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# Guidance and Resources for Inclusion of Reproductive, Maternal, Newborn, and Child Health Commodities in National Commodity Supply Coordination Committees/Mechanisms

Developed for the UN Commission on Life-Saving Commodities for Women and Children, Supply and Awareness Technical Reference Team

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JSI Research & Training Institute, Inc.

May 2014





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**Recommended Citation:**

JSI Research & Training Institute, Inc. 2014. *Guidance and Resources for Inclusion of Reproductive, Maternal, Newborn, and Child Health Commodities in National Commodity Supply Coordination Committees*. Arlington, Va.: JSI Research & Training Institute, Inc., for the UN Commission on Life-Saving Commodities for Women and Children, Supply and Awareness Technical Reference Team.

**Abstract**

This guidance provides considerations, tools, and resources for countries to establish or expand an existing supply coordination committee to include the full set of Reproductive, Maternal, Neonatal, and Child Health (RMNCH) commodities. It includes resources to help craft advocacy messages and best practices for committees including guidance for developing terms of references (TORs), key membership, structure, and operations of supply coordination committees.

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## Acknowledgments

The authors of this document (Ellie Bahirai and Laurentiu Stan) would like to thank the Supply and Awareness Technical Reference Team of the UN Commission on Life-Saving Commodities for Women and Children for their support, and especially the following individuals who provided review and input in shaping the guidance: Kabir Ahmed, UNFPA; Kjetil Bordvik, UNFPA; Liuchan Hara, UNFPA; Maeve Magner; Keith Neroutsos, PATH. The authors also wish to thank the many individuals from UNFPA and USAID | DELIVER PROJECT country offices who responded to our survey. We hope that the guidance and resources are useful to the community and help improve the availability of key, life-saving commodities for women and children.





## Acronyms

CS	Contraceptive Security
EWEC	Every Woman Every Child
FP/RH	Family planning and reproductive health
GPRHCS	Global Program to Enhance Reproductive Health Commodity Security
JSI	John Snow, Inc.
LMIS	logistics management information systems
LSC	life-saving commodities
MOH	Ministry of Health
RHCS	reproductive health commodity security
RMNCH	reproductive, maternal, newborn, and child health
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
TOR	Terms of Reference
UNCoLSC	UN Commission on Life-Saving Commodities for Women and Children
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development



## Background

As part of the Every Woman Every Child (EWEC) movement, the UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC) has the overall goal to increase access to essential medicines, medical devices, and health supplies that effectively address leading avoidable causes of death during pregnancy, childbirth, and childhood in 50 of the world's poorest countries. The UNCoLSC builds on the Global Strategy for Women and Children's Health with a focus on increasing access to overlooked, essential commodities in the world's poorest countries. It has identified and endorsed an initial list of 13 overlooked life-saving commodities (LSC) that, if more widely accessed and properly used, could save the lives of more than 6 million women and children. These 13 commodities fall into the following four categories:

- Reproductive health (female condoms, contraceptive implants, emergency contraceptives).
- Maternal health (oxytocin, misoprostol, magnesium sulfate).
- Newborn health (injectable antibiotics, antenatal corticosteroids, chlorhexidine, resuscitation devices).
- Child health (amoxicillin, oral rehydration salts, zinc).

An important component of increasing access to these 13 reproductive, maternal, newborn, and child health (RMNCH) commodities includes an active, multisectoral supply coordination committee that brings partners together to work on key RMNCH commodity security issues, such as—

- Financing and procurement.
- Availability of commodities offered.
- Enabling policies and regulations.
- Stakeholder coordination.
- Supply planning.

Supply coordination committees help maintain a focus on product availability issues, strengthen coordination between a broad range of stakeholders, and reduce duplication and inefficiencies between similar initiatives. Such a committee is particularly important to help identify long-term product availability issues and prioritize supply chain interventions, advocate for allocation of the necessary resources for RMNCH commodities and supply chain functions, and enable a strategic and long-term approach to RMNCH commodities and monitor ongoing supply status to prevent stockouts.

Although mechanisms for coordination exist in many countries for family planning and reproductive health (FP/RH) commodities, there does not appear to be a similarly sustained focus on MNCH commodities. Where these reproductive health commodity security or contraceptive security coordination committees already exist and are steered by the Ministry of Health (MOH) with participation by key stakeholders from central/national and regional/state levels, subcommittees can be formed to facilitate joint planning and decisionmaking for an expanded list of RMNCH commodities. This provides an opportunity for an expanded supply coordination committee focused on ensuring a full supply of the 13 life-saving RMNCH commodities. By forming subcommittees as part of broader national

committees, stakeholders can avoid duplication and inefficiencies arising from multiple committees (or subcommittees) working across health programs. A multidisciplinary composition of these committees is vital to ensuring continuity and communication between the stakeholders who manage various functions of the national supply chain. For example, in many countries, the RMNCH technical managers often conduct the initial forecasting (or pieces of it), only to hand it over to the procurement teams who are not aware of the technical issues. Committees with a multidisciplinary composition can be an effective way of averting disconnects in this process.

## Purpose of the Toolkit

For countries that do not have an existing commodity coordination mechanism, this toolkit provides guidance on how to establish and effectively operationalize one. For countries that have committees that do not include RMNCH commodities, this toolkit offers a collection of tips and tools on how to expand the scope of existing committees to include critical RMNCH products.

The documents, resources, and tools provided here build on existing resources such as the USAID | DELIVER PROJECT's [Toolkit for Strengthening Contraceptive Security Committees](#); [Strategic Pathway to Reproductive Health Commodity Security \(SPARHCS\)](#), USAID's [Total Market Initiatives for Reproductive Health](#); PATH's [Road-Mapping a Total Market Approach for Family Planning and Reproductive Health Commodity Security](#); United Nations Population Fund's (UNFPA) [Global Program to Enhance Reproductive Health Commodity Security \(GPRHCS\)](#); and more.

Figure 1 represents UNFPA Stream 1 and Stream 2 countries that have an existing commodity coordination committee. These data were gathered from the UNFPA 2011 annual report and the USAID | DELIVER PROJECT's Contraceptive Security (CS) Indicator Survey (2013) and indicate that 62 of 66 countries report having a committee that works on CS <sup>1</sup>. However, many of these committees are focused solely on FP/RH supplies and do not include the full set of RMNCH commodities. Also, their effectiveness and sustainability varies significantly.

The UNFPA data represent countries with a functional coordination mechanism on reproductive health commodity security (RHCS) or with RHCS included in a broader coordination mechanism.

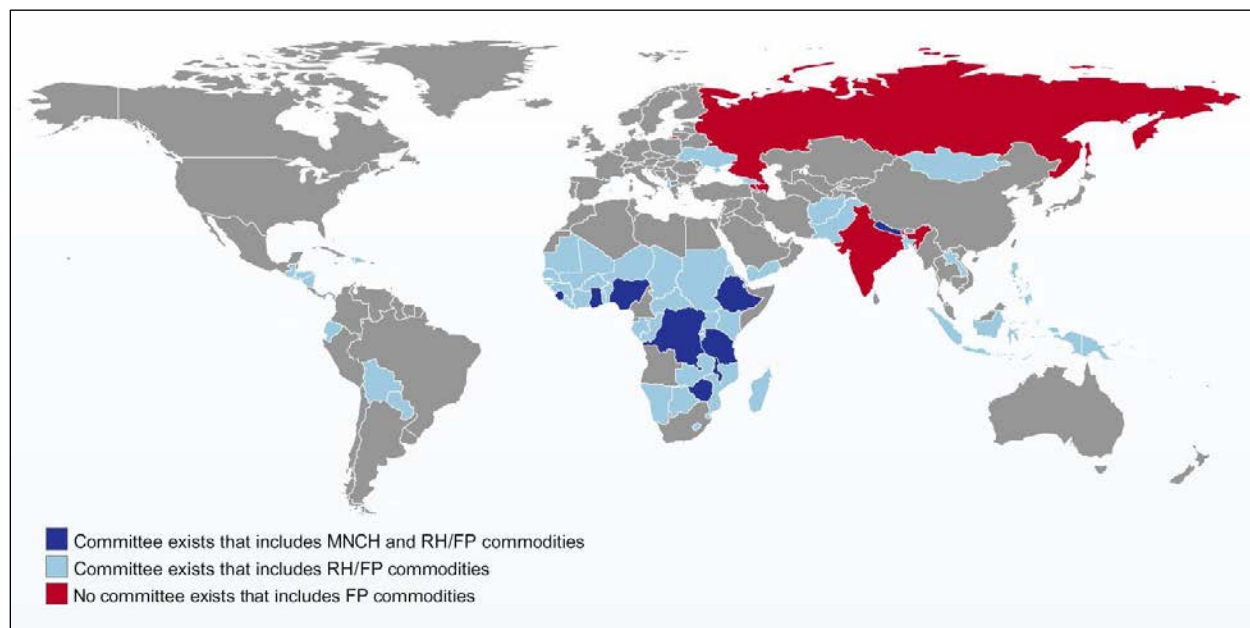
The data from the USAID | DELIVER PROJECT's Contraceptive Security Indicator Survey is for countries with a coordination mechanism on CS or with CS included in a broader coordination mechanism.

The mapping exercise also included data gathered from a survey of UNFPA and USAID | CS Indicator Survey respondent countries to determine if RMNCH commodities are included in their supply coordination committees. This information is also represented in Figure 1, but was not available for all countries.

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<sup>1</sup> Data for Russia was gathered from the CS Indicator Survey 2012 as this data was not available for 2013.

Figure 1. Countries with an Existing Commodity Coordinating Committee



All of the current nine UNCoLSC Pathfinder countries appear to have a supply coordination committee. In Senegal and Uganda, at least family planning commodities are included, while the remaining seven countries include family planning and some maternal and/or child health commodities in their committees<sup>2</sup>. In these countries, the guidance and resources provided in this document may be used to expand the commodity list and ensure a focus on critical RMNCH commodities, and to strengthen the effectiveness and sustainability of these existing committees.

<sup>2</sup> Data was gathered from UNFPA GPRHCS 2011 annual report and USAID | DELIVER PROJECT Contraceptive Security Indicators Survey 2013. These data represent UNFPA Stream 1 and Stream 2 countries and CS indicators survey respondent countries.

## How to Use the Resources

This toolkit provides a comprehensive set of resources that countries can use to establish or expand an existing commodity security committee. Resources include a sample justification for establishing a supply coordination committee, a sample team charter, a sample list of stakeholders that could be included as supply coordination committee members, and an array of sample Terms of References (TORs) that can be customized to fit local country contexts.

Where a supply coordination committee already exists, but does not focus on the full set of RMNCH commodities, the resources included in this toolkit can be used to strengthen and ensure a defined focus on these commodities.

Supply coordination committee leaders and members can adapt these resources to—

- Highlight the importance of establishing or expanding a supply coordination committee to focus on RMNCH products.
- Identify key members through mapping of stakeholders.
- Structure and operate your committee.
- Create an appropriate team charter, memorandum of understanding (MOU), or TORs.
- Develop key discussion topics and action-oriented meeting minutes.
- Plan and monitor the status of commodity supplies.





## Objective of a Supply Coordination Committee

As a mechanism for coordination, the objective of a well-functioning RMNCH supply coordination committee is to ensure optimal supply of RMNCH commodities to meet a country's priority health goals for women and children. Such committees can bring focus to supply availability issues related to quantification and procurement, personnel training, logistics management information systems (LMIS), inventory control, transportation, supervision, storage, and stock status. Establishing a committee with a focus on RMNCH commodities can be a strategic and long-term approach for ensuring a full supply of commodities and ongoing monitoring of supply status to prevent stockouts of life-saving commodities.

## Advocacy

Supply coordination committees not only have an operational focus, but they also serve as a focal point for advocacy. The following are some resources to help you craft a strong message to advocate for the need to either establish or expand an existing supply coordination committee to include RMNCH commodities:

- UN Commission on Life-Saving Commodities for Women and Children Commissioners' Report.  
<http://www.unfpa.org/public/home/publications/pid/12042>
- The advocacy toolkit "Scaling Up Lifesaving Commodities for Women, Children, and Newborns: An Advocacy Toolkit" provides resources for utilizing the UN Commission's platform to raise awareness and engage stakeholders in addressing commodity-related gaps in global and national plans, policies, and initiatives, as well as provides strategic input to advance the implementation of recommendations.

In addition to being an advocacy toolkit, this resource can also be used as a solid primer on the objectives, structure, and process of the movement. In particular, see the "what to do" and "what to say" sections with templates for country-specific calls to action, press releases, and more.

<http://www.path.org/publications/detail.php?i=2381>

- The advocacy toolkit and guide "Leading Voices in Securing Reproductive Health Supplies" is a practical, evidence-based tool, designed to raise awareness and foster policy change for increased commitment to reproductive health supplies.  
<http://www.rhsupplies.org/guide-new.html>
- SPARHCS is a tool to help countries develop and implement strategies to secure essential supplies for family planning and reproductive health programs. It can be customized to a country's specific needs and resources. It can be used for contraceptives alone, for contraceptives and condoms for HIV/sexually transmitted infection (STI) prevention, or for a still broader set of reproductive health supplies.

[SPARHCS: A Tool for Assessment, Planning, and Implementation](#)



## Policy Framework for Establishing or Expanding an Existing Supply Coordination Committee

Government commitment and leadership are vital to setting a foundation of policy commitment and signaling stakeholder commitment—critical to the effectiveness and sustainability of coordination committees.

To best mobilize partners and contribute to institutionalization of committee work, the MOH/government should establish the committee through a formal decree or other high level policy that clearly states the mandate for participation; the range of key priority commodities; members; TORs; period of operation; frequency of meetings; required outputs and deadlines; and funding, if any. In effect, team charters and/or TORs should be ministerial decrees or their terms should be stated in policies because unless policies and responsibilities are clear, specific, and appropriately authorized, the committee will not be effective and members will not have the operational tools to help them carry out their key roles to provide tactical and strategic oversight to the commodity security situation in their countries.

Recommendations for the structure and operations of establishing a contraceptive commodity supply task force can be found here:

<http://deliver.isi.com/dhome/whatwedo/commsecurity/cscommitteetoolkit/cscestcscommittee>

If a supply coordination committee already exists, but does not include the full set of RMNCH commodities, does it make sense to include these additional commodities to the existing committee? What are the criteria for the additional commodities to be included?

Consider the following—

- How effective are the existing committees?
- Who comprises the membership of the existing supply coordination committee? Are there overlapping stakeholders and decisionmakers involved in quantification of health commodities and/or other functional areas of supply chain management and coordination?
- Are there efficiencies to be gained by including these additional commodities to the existing committee so that the number of committees and the time spent in meetings are minimized rather than unnecessarily increased?

### Terms of Reference (TORs)

The first step in the formation of a coordination committee is to define the roles and responsibilities of the committee and its members.

Consider the following—

- What problem(s) is(are) the committee trying to solve? Define the reason(s) for the committee.

- What improvements will the committee produce? Define the benefits and outcomes of having such a committee.
- What will the committee do? Define the roles and responsibilities of the committee.
- Who should host/facilitate this committee? Define the committee ownership and leadership.
- What is the committee's level of decisionmaking authority? Define the governance authority of the committee.
- Who are the key partners to be included in the committee? Define the committee membership.
- How often should the committee meet? Define the frequency of meetings.

Team charters and TORs can help identify a supply coordination committee's purpose and clearly define individual roles, responsibilities, and operating rules. They can also establish norms and procedures for the committee on communicating, reporting, and decisionmaking. In essence, these tools define how the team is empowered to work, including assigning responsibility and authority. They help facilitate stakeholder engagement by including key members in the decisionmaking process and helping to obtain their concurrence.

These sample team charters and TORs may be easily adapted to include a full set of RMNCH commodities from the beginning of committee operations.

Examples can be found here:

<http://www.deliver.jsi.com/dhome/whatwedo/commsecurity/cscommitteetoolkit/cscestcscommittee>

See additional TOR examples included in annex 1 and online here:

- [Draft Terms of Reference for the Interagency Coordinating Committee on Reproductive Health Commodity Security \(ICC/CS\)](#)
- [Terms of Reference for the Pharmaceutical Logistics Partners Meeting](#)
- [Reproductive Health Partners Group: Provisional Terms of Reference](#)

## Key Membership, Structure, and Operations

Countries should identify operational partners that should come together to share information on the status of their shipments, analyze the commodity security status for RMNCH commodities, and coordinate decisions. It is important that the committee include a multisectoral membership to ensure visibility across all aspects of all commodities being procured and distributed.

Although many countries have an existing supply coordination committee, the effectiveness and sustainability of the committees vary greatly. A well-functioning coordination mechanism that is both effective and sustainable must satisfy all of the following conditions:

- I. Have membership with representation from at least the following (1) government, (2) nongovernmental organizations, (3) private sector, and (4) technical and donor agencies;
- II. Be facilitated under the leadership of a government agency/MOH;

- III. Have a terms of reference specifying activities to be carried out in coordinating RMNCH commodity security issues;
- IV. Meet at least two times per year to address issues, suggest/recommend changes that get implemented;
- V. Have minutes of meetings available; and
- VI. Align stakeholders.

A sample list of stakeholders, as well as recommendations for the structure and operations of the committee, can be found here:

[http://deliver.jsi.com/dlvr\\_content/images/imgresources/RecsforStructureandOperation.docx](http://deliver.jsi.com/dlvr_content/images/imgresources/RecsforStructureandOperation.docx)

## Stakeholder Analysis/Mapping

PolicyMaker is a tool that has been helping countries analyze stakeholders in creating total market approach committees—an approach that considers the inclusion of the private sector in its work to ensure national commodity security. The tool should be used when identifying key stakeholders and members critical to the success of the supply coordination committee. It is helpful in determining both the strength and influence of different stakeholders.

- PolicyMaker 4 Software: <http://www.polimap.com/default.htm>

## Planning and Monitoring Tools

The following documents and tools can be used to inform coordination committee meetings. They include a stock status management and reporting tool; a website for coordinating RMNCH commodity orders and shipments; forecasting tool; planning tools; a spreadsheet that can be adapted to compile and track data on shipments based on access to real-time data to monitor stock levels; and regional funding.

- Inventory tracking tool (PSM toolbox [Channel])  
<http://www.psmtoolbox.org/en/tool-details%7CInventory-Management%7CCHANNEL%7C261>
- Forecasting Tool (Quantimed)  
<http://www.emtct-iatt.org/wp-content/uploads/2013/02/Quantimed-Pharmaceutical-Quantification-and-Cost-Estimation-Tool.pdf>
- Supply/Demand Planning Tool (PipeLine 5.1)  
<http://deliver.jsi.com/dhome/resources/tools/softwaretools/pipeline>
- Stock Status Reporting Tool (PPMR)  
<http://ppmr.rhsupplies.org>

- Example Excel Planning Sheet

[http://www.jsi.com/JSIInternet/Inc/Common/\\_download\\_pub.cfm?id=14835&lid=3](http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=14835&lid=3)

- Indicators:

JSI Research & Training Institute, Inc. 2014. *Recommended Indicators to Address In-Country Supply Chain Barriers*. Arlington, Va.: JSI Research & Training Institute, Inc., for the UN Commission on Life-Saving Commodities for Women and Children, Supply and Awareness Technical Reference Team.

<http://www.jsi.com/JSIInternet/Resources/publication/display.cfm?txtGeoArea=INTL&id=14834&thisSection=Resources>

- Quantification:

JSI Research & Training Institute, Inc. and Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. 2014. *Quantification of Health Commodities: RMNCH Supplement Forecasting Consumption of Select Reproductive, Maternal, Newborn and Child Health Commodities*. Arlington, Va.: Management Sciences for Health.

<https://intranet.jsi.com/JSIIntranet/Archive/DownloadDocument.cfm?DBLDOCID=14991&DBLLANGID=3>

## Summary

For an RMNCH supply coordination committee to function well, it is critical that the committee (1) have sustained involvement from a multisectoral membership; (2) be led by a government agency; (3) meet regularly; (4) deal with attrition, burnout, and introduction of new members; and (5) have action-oriented meeting minutes and follow up. Supply coordination committees have been proven to be an effective mechanism for ongoing monitoring of the CS status in a country, but their effectiveness and sustainability are dependent on country ownership, cohesion as a group, a shared vision to increase access and demand for key commodities, and clear institutional processes. An active, multisectoral RMNCH coordination committee can help to maintain a focus on the full set of RMNCH commodities and long-term product availability issues, strengthen coordination between stakeholders, and reduce duplication and inefficiencies.





## Lessons Learned, Case Studies, Reports, and Briefs

Examples of effective coordination committees can be drawn from several countries where these mechanisms have been making a difference in their countries' supply of contraceptives. The following resources provide country-specific experiences related to the facilitating and/or inhibiting factors to ensuring RMNCH commodities, supply coordination committees and the role they can play in ensuring their adequate supplies, and the lessons learned.

- Supply Chain Best Practices:  
Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. 2014. *Promising Practices in Supply Chain Management*. Arlington, Va.: Management Sciences for Health.  
<http://siapsprogram.org/publication/promising-practices-in-supply-chain-management/>
- Maternal Health Supplies in Bangladesh:  
<http://populationaction.org/wp-content/uploads/2011/12/maternal-health-bangladesh.pdf>
- Synthesis Report: UNFPA Global Programme to Enhance RHCS Mid-Term Review:  
<http://www.unfpa.org/public/home/publications/pid/12680>
- Maternal Health Thematic Fund Annual Report:  
<http://www.unfpa.org/public/home/publications/pid/10419>
- Promoting Country Ownership Through Latin American Contraceptive Security Committees:  
[http://www.healthpolicyproject.com/pubs/131\\_ParaguayBrief.pdf](http://www.healthpolicyproject.com/pubs/131_ParaguayBrief.pdf)
- Contraceptive Security and Decentralization: Lessons on Improving Reproductive Health Commodity Security in a Decentralized Setting:  
<http://www.poline.org/node/551837>
- The National Road Map Strategic Plan To Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008-2015:  
[http://www.unfpa.org/sowmy/resources/docs/library/R224\\_MOHTanzania\\_2008\\_Roadmap\\_MNCH.pdf](http://www.unfpa.org/sowmy/resources/docs/library/R224_MOHTanzania_2008_Roadmap_MNCH.pdf)

## List of Links to Additional Resources

### RMNCH Resources

- Maternal Health CS Framework and White Paper:  
JSI Research & Training Institute, Inc. and University of British Columbia. 2014. *A Commodity Security Framework for Maternal Health* (Forthcoming). Arlington, Va.: JSI Research & Training Institute, Inc., for the UN Commission on Life-Saving Commodities for Women and Children, Commodity Security Working Group of the Maternal Health Technical Resource Team.

- Essential MNCH Knowledge Portal:  
[http://www.who.int/pmnch/topics/mnch\\_library/201012\\_sharingknowledgeportal/en/](http://www.who.int/pmnch/topics/mnch_library/201012_sharingknowledgeportal/en/)
- The Partnership for Maternal, Newborn, and Child Health:  
<http://www.who.int/pmnch/activities/interventions/en/>
- MCHIP Tool and Resources  
<http://www.mchip.net/resources>

All of these resources may be customized to fit local country contexts. We encourage you to adapt these materials for your own use. For more information, please email [CoLSC6supplyandawareness@lifesavingcommodities.org](mailto:CoLSC6supplyandawareness@lifesavingcommodities.org).

## Annex 1:

# **DRAFT TERMS OF REFERENCE FOR THE INTERAGENCY COODINATING COMMITTEE ON REPRODUCTIVE HEALTH COMMODITY SECURITY (ICC/CS)**

## **1. TITLE**

The name of the Committee shall be Inter-Agency Coordinating Committee on Reproductive Health Commodity Security but the acronym shall remain ICC/CS

## **2. PURPOSE**

To provide a consultative forum that can effectively coordinate reproductive health commodities security activities among partners and to develop, implement and monitor the implementation of the national Reproductive Health Commodity Security Strategy.

## **3. MEMBERSHIP**

### *3.1 Membership*

Membership shall be multisectoral and include institutional representation from government, development partners, civil society, nongovernmental organizations (NGOs), faith-based organizations (FBOs), the private sector, and selected research institutions that focus on reproductive health/family planning within the country. The membership may be reviewed when necessary.

### *3.2 Co-opted Members*

The ICC/CS may co-opt additional institutional members that it may consider relevant to its operations. Other persons may be invited to attend the meetings at the request of the Chairperson to provide technical advice and assistance where necessary.

### *3.3 Resignation*

Committee members (organizations) will cease to be members of the ICC/CS if they:

- resign from the committee
- fail to attend 3 consecutive meetings without apologies (legitimate excuse of absence submitted to the chairperson).

### *3.4 Membership responsibilities*

- Comply with the responsibilities and activities described in the ICC/CS's annual work plan.
- Regularly attend ordinary and extraordinary meetings, and participate in technical and policy discussions to achieve RHCS in the country.
- Keep informed and report back to her/his respective institution regarding ICC/CS Committee priorities, decisions, and activities.

#### **4. MEETINGS**

##### *4.1 Regular and Special Meetings*

ICC/CS meetings shall be held quarterly. A special or extraordinary meeting may be convened by:

- The Chairperson of the committee or
- Half of the committee members

##### *4.2 Quorum*

At least two thirds of the membership representing 15 different institutions must be present to form a quorum for a general meeting to proceed.

##### *4.3 Decisions*

Decisions will be made by general consensus.

#### **5. FUNCTIONS**

The functions of the ICC/CS are;

- To facilitate collaborations and building of synergies among partners/stakeholders dealing with the issues of reproductive health/family planning (RH/FP);
- To ensure that contraceptive commodities as per Essential Medicine List and RH commodities specified in the RHCS are available and accessible;
- To strengthen the commitment and capacity of stakeholders at all levels to advocate and support RHCS;
- Provide and/or utilize relevant tools and information on RH/FP for advocacy, policy dialogue, awareness raising and decision making;
- To advocate and ensure increased and sustained funding for FP and RH commodities and services;
- To create demand and increase access to and utilization of high-quality contraceptives and other essential RH commodities;
- To support the MOH in creating and strengthening information, communication and demand creation for quality FP services and commodities and quality RH services among all segments of the population;
- To lead in the development, distribution, implementation, review, and monitoring of the National Reproductive Health Commodity Security Strategy;

- To review the annual workplan that corresponds with the five-year national RHCS strategy;
- To coordinate prioritized strategies and plans aimed at achieving RHCS, and assist partners in implementing activities that contribute to RHCS;
- To ensure that partners are informed of any changes in terms of introduction of new RH commodities or withdrawal of commodities from the system;
- To receive and utilize Contraceptive Procurement Tables (CPTs) for the determination of both short and long term commodity requirements for financial and procurement planning and timely receipt of commodities;
- To assist in the formulation and dissemination (in appropriate languages) of national policies, practices and procedures that relate to FP and RH.
- To review and update the national essential medicines list.

## **6. CHAIRPERSON**

The Government of X represented by the Ministry of Health shall chair the ICC/CS meetings. The Chairperson's responsibilities shall include in consultation with the Steering Committee:

- Scheduling of meetings and notifying committee members;
- Inviting experts to attend meetings when required by the committee;
- Facilitate and guide the meeting according to the meeting agenda and time available;
- Ensuring all discussion items end with a decision, action or definite outcome;
- Reviewing and endorsing the draft minutes for distribution;
- Be the official spokesperson of the committee;
- Assign responsibility and location of ICC/CS committee minutes and files to one of the member organizations;
- Lead the development of any annual or other reports to be submitted to the MOH or member organizations;
- Establish partnerships within the government and other partners to advance RHCS through sharing of information, best practices, and collaboration.

## **7. SECRETARIAT**

Government of X represented by X Health Service specifically, Family Health Division (FHD), shall serve as the Secretariat for the ICC/CS. The functions of the Secretariat shall include:

- Preparing meeting agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussions or comments are attached to the agenda and sent in advance to all members along with meeting invitations;
- Taking notes of proceedings and preparing minutes of meeting;
- Sending out minutes of ICC/CS meetings within one week of each meeting;

- Distributing all correspondence relating to the affairs of the ICC/CS.

## **8. STEERING COMMITTEE**

There shall be established a Steering Committee with membership as follows:

- Chief Director, Ministry of Health – Chair
- Executive Director, National Population Council – Co- Chair
- Head of the Family Health Division, X Health Service- Secretary
- Donor community – one representative
- JSI|DELIVER Project- one representative

### **Functions of the Steering Committee**

- The Steering Committee shall take decisions on behalf of the ICC/CS without recourse to the entire ICC and based on the advice of the technical working groups.
- The Steering Committee shall be convened within the shortest possible time to attend to any issue that will require immediate attention. In the fore-mentioned circumstance, the Steering Committee shall circulate a memo to all members within the shortest possible time informing members of the issue at stake and the intended action to be taken by the Steering Committee. Subsequently, the Steering Committee shall brief the entire membership on the outcome of the Steering Committee's action in person or electronically.
- The Steering Committee shall have the powers to co-opt members to serve the interest of the committee.
- frequently, to define activities and follow up on plans
- They shall review the technical decisions of the various working groups and follow through on the recommendations made by the groups.
- They shall review the performance of the overall Family Planning (FP) programme in X (as indicated by the CYP and other relevant indicators/data) and make recommendations to address any perceived weaknesses.
- They shall communicate (provide and receive) information/feedback of programmatic importance for FP and RH among the various stakeholders on a regular basis.
- The steering committee shall serve as a sounding board for new initiatives to enhance access to and use of FP methods

## **10. SUB COMMITTEES**

The ICC/CS shall have the following working groups to facilitate its functions. The responsibilities of the various working groups shall be in reference to those stated in their TORs. The membership of the sub committees shall be from within the ICC/CS with representation from government, civil society and the development partners.

### *10.1 Logistics Committee Working Group*

### *10.2 Procurement and Supply Management Coordination Working Group*

### *10.3 Finance, Policy and Advocacy Working Group*

### *10.4 Monitoring and Evaluation Working Group*

## **11. AMENDMENTS**

The Terms of Reference shall be reviewed alongside the review of the RHCS strategy. They may be altered to meet the current needs of all committee members, by agreement of the majority of partner representatives.

### **Membership of ICC/CS for 2013**

<b>Government Institutions</b>	<b>Development Partners</b>	<b>Development Partners</b>
Food and Drugs Board (FDB)	Department for International Development (DFID)	African Women Development Fund (AWDF)
Ministry of Finance and Economic Planning (MOFEP)	United Nations Population Fund (UNFPA)	DKT International
Ministry of Health (MOH)	United States agency for International Development (USAID)	Embassy of the Netherlands
National AIDS Control Programme (NACP)	World Health Organization (WHO)	EngenderHealth
National Population Council (NPC)		Experiential Social Marketing Foundation (EXP-SM)
X AIDS Commission (XAC)		HealthKeepers Network
X Health Service (XHS)		John Snow, Inc. (USAID   DELIVER PROJECT)
		Marie Stopes International
		NGO Association
		Pharmaceutical Society
		Planned Parenthood Association
		Population Council
		Registered Midwives Association





## Annex 2:

### Terms of Reference for the Logistics Partners Meeting (LPM)

#### Background:

Agency X of the Country X is mandated to deliver health commodities and equipment to Health Centers and other service delivery points every two months and to ensure rational use of medicines. To achieve its objectives, the Agency has been building its capacity in terms of system, infrastructure and human resource development. Within the auspices of the Agency X mandate, partner organizations provide technical, material and financial support to Agency X for the realization of the national logistics plan. To further strengthen the coordination between Agency X and development partners and to synergize the efforts of collaboration a forum, the Logistics Partners Meeting (LPM), has been created where relevant stakeholders meet on a regular basis to discuss strategic issues and agree action plans in support of the Agency X mandate.

Agency X management and representatives of partner organizations first met to discuss the organization of the LPM on 30th of September, 2010 at Agency X HQ. Based on the agreement reached in the first meeting, the terms of reference (TOR) for the LPM have been developed to direct the activities of the forum.

#### Name of the Forum:

This meeting shall be referred to as: Logistics Partners Meeting (LPM)

#### Major Objective:

To ensure coordination of support for the implementation of the Logistics Master Plan (LMP); the implementation of Business Process Reengineering (BPR) and support Agency X's work to improve pharmaceutical supply and services at all levels.

#### Specific Objectives:

- To serve as a logistics advisory body to the Agency X management
- To identify pharmaceutical logistics related strategic issues that need to be addressed jointly by the partners
- To provide coordinated support to Agency X in short and long term plan development, as required to meet the objectives of the LMP and BPR
- To coordinate financial and technical support provided by partner organizations to Agency X
- To identify resource gaps, recommend possible funding sources and support fund mobilization
- To support Agency X in managing emerging and unexpected logistics issues as they arise

- To identify and share logistics related technologies and initiatives for future planning and development
- To establish relevant technical sub-committees to deal with specific topics or issues
- To jointly monitor the performance of the logistics system, identifying and discussing implementation challenges, proposing possible interventions and supporting their implementation
- To provide Technical Assistance (TA) in the implementation of the pharmaceutical service part of the Hospital Reform Guidelines (HRG) as related to clinical pharmacy, establishing and developing Drug Therapeutic Committees (DTC) and supporting Rational Drug Use (RDU).

### **Scope of the Meeting:**

The meeting shall deal with pharmaceutical services and logistics issues within the mandate of Agency X. Under the leadership of the Agency X management, the meeting collaborates with other task forces and technical working groups functioning under the Federal Ministry of Health.

### **Membership:**

The following organizations make joint annual work plans with Agency X and are members of the forum: Agency X, USAID, UNICEF, UNFPA, WHO, USAID|DELIVER, SC4CCM, SPS, SCMS. Other members at the establishment of the LPM are UNOPS, WB and CHAI. The meeting has the mandate to revise the list of member organizations as agreed by the existing members.

Following the official membership invitation from Agency X, partner organizations shall notify Agency X of the name of their permanent delegates for the meeting. The forum may also invite non-member organizations or individuals to participate in selected meetings, as appropriate.

### **Roles and Responsibilities:**

The meeting shall be managed by a chair person, a co-chairperson and a secretary. While the chair position is permanent, the other two positions shall rotate among partner organizations at least annually.

### **Duties and Responsibilities of the Chairperson:**

Agency X shall assign the permanent chair of the meeting. The chairperson shall be responsible for:

1. Agreeing meeting dates, times, venues and agendas in consultation with the Co-chair and the Secretary
2. Chairing the meetings
3. Monitoring the status of the implementation of decisions and recommendations of the forum

4. Call for extraordinary meetings, as required

**Duties and Responsibilities of the Co-chair:**

The co-chair shall provide direct support to the chairperson on the above mentioned duties. S/he shall assume full responsibility of the Chair person in his/her absence and when delegated.

**Duties and Responsibilities of the Secretary:**

The Secretary is responsible for:-

1. Circulating meeting agendas, minutes, reports and other relevant information to members
2. Maintaining an up to date database of LPM members and related sub-groups
3. Liaising between LPM members and the chair person (co-chairperson)
4. Ensure meeting agendas and minutes are properly documented in the Agency X archives.

**Meeting Agenda:**

Meeting agenda shall be prepared by the secretary, agreed with the chair and co-chair and communicated to members of the committee at least one week before the meeting date. Members should submit proposed agenda items to the secretary two weeks before the meeting.

**Meetings Frequency:**

The regular meeting schedule shall be every two months. However, the Chair person may call extraordinary meetings as required.

**Venue:**

The chairperson shall notify members the venue of the meetings when communicating the agenda.

**Communications:**

While members can utilize the information for their purpose, official communications about the discussions and decisions of the meeting shall be prepared and circulated by the secretary and the chairperson.



## Annex 3:

# Reproductive Health Partners Group

## Provisional Terms of Reference

### Background and Purpose

Reproductive health is at the core of the United Nations Population Fund's (UNFPA) mission, addressed through technical and financial assistance to reproductive health programmes in over 90 countries. The Fund's activities include providing technical assistance for family planning, advocating for health reforms, policies and efficient strategies to improve financial, cultural and geographical access to quality care, health systems strengthening and upgrading health facilities and referral mechanisms, improving curricula and supporting training midwives and doctors and human resources management, mobilizing communities and promoting women's rights. UNFPA also focuses on the urgent need to **re-energize family planning programmes**, including their integration within comprehensive reproductive health services.

Access to a reliable supply of contraceptives, condoms, medicines and equipment for reproductive health care is essential to all UNFPA programming and to the achievement of the Millennium Development Goals. Without the right supplies at the right times, it will be impossible to protect reproductive health, prevent unwanted pregnancies and strengthen health systems. UNFPA's goal is reproductive health commodity security, which means that all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them.

In 2012 UNFPA will launch its second five-year country programme for Country X for the period until 2016. The largest programme component covers reproductive health and rights, whereby UNFPA repositions itself as a lead development Agency in the areas of maternal health, family planning and reproductive health commodity security. The major foci of the reproductive health and rights programme component are:

- Advancing the policy and legislative environment in the context of health system reform and strengthening;
- Improving reproductive health data management;
- Improving quality and accessibility of maternal health and family planning services;
- Strengthening linkages between reproductive health and HIV/AIDS programmes;
- Preventing HIV infections among young people through behaviour change communications and peer-based programmes.

As there are many actors working in Country X in these thematic areas, there is a need for a well-coordinated coherent approach to planning and delivering reproductive health programmes in the country. At the initiative of the Ministry of Health of Country X and UNFPA, it is proposed to establish an inter-agency "Reproductive Health Partners Group" (RHPG) in order to facilitate the exchange of information and coordination of activities related to sexual and reproductive health in Country X bringing together stakeholders at all levels.

## **Guiding Principles**

The RHPG will serve as a coordination mechanism and platform for advocacy, policy dialogue, partnership development, information sharing, joint programming, design and implementation of joint activities, and resource mobilisation. It will also ensure monitoring of the progress made in improving reproductive health in Country X towards the objectives set forth by the respective national policies and programmes.

The specific overall objective of the RHPG is to address reproductive health in Country X in the development context in a comprehensive, well-coordinated and coherent manner. To achieve this objective, the group will:

- Facilitate timely sharing of organizational priorities and perspectives related to their reproductive health activities in Country X for better coordination, complementarity and avoidance of duplication;
- Identify and address key issues that can be most effectively advanced through the collaborative efforts of the group speaking with one voice;
- Respond to and act on specific issues where members will commit necessary financial, technical, and/or human resources to solve them.

## **Responsibilities and Tasks**

Strategically, the RHPG will support and complement the implementation of the national programme “Reproductive Health of the Nation”. More specifically, the group will:

*In a short term prospective:*

- Maintain regular exchange of information among member organizations, including information on best practices and factors constraining or facilitating programme delivery, to ensure complementarity of work and avoid duplication of activities;
- Make efforts to regularly monitor and “scan environment” in the area of RH and FP to be used for developing policy agenda on reproductive health and rights, advocacy and policy dialogue to articulating the rationale for raising attention to reproductive health and rights particularly in the context of health system reform;
- Facilitate broadening of stakeholders involvement (beyond Ministry of Health and health institutions) into the dialog on the issues of RH and rights issues;
- Provide a platform for members to arrive at a common understanding on key RH issues, ensure coherent messages on RH policies and programmes and make evidence-based public statements as necessary;
- Maintain the existing and develop new partnerships to promote reproductive health and rights, including partnerships with non-governmental, community and faith based organizations;

- Review and discuss the current needs for strategic, programmatic, and technical operational coordination and support in the areas of family planning, prevention of abortions, maternal health, HIV/STI prevention, young people's health, safe behaviour promotion;

*In a medium to long-term perspective:*

- Explore opportunities to undertake common and joint monitoring and evaluation of programmes and projects of member organizations, as well as advocacy activities such as donor visits to the regions;
- Develop common mechanism of support to the Ministry of Health to develop common and unified frameworks and tools, including indicators, data collection methodologies, monitoring and evaluation guidelines, to ensure regular and consistent tracking and measurement of impacts of sexual and reproductive health policies and programmes, based on the international standards;
- Jointly explore opportunities and engage into dialogue with potential donors to seek additional resources for sexual and reproductive health programmes
- Monitor and assess availability and accessibility of reproductive health commodities to service providers and their clients as a prerequisite of quality and scope of services; This will also include the private sector;
- Liaise with concerned entities from other sectors and also coordination mechanisms (i.e. UN Joint Team on HIV, the working group on health under the Ministry of Economic Development and Trade when it becomes functional) on issues relevant to the RHPG work to facilitate better coordination and problem solving;

The RHPG will develop and implement annual work plans for the group with the description of activities, roles and responsibilities, benchmarks/milestones and resource commitments where required, as well as consistently monitor their implementation and regularly report to member organizations.

### **Membership of the Group**

The core membership of the RHPG will represent key sectors having stakes in the area of reproductive health and rights and comprise the following organizational members.

It will include representatives of multilateral and bilateral donor organizations:

- UNAIDs
- United Nations Population Fund
- UNICEF
- World Health Organization
- World Bank
- United States Agency for International Development

- Swiss Agency for Development and Cooperation
- European Commission
- GiZ

as well as representatives of key national partners from the Governmental and Non-governmental sectors:

- Presidential Coordination Centre for Economic Reforms Implementation
- Parliamentary Committee on Health Care
- Ministry of Health of Country X
- Ministry of Education, Science, Youth and Sports of Country X
- Charity Foundation “Women’s Health” / IPPF

Depending upon activities undertaken by the RHPG or issues raised for discussion, representatives of specific governmental agencies, development organizations, and other institutions such will be invited to attend RHPG meetings. Individual RHPG members will support the participation of these representatives as needed and appropriate. Where appropriate and feasible, the group will also seek to invite primary beneficiaries of the development interventions, i.e. women, men, families and young people, to be engaged in the work of the group to ensure the participatory approach.

Organizational members will nominate their representatives to participate on behalf of the organization in the work of the RHPG. There will be at least one representative from each member organization. This representative will come to group meetings fully briefed and prepared to speak on all agenda topics, and will participate in phone conferences as needed. The representative should therefore be fully knowledgeable about their organization’s perspective when attending a RHPG meeting. The representative will be responsible for briefing their organization on the RHPG elaborations, developments, proceedings, decisions, recommendations etc.

Each organizational member will ensure representation at all RHPG meetings. If the representative is unable to attend, then the senior management of the member organization should ensure that a suitable replacement represents the organization.

### **Group Chair**

The RHPG will be initially chaired by UNFPA and eventually by the Ministry of Health of Country X. The chairmanship of the group may rotate amongst member organizations every two years should they so decide.

The Chair will be responsible for the overall performance of the group and will be held accountable for achieving all planned outputs. The Chair will be guiding the group and ensure that the group fulfils its mandate through adequate consultation and participation by all member organizations. The Chair will be responsible for the overall performance of the group and carrying out the following responsibilities:



- Oversee the agenda preparation for the RHPG meetings and sign off on provisional agenda;
- Invite new members and guests as may be required for the work of the group;
- Distribute responsibilities among members and lead the development of and sign off on the group annual work plans and progress reports;
- Identify and secure meeting venue(s);
- Convene the group meetings moderating and facilitating the group work, and approve minutes/protocols and/or reports resulting from such meetings;
- Encourage adequate consultations and frank discussions engaging all relevant stakeholders and bring the group to action-oriented decisions;
- As deemed necessary by the RHPG, issue press releases on behalf of the group and represent the group in other visibility and public events;
- Prepare and deliver annual presentations based on the group work progress reports;
- Through consultations with group members and if required, introduce changes to the group mandate and terms of reference.

## **Work Process**

The RHPG will have regular meetings every quarter (4 times a year) or as deemed necessary by the Chair in order to bring forward the proposed agenda. A regular meeting will take no longer than one half day. Venue for the meeting will be provided by UNFPA and/or the Ministry of Health of Country X.

The Chair will prepare a provisional agenda based on solicitation of agenda topics from all members and tentative guests. After the meeting, the Chair will The secretariat in collaboration with meeting participants submitting agenda items will prepare a clear, concise summary highlighting these items (one-page maximum) - their background and history, stakeholders, possible implications (including resource implications where appropriate), and recommend actions required of the RHPG. One month prior to the meeting the Chair assisted by the secretariat will send each member organization an electronic version of the agenda with all additional relevant information. The Chair and secretariat must receive late agenda submissions no later than two weeks prior to the meeting.

Documents for each regular meeting should include a short user-friendly update on the RHPG activities and action plans. This brief will be provided as part of the meeting package, so that the meeting is focused on issues for discussion rather than debriefing on informational issues.

Meetings will be documented in the form of meeting minutes and action plans with responsibilities, deadlines and metrics to measure progress. Group decisions will be made on a consensus basis by a quorum consisting of one individual representing each member organization.

Group communications will also be supported through teleconferencing, including an e-mail group and/or web-based networking/communications platform. Ad hoc meetings may be summoned by the Chair as required to address urgent or emerging topics and situations. Invitations to such

meetings along with provisional agendas will be sent by the Chair to member organizations at least one week prior to the meeting.

The RHPG may recommend changes to the structure and/or work processes of the group to the Chair if and when they deem necessary for the improved progress of the group.



