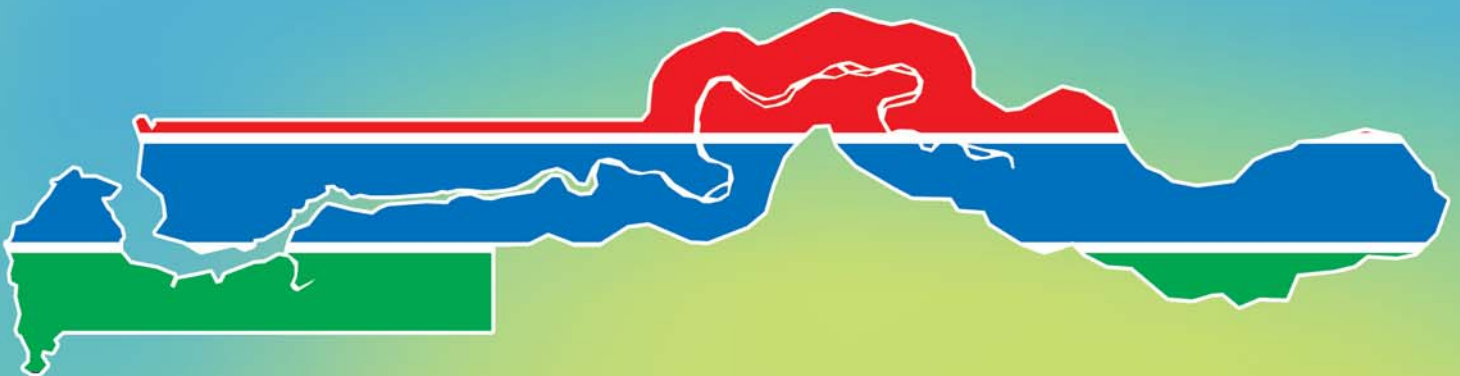




REPUBLIC OF THE GAMBIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

REPRODUCTIVE HEALTH COMMODITY SECURITY STRATEGIC PLAN 2011-2015



May 2011

This document was prepared with technical and financial support from the United Nations Population Fund (UNFPA) and the Ministry of Health and Social Welfare (MoH&SW)





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FOREWORD

The Gambia is a signatory to the Program of Action (PoA) of the 1994 International Conference on Population and Development (ICPD), and thus committed towards achieving the set goals and targets and equally to the attainment of the Millennium Development Goals (MDGs). Following the ICPD conference, The Gambia shifted from the Maternal and Child Health/Family planning program to broad based Reproductive Health programming and service delivery.

The primary goal of this program in The Gambia is to attain improved health outcomes for women, men, under-five children and adolescents through formulating appropriate reproductive health policies and strategies and ensuring access to high-quality, affordable and integrated sexual and reproductive health services. The development of this National Reproductive Health Commodity Security (RHCS) Strategic Plan is therefore a direct contribution to the overall national health strategies and plans.

Reproductive Health Commodity Security is a and has been a challenge in The Gambia with stock-outs of contraceptives and other RH equipment and supplies. This situation hinders effective and efficient delivery of quality of reproductive health services, including contraceptive services. The development of this Strategic Plan is meant to address that gap.

This Strategic Plan is a product of participatory, inclusive and consultative processes involving all stakeholders including MOH&SW, National Assembly, UN agencies, Civil society, Non-Governmental Organizations and the private sector.

The Ministry of Health is committed to providing the required leadership towards the coordination, collaboration and implementation of this five-year Reproductive Health Commodity Security Strategic Plan which will ensure that "Every Gambian is able to Choose, Obtain and Use contraceptives and other reproductive health products whenever he/she needs them, and thus contribute to the attainment of our common goal of quality health for all Gambians at all times".

Honourable Fatim Badgie
Minister of Health & Social Welfare



ACKNOWLEDGEMENT

The Ministry of Health and Social Welfare extends special note of gratitude to all stakeholders (including the National Assembly, staff of the MOHSW, Women's Bureau, National AIDS Secretariat, UNFPA, WHO, UNAIDS, Action AID International The Gambia, Gambia Family Planning Association, and the Private Sector), for their invaluable contributions towards the development of the Reproductive Health Commodity Security Strategic Plan 2011-2015 for The Gambia.

Special gratitude is accorded to UNFPA for providing both the technical and financial support towards the development of this strategic plan.

A note of gratitude to the Minister of Health and Social Welfare, Honorable Fatim Badjie for her leadership commitment and vision in ensuring the completion of this document.

Worthy of mention is the invaluable support provided by the member of the National Assembly Select Committee on Health, Honorable Borrie Kolley.

Special thanks also go to the UNFPA Country Director, Ms Rose Gakuba, the Senior Technical Advisor, RHCS, UNFPA/SRO - Dakar, (Dr. Penda Ndiaye); UNFPA Assistant Representative, (Dr. Reuben Mboge); RHCS Logistics Specialist UNFPA Guinea Conakry, (Dr. Ndouga Diallo); and all staff of the UNFPA Country Office.

We indebted to the following Consultants for their technical guidance towards the finalization of this document: Dr. Sebastian Eliason of the Department of Community Medicine, University of Cape Coast School of Medical Sciences, Ghana; Dr. Zekeng Bongwa Stella, Clinical Pharmacist, Pharmacie D'Ekounou, Yaoundé, Cameroun; Mr. Momodou Mboge, RHCS Coordinator, The Gambia and Mr. Momodou Njie, GFPA, Gambia.

It is our sincere hope that the implementation of this RHCS Strategic Plan 2011-2015, will impact positively on reproductive health outcomes in The Gambia.

Dr. Mamady Cham (PhD)
Director of Health Services



ABBREVIATIONS

AAITG	Action AID International The Gambia	HMIS	Health Management Information System
AWARE/RH	Action for West African Regional Health Project/Reproductive Health	ICPD	International Conference on Population and Development
ART	Antiretroviral Therapy	ICPD-POA	International Conference on Population and Development Program of Action
ARV	Antiretroviral	IEC	Information, Education and Communication
ASRH	Adolescent Sexual Reproductive Health	INGO	International Non-Governmental Organization
BCC	Behavior Change Communications	IMCI	Integrated Management of Childhood Infection
CBD	Community-Based Distribution	IPPF	International Planned Parenthood Federation
CHN	Community Health Nurse	IUD	Intrauterine Device
CMS	Central Medical Stores	JSI	John Snow, Inc.
COC	Combined Oral Contraceptive	LIAT	Logistics Indicator Assessment Tool
CPR	Contraceptive Prevalence Rate	LMIS	Logistics management information system
CPT	Contraceptive Procurement Table	LSAT	Logistics System Assessment Tool
CS	Commodity Security	MARP	Most At Risk Population
DHS	Demographic and Health Survey	M&E	Monitoring and Evaluation
DoSFE	Department of State for Finance and Economics	MCAI	Maternal and Child Health Advocacy International
DoSH	Department of State for Health and Social Welfare	MCH	Maternal and Child Health
DPI	Directorate of Planning and Information	MDG	Millennium Development Goal
ECHN	Enrolled Community Health Nurse	MMR	Maternal Mortality Ratio
EDL	Essential Drug List	MNCH	Maternal Newborn and Child Health
EMs	Essential Medicines	MOFEA	Ministry of Finance and Economic Affairs
EMNCH	Essential Maternal Newborn and Child Health	MOH	Ministry of Health
EmONC	Emergency Obstetric and Neonatal Care	MOH&SW	Ministry of Health and Social Welfare
FEFO	First Expiry, First Out	MoTIE	Ministry of Trade Industry and Employment
FP	Family Planning	MYS	Ministry of Youth and Sports
GCCI	Gambia Chamber of Commerce and Industry	NAS	National AIDS Secretariat
GF	Global Fund	NACP	National AIDS Control Programs
GFATM	Global Fund to fight HIV/AIDS, Tuberculosis and Malaria	NAM	National Assembly Member
GFPA	Gambia Family Planning Association	NDA	National Drug Authority
GMDA	Gambian Medical and Dental Association	NDQCL	National Drug Quality Control Laboratory
GNI	Gross National Income	NEML	National Essential Medicines List
GoG	Government of The Gambia	NGO	Non-Governmental Organization
GRA	Gambia Revenue Authority	NMC	Nurses and Midwives Council
HEU	Health Education Unit	NMCP	National Malaria Control Program
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome	NPHL	National Public Health Laboratory
		NPS	National Pharmaceutical Services



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NYC	National Youth Council	SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
PAGE	Program for Accelerated Growth and Employment	SRH	Sexual Reproductive Health
PHC	Primary Health Care	STG	Standard Treatment Guideline
PMTCT	Prevention of Mother to Child Transmission	STI	Sexually Transmitted Infection
POP	Progestin-only Pill	TB	Tuberculosis
PRSP	Poverty Reduction Strategy Paper	TBA	Traditional Birth Attendants
QC	Quality Control	TOT	Trainer of Trainers
RCH	Reproductive and Child Health	TFR	Total Fertility Rate
RDF	Revolving Drug Fund	UNDP	United Nations Development Program
RH	Reproductive Health	UNFPA	United Nations Population Fund
RHCS	Reproductive Health Commodity Security	USAID	United State Agency for International Development
RHCSAT	Reproductive Health Commodity Security Assessment Tool	USD	United States Dollar
RHD	Reproductive Health Division	UTG	University of The Gambia
RHT	Regional Health Teams	VCT	Voluntary Counseling and Testing
RVTH	Royal Victoria Teaching Hospital	VHW	Village Health Worker
SDP	Service Delivery Point	WHO	World Health Organization
SEN	State Enrolled Nurse		



GUIDE TO TERMINOLOGY USED IN STRATEGIC PLAN

Each of the seven **Components** of the Strategic Plan is described in detail in this document. Every Component contains an overall **Strategic Objective** that describes the broad level of accomplishment expected within the component. Strategic Objectives are further broken down into a number of **Specific Objectives** that give details of the expected accomplishments for each component.

RH commodity security vs. contraceptive security: In this plan, RH commodity security and contraceptive security are used in the sense that the primary goal of the reproductive health and family planning program is to ensure that people can choose, obtain, and use a wide range of high-quality, affordable contraceptive methods and other reproductive health commodities. Referred to as RH commodity security, achieving this goal requires sustainable strategies that will ensure and maintain access to and the availability of reproductive health supplies.

Activities: A listing of the actions necessary to achieve the objectives.

Coordinating Agency: For each component, the MOH&SW is the agency which coordinates the activities and sub-activities which will be undertaken. Coordination implies the harmonization, management, synchronization and direction of the activities undertaken by implementing agencies. The MOH&SW assumes overall responsibility for ensuring the accomplishment of all activities in the Strategic Plan. The specific office in the MOH&SW to assume this role is the RH Program.

Implementing Agency: Each activity requires at least one organization to take responsibility for the accomplishment of the required actions. These implementing agencies will work under the coordination and direction of MOH&SW.

Estimated Budget (Dalasi/USD): The estimated cost of implementing every activity and sub-activity. These figures should be considered as broad approximations until more detailed budgets are developed.

Period: The approximate time during which the activities and sub-activities are planned to be accomplished. Activities are marked as "done" where they have already been accomplished. Some activities are listed as "ongoing", which indicates that implementation has begun, but is not yet completed.

Output Indicators: Statements which describe the quantifiable products of the activities once implementation is completed.

Outcome Indicators: A description of the measurable results which will be obtained once the outputs of the activities have been realized.

Assumptions: A list of the preconditions, requirements and circumstances that must exist before and during the successful implementation of activities in the plan.

Supply chain: Each of the four components of logistics management (storage and distribution, logistic management information system, forecasting, and procurement) represents a key function in the supply chain. An effective supply chain ensures the continuous supply of sufficient quantities of the high-quality contraceptives needed to achieve contraceptive security.

Storage and distribution: This component includes managing storage capacity and conditions, standards for maintaining product quality, inventory control, stock outs, tracking system losses, and distribution and transportation systems.

LMIS (Logistics Management Information Systems): This component includes managing reporting systems, the validation of data, information management and its use in decision-making.



Forecasting: This component includes managing how estimates of product consumption are prepared, updated, validated, and incorporated into cost analysis and budgetary planning.

Procurement: This component includes managing how forecasts are used to determine short-term procurement plans and the degree to which correct amounts of contraceptives are obtained in an appropriate timeframe.

Unmet needs: This concept refers to the proportion of clients who desire to use family planning but are not currently doing so. The higher the percentage of women with unmet needs for contraception, the poorer the prospects for contraceptive security.

Quality: It encompasses a range of program elements/inputs that include maintaining standards for the procurement of reproductive health/contraceptive products and testing. This ensures compliance, improvement of acceptability, so that clients will be satisfied with the products and services being provided. This can be achieved through public awareness and correction of misinformation about RH/FP services and products. It requires improvement of the supply of basic RH/FP equipment at service delivery points, and providing a mix of products to cater for the various needs of clients.

RHCS: is defined as ensuring a secure supply and choice of quality contraceptives and other reproductive health commodities to meet every person's needs at the right time and in the right place.



EXECUTIVE SUMMARY

The Gambia has developed many policies, strategies and guidelines to help her achieve the goals set out in the ICPD-POA and the MDGs. The policies include the National Health Policy, National Population Policy, National RH Policy, National Youth Policy, HIV/AIDS Policy, Gender and Women Empowerment Policy and the RHCS strategic plan 2006-2010.

An RHCS situation analysis carried out in 2010 identified strengths and weaknesses for which recommendations were made to guide the development of a strategic plan for the years 2011 to 2015.

The Strategic plan development process started with the constitution of a working group made up of technical staff, from the MOH&SW, partners and other key

stakeholders in the RH program. The process included desk review, key informant interviews and stakeholder workshops using the SPARCHS framework and diagnostic tool.

The goal of this strategic plan is:

“To ensure Reproductive Health Commodity Security by achieving the continuous supply of high quality Reproductive Health supplies in The Gambia by the end of 2015”.

The strategic objectives designed to achieve the above goal are as shown below per component:

COMPONENT	STRATEGIC OBJECTIVES
Context	To contribute to the enhancement of the political environment and regulation favorable to RHCS by 2015
Commitment	To strengthen the commitment and participation of Government and development partners including civil society and private sector in all RHCS Processes by 2015
Coordination	To strengthen the coordination and collaboration between government, Partners, private sector and civil societies for RHCS by 2015
Capital(Financing)	To mobilize government, Private sector, Civil society, partners to ensure adequate funding for RHCS by 2015
Client Demand/utilization of RH commodities and Services/ Service provision	To increase availability, accessibility and utilization of quality RH commodity supplies, information and services at all levels by the year 2015.
Logistic Capacity	To Strengthen the Logistics Management System by end 2015 at all levels
Monitoring and Evaluation	To institute an efficient and effective M&E system that will ensure implementation of the strategic plan



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The estimated cost per component of implementing the strategic plan activities and securing RH commodities

including contraceptives for the five year period 2011-2015 are as shown below:

COMPONENT	COST(DALASI)	COST(USD)
Context	6,214,000.00	221,929
Commitment	2,403,000.00	85,821
Coordination	3,664,000.00	130,857.14
Capital(Financing)	121,000.00	4,321
Client Demand/utilization of RH commodities and Services/ Service provision, RH Commodities	136,232,236.00	4865437
Logistic Capacity	34,447,328.00	1,230,261.71
Monitoring and Evaluation	3,185,000.00	113,750
TOTAL	186,266,563.90	USD 6,652,377.28

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INTRODUCTION

Background

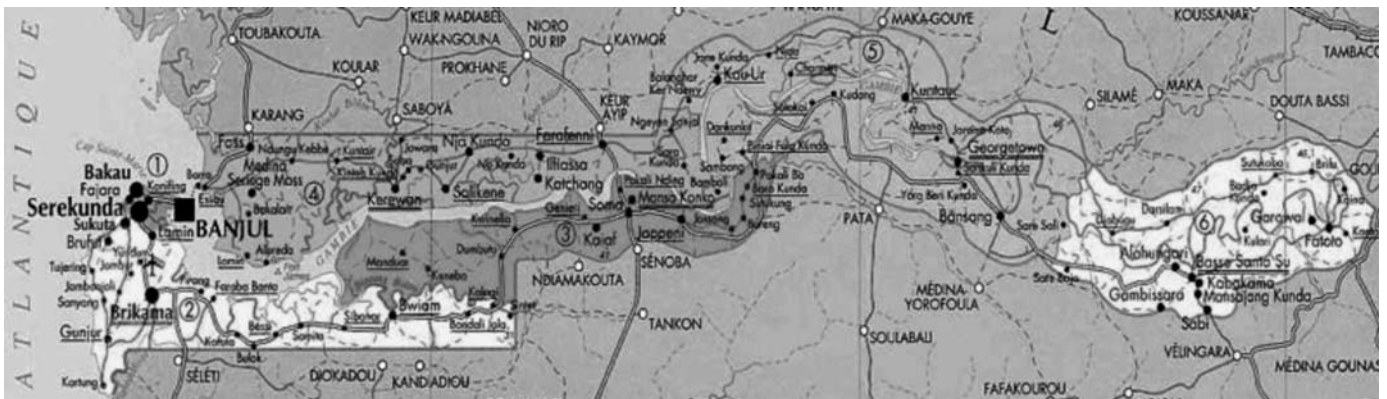
The Gambia is situated in West Africa with an estimated population of 1.7 million. The Gambia is Africa's smallest mainland country and is divided into two municipalities and six regions. The economy relies on agricultural and fishing, small scale manufacturing, tourism and trade. There are five main ethnic groups and approximately 90% of the population is Muslim. Gambian society is patriarchal in nature in that men earn most of the family's income and make the majority of decisions. Approximately 34% of women of reproductive age are in polygamous marriages and early marriage is common (Census 2003).

The 2001 maternal mortality survey (MMS) found that 23% of men currently do not use and do not intend to

use contraception for religious reasons, indicating that some Gambians falsely interpret that Islam is against family planning. The 2001 survey also established that The Gambia is mainly a pronatalist society, and women and men desire as many children as "God wills." Low contraceptive usage can be attributed to these and other sociocultural and religious barriers and to inadequate access to high-quality services.

The 2003 census established the population growth rate at 2.7%, with nearly 44% of the population below 15 years and 19% between the ages 15 to 24. According to the 2003 census, nearly 41.5 per cent of those aged 15-24 are sexually active. HIV/AIDS is a growing problem, and prevalence was 2% in 2001 (MMS 2001).

Fig.1 Map of Gambia



Rationale for RHCS

The Gambia is a signatory to the 1994 International Conference on Population and Development Programme of Action (ICPD POA), which established a link between population and development, and is thus committed towards achieving the POA's goals and targets. Five years later, 179 countries, including The Gambia, ratified an "ICPD +5" target for worldwide Reproductive Health Commodity Security (RHCS), which appealed to countries to ensure that by 2015 all primary healthcare and family planning (FP) facilities are able to provide

directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods, such as male and female condoms and microbicides, if available, to prevent infections. The MDGs, to which The Gambia is a signatory, also added further impetus to the attainment of RHCS.

Following the ICPD 1994, ICPD+5 and Millennium 2000 conferences, The Gambia has developed amongst other development policies and strategies, the following: a



National Population Policy, revised National Reproductive Health Policy and Strategic Plan in 2006 and a subsequent one in 2009, and a National RHCS Strategy 2006 – 2010. The implementation of these policies, including the RHCS strategic plan 2006-2010, have led to mixed results as revealed by the RHCS situation in the Gambia.

Strategic Plan Development Process

The Gambian RHCS situation was reviewed in 2010 following the implementation of the 2006 – 2010 RHCS strategic plan, amongst other RH policies, to inform the development of the RHCS Strategy 2011 - 2015. After the review, the Government of Gambia mandated a working group made up of technical staff of MOH&SW, Partners, and other key stakeholders involved in the reproductive health program to support the process. The strategic plan development process included a desk review of reports, studies and background documents including the report of the RHCS situation analysis. Key

informant interviews were also conducted with relevant stakeholders including private sector, development partners and MOH&SW. Following these activities, a ten day technical workshop involving key stakeholders in RHCS, was held to develop the draft strategic plan. This involved the use of the Strategic Pathway to RHCS (SPARHCS) diagnostic tool (Annex....) to analyze the current RHCS situation and to identify strengths, weaknesses, and recommendations for the development of key strategic interventions. A Draft Strategic plan with budgets and indicators were developed by the team and disseminated to major stakeholders in health for comments and inputs.

A one day validation workshop was held with wider stakeholder participation for further inputs. This was followed by finalization of the document by a core technical team.

The final document was presented to Government, MOH&SW, relevant Ministries, Department and Agencies (MDAs), RCH unit and development partners at a day's debriefing session.

RHCS SITUATION IN THE GAMBIA

Following the implementation of the RHCS strategy 2006-2010, a review of the current RHCS situation was carried out by John Snow, Inc. (JSI) with support from The Gambian Ministry of Health and Social Welfare (MOH&SW), and the United Nations Population Fund (UNFPA). A summary of the findings are as follows:

Context and Commitment

According to the 2003 census, the population is estimated at 1.36 million and had an annual growth rate of 2.7%. By the year 2011 it is estimated to reach 1.7 million. About 60% of the population lives in the rural area; and women constitute 51% of the total population. The crude birth rate is 46 per 1000 population while the total fertility rate is 5.4 births per woman. The high fertility level has resulted in a very youthful population structure. Nearly 44% of the population is below 15 years and 19% between the ages 15 to 24. Maternal

mortality is very high at 730 and average life expectancy at birth is 64 years overall (DoSH 2007). The poverty level in The Gambia is high with 68% of the population in rural areas and 40% of the population in urban areas living in poverty. Urban poverty is high and on the rise. About 53% of the population of The Gambia resides in urban areas (DoSFE 2006).

Along with the growing youth population is an increase in teenage pregnancy, STIs, rape and sexual abuse of girls. Social stigma and to some extent religious views make it difficult for women, married or not, to use contraceptives to prevent and/or space pregnancies. The 2001 CPR was 17.5 percent, (13 percent modern methods) and it is projected to be approximately 26.5% in 2010. Unmet need was 25 percent in 2001 and maybe higher now.



Against this backdrop, the Gambia Government has put in place several policy documents and signed agreements favorable to reproductive health services. In 2005, UNFPA and the MOH&SW undertook a similar reproductive health assessment which developed into a validated strategy for RHCS – The Gambia RHCS Plan 2006-2010. As a result of this strategy, RH commodities are now included on the Essential Drugs List (EDL), several trainings were conducted on service delivery, and advocacy for acceptance of family planning has resulted in local leaders and decision-makers reflecting favorably on family planning. Moreover, indications are that the government will set aside two to three million Dalasi for purchase of reproductive health supplies in the country's 2011 budget.

However, the majority of objectives and activities in the Gambia RHCS strategy were not achieved due to lack of funding; attrition at MOH&SW and RCH Unit at all levels, lack of trained staff, and coordinated commitment by the government and stakeholders in the public and private sector. Policies are not adequately disseminated and explained to the lower levels of the health system or to the public.

The RHCS committee that was active at the time the strategy was developed and validated has not met since 2007. While political commitment for RH is strong, advocacy and champions specifically for commodity security are minimal. It is not included in civil society or private sector dialogues; and strong action as a result of advocacy is lacking in terms of funding for improvement of services and commodity procurement, revitalization of the national RHCS committee, and generating demand for services through male and youth involvement.

Coordination

Several government and donor coordinating bodies and technical committees meet on a regular basis. However, there is no active coordinating body for RHCS activities. This has led to inadequate supplies, duplication, and waste of donor resources. Part of the function of a RHCS committee is to coordinate donor support and shipment of commodities that are tied to programmed activities such as IEC/BCC campaigns, IUD and implant training

and promotion, etc. A large quantity of female condoms was recently destroyed as they were not promoted; and, conversely, lack of trained personnel in IUD insertion has left the limited demand there is for IUDs unmet.

Linkages with Global Fund HIV/AIDS and malaria programming are mixed. The PMTCT program is integrated within the RCH unit as with GF malaria activities of NMCP. However, sexually transmitted infection (STI) interventions are the responsibility of the National AIDS Control Program (NACP) and not a high profile service of the government health clinics, which are primarily seen as a place where antenatal care/family planning/maternal and child health services are available. Voluntary Counseling and Testing (VCT) services are not always linked to STI treatment thus there is a large missed opportunity to reach Gambians who may be HIV positive.

Coordination and information sharing between levels of the health system and among regional levels is sporadic. While a meeting with all Regional Health Teams (RHT) is to take place quarterly, organization and funding for these meetings is not routinely available.

Finance

Currently, the main donor for contraceptives is UNFPA. They also procure delivery kits and other RH supplies as needed. Since 2006, UNFPA has spent a total of USD 680,578 on contraceptive procurement for The Gambia.

IPPF used to provide contraceptives to the Gambia Family Planning Association (GFPA), but ceased in 2008 when GFPA was required to graduate from IPPF support. Currently, GFPA depends on MOH for their supplies. Also, due to lack of funding, GFPA no longer runs their social marketing program despite having the required infrastructure and expertise. Through the Global Fund Round 8, funding was earmarked to procure condoms for a two year period (Dec 2009-2011) under Action Aid. However, this is only about 30% of the estimated quantity of condoms required in that period are largely for HIV/STI prevention .



Government run family planning services are free of charge and other RH services are highly subsidized. No cost-recovery scheme specifically for RH commodities and supplies is currently in place. Being part of the EDL for Gambia means that contraceptives can in theory be procured using government funding. However, past efforts by the RCH Unit to advocate for allocation of some of the essential drugs budget for contraceptive procurement have not been successful. Currently, the program is advocating for a dedicated budget line for contraceptives.

According to the contraceptive procurement table (CPT) exercise conducted in September 2010 by the USAID I DELIVER PROJECT, required funding to fill the estimated contraceptive need through 2012 is USD 413,700. The Gambia National RHCS plan 2006-2010 estimated needing USD 706,665 to implement the plan. Going forward, it will be important for key players to cost out needs to implement the next plan and mobilize resources to ensure it is fully funded.

Commodities

In general, the MOH&SW through its National Pharmaceutical Services (NPS) Central Medical Stores (CMS) operates a standardized system of bi-monthly supply of essential drugs, equipment and other medical supplies to the regional stores of the six regional health teams responsible for the overall supervision of health services countrywide. Essential medicines including those for EmONC and those procured by the Global Fund for malaria, TB, and HIV/AIDS prevention and treatment are distributed through the CMS system. The RCH Unit centrally manages some RH commodities such as contraceptives, basic equipment for antenatal care and delivery including TBA kits, obstetric record card/registers and furniture for RCH outreach services.

Site visits to the four regions included the review of commodities available and reasons for stock outs. Most facilities visited had the following RH commodities available: male condoms, Depo-Provera, microgynon, oxytocin, magnesium sulfate, folate, antibiotics, and ergometrine. To a lesser extent the following were available: female condoms, norigynon, IUDs, microlut,

lo-femenal, overette, vaginal foaming tablets, PMTCT drugs, and hydralazine. A lack of requested quantities available at the next higher level and procurement problems were reported reasons for stock outs.

Identification and confirmation of necessary RH commodities for The Gambia was included as part of the workshop discussions with key informants. This list specific to the country's reproductive health program includes the 10 products recommended by WHO and UNFPA.

Client Utilization and Service Delivery

The RCH Unit offers a range of decentralized and integrated reproductive and child health services while sexually transmitted infections (STIs) management falls under the responsibility of the National AIDS Control Program. The most popular family planning methods are Depo-Provera, pills and condoms. There is general consensus that condom use is on the rise primarily for HIV prevention. The primary reasons for discontinuation of contraception include pregnancy (both desired and unwanted), spousal objection, religious/social/cultural, and side effects.

Although most clients go to the public sector, there are still issues such as frequent stock outs and quality of care at public sector health facilities, such as privacy and long waiting times. Frequent stock outs and supply to The Gambia is at a critical point and there has been product rationing from the central level. It was also found that public sector health facilities do not provide a conducive environment towards certain populations such as men, adolescents and commercial sex workers. Other barriers include a lack of written standard treatment guidelines (STG) and other written guidance available at lower level health facilities and there is not enough staff trained on IUD insertion.

BCC/IEC campaigns exist and vary among regions and are often conducted by regional health teams and village health teams. The high percentage of people who have heard of family planning methods as established by the 2001 survey is remarkable; however it has not necessary translated into significant uptake.



Logistics

The need for improved logistics systems has taken the forefront in the past several months due to frequent and/or prolonged stock-outs of several contraceptive methods, rationing, and poor data management capabilities. The September quantification of contraceptives, efforts by NAS and CMS to assess the logistics systems for EMs, UNFPA and stakeholder concerns about commodity security, and RCH Unit requests have energized efforts to improve commodity security (especially for contraceptives) and improve the logistics system. Revisions to the CMS LMIS, HMIS, and contraceptive reporting systems are currently underway which will do much to improve reporting and forecasting of RH commodity needs. There was universal consensus to harmonize the CMS and RCH supply chains by merging supply chain management of contraceptives and other RH supplies into the CMS system.

Overall supply chain management for RCH Unit can be greatly strengthened, starting at the regional level through the introduction of standard procedures for logistics including preset stock levels, automated inventory management systems at all states, forms that capture essential logistics data such as consumption, stock on hand and losses and adjustments. These data should also be captured at the SDP level, though for the private sector this will be more difficult.

Given the weaknesses in the current supply chain for contraceptives and other donated RH supplies, and the relative strength of the CMS system, it makes sense to work towards increased integration of donated RH commodities with the CMS system. Integrating storage, distribution and inventory management would strengthen RHCS through stronger supply chain management and greater efficiencies. It would improve coordination on forecasting and procurement with CMS. The RCH Unit would still have an important role to play in a more-integrated system, including product selection, forecasting, training, and supervision.

The existing supply chain can be strengthened while negotiation and planning for integrating the systems is taking place. Reporting forms for service data can be redesigned to capture essential logistics data, stock levels can be established, and the use of stock cards mandated. Procedures should be in writing, distributed and personnel should be trained as needed. An annual forecasting exercise at the central level for all partners involved in RHCS, linked to procurement planning and advocacy in the event of a funding gap should be one of the first steps in strengthening RHCS. The timing of this should coincide with funders' budget and procurement cycles.

Based on the situation analysis, the following strengths, weaknesses, and recommendations were summarized using the SPARHCS framework and diagnostic tool.



Table 1. Strengths, Weaknesses and Recommendations

ATTRIBUTES	STRENGTHS	WEAKNESSES	RECOMMENDATIONS
CONTEXT AND COMMITMENT	<ul style="list-style-type: none"> • RH Commodity included in the essential drug list of the Gambia • A number of policies (RH, HIV, Gender, National Youth policies) are supportive of RHCS • Gambia is a signatory to the ICPD-POA and committed to the attainment of MDGs • Involvement of some religious leaders • Capacity building for the provision of services emphasized in the policy • Policy of free Family Planning, MNCH, STI/HIV services • Youth Policy supportive of youth SRH • Policy of providing MNCH at both base and outreach to improve access and coverage 	<ul style="list-style-type: none"> • Government levy on private sector importation of contraceptive is a deterrent • Low involvement of religious leaders (23% of men will not use contraceptives for religious reasons) • Policies not widely disseminated at the lower levels • Low level of service utilization due to limited human resources • There is no specific budget line for RH including RHCS • Minimal advocacy with the private sector • No RHCS champions from major employers or labor organizations • The HIV/AIDS Policy has not adequately addressed RHCS issue 	<ul style="list-style-type: none"> • Government to reduce tax on private sector importation of contraceptives • Improve staff retention • Ensure validated policies, standards and guidelines for RH are disseminated to all levels of service delivery • Ensure RH commodity security is specifically addressed in policy documents • Establish budget line within national budgets for RH commodities
COORDINATION / PARTNERSHIPS	<ul style="list-style-type: none"> • PMTCT program well integrated into RCH 	<ul style="list-style-type: none"> • Limited coordination on RHCS • No functional RHCS coordinating committee • Sporadic information sharing between levels of health system and among regional levels • Inadequate collaboration between programs and RCH Unit • Limited integrated approach to address STIs at the central level • Irregular in-service meetings by stakeholders at regional level • Inadequate data management • Inadequate human resources and equipment for data collection and analysis 	<ul style="list-style-type: none"> • Revitalize the National RHCS Coordinating Committee • Increase coordination between the RCH Unit, NACP, NAS and AAITG • Increase linkages with STI treatment and VCT programs to help target those most at risk for HIV infection • Support coordination and In-service meetings between levels of the health system and among regional levels



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REPRODUCTIVE HEALTH COMMODITY SECURITY STRATEGIC PLAN 2011-2015

ATTRIBUTES	STRENGTHS	WEAKNESSES	RECOMMENDATIONS
FINANCING (CAPITAL)	<ul style="list-style-type: none"> Funding for contraceptives is increasing 	<ul style="list-style-type: none"> Inadequate mobilization of funds for contraceptives from diversified sources RHCS commodities including contraceptives not fully funded 	<ul style="list-style-type: none"> Work towards full funding of RHCS needs Leverage global fund, private and other resources for RHCS
CLIENT DEMAND/ UTILIZATION, SERVICE DELIVERY/UTILIZATION AND COMMODITIES	<ul style="list-style-type: none"> High level of awareness of contraceptives All RH Services are integrated. RH Services are available at all levels. Duty waiver for public sector commodities Registration of RH Commodities is relatively easy. Clearing process of RH commodities is relatively short. Improved access to MNCH Services The RH services are available and free of charge at the point of use ARVs available at free cost and STI drugs at minimal cost HIV/STI services are integrated into RCH services Most staffs are trained on STI's and HIV/AIDS. Harmonized data collection tool (HMIS data collection form) 	<ul style="list-style-type: none"> High duties on commodities imported by private sector Low FP acceptor rate Recent data on FP not available (old figures used as guide) Lack of current standard written guidelines (standard treatment guide line, policies and universal safety procedures. Frequent stock out of contraceptives and equipments Lack of privacy and long waiting time Inadequate human resource Low level of Male involvement in FP Routine postnatal care is not offered in most health facilities Lack of confidentiality. Inadequate EmONC Weak Referral system. Low uptake of PMTC/HIV prophylaxis. Difficulty in HIV early screening of babies in first months of life. HIV Stigma still exists Deficiency in quality of data and timeliness. Lack of joint monitoring and supervisory visits. Inadequate logistics -vehicles, fuel and stationary. 	<ul style="list-style-type: none"> Make available accurate, reliable and up to date data at all levels(routine and studies) Strengthen the capacity of service providers at all levels(pre-service/In-service, curricula) for FP, MNH, HIV, M&E Improve timely services provision ,privacy and confidentiality at all levels Increase male involvement in RH including family planning Ensure availability of comprehensive ASRH at all levels Strengthen the referral system. Ensure chemo -Prophylaxis for all HIV positive mothers and their babies. Expand BCC/IEC campaigns on the benefits of SRH targeting women, men and youth and MARP Revitalize social marketing for Family planning Ensure availability of RH commodities at all levels at all times(note Long acting methods) Ensure Government and Donor commitment to secure priority commodities as listed in the strategy.



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ATTRIBUTES	STRENGTHS	WEAKNESSES	RECOMMENDATIONS
<p>CONTEXT AND COMMITMENT</p>	<ul style="list-style-type: none"> • Strong Political commitment for RHCS • Existence of a national logistics system. • Reporting Tools have been developed • Harmonization of RH reporting tools • Good procurement system in place (e.g competitive bidding) • Establishment of the national pharmaceutical services (Supply Management, Quality control, Regulation, Planning and Management) • Existence of a new central warehouse with multiple storage areas, including cold storage areas air conditioned bays, use of FEFO. • Introduction of a Web based inventory management system at Central level. • Existence of Medical Stores in all the six regions. • High monthly reporting rate of HMIS data • Quick response to requisitions by RCH. • There are no fix distribution schedules for drugs 	<ul style="list-style-type: none"> • Existence of two parallel flow of commodities • Intermittent stock outs of RH commodities • Poor inventory control (losses and adjustments, consumption data etc) • Weakness in Forecasting, Quantification and reporting • Weak feedback mechanism at all levels • Length of procurement process is too long. • Lack of actual consumption data from facility level. • Inadequate storage conditions for RH commodities both at central, regional and district level (lighting, air conditioning etc). • Inadequate logistics support for the distribution of RH commodities • Too many forms to photocopy, print and fill by service providers • Inadequate HMIS reporting forms both at regional and facility level • Frequent revision of HMIS forms without the involvement of service providers. • Inadequate number of data entry clerks. • Lack of integration of RHCS (storage, distribution etc) • Reporting formats do not capture all the essential data items. • Inadequate number of trained staff on RHCS • Weakness in filling out inventory tools • Discontinuation of the service statistics bulletin. • Weak monitoring and supervision. 	<ul style="list-style-type: none"> • Integrate the flow of RH commodities into the CMS supply management system. • Improve capacity of all service providers in the area of forecasting, quantification and reporting. • Improve the LMIS and inventory control system and management • Harmonization of existing logistics management information system • Provision of reliable transportation system for the distribution RH commodities. • Improve storage conditions at all levels.



RHCS STRATEGIC PLAN

The overall strategy proposed for The Gambia to ensure RHCS, is consistent with the framework of the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) designed by UNFPA and other partners.

Goal

The goal of this strategic plan is to ensure Reproductive Health Commodity Security by achieving the continuous supply of high quality Reproductive Health supplies in The Gambia by the end of 2015.

“Reproductive health commodity security exists when clients can make an informed choice and reliably obtain

and use affordable, high quality contraceptives, condoms and other essential reproductive health supplies”.

The goal will be achieved with strategic objectives within the action plan under seven (7) components, including the Country context, political commitment, coordination/Partnership, financial sustainability, client demand of RH commodities and services and service provision and utilization, strong logistic capacity and an efficient and effective monitoring and evaluation framework. Below are the strategic objectives by component.

STRATEGIC OBJECTIVES

Table 2. Strategic Objectives

COMPONENT	STRATEGIC OBJECTIVES
Context	To contribute to the enhancement of the political environment and regulation favorable to RHCS by 2015
Commitment	To strengthen the commitment and participation of Government and Development Partners including Civil Society and Private Sector in all RHCS Processes by 2015
Coordination/Partnerships	To strengthen the coordination and collaboration between Government, Partners, Private Sector and Civil Societies for RHCS by 2015
Capital (Financing)	To mobilize government, Private sector, Civil society, partners to ensure adequate funding for RHCS by 2015
Client Demand/utilization of RH commodities and Services/ Service provision	To increase availability, accessibility and utilization of quality RH commodity supplies, information and services at all levels by the year 2015.
Logistic Capacity	To Strengthen the Logistics Management System by end 2015 at all levels
Monitoring and Evaluation	To institute an efficient and effective M&E system that will ensure implementation of the strategic plan



OPERATIONAL PLAN BY COMPONENTS

The operational plan consists of a set of specific interventions and key activities designed to guide the implementation of the strategic plan. They are outlined below under the seven components of Country context, political commitment, coordination, financial sustainability, client demand of RH commodities and services and service provision and utilization, strong logistic capacity and an efficient and effective monitoring and evaluation framework.

Context

Strategic objective:

- To contribute to the enhancement of the political environment and regulation favorable to RHCS by 2015

Specific objective 1

- To advocate for reduction of tax on private sector importation of contraceptives by 2012

Key Activities

- Advocacy Meeting with National Assembly members of Select Committee on Health
- Advocacy Meeting with National Assembly Members
- Advocacy Meeting with relevant stakeholders

Specific objective 2

- To Contribute to the reduction of staff attrition from 30% to 20% by 2015

Key Activities

- Conduct a study on staff attrition
- Support development of Posting Policy / Guidelines for Health
- Support Refurbishment of Staff Quarters (Six per Year)
- Advocacy Meetings with Policy Makers for an Increment of Incentive allowances

Specific objective 3

- To make available the validated RH policies and standard guidelines at all levels of service delivery by 2012

Key activities

- Print and Reprint Relevant Policies / Guidelines for Dissemination
- Conduct Dissemination Workshops at National Level
- Conduct Dissemination Workshops at Regional Level

Commitment

Strategic objective

- To strengthen the commitment and participation of Government and development partners including civil society and private sector in all RHCS Processes by 2015

Specific objective 1

- To integrate RHCS in Health policy, HIV/AIDS, Gender PAGE and Population Policies by 2015

Key activities

- Review and Update HIV/AIDS, Gender and PAGE Policies to include RHCS

Specific objective 2

- To ensure the establishment of a budget line within national budget for RH commodities including contraceptives by 2012

Key activities

- Conduct Advocacy Meetings with National Assembly Members
- Conduct Advocacy Meetings with Senior Government Officials (MOH&SW, MOFEA, GRA, GCCI & MoTIE)

Coordination/ Partnerships

Strategic objective

- To strengthen the coordination and collaboration between government, partners, private sector and civil societies for RHCS by 2015

Specific objective

- To establish a functional National RHCS coordinating committee at national and regional levels by 2011



Key activities

- Develop the TOR for National RHCS Committee
- Conduct Quarterly RHCS Coordinating Meetings
- Conduct Quarterly RHCS Regional Meetings (Regional Governors and Local Area Councils)
- Conduct Quarterly RHCS Monitoring Visit to Regional and District levels

Capital/Financing

Strategic objective

- To mobilize government, private sector, civil society, other partners to ensure adequate funding for RHCS by 2015

Specific objectives

- To mobilize funds from government, private sector and other partners for the implementation of RHCS strategic plan by 2015

Key activities

- Conduct Round Table Conference with Private Sectors, Civil Society and Partners to mobilize funds for implementation of the Strategic Plan
- Develop and submission of proposals to potential donors/ Partners

Clients Demand/Utilization, Service Provision/Utilization and Commodities

Strategic objective

- To increase availability, accessibility and utilization of quality RH commodity supplies, information and services at all levels by the year 2015.

Specific objective 1

- To improve on the mechanism of data management [collection, processing and dissemination] at all levels by 2015.

Key Activities

- Train service providers annually on data management

- Procure and distribute computers and accessories annually
- Conduct partnership meeting with donors, RHTs and Program Units on RH data

Specific objective 2

- Build capacity of 75% service providers at all levels (pre-service/In-service, curricula) for FP, MNH, HIV (including chemoprophylaxis), and M&E by 2015.

Key Activities

- Train service providers at all levels on EMNCH
- Train service providers at all levels on FP & RH in humanitarian situations
- Train service providers at all levels on PMTCT/HCT including chemoprophylaxis
- Procure medicines for chemoprophylaxis and Syndromic management of STI
- Train HSP on Syndromic management of STI
- Review, update, validate SEN and ECHN Midwifery curriculum
- Print Revised curriculum
- Train ten (10) Nurses on Reproductive Health Related Cancer screening.
- Train one (1) lab technologist on cytology slide microscopy in Accra Ghana

Specific objective 3

- To increase male involvement in RH by 65% by 2015

Key Activities

- Conduct a survey to establish a base line
- Validate, print and distribute survey report
- Conduct community sensitization meetings
- Conduct community radio and television sensitizations annually

Specific objective 4

- To build capacity of Hospitals and major health centers' to provide comprehensive Emergency Obstetric care 24/7 by 2015
- To build capacity of minor health centers to provide basic EmONC



Key Activities

- Train twelve (12) Nurse Anesthetist annually
- Train Midwives on surgical skills annually
- Train Peri-operative Nurses annually
- Train Nurses on Essential Maternal Newborn and Child Health (EMNCH)
- Train Nurse Attendants on EMNCH
- Train TBAs on EMNCH
- Train Village Health Workers on EMNCH
- Train Doctors on EMNCH
- Train laboratory Technicians annually
- Procure RH equipment and supplies including RH kits for Humanitarian response

Specific objective 5

- To strengthen the referral system at all levels by 2015.

Key Activities

- Review and update referral tools for TBAs and VHWs
- Print the revised TBA and VHW referral tools
- Print and distribute referral protocols
- Print and distribute referral guideline

Specific objective 6

- To increase availability and accessibility of quality ASRH services at all levels by 2015.

Key Activities

- Awareness creation about ASRH services for young people
- Train youth peer Counsellors on SRH
- Refurbishment and expansion of youth centers

Logistics Capacity

Strategic objectives:

- To Strengthen the Logistics Management system by end 2015 at all levels.

Specific objective 1:

- To integrate and maintain RH commodities into the National Pharmaceutical Service (NPS) system by end 2012

Key Activities are:

- Assess National Pharmaceutical Service (NPS) and conduct inventory of RCH store (develop an Improvement plan- human resource inclusive)
- Implement improvement plan
- Estimate needs to transfer RH commodities to NPS(vehicle, skill and unskilled human resource, fuel, records)

Specific objective 2

- To improve logistic management information system at Regional level by the end 2013

Key Activities

- Identification of resource person to develop training commodity management manual (on forecasting, quantification and reporting).
- Develop health Workers Training Manual on commodity supply management
- Organize one day validation meeting on Health Workers(SP) training manual
- Printing and distribution of training manual
- Identification of trainees and trainers.
- Identification of schedule date, timeline and venue of training
- Organize five- day Trainer of Trainers (TOT) workshop for 200 health workers to be trained by end 2013 (25 per quarter)
- Procure Teaching aids (skeleton, posters, demo models etc) for nursing institutions

Specific objective 3

- To improve and maintain a reliable LMIS system at all levels by the end 2013

Key Activities

- Advocate for policy/legislation on health data management
- Build capacity in logistics management of 200 staff including forecasting, quantification and reporting
- Review and update the current reporting system.
- Recruit 30 data entry clerks for data collection
- Integrate LMIS into the HMIS
- Maintenance of Warehouses



Specific Objective 4:

- To strengthen and maintain a reliable inventory control system by the end 2015

Key Activities

- Procure and distribute 10 computers with accessories for the Major Health Centers and nursing institutions
- Procure internet connectivity for all the centers including nursing institutions
- Procure and distribute 7 user license for the inventory management software
- Build capacity for 30 users on the software
- Provide maintenance cost for the system
- Review and update existing SOPs
- Build capacity of 25 supervisors on the revised SOPs
- Create a procedure manual for good storage and good distribution guidelines
- Develop waste management guidelines
- Organize a one day validation meeting of waste management guidelines
- Printing and distribution of guidelines

Specific objective 5

- To strengthen the transport system to ensure timely delivery of RH commodities at all levels before the end of 2012

Key Activities

- Procurement of Pickup vehicles for the central and regional levels
- Estimate maintenance cost for vehicles and motorcycle.
- Procurement of blood transfusion vehicles
- Estimate running cost for motorcycle and vehicles

Specific objective 6

- To upgrade the storage conditions of RH commodities at Regional and Health facility level by the end of 2013

Key Activities

- Conduct an assessment of storage facilities for 20 health centers
- Recruit local consultant to conduct the assessment
- Develop an assessment implementation plan.
- Implement the assessment plan

Specific objective 7

- To establish quality assurance system for RH commodities

Key Activities

- Conduct quality control analysis on randomly selected RH commodities annually
- Outsource quality testing procedures
- Conduct adverse drug monitoring

Monitoring and Evaluation

Strategic objective

- To institute an efficient and effective M&E system that will ensure effective implementation of the strategic plan

Specific Objective 1:

- To establish an M&E system for the RHCS strategic plan

Key Activities:

- Develop an M&E plan
- Establish a system for stakeholders to report progress

Specific Objective 2:

- To Implement the M&E plan for the RHCS strategic plan

Key Activities

- Conduct regular tracking of indicators as agreed and update indicator tracking matrix:
- Conduct regular (bi-annual) logistic system assessment of the commodities to secured (LSAT)
- Conduct a baseline, mid-term and final survey (logistic indicators assessment) of the commodities to be secured (LIAT)

Specific Objective 3:

- To ensure evaluation of the RHCS strategic plan

Key Activities

- Conduct Mid-term evaluation of the Strategic plan
- Conduct End-term evaluation of the Strategic plan



ASSUMPTIONS

Table 3. Risks and Assumptions per Component

COMPONENT	RISKS/ASSUMPTIONS	
Context	<ul style="list-style-type: none"> • Peace and stability • New DHS Carried out • Supportive Government Policies 	<ul style="list-style-type: none"> • Sustained economic growth
Commitment	<ul style="list-style-type: none"> • Adequate funding • Supportive environment, 	<ul style="list-style-type: none"> • Funds allocated and made available to RCH
Coordination/Partnerships	<ul style="list-style-type: none"> • Strategic plan is approved and funded • Sustained Government commitment. • Sustained Partners interest • Continuing peace and stability. 	<ul style="list-style-type: none"> • RH Program remains a priority in the country • M&E tools available • Relevant staff available
Capital(Finance)	<ul style="list-style-type: none"> • There is Government commitment • Donor response is favorable 	<ul style="list-style-type: none"> • Continuing stability
Client demand/utilization, Service provision, commodities	<ul style="list-style-type: none"> • Commitment of GOG, Partners and Stakeholders • Timely availability and disbursement of funds • Political stability • Efficient and effective functioning of RHCS Committee 	<ul style="list-style-type: none"> • Availability of adequate supply of SRH/FP/HIV/AIDS commodities at all times • Availability of trained health personnel
Logistic Capacity	<ul style="list-style-type: none"> • Scheduled implementation of the strategic plan • Timely availability of funds • Availability of personnel • commodities and equipment 	<ul style="list-style-type: none"> • Effective partner involvement and participation • Motivated personnel • Timely procurement and delivery of supplies,
M&E	<ul style="list-style-type: none"> • DHMTs have capacity to print data collection tools • Availability of reliable data from DHMTs, private practitioners and NGOs 	<ul style="list-style-type: none"> • M&E tools available • Relevant staff available



ACTION PLAN

Table 4. Context

Strategic Objective: To contribute to the enhancement of the political environment and regulation favorable to RHCS by 2015

Outcome Indicator- Number of policies and regulations favorable to RHCS

RHCS Strategic Action Plan Matrix							
Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 1: To Reduce Tax on Private Sector Importation of Contraceptives by 2015	1. Tax reduced on private sector importation of contraceptives	Activity 1: Development of advocacy materials	Advocacy materials available	RCH/MOH	UNFPA,WHO,NAMS, GFPA, GCCI, Pharm. Society of The Gambia, GMDA	Q4, 2011	38,000.00
		Activity 2: Advocacy Meeting with National Assembly Members of Select Committee on Health	Report of advocacy meeting with recommendations	RCH/MOH	UNFPA,WHO,NAMS, GFPA, GCCI, Pharm. Society of The Gambia, GMDA	Q4, 2011	37,000.00
		Activity 3: Advocacy Meeting with National Assembly Members	Report of advocacy with recommendations	RCH/MOH	UNFPA, WHO, NAMS, GFPA, GCCI	Q4, 2011	124,000.00
		Activity 4: Advocacy Meeting with relevant stakeholders	Report of advocacy meeting with recommendations	RCH/MOH	MOFEA, MOTIE, GRA, GCCI, Gambia Pharm. Assoc, GMDA	Q4, 2011	81,000.00
Specific Objective 2: To Contribute to the reduction of staff attrition from 30% to 20% by 2015	4. Number of service providers knowledgeable about the availability of policies/ guidelines	Activity 1: Support development of Posting Policy / Guidelines for Health	Availability of posting policy/guidelines	RCH/MOH	UNFPA, WHO	Q1 2012	25,000.00
		Activity 2: Support Refurbishment of Staff Quarters (Six per Year)	No. of staff quarters refurbished	RCH/MOH	UNFPA, WHO	Q2 2012	2,700,000.00
		Activity 3: Conduct Advocacy Meetings with Policy Markers for an Increment of Incentives Allowance	Report of meetings with recommendations	RCH/MOH	UNFPA, WHO, MOFEA, PMO	Q4 2011	203,000.00
		Activity 4: Conduct a study on staff attrition	Study results available	RCH/MOH	UNFPA, WHO, MOFEA, PMO		1,000,000.00



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Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 3: To Make Available Validated RH Policies and Standard guidelines at all Levels of Service Delivery by 2012		Activity 1: Print and Reprint Relevant Policies / Guidelines for Dissemination	Number of Printed policies and guidelines available	RCH/MOH	UNFPA, WHO, MOFEA, PMO	Q4 2011	1,500,000.00
		Activity 2: Conduct Dissemination Workshop at National Level	Report of dissemination workshop	RCH/MOH	UNFPA, WHO, MOFEA, PMO	Q1 2012	81,000.00
		Activity 3: Conduct Dissemination Workshops at Regional Level	No. of dissemination workshops with reports	RCH/MOH	UNFPA, WHO, MOFEA, PMO	Q1 2012	425,000.00
						TOTAL	6,214,000.00

Table 5. Commitment

Strategic Objective: To strengthen the commitment and participation of Government and development partners including civil society and private sector in all RHCS Processes by 2015

Outcome Indicators - Availability of budget line for RHCS, No. of partners supporting implementation of RHCS strategic plan

RHCS Strategic Action Plan Matrix							
Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 1: To Integrate RHCS in Health Policy, HIV/AIDS, Gender and PAGE Policies by 2015	1. Number of policies that mainstreamed RHCS 2. Funding for the budget line mobilized	Activity 1: To Review and Update HIV/AIDS, Gender and PAGE Policies to include RHCS	Updated policies available	RCH, MOH	UNFPA, WHO, NAMS, GFPA, Other Partners	Q1 2012	1,100,000.00
Specific Objective 2: To Insure the Establishment of the Budget Line within the National Budget for RH Commodities including Contraceptives by 2012		Activity 1: Conduct Advocacy Meetings with the National Assembly Members	Report of meetings with recommendations	RCH, MOH	UNFPA, WHO, NAMS, MOFEA, GCCI	Q4 2011	1,100,000.00
		Activity 2: Conduct Advocacy Meetings with the Senior Government Officials (MOH, MOFE, GRA, GCCI & MoTIE)	Report of meetings with recommendations	RCH, MOH	UNFPA, WHO, NAMS, MOFEA, GCCI	Q4 2011	203,000.00
						TOTAL	2,403,000.00



Table 6. Coordination / Partnerships

Strategic Objective: To strengthen the coordination and collaboration between government, partners, private sector and civil societies for RHCS by 2015

Outcome Indicator: Number of institutions attending 80% of meetings

RHCS Strategic Action Plan Matrix							
Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective: To Establish a functional National RHCS Coordinating Committee at National and Regional Levels by 2011	RHCS Committee in place and quarterly meetings held	Activity 1: Develop the TOR for RHCS Committee	TOR for committee available	RCH, MOH	UNFPA, WHO, NAMS, MOFEA, GCCI	Q4 2011	22,000.00
	Number of institutions sending quarterly reports on RHCS activities to the RHCS coordinating committee	Activity 2: Conduct Quarterly RHCS Coordinating Meetings	Quarterly meetings conducted with minutes	RCH, MOH	UNFPA, WHO, NAMS, MOFEA, GCCI	Q2 2011 - Q4 2015	286,000.00
		Activity 3: Conduct Quarterly RHCS Regional Meetings	No. of Quarterly regional meetings held with minutes	RCH, MOH	UNFPA, WHO, NAMS, MOFEA, GCCI	Q2 2011 - Q4 2015	336,000.00
		Activity 4: Conduct Quarterly RHCS Monitoring Visits	No. of monitoring visits held with reports	RCH, MOH	UNFPA, WHO, NAMS, MOFEA, GCCI	Q4 2011 - Q4 2015	1, 020,000.00
	RHCS Coordinator support	Activity 5: Full time RHCS coordinator in place	TOR for RHCS Coordinator and to serve as Secretary to National RHCS Committee	MOH/ UNFPA	Government and non State Actors	2011-2015	2,000,000.00
						TOTAL	3,664,000.00

Table 7. Finance

Strategic Objective: To mobilize government, private sector, civil society, other partners to ensure adequate funding for RHCS by 2015

Outcome Indicator: % of Total funds for RHCS strategic plan implementation mobilized (disaggregated by partner)

RHCS Strategic Action Plan Matrix							
Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective: To Mobilize Funds from Government, Private Sectors and other Partners for the Implementation of RHCS Strategic Plan by 2015	Percentage of funds for RHCS strategic plan mobilized per year (by partner)	Activity 1: Conduct Round Table Conference with Private Sectors, Civil Society and Partners for the Implementation of the Strategic Plan by 2015	Conference held with recommendations and pledges	RCH, MOH	UNFPA, WHO, NAMS, MOFEA, GCCI	EVERY Q4, 2011-2015	121,000.00
						TOTAL	121,000.00



Table 8. Client Demand and Service Utilization / Commodities

Strategic Objective: To increase availability, accessibility and utilization of quality RH commodity supplies, information and services at all levels by 2015.

Outcome Indicators: Proportion of health facilities offering quality RH services (FP, STI, HIV/AIDS and MNCH), proportion of health facilities reporting increases in RH Service utilization.

RHCS Strategic Action Plan Matrix							
Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 1: to improve on the mechanism of data management [collection, processing and dissemination] at all levels by 2015.	1. Proportion of health facilities offering quality RH services (FP, STI, HIV/AIDS and MNCH).	Activity 1: Train service providers annually on data management	No. of service providers (SP) trained on data mgt	HMIS UNIT & RCH	HMIS UNIT & RCH	Annually 2011-2015	2,600,000.00
		Activity 2: Procure and distribute computers and accessories annually	No. of computers and accessories procured and distributed	HMIS UNIT & RCH	HMIS UNIT & RCH	Annually 2011-2015	4,000,000.00
	2. Number of Health facilities sending timely and complete reports	Activity 3: conduct partnership meeting with donors, RHTs and Program Units on RH data	Minutes of meeting with recommendations	HMIS UNIT & RCH, RHCS Coordinating committee	HMIS UNIT & RCH	Annually 2011-2015	720,000.00
Specific Objective 2: Build capacity of service providers at all levels on FP, MNH, STI, HIV including chemoprophylaxis and M&E by 2015	3. Availability of timely and quarterly progressive reports.	Activity 1: Train service providers at all levels on EMNCH	No. of SPs trained on EMNCH	RCH	RCH/RHT	Annually 2011-2015	3,320,000.00
		Activity 2: Train service providers at all levels on FP & RH in humanitarian response (disaggregated by cadre)	No. of SP trained on FP & RH in humanitarian response	RCH	RCH/RHT	Annually 2011-2015	3,320,000.00
	4. Proportion of service providers trained	Activity 3: Train service providers at all levels on PMTCT/HCT including chemoprophylaxis	No. of SPs trained on PMTCT/HCT	RCH	RCH/RHT	Annually 2011-2015	8,960,000.00
		5. Number of pre-service and in-service curricula reviewed and updated.	Activity 4: Procurement of essential drugs and contraceptives	Medicines procured	NPS/MOH	NPS/NAS	Annually 2011-2015



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RHCS Strategic Action Plan Matrix							
Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
		Activity 5: Train service providers on syndromic management of STI	No. of SPs trained	NACP, RCH	NACP	Annually 2011-2015	3,320,000.00
		Activity 6: Review, update , validate SEN and CHN Midwifery curriculum	Curricula reviewed and validated	MOH	CNO/NMC	Q3 2011	350,000.00
		Activity 7: Print Revised curriculum	Printed reviewed curriculum	MOH	CNO/NMC	Q4 2011	12,500.00
		Activity 8: Train 10 Nurses on RH related cancers Cancer screening.	No. of Nurses trained	MOH/RCH	RCH/CCSU RVTH	Annually 2011-2015	720,000.00
		Activity 9: Train 1 lab technologist on cytology slide microscopy in Ghana	Lab technologist trained	MOH/NPHL	NPHL, MOH	Q1 2012	1,500,000.00
Specific Objective 3: To increase male involvement in RH by 65% by 2015.	6. Proportion of men accompanying their spouses to receive RH services.	Activity 1: Conduct a survey to establish a base line	Survey results available	DPI/RCH	UNFPA/WHO	Q1 2012	2,000,000.00
	7. Proportion of facilities offering CEMOC.	Activity 2: Validate, print and distribute survey report	No. of Survey reports distributed	DPI/RCH	UNFPA/WHO	Q2 2011	163,000.00
	8. Number of facilities following the referral protocol	Activity 3: conduct community sensitization meetings	No. of meetings conducted	RCH/HEU	RHT	Annually 2011-2015	1,400,000.00
	9. Proportion of Adolescent receiving SRH services	Activity 4: Conduct community radio and TV sensitizations annually	No. of radio and t v sensitizations conducted	RCH/HEU	RHT	Annually 2011-2015	720,000.00
	10. Proportion of health facilities providing quality ASRH services						



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Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 4: To build capacity of Hospitals and major health centers to provide comprehensive Emergency Obstetric care at all levels by 2015.		Activity 1: Train 12 Nurse Anesthetist annually	No. of Nurse anesthetists trained	MOH, RVTH	MCAI/WHO	Annually 2011-2015	1,300,000.00
		Activity 2: Train midwives on surgical skills annually	No. of midwives trained	MOH, RCH	RVTH	Annually 2011-2015	1,200,000.00
		Activity 3: Train perioperative Nurses annually	No. of Perioperative Nurses trained	RCH, RHCS Committee	RVTH	Annually 2011-2015	2,100,000.00
		Activity 4: Train Nurses on EMNCH	No. of nurses trained	RCH, RHCS Committee	RCH	Annually 2011-2015	2,600,000.00
		Activity 5: Train Nurse attendants on EMCH	No. Of nurse attendants trained	RCH, RHCS Committee	RCH, RVTH	Annually 2011-2015	3,200, 000.00
		Activity 6: Train TBAs on EMCH	No. of TBAs trained	RCH, RHCS Committee	RCH	Annually 2011-2015	2,600,000.00
		Activity 7: Train VHWs on EMCH	No. of VHW trained	RCH, RHCS Committee	RCH	Annually 2011-2015	2,600,000.00
		Activity 8: Train Doctors on EMCH	No. of Drs trained	RCH, RHCS Committee	RCH	Annually 2011-2015	2,600,000.00
		Activity 9: Train laboratory technicians annually	No. of lab technicians trained	NPHL, RHCS Committee	UTG, NPHL	Annually 2011-2015	1,400,000.00
		Activity 10: Procure RH equipment and supplies	No. and type of RH equipment procured	NPS, RHCS Committee	NPS, UNFPA	Annually 2011-2015	14,000,000.00



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Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 5: To ensure efficient referral system		Activity 1: Review and update referral tools for TBAs and VHWs	Referral tools updated	RCH	RCH, RHT	Q1 2012	100,800.00
		Activity 2: Print the revised TBA and VHW referral tools	Tools printed	RCH, DPI	RCH, DPI	Annually 2011-2015	40,000.00
		Activity 3: Print and distribute referral protocols	Referral tools distributed	RCH, DPI	RCH, DPI	Annually 2011-2015	10,000.00
		Activity 4: Print and distribute referral guideline	Referral guidelines distributed	RCH, DPI	RCH, DPI	Annually 2011-2015	125,000.00
Specific Objective 6: To increase availability and accessibility of quality ASRH services at all levels by 2015		Activity 1. Create awareness about ASRH services for young people	No. of awareness creation activities conducted	RCH/NYC	MOH/UNFPA/MYS	Q1 2012 – Q4 2015	300,000.00
		Activity 2. Train youth peer Counsellors on SRH	No. Youth Peer Counselors trained SRH	RCH/NYC	MOH/UNFPA/MYS	Q1 2012 – Q4 2015	350,000.00
		Activity 3. Refurbishment and expansion of youth centers	No. of YFS Centers refurbished No. of new YFS Centre established.	RCH/NYC	MOH/UNFPA/MYS	Q1 2012 – Q4 2015	1,500,000.00
						TOTAL	136,232,236



Table 9. Logistics

Strategic Objective: To Strengthen the Logistics Management system by end 2015 at all levels

Outcome Indicators: Fully functional logistics system in place at all levels by end 2015, Proportion of facilities reporting stock outs.

RHCS Strategic Action Plan Matrix							
Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 1: To integrate and maintain RH commodities into the NPS system by end 2012	1. RH Commodities fully integrated into the CMS.	Activity 1: Assessment of NPS store (develop an Improvement plan- human resource inclusive)	Timely completion of Assessment of NPS stores	NPS/ RCH/ UNFPA	MOH/UNFPA	Q1 2012	4,500.00
	2. Percentage% of service providers trained on forecasting, Quantification and reporting.	Activity 2: Report writing and improvement plan for the assessment CMS store	timely completion of assessment report	NPS/ RCH/ UNFPA	MOH/UNFPA	Q1 2012	17,592.00
		Activity 3: Implement improvement plan	improvement plan implemented	NPS/ RCH/ UNFPA	MOH/UNFPA	Q1 2012	2,400.000
	3. Number of step down trainings conducted by trainees after TOT.	Activity 4: Conduct inventory taking at RCH store	Updated inventory cards at RCH and CMS respectively	NPS/ RCH/ UNFPA	MOH/UNFPA	Q1 2012	27,230.00
		Activity 5: Estimate needs to transfer RH commodities to NPS(vehicle, skill and unskilled manpower, fuel, records)	Availability of estimated resources to facilitate transfer of RH commodities to CMS	NPS/ RCH/ UNFPA	MOH/UNFPA	Q1 2012	32,502.00



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Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific objective 2: To build capacity of Regional storekeepers, Regional Public Health nurses, Senior CHN tutors and Basic Health Facilities, and Public Health Officers) in the areas of:- Forecasting, Quantification and Reporting by the end 2013		Activity 1: Identification of resource person to develop training commodity management manual (on forecasting, quantification and reporting).	Number of resource persons identified to develop a training manual	NPS/ RCH/ UNFPA	NPS/ RCH/ UNFPA	Q2 2013	0.00
		Activity 2: Develop health Workers Training Manual on commodity supply management	Draft training manual produced	NPS/ RCH/ UNFPA	NPS/ RCH/ UNFPA	Q2 2013	140,000.00
		Activity 3: Organize one day validation meeting on Health Workers training manual	Report of validation meeting	NPS/ RCH/ UNFPA	NPS/ RCH/ UNFPA	Q2 2013	112,000.00
		Activity 4: Printing and Distribution of the Manual	Number of facilities using the manual	NPS/ RCH/ UNFPA	NPS/RCH/ UNFPA	Q2 2013	500,000
		Activity 5: Identify trainees and trainers.	Number of trainees and trainers identified	NPS/ RCH/ UNFPA	NPS/ RCH UNFPA	Q2 2013	0.00
		Activity 6: Identify schedule date, timeline and venue of training.	Time, date and venue identified	NPS/ RCH/ UNFPA	NPS/ RCH/ UNFPA	Q2 2013	0.00
		Activity 7: Organize 5 day TOT for 200 health workers to be trained by end 2013 (25 per quarter)	Number of health workers trained quarterly	NPS/ RCH/ UNFPA	NPS/ RCH/ UNFPA	Q2 2013	1,800,000.00
		Activity 8: Procure Teaching aids (skeleton, posters, demo models etc) for nursing institutions	Availability of various teaching aids.	NPS/ RCH/ UNFPA	NPS/ RCH/ UNFPA	Q2 2013	1,500,000.00



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Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 3: To strengthen and maintain a reliable LMIS system at all levels by 2013.	4. % of timely reports received in the last six months	Activity 1: Advocate for policy/legislation on health data management.	Number of advocacy meetings held	NPS/HMIS/RCH / UNFPA	MOH/UNFPA	Q1 2013	50,000.00
		Activity 2: Build capacity in logistics management of 200 staff including forecasting, quantification and reporting	Report on number of staff trained	NPS/HMIS/RCH / UNFPA	MOH/UNFPA	quarterly 2012-2013	1,800,000.00
	5. LMIS operational at all levels	Activity 3: Review and update the current reporting system.	Functional updated reporting system	NPS/HMIS/RCH / UNFPA	MOH/UNFPA	Q1 2013	400,000.00
		Activity 4: Hire 30 data entry clerks for data collection	Number of data entry clerks	NPS/HMIS/RCH / UNFPA	MOH/UNFPA	Q1 2012	900,000.00
	6. Number of stores refurbished and equipped with adequate storage facilities	Activity 5: Integrate LMIS into the HMIS	Existence of a LMIS and HMIS taskforce	NPS/HMIS/RCH / UNFPA	MOH/UNFPA	Q1 2012	15,000.00
		Activity 6: Warehouse maintenance	Availability of maintenance resources	NPS/HMIS/RCH / UNFPA	MOH/UNFPA	Q1 2012	2000000



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Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 4: To strengthen and maintain a reliable inventory control system by the end 2015		Activity 1: Procure and distribute 20 computers with accessories for the Major Health Centers and nursing institutions	Number of computers and accessories purchased	NPS/RCH	MOH/UNFPA	Q1 Annually	2,450,000.00
		Activity 2: Procure internet connectivity for all the centers including nursing institutions	20 data sticks purchased	NPS/RCH	MOH/UNFPA	Q1 Annually	629,000.00
		Activity 3: Procure and distribute 7 user license for the inventory management software	7 user license for inventory management software made available	NPS/RCH	MOH/UNFPA	Q1 Annually	500,000.00
		Activity 4: Build capacity for 40 users on the software	Number of software users trained	NPS/RCH	MOH/UNFPA	Q1 Annually	420,000.00
		Activity 5: Provide maintenance cost for the system.	Availability of financial resources	NPS/RCH	MOH/UNFPA	Quarterly	0.00
		Activity 6: Review and update existing SOPs	Existence of updated SOPs	NPS/RCH	MOH/UNFPA	Q1 2012	0.00
		Activity 7: Build capacity of 25 supervisors on the revised SOPs.	Number of supervisors trained on SOPs	NPS/RCH	MOH/UNFPA	Q2 2012	210,000.00
		Activity 8: Create a procedure manual for good storage and good distribution guidelines	Existence and use of procedure manual	NPS/RCH	MOH/UNFPA	Q2 2012	42,000.00
		Activity 9: Develop waste management guidelines		NPS/RCH	MOH/UNFPA	Q2 2012	140,000.00
		Activity 10: Organize a one day validation meeting of waste management guidelines	Report of validation meeting	NPS/RCH	MOH/UNFPA	Q2 2012	56,000.00



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Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
	7. Number of vehicles procured for timely delivery of RH commodities	Activity 11: Printing and distribution of guidelines.	Number of facilities using the revised guidelines	NPS/RCH	MOH/UNFPA	Q3 2012	150,000.00
		Activity 12: Provide resources for quarterly distribution of commodities	Number of support provided for distribution	NPS/RCH	MOH/UNFPA	Q12012 annually	800,000.00
Specific Objective 5: To strengthen the transport system to ensure the timely delivery of RH commodities at all levels before the end of 2012	8. Number of staff trained in LMS	Activity 1: Procurement of P-fickup vehicles for the CMS, regional levels.	Record of number and use of vehicles	RFH/NPS/RCH	MOH/UNFPA	Q1 2012	3,500,000.00
		Activity 2: Estimate needs for maintenance cost for vehicles and motorcycle.	Availability of financial resources	RFH/NPS/RCH	MOH/UNFPA	Q1 2012	180,000.00
		Activity 3: Procurement of blood transfusion vehicles	Record of number and use of vehicle	RFH/NPS/RCH	MOH/UNFPA	Q1 2012	3,684,000.00
		Activity 4: Estimate running costs for motorcycle and vehicles	Availability of financial resources	RFH/NPS/RCH	MOH/UNFPA	Q1 2012	3,330,000.00
Specific Objective 6: To upgrade the storage conditions of RH commodities at Regional and Health facility level by the end of 2013		Activity 1: To conduct an assessment of storage facilities for 20 health centers	Timely completion of assessment of storage facilities	NPS/RCH	MOH/UNFPA	Q1 2013	0.00
		Activity 2: Recruit local consultant to conduct the assessment.	Local consultant recruited	NPS/RCH	MOH/UNFPA	Q1 2013	80,000.00
		Activity 3: Develop an assessment implementation plan.	Existence of an implementation plan	NPS/RCH	MOH/UNFPA	Q1 2013	10,000.00
		Activity 4: Implement the assessment plan	Plan implemented	NPS/RCH	MOH/UNFPA	Q1 2013	3,000,000.00



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RHCS Strategic Action Plan Matrix							
Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 7: To establish quality assurance system		Activity 1: To conduct post marketing surveillance bi-annually.	Number of surveillances conducted	NPS	MOH	Half Yearly	100,000.00
		Activity 2: Conduct quality control analysis on randomly selected RH commodities annually	Number of commodities tested	NPS	MOH	Q1 2012	500,000.00
		Activity 3: Outsourcing some quality testing procedures	Number of commodities sent out of the country for testing	NPS	MOH	Q1 2012	2,000,000.00
		Activity 4: Adverse drug monitoring/Supply chain supervision and monitoring	Number of cases reported	NPS	MOH	Q1 Annually	1,000,000.00
						TOTAL	33,210,000.00



Table 10. Monitoring and Evaluation

Strategic Objective: To institute an efficient and effective M&E system that will ensure effective implementation of the strategic plan

Outcome Indicator: Functional M&E system instituted

RHCS Strategic Action Plan Matrix							
Specific Objectives	Output Indicators	Key Activities	Process Indicators	Responsible Party/ Parties	Partners	Period	Budget (Dalasi)
Specific Objective 1: To establish an M&E system for the RHCS strategic plan		Activity 1: Develop an M&E plan	M&E plan in place	RCH/MOH/DPI	RHCS Committee, UNFPA	Q3 2011	25,000.00
		Activity 2: Establish a system for stakeholders to report progress	Availability of progress reports	RCH/MOH/DPI	RHCS Committee, UNFPA	Q4,2011	10,000.00
Specific Objective 2: Implement the M&E plan for the RHCS strategic plan	Implementation of strategic plan on schedule(80% of activities carried out annually)	Activity 1: Conduct regular tracking of indicators and update indicator tracking matrix	Indicator tracking matrix updated	RCH/MOH/DPI	RHCS Committee, UNFPA	Q4 Annually	100,000.00
		Activity 2: Conduct regular (bi-annual) logistic system assessment of the commodities to be secured (LSAT)	Reports on Bi-annual assessments available	RCH/MOH/DPI	RHCS Committee, UNFPA	Half yearly 2012-2015	250,000.00
		Activity 3: Conduct a baseline, mid-term and final survey (logistic indicators assessment) of the commodities to be secured (LIAT)	Report available	RCH/MOH/DPI	RHCS Committee, UNFPA	Q4,2011, Q2 2013, Q4 2015	300,000.00
Specific Objective 3: To ensure evaluation of the RHCS strategic plan		Activity 1: Conduct Mid-term evaluation of the Strategic plan	Evaluation report available	RCH/MOH/DPI	RHCS Committee, UNFPA	Q2 2013	1,000,000.00
		Activity 1: Conduct End-term evaluation of the Strategic plan	End term evaluation report available	RCH/MOH/DPI	RHCS Committee, UNFPA	Q4 2015	1,500,000.00
						TOTAL	3,185,000



MONITORING AND EVALUATION FRAMEWORK

Table 11. Context

OBJECTIVES / ACTIVITIES	INDICATORS							Observations, target denominator
	Indicator	Calculation Methodology	Periodicity	Data Collection Methodology	Where to collect data	Source of data	Baseline / Target	
Strategic Objective: 1.0 To contribute to the enhancement of the political environment and regulation favorable to RHCS by 2015	Number of policies and regulations favorable to RHCS	Count	Midterm, end term	Desk review Survey	Ministry of Justice Ministry of Health Ministry of Local Government	The Government Gazette Cabinet Memo, Reports	B= NA T=	
Specific Objective: 1.1 To reduce tax on private sector importation of contraceptives by 2012	Tax reduced on private sector importation of contraceptives.	% reduction from baseline	Yearly	Desk review	Ministry of finance and economic affairs Ministry of trade Ministry of health	Government Budget speech Reports	B= NA T=	
Specific Objective: 1.2 To reduce staff attrition by 10% by 2015	Percentage of staff attrition reduced.	% reduction from baseline	Yearly	HR database Staff head count/audit, Staff supply analysis and staff assessment	Health facilities, RHTs HRH unit	MOH ,HRH, RHT annual reports	B= 30% T= 20%	
Specific Objective: 1.3 To make available the validated policies and standard guidelines at all levels of service delivery by 2012	Number of health facilities with validated policies and guidelines on RHCS	Count	yearly	Survey	Health facilities,	Survey report, MOH, facility Annual reports	B= NA T=	
	Number of service providers knowledgeable about the availability of the policies/guidelines	Count	yearly	Survey	Health facilities,	Survey report, MOH, facility Annual reports	B= NA T=	



Table 12. Commitment

OBJECTIVES / ACTIVITIES	INDICATORS							Observations, target denominator
	Indicator	Calculation Methodology	Periodicity	Data Collection Methodology	Where to collect data	Source of data	Baseline / Target	
<p>Strategic Objective: 2.0 To strengthen the commitment and participation of Government and development partners including civil society and private sector in all RHCS Processes by 2015</p>	<p>Availability of budget line for RHCS</p> <p>Number of partners supporting implementation of RHCS strategic plan</p>	Count	Midterm or End term	Review of Gov. budgets, Partner financial reports, Partner activity reports	Donors annual Plan of actions and budget MOFEA MOH/ PCU Financial and technical report	Government annual budget estimates, partners program of work and reports	B= NA T=	
<p>Specific Objective: 2.1 To integrate RHCS in Health policy , HIV/AIDS, Gender PAGE policies by 2015</p>	Number of policies that mainstreamed RHCS	Count	Mid term and end term	Review of policies	MOH & SW NPC WB OP	Policy documents	B= NA T=	
<p>Specific Objective: 2.2 To ensure establish budget line within national budget for RH commodities including contraceptives by 2012</p>	Funding for the budget line mobilized.	Count	Annual	Review of Financial statements of gov. and partners	MOFEA, Partners	National Budget estimate, financial reports of partners	B= NA T=	



Table 13. Coordination / Partnerships

OBJECTIVES / ACTIVITIES	INDICATORS							Observations, target denominator
	Indicator	Calculation Methodology	Periodicity	Data Collection Methodology	Where to collect data	Source of data	Baseline / Target	
Strategic Objective: 3.0 To strengthen the coordination between GVT, Partners, private sector and civil societies for RHCS by 2015	Number of institutions who have attended 80% of meetings.	Count	Quarterly	Review of minutes	RCH	Attendant register Meeting reports	B= NA T=	
Specific Objective: 3.1 To establish the National RHCS coordinating committee at national and regional levels by 2011	RHCS Committee in place and quarterly meetings are held	Count	Quarterly	Review of minutes	RCH unit, partners	Invitation letter and meeting reports	B= NA T=	
	Number of implementing institutions sending reports to the RHCS coordinating committee	Count	Quarterly	Review of Minutes and reports	RCH, PARTNERS	Meeting reports		



Table 14. Finance

OBJECTIVES / ACTIVITIES	INDICATORS							Observations, target denominator
	Indicator	Calculation Methodology	Periodicity	Data Collection Methodology	Where to collect data	Source of data	Baseline / Target	
<p>Strategic Objective :4.0 To mobilize GVT, Private sector, Civil society, partners to ensure adequate funding for RHCS by 2015</p>	Percentage of funds mobilized for implementation of RHCS strategic plan. (Government at least 30%, civil society (at least 5%, private sector at least15%) and development partners at least 45%)	% of total financial contribution to RHCS (disaggregated by partner	Midterm, End term	Analysis of financial reports, statements	MOH, Partners	Gov Budget information, Financial statements from partners	B= NA T=	
<p>Specific Objective : 4.1 To mobilize funds from government, private sectors and other partners for the implementation of RHCS strategic plan by 2015</p>	Percentage of funds for RHCS strategic plan mobilized per year (by partner	% of total financial contribution to RHCS per year (disaggregated by partner	Annually	Analysis of financial reports, statements	MOH Partners	Gov Budget information, Financial statements from partners	B= NA T=	



Table 15. Client Demand/Service Utilization / Commodities

OBJECTIVES / ACTIVITIES	INDICATORS							Observations, target denominator
	Indicator	Calculation Methodology	Periodicity	Data Collection Methodology	Where to collect data	Source of data	Baseline / Target	
<p>Strategic Objective :5.0 To increase availability, accessibility and utilization of quality RH commodity supplies, information and services at all levels by the year 2015.</p>	Proportion of health facilities offering quality RH services (FP, STI, HIV/AIDS and MNCH).	Count	Mid term End term	Health facilities Survey	MOH Public Private and NGO health facilities,	Survey, MOH and Health facilities reports	B= NA to be establish by the group T=	
<p>Specific Objective : 5.1 To improve on the mechanism of data management [collection, processing and dissemination] at all levels by 2015.</p>	<p>Number of Health facilities reporting</p> <p>Availability of timely and quarterly progressive reports.</p>	Count	Quarterly	Review of Routine reports	MOH, Health facilities	MOH Public Private and NGO health Facilities reports	B= NA T=	
<p>Specific Objective : 5.2 Build capacity of 75% service providers at all levels (pre-service/In-service, curricula) for FP, MNH, HIV (including chemoprophylaxis), and M&E by 2015.</p>	Proportion of service providers trained	Count	Yearly	Review of Routine training reports	MOH, Private, NGOs, RCH / NACP	MOH Public Private and NGO health Facilities reports, Training database	B= NA T=	
	Number of pre-service and in-service curricula reviewed and updated	Count	Yearly	Review of Curricula review reports	MOH, RCH and health training schools	MOH reports, Health Institutions reports	B= NA T=	



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OBJECTIVES / ACTIVITIES	INDICATORS							Observations, target denominator
	Indicator	Calculation Methodology	Periodicity	Data Collection Methodology	Where to collect data	Source of data	Baseline / Target	
Specific Objective : 5.3 To increase male involvement in RH by 65% by 2015	Proportion of men accompanying their spouses to receive RH services.	Count	Midterm evaluation	Quantitative and qualitative Surveys	Health facilities, Communities	Health facility reports	B= NA T=	
Specific Objective : 5.4 To build capacity of Hospitals and major health centers to provide comprehensive Emergency Obstetric care at all levels by 2015	Proportion of facilities offering CEMOC.	Count	Yearly	Survey	Public Private and NGO health Facilities,	Survey reports, MOH Private NGO reports	B= NA to be establish after the survey T=	
Specific Objective : 5.5 *To ensure efficient referral system.	Number of facilities following the referral protocol	Count	Yearly	Review of routine Service data	Public Private and NGO health Facilities	MOH Private NGO reports	B= NA T=	
Specific Objective : 5.6 To increase availability, accessibility and utilization of quality ASRH services at all levels by 2015.	Proportion of Adolescent receiving SRH services	Count	Yearly	Survey	Communities	Survey report, MOH reports	B= NA T=	
	Proportion of health facilities providing quality ASRH services	Count	Yearly	Review of Routine service reports	Public Private and NGO health Facilities	MOH Private NGO reports		



Table 16. Logistics

OBJECTIVES / ACTIVITIES	INDICATORS							Observations, target denominator
	Indicator	Calculation Methodology	Periodicity	Data Collection Methodology	Where to collect data	Source of data	Baseline / Target	
Strategic Objective 7.0 To Strengthen the Logistics Management system by end 2015 at all levels.	Fully functional logistics system at all levels by end 2015	Logistic Assessment	Midterm, End term	Review of Logistic reports	RHT, CMS, MOH, private sector, NGOs	NPS reports, HMIS database	B= NA T=	
Specific Objective: 7.1 To integrate and maintain RH commodities into the CMS system by end 2012	RH Commodities fully integrated into the CMS.	Logistic Assessment	Yearly	Review of Logistic reports	RHT, CMS, MOH, private sector, NGOs	NPS reports, HMIS database	B= NA T=	
Specific Objective: 7.2 To strengthen the capacity of relevant service providers in the areas of:- Forecasting, Quantification and Reporting by the end 2013	% of service providers trained on forecasting, Quantification and reporting.	Count	Yearly	Review of training reports	RHT, CMS, MOH, private sector, NGOs	Training reports	B= NA T=	
	Number of TOTs conducted	Count	Yearly	Review of training reports	RHT, CMS, MOH, private sector, NGOs	Training reports		
	Number of step down training conducted	Count	Yearly	Review of training reports	RHT, CMS, MOH, private sector, NGOs	Training reports	B= NA T=	
	Number of in service trainings conducted	Count	Yearly	Review of training reports	RHT, CMS, MOH, private sector, NGOs	Training reports		
	% of timely reports received in the last six months.	Count	Yearly	Review of MOH, facility and logistic reports	RHT, CMS, MOH, private sector, NGOs	Logistic reports, HMIS database	B= NA T=	



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OBJECTIVES / ACTIVITIES	INDICATORS							Observations, target denominator
	Indicator	Calculation Methodology	Periodicity	Data Collection Methodology	Where to collect data	Source of data	Baseline / Target	
Specific Objective: 7.3 To upgrade and maintain a reliable inventory control system by the end 2015	Number of staff trained on inventory control	Count	Yearly	Review of logistic reports	RHT, CMS, MOH, private sector, NGOs	Logistic reports, HMIS database	B= NA T=	
	Number of facilities reporting essential data in the last six months.	Count	Six monthly	Review of MOH, facility and logistic reports	RHT, CMS, MOH, private sector, NGOs	NPS, Logistic reports, HMIS database	B= NA T=	
	Number of facilities reporting stock outs	Count	Quarterly	Review of MOH, facility and logistic reports	RHT, CMS, MOH, private sector, NGOs	NPS, Logistic reports, HMIS database	B= NA T=	
Specific Objective: 7.4 To upgrade and maintain a reliable LMIS 2013 at all levels.	Existence of a functional LMIS at all levels	Assessment	Yearly	Review of MOH, facility and logistic reports	RHT, CMS, MOH, private sector, NGOs	NPS, Logistic reports, HMIS database, Assessment report	B= NA T=	
	Number of staff trained in LMIS.	Count	Yearly	Review of MOH, facility and logistic reports	RHT, CMS, MOH, private sector, NGOs	Training reports	B= NA T=	
Specific Objective: 7.5 To upgrade the storage conditions of RH commodities at Regional and Health facility level by the end of 2013	Number of staff trained in LMIS.	Count	Yearly	Review of MOH, facility and logistic reports	RHT, CMS, MOH, private sector, NGOs	MOH, NPS reports	B= NA T=	
Specific Objective: 7.6 To strengthen the transport system to ensure the timely delivery of RH commodities at all levels before the end of 2012	Number of vehicles allocated for the timely delivery of RH commodities from the regions to health facilities.	Count	Yearly	Review of MOH, facility and logistic reports	RHT, CMS, MOH, private sector, NGOs	MOH, NPS, logistics reports	B= NA T=	
	Number of vehicles procured for timely delivery of RH commodities							



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Table 17. Cases Targeted GAMBIA 2011/2015

Antenatal Care (ANC)	Number Cases	Year 2011	Year 2012	Year 2013	Year 2014	Year 2015
11	Antenatal Care (ANC)	59896	61119	61915	61147	60103
12	Treatment of Severe Anaemia	8035	13809	19455	24410	28914
13	Hypertensive Disorders of Pregnancy	3938	4018	4070	4020	3951
14	Malaria Prevention within ANC	59896	61119	61915	61147	60103
15	Malaria Treatment within ANC	10386	10598	10736	10603	10422
16	Delivery Care	34477	40144	45503	49536	53044
17	Postpartum Care	17238	26345	35218	42891	49838
TOTAL		193866	217152	238811	253755	266375

Obstetric Complications	Number Cases	Year 2011	Year 2012	Year 2013	Year 2014	Year 2015
18	Emergency Pre-Referral Care	1327	2280	3212	4030	4774
19	Prelabour Rupture of Membranes (PROM)	1367	2348	3309	4151	4917
20	Prolonged Labour (>18 hours)	1078	1853	2610	3275	3879
21	Forceps or Vacuum-Assisted Delivery (AVD)	539	926	1305	1637	1940
22	Cesarean Section (C-Section)	898	1544	2175	2729	3233
23	Antepartum Haemorrhage	139	239	336	422	500
24	Postpartum Haemorrhage	529	910	1282	1608	1905
25	Puerperal Sepsis	847	1456	2051	2573	3048
26	Eclampsia / Severe Pre-eclampsia	834	1434	2020	2535	3003
27	Management of post Abortion Complications (PAC)	402	690	973	1221	1446
TOTAL		7960	13680	19273	24182	28644



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HIV related Interventions	Number Cases	Year 2011	Year 2012	Year 2013	Year 2014	Year 2015
35a	Programmes targeting Commercial Sex Workers (CSW)	200	400	600	800	1000
35b	Programmes targeting Men who have Sex with Men (MSM)	200	400	600	800	1000
35c	Programmes targeting Adolescents (age 15-24)	200	400	600	800	1000
35d	Programmes targeting Other vulnerable population	200	400	600	800	1000
36a	Antiretroviral Therapy (ARV) First Line	55	2289	4629	7076	9628
36b	Antiretroviral Therapy (ARV) Second Line	14	572	1157	1769	2407
37	Prevention of Mother-to-Child Transmission of HIV (PMTCT)	0	90	181	271	361
38	Voluntary Counseling and Testing for HIV (VCT)	35968	187386	345978	511745	684685
39	Post-Exposure Prophylaxis (PEP)	0	234	479	735	1002
TOTAL		36036	190571	352424	521594	698083

Sexually Transmitted Infections/ Reproductive Tract Infections	Number Cases	Year 2011	Year 2012	Year 2013	Year 2014	Year 2015
40a	Chlamydia (Women)	2993	3613	4237	4865	5494
40b	Chlamydia (Men)	2933	3544	4160	4781	5404
41a	Gonorrhoea (Women)	15257	18414	21597	24797	28003
41b	Gonorrhoea (Men)	14951	18063	21205	24368	27544
42a	Syphilis (Women)	14214	17155	20121	23102	26089
42b	Syphilis (Men)	13929	16828	19755	22702	25661
43a	Trichomonas (Women)	27505	33198	38937	44705	50485
43b	Trichomonas (Men)	6124	7392	8670	9954	11241
TOTAL		97907	118206	138681	159274	179920



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Table 18. List Commodities and Costs

GAMBIA 2011/2015 USD Inflation= 5%

Drug/ Supply	2011		2012		2013		2014		2015	
	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE
delete from here		179	13100	307	18456	432	23157	542	27430	642
Antenatal care record	59896	5990	61119	6112	61915	6191	61147	6115	60103	6010
						77	1365	97	1616	115
Baby suction machine	20									
Bag, urine, 2000ml	4536	3901	7796	6704	10983	9446	13781	11852	16324	14038
Biopsy and coloposcopy	1592	111	2736	192	3855	270	4836	339	5729	401
Blade, surgical, no. 15, sterile, disposable	1061	74	1824	128	2570	180	3224	226	3819	267
Blade, surgical, no. 22, sterile, disposable	2225	1391	3824	2390	5387	3367	6760	4225	8007	5004
Blood collecting tube, 5ml	95863	10785	248505	27957	407893	45888	572892	64450	744788	83789
Blood bag, one unit	334	10026	574	17231	809	24276	1015	30459	1203	36079
Blood Transfusion set	15000									
Cannula, IV, 18G, sterile, disposable	10000	252	2280	433	3212	610	4030	766	4774	907
Cannula IV,22G steril,disposable	40000									
Cannula, IV, 20G, sterile, disposable	20000	22	185	37	261	52	327	65	388	78
Catheter, Foley, Ch 12	1477	798	2538	1371	3576	1931	4487	2423	5314	2870
Catheter, Foley, Ch 14	3059	1652	5258	2839	7407	4000	9294	5019	11009	5945
Catheter, Foley, Ch 16	8000									
Clean delivery kit	35016	47972	41070	56266	46808	64127	51174	70108	54984	75327
Complete blood count	947	95	1628	163	2294	229	2878	288	3409	341
Cord Clamp	30000									
Cotton swab	1668	33	2866	57	4038	81	5067	101	6002	120
Delivery bed	20									
Delivery record	34477	3448	40144	4014	45503	4550	49536	4954	53044	5304
Disposable Examination Gloves,medium	200000									
Disposable Examination Glove,Large	400000									



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Drug/ Supply	2011		2012		2013		2014		2015	
	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE
Foetuscope	250									
Gauze pad, 76 x 76 mm, sterile	23861	573	31454	755	38786	931	44888	1077	50354	1208
Identification bracelet	68954	6895	80288	8029	91005	9101	99073	9907	106088	10609
Insecticide-Treated Net	59896	254557	61119	259757	61915	263138	61147	259876	60103	255437
IV giving/infusion set, with needle	15733	2566	22202	3622	28480	4646	33822	5517	38637	6303
Lancet, blood, disposable	138884	241658	293435	510578	454413	790678	619790	1078435	791790	1377715
New born resustation set	200									
Minil-laparotomy kit	50									
Laparotomy kit	10									
Needle, 21G, disposable	29372	402	50477	692	71114	974	89229	1222	105693	1448
Needle, spinal, 22G, sterilizable, with stylet, stainless steel	449	292	772	502	1088	707	1365	887	1616	1051
Needle, suture, assorted sizes, cutting	17777	1511	20998	1785	24056	2045	26406	2244	28462	2419
Needle, suture, assorted sizes, round body	3690	2998	6342	5153	8934	7259	11210	9108	13279	10789
Partograph	34477	1724	40144	2007	45503	2275	49536	2477	53044	2652
Professional midwife kit/EoCkit	100									



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Drug/ Supply	2011		2012		2013		2014		2015	
	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE
Surgical Glove size 7.5	20000									
Surgical Glove size 8	25000									
Sphygmomanometer aneroid,adult	250									
Stethoscope	250									
Suture, catgut, chromic, 1, 150 cm	2792	1202	4798	2066	6759	2910	8481	3652	10046	4325
Suture, catgut, chromic, 3/0, 150 cm	17777	7006	20998	8275	24056	9481	26406	10406	28462	11217
Suture, synthetic, non-absorbable, 2/0, braided polyester, 150cm	265	102	455	176	641	248	804	311	953	369
Suture, synthetic, non-absorbable, 3/0, braided polyester, 150cm	898	352	1544	606	2175	853	2729	1071	3233	1268
Syringe, disposable, 10 ml, with needle	17777	802	20998	947	24056	1085	26406	1191	28462	1284
Syringe, disposable, 10 ml, without needle	2843	115	4887	198	6884	279	8638	350	10232	414
Syringe, disposable, 2 ml, with needle	119992	2844	122586	2905	124320	2946	122911	2913	120937	2866
Syringe, disposable, 20 ml, without needle	265	14	457	24	645	34	810	42	961	50
Syringe, disposable, 5 ml, with needle	169052	5173	203222	6219	237020	7253	269578	8249	301636	9230
Ultra sound machine	6									
no longer use in PMTCT										



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Table 19. List Commodities and Costs

GAMBIA 2011/2015 USD Inflation= 5%

Drug/ Supply	2011		2012		2013		2014		2015	
	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE
Abacavir +Laminvidine +Zidovidine 300/150/300mg tabs	4500									
Amoxicillin, tablet, 500 mg (anhydrous)	7623	179	13100	307	18456	432	23157	542	27430	
Ampicillin, powder for injection, 500mg, vial	209276	16156	359646	27765	506691	39117	635759	49081	753060	58136
Atropine, injection, 1 mg, (sulfate) in 1-ml ampoule	449	32	772	55	1088	77	1365	97	1616	115
Epinephrine, injection, 1 mg (as hydrochloride) in 1ml ampoule	202	18	347	30	489	43	614	53	727	63
Betadine solution	1000									
Benzathine benzylpenicillin, powder for injection, 1.44 g benzylpenicillin (= 2.4 million IU) in 5 ml vial	199	462	342	793	482	1118	605	1403	716	1661
Benzyl Penicillin 1 Mega Unit	50000									
Calcium Gluconate	500									
Ceftriaxone, powder for injection, 250 mg (as sodium salt) in vial	38560	37712	47975	46919	56383	55142	64777	63352	73193	71583
Ceftriaxone, powder for injection, 1G (as sodium salt) in vial	15000									
Cotrimoxazole 480 mg tabs	4800									
Cotrimoxazole 240mg/5ml syrup	20000									
Dexamethsone inj 5mg amp	2000									
Diazepam, injection, 5mg/ml, in 2-ml ampoule	464	28	797	48	1123	67	1409	85	1669	100
Doxycycline 100mg capsule	600									
Ciprofloxacin 200mg/100ml IV	3000									
Ciprofloxacin 500mg tabs	2500									
Ergometrine Maleate 0.5mg/ml	12000									
Erythromycin, tablet or capsule, 250 mg	79596	1695	96069	2045	112676	2399	129370	2754	146096	3110
Ferrous Salt + Folic Acid, tablet, 200+0.25 mg (60mg iron)	237502 17	34675	253690 20	37039	268038 78	39134	275218 97	40182	280462 72	40948
Fluconazole 200mg tabs	500									
Furosemide, 10 mg/ml in 2mL ampoule	3214	166	5524	286	7782	403	9764	506	11566	599
Gentamycin, injection, 40 mg (as sulfate)/ml in 2-ml vial	39950	1598	68656	2746	96726	3869	121365	4855	143758	5750
Hydralazine, 20 mg/ml, ampoule 1 ml	10000	6732	7330	8650	8896	10497	10183	12016	11333	13372



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Drug/ Supply	2011		2012		2013		2014		2015	
	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE
Ketamine, injection, 50 mg (as hydrochloride)/ml in 10ml vial	449	279	772	480	1088	676	1365	848	1616	1005
Lidocaine HCl (in dextrose 7.5%), ampoule 2ml	21654	1596	27660	2039	33442	2465	38182	2814	42411	3126
Lidocaine, injection, 1% in 20 ml vial	265	108	455	185	641	260	804	327	953	387
Hydrocortisone Sodium succinate	5000									
Magnesium sulfate, injection, 500 mg/ml in 10-ml ampoule	3890	3991	6685	6859	9418	9663	11817	12125	13998	14362
Mebendazole, chewable tablet, 500 mg	67931	1004	74928	1107	81369	1203	85558	1265	89017	1316
Metronidazole, injection, 500 mg in 100 ml vial	38335	2338	65880	4019	92816	5662	116459	7104	137946	8415
Nifedepin 10mg sublingual	10000									
Misoprostal pess.200mg	5000									
Nystatin pesseries 100,00IU	2000									
Oral Rehydration salt(WHO formular)	100000									
Oxytocin, injection, 10 IU in 1 ml ampoule	46393	3739	59523	4798	72169	5817	82561	6654	91837	7402
Pancuroneom inj	1500									
Paracetamol, tablet, 500 mg	445019	957	535512	1151	621805	1337	689512	1482	749144	1611
Pethidine, HCl 50 mg/ml, 2 ml	1433	577	2462	992	3469	1398	4352	1754	5155	2077
Povidone iodine, solution, 10%	37043	1460	44554	1755	51716	2038	57333	2259	62279	2454
Phytomenadione 10mg amp	3000									
Quinine Dihydrochloride, injection, 300mg/ml in 2 ml ampoule	20772	30119	21196	30734	21472	31134	21206	30749	20844	30223
Sodium bicarbonate inj	1000									
Sodium lactate (Ringer) + set, 500ml	26804	15412	38151	21937	49171	28273	58567	33676	67041	38548
Sodium chloride, injectable solution, 0,9% isotonic, 500ml	59157	55785	101343	95567	142593	134466	178791	168600	211686	199620
Water for injection, 10 ml ampoule	86638	8248	148890	14174	209765	19970	263198	25056	311759	29679
Water for injection, 5 ml ampoule	243684	12915	348571	18474	451532	23931	545585	28916	633784	33591



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Table 20. List Commodities and Costs (cont.)

GAMBIA 2011/2015 USD Inflation= 5%

Drug/ Supply	2011		2012		2013		2014		2015	
	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE	QTY	PRICE
Test strips, urine (blood / bilirubin / urobilinogen / ketones / protein / glucose / PH)	241739	23932	248183	24570	252879	25035	251139	24863	248170	24569
Test, blood glucose	101439	21099	103512	21530	104859	21811	103559	21540	101790	21172
Test, blood group, anti A + B, 10 ml	59896	12934	61119	13198	61915	13370	61147	13204	60103	12978
Test, hemoglobin	60425	51482	62029	52849	63197	53844	62756	53468	62008	52831
Test, HIV 1 + 2, Doublecheck, rapid test	95863	135541	248973	352022	408850	578073	574361	812089	746792	1055889
Pregnancy test	59896	8044	61166	8215	62010	8328	61294	8232	60303	8099
Test strips, urinary protein	29185	744	30363	774	31326	799	31478	803	31451	802
Test, Rapid plasma reagin (RPR)	59896	4133	61119	4217	61915	4272	61147	4219	60103	4147
Tetanus toxoid, injection	119992	5016	122584	5124	124316	5196	122905	5137	120929	5055
TOTAL		533632		580544		622600		649414		671,950.98



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Table 21. List of Contraceptives and Costs

GAMBIA 2011/2015 USD Inflation= 5%

ITEM	Qty/ Cases /Year	% cases tar- gated	2011			2012			2013			2014			2015			TOTAL	
			Cases	Qty	Price	Cases	Qty	Price	Cases	Qty	Price	Cases	Qty	Price	Cases	Qty	Price	Qty	Price
Oral Contraceptives (Pill)																			
Monophasic Pills: Levonorgestrel 0.15 mg + Ethinyl/ estradiol 30 mcg, cycle	15	1	16675	125065	36358	21250	159376	48649	221802	67865	38311	287329	87925	47461	355959	108927	1149531	349724	
Progestin Only: Levonorgestrel 0.0375 mg, cycle	15	0	16675	62532	24502	21250	79688	32785	110901	45735	38311	143665	59254	47461	177979	73408	574765	235684	
Phasic Pills: Levonorgestrel 0.05/0.075/0.12 5 mg + Ethinyl/ estradiol 30/40/30 mcg, cycle	15	0	16675	62532	19760	21250	79688	26440	110901	36883	38311	143665	47786	47461	177979	59200	574765	190068	
Injectables: Depot- Medroxyprogester one Acetate 150 mg - 3 monthly	4	1	16675	66701	62549	21250	85000	83694	118294	116754	38311	153242	151265	47461	189845	187396	613083	601658	
Condom - Male: standard, male 53 mm	120	1	428	51309	1339	545	65385	1791	90996	2499	982	117879	3237	1217	146034	4010	471602	12876	
Condom - Female	120	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Intrauterine Device (IUD): Copper T-380A	1	1	1828	1828	685	2841	2841	1118	3369	1329	3920	3920	1547	4493	4493	1773	16451	6451	
Implant: six rod - 36 mg levonorgestrel per rod	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sterilization - Female		1	317	0	0	532	0	0	594	0	658	0	0	725	0	0	0	0	
																			TOTAL
																			1,396,461.47



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	2011	2016	Source/Comments
CPR (all methods)	0.096	0.359618	MICS, 2000
CPR (modern methods only)	0.089	0.333396	MICS, 2000
Total Population	1901923	2132911	UNPD, Population Projections, Medium Variant, 2006 Revision
Women of Reproductive Age (15-49)	449760	513232	UNPD, Population Projections, Medium Variant, 2006 Revision
% Women (15-49) Married or in Union	0.760535	0.760535	UNPD, Population Projections, Medium Variant, 2006 Revision
Men of Reproductive Age (15-49)	834795	928102	UNPD, Population Projections, Medium Variant, 2006 Revision



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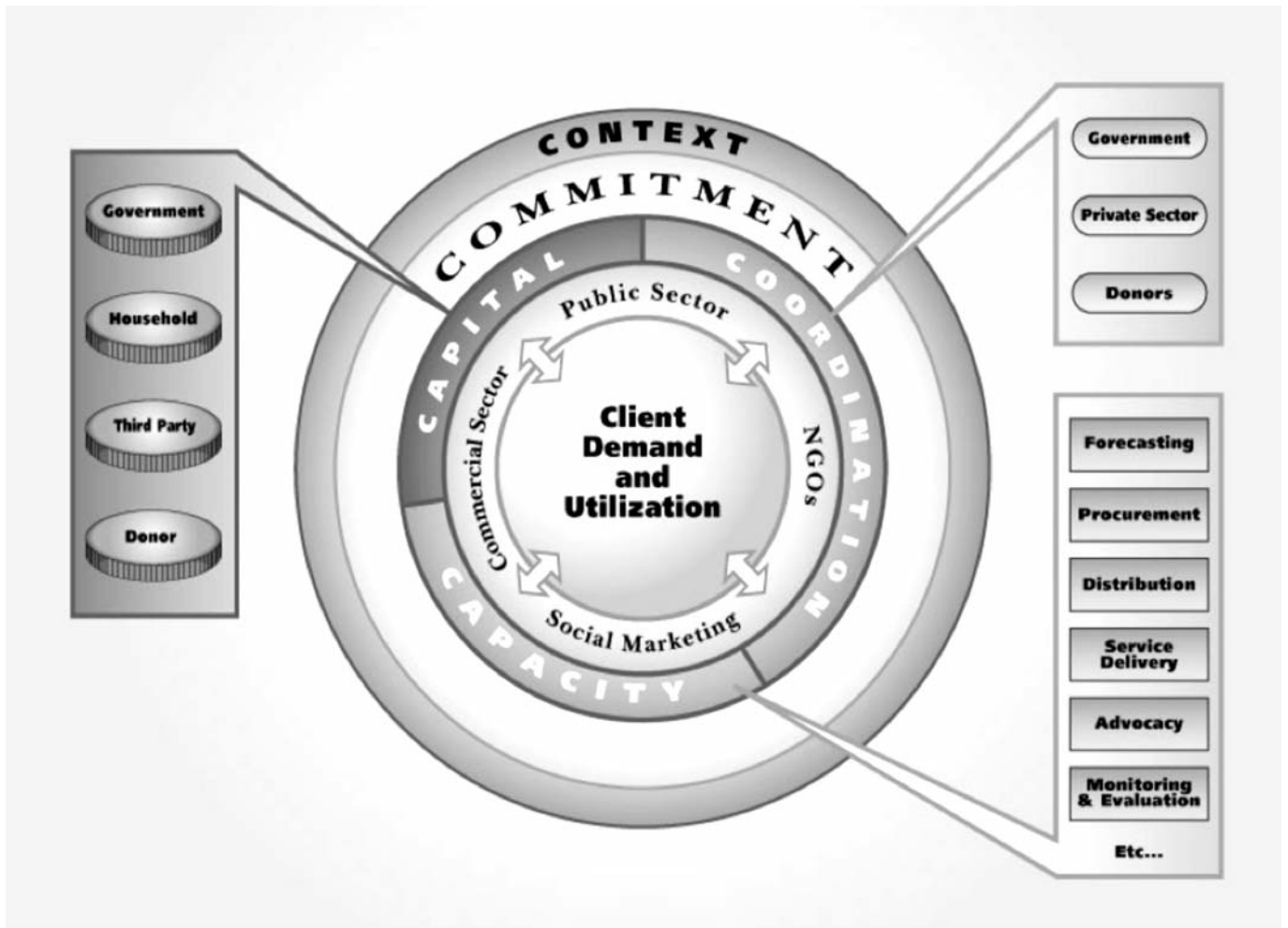
**Table 22. Annual Contraceptive Requirements for all Methods 2010 – 2015
(PROJECTED from USAID/DELIVER ESTIMATES)**

Contraceptive	2010		2011		2012		2013		2014		2015		TOTAL	
	Qty	Unit Cost	Qty	Cost	Qty	Cost	Qty	Cost	Qty	Cost	Qty	Cost	Qty	Cost
Depo-provera vials	56715	1.000	60590	60590.00	64637	64637.00	67869	67868.85	71262	71262.29	74825	74825.41	395,898.55	
Norgynon vials	18905	1.000	20197	20197.00	21,546	21546.00	22623	22623.30	23754	23754.47	24942	24942.19	131,967.95	
Microgynon cycles	184,324	0.023	196,916	4529.07	210,069	4831.59	220572	5073.17	231601	5326.82	243181	5593.17	29,593.26	
Microlut cycles	20,480	0.023	21,880	503.24	23,341	536.84	24508	563.69	25733	591.87	27020	621.46	3,288.14	
IUDs	711	0.650	832	540.80	953	619.45	1001	650.42	1051	682.94	1103	717.09	3,672.86	
Implants	240	10.000	252	2520.00	265	2650.00	278	2782.50	292	2921.63	307	3067.71	16,341.83	
Foaming tablets	5,558	0.091	5,836	531.08	6,128	557.65	6434	585.53	6756	614.81	7094	645.55	3,440.39	
Male condoms-FP	49,750	0.028	53,149	1488.17	56,699	1587.57	59534	1666.95	62511	1750.30	65636	1837.81	9,723.81	
Male condoms-STIS	3,124,955	0.028	3,281,203	91873.68	3,445,263	96467.36	3617526	101290.73	3798402	106355.27	3988323	111673.03	595,158.82	
Female condoms	120	0.028	124	3.47	130	3.64	137	3.82	143	4.01	150	4.21	22.52	
Female Sterilization	317		532		594		658		690		724		-	
Freight and Admin cost														
TOTAL														



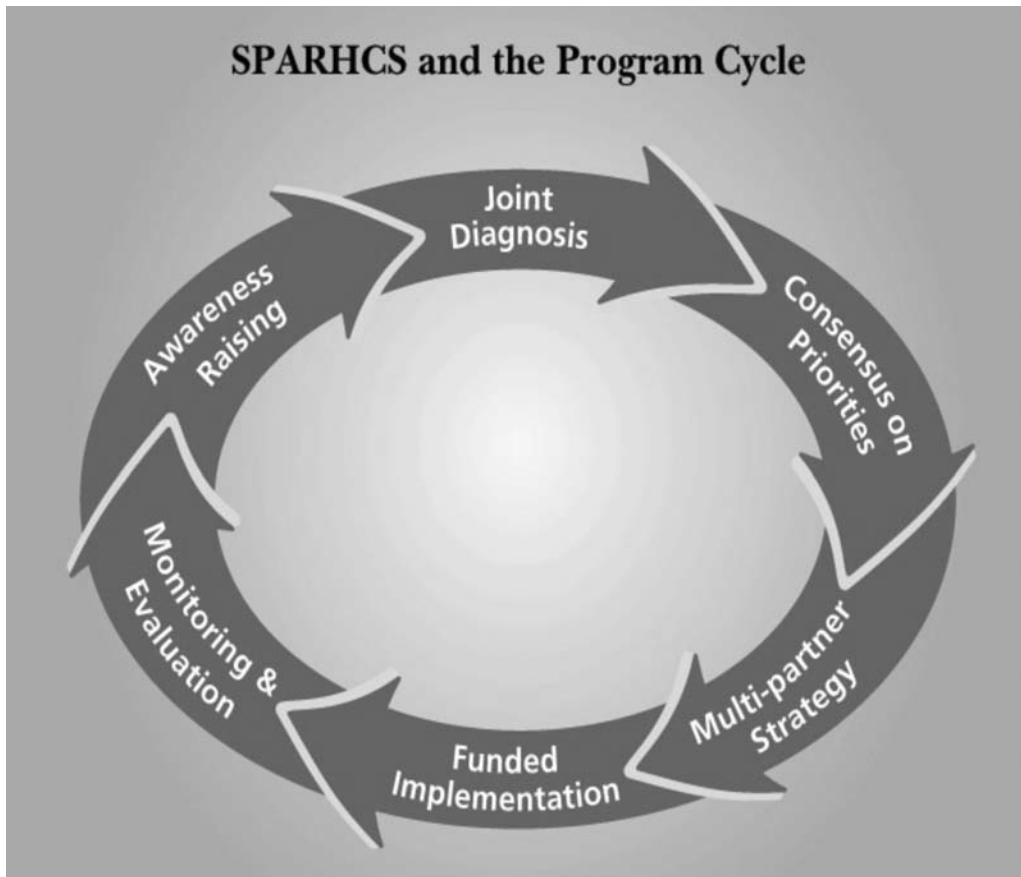
ANNEX 1. RHCS FRAMEWORK

RHCS Framework





ANNEX 2. SPARHCS AND THE PROGRAM CYCLE



- Conduct a situation analysis
- Get consensus on priority areas
- Develop the RHCS plan
- Conduct advocacy to raise



ANNEX 3. DEVELOPMENT OF STRATEGIC PLAN - LIST OF PARTICIPANTS

No.	NAME	SURNAME	INSTITUTIONS	PHONE	EMAIL
1	ALHAGIE	KOLLEY	UNFPA	9902052	kolley@unfpa.org
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3	SAINEY	BEYAI	RHT / URR	9925401 / 6625402	sainey2@yahoo.co.uk
4	YADI	NGET	GFPA	3443597 / 9901438	yadinget@yahoo.com
5	SUTERING	DRAMMEH	RHT / NBW	9919037	drammehsutering@yahoo.co.uk
6	MOMODOU	NJIE	GFPA	3400607	momodoujimmjie@yahoo.com
7	EBBA	SECKA	RHT / WR	9934937	ebbbasecka@yahoo.com
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MINISTRY OF HEALTH AND SOCIAL WELFARE

REPRODUCTIVE HEALTH COMMODITY SECURITY STRATEGIC PLAN 2011-2015

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