

Reproductive Health Supplies Coalition

Monitoring Report (2007–2009)

DRAFT



Reproductive Health
Supplies Coalition

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1.0 Introduction

The Reproductive Health Supplies Coalition (the Coalition) is a partnership of governmental, non-governmental, public, and private-sector agencies dedicated to ensuring that people in low and middle income (LMI) countries can obtain and use high-quality reproductive health (RH) supplies, including a broad range of contraceptive methods. Securing RH supplies is essential to the effective provision of RH care, which underpins the meeting of the Millennium Development Goals (MDGs). In three years, the Coalition has grown from a small grouping of like-minded individuals to a structured partnership of key institutions in the RH supplies field. In October 2005, the Coalition approved its “Organizational Principles and Structural/Governance Terms of Reference” (TOR). Soon thereafter, it drafted a strategic plan that consolidated into one document its vision, mission, guiding principles, goals, and objectives.

The Coalition’s Monitoring Framework is directly linked to goals and specific objectives outlined in the Coalition’s Strategic Plan—a linkage that has profound implications for the Monitoring Framework itself and for the way in which data is collected. Like the Strategic Plan, the Framework monitors changes at multiple levels: globally, at country level, and at the level of the Coalition itself. Secondly, implementation of the Monitoring Framework, like that of the Strategic Plan, relies on data collected and submitted by member organizations. And thirdly, in addition to comprising indicators whose outcomes remain fully dependent on the Coalition (such as completion of Secretariat milestones), other indicators remain more dependent on the collective work of Coalition members as a whole.

Given its linkage to the Coalition’s Strategic Plan, the Monitoring Framework assesses the Coalition’s success by tracking 30 indicators linked to a subset of activities originally proposed in the Plan. Seventeen of the indicators are quantitative in nature and measure the impact of Coalition activities at the country/regional-, global-, and Coalition-level. Thirteen are qualitative in nature.

The Monitoring Framework also establishes a baseline (January 2007) and two targets—one for 2009 (to coincide with the end of the first tranche of core funding), and the other for 2015 (endpoint of the Coalition’s current strategic framework). Routine Monitoring of certain key indicators has been taking place since the adoption of the strategic plan and with some final collection of data undertaken towards the end of the period, the data presented in this report is a summation up to September 2009.

2.0 Monitoring Framework

2.1 Scope of the Monitoring Framework

This Monitoring framework is based on the Strategic Plan and targets indicators that are within the remit of Coalition partners to collect during the normal business of their work. Therefore the indicators selected complied with the following criteria:

- Are already being collected by one or more Coalition partners (or agency of a partner);
- Are available for use by the Secretariat, free of data restrictions;
- Are relevant to 14 focus countries receiving targeted support by the Reproductive Health Interchange (RHI), Project RMA (Resource Mobilization and Awareness), and the Global Programme of the United Nations Population Fund (UNFPA)
- Have a notional baseline value so that progress can be measured

The matrix in Figure 1 was developed to illustrate simply the core logic and structure of the Coalition's strategic plan. It was posted on the Coalition's website in 2008 and has since become the point of reference used by most Coalition members, Working Groups and even the Secretariat to develop workplans, reference objectives and measures of performance (e.g. indicators), and rationalize the design and implementation of Coalition-inspired activities. This report pursues this trend and by using the matrix as the structural framework for his report.

Figure 1: Schematic Overview of Coalition's Strategic Plan (2007-2015)

Goal 1: Increase resources	Mobilize additional resources	Enhance use of existing resources	Maximize total market
Goal 2: Strengthen systems	Strengthen functioning systems	Respond to system failures	Strengthen response to crises
Goal 3: Add value	Foster greater harmonization	Expand knowledge base	Frame global efforts

From the list of 58 illustrative indicators developed under the strategic plan – a refined list of 30 specific, operationalized and collectable indicators were developed to cover the focus areas detailed in Figure 1. Indicators were developed that had baseline values, a strategy for collection, and a means of verification. The full list of indicators is contained in Appendix A.

2.2 Definition of country- and global indicators

The indicators in this Monitoring Framework draw on two distinct sets of data, each of which allows us to classify them as either “country-“ or “global-indicators”. Country indicators are indicators whose values derive from data collected (or built-up) individually from 14 low to middle income (LMI) countries, each of which has served since the end of 2007 as the focus of at least one of three Coalition-sponsored initiatives: UNFPA Global Programme, Project RMA and the RHInterchange. Unless indicated otherwise, use of the term “focus country” or “focus countries” in this framework refers specifically to this group of 14. Country-indicators, therefore, are designed to measure the impact of Coalition efforts on the ground – specifically where the Coalition, through the action of its members, can claim some direct attribution.

Table 1: Coalition Focus Countries

Region	Country	RHI	Project RMA	Global Programme
Africa	Burkina Faso	X		X
	Ethiopia	X		X
	Ghana	X	X	
	Mozambique			X
	Rwanda	X		
	Tanzania		X	
	Uganda		X	
Central and Latin America	Guatemala	X		
	Honduras	X		
	Mexico		X	
	Nicaragua		X	X
Asia	Bangladesh		X	
	Mongolia			X
	Nepal	X		

Global indicators, by contrast, are indicators whose values derive from data aggregated at a global level. Although the content of these indicators may also speak to actions by countries or to changes occurring within them; they are especially useful for monitoring the evolution of global institutions or global phenomena (e.g. the actions of international donors, changes in international financial flows, etc.). The aim of global indicators is to portray supply-related changes within a universe, larger than the 14 focus countries alone.

2.3 Collection of Indicators

Many of the indicators are being routinely collected by various Coalition member organisations – some of which were transferred in their entirety and others that were extracted from larger data sets and refined for Coalition use. Indicators directly measuring the Coalition Secretariat’s performance were derived from the Secretariat itself.

Throughout this report, unless otherwise stated, the results pertain to a period between July 2006 (the effective establishment of the Coalition Secretariat) and June 2009 – a three year period. Baseline indicators have mostly been set as of January 2007 or the six-month period prior to that in case of period measures.

3.0 Results

3.1 Organisation of the results

The Vision of the Reproductive Health Supplies Coalition is for all people in lower- and middle-income countries to be able to access and use affordable, high-quality supplies, including a broad choice of contraceptives, to ensure their better reproductive health. The results are thus presented under the theme of each goal and comprise a mixture of global and country level data, as well as quantitative and qualitative observations.

3.2 Goal 1: Increase the availability, predictability, and sustainability of financing for RH supplies.

Through this goal, the Coalition aims to increase resource flows for RH supplies from all sources at the global and country levels, including donors, consumers, public sector (country national and/or local level), and the private sector including the commercial sector. It seeks to identify and mobilize new and innovative funding at the global, regional, and country levels, including funding from new health sector partnerships. Goal achievement will also rely on innovative mechanisms to reduce volatility and improve predictability of RH funding for supplies and the strengthening of country financing and procurement budgeting cycles.

3.2.1 Mobilize additional new resources

Indicators:

- Number of focus countries with a national budget line for RH supplies
- Percentage increase in donor funding for contraceptives in focus countries
- Percentage increase in donor funding for contraceptives worldwide
- Increase in number of donors making first-time contributions for RH supplies
- Number of country proposals per year to the GFATM that make explicit provision for the purchase of RH supplies
- Increase in level of funding allocated to RH supplies by GFATM

The Coalition's Monitoring framework employs six indicators to gauge the success of efforts at mobilizing additional new resources for RH supplies. All of these indicators are quantitative in nature and three out of the six refer to the 14 focus countries.

New resources for RH supplies were generated both at the country level and the global level over the evaluation period and there are many successes to report. Potential new resources in the shape of ***country government budget lines established for RH supplies were found in 13 out of the 14 focus countries up from 6 countries in 2007***. The only country without a budget line for RH supplies was Mexico. Although none of the budget lines in the other countries met the total needs of the particular country, it was nevertheless seen as evidence of new resources for RH supplies – with the balance being provided through the donors and the private sector.

Utilising the shipment data available in the Reproductive Health Interchange (RHI) we can see what the trends were from the donors for RH supplies. Actual shipments from donors to countries, including the monetary value of the supplies, are recorded in the RHI database for 85% of the major donors. Table 2 shows the results for the focus countries and overall there is a large rise in the funds being committed to RH supplies. Some countries have very large increases – for example Ethiopia with over 130% increase and Rwanda with over 300% increase. Four countries showed a decrease in donor expenditure on RH supplies (Nepal, Honduras, Nicaragua and Ghana) – although

some of this decline was compensated by Government budget – particularly in the case of Nepal and Honduras. Honduras particularly and Nicaragua to some extent are being encouraged to “graduate” from donor funds for RH supplies - Mexico too is a country which has “graduated” from USAID support years ago – and therefore the small amount of donor money is mainly through the IPPF. The real anomaly is Ghana with a nearly 45% decline in donor support for RH supplies in the 3-year study period – in a country which plainly needs RH supplies more than ever before to counter the recent downward trend in TFR.

Table 2: Increase in Donor Funding for Contraceptives – Focus countries

Country	Number of focus countries with a national budget line for RH supplies		Percentage increase in donor funding for contraceptives in focus countries		
	Baseline Jan 07	2009	Baseline Jul06-Jun07	Jun08-Jul09	Percent Change
Burkina Faso	Yes	Yes	1,404,123	1,480,739	5.5
Ethiopia	Yes	Yes	13,878,617	32,227,049	132.2
Ghana	Yes	Yes	6,616,470	3,690,326	-44.2
Mozambique	No	Yes	2,862,769	4,064,576	42.0
Rwanda	No	Yes	1,164,278	4,875,458	318.8
Tanzania	No	Yes	2,045,410	4,434,073	116.8
Uganda	No	Yes	4,176,722	7,325,542	75.4
Guatemala	Yes	Yes	754,534	791,780	4.9
Honduras	Yes	Yes	911,076	645,985	-29.1
Mexico	No	No	N/A	N/A	N/A
Nicaragua	No	Yes	1,637,517	1,030,723	-37.1
Bangladesh	No	Yes	19,776,378	20,325,301	2.8
Mongolia	No	Yes	520,788	527,351	1.3
Nepal	Yes	Yes	4,249,132	3,326,790	-21.7
Total	6	13	59,997,814	84,745,693	41.2

N/A Not applicable

The data for the focus countries show that on donor funding for RH supplies increased from nearly \$60 million to nearly \$85 million – an overall increase of more than 40% between January 2007 and June 2009.

In addition to the focus country data, the RHI reports global data for donated contraceptives. Data from USAID, UNFPA, IPPF, Crown Agents, PSI, DKT, World Bank and other donors, as well as Third party procurement by UNFPA means that most of the RH supplies donated to countries are in that database. The major donors that are missing from the RHI database are KfW and PSI who accounted for nearly \$50 million of spending on RH supplies in 2007. Search functions in the RHI enable this data to be readily compiled for the whole world. This data may also be compared with data that UNFPA compiles in their “Donor Report” every two years as verification of the RHI data but the next donor report is not yet available (September 2009).

The data shows that there has been an increasing trend of donor support for RH supplies across the world – and this is without counting any funds that have been used for RH supply procurement that

governments and the EC had made available to low income countries through budget support. In addition most of the funding that KfW and PSI have expended on RH supplies procurement is not included in the RHI database – so this would be additive to the overall figures. ***In summation it was found that contraceptives shipped to all countries increased from \$156.6 million in 2006-07 to \$192.5 million in 2008-09 – an increase of 23%.***

Another indicator showing increasing availability of funds for RH supplies comes from reports by UNFPA of donors making first-time contributions for RH supplies. Contributions to UNFPA are usually split into general and for co-financing resources – and the global programme in particular is an example of this type of funding. ***Data from UNFPA reports show that there were new contributions from the Catalan Government (Spain) and Peru, and substantial increases from Ireland.***

Data from the GFATM web-site shows that of the focus countries Rwanda have placed RH supplies in their latest proposals for GFATM funding. One further indicator collected to show the increased availability of finance for the procurement of RH supplies are figures coming out of the GFATM database. Increasingly more countries are procuring male and female condoms with GFATM money and a few countries are even now utilising GFATM grants for the purchase of contraceptives and other RH supplies (other than condoms or female condoms for HIV prevention).

Table 3: Funding for RH supplies by GFATM

Increase in level of funding allocated to RH supplies by GFATM (in US\$ by commodities actually procured and delivered to country)		
	Baseline July05-Jun07	July07-Jun09
Male condoms	7,914,975	15,292,154
Female Condoms	1,151,333	2,329,257
Other Contraceptives	0	84,247

The data shows that by comparing the two year period pre June 2007 to the period July 2007 to June 2009 ***funding through the Global Fund for male and female condoms almost doubled.*** Even other contraceptives have begun to be bought with GFATM funds – and although these are fairly small amounts so far there are some major procurements in the pipeline for some selected countries for example Rwanda.

3.2.2 Access existing resources

Indicators:

- Proportion of focus country budget line(s) for RH supplies actually spent
- Examples of new domestic financing mechanisms for supplies proposed or introduced in focus countries.

The Coalition has seen a fair amount of work in this area but collecting meaningful data has been challenging. One of two indicators employed to measure this objective is the ***proportion of focus country budget lines for RH supplies actually spent on procuring RH supplies.*** Of the focus countries, only one – Uganda – published data comparing funds allocated for RH commodities and actual expenditure. The results showed a decrease in actual expenditure based on allocated funds

from 36.9% in 2005/6 to 23.2% in 2006/7 and 6.4% in 2007/8¹. Anecdotal data, however, suggests that Uganda is not alone. Rarely is the full amount spent; in many cases there is insufficient time for the procurement process to complete within the year – or that funding pledged was used for other things or taken back to the treasury.

One notable exception to this was Nepal, which not only increased procurement of contraceptives from 14% to 40% of national needs between 2007 and 2009, but submitted their data for inclusion in the RHI. This was the first case of a government going public with the procurement spend on RH supplies. Also figures coming out of Honduras show that the Honduran government now buys around 17% of its RH supplies as opposed to zero in 2005 – and even Mongolia has pledged \$50,000 for RH supplies in 2009 – accounting for around 10% of the needs of the country.

Other existing resources that could be applied to RH supplies include any *new domestic financing schemes or mechanisms* – for example insurance schemes, taxes, elimination of duties on RH supply donations to public sector, etc. During the period between 2007 and 2009 – one of the focus countries, Ghana, partially enabled the financing of family planning services to be integrated into the health insurance scheme in the country – meaning that now clients could get private RH care and most of the cost would be borne by the insurance – and co-pay schemes.

3.2.3 Mobilize Total Market Resources

Indicators:

- Examples of new initiatives undertaken in focus countries to expand the total market for RH supplies
- Increase in the non-public sector share of the market for condoms, pills and injectables in focus countries

These two indicators are directed solely at the Coalition's 14 focus countries and measure the extent of the total market in those countries. To date *two new initiatives in the Total Market* have been initiated using Coalition funding in Honduras and Madagascar but no results have yet been posted.

Increase in the non-public share of the market for selected contraceptives is adequately measured by the Demographic and Health Survey (DHS); but none of the focus countries have reported any DHS results in the last three years.

3.3 Goal 2: Strengthen the capacity of health systems to deliver RH supplies in a sustainable manner.

This goal aims to maximize synergies among Coalition partners so as to strengthen supply chain systems and ensure sustained delivery of a broad range of RH supplies that meet users' needs and demands. While supply chain systems in many countries are inadequate and gaps in funding remain, the Coalition will continue to address acute problems of stock-outs and advocate for provision of RH supplies to people in countries suffering from conflict, natural disasters, and other crises.

3.3.1 Strengthen existing systems

Indicators:

- Number of focus countries with functioning RH commodity committees or similar mechanisms for managing RH supply chains
- Number of focus countries that include RH commodities on the national essential drug list

¹ Note that the period 2005-2008 does not coincide fully with the time parameters of this analysis. Source: Pharmacy Division & RH Division of MoH and NMS, reported in *A Snap Shot of RH Commodities funding gap for Uganda for 2010-2015* (2010). Nairobi: IPPF/Africa Regional Office.

- Examples of formal, coordinated actions by focus countries to improve RH supply chain performance (e.g. SPARHCS, national needs assessments, logistics systems strategies)
- Number of RH products from specific producers/factories, pre-qualified under WHO/UNFPA Programme
- Number of all countries (and focus countries), per year, with active registered users of the RH Interchange
- Decline in stock out rates at public-sector service delivery points in focus countries
- Descriptions of private sector supply chains for RH supplies in the private sector and use in the public sector
- Amount of funding provided through mechanisms that make RH supply resources less volatile (e.g., pledge guarantees)

Of all the objectives within the Coalition’s Strategic Plan, strengthening existing systems maintains the largest number of indicators – seven altogether – and of these five are indicators at the focus country level that concentrate on mechanisms that improve supply chain performance or at least facilitate it at different levels of the supply chain. One indicator operates both at the global and country level but is maintained at the global level as it is effectively a database of shipments of RH supplies to countries and the remaining indicator is at Global level and details the progress of the WHO/UNFPA prequalification system for contraceptive commodities.

At country level, one of the systems that can be strengthened is the *existence of an active and functioning RH commodity committee or taskforce* that helps in the forecasting, procurement and logistics of RH supplies. In 2007 eight of the fourteen focus countries already had such mechanisms but through Coalition members efforts (notably UNFPA, DELIVER, PAI) four more countries have established such committees by June 2009. Mozambique, Mongolia and Nepal all established committees and Bangladesh recently re-formed their Family Planning Logistics Committee in May 2009

Another system at country level that has an influence on the availability of RH supplies – particularly if the host country government has a budget line to procure commodities – is whether or not contraceptives are included in the essential drugs list (EDL) of a country. Coalition partners, particularly UNFPA, are trying to get governments to put all contraceptives onto their EDLs. It is significant to note that *between 2007 and 2009, there was a 120 percent increase in the number of focus countries with contraceptives included in their EDL.* (see Table 4)

Table 4: Contraceptives on Essential Drug Lists – Coalition focus countries

Country	2A.2 Number of focus countries that include RH commodities on the country’s essential drug list		
	Baseline Jan 07	June 2009	Number of types of contraceptives on EDL*
Burkina Faso	No	Yes	7
Ethiopia	Yes	Yes	7
Ghana	No	Yes	1
Mozambique	No	Yes	6
Rwanda	Yes	Yes	8
Tanzania	No	Yes	2
Uganda	No	Yes	4
Guatemala	No	Yes	2
Honduras	Yes	Yes	5
Mexico	Yes	Yes	1
Nicaragua	Yes	Yes	6
Bangladesh	No	Yes	2
Mongolia+	N/A	N/A	N/A

Nepal	Yes	Yes	4
Total (if app)	5	13	42

+ Mongolia – despite several references to the existence of an EDL – none could be found

* Contraceptive types include: Male Condoms, Female Condoms, Combined Pill, Progestin-only Pill, Emergency Contraception, Injectable, Implant, IUD – of any specification

A number of systems at Global level have a direct bearing on the availability of RH supplies in country and one of the most important is the Prequalification of Essential Medicines undertaken by WHO – and linked to this the UNFPA-led scheme for prequalification of medical devices for RH (condoms and IUDs). The rationale here is that donors, governments, social marketing organisations – anyone who is procuring RH supplies – need to be confident that they are procuring commodities that have an assured quality. In 2006, members of the Coalition signed up to only procure RH commodities manufactured by specific supplier locations that were on the WHO/UNFPA prequalification list – where there are at least two pre-qualified suppliers (Bonn meeting, 2007).

While there remains much work to be done in increasing the number of prequalified manufactures of medical devices and hormonal contraceptives, the last two years have seen notable success. As seen below in Table 5, *since January 2007, the number of prequalified condoms has more than doubled; the number of IUDs has quadrupled; and we now have seen three different hormonal contraceptives pre-qualified.*

Table 5: RH suppliers on the WHO list of prequalified products

Number of RH products from specific producers/factories, pre-qualified under WHO/UNFPA Programme		
	Baseline January 2007	End June 2009
Condoms	10	23
Female Condoms+	2	2
IUDs	2	8
Hormonals*	0	3

* Hormonals prequalified comprise one combined oral pill, one progestin-only pill and one levonorgestrel implant that only prequalified in October 2009

+ WHO assessed the Female Health Company manufacturing processes and plants but not within a formal prequalification scheme which is now being formulated. However both types of Female condoms (FC1 polyurethane and FC2 nitrile polymer) are deemed approved for procurement by UN and other organisations.

Another system operated at the Global level – but which can be used at Country level is the Reproductive Health Interchange (RHI). As a Coalition initiative under the Systems Strengthening Working Group, the RH Interchange has become an extremely valuable data-base, tracking shipments of supplies to over 140 countries. Managers of RH programmes in LMI countries can consult the database to see the supplies that have been brought into their countries, when and by whom. Table 6 shows the numbers of countries with active registered users of the RHI per year. As the figures reveal, *there have been dramatic increases in the numbers of both focus countries and the rest of the world*

Table 6: Registered users of RHI

	Pre-2007	September 2009
Number of Focus Countries with Registered Users (out of 14)	2	12
Number of Countries with registered users	7	65

Number of registered Users	29	304*
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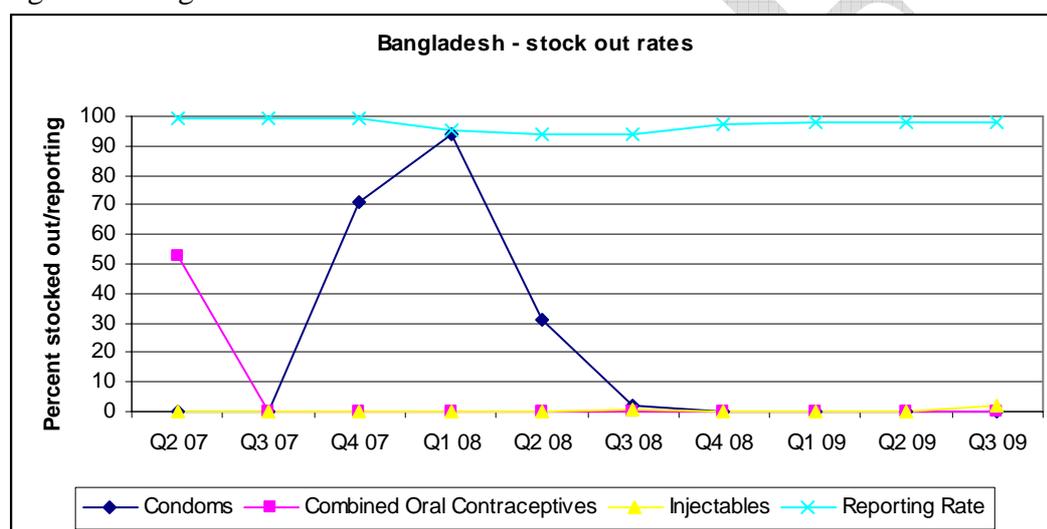
* 103 of these registered users are in USA

Source: Personal communication from RHI staff, November 2009

There were many more actual users of the RHI – the figures above are the registered users who can access the more detailed shipment information through a Login access. So whilst many of these were in the USA and other more developed countries (UK, Denmark, Germany etc) there are now **55 low-middle income countries that have at least one registered RHI user and all but two of the focus countries also have a registered RHI user.**

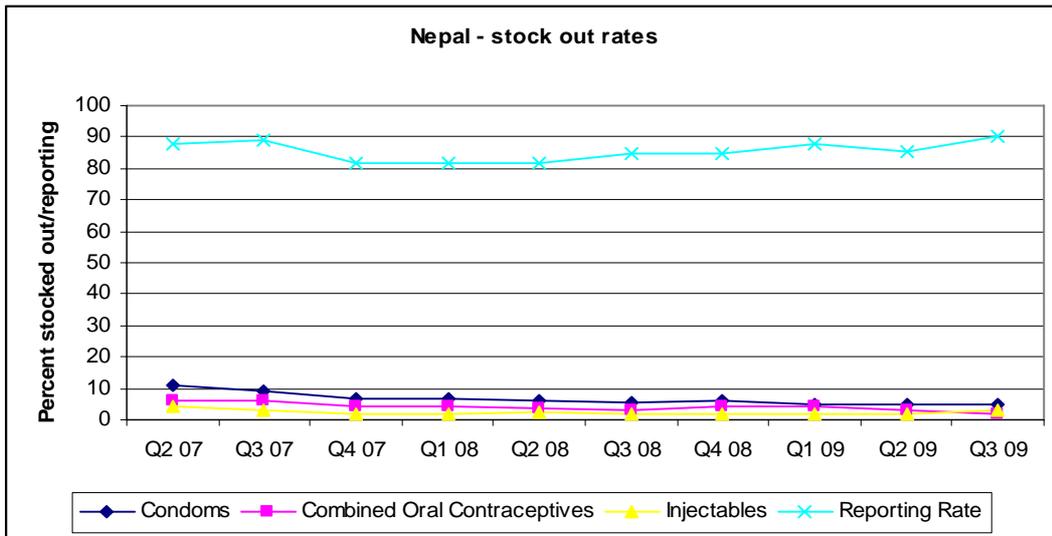
An extremely useful, but much more difficult indicator to collect, is stock-out rates for selected contraceptive methods at service delivery points for regular time periods. For this indicator the Coalition is largely reliant on the USAID|DELIVER project where some of their target countries overlap with the Coalitions focus countries. Data were available for four countries – namely Bangladesh, Nepal, Rwanda and Nicaragua – and for 10 consecutive quarterly time periods for condoms, combined oral contraceptives (COC's) and injectables. Figures 2 to 5 illustrate the changes in stockout rates (and the corresponding reporting rate) for each country. Data from Uganda had to be rejected because of very low reporting rates and inconsistent quarterly reports.

Figure 2: Bangladesh



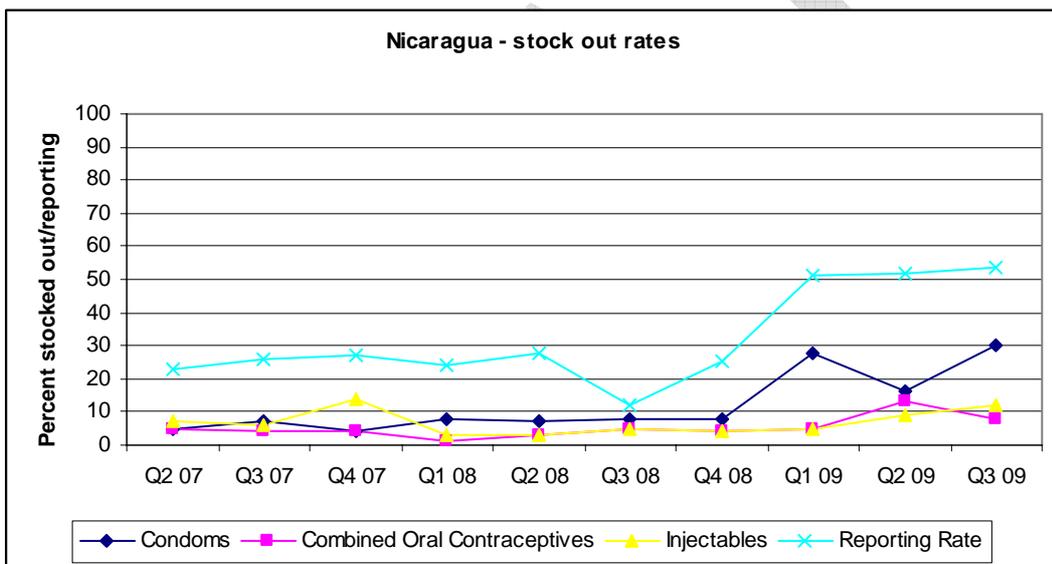
An interruption in supply first for COC's and then for condoms in 2007/08 led to a huge stockout problem – however from the third quarter in 2008 to date stockouts have been zero.

Figure 3: Nepal



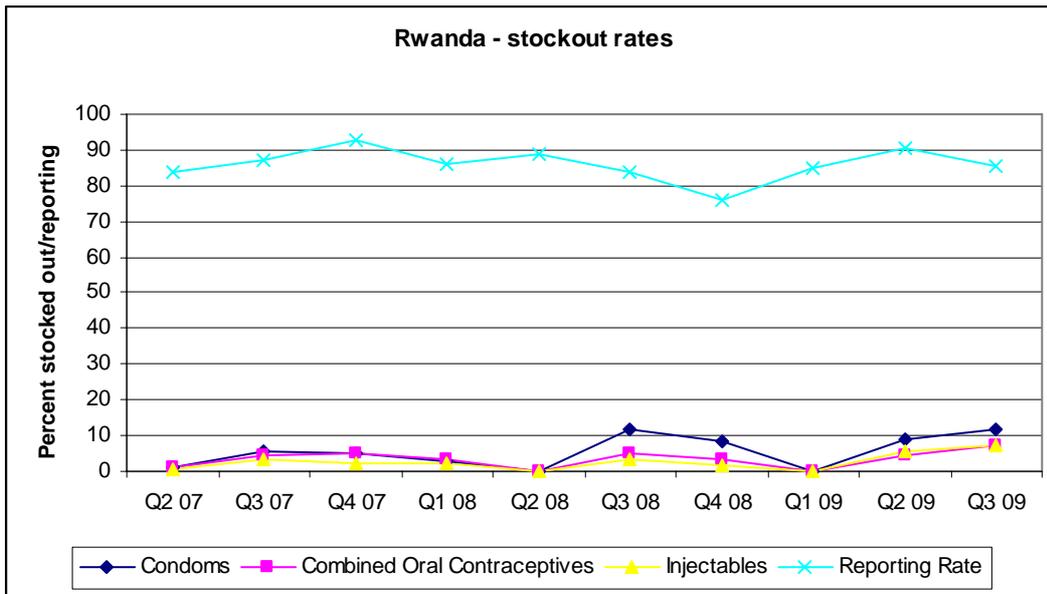
Nepal shows a continually downward trend of stockouts at the service delivery point with COC's and Injectables at close to zero percent stockout rates.

Figure 4: Nicaragua



Nicaragua on the other hand shows an increase in stockout rates towards the end of the reporting period – coinciding with an increase in the reporting rates from the service delivery points. However COC's and Injectables are still below 10% stockout rate on average across the 10 data points.

Figure 5: Rwanda



Figures for Rwanda are low to begin with and again for injectables and COC's are consistently well below 10% - but there seems to be a cyclical nature to the stockouts in SDPs that may be due to delivery systems.

Finally *mechanisms designed to make RH supply resources less volatile* (such as AccessRH, Pledge Guarantee for Health, etc.) are still being designed and put together so countries have not so far been able to take advantage of them. However, given the level of investment, and the careful design and implementation that is taking place, it will not be long before countries are able to benefit from these mechanisms in order to prevent stockouts at the Central level.

3.3.2 To avert RH supply disruptions at national level – to help when systems break down

Indicators:

- Description of stockouts averted or resolved through the intervention of the Countries at Risk (CAR) Group

Since 2006 the “Countries at Risk” (CAR) group has met under the auspices of the Coalition to provide systematic help in averting stockouts of RH supplies at the national level. Regular monthly teleconferences of key donors armed with selected country data provided by DELIVER in the Procurement Planning and Monitoring Report (PPMR) have managed to resolve stockouts in a variety of countries.

Although some stockouts can be resolved quickly, others may take months. Over the past three years a total of 16 countries have been afforded solutions or partial solutions to their stockout or impending stockout problems – some notably on more than one occasion. Indeed over the past 12 months alone Kenya and Uganda have featured in the CAR group discussions 8 times each – with other countries such as Ghana, Nicaragua and Bangladesh featuring in 50% of the tele-conferences.

Below is a description of stockouts averted or resolved through the intervention of the CAR:

Improving Country-Level Information on Incoming Shipments

- Over the course of one year, UNFPA, USAID and KfW responded to over 100 requests for information on shipping dates and other shipment-related information.

Responding to Urgent Country Stockouts

- In July 2008, the PPMR indicated that the Paraguay MOH needed donor assistance to procure IUD insertion kits, as well as funds for IUD insertion training. As a result of a subsequent CAR discussion, UNFPA/Procurement Service Branch requested its local Paraguay office to consult with the MOH about their needs. In November 2008, UNFPA/Paraguay bought 180 kits for the MOH and, next year, UNFPA will coordinate with the MOH regarding the IUD insertion training needs.
- In March 2008, the CAR learned that Rwanda had stocked out of IUDs in their central warehouse. As Mozambique had an overstock of IUDs (40 MOS), USAID decided to transship 5,000 IUDs from Mozambique to Rwanda. The governments agreed, and the transshipment occurred in May. Stockout of IUDs in the Rwanda central warehouse was thus limited to two months.

Modifying Shipments to Improve Inventory Control

- In January 2008, the PPMR indicated that Ghana had only 5 months of stock (MOS) of Lo-Femenal in the central stores, with no shipments expected until a USAID shipment expected to arrive in country in July. USAID expedited this shipment, which arrived to the country in April and to the warehouse in May – just after the central level stockout occurred. Increasing consumption meant that this stock would only last until September, whereas the next shipment was planned for October. USAID again expedited its Lo-Femenal shipment, and by August 5 the Ghana central stores had their max level of MOS – 12 months.
- In July 2008, the CAR learned that Malawi had 23 MOS of Lo-Femenal at their regional warehouses – 9 months more than the maximum level. USAID postponed shipments planned for September 2008 until October 2009 to allow the overstock situation to be relieved and not overburden the warehouse.

Challenges in Responding to Country Needs

- In July 2008, the PPMR reported that Uganda had stocked out of IUDs at the central level. UNFPA shipped 6,300 IUDs by air on Sept. 5.
- In September 2008, the CAR learned that Malawi's central warehouse only had 2 MOS of implants at the regional warehouse level. USAID moved up its next shipment of Jadelle, to ship in November. However, because of production issue the expedited shipment was not accomplished and the central warehouse did stock out of Jadelle.

Acting as an advocacy tool for greater resources

- The public sector in Kenya has experienced constant or recurrent central level stockouts of several contraceptive methods over the past two years. The CAR has repeatedly discussed these issues, provided emergency shipments when possible, and most importantly increased attention national stakeholders to both the acute and systemic issues. As a result, both UNFPA and USAID have increased commodity support to create a 'bridge' until national procurement replenish the stock pipeline, and the Government of Kenya and its development partners have also relaunched dormant RH commodity security coordination groups. The in-country stakeholders are Monitoring stock at multiple levels regularly, have developed commodity forecasts with 3-year projections, are identifying financing commitments to meet needs, and are considering how to improve distribution. These improvements should lead to sustained contraceptive supply security.

- UNFPA allocated an extra \$500,000 for implants in Bangladesh, after their implant stockout was repeatedly discussed at the CAR.

There is no doubt of the value of the CAR whether it be to simply change a shipment of contraceptives from sea to air freight to avoid a stockout; or to expedite shipments ahead of time; or to send emergency shipments; or just to make partners aware of impending stockouts. The CAR offers a means for key managers and procurement professionals from both UNFPA and USAID (and USAID's agents JSI) as well as other additional donors such as the World Bank and KfW, to discuss urgent stockout issues.

3.3.3 Systems for emergency situations

Indicators:

- Number of Emergency RH kits sent to different countries by humanitarian agencies per year
- Examples of Coalition-inspired initiatives to integrate RH supplies into humanitarian relief efforts

Part of the remit of the Coalition is to support, improve or design systems that provide RH supplies in emergency situations – be these natural disasters or in conflict settings involving internally displaced people and refugee populations. In this regard UNFPA has designed 18 emergency kits comprising different kinds of RH supplies ranging from emergency obstetric care to a “PEP” kit (Post exposure prophylaxis).

Data show that in 2007 and 2008, 57 countries requested kits mostly from UNFPA country offices. Clients included MERLIN, UNHCR, UNICEF, Medecins Du Monde, International Federation of the Red Cross and Red Crescent Society and others. **8990 Emergency kits were sent out by UNFPA in 2007 – by end 2008 that had risen slightly to 9165** – figures for 2009 are not yet available.

With financial support from the Coalition's Innovation Fund, Marie Stopes International and JSI are looking at how improvements can be made in getting RH supplies to those who need them in emergency settings. The project serves as a first step towards realization of the following aims:

1. Incorporate RH supplies in emergency response logistics capacities of UN and NGOs, even those not primarily focusing on RH
2. Ensure donor support for RH logistics in emergency response, not only for proposals by medical NGOs, but for the initial logistical response
3. Advocate for easier customs clearance of essential RH supplies, either through the UN system or through agreements with specific countries

Under the MSI project, three countries, the Democratic Republic of Congo, Sudan and Uganda, are serving as field sites for a review of logistics systems in emergency situations. The results of this work will be available in early 2010.

3.4 Goal 3: Assure the added value of the Coalition as a productive and sustainable global partnership through support for efficiency, advocacy, and innovation.

This goal seeks to reinforce the capacity of the Coalition to reach out and bring together diverse stakeholders to share experience and expertise and catalyze joint initiatives, increase effective use of limited resources, serve as the technical resource and global advocate for RH supplies security, and generate and promote innovation—all essential to meeting the Coalition’s first two strategic goals.

3.4.1 Foster greater harmonization among stakeholders at global and country level

Indicators:

- Examples of coordinated action by any two or more Coalition members, *in the same focus country*, with the explicit aim of strengthening RH commodity security
- Examples of coordinated action by two or more Coalition institutions with the explicit aim of strengthening RH commodity security *beyond the boundaries of a single country*
- Examples of new Coalition tools and/or publications aimed at comparing or harmonizing comparable activities being implemented by two or more Coalition members.

Since 2006 there have been a number of Coalition inspired/led initiatives where coordinated action by two or more Coalition members, *in the same focus country*, has led to strengthening RH commodity security. Some of these have been made possible due to the newly established “Innovation fund” and include such efforts as the Total Market Initiative by Abt Associates and JSI in Honduras – and by Marie Stopes International and Futures Group in Madagascar.

The Madagascar project has only just begun and therefore has no results yet to report. But the Honduras TMI has managed to bring together public-private partners to examine the market segmentation strategies of the various players and to work together on a plan to apportion markets to create maximum coverage and most efficient use of resources.

Meanwhile, under the auspices of Project RMA, PAI, DSW and IPPF have worked in six of the focus countries (Bangladesh, Ghana, Mexico, Nicaragua, Tanzania and Uganda) to encourage civil society to advocate for RH commodity security. ***By working together, the three organisations covered the global, regional and country specific advocacy strategies to achieve contraceptive security.***

Finally actions generated from the “Countries at Risk” Group ***have resulted in coordinated actions on contraceptive security to prevent future stockouts in at least two countries.*** UNFPA and USAID have collaborated to increase their supplies assistance to Kenya after the country had been suffering from months of stockouts. In Bangladesh too, collaboration between World Bank, UNFPA and USAID has resulted in UNFPA providing extra resources particularly to procure implants.

Coalition inspired efforts with the aim of strengthening RH commodity security *beyond the boundaries of a single country* include the civil society meetings that Project RMA organized in Uganda and Ghana during 2008. The purpose of these meetings was to forge new regional civil society networks to address the issue of RHCS. The meetings reviewed the achievements and

shortcomings of current advocacy initiatives, explored linkages between global, regional, and national strategies, and exchanged views about upcoming advocacy challenges and ways of addressing them. *At least two regional meetings held by Project RMA have resulted in the strengthening of regional Reproductive Health Networks – e.g. East African Reproductive Health Network (EARHN), and the West African Reproductive Health Network (WARHN).*

Another indicator of fostering greater harmonization between partners at global level is the new tools developed by Coalition members over the past three years that have subsequently been used by partners acting together. A prime example of this is the Advocacy Toolkit developed under the RMAWG and subsequently used by partners in regional workshops in Bali and Santiago. In addition in June 2009, a “training of trainers” was undertaken to further extend its reach at country level.

Under the management of selected members of the Systems Strengthening Working Group, the Reproductive Health Interchange (RHI) has developed into a very strong tool and resource, used by many Coalition partners to increase the visibility of RH supplies shipments to over 140 countries. Data is submitted by major donors and selected governments on the amount and value of procured and shipped contraceptives. Such is the wealth of data that it provides a valuable resource for determining other indicators (see above) that are indicative of the progress made in resources available for RH supplies. The RHI database allows Coalition members and supply chain managers all over the world to compare and contrast level of support to their country in terms of RH supplies and provides transparency in the complementarities of effort for donors, governments and other organisations.

3.4.2 Expand the Knowledge Base

Indicators:

- Examples of all new tools, publications, research initiatives produced each year, either by the Coalition or by its members in response to Coalition-inspired initiatives.
- Annual increase in visits to the Coalition’s website.

Between 2006 and 2009, the Coalition has provided a framework for the development of the following tools, publications and research:

- RHInterchange [JSI, USAID, UNFPA, IPPF and others]- a free, web-based tool that provides accurate information on past, present, and future supply orders for over 140 countries (established 2006 and ongoing)
- Advocacy Toolkit [USAID, Futures Group, DSW] and subsequently developed into web-enabled presentation and used to conduct workshops in its use (July 2008, September 2009 and ongoing)
- Supplies Information Database (SID) [JSI, Gates, RHSC]– database of key publications and reports for RH supplies information – either directly downloadable or links to websites with the sources (July 2008)
- Donor Gap Paper [USAID|DELIVER, PAI, UNFPA] and taken up as a workstream by RMAWG (February 2009)
- Supply Chain Management Software Review [USAID, UNFPA, MSH, JSI] – comparison and review by independent consultant of software tools available (February 2009)
- Market Segmentation Primer [Abt Associates, Futures Group, JSI, MSI, AED, PSI, DKT] – enabling overview of what methods and techniques are being used and available (November 2009)

The second indicator to measure expansion of the knowledge base on RH supplies is the annual increase in the number of visits and hits to the Coalitions website. It serves as a proxy for increases in knowledge about the Coalition and reproductive health commodity security in general. The Coalition’s website was launched in February 2008, following a period of about one year when the old Supply Initiative website was retrofitted to serve the Coalition’s immediate needs. For that reason, usage figures reflect hits for the periods of Feb-Jun 2008 and Jan-Jun 2009.

Table 7: Coalition Website Hits

Annual increase in visits to the Coalition’s website			
	Baseline Feb-Jun 2008	Final Jan-Jun 2009	Increase over period
Result	Average Monthly	Average Monthly	Percentage increase
Unique Visitors	547	903	65.1
No. of visits	1,036	1,602	54.6
Pages visited	6,056	7,194	18.8

The Coalition website is a remarkable success with over 120,000 separate hits since its launch in February 2008. As can be seen in the above table the *average monthly unique visitors have risen by over 65% to an average of over 900 per month*. In addition, by October 2009, 46 of the Coalition’s 96 members (with websites) *cited the “Reproductive Health Supplies Coalition” on their own websites. Sixty-nine of them referred to “reproductive health supplies”*.

3.4.3 Frame global efforts to achieve supply security

Indicators:

- Completion of Monitoring reports in 2009 and 2015, measuring core Coalition performance indicators against baseline values.
- Number of institutions that contribute financially, each year, to the implementation of Coalition-sponsored or -inspired activities (excluding core support to Secretariat operations)
- Total financial contribution of all institutions, per year, to the implementation of Coalition-sponsored or -inspired activities (excluding core support to Secretariat operations)
- Total financial contribution of all institutions, per year, to sustaining Secretariat’s core operating costs
- Total number of Coalition members and increase

The Coalition’s success in framing global efforts to achieve supply security are measured by five indicators, all of which reflect the Coalition’s role as an agency for adding value to the work of members, and members’ assessment of the success with which that role is performed. The first of these is the *production of a monitoring report for the initial period 2006-2009 and a further report by 2015 – this document is the first of these reports*.

By far the largest financial contribution to the Coalition’s work, are the contributions made on behalf of efforts to develop new tools, research, and other discrete initiatives. These funds are not channelled through the Secretariat, but rather directly to the agency or agencies implementing the activity. The contributions range from very substantial commitments both in terms of personnel time and financial support to major initiatives to the support of individuals to attend Coalition meetings and working group meetings as well as support for Secretariat staff to attend outside meetings and international conferences.

Altogether 26 institutions/members contributed to Coalition initiatives between 2007 and 2009 ranging from bi-lateral donors, multilateral organisations, technical assistance projects, NGO's and private companies. Table 8 below, provides details of the organisations that contributed to various initiatives and the total approximate contributions in US\$.

A grant from the Bill and Melinda Gates Foundation (BMGF) made possible the establishment of a full-time Secretariat, based in Brussels, Belgium. PATH, which manages the Secretariat on behalf of the Coalition, was awarded US\$ 4,841,131 over 3 years. During that period, no other donors were solicited for additional core funding. Nonetheless, many Coalition members contributed substantial sums, both in cash and in kind, towards the implementation of Secretariat-managed activities (see above). During the final year of the initial BMGF grant to PATH, the Secretariat, on behalf of the Coalition's Executive Committee, began a systematic effort to identify a strategy for ensuring the medium- to long-term sustainability of the Secretariat. A consultant was hired to provide the board outlines of a strategy, which was then applied by the Secretariat in the development of a concept paper, which outlined a vision, workplan, and budget for the Coalition for the period 2010-2015.

Table 8: Organisations contributing to Coalition Initiatives 2007-2009

Activity	Contributors	Estimate (US\$)
AccessRH (former Minimum Volume Guarantee) Mechanism (SSWG)	Dutch Ministry of Foreign Affairs (MoFA), UK DFID; KfW; BMGF; EC; UNFPA	\$ 5,361,000
Supply Chain Software Review (SSWG)	USAID DELIVER	\$ 145,000
Global Advocacy Mapping Exercise (RMAWG)	UNFPA; PAI; IPPF	\$ 47,000
Manufacturers Forum (MDAWG)	Laboratorios Andromaco; Bayer-Schering Pharma; NV Organon; Altacare; FamyCare; Fresenius Kabi	\$ 13,500
Advocacy/Messaging Toolkit (RMAWG)	USAID	\$ 250,000
Market Segmentation Primer (MDAWG)	USAID through PSP-One	\$ 25,000
Supply Gap Analysis (SSWG & RMAWG)	USAID DELIVER	\$ 40,000
Spring 2007 Membership Meeting (London)	IPPF; UNFPA; USAID; Dutch MoFA	\$ 33,000
Autumn 2007 Membership Meeting (Washington DC)	USAID; UNFPA	\$ 176,939
Spring 2008 Membership Meeting (Brussels)	EU; IPPF	\$ 27,642
Spring 2009 Membership Meeting (London)	DFID; IPPF; MSI;	\$ 32,500
Task Force Meetings (Strategic Plan, Membership)	UNFPA; USAID; JSI; Dutch MoFA	\$ 10,000
Coalition Web-site Developments	DSW; Project RMA; JSI	\$ 10,743
Secretariat Staff Travel	Gov of Spain; IPPF; PAI; PPD; DSW; RHI; NSSR; PPAI; Countdown 2015	\$ 24,350
TOTAL		\$ 6,196,674

During 2009, three key donors (USAID, UNFPA and BMGF) provided multi-year commitments to core Secretariat support. Two other donors (KfW and Ministry of Foreign Affairs of the Netherlands) agreed in principle to support discrete activities contained within the concept paper. Table 9 shows the known promised commitments:

Table 9: RHSC Secretariat Support 2009-2012

Funding Agent	2009/10	2010/11	2011/12
Bill and Melinda Gates Foundation	US \$ 500,000	US \$ 500,000	US \$ 500,000
UNFPA	US \$ 500,000	US \$ 500,000	US \$ 500,000
USAID	US \$ 500,000	US \$ 500,000	US \$ 500,000
Total	US \$1,500,000	US \$1,500,000	US \$1,500,000

Finally another indicator that shows perceived effectiveness at framing global efforts is the increasing number of institutional members. *Since the adoption in November 2007 of the Coalition's new policy on governance and membership, the number of Coalition members has increased six-fold: from 15 to 98.* New members include many more technical agencies and international NGO's but also include more donor governments, manufacturers and two low-middle income governments namely Uganda and Ghana.

4.0 Conclusions

This Monitoring report has shown that there have been impressive changes in many of the indicators selected to represent the attainment of the goals of the Reproductive Health Supplies Coalition. The Monitoring Plan has enabled us to show many of the “macro” level changes in the reproductive health supplies situation at global and selected country level. The mixture of global and country level, quantitative and qualitative, has provided a comprehensive picture of current trends in provision of RH supplies, the systems built to provide them and the added value that the presence of the Coalition brings.

The majority of the indicators are derived from secondary sources of data that have been collected elsewhere and by many of the Coalition members – however nearly all of them were re-arranged, formatted and further worked on to provide the data suitable for this Monitoring framework. Some indicators were unavailable (e.g. DHS data for the focus countries within this time period), some indicators were difficult to collect for more than a handful of countries (e.g. stockout data at the SDP), and some indicators were not realised because of lack of Coalition member work in that particular area (e.g. private sector supply chains).

On the other hand a good number of indicators were exhausted in terms of their completeness (e.g. budget line for RH supplies) and others were readily available from other databases such as the RHI and the GFATM to give a near complete count of supplies being provided by donors. Data mining of other data sources was required for several indicators and searching the web was necessary for several others (e.g. Contraceptives on essential drug lists, contraceptives pre-qualified).

Despite the completeness of the indicators selected for inclusion in the Monitoring framework there are gaps in the resulting data mainly due to incompleteness of reports and information available at country level. One area that needs to be covered in a more complete way is the provision of RH supplies in the private sector, NGO sector (possibly including the faith-based sector) and the workplace sector (through insurance). Generally public sector provision of supplies and the systems set up to deliver them are well covered by the existing indicators – but this may be because the public sector data is more available, visible and has traditionally received more attention.

In terms of the future most of these indicators should be retained as providing a good overview of the supplies situation – certainly in the public sector – and the contributions of the Coalition and its members to the achievement of commodity security for many countries. One or two indicators are now redundant with the present group of focus countries (e.g. budget line item, EDL) which points to either introducing more in-depth indicators at country level or an expansion or change in the focus countries themselves.

As referred to above more work needs to be undertaken to enable the measurement of the provision of RH supplies in the private sector – and also in emergency settings – and yet the mechanisms seem not to exist to generate the data that can be readily picked up by the Coalition into a Monitoring framework. In addition mechanisms of getting to the data under the public sector – particularly in the increasing instances of basket funding or sector wide funding are also needed to provide a complete picture of RH supplies. Lastly new indicators will need to be developed for RH supplies other than contraceptives (e.g. Oxytocin, magnesium sulphate etc) for the future period 2009-2015.

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Appendix A: Key Indicators

This table lists the indicators for each Goal under the Strategic Areas derived from the Strategic Plans focus areas and objectives. Indicators may be at country or global level under each of these areas and where an indicator is wholly qualitative in nature there may not be baseline statistics

Type	Indicator	2007	Units	Responsible Partner	Method of collection/ verification
Goal	1. Increase availability, predictability, and sustainability of financing for RH Supplies				
Objective	1A Mobilize additional new resources				
Indicator	1A.1 Number of focus countries with a national budget line for RH supplies	5	Number	Project RMA (assistance from UNFPA); DELIVER country annual reports	Government reports; MOH or MOF verification of budget line item for RH supplies.
Indicator	1A.2 Percentage increase in donor funding for contraceptives in focus countries	Accord- ing to country	Number and %	RHI for data – Secretariat for compilation	Validated procured and paid for reproductive health supplies from Government records. If country is on RHI then shipped data can be used.
Indicator	1A.3 Percentage increase in donor funding for contraceptives worldwide	0	Number and %	RHI for data – Secretariat for compilation	Data mining RHI database
Indicator	1A.4 Increase in number of donors making first-time contributions for RH supplies	0	Number	UNFPA, Countdown 2015	Reports to UNFPA; Country level reports; Donor reports
Indicator	1A.5 Number of country proposals per year to the GFATM that make explicit provision for the purchase of RH supplies	0	Number	GFATM	Data mining GFATM database (Available on website) or published procurement reports from partnership schemes
Indicator	1A.6 Increase in level of funding allocated to RH supplies by GFATM	N/A	Number and %	GFATM	Data mining GFATM database (Available on website) or published procurement reports from partnership schemes
Objective	1B. Access existing resources				
Indicator	1B.1 Proportion of focus country budget line(s) for RH supplies actually spent	Accord- ing to country	%	Project RMA (assistance from UNFPA); DELIVER country annual reports	Government reports; MOH or MOF verification of budget line item for RH supplies.
Indicator	1B.2 Examples of new domestic financing mechanisms for supplies proposed or introduced in focus countries.	Accord- ing to country	Narrative	PSP-One, HPI Projects	In country studies of available alternative financing [health insurance schemes, taxes, elimination of duties on RH supply donations to public sector, etc.]
Objective	1C. Mobilize Total Market Resources				
Indicator	1C.1 Examples of new initiatives undertaken in focus countries to expand	Accord- ing to country	Number	Abt Associates, JSI, MSI, Futures Group and others	Market segmentation studies; PPP's; Reports from partners

Type	Indicator	2007	Units	Responsible Partner	Method of collection/ verification
	the total market for RH supplies			involved in Total Market Initiative	
Indicator	1C.2 Increase in the non-public sector share of the market for condoms, pills and injectables in focus countries	According to country	% share and increase	DHS surveys; Social Marketing results (MSI, DKT, PSI and others)	Market surveys undertaken by PSP-One partners, social marketing partners on sales and others
Goal	2. Strengthen capacity of health systems to deliver RH supplies in a sustainable manner				
Objective	2A. Strengthen existing systems				
Indicator	2A.1 Number of focus countries with functioning RH commodity committees or similar mechanisms for managing RH supply chains	8	Number	DELIVER, UNFPA	Programme reports on existence and performance of commodity security committees or taskforces
Indicator	2A.2 Number of focus countries that include RH commodities on the national essential drug list	4	Number	DELIVER, Secretariat	Direct consultation of EDL – these are usually on-line
Indicator	2A.3 Examples of formal, coordinated actions by focus countries to improve RH supply chain performance (e.g. SPARHCS, national needs assessments, logistics systems strategies)	TBD	Number	DELIVER; UNFPA; Crown Agents	Programme reports from key partners assisting governments with supply chain performance. Country assessments
Indicator	2A.4 Number of RH products from specific producers/factories, pre-qualified under WHO/UNFPA Programme	1	Number	WHO/ UNFPA	WHO website and UNFPA website showing prequalified products by location
Indicator	2A.5 Number of all countries (and focus countries), per year, with active registered users of the RH Interchange	1	Number	RHI	RHI records of logon by country to the shipments section of the RHI database.
Indicator	2A.6 Decline in stock out rates at public-sector service delivery points in focus countries	According to country	Number and % reduction	DELIVER; UNFPA	Quarterly data from country offices showing stock levels at Service Delivery Points.
Indicator	2A.7 Descriptions of private sector supply chains for RH supplies in the private sector and use in the public sector	According to country	Narrative /Description	DELIVER, PSI, MSI, DKT, IPPF	Collection of already published descriptions/reports of private sector involvement in the supply chains for RH delivery.
Indicator	2A.8 Amount of funding provided through mechanisms that make RH supply resources less volatile (e.g., pledge guarantees)	0	Number	UNFPA for the AccessRH mechanism; UNF for the Pledge Guarantee for Health mechanism; Other mechanisms by Coalition	Evidence that a focus country has accessed supplies utilising the appropriate funds

Type	Indicator	2007	Units	Responsible Partner	Method of collection/ verification
				partners	
Objective	2B. To avert RH supply disruptions at national level - help when systems break down				
Indicator	2B.1 Description of stockouts averted or resolved through the intervention of the Countries at Risk (CAR) Group	N/A	Narrative	CAR Group and Secretariat	Minutes of the meetings/ Decisions taken and carried through.
Objective	2C. Systems for emergency situations				
Indicator	2C.1 Number of Emergency RH kits sent to different countries by humanitarian agencies per year	5000 to 45 countries	Number	UNFPA	UNFPA database at Copenhagen procurement Division. Records at other humanitarian agencies
Indicator	2C.2 Examples of Coalition-inspired initiatives to integrate RH supplies into humanitarian relief efforts	N/A	Narrative	UNFPA, MSI	Findings from studies undertaken; reports of humanitarian efforts in RH supplies delivery
Goal	3. Assure the added value of the RHSC as a productive and sustainable global partnership through efficiency, advocacy, and innovation				
Objective	3A. Foster greater harmonization among stakeholders at global and country level				
Indicator	3A.1 Examples of coordinated action by any two or more Coalition members, <i>in the same focus country</i> , with the explicit aim of strengthening RH commodity security	N/A	Number and narrative	RHSC Working Groups; Secretariat	Narratives of instances from working groups, partners and country led teams.
Indicator	3A.2 Examples of coordinated action by two or more Coalition institutions with the explicit aim of strengthening RH commodity security <i>beyond the boundaries of a single country</i> .	N/A	Number and narrative	RHSC Working Groups; Secretariat	Narratives of instances from working groups.
Indicator	3A.3 Examples of new Coalition tools and/or publications aimed at comparing or harmonizing comparable activities being implemented by two or more Coalition members.	N/A	Narrative	RHSC working groups; Secretariat	Descriptions of tools developed by members of the working groups – or by consultants acting under Coalition initiatives
Objective	3B. Promote New Knowledge				
Indicator	3B.1 Examples of all new tools, publications, research initiatives produced each year, either by the Coalition or by its members in response to Coalition-	0	Number and narrative	RHSC Secretariat	Routine collection of reports and initiatives from partners and within the Coalition

Type	Indicator	2007	Units	Responsible Partner	Method of collection/ verification
	inspired initiatives.				
Indicator	3B.2 Annual increase in visits to the Coalition's website	0	Number per month	RHSC Secretariat	Web-site hit figures produced by Active Elements (web-site host)
Objective	3C. Establish Support Systems				
Indicator	3C.1 Completion of Monitoring reports in 2009 and 2015, measuring core Coalition performance indicators against baseline values	None	Report Completed	RHSC Secretariat	Analysis and evaluation of results of indicator changes
Indicator	3C.2 Number of institutions that contribute financially, each year, to the implementation of Coalition-sponsored or -inspired activities (excluding core support to Secretariat operations)	1	Number and names of contributors	RHSC Secretariat and all partners contributing	Consultation with Working Groups and Coalition members
Indicator	3C.3 Total financial contribution of all institutions, per year, to the implementation of Coalition-sponsored or -inspired activities (excluding core support to Secretariat operations)	1	Value of contribution	RHSC Secretariat and all partners contributing	Consultation with Working Groups and Coalition members
Indicator	3C.4 Total financial contribution of all institutions, per year, to sustaining Secretariat's core operating costs	\$1.3 m	Amount in US\$	PATH as the current grantholder	From financial accounts of payments received
Indicator	3C.5 Total number of Coalition members and increase	14	Number	Secretariat	Membership records and active participation in Coalition activities through being members of the at least one working group

TBD = To be determined
N/A = Not Applicable