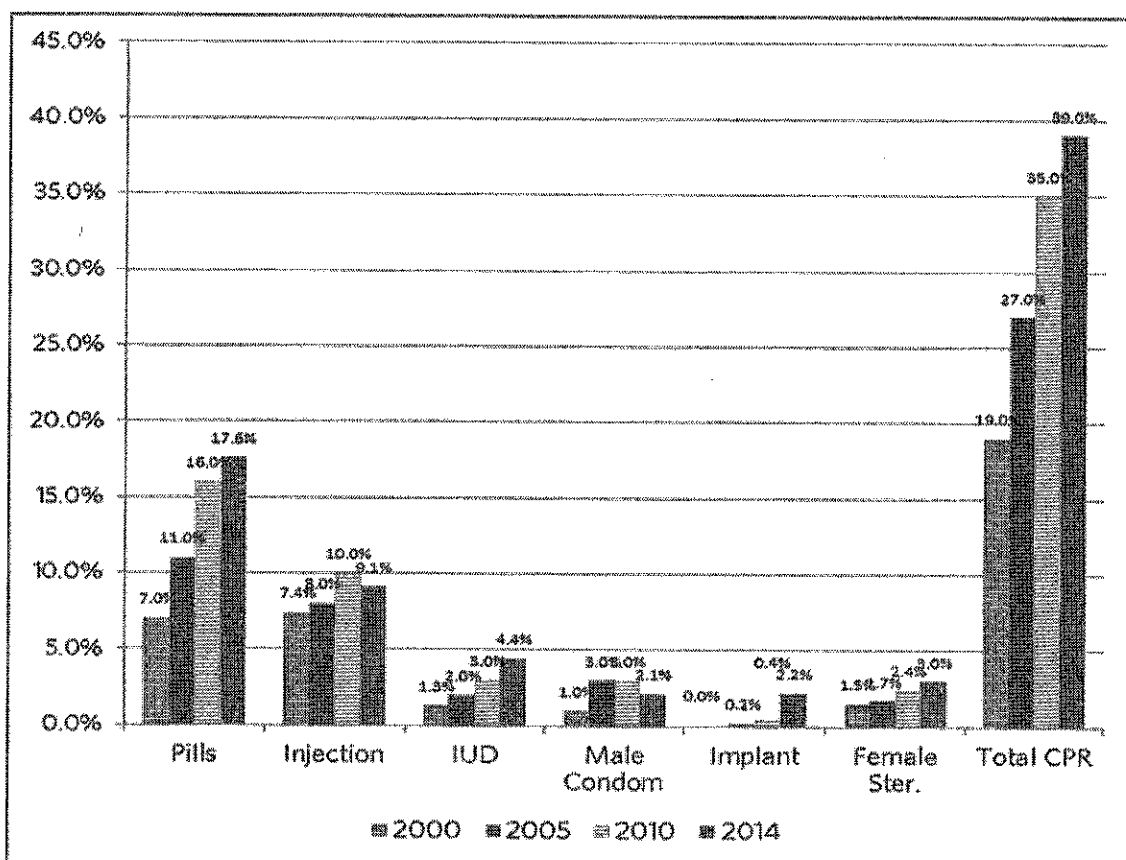
1. OVERALL ACHIEVEMENTS

Significant progress was achieved in 2014. All health centres are now providing at least three contraceptive methods. Number of health centres providing IUD insertion and removal services increases from 914 in 2013 to 924 in 2014, representing 84% of all HCs across the country. There are 44 referral hospitals are now providing IUD insertion and removal services. Number of health centres and referral hospitals providing Implanon



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insertion and removal services increases from 448 in 2013 to 660, and from 27 in 2013 to 38 respectively. With the increased service delivery points and secured commodity supply in 2014, the Contraceptive Prevalence Rate (CPR) of the country continues to increase from 35% in 2010 to 39% in 2014 with a notable increase in use of Long Term Methods.



Source: CDHS 2000, 2005, 2010 and 2014

Emergency Contraception (EC) was first introduced in the public sector 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 providing a full range of sexual reproductive health services to women, in particular female entertainment workers, and indeed complete range family planning services. 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.

In order to cover the gaps of contraceptive supply in 2014, 2,995,200 pieces of condoms; 20,032 sets of Implanon; Injectable (DMPA) 520,000 vials; 10,000 packs of Emergency Contraceptive; and 75,000 cycles of PoP were procured by using the grant from the Australian Government to the MoH through UNFPA.

In addition, UNFPA also used core resource to procure 87,840 cycles of CoC and 4,000 sets of Implanon NXT, the new generation of the Implanon, for the MoH, mainly for the capacity building and training purposes.

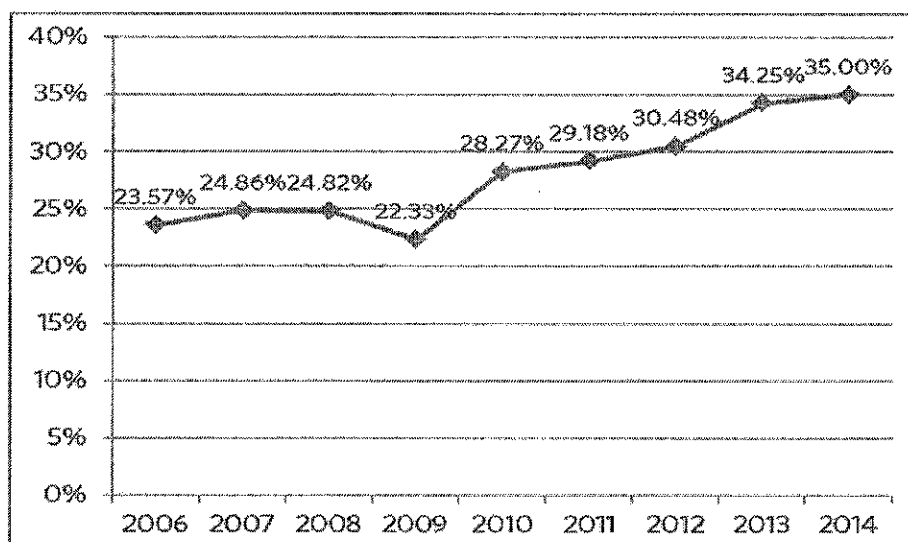
A stronger commitment from the government was seen in 2014. The government increased the national budget contribution to the procurement of contraceptives from the US\$100,000 in 2014 procurement cycle to \$200,000 for 2015 procurement cycle. It is anticipated that the government contribution will keep increasing on an annual basis.

In order to strengthen the Contraceptive Security Working Group (CSWG) of the MoH, UNFPA used UNFPA core fund to continue hiring a national consultant to support the roles and functions of the CSWG until June 2014. The national consultant worked to support the monitoring of the contraceptives stock status at the national and sub-national levels, and conducted field visits to health facilities to assess the stock status and use of contraceptives.

2. PROGRESS OF PUBLIC SECTOR

Public sector CPR continues to increase steadily with an annual growth between 1 to 1.5 percentage points per year¹. Lately, the MoH has asked the private sector and NGOs to report their data to the MoH as well. As a result, in 2013 and 2014, some private facilities and NGOs reported their achievements into the HIS and to the NRHP. Thus this contributed to a significant increase of use of contraceptives in 2013 and 2014.

**Percentage of current users of modern contraceptives
in the public sector 2006 - 2014²**



¹ 2009 to 2012 HIS reports public sector only. 2013 and 2014 Health Sector Progress Reports, including some private and NGO data.

² Annual Health Progress Report 2014.

III. DFAT/UNFPA PROCUREMENT OF CONTRACEPTIVES IN 2014

Based on the beginning balance of stock and the actual needs in 2014, the MoH requested UNFPA to assist in the procurement of contraceptives by using the DFAT grant to the Ministry of Health through UNFPA, the national budget, and UNFPA core fund per below.

N	Commodity	Quantity	Total costs ³
I DFAT FUND			
1	Male condom	2,995,200 pieces	US\$ 91,755
2	Implanon	20,032 sets	US\$ 178,582
3	Injectable (DMPA)	520,000 vials	US\$ 442,302
4	Emergency Contraceptives (EC)	10,000 packs	US\$ 7,932
5	Progestin Only Pill (POP)	75,000 cycles	US\$ 29,310
6	Handling and management fee		US\$ 52,492
	TOTAL		US\$ 802,373
II The MoH Budget			
1	Combined Oral Contraceptives (COC)	255,000 cycles	US\$ 87,700
2	Intra Uterus Device (IUD)	25,000 pieces	US\$ 9,750
3	Handling and management fees and insurance		US\$ 4,939
	TOTAL		US\$ 102,389
III UNFPA Core Fund			
1	Combined Oral Contraceptives (COC)	87,840 cycles	US\$ 23,193
2	Implanon NXT	5,000 sets	US\$ 38,041
	TOTAL		US\$ 61,234
	GRAND TOTAL		US\$ 965,996

IV. THE CONTRIBUTION OF CONTRACEPTIVE COMMODITIES TO HEALTH IMPACT

The estimated budget necessary to fund in the public sector contraceptive commodities only; excluding freights, testing, insurance and clearance costs; was approximately US\$1,984,577⁴ in 2014.

With the current investment in contraceptives, the estimated health impact from the public sector and the support from DFAT through UNFPA can be reliably estimated⁵:

³ The total costs include freight costs, insurance, testing and clearance costs

⁴ Based on UNFPA Catalogue Price List

⁵ Using the MSI Impact 2 software (version 2), Marie Stopes International, 2013. <http://www.mariestopes.org/impact-2>

Estimated health Impact	Whole Public Sector	Contribution from DFAT	% of DFAT contribution
Unintended pregnancies averted	181,749	61,446	34%
Live births averted	105,931	35,814	
Abortions averted	48,891	16,529	
Maternal deaths averted	212	72	
Child deaths averted	1,939	655	
Unsafe abortions averted	29,872	10,099	
Couple Years Protection (CYPs)	644,590	210,540	33%
Estimated Cost to MoH for the procurement of contraceptives (US\$)	1,984,577⁶	802,373	40%
Estimated direct health costs saved (US\$)	8,642,808	2,921,994	34%

V. INDICATIVE PROCUREMENT PLAN IN 2015

Based on ending stock balance at the end of 2014, the MoH has had an indicative procurement plan in 2015 as per below:

Commodity	DFAT Budget		MoH Budget	
	Est. Quantity	Estimated Budget (US\$)	Est. Quantity	Estimated Budget (US\$)
COC	1,955,000 cycles	439,750	790,000 cycles	177,750
Injectable	200,000 vials	160,000		
IUD			20,000 pieces	5,000
Condom	1,000,000 pieces	26,390		
Implanon	5,000 sets	42,500		

⁶ Cost of commodities only

PoP	100,000 cycles	30,000		
Freights, Insurance and Clearance		46,819		7,850
Management Indirect Cost		52,000		9,455
TOTAL		797,459		200,055

It should be also noted that there was a significant increase in use of Implanon (from 14,690 sets distributed in 2013 to 29,924 sets in 2014), thanks to the on-going demand creation and increased coverage supported by stakeholders. This unexpected increase leads to a shortfall of Implanon supply in 2015. A support from KfW is being sought and the donor has agreed in principle to supply 40,000 sets of Implanon, but pending the financial and procurement procedures.

VI. THE FIRST NATIONAL FAMILY PLANNING CONFERENCE

The first ever National Family Planning Conference aimed to increase understanding of the latest development agenda and key strategic directions; learn about successes, challenges, and the way forward for Cambodia; and to revitalize and reaffirm commitments and create partnerships between stakeholders for improving family planning. The atmosphere of the two day conference was vibrant with active involvement of more than two hundreds participants with senior level positions from the Ministry of Health, Provincial Health Departments, Operational Districts, development partners, representatives of civil society organizations, health professionals, representatives of youth organizations, and representatives of private sector companies.

The conference prioritized four key topics which included: 1. The global development agenda and progress in Cambodia in family planning; 2. Sustainable concepts and addressing family planning needs of vulnerable groups; 3. Adolescent/youth sexual reproductive health and rights and private sector engagement in family planning; and 4. Family planning and universal health coverage and next steps.

The conference gathered experts from the region and in-country, from the MoH, Development Partners (DPs), NGOs, and community and youth participants. Speakers, presenters, panellists, performers, and contributors had chances to share their expertise, experiences, good practices, and recommendations to the forum.

At the end of the two day conference, a Joint Commitment was unanimously agreed upon and the commitment will be taken forward into concrete actions to ensure a comprehensive rights-based family planning programme in Cambodia. These actions will be realized through:

- a. Creation of an enabling environment for human rights based family planning as an integral part of sexual and reproductive health and rights;
- b. Improved availability of good quality, human rights-based, family planning services;
- c. Increased demand for family planning according to client's reproductive health intentions and preferences;
- d. Improved availability and reliable supply of quality contraceptives; and
- e. Strengthened health management information system (HMIS) and logistics management system pertaining to family planning.

The conference was jointly financed and technically supported by UNFPA, USAID and other DPs and NGOs.

Annex 1: Report of the conference

VII. ADJUSTMENT OF PLANNED PROCUREMENT OF THE DFATs' Support of Reproductive Health Commodities Security in Cambodia 2013 - 2015

Upon the latest distribution data, supplies from different sources from 2012 to 2014, and the indicative procurement plan in 2015, an adjustment to the original procurement plan is proposed per below:

Commodity	Original Procurement Plan	Newly proposed quantity	Justifications
Combined Oral Contraceptive (CoC)	4,300,000 cycles	1,955,000 cycles	<ul style="list-style-type: none"> ▪ Less quantity needed, thanks to satisfactory beginning stock balance from KfW support and additional support from USAID; and ▪ The government budget procurement in 2014 and 2015 ▪ There was a need to procure EC and PoP instead.
Injectable	1,550,000 vials	720,000 vials	<ul style="list-style-type: none"> ▪ Less quantity needed, thanks to satisfactory beginning stock balance

			<p>from KfW support.</p> <ul style="list-style-type: none"> ▪ There was a need to procure Implanon instead.
Intra-Uterus Device (IUD)	160,000 units	-	<ul style="list-style-type: none"> ▪ No procurement needed thanks to satisfactory beginning stock balance from KfW support; and ▪ The government budget procurement in 2014 and 2015
Condom	4,700,000 pieces	5,720,000 pieces	<ul style="list-style-type: none"> ▪ Increased demand from health facilities and shortfall of supply in 2013 and 2014
Implanon	-	48,532 sets	<ul style="list-style-type: none"> ▪ Unexpected increased demand from users and increased service delivery points that are providing the services. ▪ Voucher intervention for Implanon by KfW and mass media interventions by UNFPA/MoH may have contributed to this increased as well.
Emergency Contraceptive (EC)	-	25,000 packs	<ul style="list-style-type: none"> ▪ EC was initially introduced in late 2012. There was a need to procure EC in order meet the demand for early stock at trained health facilities and potentially increased uptakes.
Progestin Only Pill (PoP)	-	235,000 cycles	<ul style="list-style-type: none"> ▪ PoP was included as part of CoC, as part of "Pill" package, in the proposal but the government requested to split PoP from CoC

VIII. FACILITATING FACTORS AND CONSTRAINTS

Throughout the implementation of the **"Support for Reproductive Health Commodities Security in Cambodia"** in 2014, the main factors facilitating and constraining the implementation were as follows:

Facilitating Factors:

- 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. This commitment is doubled for 2015.

- Satisfactory beginning stock with the support from KfW and with additional contribution from USAID helps ensure commodity security in the country and save DFAT grant for other actual commodity needs.
- UNFPA Procurement Facility and System is efficient and handy to support country needs.
- 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.

Constraints:

- The interruption of LMIS support continues to hinder timely reporting of Essential Medicines including contraceptive stock status from health facilities, OD and CMS. The development partners including UNFPA would strategize and look for possibilities to improve this system, giving the sensitive nature of the subject.

IX. FINANCIAL EXPENDITURES:

In respect of financial performance, the temporarily estimated expenditure in 2014 was US\$ 802,373.00 out of the total approved budget of US\$ 1,919,935.00 for three years (2013 – 2015). The official certified expenditure 2014 will be submitted by UNFPA headquarters, expectedly in July 2015.

Est. Expenditures	
2013	US\$ 320,103
2014	US\$ 802,373
2015	US\$ 797,459
TOTAL	US\$ 1,919,935

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