

# UNFPA SUPPLIES

# ANNUAL REPORT 2019

REPORTING ON THE PERFORMANCE  
MONITORING FRAMEWORK





# UNFPA Supplies Annual Report 2019

## Part II: Reporting on the Performance Monitoring Framework

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This section of the UNFPA Supplies Annual Report presents results for the indicators that comprise the UNFPA Supplies Monitoring Framework, and includes the at-a-glance Scorecard of progress in 2019. It complements the annual narrative report available from [www.unfpa.org/unfpa-supplies-annual-report-2019](http://www.unfpa.org/unfpa-supplies-annual-report-2019).

Since the inception of the UNFPA Supplies in 2007, we have measured our performance against a set of indicators both aspirational and concrete. Our global goal delivers the promise of family planning to the last mile. Getting there requires supplies and strategy. We monitor the mix of methods available to the individual woman and the supply chain that reaches her. We monitor the policies and budget allocations and capacities that set the stage for stronger health systems. These and many other indicators have evolved to track performance in both commodity procurement and capacity development. Results measured against the Performance Monitoring Framework showcase the continued impact of the UNFPA Supplies programme in 2019.

## CONTRACEPTIVE USE INDICATORS

### **Goal** Increased contraceptive use especially by poor and marginalized women and girls

The global-level goal for the UNFPA Supplies programme is “increased contraceptive use especially by poor and marginalized women and girls”. The goal level is also known as the “impact” level and represents the shared contributions of many actors, not the programme alone. Data at the goal level are primarily sourced from the FP2020 core indicator reporting.<sup>1</sup>

### G1 Unmet need for family planning

UNFPA aims to end the unmet need for family planning by 2030 and views the impact on women’s empowerment and sustainable development as world-changing. To end unmet need for family planning is one of the world-changing transformative results in the UNFPA Strategic Plan. Unmet need for family planning has slowly and steadily declined between 2012 and 2019. UNFPA Supplies prioritizes countries with the highest unmet need for family planning. The programme set a 2020 target of unmet need of 24 per cent or below which, despite progress, is unlikely to be met in all 46 programme countries. It is worth noting that, according to UN Population Division data, the countries making most progress in reducing unmet need are all UNFPA Supplies countries.

- **As of 2019, 18 countries in the UNFPA Supplies programme have an unmet need below 26 per cent and 16 countries have met the 2020 target of an unmet need below 24 per cent among women married or in-union.** Four more countries met the target in 2019: Guinea, Madagascar, Mozambique and Nigeria
- Average unmet need for family planning decreased slightly from 27.8 per cent in 2018 to 27.5 per cent in 2019 among the 46 countries in the UNFPA Supplies programme.
- The highest level of unmet need was in Haiti (42.1 per cent) and lowest in Zimbabwe (8.6 per cent). Data in the 46 countries are consistent with overall trends for this indicator, which show that on the aggregated level unmet need has slowly and steadily declined, with an average decrease of 0.3 per cent across the regions since 2012, even as populations have grown.

**Data by age, residence and wealth quintile** in the following figures describe aspects of unmet need for any method of contraception (modern and traditional methods) for women who are married or in-union. The numbers come from national surveys, conducted in different years: Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), PMA2020 and other sources. Therefore these data are not modelled estimates.

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<sup>1</sup> When comparing annual reports, please note that the value for the past year may change based on the modelling process of “rolling baselines” adopted by FP2020. For more information, see Track 20: Technical Brief: Rolling Baselines: [www.track20.org/download/pdf/Track20%20Technical%20Briefs/english/Technical%20Brief\\_Rolling%20Baseline%20\(2015.03.13\).pdf](http://www.track20.org/download/pdf/Track20%20Technical%20Briefs/english/Technical%20Brief_Rolling%20Baseline%20(2015.03.13).pdf)

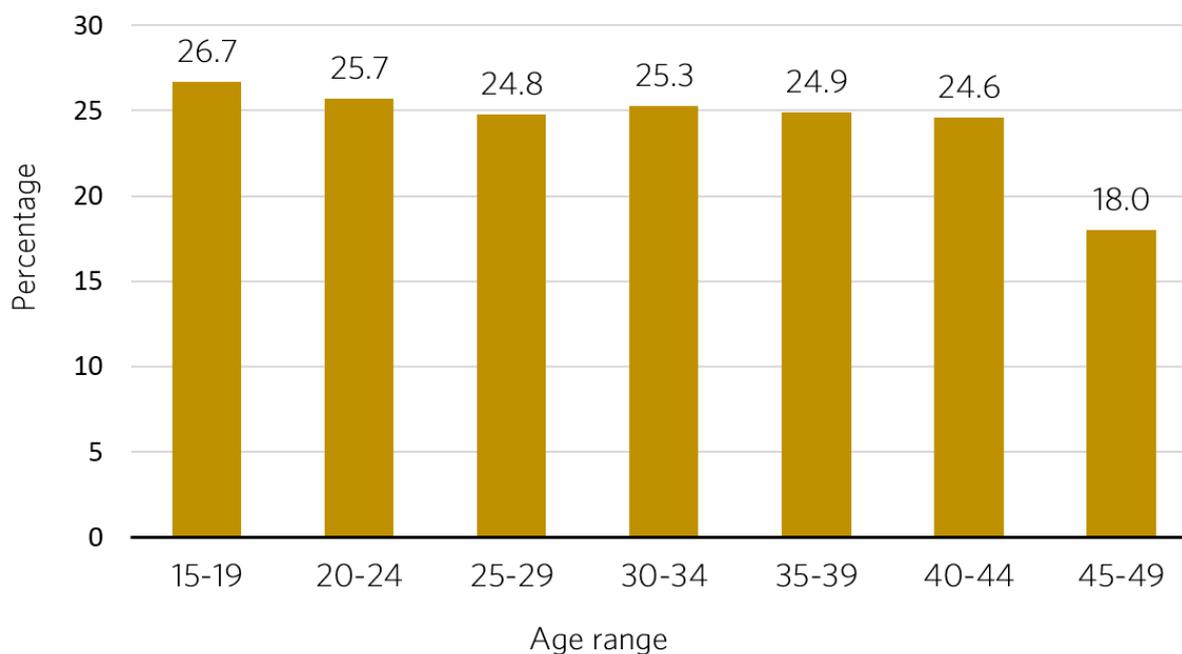
The average gap between unmet need for family planning at rural and urban service delivery points continued to narrow, from 2.3 per cent in 2018 (36 countries) to 2.0 per cent in 2019 (37 countries) for which data are available.

- In 2019, unmet need for family planning was lower in rural areas compared with urban areas in Benin, Chad, Congo, Democratic Republic of the Congo, Guinea-Bissau, Lao PDR, Nigeria, Sao Tome, Senegal and Timor-Leste.
- Even in countries where unmet need for family planning is higher in rural areas than urban (a more common situation), the gap is now less than 2 per cent in seven countries (Cameroon, Gambia, Guinea, Kenya, Rwanda, Togo and Zimbabwe).

The gap between rural and urban areas has been closing steadily over the years. The gap in unmet need for family planning between rural and urban areas<sup>2</sup> has decreased in a number of countries according to an analysis of DHS data, with several notable examples:

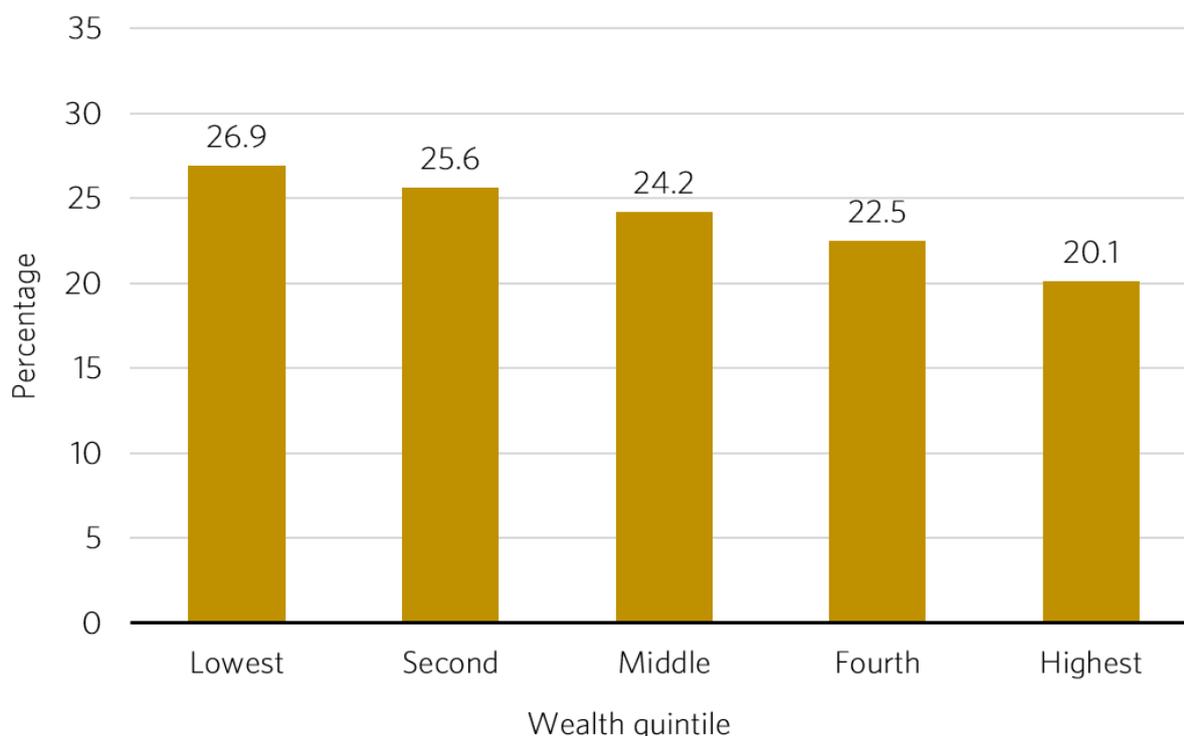
- Uganda from 13.8 to 7.3 per cent between 2006 and 2016
- Tanzania from 6.4 to 3.5 per cent between 2004/5 and 2015/16
- Rwanda from 7.2 to 2 per cent between 2007/8 and 2014/15
- Zimbabwe from 7.1 to 1.5 per cent between 2005/6 and 2015
- Zambia from 7.4 to 3.8 per cent between 2013-14 and 2018

Figure G1: Percentage of women with an unmet need for any method of contraception (married or in-union) disaggregated by AGE in UNFPA Supplies programme countries for which survey data are available, 2019



<sup>2</sup> Source: ICF, 2015. The DHS Program STATcompiler at [www.statcompiler.com](http://www.statcompiler.com).

Figure G2: Percentage of women with an unmet need for any method of contraception (married or in-union women) disaggregated by WEALTH QUINTILE for UNFPA Supplies programme countries for which survey data are available, 2019



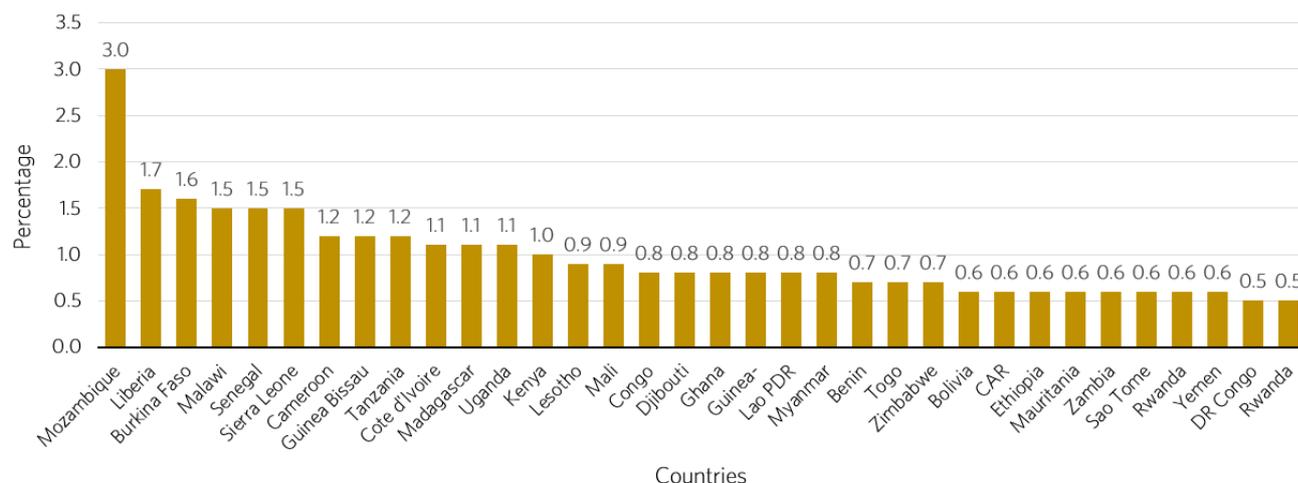
## G2 Modern contraceptive prevalence rate

Use of modern contraceptives has been growing across all UNFPA Supplies countries since 2012.

- The average modern contraceptive prevalence rate (mCPR) for all women of reproductive age in the 46 countries was 25.1 per cent in 2019—an increase from 23.2 in 2016, 23.9 in 2017 and 24.4 in 2018.

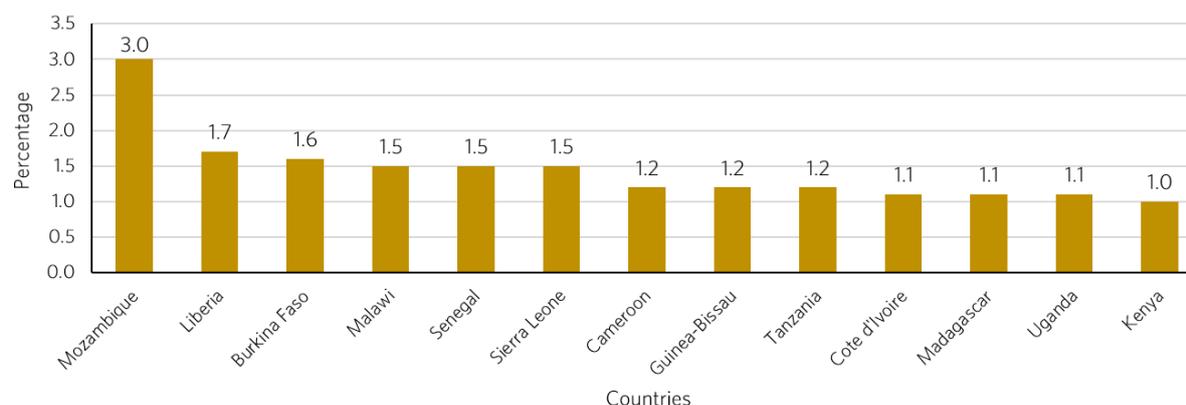
All 46 countries of the UNFPA Supplies programme continued to make progress in their modern contraceptive prevalence rate (mCPR). Lesotho had the highest mCPR in 2019 (51.3 per cent), followed by Zimbabwe (48.9 per cent). South Sudan had the lowest mCPR (3.9 per cent). The rate of increase in mCPR continued to rise from 2012 to 2019 across the 46 UNFPA Supplies countries (Figure 3). The 0.7 percentage point increase in 2019 was similar to the previous year (0.6 percentage points in 2018).

Figure G3: UNFPA Supplies countries with more than 0.5 annual percentage point increase in mCPR (among all women) over the 2012-2019 period



Growth greater than 1 per cent in contraceptive use (among all women of reproductive age) was recorded in 13 countries in UNFPA Supplies during 2019—nearly one third of the programme. An additional 21 countries had mCPR growth between 0.5 and 1 percentage point during the same period. In total, 34 out of 46 UNFPA Supplies countries had more than a 0.5 annual percentage point increase in mCPR. Mozambique has had the highest mCPR growth over the past three years followed by Liberia and Malawi. The majority of countries are in the middle part of the S curve with the possibility of growth.<sup>3</sup>

Figure G4: UNFPA Supplies countries with the highest annual percentage point increase in mCPR (among all women) over the 2012-2019 period (Source: FP2020)



Disaggregated data for mCPR are collated from national surveys. Data reported below (for married and in-union women only) are for countries for which survey data are available for both 2018 and 2019. It should be noted that this indicator, like all at goal level, has scope beyond the programme.

<sup>3</sup> Growth in use of modern contraception in a country follows an S-shaped curve, with growth starting off slow at low levels of contraceptive prevalence, entering a period of more rapid acceleration and then levelling off as a high mCPR is reached. The exact shape of the curve will differ by country. Though all countries will experience a period where growth rates increase, the exact rate of annual change during this period varies by country.

### *Urban and rural mCPR*

The trend across the 46 UNFPA Supplies countries is a decreasing gap between urban and rural mCPR, suggesting that programmes are beginning to be successful in expanding access to family planning to reach underserved populations.

National data show that most UNFPA Supplies programme countries have higher mCPR in urban areas than in rural areas, with four exceptions in 2019. **Rural areas** have higher mCPR in Lao PDR, as well as three countries that were also in this situation in 2018, Ghana, Sao Tome and Principe and Timor-Leste.

Ghana has long had a higher mCPR for rural areas (29.2 per cent in 2019) compared with urban areas (25.1 per cent). Ghana's well-established community-based family planning programme was started in the mid-1990s to reach rural populations and has continued to evolve and improve. Similarly, In Lao PDR, mCPR in rural areas (50.5 per cent) is higher than urban areas (45.8 per cent). Timor-Leste is a similar case, with a slightly higher mCPR in rural (24.5 per cent) than in urban (23.0 per cent), because of a number of easy to reach communities outside the main cities.

Nationally Kenya has a similar mCPR for rural areas (60.6 per cent) as for urban areas (60.9 per cent), yet has notable regional variations in prevalence with central Kenya with a CPR of 73 per cent compared with the North East region at just 3.4 per cent where desired family size is much larger and women face barriers to health care including geographic access and impact of terrorist attacks (Kenya DHS 2014).

Of the two countries that showed the largest **gap between urban and rural mCPR** in 2018, Burkina Faso has reduced the gap from 18.2 per cent in 2018 to 12.3 per cent in 2019 while the gap for Senegal remains unchanged (17.9 per cent). Barriers to family planning in these countries' rural areas have been identified as sociocultural, fear of side effects and frequent stock-outs of commodities that have demotivated women from seeking services. The 2019 UNFPA Supplies-supported facility survey for Senegal indicates that stock-outs were primarily caused by delays in warehouses resupplying service delivery points. With support from UNFPA, Senegal is continuing to roll out its supply chain "push" model in 2019, with the aim of reducing stock-outs including in rural areas. The last mile supply chain assessment supported by UNFPA Supplies for Burkina Faso noted that maintaining stocks in areas with non-state actor violence is challenging, but generally they are able to fulfil service delivery point orders within 48 hours.

### *Age and wealth*

Adult women are almost twice as likely to use contraceptives compared with younger women across the 37 UNFPA Supplies countries for which disaggregated data on mCPR (married or in-union women) is available.

- **The mCPR for girls aged 15-19 years (18.6 per cent) is almost half that of women aged 30-34 years (32.3 per cent).**

The low contraceptive use among adolescents needs to be reviewed according to each country's situation, but such findings indicate a need for a greater focus on programming to reduce barriers on the demand side, supply side and the environment of policies and social norms.

Rights-based family planning means ensuring all adolescent girls and women have equal and equitable access to family planning services, yet across the 37 UNFPA Supplies countries for which disaggregated data on mCPR (married or in-union women) is available, there is still a gap between the lower (22.5 per cent) and the higher wealth quintiles (34.7 per cent).

Figure G5: Distribution of mCPR among married/in-union women by AGE for countries for which survey data are available, 2019

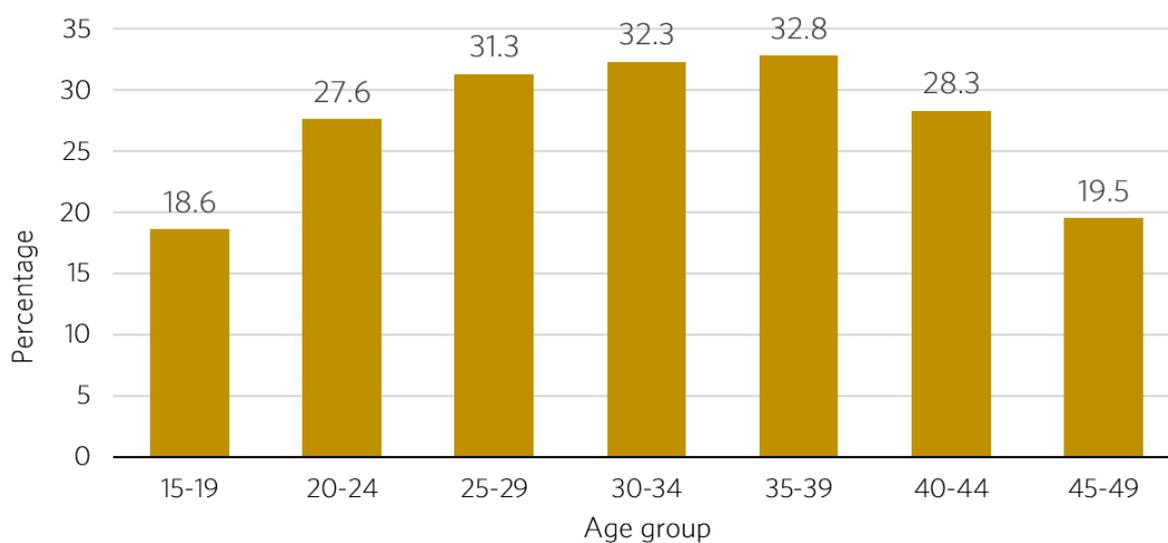


Figure G6: Distribution of mCPR among married/in-union women by WEALTH QUINTILE for countries for which survey data are available, 2019

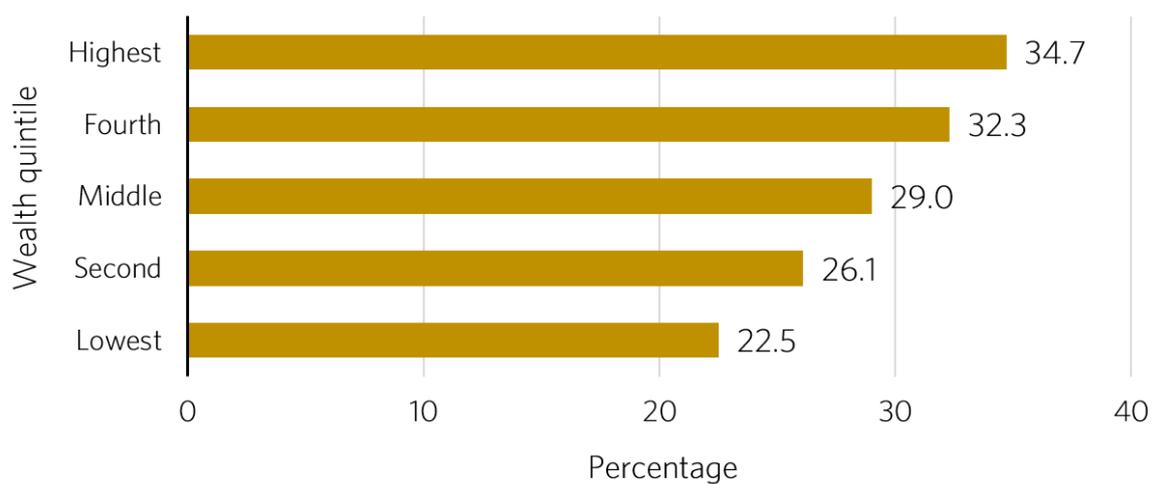
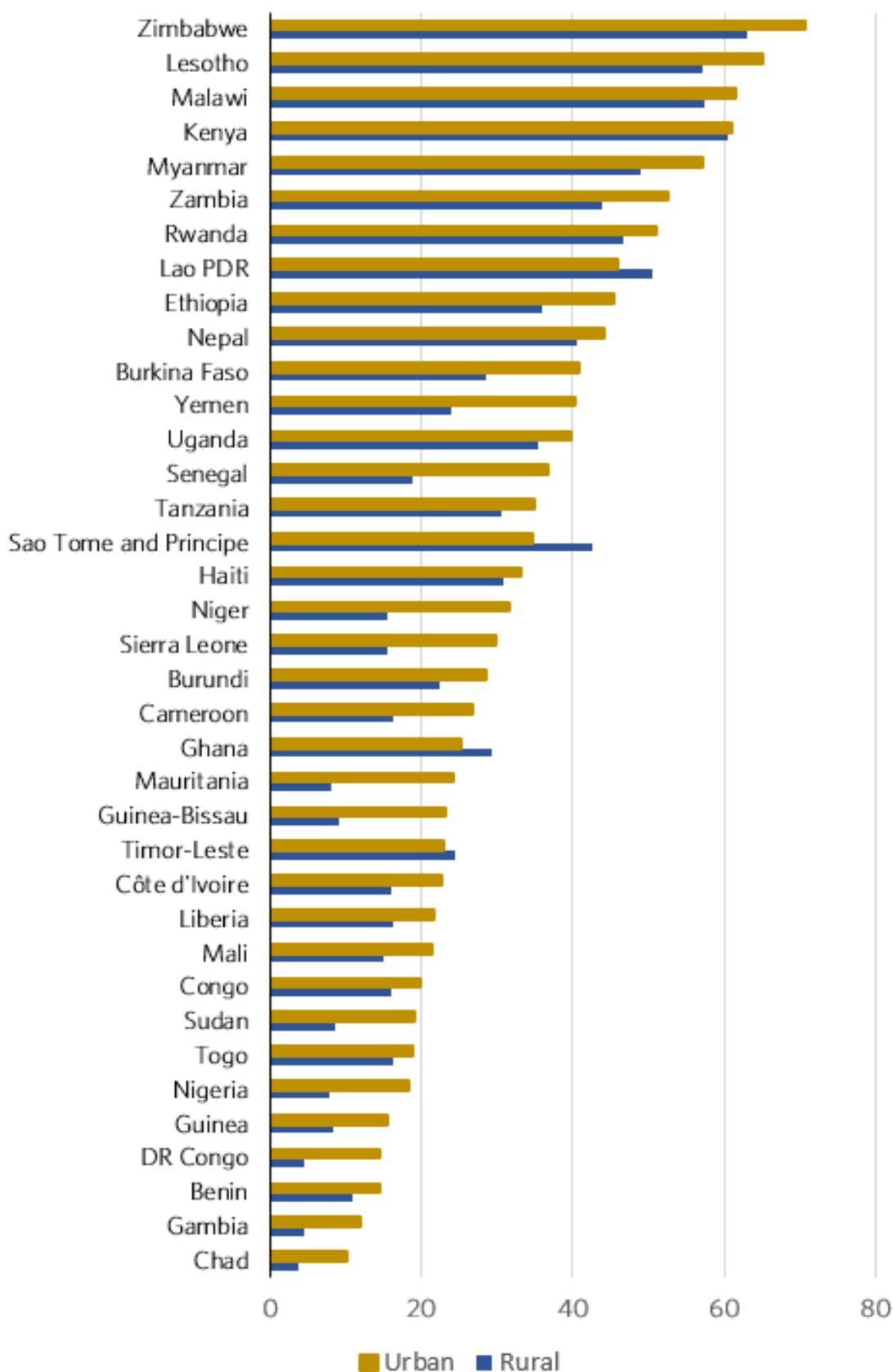


Figure G7: Distribution of mCPR among married/in-union women in rural and urban areas per country in 2019 (37 UNFPA Supplies countries for which survey data are available), 2019



## G3 Demand for family planning satisfied with modern methods

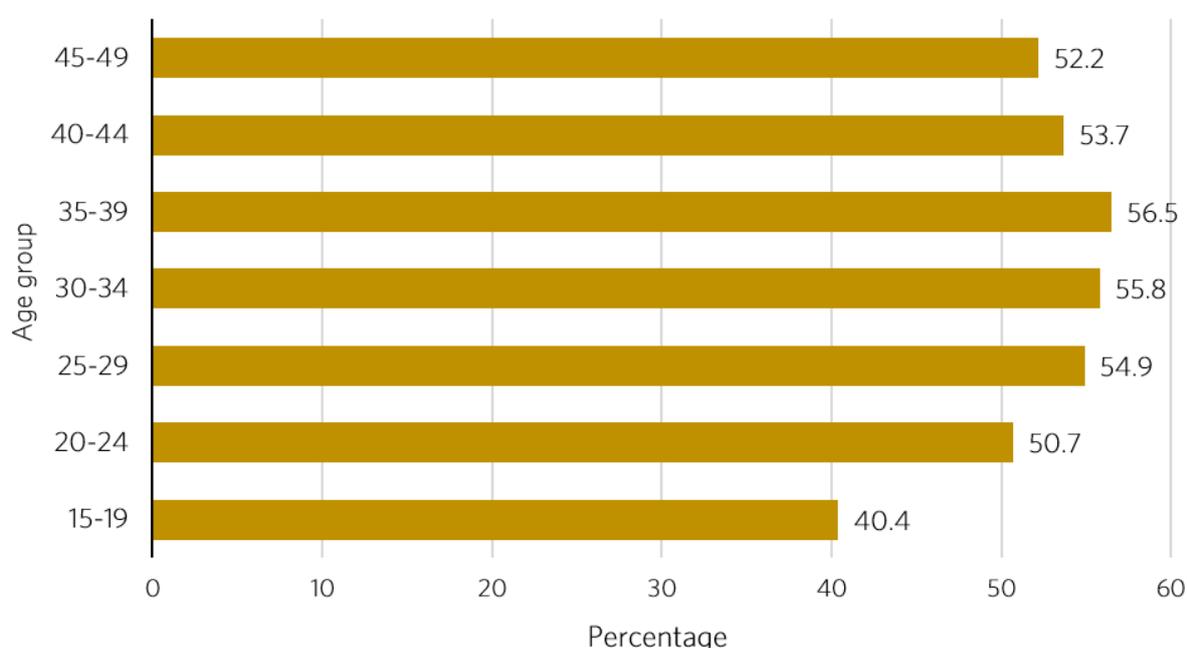
- Average demand for family planning satisfied with modern methods rose from 48.4 per cent<sup>4</sup> in 2018 to 49.4 per cent in 2019 in the 46 UNFPA Supplies countries based on the updated FP2020 database.

Zimbabwe had the highest percentage of women whose demand was satisfied with modern contraceptives in 2019 with 89.4 per cent, and South Sudan had the lowest at 14 per cent. Like unmet need, progress on demand satisfied also varies in its pace and needs to be analysed against the backdrop of fertility desires and other dynamics in countries.

The data show that Mozambique continued its notable upward trends in demand satisfied since 2012, with a 1.9 percentage point increase in 2019 to reach 60.4 per cent.

Demand satisfied for family planning is fairly even across age groups, but still significantly lower among girls aged 15-19 across the 37 UNFPA Supplies country for which disaggregated data on married or in-union women is available for 2019.

Figure G8: Demand satisfied all methods of contraception for married or in-union women disaggregated by AGE for countries for which survey data are available, 2019



Demand for modern contraception satisfied among women in the poorest households is far lower than among women in the richest households. In Nigeria and Yemen for example, there are gaps of more than 40 percentage points between demand satisfaction among women in the poorest wealth quintile and the richest quintile. In Republic of Congo the demand satisfied is almost the same for the lowest (63.2 per cent) and the highest wealth quintile (63.1 per cent).

<sup>4</sup> When comparing current and past reports, please note that the value for the past year may change based on the modelling process of “rolling baselines” adopted by FP2020.

Figure G9: Demand satisfied all methods of contraception for married or in-union women disaggregated by WEALTH QUINTILE for countries for which survey data are available, 2019

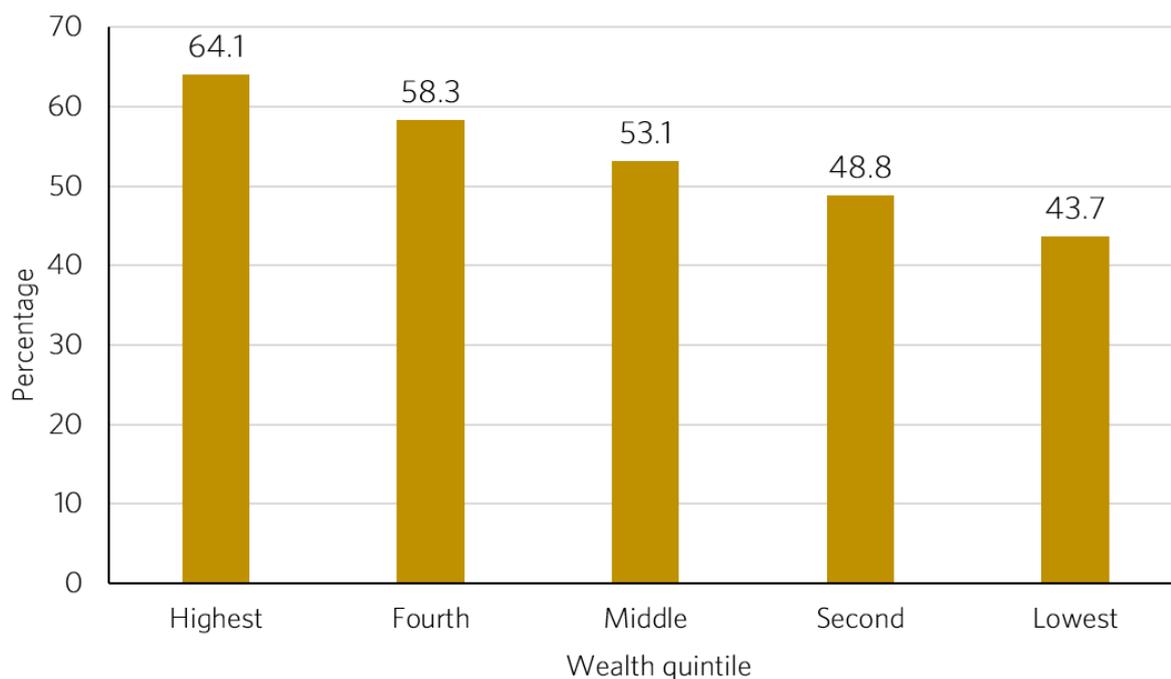
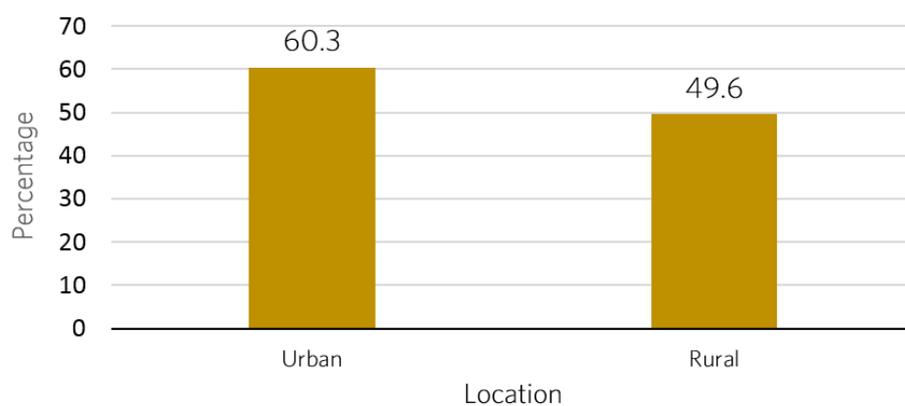


Figure G10: Demand satisfied for all methods of contraception for married or in-union women disaggregated by residence (urban & rural) for countries for which survey data are available, 2019



## G4 Contraceptive method mix

The programme assesses the range and types of contraceptive methods used as part of measuring progress towards ending the unmet need for family planning. Access to a wide variety of family planning methods increases contraceptive use and satisfaction and reduces discontinuation, as women are more likely to find a method that suits their needs. A diverse choice of methods also provides women with access to longer acting and more effective methods of contraception, reducing the risk of unintended pregnancy. A wide variety of methods is a component of quality of care as well as an important principle of rights-based family planning. The range of methods available in a country is not solely a reflection of UNFPA Supplies procurement. However, the programme tracks method use in the programme

countries. This assessment is based on World Contraceptive Use data from the Population Division at UN DESA, and reflects countries' most recent surveys.<sup>5</sup>

- The most-used methods across UNFPA Supplies countries are **injectable contraceptives (intramuscular and subcutaneous)** (33.9 per cent of users), **oral contraceptive pills** (23.6 per cent of users) and **male condoms** (13.6 per cent of users).
- Use of **male sterilization** is extremely limited, just 0.5 per cent of all users, and no data are recorded on prevalence in the majority of 46 countries.
- Use of **female sterilization** is also relatively limited at 2.5 per cent of users with the exception of countries with the exception of Honduras, Nepal, Malawi, Bolivia and Papua New Guinea, with the majority of countries below 1 per cent.
- The prevalence for contraceptive **implants** has increased by 1.8 per cent in 2019 compared with 0.7 percentage point in 2018.
- The use of long-acting reversible contraceptive (LARC) methods increased to 17.5 per cent from 16 per cent in 2018.

A number of countries intensified their efforts on introduction and scale up of new methods to add to the variety of methods offered and increase contraceptive choice for women. UNFPA continued to be instrumental in advocacy and policy support for inclusion of new products into national Essential Medicines Lists, Treatment and Family Planning Guidelines and development of costed introduction and scale up plans. UNFPA also continued to assist with registration of products with National Regulatory Authorities and obtaining waivers for products if required.

**Injectable contraceptives:** Training to provide DMPA-SC in these countries reached more than 39,743 health care providers and 48,180 community-based distributors (CBDs), with support from UNFPA Supplies. The training also provided instruction on self-injection of DMPA-SC, which falls under World Health Organization guidance on self-care interventions. Self-injection programming has been approved or allowed in 23 countries as of 2019. In addition, a number of countries are strengthening their systems to capture data on users of injectable contraceptives, and to include the method in the national logistics management information system (LMIS) and health management information system (HMIS).

- 42 countries (including some non-UNFPA Supplies countries) included the subcutaneous injectable contraceptive (DMPA-SC) as part of the variety of methods offered in 2019, up from 32 countries in 2018.

**Permanent methods:** In 2019, Papua New Guinea and Rwanda requested and received support from UNFPA Supplies to provide medical equipment and supplies for voluntary non-scalpel vasectomy services and Rwanda also for tubal ligation supplies. Rwanda reported 1,413 vasectomy procedures and 4,281 tubal ligations procedures as a result of this support. The country's Ministry of Health and the Rwanda Biomedical Centre have put in place a mentorship programme and held knowledge-sharing workshops for health care providers to strengthen quality of care and counselling.

**IUDs:** To increase access to copper IUDs, Ethiopia has been expanding the training of health care providers including notably Health Extension Workers on the insertion and removal of IUDs. In 2019, the country trained just over 600 providers on this method. UNFPA Supplies also supported Bolivia, Côte d'Ivoire, Haiti, Sao Tome and Principe and Sierra Leone also offered training on IUD insertion and removal, but primarily for nurses and midwives.

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<sup>5</sup> United Nations, Department of Economic and Social Affairs, Population Division (2020). World Contraceptive Use 2020 (POP/DB/CP/Rev2020). [www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2020.asp](http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2020.asp)

**Implants:** Registration of the 2-rod levonorgestrel implant with a duration of use of three years increased from 13 countries in 2018 to 23 countries in 2019. Registration is an important step for countries that want to expand the method options available for women.

Among UNFPA Supplies countries over the past four years, a single modern method was dominant in 18 countries (39 per cent) in 2016, 14 countries (30 per cent) in 2017, 13 countries (28 per cent) in 2018 and 17 countries (37 per cent) in 2019.

Three contraceptive methods were found to be dominant:

- injectable methods in nine countries (Ethiopia, Haiti, Liberia, Madagascar, Myanmar, Rwanda, Uganda, Sierra Leone and Zambia);
- oral contraceptive pills in six countries (Central African Republic, Djibouti, Lao PDR, Mauritania, Sudan and Zimbabwe); and
- male condoms in two countries (Congo and Democratic Republic of Congo).

Injectable contraceptives continue to be the method with the highest use (33.9 per cent) on average. This is followed by oral contraceptive pills (23.6 per cent) and male condoms (13.6 per cent). Also, injectable methods, pills and male condoms continue to be the three contraceptive methods that together account for at least 50 per cent of users in UNFPA Supplies-supported countries.

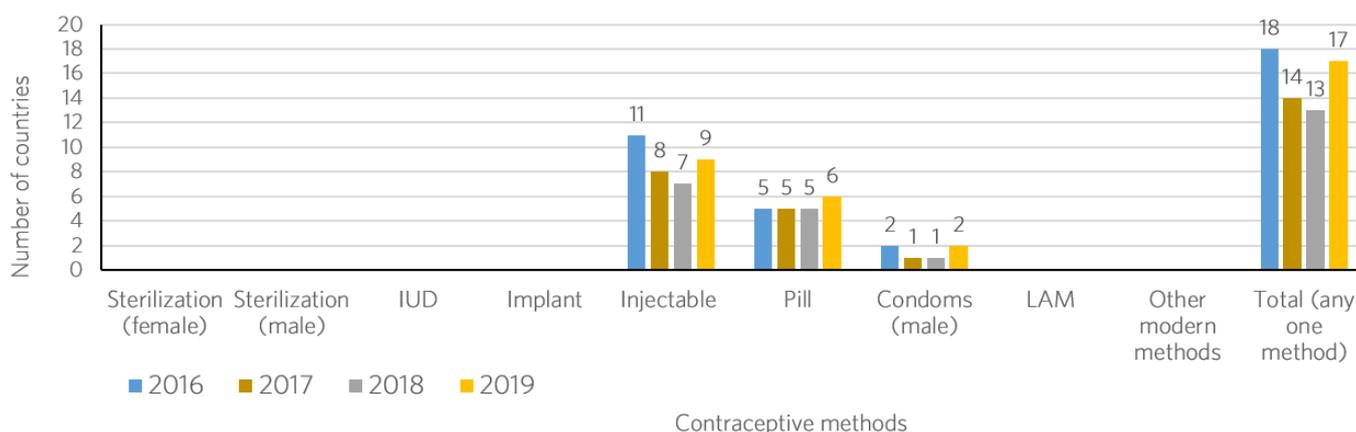
## METHOD MIX SCORE AND METHOD SKEW

Contraceptive method mix is assessed using two measures: the method mix score and method skew. Method mix is defined as the per cent distribution of modern contraceptive users by the method they use. The method mix score is calculated by using the difference between the highest most prevalent method and the third highest most prevalent method divided by the average mCPR for that country converted to a 10-point scale.

- **The average method mix score, on a ten-point scale, for the 46 countries increased from 7.5 points in 2018 to 8.1 in 2019. This means a higher concentration of users on a few methods.**

The method skew is a measurement that is used to assess the dominance of a single method in a country. If a single method accounts for more than 50 per cent (more than half) of the contraceptive use; a country is categorized as having a method skew. In 2019, injectable contraceptives became the dominant method in Sierra Leone and Zambia. The dominance this method may be due to the roll out and scale-up of subcutaneous injectables (DMPA-SC) or to an increase in the use of intramuscular injectables (DMPA-IM), but it is not possible to determine the cause because surveys do not disaggregate data by method. In Lao PDR, the pill became the most dominant method.

Figure G11: Number of UNFPA Supplies implementing countries where one method is used by at least half of all users of modern contraceptives, 2016-2019

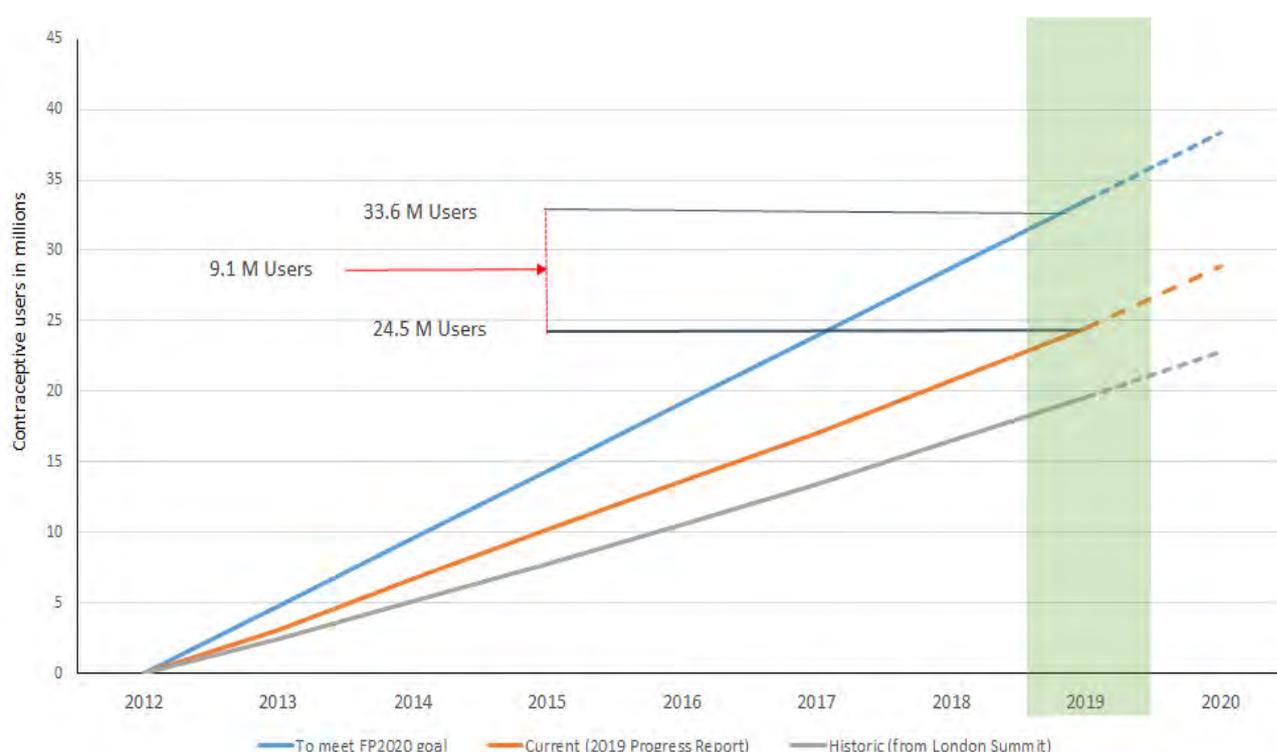


## G5 Additional modern contraceptive users

- An additional 24.5 million women and girls (aged 15-49) are using modern contraception in the 46 UNFPA Supplies countries in 2019, compared with 20.8 million additional users in 2018. This brings the total number of users in these countries to 68 million since 2012.

Of the 53.4 million additional users in FP2020 countries in 2019, 46 per cent or 24.5 million, are in UNFPA Supplies countries. Although the FP2020 goal will not be met this year, the pace of growth since the 2012 London Summit on Family Planning has increased - an important step towards achieving the 2030 agenda.

Figure G12: Current trends for the 46 countries towards the FP2020 goal: modern contraceptive users in millions, 2019



The numbers for additional users are closely linked to the population size of countries, with populous countries such as Ethiopia, Kenya, Nigeria, Tanzania and Uganda contributing large proportions to the total. An exception is Mozambique, which despite having a relatively small population, has added almost 1.5 million additional users since 2012.

# AVAILABILITY INDICATORS

## **Outcome** Increased availability of quality RH commodities in support of reproductive and sexual health services including family planning, especially for poor and marginalized women and girls

UNFPA Supplies collects country-specific information through two sources unique to the programme: facility-based surveys and annual country reporting questionnaires.

**Facility-based surveys** are conducted in collaboration with governments in each programme country at least every two years. These large-scale national surveys provide point-in-time stock measurements. Twenty-three (23) countries submitted survey results for 2019.<sup>6</sup> However, not all 23 countries reported on the same set of data so all results do not appear in all indicators. The number of countries with available data is specified as needed.

The facility-based surveys track availability of supplies at service delivery points (SDPs) at three levels:

- **Primary-level SDPs** include clinics, health posts and community-based distribution through health workers. Primary care refers to the work of health care professionals who act as a first point of consultation for patients within the health care system.
- **Secondary-level SDPs** may include larger clinics and hospitals where medical specialists and other health professionals who generally do not have first contact with patients.
- **Tertiary-level SDPs** may include larger regional hospitals where specialized consultative care and more advanced treatment is provided, usually for inpatients and on referral from a primary or secondary health care provider.

**Annual country reporting questionnaires** are the second source of country-specific information collected each year by the UNFPA Supplies programme. All countries in the programme (46 of 46) provided information through the annual country reporting questionnaire in 2019.

In this section, indicators measure progress towards availability of contraceptives and maternal health medicines. It should be noted that UNFPA Supplies does not operate in isolation and does not claim exclusive credit for the achievements presented.

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<sup>6</sup> Facility-based surveys 2019: Benin, Burkina Faso, Burundi, Central African Republic, Republic of Congo, Democratic Republic of the Congo, Djibouti, Ethiopia, Guinea-Bissau, Lesotho, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nigeria, Papua New Guinea, Sao Tome and Principe, Senegal, Sierra Leone, Sudan, Tanzania, Zimbabwe.

## M1 Availability of reproductive health commodities

On the day of the facility-based survey visit, SDPs count family planning supplies on their shelves, looking for three methods at primary level and five at secondary and tertiary.

### M1.1 Percentage of countries with 85 per cent of primary service delivery points (SDPs) that have at least 3 modern family planning methods on the day of visit or assessment (disaggregated for urban/rural)

Access to a range of contraceptive methods helps ensure method mix for choice and quality of care. Twenty-three countries provided survey data on this indicator in 2019.

- In 2019, availability of broader method choice improved at the service delivery level: 83 per cent (19 countries) had available at least three modern contraceptive methods at 85 per cent or more primary-level SDPs. Availability is higher in urban areas (83 per cent) compared with rural areas (74 per cent).

Across primary, secondary and tertiary levels:

- On average, availability of three modern methods was similar in 2019 (92 per cent) to 2018 (94 per cent).
- The three most widely available methods in 2019 were contraceptive pills (available at 96 per cent of SDPs), injectable methods (93 per cent) and male condoms (92 per cent).

Looking at data for countries conducting the survey over the past four years: Burundi and Sao Tome and Principe have at least three modern methods available at 100 per cent of primary SDPs, followed by Senegal at 99.7 per cent and Burkina Faso 99.4 per cent. A significant increase is observed in Myanmar, from 81.4 per cent in 2016 to 90 per cent in 2019. Some fluctuation is seen in Nigeria's high levels, up from 92.6 per cent in 2016 to 94.1 per cent in 2017 and reaching 99.5 per cent in 2018, before decreasing to 94.4 per cent in 2019.

Regarding injectable contraceptives, some decrease in the availability of injectable methods was observed between 2018 and 2019 in two of the nine countries for which survey data is available, down from 96 to 94 per cent in Guinea-Bissau and from 95.1 to 91 per cent in Myanmar.

### M1.2 Percentage of countries with 85 per cent of secondary and tertiary SDPs that have at least five modern family planning methods available on the day of visit or assessment (disaggregated for urban/rural and SDP type)

- Of the 23 countries with survey data in 2019, 61 per cent (14 countries) had at least five modern methods of contraception available at 85 per cent or more secondary- and tertiary-level SDPs.

On average, availability is higher in urban areas (80 per cent) than rural areas (71.5 per cent). Availability of five modern methods is higher in tertiary (67 per cent) than secondary level (57 per cent) levels.

Main reasons given for not offering contraceptives were:

- "Low or no client demand for contraceptives" (Benin, Burkina Faso, Burundi, Central African Republic, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Myanmar, Nigeria and Tanzania),

- “Supplies delayed from their main source” (Democratic Republic of the Congo, Guinea-Bissau, Madagascar, Papua New Guinea and Tanzania)
- “Lack of equipment for provision of the implants/IUDs and sterilization” (Burundi, Guinea-Bissau and Lesotho)
- “No trained staff for the method” mainly for IUDs and implants (Benin, Burundi, Malawi, Myanmar for some parts of the country, Nigeria, Papua New Guinea and Sudan).

### **M1.3 Percentage of countries where WHO prequalified/ERP approved hormonal contraceptives are registered (disaggregated for generic contraceptives)**

As of 2019, manufacturers are no longer informing UNFPA on the registration status of their products.

To expand access to modern contraception, UNFPA provides support for the continuous introduction, registration and scaling up of new contraceptive methods. Since 2011, UNFPA has been working with partners and manufacturers to increase the number of hormonal contraceptives that are prequalified by the World Health Organization (WHO). The Expert Review Panel (ERP) for RH medicines, which was established by WHO and UNFPA with the support of donors, has helped to increase the number of options made available for procurement. The ERP carries out a process in which UNFPA and WHO assess quality standards and recommend procurement for an interim period. Prior to the inception of the ERP for RH medicines and the Quality of RH Commodities programme, there were only five WHO prequalified hormonal contraceptives. All these were innovator products manufactured and supplied by research-based pharmaceutical manufacturers.

- As of 2019, there are 32 WHO prequalified hormonal contraceptives, of which 28 are generics.

A number of initiatives are in progress to improve the number of registered contraceptives that are WHO prequalified or ERP approved in the UNFPA Supplies programme countries.

In 2019, 17 of the 46 UNFPA Supplies programme countries participated in the “Collaborative Procedure” between the World Health Organization Prequalification of Medicines Programme and National Medicines Regulatory Authorities in the Assessment and Accelerated National Registration of WHO Prequalified Pharmaceutical Products. This procedure enables National Regulatory Authorities to use the data and assessments from the work conducted by the World Health Organization during their review of applications for registration of these products, thereby resulting in faster registration processes.

- The 2-rod levonorgestrel implant that was prequalified in 2017 was registered in 23 countries as of 2019, which is 10 more than in 2018.

The manufacturer the 2-rod levonorgestrel product has partnered with DKT International – a family planning service provider – to introduce, market and scale-up this product, with support from UNFPA country offices to ensure orders where products are registered, could be a useful example for other suppliers looking to expand or enter the market.

### **M1.4 Percentage of countries with 85 per cent of service delivery points (SDPs) where magnesium sulfate, misoprostol and oxytocin are available (disaggregated for urban/rural and SDP type)**

This indicator was satisfied in all countries surveyed, meaning that all had maternal health medicines available to a certain level in their SDPs, consistent with past years.

- 20 of 20 countries with survey data on this indicator had the three lifesaving maternal health medicines (magnesium sulfate, misoprostol and oxytocin) available in at least 85 per cent of their primary, secondary or tertiary SDPs in 2018.

Availability varies at the different levels: 65 per cent (13 countries) at tertiary level and 60 per cent (12 countries) at secondary level. One country (Guinea-Bissau) satisfied the indicator at primary level in 2019. Availability also varies by type of product: 95 per cent (19 countries) have oxytocin and 40 per cent (8 countries) have magnesium sulfate. Two countries have misoprostol available at 85 per cent or more service delivery points.

Rural SDPs are less likely than urban SDPs to have the three maternal health medicines available. Three maternal health medicines were available at 77 per cent of urban SDPs compared with 67 per cent of rural SDPs, consistent with past results.

The reasons why some SDPs do not have maternal health medicines include:

- “Delays by the SDPs to request for supply of the medicine” (Guinea-Bissau and Malawi)
- “No need for the medicine at the SDP” (Burkina Faso, Burundi and Mali, i.e. where SDPs do not have maternity care services but do offer family planning)
- “Delays on the part of main source institution/warehouse to re-supply the SDP with this medicine” (Mozambique, Nigeria and Sierra Leone)
- “Lack of trained staff to provide the medicine at the SDP” (Democratic Republic of the Congo and Lesotho).

In addition to supply chain strengthening, UNFPA Supplies is working with the UNFPA Maternal Health Thematic Fund on provider training for correct use of maternal health medicines.

### **M1.5 Percentage of countries reporting no contraceptive stock-out in at least 60 per cent of service delivery points (SDPs) in the last three months before survey (disaggregated by urban/rural and SDP type)**

The prevalence of stock-outs within any one country is one of many indicators that can help to understand the maturity of the national supply chain. This indicator encompasses supplies procured through UNFPA Supplies as well as all other sources, for a view of the country situation. Results for this indicator are obtained through facility-based surveys conducted by governments with support from UNFPA Supplies. In 2019, 22 countries reported against this indicator, the same as in 2018.

- 27 per cent of countries (6 countries) reported they had “no contraceptive stock-out” in 60 per cent or more SDPs in the last three months before the day of the survey visit. This was a decrease compared with 2018, when 36 per cent (8 countries) reported no stock-out.

Countries experiencing “no stock-outs in 60 per cent or more of SDPs” in 2019 included Burundi, Guinea-Bissau, Mali, Nigeria, Sao Tome and Principe and Sudan. Countries that satisfied the criteria in 2018 included Gambia, Guinea-Bissau, Honduras, Myanmar, Nepal, Nigeria, Rwanda and Sao Tome and Principe.

To monitor stock levels, UNFPA Supplies reviews national supply plans on a quarterly basis for the 46 programme countries. The Commodity Quarterly Review was introduced in 2019 (see 1.3.1). This analysis provides greater clarity regarding UNFPA's contribution to the wider need of the country. The national supply plans include details on the needs of the specific country, how much of that need is being procured by donors, as well as any national contributions. These plans then align the need to the amount of secured resources for procurement, subsequently highlighting the funding gap.

Reasons for stock-outs: The 16 countries reporting stock-outs in 2019 were Benin, Burkina Faso, Central African Republic, Congo, Democratic Republic of the Congo, Djibouti, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Myanmar, Papua New Guinea, Senegal, Sierra Leone and Tanzania. The reasons varied from country to country, but the most common reasons were: delays on the part of the warehouse to re-supply the SDP with the specific contraceptive (11 countries); low or no client demand for the specific contraceptive (8 countries); and, lack of trained staff to provide specific commodities (7 countries). Two countries reported an issue with the lack of equipment for provision of the contraceptives, e.g. for implant or IUDs. Stock-out in Myanmar increased from 40 per cent in 2018 to 95 per cent in 2019, due to supply chain issues including a lack of condom availability and lack of local transportation.

**Urban and rural locations:** Some 41 per cent (9 of 22 countries) reported no contraceptive stock-out in at least 60 per cent of urban SDPs, and 33 per cent of rural SDPs (7 of 21 countries) in the last three months before the survey.

## M2 Reproductive health in humanitarian settings

### M2.1 Number of women and girls reached in humanitarian settings through RH kits, services utilization and dissemination

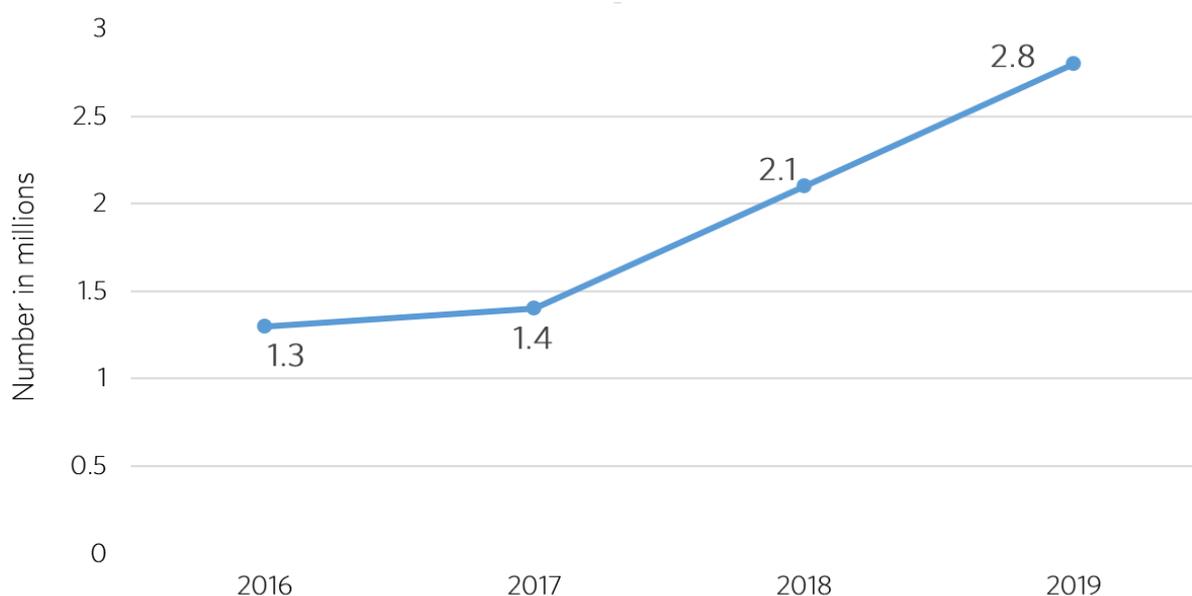
The provision of contraceptives and other supplies often takes the form of Inter-Agency Reproductive Health Kits for Crisis Situations (RH kits). More girls and women received the supplies and services they need in situations of disaster and conflict.

- RH kits dispatched with support from UNFPA Supplies were sufficient to reach 2.8 million women and adolescent girls in 2019, an increase from 2.1 million in 2018.
- An increase in the number of women and girls reached is seen over the past four years, from 1.3 million in 2016, 1.4 million in 2017, 2.1 million in 2018 to 2.8 million in 2019.

RH kits worth \$1.7 million (excluding freight costs) were dispatched to **18 countries** in 2019 with support from UNFPA Supplies. This includes UNFPA Supplies countries as well as non-programme countries. Interventions to reach women and to girls with RH kits through support provided by UNFPA Supplies were undertaken in **33 countries** (21 in the UNFPA Supplies programme and 12 non-programme countries).

UNFPA is the core pipeline manager for reproductive health supplies in **South Sudan** and takes a leading role in many crisis-affected countries. In **Mozambique** in 2019, RH kits were provided to the Ministry of Health to respond to populations affected by cyclones Idai and Kenneth. In **Nigeria**, RH kits were provided to the Nigerian Red Cross Society and Royal Heritage Health Foundation to ensure continuity of sexual and reproductive health services and prevention of sexual and gender-based violence in five states. In **Uganda**, UNFPA supported outreach services by partners in humanitarian settings that ensured delivery of family planning services in humanitarian camps. In the Democratic Republic of the Congo, UNFPA supported identification of the need for RH kits, and ensured continuity of family planning services through clinics and other service delivery points.

Figure M1: Number of women and girls reached with RH kits in humanitarian settings (in millions)



## M3 National budget allocations for contraceptives

### M3.1 Number of countries sustaining over time increased national budget line for the procurement of contraceptive commodities

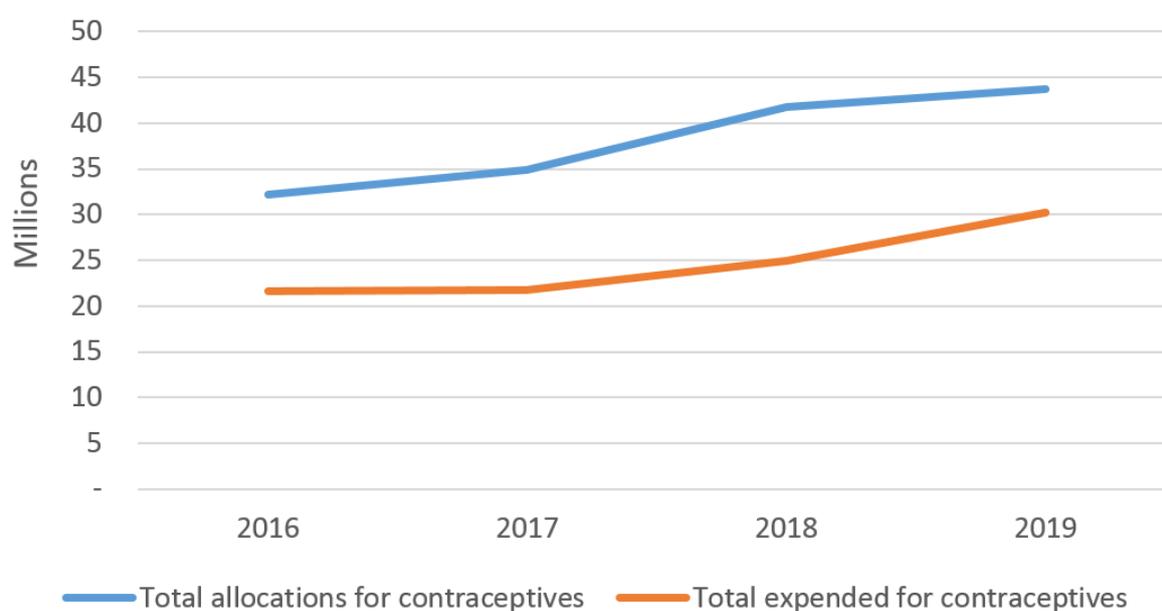
The extent to which a country funds its own family planning programme is a measure of sustainability and government ownership. Domestic financing is a key step towards establishing sustainable family planning programmes that meet the needs of populations and demonstrated government buy-in and ownership. Though allocations do not always result in spending, both domestic allocations and expenditures increased in 2019. Data for this indicator are updated on a rolling basis as information is received from countries given differences in financial years and accounting.

- **28 countries allocated funds through national budget lines for contraceptives and 13 countries for maternal health medicines.**

Countries in the UNFPA Supplies programme **allocated** more for procurement of contraceptives. Allocations in national budgets totaled \$43.8 million in 2019. The trend in allocations has increased from 32.2 million in 2016, \$34.9 in 2017, \$41.8 million in 2018 to \$43.8 million in 2019.

Total **expenditures** were also higher at \$30.2 million in 2019 compared with \$24.9 million in 2018 among countries in the UNFPA Supplies programme. UNFPA Supplies continued to work with national governments on increasing domestically controlled funding for reproductive health commodities as detailed in Output 1.

Figure M2: Total amount allocated and amount expended (US\$) in national budgets of UNFPA Supplies implementing countries for procurement of contraceptives, 2017–2019



Eight countries allocated more resources for procurement of contraceptives in 2019 compared with 11 in 2018 and spent at least 80 per cent of the resources allocated: Benin, Bolivia, Côte d'Ivoire, Lao PDR, Malawi, Mauritania, Mozambique and Niger. Six of these countries satisfied this indicator in 2018, while Mauritania and Mozambique are new this year.

## M4 Procurement and logistics management

### M4.1 Number of countries with a functional electronic logistics management information system (eLMIS)

Supply chains work best when information flows through an electronic, automated and computerized logistics management system, known as an "eLMIS".

- 40 countries had an automated (computerized system) in 2019 compared with 36 in 2018.

The four additional countries that progressed in eLMIS are Gambia, Ghana, Niger and Yemen. UNFPA Supplies has directly supported capacity building and functioning of the systems in these countries.

In **Gambia**, the UNFPA Supplies supported the development of an application to enable the Ministry of Health and Social Welfare to capture real-time data from SDPs, which is important for evidence-based decision-making during forecasting and quantification exercises. Support was instrumental in enhancing the capacity of SDP staff on eLMIS and online inventory. In **Ghana**, financial and technical support was provided to train logistics officers who were from 10 different regions. Such capacity building effort helps smooth functioning of eLMIS and keeps up and running the system. In **Yemen**, UNFPA Supplies supported the establishment of an LMIS system that was endorsed by both ministries in Aden and Sana'a. The LMIS is online and being used in 16 Governorates, providing real-time information to the central Ministry of Public Health and Population.

The indicator identifies eLMIS systems with at least **five of six functional attributes**: (1) information on contraceptives; (2) information on maternal health medicines; (3) inventory and monthly consumption data; (4) stock information at all levels at national subnational levels; (5) expiry dates of

all products; and (6) number of users for each product. When five out of the six attributes are taken together, it is considered that a country has a fully functional eLMIS.

- Of the 40 countries with eLMIS, 31 countries had a fully functional eLMIS in 2019, one more than 2018. The newly added country was Lesotho.

Figure M3: Number of countries by national distribution levels at which the eLMIS is operational, 2019

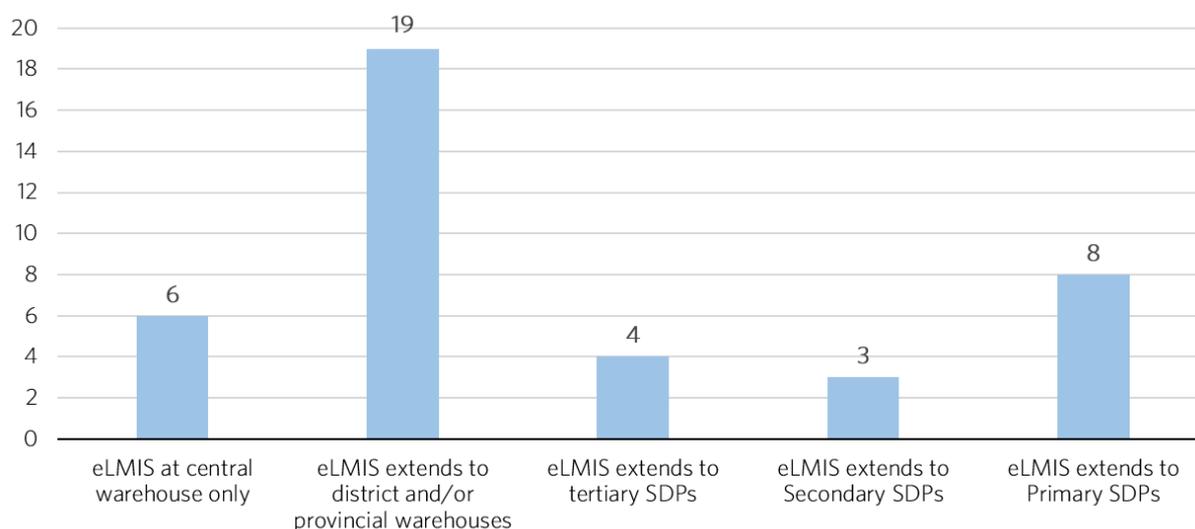
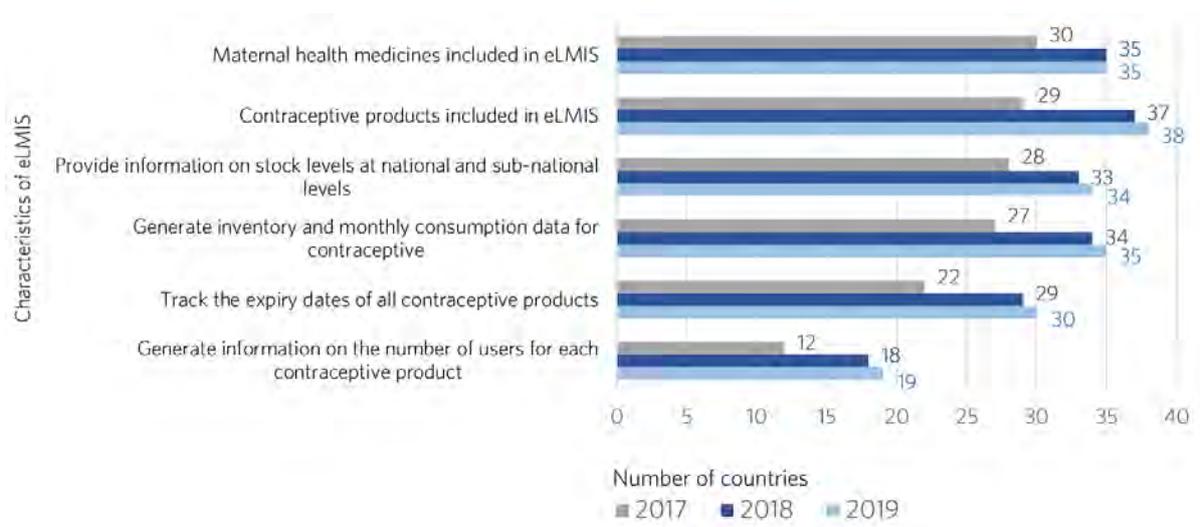


Figure M4: Number of countries where the eLMIS has specific characteristics or functionalities



#### M4.2 Percentage of countries where 85 per cent of service delivery points have staff trained in logistics management information systems

Countries are likely to have stronger supply chains when their staff receive training in LMIS. UNFPA Supplies provides support in collaboration with other partners to develop capacity for immediate and lasting results. For example, meetings are held on LMIS issues such as forecasting and quantification.

- 74 per cent of countries have staff trained in LMIS in at least 85 per cent of SDPs, compared with 71 per cent in 2018.

Staff trained in SDPs in urban areas increased from 72.7 per cent in 2018 to 78.1 per cent in 2019, while it decreased for SDPs in rural locations from 69.7 per cent in 2018 to 68.1 per cent in 2019. The

percentage is higher for secondary level (78.6 per cent) than for tertiary (76.5 per cent) and primary (71.7 per cent) levels.

Figure M5: Percentage of countries where 85 per cent of service delivery points have staff trained in logistics management information systems, 2019

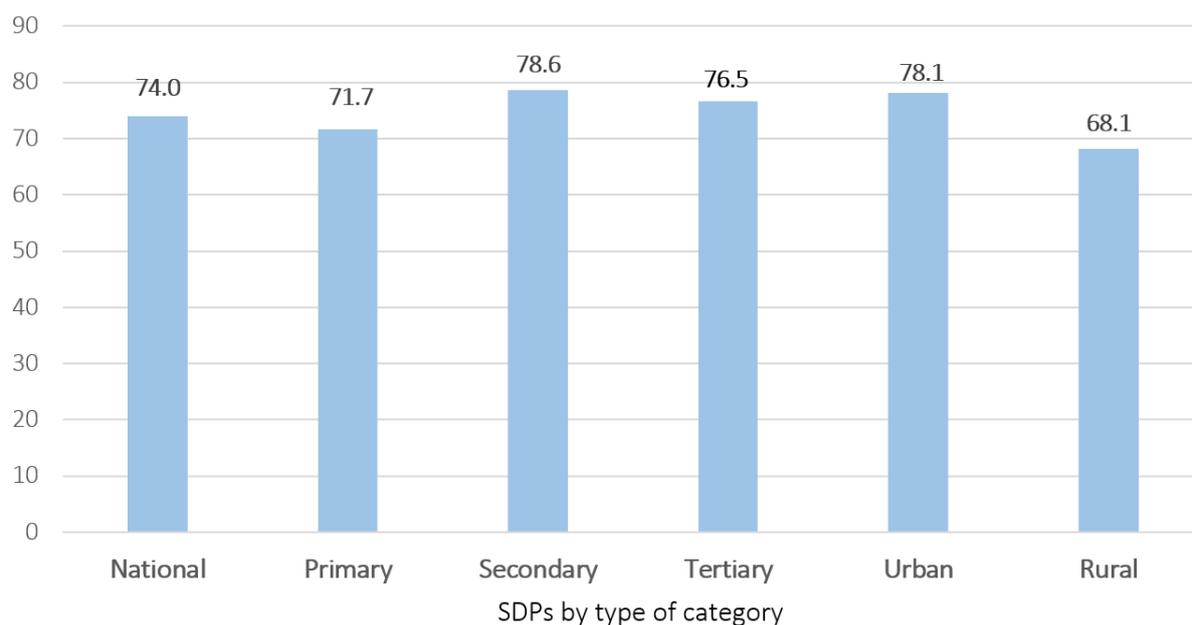
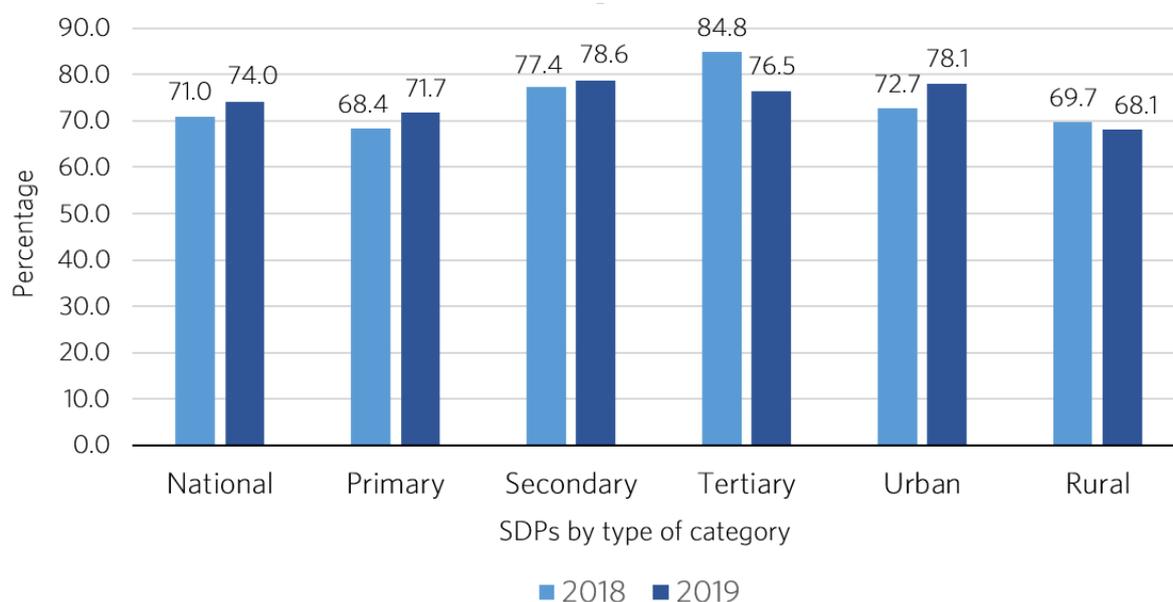


Figure M6: Percentage of countries that have staff trained in logistics management information systems in 2018 and 2019, per SDP level and per urban/rural areas

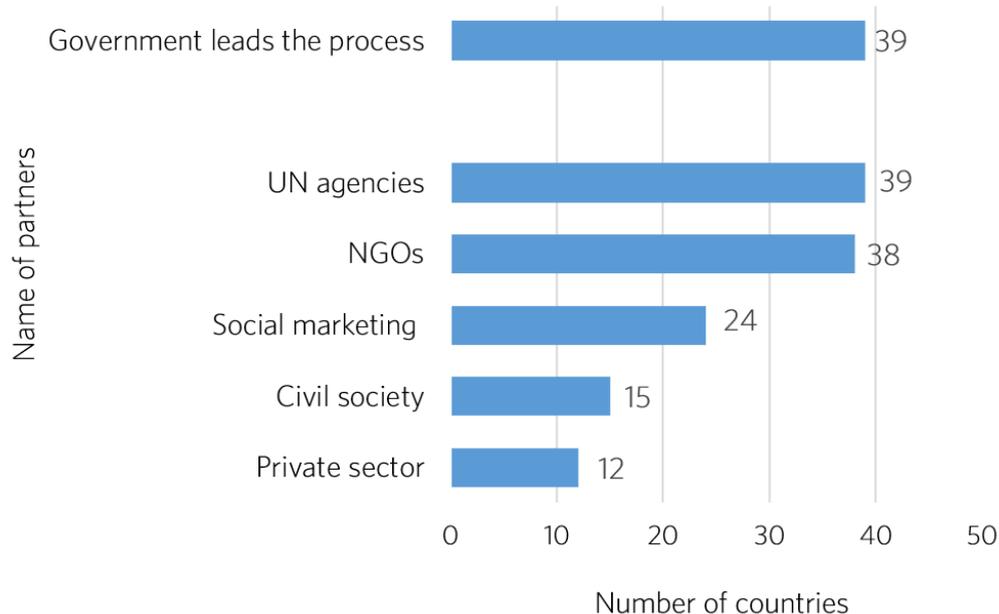


#### M4.3 Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives

This indicator is a measure of government leadership to convene relevant partners in demand forecasting, data generation, needs assessment, quantification and estimation of needs, and preparation of forecast plans. At least five types of partners, under the leadership of the government, were involved in forecasting for contraceptives in 39 countries in 2019, the same as 2018. UNFPA provided such leadership in three countries – Liberia, Timor-Leste and Yemen.

Key partners in 2019 included UNFPA, USAID, Marie Stopes, IPPF and IPPF Member Associations (affiliate NGOs in countries), Care International, Chemonics/GHSC-PSM Project, Clinton Health Access Initiative (CHAI), DKT, Marie Stopes International (MSI), PSI, JSI, World Health Organization, iPlus Solutions, Merck, Pathfinder, Global Fund, International Medical Corps and local civil society organizations.

Figure M7: Partners involved in forecasting of contraceptives



#### M4.4 Ratio of TPP versus UNFPA Supplies procurement amount spent on contraceptives for Category C countries

Programme countries were classified according to the maturity of their family planning programmes as part of the programme’s change management process launched in 2016. This categorization process, although not perfect, aimed to allow for a differentiated approach in funding.

The ratio of the value of Third Party Procurement (TPP) versus UNFPA Supplies procurement for the UNFPA Supplies Category C countries (those approaching sustainability) in 2019, was 1:5 compared with 1:2 in 2018. To prevent major stock-outs in Category C countries, UNFPA Supplies has continued to support the commodity gaps including unfulfilled commitments from other partners beyond the country allocated ceilings. The total value of contraceptives procured, using UNFPA Supplies resources, for the Category C countries was \$21.8 million dollars, while the total amount for TPP was \$4 million dollars. Among the 11 Category C countries, Third Party Procurement (TPP) was higher than UNFPA Supplies procurement in two countries (Bolivia and Malawi) than in the other nine countries. It should be noted however, that the funding source for TPP might not always be domestic funding – for example in Malawi, the health donor group has identified family planning funding gaps that can be filled using remaining funds from Malaria, TB, HIV or immunization sectors.

The use of Third Party Procurement by countries to purchase commodities from UNFPA Procurement Services has increased from 6 per cent in 2016 to 15 per cent in 2019. This suggests that countries are using more domestically controlled funds to purchase commodities, despite many challenges experienced in order to mobilize domestic resources. For example, in the allocation of domestic resources for TPP, Bolivia and Zambia show significant increases (with fund disbursement for Zambia anticipated in 2020); Lao PDR shows slight increases; whereas Bolivia, Honduras, Lesotho, Malawi, Myanmar and Zimbabwe show decreases. In Eastern Europe and Central Asia, UNFPA supported an analysis of root causes and the development of **actionable road maps** to improve structural gaps in national procurement processes and practices. The aim of this action was to advance Third Party Procurement in seven ECA countries (including the FP2020 countries Kyrgyzstan, Tajikistan and

Uzbekistan) with policies in place to procure commodities for vulnerable populations from state budgets.

#### **M4.5 Percentage of UNFPA Supplies contraceptive orders in which the supplier was in compliance with the agreed delivery time**

- Of the 375 orders (475 deliveries) that contained information for 2019, suppliers complied with the agreed delivery time for 43 per cent (206) of the orders, compared with 38 per cent in 2018.

Delays in 2019 by method were as follows: for oral contraceptives 39 per cent of the orders were late or the supplier did not complete the Order Tracking System (OTS); for emergency contraception 35 per cent of orders were late and 49 per cent lacked OTS information; for female condoms, 49 per cent of orders were late and 37 per cent lacked OTS information; for implants 21 per cent of orders were late and 62 per cent lacked OTS information; for injectables 44 per cent of orders were late and 33 per cent lacked OTS information; for IUDs 58 per cent of orders were late and 17 per cent lacked OTS information; for male condoms 46 per cent of orders were late and 31 per cent lacked OTS information; and for lubricants 56 per cent of orders were late and 32 per cent lacked OTS information.

Delays may be caused by a number of factors: delays in the production, registration issue of product/delay in waiver; delays of shipment due to missing a waiver or having included wrong data in the waiver; legalization of documentation for some countries in Latin America; delay of shipping due to not having the green light from country office or partner in field; delay of shipping due to the consignee not clearing the documentation; delay of shipping because the required documentation was incomplete when the order was placed and/or lack of information from country office; delay of shipping due to special printing and lack of confirmation on the drafts submitted by suppliers; delay of shipping when the goods are ready, but the purchase order for sampling and testing was not placed on time and/or when it is placed the sampling agency needs some time to make the arrangements; delay of shipment because the purchase order combines two products and one is ready and the other is not yet manufactured or the waiver is not obtained for one of those; and delay of shipment because of need to select freight forwarders for quotes over \$50,000.

#### **M4.6 Percentage of UNFPA Supplies contraceptive orders fulfilled in agreed quantity by the supplier**

- Of the 375 orders that were made in 2019, all of them (100 per cent) were fulfilled in agreed quantity by the supplier, which is the same as in 2018 for the 336 orders.

# ENABLED ENVIRONMENT INDICATORS

## Output 1 An enabled environment and strengthened partnership for RHCS and family planning

A strong enabling environment for family planning requires commitment and collaboration across multiple sectors. In 2019, UNFPA Supplies engaged with valued partners to strengthen family planning policies, build capacity for supply chain management, expand the method mix, prevent dangerous contraceptive stock-outs, advocate for greater efforts to reach remote and marginalized populations. The programme tracked last mile delivery and uptake of donated contraceptives, and ensured supplies reach women and girls in humanitarian settings.

### 1.1 Global and regional partnerships (support to global partners)

UNFPA provides global leadership in increasing access to family planning, by convening partners – including governments – to develop evidence and policies, and by offering programmatic, technical and financial assistance to developing countries.

#### 1.1.1 Evidence of collaboration with (and support to) partners at global and regional on family planning and commodity security

An important aspect of the UNFPA Supplies programme is its role in supporting and bringing together key partners for effective collaboration at the global level. The programme plays an active role as a convenor, facilitator, mediator and broker across the global family planning community. Working relationships with a wide range of partners help ensure effective and efficient programming.

##### *Fostering an enabling environment for family planning*

UNFPA Supplies partnered actively with the FP2020 Secretariat and core conveners on shaping an enabling environment for family planning. In 2019, collaboration ranged from country action plans and costed implementation plans for national FP strategies, to regional focal point workshops, to global events such as the Global Consultation on Ending Unmet Need for Family Planning in June and the Nairobi Summit on ICPD25 in November. For these events and other outlets, the partners co-created advocacy and knowledge-sharing moments and knowledge assets, among them a publication on high impact practices (HIP) titled “Family Planning in Humanitarian Settings: A Strategic Planning Guide”.

The year was informed by strengthening South-South knowledge-sharing, human rights-based approaches and integration of family planning and HIV in light of the Evidence for Contraceptive Options and HIV Outcomes study. UNFPA Supplies in-country staff were integral to securing new commitments to the FP2020 partnership in the Central African Republic and the Gambia. Also in 2019, UNFPA Supplies supported data collection on in-country financial expenditures on family planning that contributed to the FP2020 progress reporting and programme resources were actively engaged in the partnership’s Performance Monitoring and Evidence Working Group. Forward-looking efforts looked at the post-2020 vision, Phase 3 of the UNFPA Supplies programme, and sustainable financing for family planning, notably in regional workshops in Africa (francophone and anglophone) on “Health Financing, Humanitarian Response for FP and Supply Chains for RH Commodities”.

### *Towards sustainable financing for family planning*

Advocacy for sustainable financing continued in 2019 with the Global Financing Facility for Women, Children and Adolescents (GFF). Many of the 36 GFF-supported countries are also in the UNFPA Supplies programme, which in 2019 provided financial and technical assistance to produce two business cases to promote increased domestic funding and innovative financing for family planning in Burkina Faso and Mali. These business cases will be used for advocacy for prioritization of family planning in GFF investment cases.

UNFPA Supplies engaged with FP Financing Reference Team (FPFRT) around teleconference calls on innovative financing for family planning. FPFRT, a joint initiative of UNFPA and USAID, provides guidance regarding the low- and lower-middle income countries that are part of FP2020 and is made up of a number of funding and implementing organizations that share ongoing work and identify best practices in the field.

With Harvard University, UNFPA began development of a Family Planning Transition Readiness Assessment Tool (FP-TRAT) to support domestic resources use for family planning in the UNFPA Supplies programme countries. The tool is currently being reviewed.

Private sector health care providers were the focus of a strategic engagement framework endorsed at a regional consultation in Asia and the Pacific in 2019 organized by UNFPA with representatives from national professional associations. This partnership invites private sector health care providers to promote, dispense and distribute contraceptives to clients and share the data with their respective governments.

UNFPA Supplies also continued collaboration with the European Parliamentary Forum for Sexual & Reproductive Rights (formerly European Forum for Population and Development) with a particular focus on national workshops for parliamentarians given their key role in positioning and promoting access to family planning and especially approval of national budget allocations and expenditures. National parliamentary dialogues were held in Accra, Ghana (April 2019), Lusaka, Zambia (June 2019), Ouagadougou, Burkina Faso (October 2019) and Nairobi, Kenya (November 2019). These meetings sought to motivate, inspire and generate momentum among Champion Parliamentarians to secure and increase political and financial support for the advancement of UHC particularly for family planning. The meetings presented an opportunity for MPs to consider gaps and emerging challenges that were delaying progress in the implementation of sexual and reproductive health programmes. They considered key matters in health policy and financing and particularly identified challenges in resourcing reproductive health commodities.

The programme worked with partners to close the widening funding gap for reproductive health supplies. Data collected with support from UNFPA Supplies – notably the in-country Netherlands Interdisciplinary Demographic Institute (NIDI) surveys – to collect information on financial resources allocated and spent especially on family planning. Provide technical assistance to countries on the NIDI surveys, especially on methodology, monitoring, data collection, data analysis and validation. In 2019, 48 countries (including those supported by the UNFPA Supplies programme) returned the NIDI survey. A report for the resources flows in countries is available for 2019. The data was shared with FP2020 to contribute to tracking FP2020 Core Indicator 12 (Annual expenditure on family planning from government domestic budgets).

### *Using data to identify opportunities for accelerating family planning progress*

UNFPA developed the Family Planning Opportunity Database and Family Planning Country Opportunity Briefs with technical support from Avenir Health and together featured the briefs at the Global Consultation on Ending Unmet Need for Family Planning in June and the Nairobi Summit in November. The database and briefs have been shared with and used by UNFPA country offices and regional offices

and, with new data integrated into the database, will be made available for FP stakeholders as a global public good in support of efforts to end unmet need for family planning by 2030.

### *Addressing in-country supply issues*

UNFPA Supplies actively engaged in the Coordinated Assistance for Reproductive Health Supplies (CARhs) partnership with USAID, West African Health Organization (WAHO), CHAI and the Reproductive Health Supplies Coalition Secretariat. In 2019, CARhs continued to deal effectively with shortages and overstock situations through coordination with donors and implementing partners. When required, shipments are redirected and rescheduled to the countries in immediate need. Between January and December 2019, the CARhs group resolved 523 requests for information, technical support, and funding through review and analysis of stock status reports from over 62 family planning programmes in 31 countries. Overall, 121 supply imbalance issues reported by countries were reviewed and resolved. The feasibility of stock transfer was explored in collaboration with key stakeholders to address incidence of potential overstock, leading to 35 transfers. During the reporting period, commodities such as DMPA-SC and DMPA-IM and single-rod implants were transferred between countries and programmes, reducing wastage of approximately \$1.2 million worth.

The Coordinated Supply Planning (CSP) group is a cross-organizational team that strives to prevent family planning commodity stock imbalances by using shared supply chain data and information to better coordinate shipments and the allocation of resources within and among countries. CSP members include representatives of UNFPA's Procurement Services and Commodity Security Branches (UNFPA Supplies Secretariat), USAID including the Global Health Supply Chain Procurement and Supply Management project (GHSC-PSM), CHAI, John Snow, Inc. (JSI), and the Reproductive Health Supplies Coalition (RHSC). CSP members work together on two main activities: monitoring supply outlooks for programmes in 39 countries and analysing country and programme funding gaps.

In 2019, CSP reviewed and addressed requests and orders for **37 countries**. UNFPA and USAID took an end-to-end approach (from manufacturer to end user) and improved and standardized data-collection on consumption, stock levels and shipments of various contraceptives. This improved visibility along the supply chain and identified countries with under- and overstocks.

The Global Family Planning Visibility and Analytics Network (Global FP VAN) was officially launched in January 2019 and merges the data of the CARhs and CSP groups, successfully integrating and aggregating supply chain inventory and order and shipment data from many different health systems into a single platform. Historically, both groups have had to work in parallel. Members of CSP and CARhs actively used the Global FP VAN throughout 2019 to formalize the new processes to work together as one group, using one database directly with countries and manufacturers. With specialized training, Ghana, Malawi and Nigeria integrated the Global FP VAN into their health system strengthening. There's also a set of public-access dashboards called "RH Viz" that allows users to analyse more than \$2 billion worth of contraceptives from around the world. By early 2020, over 100 Global FP VAN users could track over 2,000 orders and 1,800 shipments in the platform from across 115 countries.

### *Improving method mix and access to good quality, human rights-based services*

Implants: UNFPA Supplies continued to engage with the Implants Access Programme (IAP) Operations Group to expand contraceptive options and access, making a previously less accessible contraceptive method more widely available. The IAP is made up of core participants from UNFPA, WHO, USAID, The Bill & Melinda Gates Foundation and Global Impact Advisors (GIA). Its purpose is to identify, troubleshoot, provide technical assistance and monitor barriers to introduction and scale up specific to country-level issues related to training, service delivery, quality and policy. The IAP has established other structures, including groups focused on implant removal, DMPA-SC and new methods (e.g. hormonal IUDs and vaginal rings) and underutilized methods such as copper IUDs. In 2019, a survey was conducted in 15 countries to understand and explore reasons behind implant product preferences

that are driving the procurement requests. The survey found factors such as historical procurement history, consumption data, product availability, provider training, ease of insertion/removal, the channel of distribution for example mobile outreach (resulting in preference for one-rod implants). This allowed further engagement with countries to diversify types of implants to prevent supply constraints related to over-reliance on one type of implant.

**Injectables:** With the increasing demand for injectable contraceptives, the DMPA-SC Operations Group and donor groups have been working together to address availability of supply. In 2019, the partnership facilitated the management of supply and prioritization of requests and orders in line with the capacity of country programmes. UNFPA continued in 2019 to support countries to implement **national scale-up plans** to make DMPA-SC available in public facilities, private clinics and private drug stores, including for self-injection. Work focused on integration into the supply chain and extensive training for health service providers and community health workers. Since DMPA-SC was added to the procurement catalogue in 2016, there has been extensive outreach to countries to add it to their method mix. UNFPA is working with a range of partners, including DFID and USAID to provide financial and technical assistance, notably for procurement and provider training.

**MSI, PSI and IPPF Member Associations:** Throughout 2019, UNFPA Supplies continued collaborating with implementing partners, Marie Stopes International (in 15 countries), PSI (in 15 countries) and with IPPF and its member associations (18 countries) and DKT who contribute to expanding the delivery of modern contraceptive services and family planning information. MSI is a major implementing partner with UNFPA country offices, supporting service provision and has been instrumental in provision of new methods as well as existing methods. MSI, IPPF and PSI all provided commodity support to country programmes to mitigate stock-outs. In 2019, DKT provided training for master trainers on insertion and removal of the 2-rod implant for Malawi and Madagascar. This support provided the opportunity for the countries to then cascade training by forming trainer-of-trainers pools, and training to then reach regional to district and facility level.

## 1.2 Country-level coordination and partnership

### 1.2.1 Number of countries where UNFPA collaborates with (and supports) partners in strengthening coordination on family planning and commodity security

Coordination continued to be a priority in 2019 in all 46 programme countries, where creating a positive policy and effective programming environment includes a range of activities:

- developing, updating and enacting policies, strategies and plans;
- adapting guidelines, protocols and tools (including those related to rights-based service delivery and total market approaches and environmentally sound disposal of supplies);
- engaging in advocacy for increased resource allocation especially by governments; and
- strengthening processes for making quality products available at the country level.

UNFPA Supplies supports or participates in national coordinating mechanisms for family planning and reproductive health commodity security in all of its 46 programme countries:

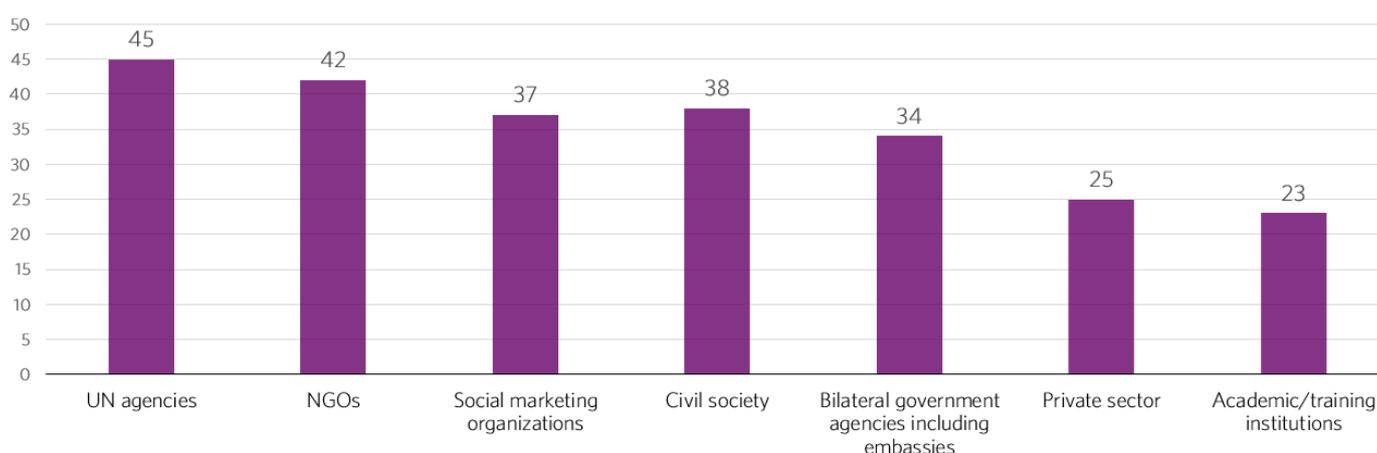
- In 27 countries there was broad-based partnership under the leadership of the government, through national government agencies and ministries, especially ministries of health. UNFPA country offices in many countries provide coordination and funding for country-led initiatives under the leadership of local government that support the UNFPA Supplies programme.
- 38 countries worked with civil society organizations in 2019 for community mobilization for family planning service delivery.

- 37 countries collaborated with social marketing organizations in 2019. In some countries these activities are carried out in association with international organizations such as PSI and DKT; however, in many countries national NGOs have social marketing activities within their programmes. Partnerships differ widely.
- All countries benefited from the programme's coordination with other United Nations organizations including UNICEF, UNHCR, World Food Programme (WFP), the International Organization for Migration (IOM), UNAIDS, UNDP and the World Health Organization. More specifically, the programme coordinated with UNICEF in Burkina Faso, Niger, Mozambique, Tanzania and Yemen; the World Health Organization in Eritrea and Mozambique; and the World Food Programme in the Democratic Republic of the Congo, Guinea and Mozambique.
- 25 countries engaged with the private sector to expand access to supplies and services.
- Bilateral agencies participated in coordinating mechanisms, notably Netherlands Development Assistance in Yemen; the United Kingdom (DFID) in Nepal; USAID in the Democratic Republic of the Congo, Guinea, Madagascar, Malawi, Nepal, Tanzania and Uganda; and Chemonics in South Sudan, Lesotho, Liberia, Nigeria, Senegal, Uganda and Zambia.
- Partners in coordinating mechanisms also included:
  - Marie Stopes International (MSI) affiliates, e.g. in Burkina Faso, Ghana, Kenya, Madagascar, Malawi, Mali, Myanmar, Nepal, Nigeria, Senegal, Sierra Leone, Tanzania, Timor-Leste, Uganda, Yemen and Zambia;
  - Affiliates of IPPF, e.g. in Benin, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Ethiopia, Gambia, Guinea-Bissau, Myanmar, Madagascar, Mali, Nepal, Papua New Guinea, Rwanda, Senegal, Sierra Leone, South Sudan, Sudan, Togo and Zambia;
  - Universities such as the University of Malawi College of Medicine, Tulane in Democratic Republic of the Congo, and the Medial University in Sana'a, Yemen;
  - CHAI in Cameroon, Ethiopia, Kenya, Lao PDR and Uganda.

In 2019, UNFPA worked with numerous partners in support of humanitarian response.

Annex 6 details UNFPA Supplies-supported country-level partnerships in 2019.

Figure 1.1: Number of countries by type of partners involved in country-level coordination



## 1.3 Product availability

### 1.3.1 Percentage of requests for procurement of implants that are identified as having the potential of creating overstock, and for which the goods were shifted to other countries where stock-out is about to occur

In 2019, the commodity requirement tool (CRT) was used to identify risks of stock-out and surplus, funding gaps and duplication of orders, and to recommend action to resolve these issues. The CRT, a tool for annual commodity planning and management, was introduced in 2018 and continued in 2019 to assist the programme in monitoring stock levels.

In addition to the CRT, during the reporting period, UNFPA Supplies introduced the **Commodity Quarterly Review process for the 46 programme countries**. This review captured data on stock levels, consumption rates, pipeline orders, geographical distribution as well as service coverage for each of the commodities – disaggregated by the implementing partners.

By using the CRT tool and commodity review, **UNFPA was able to identify potential risk of overstock of the two-rod implant in Guinea**, for example, based on the average monthly consumption rates, the stock on hand and the pipeline orders for one of the implementing partners. This helped UNFPA to advocate with key partners to focus on scaling up the programming initiatives to expand product uptake, increase geographical coverage and address delay in shipping in the pipeline orders. Review of stocks in all 46 countries is an ongoing exercise with key partners in the Coordinated Supply Planning groups and Coordinated Assistance for Reproductive Health Supplies group.

### 1.3.2 Percentage of requests for procurement of 3-month injectables that are identified as having the potential of creating overstock, and for which the goods were shifted to other countries where stock-out is about to occur.

During the quarterly commodity review and validation exercise, Malawi, Niger and Nigeria were identified as holding an overstock of the 3-month subcutaneous injectable (DMPA-SC). UNFPA has been monitoring the scale of DMPA-SC in these countries with national counterparts to mitigate the potential risk of wastage of the stock due to expiration. Initial analysis indicated a stock transfer from Nigeria to another country for 450,000 vials was feasible and would reduce wastage of \$382,500 for this stock. In 2020, uptake of product and product scale up in Malawi and Niger will be analysed with support of national counterparts and key stakeholders to mitigate the risk of stock expiration.

# SUPPLY EFFICIENCY INDICATORS

## Output 2 Improved efficiency for procurement and supply of reproductive health commodities (global-level focus)

### 2.1 Quality of products

#### 2.1.1 Number of manufacturing sites for condoms and IUDs that are WHO prequalified

Manufacturing sites in 2019 included 23 sites for prequalified male condoms, 6 sites for prequalified IUDs and 4 sites for prequalified female condoms. The total of 33 sites is down from 41 sites in 2018 because manufacturers withdrew from the prequalification programme when fees were introduced. As of 2017, resources have been reduced to a minimum, meaning that UNFPA is no longer able to sustain the WHO/UNFPA Prequalification Programme without resorting to other mechanisms of funding.

#### 2.1.2 Number of hormonal contraceptives and three priority maternal health medicines (oxytocin, magnesium sulfate and misoprostol) that are WHO prequalified

One hormonal contraceptive product from Bayer (Microgynon ED with iron) is no longer prequalified as of 2019 (per decision of the manufacturer with WHO), bringing the total down to 29. Two additional maternal health medicines were prequalified in 2019, bringing the total up to 13, including 6 magnesium sulfate products (four for 10 ml ampoules, and two for 2 ml ampoules), 3 prequalified misoprostol products and 4 prequalified oxytocin products.

#### 2.1.3 Number of hormonal contraceptives and three priority maternal health medicines (oxytocin, magnesium sulfate and misoprostol) that have positive ERP opinion

In 2019, UNFPA supported one additional manufacturer of a combined injectable contraceptive as a result of which the contraceptive product received a positive Expert Review Panel (ERP) opinion. This increased the total of quality-assured hormonal contraceptive products (those prequalified by WHO or eligible for procurement temporarily having received a Category 1 or 2 ERP opinion) to 30 products. For maternal health medicines, a total of 10 products including oxytocin, magnesium sulfate and misoprostol held a positive ERP opinion in 2019, as in the previous year.

### 2.2 Procurement efficiency

#### 2.2.1 The percentage of UNFPA contraceptive prices for the year (per commodity type) in comparison with other international procurers

UNFPA was able to reduce prices for key contraceptives in three out of seven product categories in 2019, compared with prior year prices.

Table 2.1: Actual average price for 2018 and 2019 price (US\$)

Year	Male condoms	Female condoms	IUDs	Oral contraception	Injectable methods	Implants (two rods)	Emergency contraception
2018	3.41	0.37	0.30	0.43	0.87	7.96	0.32
2019	3.39	0.46	0.30	0.26	0.76	8.36	0.42

### 2.2.2 Total amount (US\$) saved through procurement of generic products

- In 2019, UNFPA Supplies was able to generate a total of \$3.4 million in the value of price reductions through price negotiations for specific orders and/or products with manufacturers, and through efforts to bring to the market lower-cost generic products that meet international standards. This is an increase from \$1.9 million in 2018.
- A total of \$3.1 million (\$3,191,008) was saved by UNFPA Supplies in 2019 through procurement of generic contraceptives, up from \$1.3 million in 2018, and the total value of price reductions through price negotiations was \$0.22 million (\$225,020) in 2019, down from \$1.1 million in 2018.

The total value of price reductions through procurement of generic contraceptives by product category is listed below. The value generated (savings) is in comparison with procurement of an innovator product.<sup>7</sup>

The \$3.4 million in the value of price reductions had the potential to provide more than 1.3 million women with generic injectable contraceptives for one full year. In other words,, UNFPA could procure additional contraceptives with the funds received by donors.

The UNFPA catalogue includes a total of six manufacturers of generic hormonal contraceptives. UNFPA can offer at least one generic option under each product category (combined low dose pills, emergency contraceptives, implants, injectables and progestin only pills). From 2018 to 2019 one new source (supplier) for an intramuscular injectable contraceptive was approved.

Table 2.2: Total amount (US\$) saved through procurement of generic contraceptives

Procurement of a generic	Quantity procured of generic product	Value of price reductions (US\$)
LNG.15_EE.03MG_FE	3,255,728	439,523
LNG_0.03MG	1,584,644	39,616
LNG_IMPL_75MG	636,444	1,018,310
DMPA_150	14,826,540	1,487,610
LNG_1.5MG	497,580	155,160
Total value of price reductions generated for hormonal methods		\$3,140,220
Total value generated for generic versus innovator - female condoms		\$50,789
<b>Total value generated</b>		<b>\$3,191,008</b>

<sup>7</sup> Per WHO, an innovator product is that which was first authorized for marketing, on the basis of documentation of quality, safety and efficacy.

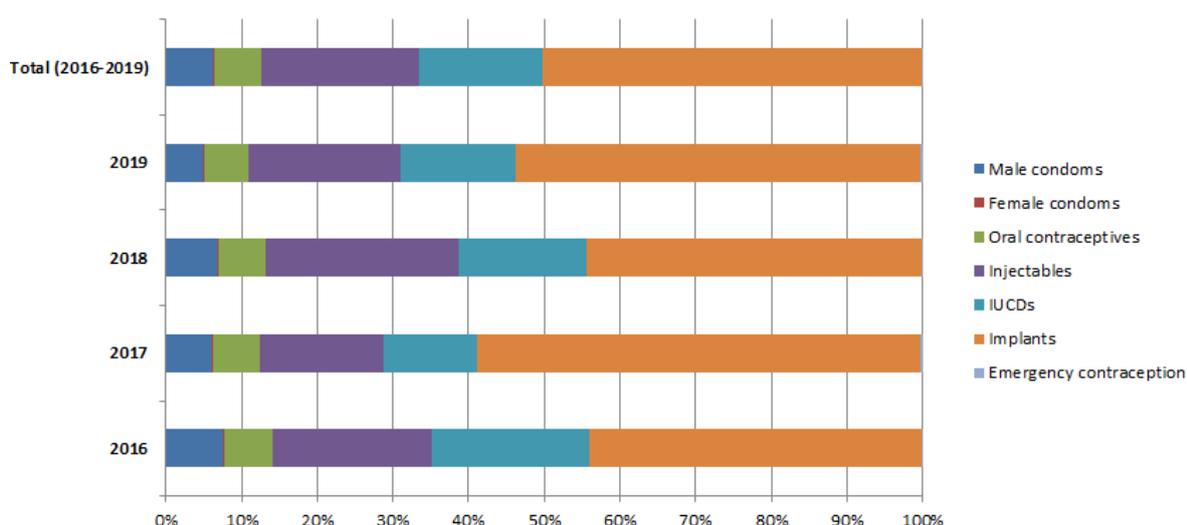
### 2.2.3 Cost per CYP of contraceptives procured by UNFPA Supplies (disaggregated by commodity)

The average cost per CYP was reduced to \$2.51 in 2019 compared with \$2.53 in 2018. This slight reduction was primarily owing to an increase in procurement of implants in 2019 compared with 2018. Implants, although relatively expensive, provide 2.5 to 3.8 CYPs per implant depending on the brand.

Table 2.3: Cost per CYP by contraceptives procured

Commodity	Quantity	Total cost	CYP	Cost per CYP
Male condoms (gross)	248,351,472	\$5,861,257	2,069,596	\$2.83
Female condoms (pieces)	9,428,445	\$4,339,692	78,570	\$55.23
Oral contraceptives (cycles)	36,553,029	\$9,609,110	2,436,869	\$3.94
Injectables (vials)	34,158,340	\$26,247,725	8,382,077	\$3.13
IUDs (pieces)	1,385,559	\$425,856	6,373,571	\$0.07
Implants (sets)	6,912,698	\$57,819,623	22,438,642	\$2.58
Emergency contraception	1,937,543	\$813,353	96,877	\$8.40
<b>Total</b>		<b>\$105,116,616</b>	<b>41,876,202</b>	<b>(average) \$2.51</b>

Figure 2.1: CYP provided per method, 2016-2019



### 2.2.4 Cost per unintended pregnancy averted based on contraceptives procured

The average cost per unintended pregnancy averted was \$8.71 in 2019 the same as in 2018.

Contraceptives provided through UNFPA Supplies in 2019 had potential to avert:

- 8 million unintended pregnancies
- 24,000 maternal deaths
- 152,000 child deaths
- 2.3 million unsafe abortions

These contraceptives had potential to save families and health systems \$497 million in direct health care costs (costs of care during pregnancy and childbirth). (Calculated using MSI Impact 2.4.)

## 2.3 Environmental risk mitigation

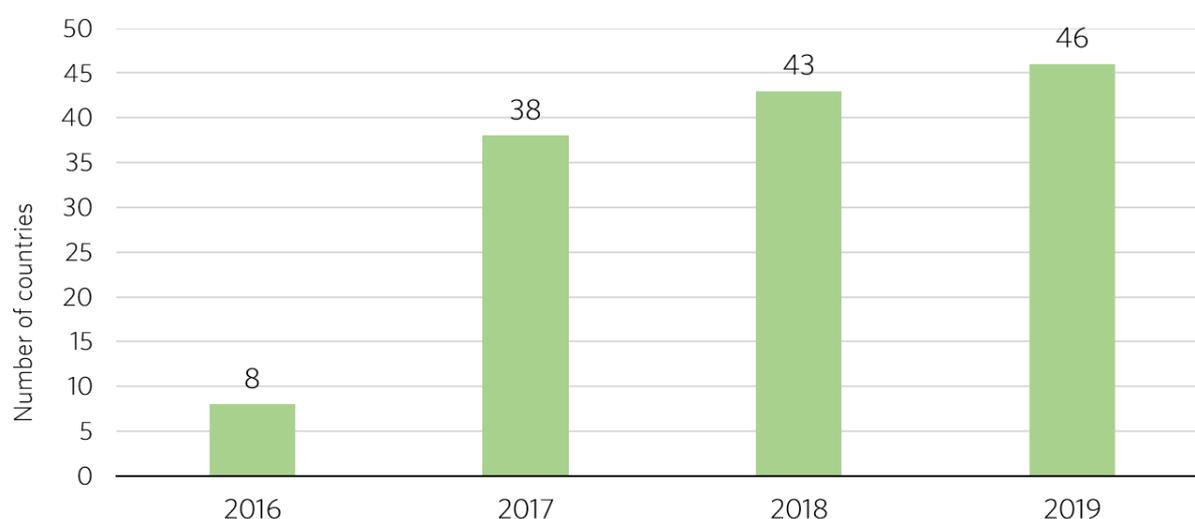
### 2.3.1 Number of countries where national guidelines and protocols on disposal of medical waste and contraceptives take into consideration the recommendations of the UNFPA Guideline on Safe Disposal and Management of Unused, Unwanted Contraceptives

At the country level, UNFPA Supplies tracks the number of countries where action has been taken to incorporate recommendations from the UNFPA guidance note on *Safe Disposal and Management of Unused, Unwanted Contraceptives* into national guidelines and protocols. The guidance note addresses the safe disposal of unusable contraceptives at the institutional level, builds awareness and capacity in managing contraceptive waste, and guides countries in developing or updating policies and guidelines that include disposal of contraceptive wastes.

In 2019, 46 countries (all UNFPA Supplies countries) took into consideration UNFPA's recommendations for environmental risk mitigation in their national guidelines for safe disposal of medical waste and contraceptives, with 24 having all the elements and 22 some elements of UNFPA's recommendations.

UNFPA Supplies country questionnaires indicate there has been a gradual increase in countries taking action on this step in the supply chain, up from 43 countries in 2018 to 46 in 2019 – meaning that 100 per cent of countries in the UNFPA Supplies programme now follow the guidelines.

Figure 2.2: Number of countries where national guidelines and protocols on disposal of medical waste and contraceptives take into consideration the recommendations of the UNFPA Guideline on Safe Disposal and Management of Unused, Unwanted Contraceptives



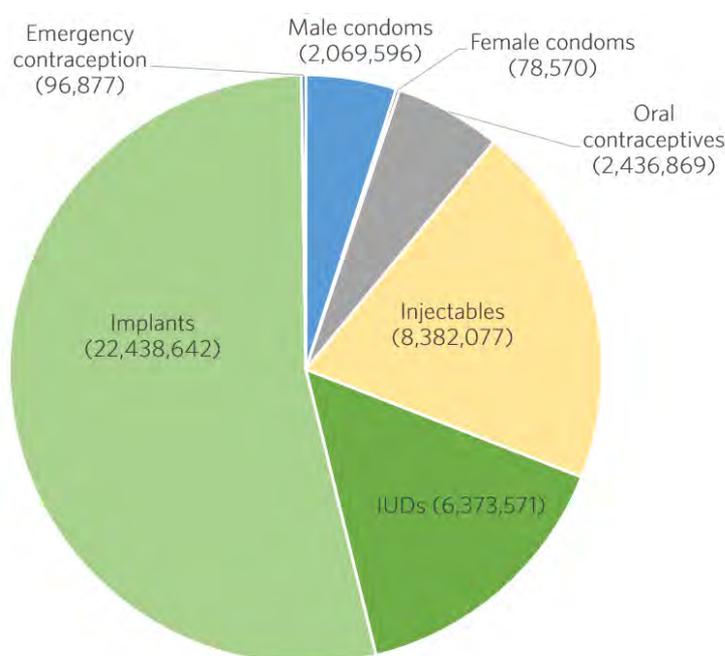
## 2.4 Quantity and mix for commodities procured

### 2.4.1 CYP provided by contraceptives and condoms through UNFPA Supplies procurement (disaggregated by commodities including for generics)

Contraceptives supplied through UNFPA Supplies in 2019 were sufficient to provide 41.9 million couple-years of contraceptive protection (CYP) from unintended pregnancy, compared with 38.2 million in 2018. The increase was influenced by a number of factors:

- In 2019, countries requested more procurement of long-acting reversible contraceptive methods (with higher CYP) following an expansion of training for health services providers in several countries. For example, implants alone showed a 33 per cent increase while there was a slight decrease in CYP from IUDs.
- Contraceptives contained within RH kits were added to the CYP calculation for the first time.

Figure 2.3: Couple-years of protection (CYP) per method provided (total 41.9 million CYP), 2019



Data collected from country programmes depicted an increased interest in long-acting methods not only in terms of supply procurement but also regarding training for quality services. A number of countries reported substantial numbers of service providers trained in 2019: In Malawi, 908 health workers received training on the self-injection of DMPA-SC for the expansion of services. In Uganda, 367 service providers were certified in provision of LARC services for implants and IUDs. In Myanmar, 1,358 service providers received training for insertion and removal of implants and IUDs and 148 community health care workers received training for the DMPA-SC. In Lesotho, with a focus on underserved catchment areas, training of trainers was carried out for coordinated service delivery and increased access to family planning. In Zambia, a total of 763 health care providers and community-based distributors received training to deliver a range of family planning services.

#### 2.4.2 Percentage of contraceptives procured that are generic products

In 2019, of the total amount spent on contraceptives using UNFPA Supplies resources, 64 per cent was used to purchase generic products. All procurement of IUDs, male condoms and emergency contraceptive pills by UNFPA is generic (under long-term agreements with manufacturers). Approximately 24 per cent of combined and progesterone-only contraceptive pills available for UNFPA procurement are generic versions of innovator products. All except one of the emergency contraception pills are generic, and a generic version of DMPA-IM is also available for procurement by countries.

# Output 3 Improved capacity for family planning service delivery including in humanitarian contexts

Almost two thirds of countries in the UNFPA Supplies programme – 29 of 46 countries – were caught in situations of fragility, conflict, natural disasters and other emergencies in 2019. UNFPA Supplies is one of the major funding sources for emergency reproductive health kits that UNFPA dispatches in emergencies. UNFPA Supplies supports countries in the preparedness, response and recovery phases to develop strong supply chains for contraceptives and key maternal health medicines.

## 3.1 Humanitarian settings

UNFPA is the global custodian of the Inter-Agency Reproductive Health Kits for Crisis Situations (RH kits) and maintains a stock of different RH kits ready to ship for urgent and emergency requests to countries and partners around the world. The kits are divided into three blocks to support different levels of healthcare and are designed to respond to the urgent sexual and reproductive health needs during the acute phase of an emergency (first three months) taking into account the size of population affected including women of reproductive age to provide lifesaving sexual and reproductive health clinical services.

### 3.1.1 Percentage of countries, in humanitarian and fragile contexts, where implementing partners did not experience stock-out of RH kits during the year

Stock levels improved this year in humanitarian and fragile contexts. The indicator measures “no stock-outs of RH kits”. When supplies are steady among implementing partners, then there is a greater chance that the needs of women and girls in humanitarian situations are being met.

- In 2019, RH kits were dispatched to 18 countries with UNFPA Supplies funding, compared with 23 countries in 2018.

The UNFPA Supplies programme supported implementing partners such as national governments, NGOs, other United Nations agencies, civil society organizations and the private sector. In 37 countries in humanitarian and fragile contexts where RH kits were provided to implementing partners through UNFPA procurement (including those funded through UNFPA Supplies), 32 countries did not experience stock-out of RH kits during 2019.

**Emergency Reproductive Health Kits**

**Block 1. Kits serving the needs of 10,000 people for 3 months**

- Kit 0: Administration/training supplies
- Kit 1: Condoms (1A: male condoms; 1B: female condoms)
- Kit 2: Clean delivery (2A individual; 2B for use by birth attendants)
- Kit 3: Post rape treatment
- Kit 4: Oral and injectable contraception
- Kit 5: Treatment of sexually transmitted infections

**Block 2. Kits serving the needs of 30,000 people for 3 months**

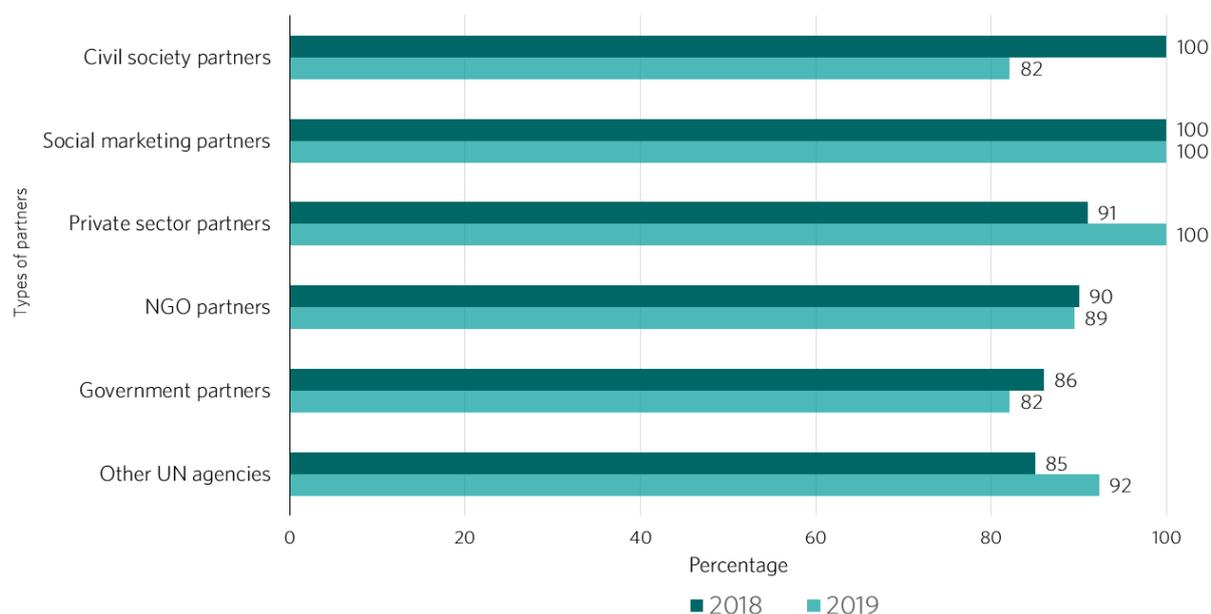
- Kit 6: Clinical delivery (6A reusable equipment; 6B drugs and disposable equipment)
- Kit 7: Intrauterine device
- Kit 8: Management of miscarriage and complications of abortion
- Kit 9: Suture of tears (cervical and vaginal) and vaginal examination
- Kit 10: Vacuum extraction delivery

**Block 3. Kits serving the needs of 150,000 people for 3 months**

- Kit 11: Referral level kit for reproductive health (11A reusable equipment; 11B drugs and disposable equipment)
- Kit 12: Blood transfusion

- In 89 per cent of humanitarian and fragile context countries, NGO implementing partners did not experience stock-out of RH kits. In countries where UNFPA country offices provided RH kits to their local governments, almost 82 per cent did not experience stock-out of RH kits.

Figure 3.1: Percentage of countries where given partners experienced "no stock-out" of RH kits, 2018 and 2019



### 3.1.2 Number of countries where national capacity has been built to conduct Minimum Initial Service Package (MISP) training

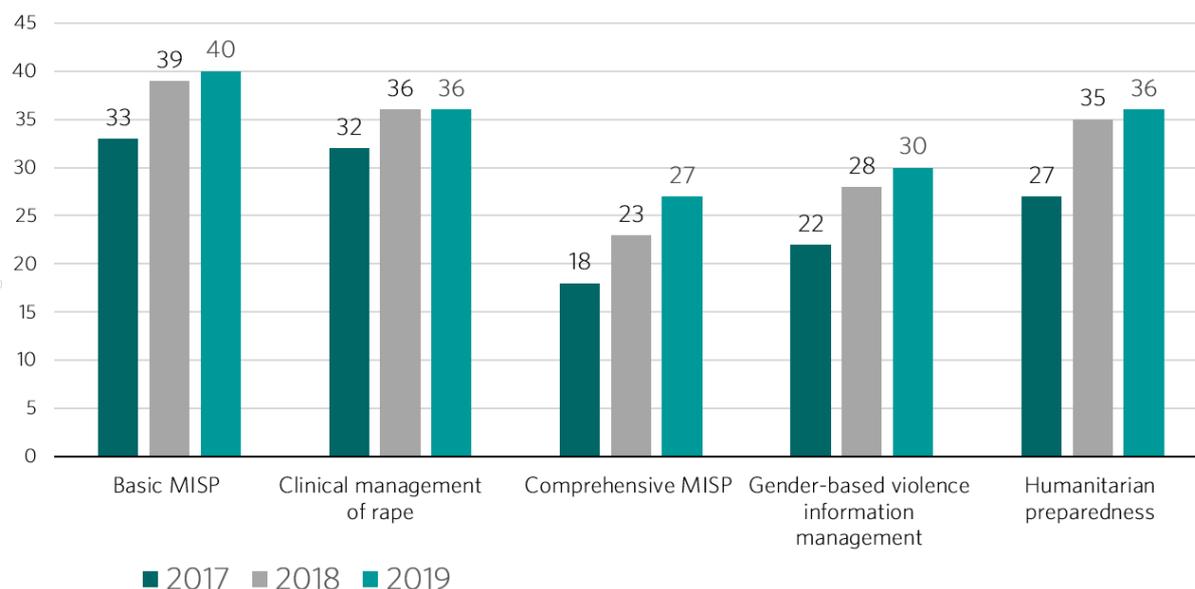
The Minimum Initial Service Package (MISP) is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. In collaboration with its partners, UNFPA encourages humanitarian actors, policymakers and donors to become more aware and responsible for implementing the MISP.

- 27 countries (61 per cent) confirmed they have built their capacity to conduct comprehensive MISP training, up from 23 countries in 2018.
- 18 countries have capacity for all five aspects of MISP (basic, comprehensive, clinical management of rape, gender-based violence and preparedness), up from 16 countries in 2018.
- 40 countries have capacity in Basic MISP, up from 39 countries in 2018.

MISP training to health service providers was undertaken in 2019 in Bolivia, Burkina Faso, Democratic Republic of the Congo, Ghana, Guinea, Kenya, Lao PDR, Nigeria, Sao Tome and Principe and Sierra Leone, among other UNFPA Supplies countries. In Kenya, 160 health workers were trained in the MISP while 80 others were oriented on clinical management of rape in eight counties affected by drought. In Nigeria, 170 front-line health service providers and first respondents received MISP training. In Djibouti, 26 midwives from the Ministry of Health were trained on MISP as part of capacity building and humanitarian preparedness. An assessment of MISP readiness found that the MISP capacities of 19 countries/territories in Eastern Europe and Central Asia have significantly improved since 2014 in all 38 indicators across the five MISP objectives.<sup>8</sup>

<sup>8</sup> Source: [https://eeca.unfpa.org/sites/default/files/pub-pdf/EN\\_REPORT%20\\_%20EECA-IAWG-MISP-Readiness-Report\\_final.pdf](https://eeca.unfpa.org/sites/default/files/pub-pdf/EN_REPORT%20_%20EECA-IAWG-MISP-Readiness-Report_final.pdf)

Figure 3.2: Number of countries where national capacity has been built to conduct MISP training, 2017-2019



## 3.2 Capacity-building

### 3.2.1 Total number of persons trained to provide family planning services, including long-term contraceptive methods, to clients

- In 2019, UNFPA Supplies supported family planning training for 15,596 health service providers in 43 countries. This significantly surpasses the target of 10,000 providers trained.

Only three countries; the Central African Republic, Honduras and Zimbabwe did not seek UNFPA Supplies funding for capacity building in 2019. Various cadres of health workers including doctors, nurses, midwives and community health workers/distributors were trained. The training focused on insertion and removal of implants and IUDs, provision of DMPA-SC, family planning communication and counselling.

# Output 4 Strengthened supply chain management and data generation systems

## 4.1 Supply chain

### 4.1.1 Number of countries where 80 per cent of primary level facilities receive the quantity of products that they ordered during the past quarter

- Out of 20 countries for which data are available, only 2 reported that 80 per cent or more of their primary SDPs received the quantity of contraceptive products that they ordered during the three months before the survey (Guinea-Bissau and Sao Tome and Principe), similar to 2018.

On average (across tertiary, secondary and primary SDPs), only **53 per cent of SDPs received the full quantity of contraceptive products** that they ordered in the three-month period before the survey (compared with 60 per cent in 2018). The main reason for not receiving the full order is because of decisions taken by warehouses or institutes responsible for supplying SDPs on quantities of products they send out.

Service delivery points receiving full quantity of contraceptive products in 3-month period before survey:

Tertiary: 56.7 per cent  
Secondary: 52.1 per cent  
Primary: 50.1 per cent  
Urban: 52.9 per cent  
Rural: 50.6 per cent

### 4.1.2 Number of countries where a costed supply chain management strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide on "Ensuring human rights within contraceptive service delivery".

- 12 countries have in place a supply chain management strategy with a costed implementation plan that addresses all elements of contraceptive commodities availability and accessibility in line with the UNFPA/WHO implementation guide as of 2019. This is an increase from 11 in 2018.

Satisfying this indicator can be a challenge given its many elements, and the total number of countries that meet its more advanced criteria is not expected to increase significantly year upon year. The elements that countries need to have in place are as follows: (a) have in place a supply chain management strategy with (b) a costed implementation plan that (c) addresses elements of contraceptive commodities availability and accessibility in line with the recommendations of the UNFPA/WHO implementation guide on *Ensuring human rights within contraceptive service delivery*. The guide specifies:

1. Inclusion of all contraceptives commodities in the national Essential Medicines List (EML)
2. No restriction on the provision of any modern contraceptive method
3. Broad-based partnership involved in quantification and estimation of needs
4. Capacity-building on LMIS
5. National resource mobilization focused on government budget allocation and use for procurement of contraceptives

6. Contraceptive distribution mechanism that involves NGOs, civil society and/or the private sector
7. Use of technology for improvement in LMIS

It is expected that countries will continue to add aspects as they progress towards the goal of achieving all seven points.

Figure 4.1: Number of countries where a costed supply chain management strategy is in place and being implemented



#### 4.1.3 Number of countries where non-public sector partners (private sector, NGOs, CSOs) are engaged in last mile commodity distribution

- In 2019, various non-public sector partners were engaged to support last mile distribution of commodities to the service delivery points in 41 countries, the same number as in 2018.

The most active category of non-public sector actors are NGOs, which supported the distribution of commodities in 35 countries. In 18 countries, private sector organizations were involved to support the distribution of contraceptives to the last mile. In 18 countries IPPF Member Associations, accredited organizations within countries, and in 15 countries MSI and PSI were involved in last mile delivery of commodities.

In 2019, UNFPA conducted a **last mile assessment in 16 UNFPA Supplies programme countries** receiving high volumes of commodities. The design included non-public sector national programming. Countries taking part in the assessments worked with these partners to collect their own distribution data from the central warehouse down to the last mile. The assessments identified financial risk and identified preventive measures to address any shortfalls, which were then implemented.

#### 4.1.4 Percentage of countries where 85 per cent of primary SDPs have trained staff in place for provision of modern contraceptives

Trained staff were in place in 19 of 21 countries for which survey data were available in 2019 at 85 per cent of primary-level service delivery points. Central African Republic and Republic of the Congo had trained staff at 61 and 74 per cent of primary SDPs, respectively.

Based on the average for the 21 countries for which data are available:

- 91 per cent of SDPs have trained staff for the provision of modern contraceptives. Of these, the same percentage (91 per cent) are at primary level and about 90 per cent are at secondary and tertiary level.
- 79.6 per cent of the facilities also have trained staff for the provision of the insertion and removal of implants.
- 86.4 per cent of SDPs in rural areas have trained staff for the provision of any modern method. Of these, 73 per cent provide services for the insertion and removal of implants.
- 86.5 per cent of SDPs in urban areas have trained staff for the provision of any modern method. Of these, 80 per cent provide services for the insertion and removal of implants.

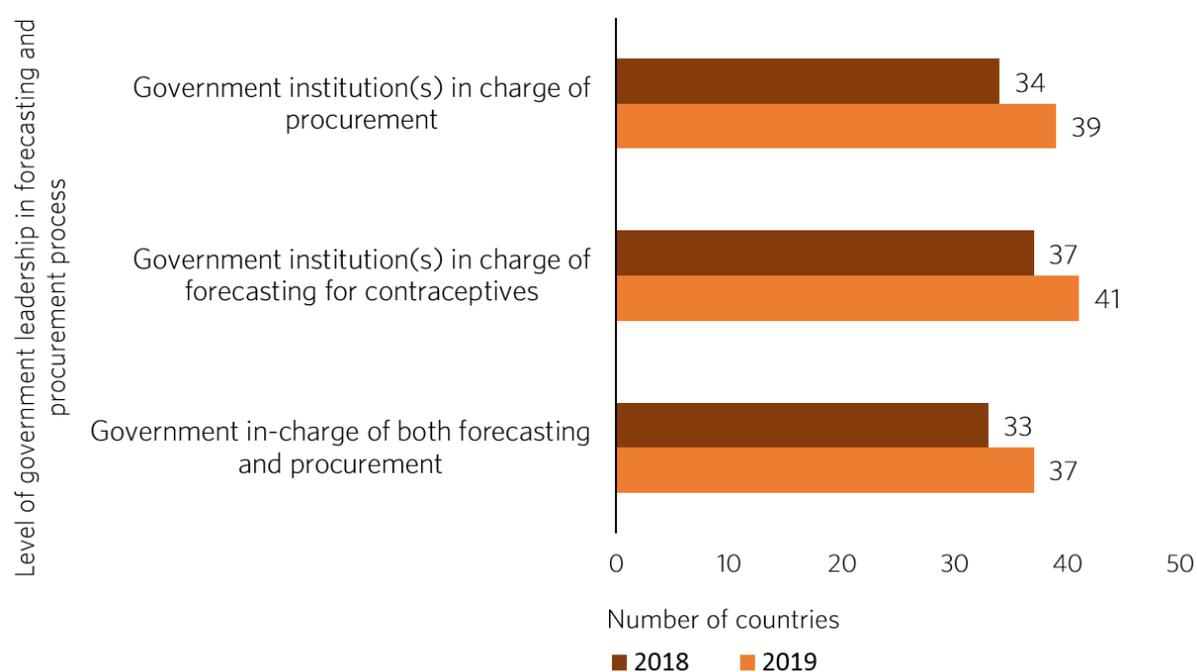
## 4.2 Demand forecasting and procurement

### 4.2.1 Number of countries where government institutions demonstrate capacity and leadership on contraceptive demand forecasting and procurement process

- A system exists for forecasting and procurement in 43 of 46 countries, an increase from 42 in 2018.

Country offices undertook initiatives in strengthening forecasting, quantifications and supporting the procurement processes under the leadership of the government. The government institution(s) are in charge of forecasting for contraceptives in 41 countries, among them government institutions in 37 countries demonstrate capacity and leadership on both contraceptive demand forecasting and procurement processes.

Figure 4.2: Number of countries where government institutions demonstrate capacity and leadership on contraceptive demand forecasting and procurement processes



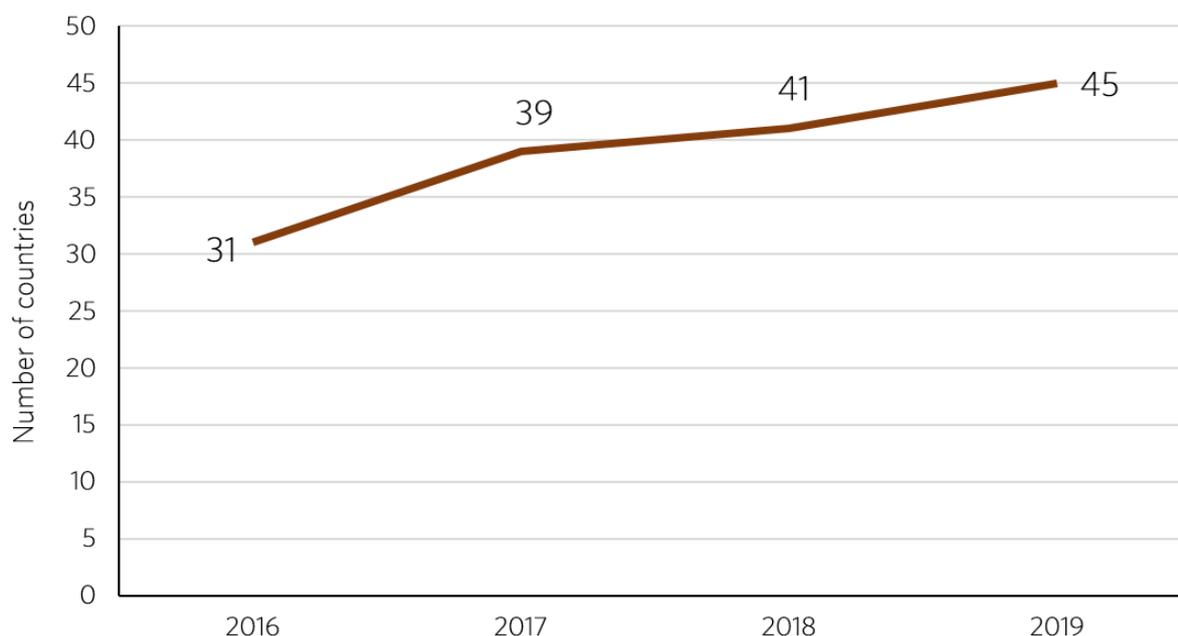
## 4.2.2 Number of countries making “no ad hoc requests” to UNFPA Supplies for commodities (except in humanitarian contexts)

- Forty-five (45) countries made no ad hoc requests to UNFPA Supplies for commodities (except in humanitarian contexts) in 2019, an improvement from 41 countries in 2018.

Burkina Faso made an ad hoc request for commodities for DMPA-IM, the intramuscular injectable, as supplies originally supported by a non-UNFPA partner were delayed so UNFPA Supplies stepped in to prevent a stock-out.

Through coordination with other international procurers, mainly USAID, the programme was able to identify where additional assistance was needed, while also ensuring no duplication of effort across the different partners.

Figure 4.3: Number of countries making no ad hoc requests to UNFPA Supplies for commodities (except in humanitarian contexts)



## 4.3 Support for data generation

### 4.3.1 Number of countries where facility survey reports are available

In 2019, UNFPA Supplies facility survey data were available for **23 countries**. Findings of the surveys have been disseminated to partners and are being used for programming. In addition to providing information for UNFPA Supplies indicators, the survey data will provide data for global reporting through FP2020.

UNFPA Supplies also supports in-country surveys by the Netherlands Interdisciplinary Demographic Institute (NIDI) to collect information on financial resources allocated and, in particular, those spent on family planning. In 2019, 48 countries, including those supported by the UNFPA Supplies programme, undertook this survey compared with 34 in 2018.

# Output 5 Improved programme coordination and management

## 5.1 Resource mobilization and allocation

### Amount mobilized from partners for UNFPA Supplies against set resource mobilization targets

- UNFPA Supplies' financial outlook has trended upward over the past five years. The amount mobilized from partners for the UNFPA Supplies programme increased by 30 per cent compared with the previous year to \$219,820,643 in 2019 against a target of \$252,000,000 – leaving a funding gap of \$32,179,357.
- In 2019, the following 19 donors contributed to the programme: Australia, Belgium, The Bill & Melinda Gates Foundation, Canada, Children's Investment Fund Foundation (CIFF), Denmark, European Union, Liechtenstein, Luxembourg, the Netherlands, Norway, Portugal, Regione Lombardia (Italy), Slovenia, Spain, the United Kingdom and the Winslow Foundation, along with private contributions and an anonymous donor. UNFPA Supplies received support from a record number of donors in 2019, out of the 19 donors, four are foundations and 15 are United Nations Member States.
- Two new donors (Anonymous and Regione Lombardia, Italy) contributed for the first time to UNFPA Supplies in 2019, and one donor (Spain) doubled their commitment in 2019. Eight donors increased their commitments in 2019, and one former donor (Canada) reinvested. Due to exchange rate fluctuations, contributions from Belgium, Liechtenstein, Luxembourg and Slovenia, decreased.
- Multi-year contributions were made by Australia, Belgium, Canada, CIFF, European Union, the Netherlands, Norway and the United Kingdom.
- For the period 2020-2025, the United Kingdom announced its commitment of GBP 425 million (approximately US\$530 million), an increase compared to its previous commitment to the programme.

### 5.1.2 Evidence of UNFPA meeting its FP2020 commitment of at least 40 per cent of resources (from core and non-core) being used to support family planning

In 2019, UNFPA successfully met its Family Planning 2020 commitment to allocating more resources to family planning.

- Spending on family planning amounted to some \$398.5 million, including \$65.7 million from core resources. At 41.7 per cent of UNFPA's total programme expenses, this was comparable to 40.8 per cent in 2018

Spending includes \$267.8 million (28 per cent of UNFPA's total programme expenses) directly related to family planning activities such as creation of enabling environments for family planning, supply, provision of services and family planning systems strengthening, which are captured by UNFPA systems under the "family planning" thematic area. In addition, activities with an impact on family planning results were conducted in other areas of work under UNFPA's mandate. These activities accounted for an additional \$130.7 million (13.7 per cent of UNFPA's total programme expenses).

## 5.2 Commodity procurement

### 5.2.1 Proportion of planned procurement of contraceptives initiated and fulfilled

- In 2019, 100 per cent of the 46 programme countries were given funding ceilings on time and were able to plan their commodities requests according to available funds.

This meant that all requests received as part of the UNFPA Supplies programme could be fulfilled. The indicator focuses on planning within the terms of the programme and does not capture other gaps or needs.

### 5.2.2 Average number of days between the time when a requisition is budget checked and when the commodities are handed over to the first carrier

The mode of shipping, i.e. air or sea, typically has a significant impact on the time lap between departure and arrival of supplies following the requisition as well as on the cost of the transportation: a careful balance is needed to ensure cost and time optimization.

- Between the time when a requisition is budget checked and goods are handed over to the first carrier was 148 days in 2019, compared with 155 days in 2018.

This includes a number of steps affect the schedule: time to reconfirm the requirement including detailed specifications with the recipient country office, time to identify the best supplier for the particular assignment including ensuring requirements such as registration is in place whenever applicable, time for the selected supplier to produce the goods, time for sampling and testing of product (whenever applicable) and time to select and book the best available shipment option.

## 5.3 Programme steering

### 5.3.1 Degree to which Steering Committee (SC) and Donor Accountability Council (DAC) recommendations are implemented and follow-ups made

Four DAC meetings and three Steering Committee meetings were held in 2019. All of the recommendations made by the DAC and Steering Committee were implemented. Ongoing activities include the following:

- Continue to update Steering Committee members on workstream progress;
- Provide information on overall budget spent on maternal health medicines (UNFPA and other UN agencies) including information on UNFPA Supplies relative contribution to the global procurement;
- Provide an analysis of the proportions of implants procured by countries' local resources versus donors' contributions;
- Held meetings among interested DAC members to update on ICPD25 preparation and to support coordination of pledges and activities for the Nairobi Summit in November;
- UNFPA Supplies to finalize a transition plan for the move towards the new Governance Structure to share with the Steering Committee;
- UNFPA Supplies to keep participation in the country engagement working group open to interested parties.

## 5.4 Human resources

### 5.4.1 Percentage of vacancies filled within six months of decision taken to fill the position

- In 2019, 100 per cent of the posts that were filled in 2019 had someone enter into the role within six months.

All the positions filled were at country offices for delivery of the UNFPA Supplies programme.

### 5.4.2 Percentage of staff (by location) dedicated to RHCS/FP with at least three years' experience in supply chain management

- In 2019, 206 staff were dedicated to family planning and reproductive health commodity security across country and regional offices and at headquarters.

These staff, funded from various parts of the organization, contribute to the success of the UNFPA Supplies programme. Of these individuals, 166 (82 per cent) are deemed to have at least three years' experience in supply chain management, up from 154 in 2018.

## 5.5 Work planning and review process

### 5.5.1 Number of countries that concluded work planning and fund allocation processes by 15 January

- By 15 January 2019, 45 of 46 countries had concluded their work planning and fund allocation processes. This is an increase of one country over the previous year.

The UNFPA Supplies team has demonstrated significant improvement in the finalization of countries' annual workplans and the release of the first tranche of funds for the next year.

### 5.5.2 Number of countries with a Grade A workplan technical assessment score of at least 80 per cent

- Of 46 countries assessed in 2019 for the workplan technical assessment score, all countries achieved the Grade A score.

### 5.5.3 Number of countries with a workplan technical implementation rate of at least 80 per cent

- Of the 46 countries assessed in 2019, 32 had an annual workplan effective implementation score of 80 per cent or above.

This indicators assess whether countries have started and implemented all their activities in full and the set targets were achieved and appropriate reports provided.

### 5.5.4 Average financial implementation rate of countries

Most country offices demonstrated a satisfactory implementation rate against programme funds allocated. Focusing only on country offices, the overall financial implementation rate for country offices in 2019 was 90 per cent, which is an increase over 88 per cent in 2018. The corresponding rate for the entire programme is higher, as discussed below. Among factors is receiving multiple funds at the end of Q4, which will be used for programming in 2020.

## 5.6 Funding modality for country segmentation

### 5.6.1 Percentage reduction in funding spent on countries for procurement of commodities in UNFPA Supplies Category C

- In 2019 spending on Category C countries decreased by 3 per cent from \$22.6 million in 2018 to \$21.8 million in 2019.

Analysis was presented to the Steering Committee regarding commodity gaps due to the reduction in funding to Category C countries (those approaching sustainability). The Steering Committee advised the programme to keep the country categorization, but to be flexible and responsive to emerging gaps. This was mainly to prevent stock-outs and minimize reputational risk of UNFPA. Approvals were issued to cover commodity gaps in all Category C countries. As noted above, three categories are used to describe countries participating in the UNFPA Supplies programme. Category C countries are approaching sustainability, needing reduced support for supply of commodities but continued technical support.

### 5.6.2 UNFPA Supplies expenditure per each output area is in accordance with budget benchmark

As shown in Table 5.1, there were deviations for all the outputs.

Table 5.1: Percentage deviation across programme outputs

Outputs	2019 Expenses (\$)	2019 Expenses (%)	Planned expenditure milestone for 2019 (%)	Deviation from planned expenditure milestone for 2019 (percentage point)
Output 1: Enabling environment	8,332,459	5.3%	5%	0.3%
Output 2: Procurement efficiency	124,543,209	78.8%	75%	3.8%
Output 3: Improved Access	7,473,601	4.7%	5%	-0.3%
Output 4: Supply chain	7,609,956	4.8%	10%	-5.2%
Output 5: Programme management	10,087,665	6.4%	5%	1.4%
Total	158,046,891	100%	100%	0

Note: Figures are utilization amounts after adjustments for purchase order and inventory fluctuations and include 7% indirect costs. Source: UNFPA Global Programming System and General Ledger.

## 5.7 Programme evaluation

### 5.7.1 Programme Midterm Evaluation results and recommendations published, disseminated and implemented

The aim of the Midterm Evaluation of the UNFPA Supplies<sup>9</sup> was to identify the contribution that the programme has made to improving results in key areas of reproductive health and family planning (RH/FP), including commodity security. It provided a number of conclusions:

- UNFPA Supplies is an **effective vehicle for promoting family planning** as a priority intervention, but more needs to be done.
- UNFPA Supplies continues to be a **dominant source of support for contraceptives** used by the public sector in almost all programme countries, though it has had limited success in broadening sustainable sources of financing.
- UNFPA Supplies has helped demonstrate an important **link between demand creation and strengthened family planning service delivery**. (Discontinuing UNFPA Supplies support to demand-side interventions created challenges depending on national context.)
- UNFPA Supplies has helped to increase the **range of contraceptive options**, promote task-shifting among service providers which extended the geographic reach of services to some isolated and marginalized communities; however, stock-outs in some countries negatively affected the ability of clients to access their preferred method.
- UNFPA Supplies was used by UNFPA to **leverage its position as a world's leading procurer of family planning commodities**; the recently created Bridge Funding Mechanism can be used to shape global markets and reduce costs.
- UNFPA Supplies provided **important support for addressing specific weaknesses** in national and local capacities for supply chain management; however, there is need to continue to promote a unified government-led, national consensus on supply chain strengthening and the role of other partners.
- UNFPA Supplies **contributed directly to strengthening government-led platforms for coordinating national action for RHCS**, including the coordination of procurement and shipping of contraceptives; however, there is need to streamline the processes, strengthen communications and information management and build and strengthen UNFPA country office capacities to better carry out the required functions.
- UNFPA Supplies has helped to **improve the effectiveness of the UNFPA response** to meeting the reproductive health and family planning needs of women and girls during humanitarian emergencies.

The Mid-Term Evaluation made seven recommendations focused on the following areas: asserting leadership, sustainable financing, adequate attention to demand generation, human rights-based family planning services, shaping global markets and reducing the opacity of processes, coordinated risk-based approach to supply chain management and responding to variations in national contexts.

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<sup>9</sup> UNFPA (2018) Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020) Volume I, [www.unfpa.org/sites/default/files/admin-resource/UNFPA\\_Mid-Term\\_Evaluation\\_Report\\_20181005\\_web\\_pages.pdf](http://www.unfpa.org/sites/default/files/admin-resource/UNFPA_Mid-Term_Evaluation_Report_20181005_web_pages.pdf)

The implementation of these recommendations was most visible in 2019 in the dynamic process of revising the UNFPA Supplies programme in preparation for the launch of Phase III in 2021. Joint planning is also taking place with the design of the Maternal Health Thematic Fund, and coordination is assured through regular meetings in the Technical Division and Donor Accountability Council and an Interdivisional Working Group. Collaboration between UNFPA Supplies and other UNFPA staff resulted in six thematic papers presented at the June 2019 Global Consultation on Ending Unmet Need for Family Planning. The UNFPA Commodity Security Branch has worked closely with the Finance Branch and the Humanitarian Office to develop the Humanitarian Supplies Strategy, deliver training and capacity-development interventions in Regional and Country Offices, building skills in the MISP, Supply Chain Maturity Model and the last mile assurance process.

Towards sustainable financing, three family planning business cases and technical assistance have strengthened efforts to secure increased national funding for contraceptives in West Africa. Development of the FP Transition Readiness Tool and planning for Phase III also prioritize sustainable financing. TOR templates and slide presentations for webinars have been produced to help UNFPA and partners develop a number of family planning policy briefs and guidance on approaching the Global Financing Facility.

Regarding the recommendation on attention to demand generation, best practices were documented with the support of regional offices. Webinars on use of key indicator data, demand generation and related topics were held for UNFPA staff leading up to the UNFPA Global Consultation on Ending Unmet Need for Family Planning in June.

In the area of supply chain management, UNFPA completed initial supply chain maps, training of country staff and provision of frameworks that include spot checks and audits to help countries understand the risks in their specific contexts. In 2019, 36 countries used the Supply Chain Maturity Model across different sectors, partners and levels. Workshops were carried out regarding last mile assurance in conjunction with the Finance Branch. Also this year, the Commodity Security Branch adopted the Commodity Requisition Tool to plan and forecast country commodity requirements. To work more effectively with Country Offices and partners, a new Commodity Requirement Tool was developed and introduced for use by countries. A number of activities gathered evidence and explored solutions to address bottlenecks and procurement roles. Orientation and training for UNFPA Supplies programme staff continued through webinars, teleconferences, documents, with an emphasis on linkages between the programme and larger health-systems development processes.

#### 5.7.2 Programme end-term evaluation results and recommendations published, disseminated and implemented

Not applicable (NA)

#### 5.7.3 Special evaluation-related studies carried out to ensure learning takes place during the programme

Five countries undertook additional studies to ensure learning takes place during the programme (Côte d'Ivoire, Ethiopia, [Guinea](#), Yemen and Zambia). [Zambia](#) undertook a study to document the use of community-based distributors as a best practice in the provision of family planning services; Yemen conducted assessment of the availability of essential reproductive health medicines at health facilities in Taiz Governorate; and Ethiopia undertook baseline costing of supply chain operations.

## 5.8 Quarterly programme management process

### 5.8.1 Percentage of UNFPA Supplies Quarterly Programme Management (QPM) recommendations that are implemented in full

The QPM tool in Systmapp makes data collection and data analysis easier and more timely, which allows the programme's Global Coordination unit to closely monitor programme performance and identify and troubleshoot implementation issues, thus reducing delays and disruptions.

Country offices started in 2018 and continued in 2019 to use Systmapp for their quarterly reporting. The QPM process checks on the operational aspects of the UNFPA Supplies programme and reviews progress and achievements in specific areas four times during the year. The areas include capacity strengthening (training), humanitarian interventions, working with partners, resource mobilization efforts, stock monitoring and DMPA-SC programming. Financial updates are provided that focus on setting ceilings, resource allocation for procuring RH commodities, resources released to country offices for programme implementation, and the funding situation for UNFPA Supplies.

The QPM process proved useful in tracking the results of programme implementation and when working with UNFPA regional offices and country offices to address bottlenecks. The process provides regular updates to donors and partners on progress and challenges, informs strategic decisions and makes adjustments to the focus of the UNFPA Supplies programme.

## 5.9 Satisfactory technical assistance

### 5.9.1 Percentage of countries where the quality of technical support received (from CSB, RO and local) are rated as satisfactory (with respect to quality, timeliness and responsiveness to need)

In 2019, 32 countries reported receiving various forms of technical assistance from either headquarters or regional offices, with some countries receiving technical assistance from both levels. Among them 24 countries (75 per cent) indicated they were satisfied or very satisfied with respect to quality, timeliness and responsiveness to need. None of the countries rated the technical assistance received as poor.

## 5.10 Convening and coordinating role of UNFPA

### 5.10.1 Number of countries where UNFPA plays an [extensive] convening and coordinating role in the area of family planning

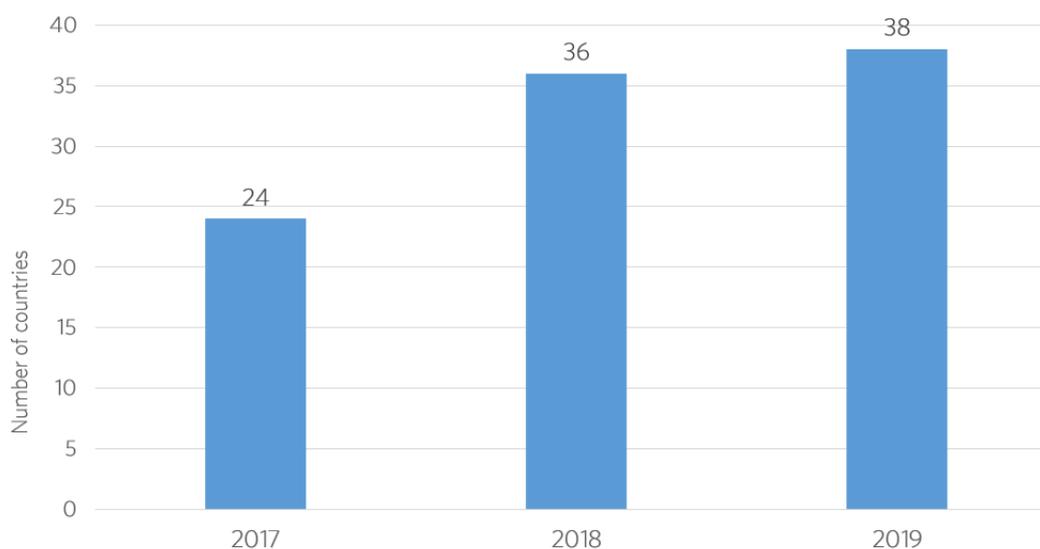
The UNFPA county office in all 46 UNFPA Supplies implementing countries took steps in 2019 aimed at convening partners and coordinating RHCS and family planning interventions. The interventions included:

- coordinating and convening government participation FP2020-related interventions;
- leading in-country advocacy activities for mobilizing increased financial resources especially from government;
- facilitating the participation of non-public sector partners in the country commodity forecasting and planning process;
- introducing new contraceptive products including procurement of generic contraceptives; identifying critical capacity gaps and providing support for tools, guidance and skillsets;
- ensuring the adoption of the human rights-based approach in family planning programme delivery;
- playing a leading role in the country for evidence generation in support of family planning.

According to the annual country questionnaires submitted by programme countries, 41 countries (89 per cent) provided leadership in identifying critical capacity gaps in RHCS and family planning interventions and supported the government and partners with tools, guidance and necessary skills needed to address the challenges. In 39 countries (85 per cent), steps were taken to facilitate the introduction of new family planning methods.

In 2019, UNFPA played leading roles in any of the two FP2020 key functions as well as any other five of the other **convening and coordinating roles in 38 countries** compared with 36 countries in 2018.

Figure 5.1: Countries where UNFPA played an extensive convening and coordinating role, 2017-2019



## 5.11 Dissemination of programme results

### 5.11.1 Evidence of dissemination of analysis of programme results in various media

UNFPA Supplies programme results were disseminated across media channels - including Twitter, UNFPA.org, dedicated Google Sites and at numerous high-level events. The advocacy narrative report for UNFPA Supplies for 2018 was one of the most downloaded publications from the UNFPA website in 2019 (707 downloads). A series of infographics of key programme results were shared on social media and in press packets.

UNFPA Supplies visibility at global level was increased through numerous events and media engagement activities including at Women Deliver, at IBP Consortium partners meetings, a UNFPA Executive Board side event, parliamentary dialogues, at the Global Citizen New York Festival, and family planning focused events at the ICPD25 Summit. The “UNFPA Supplies towards 2030 vision document” was developed and launched by UNFPA’s Deputy Executive Director, Programme, during the Nairobi Summit. A Communications Strategy was developed and delivered for the UNFPA Global Consultation on Ending Unmet Need for Family Planning, held in June 2019, with communications assets developed and disseminated widely including newsletters and videos.

In addition to print materials, UNFPA Supplies supported development of a number of videos that were shared at events and through social media:

- Expanding access to family planning in rural Nepal which was selected as finalist for Women Deliver 2019’s video competition and screened daily during the conference.
- A joint video with MSI was filmed in Uganda, showcasing the importance of the UNFPA and MSI partnerships around commodities and services.
- “Imagine a World” video, shown at the opening ceremony of the Nairobi Summit.

# FINANCE AND RESOURCES

As in previous years, it was agreed with the donor community that 75 per cent of the total resources should be used for provision of reproductive health supplies, primarily contraceptives. By the end of 2019, 75 per cent of the total resources had been utilized for provision of reproductive health commodities and 25 per cent had been used for technical assistance activities, human resources and stock surveys.<sup>10</sup>

UNFPA Supplies funds are managed in accordance with the Resource Allocation System (RAS) agreed by the Steering Committee for the programme. The RAS dictates that the programme funds for country interventions should be allocated in accordance with the needs measured by six indicators.<sup>11</sup> Depending on the overall score of the indicators, all countries are categorized in three groups: (A) Long-Term Engagement, (B) Transitioning and (C) Approaching Sustainability. For the two first segments, Long-Term Engagement and Transitioning, 75 per cent of their resources should be used for procurement of reproductive health commodities whereas 25 per cent should be allocated for technical assistance. For Category C countries approaching sustainability, 30 per cent of the resources should be used for provision of reproductive health commodities whereas 70 per cent should be used for technical assistance. At the beginning of the year, budget ceilings were calculated using a weighted algorithm based on five population and economic criteria. These ceilings guided the workplan development and commodity procurement processes.

## Funds available and income

The UNFPA Supplies programme had \$204 million available for new allocations in 2019. It was \$11 million (5.5 per cent) more than in 2018 and \$59 million more than estimated based on confirmed donor commitments at the beginning of the year. The original budget estimate of \$145.5 million was allocated for commodity procurement and technical assistance in accordance with the Resource Allocation System (RAS). The allocated funds were distributed to country offices, regional offices and HQ departments based on the score for the six key indicators<sup>12</sup> in the RAS.

The 2019 allocations include a \$10 million contribution from DFID that had been held in a special reserve since 2013 as part of the Minimum Volume Guarantee for the Implant Access Programme. The Implant Access Programme ended 31 December 2018 and the \$10 million was consequently deployed as part of UNFPA Supplies regular 2019 programme budget.

## Spending

Annual expenses totalled \$137.5 million (\$137,555,995) in 2019 and is up by 1 per cent from 2018.

It should be noted that additional funds were committed in inventory and firm and binding ongoing purchase orders. These posts will be recognized as expenses when the goods have been handed over to the implementing partners (e.g. to the Ministry of Health or an NGO implementing partner). They are considered utilized since the funds cannot be used for any other purpose.

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<sup>10</sup> In other words, 25 per cent of total resources was used for everything else than procurement of commodities.

<sup>11</sup> Indicators: mCPR, Percentage of women whose demand is satisfied with a modern method of contraception, National Income per Capita, Fragility State Index, Effectiveness of Execution (UNFPA Supplies Implementation Score), Female Population (magnitude of need).

<sup>12</sup> The Key Indicators are: mCPR, % of total demand for FP which is satisfied, GNI per capita, female population size, state fragility index, Average UNFPA Supplies Implementation Score.

## Utilization rate

The utilization rate was 78 per cent in 2019. This is 20 percentage points lower than in 2018, which was extraordinarily high at 98 per cent, reflecting the use of the Bridge Funding Mechanism for the first time and some manufacturing issues that pushed orders into 2019. The lower utilization rate in 2019 reflects the decision to ensure sufficient resources in 2020 while striving for a gradient change in resource deployment in order to avoid major changes from year to year.

The utilization rate considers annual spending as well as committed purchase orders (POs). In addition to the expenses of \$137.5 million, the programme increased the inventory level by \$7.5 million and saw a commitment increase of \$7.5 million in approved purchase orders from 2018 to 2019. Purchase orders constitute a firm and binding commitment for supplies that will be delivered in 2020.

The total utilization<sup>13</sup> was \$158.5 million, which corresponds to a utilization rate of 78 per cent against the available programme budget of \$204 million (excluding the fourth quarter donor contributions). The corresponding utilization rate was 98 per cent in 2018, 88 per cent in 2017, 92 per cent in 2016 and 87 per cent in 2015.

By the end of the fiscal year 2019, the total unspent balance of \$45.5 million from the programme budget was carried forward to 2020 together with Q4 donor contributions of \$96 million. The carry-over funds are being used in the regular 2020 UNFPA Supplies budget for placing commodity procurement orders in accordance with countries' requests.

**Table F1: Programme utilization – cash flow 2019**

Beginning cash balance*	78,860,219
Donor contributions Q1, Q2, Q3	125,243,011
<b>Available programme budget for 2019 allocation</b>	<b>204,103,230</b>
Donor contributions (Q4) - received for programming in 2020	96,058,343
Expenses	137,555,995
Increase in Inventory	13,489,437
Increase in purchase order commitments	7,491,562
<b>Total utilization</b>	<b>158,536,993</b>
Non-allocated by the end of 2019	45,566,237

**Table F2: Utilization rate, UNFPA Supplies 2019 (US\$)**

Available budget, excluding Q4 contributions	Expenses, increase in inventory and purchase order (PO) commitments	Utilization rate (Programming budget)
\$158,536,993	\$158,536,993	78%

## Funds utilization and breakdown

Total expenses for the programme in 2019 were \$137.5 million (\$137,555,995), which is \$1 million higher than in 2018. Additionally, by the end of the year there were ongoing purchase orders worth \$72.3 million compared with \$65.3 million in open POs by the end of 2018. Similarly, the commodity inventory level increased by \$12.5 million (from \$19.6 million in 2018 to \$32.2 million by the end of 2019). Funds committed in POs and inventory are not included in the expense amount because funds

<sup>13</sup> Utilization = Expenses + Commitments

only are considered spent when the goods have been handed over to the implementing partner. PO and inventory amounts are however included in utilization figures since the funds have been “utilized” and cannot be used for other purposes. The utilization figures are especially relevant when assessing how much of the resources have been used for procurement of commodities. Expense figures will not correctly reflect the resource usage for commodities since it does not include PO and inventory fluctuations. For that purpose, both expense and utilization figures are listed below for commodity procurement.

The programme spent \$29.1 million (21.0 per cent) for technical assistance and management costs (excl. human resources). This is a decrease of \$7.8 million compared with 2018 where it constituted 27.1 per cent of the total expenses.

Human resource costs constituted \$11.4 million (8.3 per cent) of the total expenses, which is an increase of \$1.1 million compared with 2018 where HR costs accounted for 7.6 per cent of the expenses.<sup>14</sup>

The largest portion was used for commodity procurement, which constituted \$97 million (\$97,068,930) or 70.6 per cent of the total expenditures for 2019; this includes the procurement of all contraceptives and maternal health supplies and their shipping costs and procurement fees. It is an increase of \$7.9 million compared with 2018 where \$89.1 million (65.5 per cent) of total expenses were used for procurement of commodities.

To assess the amount of resources utilized for procurement of commodities, it is however necessary to consider the amounts committed in purchase orders and inventory. By the end of 2019, \$72.3 million were committed in ongoing POs compared to \$65.3 million by the end of 2018. That is an increase of \$7 million allocated for commodity procurement. Similarly, there was an increase of \$12.5 million in the inventory level.<sup>15</sup> When adjusting the expense figures with these additional commodity allocations<sup>16</sup>, the resources utilized for procurement of reproductive health commodities came to \$118,049,929 or 74.5 per cent of the total resource utilization of 158.5 million.<sup>17</sup>

It should be noted that a special earmarked contribution of \$2.4 million in US dollars was received from the Government of Australia (DFAD). These funds were primarily earmarked for capacity building interventions in the Pacific Islands Countries. Thus, the donor agreement for the Australian project stipulates that 78 per cent of the funds should be allocated for capacity building activities and 22 per cent should be allocated for procurement of reproductive health commodities. Since there are special conditions assigned to the project, the funds were to be assigned as additional resources to the regular UNFPA Supplies funds and could not be allocated via UNFPA Supplies normal allocation criteria. When excluding the Australian funds, the funds distribution between commodity procurement and technical assistance comes at **75.2 per cent**.<sup>18</sup>

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<sup>14</sup> HR expenses also constituted 7.6% of total expenses in 2017.

<sup>15</sup> These figures exclude the 7% indirect costs.

<sup>16</sup> And apply the 7% indirect costs.

<sup>17</sup> Calculation: Commodity Expenses = \$97.1m. Difference between open PO amount by the end of 2019 and 2018=\$7.0m. Difference in inventory level in 2019 vs. 2018 = \$12.6m. Total increase in commitment (POs+inventory) = \$19.6m or \$21m when including 7% indirect cost. => Commodity Utilization: 97.1+21.0= \$118.1m. Total allocated amount in 2019 (expenses+PO&Inventory increase): \$137.5m + \$21.0m = \$158.5m. Commodity Percentage: 118.1m/158.5 = 74.5%.

<sup>18</sup> Calculation: Total Utilization: \$158.5m. Utilized Australian contribution: \$2.3 million. Utilization from UNFPA Supplies' regular resources: \$156.2 million (158.5-2.3).

Procurement of commodities under UNFPA Supplies: \$118.1 million. Procurement of commodities from Australian Project: \$0.5 million. 118.1-0.5= \$117.5m. => \$117.5/\$156.2 = 75.2% i.e. 75.2% million of UNFPA Supplies' regular funds were used for RH commodities procurement.

Table F3: Total budget: Commodity procurement compared with other expenses

Type of costs – Total budget	Expenses	Expense percentage	Utilization (PO & inventory adjusted)	Utilization percentage	Excluding DFAD Project
Commodities	\$97,068,930	70.6%	\$118,049,929	74.5%	75.2%
Technical assistance	\$29,130,455	21.2%	\$29,130,455	18.4%	17.8%
Human resources	\$11,356,609	8.3%	\$11,356,609	7.2%	7.0%
Total	\$137,555,995	100%	\$158,536,993	100%	100%

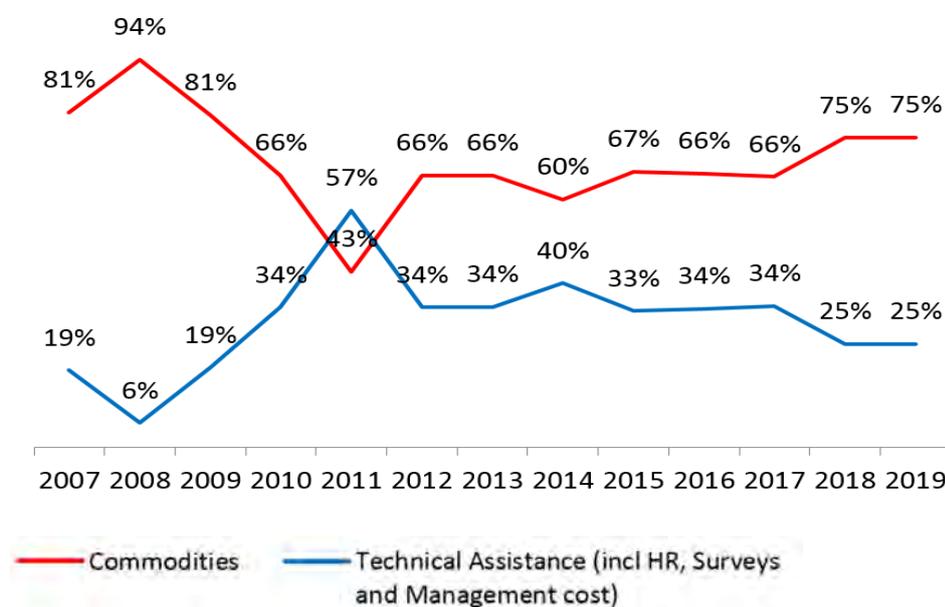
The table shows the expenses as per certified financial statement, as well as the utilization figures when adjusting for inventory and purchase order levels. The last column shows the utilization distribution when excluding the DFAD project which is a separate project within the overall UNFPA Supplies framework. The resource distribution for the DFAD project is specified in the donor agreement for the contribution and is different from UNFPA Supplies' other pooled resources.

Note: Amounts are in US dollars and include 7 per cent indirect costs.

### Use of funds – commodities versus capacity-building

The distribution of resources between supplies and technical assistance in 2019 remained the same as in 2018: 75 per cent of the total resources were used for provision of reproductive health commodities and 25 per cent for technical assistance activities, human resources and stock surveys.

Figure F1: Commodity versus capacity-building resource utilization, 2007–2019, by percentage

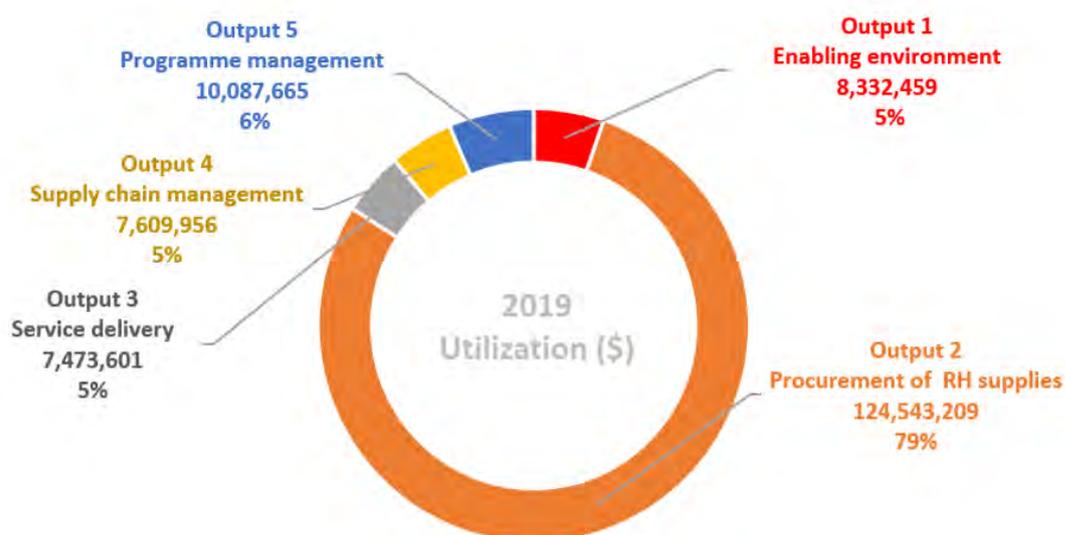


## Use of funds by output

The distribution per output presented below is based on the results framework. Figure F2 shows how the funds were used by programme output<sup>19</sup>:

- \$8.3 million (5.3 per cent) spent on Output 1 (enabled environment for RHCS); compared with a planned milestone expenditure of 5 per cent
- \$124.5 million (78.8 per cent) spent on Output 2 (improved efficiency for procurement); compared with a planned milestone expenditure of 75 per cent. In addition to the procurement costs of reproductive health commodities, this output also includes costs for associated procurement activities.
- \$7.5 million (4.7 per cent) spent on Output 3 (Improved access to RHCS/FP services); compared with a planned milestone expenditure of 5 per cent
- \$7.6m (4.8 per cent) spent on Output 4 (strengthened supply chain management); compared with a planned milestone expenditure of 10 per cent
- \$10.1 (6.4 per cent) spent on Output 5 (Programme Coordination and Management); compared with a planned milestone expenditure of 5 per cent

Figure F2: Use of funds by output, UNFPA Supplies programme 2019



## Expenses categorized by intervention level

The categorization of expenses per output and intervention areas are generated from UNFPA's Global Programming System (GPS). GPS has greatly simplified the data analysis and contributed to improved data quality. GPS data provides a good indication of expenditures but it is not a certified financial report and its accuracy depends on the accuracy of manual tagging of the many programme activities by many different users. Some miscategorization must therefore be expected. Spot checks show a miscategorization of approximately 10 per cent of the value. In order to improve the data quality further, UNFPA Supplies maintains a detailed "tagging guide" and a "semi-automatic" workplan template with pre-defined intervention areas. These tools help programme managers improve the reliability of tagging and reduce miscategorization to a minimum.

<sup>19</sup> The figures are utilization figures after adjustment for PO and inventory levels. DFAD (Australia) funds are included in this table.

Table F4: Breakdown by interventions, UNFPA Supplies 2019 total resource utilization

Intervention areas	2019 Utilization (US\$)	2019 Utilization (%)
<b>Output 1: Enabled environment for RHCS</b>		
1.1 Global partnerships (support to global partners)	1,994,561	1.3%
1.2 Country-level coordination and partnership	3,238,952	2.0%
1.3 Product availability	3,098,947	2.0%
Total Output 1	8,332,459	5.3%
<b>Output 2: Improved efficiency for procurement and supply of RH commodities</b>		
2.1 Quality of products	90,688	0.1%
2.2 Procurement efficiency	180,195	0.1%
2.3 Environmental risk mitigation	36,636	0.0%
2.4 Quantity and mix for commodities procured	121,478,481	76.9%
Total Output 2	121,785,999	77.1%
<b>Output 3: Improved access</b>		
3.1 Humanitarian setting	766,063	0.5%
3.2 Capacity-building	6,707,538	4.2%
Total Output 3	7,473,601	4.7%
<b>Output 4: Strengthened capacity and systems for supply chain management</b>		
4.1 Supply chain	6,542,997	4.1%
4.2 Demand forecasting and procurement	104,955	0.1%
4.3 Support for data generation	3,719,214	2.4%
Total Output 4	10,367,166	6.6%
<b>Output 5: Programme management</b>		
5.01 Resource mobilization and allocation	199,224	0.1%
5.02 Commodity procurement	2,626	0.0%
5.03 Programme steering	2,739	0.0%
5.04 Human resources	8,826,446	5.6%
5.05 Work planning and review process	155,490	0.1%
5.06 Funding modality for country segmentation	120,483	0.1%
5.07 Programme evaluation	69,097	0.0%
5.08 Quarterly programme management process	119,425	0.1%
5.09 Satisfactory technical assistance	557,087	0.4%
5.10 Convening and coordinating role of UNFPA	35,046	0.0%
5.11 Dissemination of programme results	199,224	0.1%
Total Output 5	10,087,665	6.4%
<b>Grand total</b>	<b>158,046,891</b>	<b>100%</b>

\*The amount includes expenses as well as funds utilized for ongoing POs and inventory commitments.

## Donor contributions

Since its inception in 2007, the UNFPA Supplies programme has mobilized more than \$1.2 billion from donors. We are grateful for support from governments, foundations and individual donors that totalled \$174,232,036 in 2019.

Table F7: Contributions to UNFPA Supplies received in 2019, by donor in alphabetical order

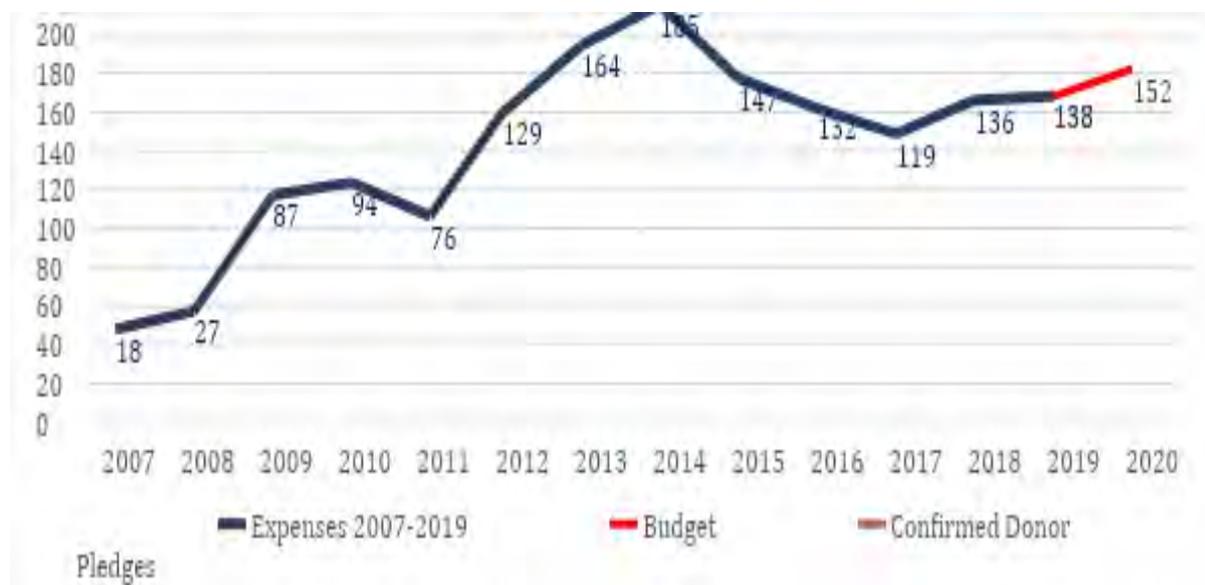
Partner	Contribution in 2019	Partner	Contribution in 2019
Anonymous	\$1,300,800	Luxembourg	\$909,091
Australia	\$2,500,000	Netherlands	\$25,969,251
Belgium	\$2,188,184	Norway	\$6,495,397
BMGF	\$625,531	Portugal	\$22,831
Canada	\$3,799,392	Regione Lombardia, Italy	\$550,055
CIFF	\$325,585	Slovenia	\$27,503
Denmark	\$17,228,236	Spain	\$220,022
European Union	\$5,210,955	United Kingdom	\$152,332,967
Individual contributions	\$52,340	Winslow Foundation	\$47,500
Liechtenstein	\$15,005		
		<b>TOTAL</b>	<b>\$219,820,643</b>

Contributions received in the last quarter of 2019 were used to place commodity orders at the beginning of 2020.

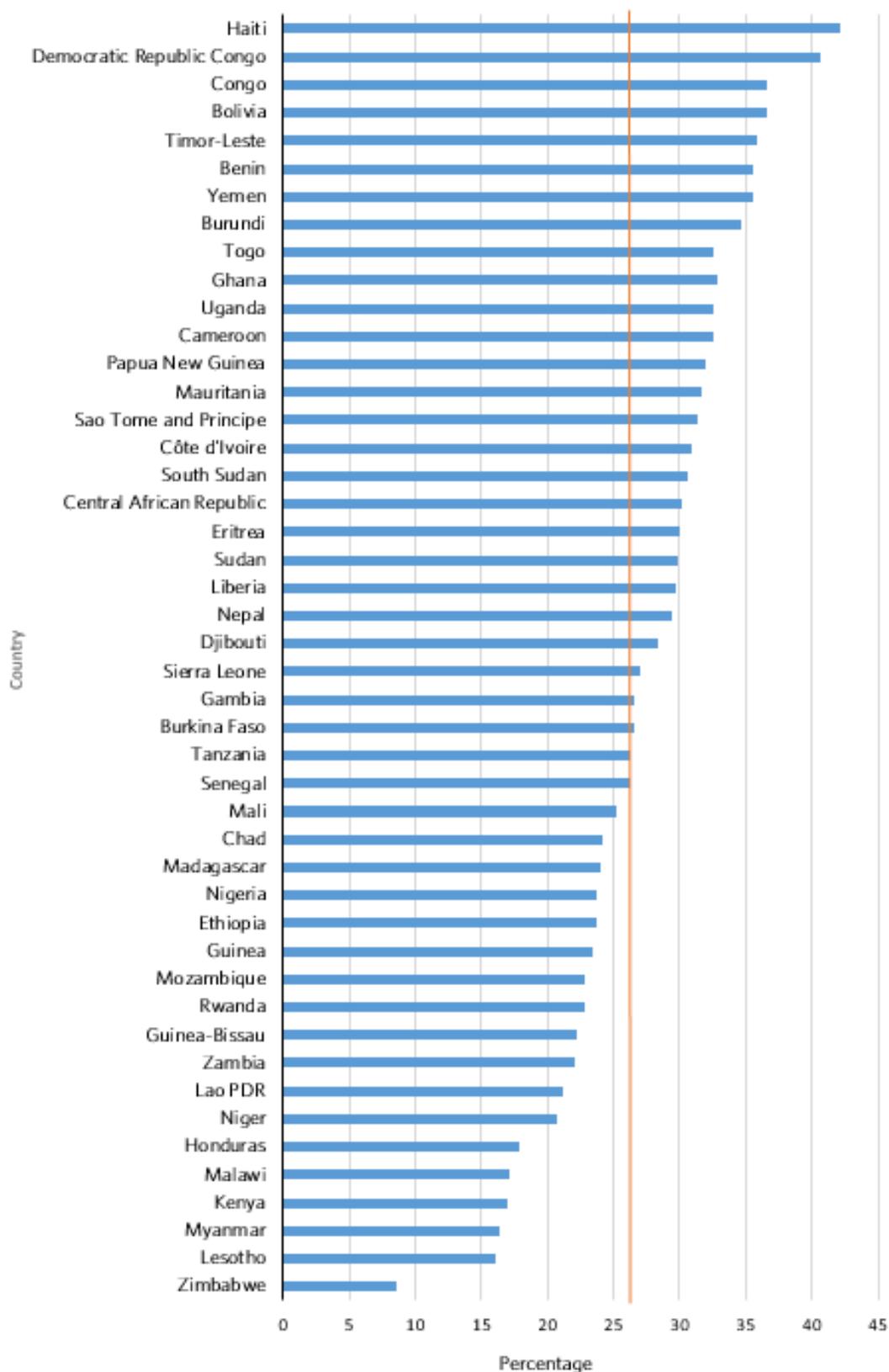
## Forward-looking financial situation

Figure F3 shows the expenses from 2007 to 2019 as well as the planning budget for 2020.

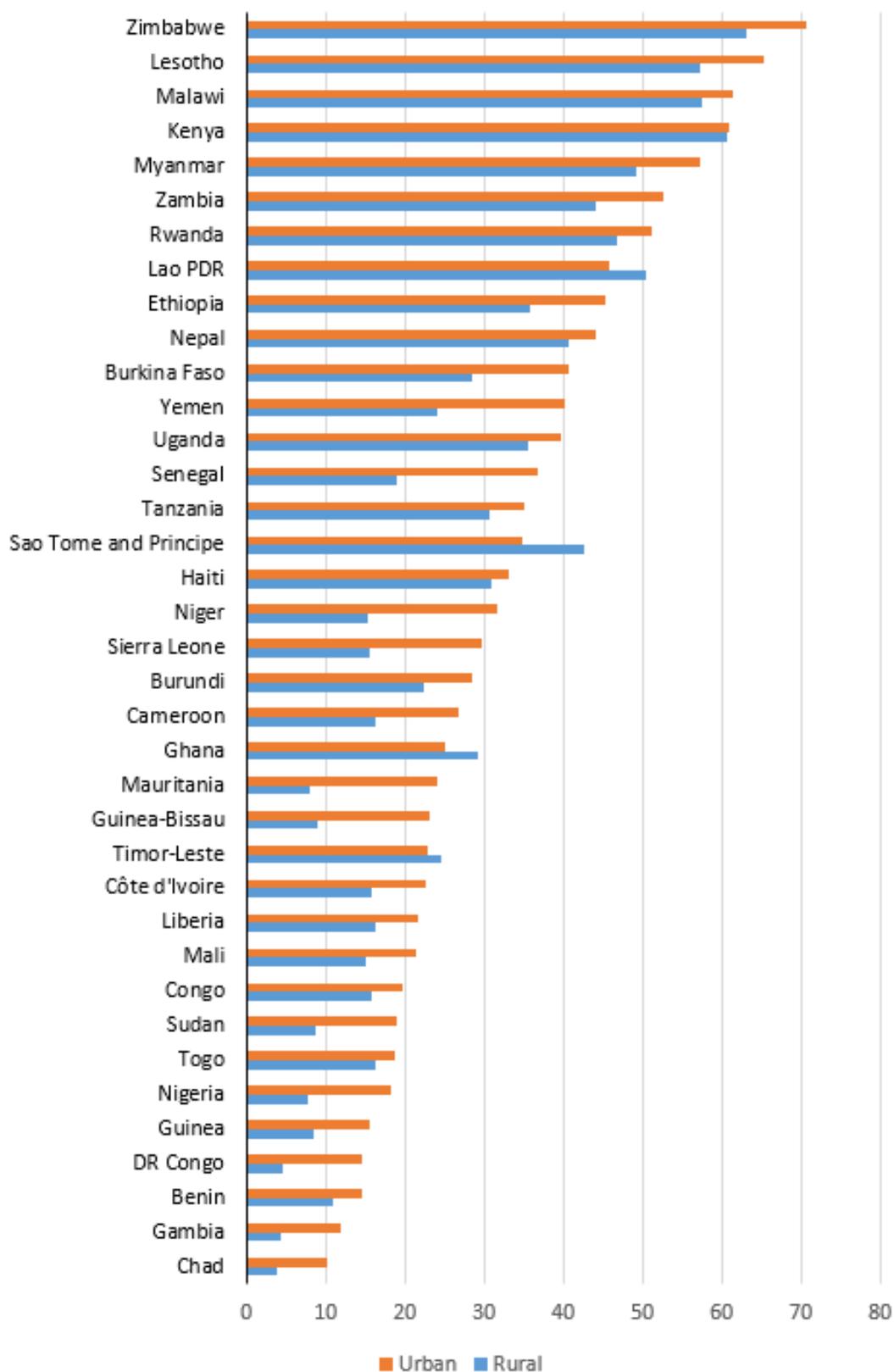
Figure F3: UNFPA Supplies budget and projections, 2007-2020, US\$ million



ANNEX 1: Unmet need for family planning (married or in-union women) for UNFPA Supplies implementing countries, compared with programme target (26%), 2019 (Source: FP2020: FPET modelling)



ANNEX 2: Distribution of mCPR among married/in-union women in rural and urban areas per country in 2019 (37 UNFPA Supplies for which survey data are available)



### ANNEX 3: List of UNFPA Supplies implementing countries conducting facility surveys in last four years

Programme countries		Survey report available			
		2016	2017	2018	2019
1	Benin		Yes		Yes
2	Bolivia		Yes	Yes	
3	Burkina Faso	Yes	Yes		Yes
4	Burundi		Yes		Yes
5	Cameroon	Yes			
6	Central African Republic				Yes
7	Chad				
8	Congo (Republic of the)	Yes			Yes
9	Côte d'Ivoire	Yes	Yes	Yes	
10	Djibouti			Yes	Yes
11	Democratic Republic of the Congo	Yes		Yes	Yes
12	Eritrea				
13	Ethiopia	Yes	Yes		Yes
14	Gambia	Yes		Yes	
15	Ghana		Yes		
16	Guinea	Yes	Yes		
17	Guinea-Bissau		Yes	Yes	Yes
18	Haiti	Yes	Yes		
19	Honduras	Yes	Yes	Yes	
20	Kenya				
21	Lao PDR	Yes	Yes	Yes	
22	Lesotho		Yes		Yes
23	Liberia		Yes		
24	Madagascar		Yes	Yes	Yes
25	Malawi	Yes		Yes	Yes
26	Mali				Yes
27	Mauritania		Yes		
28	Mozambique		Yes		Yes
29	Myanmar	Yes	Yes	Yes	Yes
30	Nepal	Yes	Yes	Yes	
31	Niger	Yes	Yes	Yes	
32	Nigeria	Yes	Yes	Yes	Yes
33	Papua New Guinea	Yes			Yes
34	Rwanda	Yes		Yes	
35	Sao Tome and Principe	Yes	Yes	Yes	Yes
36	Senegal	Yes			Yes
37	Sierra Leone	Yes		Yes	Yes
38	South Sudan		Yes	Yes	

39	Sudan	Yes			Yes
40	Tanzania	Yes		Yes	Yes
41	Timor-Leste	Yes		Yes	
42	Togo	Yes	Yes	Yes	
43	Uganda			Yes	
44	Yemen				
45	Zambia	Yes	Yes	Yes	
46	Zimbabwe	Yes			Yes
	TOTAL	27	25	23	23

## ANNEX 4: National Budget Amounts Allocated and Spent on RH Commodities, 2019

SN	Country	Amount allocated (in US\$) Contraceptives	Amount spent (in US\$) Contraceptives
1	Benin	500000	500000
2	Bolivia	1974061	1974061
3	Burkina Faso	1400000	1399993
4	Burundi	66667	66667
5	Cameroon	0	
6	Central Africa Republic	0	0
7	Chad	0	0
8	Congo, Republic of the	0	0
9	Côte d'Ivoire	862069	862069
10	Democratic Republic of the Congo	0	0
11	Djibouti	0	0
12	Eritrea	0	0
13	Ethiopia	11700000	11700000
14	Gambia	150252	0
15	Ghana	5358003	700000
16	Guinea	750000	750000
17	Guinea-Bissau	0	0
18	Haiti	0	0
19	Honduras	1460993	1460993
20	Kenya	4669425	0
21	Lao PDR	271512	275065.66
22	Lesotho	243556	49349.7
23	Liberia	0	0
24	Madagascar	132000	31562
25	Malawi	248000	248000
26	Mali	164517	0
27	Mauritania	27000	27000
28	Mozambique	312816	312816
29	Myanmar	1200000	1130795
30	Nepal	1014545	0
31	Niger	363636	363636
32	Nigeria	829715	2166042
33	Papua New Guinea	0	0
34	Rwanda	228230	228229

35	Sao Tome and Principe	0	0
36	Senegal	503356	0
37	Sierra Leone	0	0
38	South Sudan	0	0
39	Sudan	0	0
40	Tanzania	6300000	652537
41	Timor-Leste	0	0
42	Togo	300000	300000
43	Uganda	165000	5080000
44	Yemen	0	0
45	Zambia	2600000	0
46	Zimbabwe	0	0
<b>Total</b>		<b>43795353</b>	<b>30278815</b>

## Annex 5: Changes in UNFPA Supplies procurement and Third Party Procurement in Category C countries, 2019

Country category C	Value in (US\$) of all Third Party procurement	Value in (US\$) of all UNFPA Supplies procurement	Total for 2018	Value in (US\$) of all Third Party procurement	Value in (US\$) of all UNFPA Supplies procurement	Total for 2019	Variance in TPP	Variance in UNFPA Supplies commodity procurement		Changes in TPP through UNFPA Procurement Services
Bolivia	-	320,433	320,433	576,879	280,640	-857,519	576,879	(39,793)	-12%	Significant decrease in UNFPA procurement where as increase in TPP
Congo	-	465,913	465,913	-	16,290	16,290	-	(449,623)	-97%	There is no TPP. Significant decrease from UNFPA Supplies.
Honduras	338,462	298,324	636,786	78,679	245,690	324,329	(259,783)	(52,674)	-18%	Both TPP and UNFPA Supplies decrease.
Kenya	-	5,593,563	5,593,563	-	10,219,619	10,219,619	-	4,626,056	83%	There is no TPP so, significant increase from UNFPA Supplies for procurement.
Laos	131,511	956,524	1,087,035	140,187	363,964	504,151	8,676	(591,560)	-62%	There is some increase in TPP while some heavy decrease in UNFPA Supplies procurement.
Lesotho	396,962	391,558	788,520	-	189,936	189,936	(396,962)	(201,622)	-51%	Heavy decrease in both TPP and UNFPA Supplies.
Malawi	6,620,966	5,329,915	11,950,880	995,632	664,522	1,660,154	(5,685,333)	(4,665,393)	-88%	Significant decrease in both UNFPA Supplies procurement and TPP.
Myanmar	1,290,690	1,226,992	2,517,682	732,390	1,287,659	2,020,049	(558,300)	60,667	5%	Decrease in TPP so, some increase in UNFPA Supplies procurement.
Papua New Guinea	-	2,295,013	2,295,013	-	436,435	436,435	-	(1,858,578)	-81%	No TPP while also decrease in UNFPA Supplies procurement.
Zambia	825,305	2,569,016	3,394,321	1,520,011	3,825,423	5,345,434	694,706	1,256,407	49%	Heavy increase in UNFPA Supplies procurement however, some increase is observed in TPP as well.
Zimbabwe	67,485	3,223,219	3,290,704	-	4,345,912	4,345,912	(67,485)	1,122,693	35%	Increase in UNFPA Supplies procurement however, some decrease is observed in TPP.
<b>Total</b>	<b>9,671,380</b>	<b>22,669,470</b>	<b>32,340,850</b>	<b>3,983,778</b>	<b>21,876,049</b>	<b>25,859,827</b>	<b>(5,687,602)</b>	<b>(799,421)</b>	<b>-3%</b>	
<b>Percentage</b>	<b>30</b>	<b>70</b>	<b>100</b>	<b>15</b>	<b>85</b>	<b>100</b>				

## Annex 6: UNFPA Supplies country-level partnerships in 2019

UNFPA Supplies programme country	Partner name	Key activities in 2019
<b>1. Academic research institutes</b>		
Bolivia	Instituto de Investigaciones Sociológicas "Mauricio Lefebvre" (IDIS), Universidad Mayor de San Andrés	Develop research KAP in SRH in students of the university
Bolivia	Universidad Mayor de San Andrés	SRH research
Democratic Republic of the Congo	FONAREED/ PROMIS-PF	Procurement of contraceptives through UNFPA
Democratic Republic of the Congo	Tulane International	Capacity development of health service providers and Community Health Workers (CHW) for FP service delivery, also through mobile clinics
Honduras	Netherlands Interdisciplinary Demographic Institute (NIDI)	Coordination of the UNFPA-NIDI FP resource flows survey 2018
Kenya	East European Institute for Reproductive Health (EEIRH)	ICT technical support for SRH information training platform
Kenya	International Centre for Reproductive Health (ICRH)	Capacity building in supply chain management
Nepal	Center for Research on Environment, Health and Population Activities (CREPHA)	Study on the effectiveness of ASRH interventions
Nepal	Harvard University and Oxford Policy Management	FP Sustainability Roadmap work
Rwanda	Rwanda Society of Obstetricians and Gynecologists (RSOG)	Review of FP training module to include PAC
Rwanda	University of Rwanda/School of Public Health	Mentorship on FP and EmONC
Rwanda	University of Rwanda/School of Public Health	Research in FP
<b>2. Donor/multilateral/bilateral agencies</b>		
Burkina Faso	USAID	Advocacy for resource mobilization towards free FP and implementation of the national FP plan, and financing for RH/FP activities, women's empowerment and environmental protection
Cameroon	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ)	Partnership to support regional warehouse coordination for the supply chain strengthening
Cameroon	Global Fund	Partnership for health system strengthening, mainly eLMIS
Chad	Agence Française de Développement (AFD)	Supply of RH commodities
Chad	SWEDD project	FP2020 coordination and monitoring
Democratic Republic of the Congo	Global Fund	Strengthening the LMIS in joint intervention with UNFPA
Democratic Republic of the Congo	USAID and Chemonics	<ul style="list-style-type: none"> <li>– Collaboration with FP2020 focal points</li> <li>– Data collection and analysis for PPMR</li> </ul>

		– Support to the RHCS technical working group for quantification
Democratic Republic of the Congo	World Bank Health Systems Strengthening for Better Maternal and Child Health Results Project	– Procurement of contraceptive (TPP) – UNFPA RHCS Survey in partnership with UNFPA – Last Mile Assurance conducted jointly with UNFPA
Eritrea	Global Fund	Support in strengthening the LMIS system
Ghana	Global Fund	Integrated distribution of health commodities
Ghana	USAID	Forecasting, quantification and procurement
Lesotho	Global Fund	Engaged in national forecasting and quantification of commodities exercise
Madagascar	USAID	Quantification
Mali	HELP	FP services and gender-based violence care
Nepal	USAID	– FP2020 focal point – Collaboration at the national level, supply chain management donor – GHSC-PSM project (Chemonics)
Nigeria	USAID GHSC-PSM	– National Health eLMIS development and maintenance – National FP quantification
Rwanda	USAID	FP2020 coordination
Rwanda	USAID GHSC-PSM	Quantification and forecasting
Timor-Leste	Korean International Cooperation Agency (KOICA)	FP training in Ainaro District
Yemen	European Civil Protection and Humanitarian Aid Operations (DG ECHO)	Funding RH service delivery including reproductive health commodity security
Yemen	The Netherlands	Funding for RH commodity security
Zambia	USAID GHSC-PSM	– Development of National Supply Chain Strategy – Revision of Pharmacy Internship Curriculum – Manual to include supply chain management components
<b>3. Faith-based organizations</b>		
Cameroon	Cameroon Baptist Convention Health Services (CBCHS)	– DMPA-SC training (service providers, CBD, self- injection) and introduction at community level – Supply of contraceptives
Chad	Chadian Supreme Council for Islamic Affairs (CSAI)	Working with religious organizations in improving the environment to achieve the three UNFPA transformative results
Ghana	Muslim Family Counselling Services (MFCS)	FP outreach to Muslim men in Zongo communities
Madagascar	Sampan' Asa Loterana momban'ny FAhasalaman (SALFA), health department of the Lutheran Church	Provision of FP supplies and services
Nepal	ADRA Nepal	– Mobilization of Visiting Service Providers for LARC – FP and supply chain management training – Strengthening SCM/LMIS
South Sudan	Adventist Development and Relief Agency International (ADRA)	Conducting peer education and community mobilization
Uganda	Inter-Religious Council of Uganda (IRCU)	Integration of SRH/FP/GBV services
Uganda	Lutheran World Federation (LWF)	MISP training, clinical management of rape, EmONC, post-abortion care, condom distribution, safe spaces for women

		and girls, maternity care, FP, pregnancy mapping, ambulance services and integrated SRH/FP outreach services
Yemen	ADRA Yemen	Implementing reproductive health service delivery
<b>4. International non-governmental organizations</b>		
Bolivia	Marie Stopes International (MSI)	Improve personal health capacities for adolescent care services
Bolivia	PRISMA	– Develop a capacity and skills strengthening programme for CEASS personnel in the technical, operational and management fields – Strengthening management teams
Bolivia	Asociación Médicos del Mundo	Develop capacities of communities and local authorities around social issue and improve local health management
Burkina Faso	MSI	Support to national family planning week
Central African Republic	Médecins Sans Frontières	Distribution of FP supplies
Central African Republic	Médecins d'Afrique (MDA)	Distribution of FP supplies
Democratic Republic of the Congo	Care International (CARE)	FP service delivery through community health workers and mobile clinics
Democratic Republic of the Congo	DKT International	– Capacity development of health service providers and CHW in FP service delivery – Promotion of FP service delivery through social marketing
Democratic Republic of the Congo	Ipas	FP service delivery through community health workers and mobile clinics
Democratic Republic of the Congo	Médecins du Monde (MDM)	FP service delivery to adolescents and youth through community health workers and mobile clinics
Democratic Republic of the Congo	Pathfinder International	FP service delivery to adolescents and youth through community health workers and mobile clinics
Democratic Republic of the Congo	Save the Children	FP service delivery through community health workers and mobile clinics
Democratic Republic of the Congo	Villagereach	Implementation monitoring
Ethiopia	MSI	Provision of commodities
Ghana	Ipas	Forecasting and quantification, procurement, advocacy, outreach and service delivery
Ghana	MSI	Forecasting and quantification, procurement, advocacy, outreach and service delivery
Ghana	Population Council	Forecasting and quantification, procurement, advocacy, outreach and service delivery
Ghana	Willows International	Forecasting and quantification, procurement, advocacy, outreach and service delivery
Honduras	Pan American Social Marketing Organization (PASMO)	Coordination of activities in adolescent care and prevention and care of GBV
Lesotho	Elizabeth Glaser Pediatric AIDS Foundation	Engaged in national forecasting and procurement exercises
Madagascar	DMPA-SC Access Collaborative (JSI & PATH)	Introduction and scaling-up of the injectable contraceptive DMPA-SC
Madagascar	MSI	Service delivery

Madagascar	PSI	Provision of injectable DMPA-SC
Malawi	MSI	Provision of commodities in rural and underserved communities through outreach services
Malawi	Organized Network of Services for Everyone's (ONSE) Health Activity	Capacity building for nurses and midwives in LARCs
Malawi	PSI Malawi	Provision of commodities in rural and underserved communities through outreach
Mali	International Medical Corps – UK	Youth and adolescent FP access
Mali	Jhpiego International	Scale-up of postpartum family planning
Mali	Management Sciences for Health (MSH)	Equipment provision
Mali	MSI	Support for procurement of products and consumables
Myanmar	MSI	Family planning training for service providers, including insertion and removal of IUDs
Myanmar	PSI	FP training for service providers, including insertion and removal of implants and IUDs
Nepal	Jhpiego International	Update National Medical Standards and RH Protocol
Nepal	Jhpiego International	Development of guideline on RH
Nepal	MSI	– Commodity support on FP – Scaling up DMPA-SC injectable contraceptive
Nigeria	MSI	Capacity building of health workers on LARC in humanitarian and fragile contexts
Papua New Guinea	MSI	FP capacity development and outreach
Papua New Guinea	Population Services International (PSI)	FP barriers study using the total market approach
Senegal	MSI	Implementation of activities at the decentralized community level
Timor-Leste	Marie Stopes International Timor-Leste (MSTL)	Provide FP counselling and services in both government clinics and the MSTL centre in Dili
Uganda	MSI	Organization of National Family Planning Conference
Uganda	PATH	Training in self-injection with DMPA-SC
Yemen	MSI	Coordination for advocacy for RH
Yemen	Relief International	Implementing RH service delivery
Yemen	Save the Children	Coordination for advocacy for RH.
<b>5. Non-governmental organizations</b>		
Benin	Groupe de Recherche, d'Action et de Formation en Épidémiologie et en Développement (GRAFED)	FP campaigns
Benin	Organisation pour Service et Vie	Improving availability of FP
Benin	Plan International Bénin (PIB)	FP campaigns
Burkina Faso	Association Burkinabè pour le Bien-être familial (ABBEF)	Community-based distribution and task shifting Provision of RH services through mobile teams and school infirmaries
Burkina Faso	Association TIN TUA	Support the Ma Copine strategy in the eastern region and in the Sahel
Burkina Faso	Plan International Burkina Faso	Support the Ma Copine strategy in the Cascades, South-West and South-Central regions
Burundi	Red Cross Burundi	Humanitarian support

Cameroon	Association Camerounaise pour le Marketing Social (ACMS)	Training on DMPA-SC injectable contraception, and contraceptive supplies
Cameroon	Cameroon National Planning Association for Family Welfare (CAMNAFAW)	– DMPA-SC training for service providers, community-based distribution agents and self-injection – Supply of contraceptives – DMPA-SC introduction at community level
Chad	CARE Chad	FP service provision through outreach strategy
Congo	Association Congolaise Pour FP	SRH service provision
Congo	Médecins d'Afrique (MDA)	Contribution to support costs
Côte d'Ivoire	Agence Ivoirienne de Marketing Social	Community outreach
Côte d'Ivoire	Association Ivoirienne pour le Bien-Etre Familial (AIBEF)	Community outreach
Côte d'Ivoire	Sauvons 2 vies	FP service provision
Democratic Republic of the Congo	Association des Scouts du Sud-Kivu (ASSK)	FP service delivery through community health workers and mobile clinics
Democratic Republic of the Congo	Association pour le Bien-Etre Familial/Naissances Désirables (ABEF-ND)	Capacity development of health service providers and Community Health Workers (CHW) in FP service delivery FP service delivery through community health workers, mobile clinics
Ethiopia	Consortium of Reproductive Health Associations (CORHA)	Advocacy
Ethiopia	Ethiopian Midwifery Association (EMWA)	Training of providers and improving access to LARCs
Ethiopia	DKT Ethiopia	Administrative support cost
Gambia	Family Planning Association of Gambia	Build capacity to provide quality SRH information and services
Guinea	Fond. Sante Developpement	Community outreach
Guinea	Health and Sustainable Development Foundation (FOSAD)	Community-based RH and FP services for adolescents and youth
Guinea-Bissau	Guinean Association for Family Welfare (AGUIBEF)	Community-based distribution and FP mobile service delivery
Guinea-Bissau	National Forum of Youth and Population of Guinea-Bissau	Mass distribution of condoms to young people and adults during popular festivities such as the national carnival
Guinea-Bissau	Association Guinéenne pour le Bien-Etre Familial (AGUIBEF), filiale d'IPPF	– Awareness raising among community leaders, women, young people and people with disabilities on FP/RH/HIV and FGM – Offering mobile FP services for disabled people – FP services for adolescents and young people, women and sex workers
Guinea-Bissau	Fórum Nacional da Juventude e População (FNJP)	Condom distribution at events such as carnivals
Haiti	Centres de Développement et de la Santé (CDS)	Logistics support to maternity facilities, for prenatal and postpartum care
Haiti	Fondation pour la Santé Reproductrice et l'Éducation Familiale (FOSREF)	Logistics for prenatal and postnatal maternity care
Haiti	Société Haïtienne d'Obstétrique et de Gynécologie (FIGO)	Community outreach
Honduras	Asociación Benefica PRISMA	Implementing Partner of UNFPA Supplies workplan.

Honduras	Asociación Hondureña Mujer y Familia (Honduras Association Women and Family)	Contraceptive procurement through TPP
India	Parivar Seva Sanstha	Capacity-building and quality assurance monitoring
India	State Institute of Health & Family Welfare (SIHFW)	Strengthening roll out of injectables
Indonesia	Fakultas Kesehatan Masy UI (FKM UI)	Capacity building on FP
Indonesia	Pusat Kesehatan Reproduksi (Center for Reproductive Health)	Support of knowledge hub on FP
Kenya	Africa Gender & Media Initiative (GEM)	Engagement in Nairobi Summit on ICPD25
Kenya	Family Health Options Kenya (FHOK)	ASRH and capacity building on voluntary surgical contraception (VSC) and service delivery
Kenya	Family Planning Association of Kenya	Capacity building on voluntary female surgical sterilization
Kenya	I Choose Life–Africa (ICL), youth-focused Kenyan NGO	Mentorship of adolescent girls
Kenya	Kenya Red Cross Society (KRCS)	Increasing access to SRH information and services in humanitarian context
Kenya	World Vision Kenya	Launch and implement the FP costing implementation plan
Liberia	Liberia Prevention of Maternal Mortality	– Training nurses, midwives, supply chain officers, and Community Health Assistants for DMPA-SC – Construct and maintain market kiosks as FP service provision sites to reach vulnerable women and girls
Liberia	Medical Teams International	Support to FP services
Madagascar	Jeunes Ambassadeurs SR/PF Madagascar	Sensitization and distribution of condoms
Madagascar	Fianakaviana Sambatra - Madagascar Association	Supplies and services for RH
Madagascar	Marie Stopes Madagascar	Provision of FP services and supplies
Malawi	Family Planning Association of Malawi	Community mobilization and CONDOMIZE! Campaigns in universities
Mali	Association Malienne pour la Protection et la Promotion de la Famille (AMPPF)	Mobile outreach
Mali	Association for Development of Production and Training Activities	Activities for harnessing demographic dividend
Mali	Hilfe zur selbsthilfe (Helping People Help Themselves)	Mobile services
Mali	International Emergency and Development Aid (IEDA Relief)	Services for FP and gender-based violence
Mali	ONG AGIR	FP service provision
Mauritania	African Youth and Adolescents Network (AfriYAN) Mauritanie	Organize free FP counselling days
Mauritania	Association des Sages Femmes de Mauritanie (ASFM)	Organizing special FP days
Mauritania	Association Mauritanienne pour la Promotion de la Famille (AMPF)	Provision of FP supplies and services at the Mberra refugee camp
Mozambique	Associação Moçambicana para Desenvolvimento da Família (AMODEFA)	Community outreach services and mobile brigades for SRH services provision, including FP, in Sofala province within humanitarian response

Mozambique	Associação Moçambicana para Desenvolvimento da Família (AMODEFA) and DKT International	Community outreach services and mobile brigades for SRH services provision, including FP, in Sofala province within humanitarian response in the context of My Choice programme implementation in Tete province
Myanmar	Myanmar Medical Association (MMA)	Family planning training for service providers including DMPA-SC
Nepal	Central Department of Population Studies (CDPS) Tribhuvan University	Conducted UNFPA/NIDI FP resource flows survey
Nepal	Family Planning Association of Nepal	Knowledge management
Nepal	Family Planning Association of Nepal	Commodity support, service delivery, and provision of LARC training to health service providers
Nepal	Forum for Awareness and Youth Activity (FAYA)	Advocacy on RH
Nepal	Siddhartha Social Development Centre (SSDC)	Advocacy on RH
Nepal	The President and Fellows of Harvard College	Advocacy on FP policy
Nepal	Women Empowerment Mission (WEM)	Advocacy on RH
Niger	Pathfinder International	Joint family planning project
Nigeria	Action Health Incorporated (AHI)	DMPA-SC roll-out and self-injection pilot in Cross River and Imo states
Nigeria	Association for Reproductive and Family Health (ARFH)	Capacity-building interventions for FP and scale up of DMPA-SC interventions in Gombe and Akwa Ibom
Nigeria	Planned Parenthood Foundation of Nigeria (PPFN)	Capacity-building interventions for family planning, scale up of DMPA-SC interventions in humanitarian and fragile contexts and 72 hour facility make-over
Nigeria	Sultan Foundation for Peace and Development (SFPD)	Contribution to programme support cost
Nigeria	Youthhub Africa - Nigeria	Advocacy for FP and SRH
Pakistan	Population Council	UNFPA/NIDI FP resource flows survey
Papua New Guinea	Papua New Guinea Family Health Association	Youth campaigns, school health programme, and integrated outreach services
Regional Office/Panama City	Asociación Benefica PRISMA	Contribution towards NGO support costs
Regional Office/Panama City	Reprolatina Soluções Inovadoras em Saúde Sexual e Reprodutiva	Project on implants
Rwanda	Rwandese Association for Family Welfare (ARBEF)	Provision of Family Planning/SRH services and reaching people with SRHR messages in the target area of Karongi and Rusizi clinics
Rwanda	Society for Family Health (SFH) Rwanda	Social marketing of health products including contraceptives, and IEC/BCC
Rwanda	Africa Humanitarian Action (AHA)	Procurement of RH kits, medical equipment and dignity kits
Rwanda	Imbuto Foundation	ASRH, iAccelerator, m4RH, First Time Young Mothers (FTYM)
Rwanda	INGObyi Activity	Capacity building of health providers in FP
Rwanda	Urunana Development Communication	Social behaviour change
Senegal	Enda Santé	Implementation of activities at the community level
Sierra Leone	Planned Parenthood Association of Sierra Leone (PPASL)	Provision of integrated SRH including FP services through outreach activities

South Sudan	African Medical and Research Foundation (AMREF)	Facilitate the Boma Health Initiative
South Sudan	Impact Health Organization (IHO)	Health worker capacity building
South Sudan	Reproductive Health Association of South Sudan (RHASS)	Capacity building for health workers on family planning
Sudan	Sudanese People Living with HIV/AIDS Care Association (SPLWHACA)	<ul style="list-style-type: none"> <li>– Provision of FP through peer intervention using positive health dignity and prevention guidelines</li> <li>– Outreach to deliver comprehensive SRH and positive prevention packages in monthly sessions</li> </ul>
Sudan	Asnyan for Development and Research	Integrated HIV/FP/SRH services
Sudan	CAFA Development Organization	Provision of integrated HIV/FP/SRH services including HIV testing and counselling and promotion of FP in Blue Nile, Gazira, Kassala, North Kordofan and White Nile States.
Sudan	Friends of Peace & Development Organization (FDPO)	Integrated FP/HIV/SRH services
Sudan	National Initiative Development Organization (NIDO)	Integrated HIV/FP/SRH services
Sudan	Patients Helping Fund	<ul style="list-style-type: none"> <li>– Provision of SRH services in IDP camps in Darfur states through mobile clinics</li> <li>– Training on provision of FP services</li> </ul>
Sudan	Sudan Family Planning Association (SFPA)	Integrated SRH services
Sudan	Sudanese Red Crescent Society (IFRC)	Integrated FP/HIV/ SRH
Togo	Association d'appui aux Activités de Santé Communautaire (3ASC)	Training on injectable contraception (DMPA-SC) for community health workers
Togo	Association Togolaise pour le Bien-Etre Familial	Community-based distribution and mobile clinics
Togo	Plateforme des Organisations de la Société Civile	Integrated services for adolescent sexual and reproductive health
Togo	Association d'Appui aux Activités de Santé Communautaire (3ASC)	Community-based distribution and mobile teams
Uganda	Acord Uganda	Capacity building, warehousing through the sub IP-Joint Medical Stores and documentation of good practice and conducting maturity model assessment
Uganda	Makerere University School of Public Health (MakSPH)	Facility-based survey
Uganda	Reproductive Health Uganda (RHU)	Training health workers, carrying out integrated outreach services and providing training on eLMIS
Yemen	All Girls Foundation (AGF)	Implementing RH service delivery
Yemen	Building Foundation for Development (BFS)	Implementing RH service delivery
Yemen	Charitable Society for Social Welfare	Implementing RH service delivery
Yemen	Field Medical Foundation	Implementing RH service delivery
Yemen	National Yemeni Midwives Association (NYMA)	Contribute to RH service delivery
Yemen	Yamaan	Coordination for advocacy for RH
Yemen	Yemen Family Care Association (YFCA)	Implementing RH service delivery
Yemen	Yemeni Association for Reproductive Health (YARH)	Coordination for advocacy for RH

Zambia	Planned Parenthood Association of Zambia (PPAZ)	<ul style="list-style-type: none"> <li>– Revision of Pharmacy Internship Curricular to incorporate supply chain management and eLMIS, including training of initial tutors</li> <li>– Convening of FP Annual Review Meeting</li> </ul>
<b>6. Private sector</b>		
Burkina Faso	Private offices and clinics	Provided a range of FP methods, including DMPA-SC injectable contraception
Burkina Faso	Private offices and clinics	Supported the Ma Copine strategy in the Center-East region
Burundi	Chemonics	Supply chain support
Lesotho	Chemonics	National forecasting and quantification of commodities exercise
Madagascar	Association des Pharmaciens	Advocacy for zero taxation of contraceptives
Madagascar	ATW Consultants	Research on the available of RH supplies at service delivery points
Malawi	Chemonics	Capacity building and co-financing as part of quantification and forecasting exercises
Myanmar	John Snow, Inc. (JSI)	Strengthening supply chain management
Nigeria	John Snow, Inc. (JSI)	IMPACT team model for last mile distribution, facilitation of UNFPA Supplies survey and analysis
Sub-Regional Office/Suva	John Snow, Inc. (JSI)	Strengthening supply chain management
Tanzania	John Snow, Inc. (JSI)	Strengthening supply chain management
Timor-Leste	John Snow, Inc. (JSI)	Orientation Postpartum FP for midwives FP training for healthcare personnel
Yemen	Al-Nada Center for General Services (NCGS)	Warehousing, transportation and custom clearance
<b>7. United Nations agencies</b>		
Burkina Faso	UNICEF	Advocacy, training and financing for activities
Burkina Faso	UNCDF	Finance inclusive
Burkina Faso	WHO	Advocacy, training and funding of activities for inclusive finance
Burundi	UNDP	Support for interventions to strengthen resilience and social cohesion in Mayengo village in Kigwena commune
Democratic Republic of the Congo	UNESCO	Implementation of complementary interventions for Kitumaini Initiatives to support adolescents and youth
Democratic Republic of the Congo	UNHCR	UNFPA provides support for customs clearance
Democratic Republic of the Congo	UNICEF	UNFPA provides support for customs clearance
Democratic Republic of the Congo	WFP	Storage and transportation of commodities
Eritrea	WHO	Development of strategic plans
Nepal	UNICEF	Coordination and engagement of supply chain management group
Nepal	WHO	Coordination and engagement of supply chain management group
Rwanda	WHO	ECHO trial – MEC wheel

Timor-Leste	WHO	District-level advocacy around FP benefits to communities
Yemen	OCHA	Funding RH service delivery including RHCS
Yemen	WHO	Funding and collaboration for RH service delivery including RH commodity security

## Scorecard 2019

Score	Status	If the average per cent achievement of the milestone is
 Green	<b>Achieved</b> (achieved or exceeded)	Equal to or above 100 per cent
 Yellow	<b>Progressing</b> well towards target (nearly achieved)	Between 80 and 99 per cent
 Orange	<b>Making limited progress</b> (achievement is about average)	Between 60 and 79 per cent
 Red	<b>Insufficient progress made</b> (achievement is below average)	Below 60 per cent

**Goal: Increased contraceptive use especially by poor and marginalized women and girls**

		2016	2017		2018		2019		
Indicators		Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Score
		Contraceptive use							
G1. Average unmet need for family planning (46 target countries)		28	27	27.6	26	27.4	26	27.5	
G2. Average mCPR (46 target countries) (disaggregated by age, residence and wealth quintile)		22.7	23.5	23.9	25	24.5	25	25.1	
G3. Average demand for family planning satisfied with modern methods (46 target countries) (disaggregated by age, residence and wealth quintile)		46.8	47.3	47.6	49	49.1	50	49.4	
G4. Contraceptive method mix (including information on method mix score and method skew)		8	8	7.9	7	7.5	7	8.1	
G5. Number of additional modern contraceptives users (46 target countries)		14.2 M	17 M	17.9 M	22 M	21.2 M	24 M	24.5 M	

## Outcome: Increased availability of quality RH commodities in support of reproductive and sexual health services including family planning, especially for poor and marginalized women and girls

		2016	2017		2018		2019		
Indicators		Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Score
<b>M1 Availability of reproductive health commodities</b>									
M1.1 Percentage of countries with 85 per cent of primary service delivery points (SDPs) that have at least 3 modern FP methods on the day of visit or assessment (disaggregated for urban/rural)		81	83	80 Urban: 88 Rural: 72	85	87 Urban: 96 Rural: 83	87.5	83 Urban: 83 Rural: 74	
M1.2 Percentage of countries with 85 per cent of secondary and tertiary SDPs that have at least 5 modern FP methods available on the day of visit or assessment (disaggregated for urban/rural and SDP type)		57	65	46 Urban: 44 Rural: 32	75	57 Urban: 43 Rural: 22	77	61 Urban: 80 Rural: 71.5	
M1.3 Percentage of countries where WHO prequalified/ ERP approved hormonal contraceptives are registered (disaggregated for generic contraceptives)		15% Innovators 0% Generics	30% Innovators 3% Generics	15% Innovators 17% Generics	35% Innovators 6% Generics	11% Innovators 7% Generics	40% Innovators 8% Generics	N/A	
M1.4 Percentage of countries with 85 per cent of service delivery points (SDPs) where magnesium sulfate, misoprostol and oxytocin are available (disaggregated for urban/rural and SDP type)		32	39	20 Primary: 16 Secondary: 40 Tertiary: 54 Urban 30 Rural 22	46	22 Primary: 17 Secondary: 65 Tertiary: 78 Urban 35 Rural 17	48	20 Primary: 5 Secondary: 60 Tertiary: 65 Urban 50 Rural 15	

M1.5 Percentage of countries reporting no contraceptive stock-out in at least 60 per cent of service delivery points (SDPs) in the last three months before survey (disaggregated for urban/rural and SDP type)	48	50	24 Primary: 18 Secondary: 31 Tertiary: 21 Urban: 18 Rural: 12	52	36 Primary: 32 Secondary: 32 Tertiary: 33 Urban: 41 Rural: 40	57	27 Primary: 27 Secondary: 29 Tertiary: 47 Urban: 41 Rural: 33	
<b>M2 Reproductive health in humanitarian settings</b>								
M 2.1 Number of women and girls reached in humanitarian settings through RH kits, services utilization and dissemination	1.3 million	1.3 million	1.4 million	1.5 million	2.1 million	1.5 M	2.8 M	
<b>M3 National budget allocations for contraceptives</b>								
M 3.1 Number of countries sustaining over time increased national budget line for the procurement of contraceptive commodities	15	18	9	20	11	23	8	

M4: Procurement and logistics management								
M4.1 Number of countries with a functional electronic logistics management information system (eLMIS)	17	18	22	22	30	25	31	
M4.2 Percentage of countries where 85 per cent of service delivery points have staff trained in logistics management information systems	NA	35	68	50	71	62	74	
M4.3 Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives	NA	23	25	30	39	34	39	
M4.4 Ratio of TPP versus UNFPA Supplies procurement amount spent on contraceptives for Category C countries	1:13	1.5:10	1:3	2:1	1:2	3:10	1:5.49	
M4.5 Percentage of UNFPA Supplies contraceptive orders in which the supplier was in compliance with the agreed delivery time	59	65	40	70	38	70	43	
M4.6 Percentage of UNFPA Supplies contraceptive orders fulfilled in agreed quantity by the supplier	NA	100	100	100	100	100	100	

\*This includes the SDPs in primary levels

Output 1: An enabled environment and strengthened partnership for RHCS and family planning								
	2016	2017		2018		2019		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Score
1.1 Global partnerships (support to global partners)								
1.1.1 Evidence of collaboration with (and support to) partners at global and regional on family planning and commodity security	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
1.2 Country-level coordination and partnership								
1.2.1 Number of countries where UNFPA collaborates with (and supports) partners in strengthening coordination on family planning and commodity security	NA	NA	18 countries with broad-based partnership, under government leadership and functional	25	27	27	27	
1.3 Product availability								
1.3.1 Percentage of requests for procurement of implants that are identified as having the potential of creating overstock, and for which the goods were shifted to other countries where stock-out is about to occur	NA	NA	0.1%	NA	0	NA	0	
1.3.2 Percentage of requests for procurement of 3-month injectables that are identified as having the potential of creating overstock, and for which the goods were shifted to other countries where stock-out is about to occur	NA	NA	0	NA	0	NA	0	

## Output 2: Improved efficiency for procurement and supply of reproductive health commodities (global-level focus)

	2016	2017		2018		2019		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Score
<b>2.1 Quality of products</b>								
2.1.1 Number of manufacturing sites for condoms and IUDs that are WHO prequalified	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 42 Male condoms (31) Female condoms (4) IUDs (7)	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 41 Male condoms (30) Female condoms (5) IUDs (6)	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 33 Male condoms (23) Female condoms (4) IUDs (6)	
2.1.2 Number of hormonal contraceptives and three priority maternal health medicines (oxytocin, magnesium sulfate and misoprostol) that are WHO prequalified	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 39 Hormonal contraceptives (29) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 41 Hormonal contraceptives (30) Maternal health (11)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 42 Hormonal contraceptives (29) Maternal health (13)	
2.1.3 Number of hormonal contraceptives and three priority maternal health medicines (oxytocin, magnesium sulfate and misoprostol) that have positive ERP opinion	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 38 Hormonal contraceptives (28) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 39 Hormonal contraceptive (29) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 40 Hormonal contraceptive (30) Maternal health (10)	

2.2 Procurement efficiency								
2.2.1 Average contraceptive prices for UNFPA Supplies procurement for the year (per commodity type) in comparison with the previous year	\$1.99	UNFPA's prices for each contraceptive category will not be higher than the baseline.	\$1.94	UNFPA's prices for each contraceptive category will not be higher than the baseline.	\$1.95	UNFPA's prices for each contraceptive category will not be higher than the baseline.	\$1.99	
Female condoms	\$0.49		\$0.42		\$0.37		\$0.46	
Male condoms	\$3.64		\$3.24		\$3.41		\$3.39	
Implantable contraceptives	\$8.05		\$8.00		\$7.96		\$8.36	
Injectable contraceptives	\$0.82		\$0.90		\$0.87		\$0.76	
IUDs	\$0.30		\$0.30		\$0.30		\$0.30	
Oral contraceptives	\$0.30		\$0.37		\$0.43		\$0.26	
Oral contraceptives, emergency	\$0.35		\$0.30		\$0.32		\$0.42	
2.2.2 Total amount (US\$) saved through procurement of generic products	\$566,564		\$1,482,875		\$933,026.80		\$1,550,000	\$1,376,011

2.2.3 Cost per CYP of contraceptives procured by UNFPA Supplies (disaggregated by commodity)	\$2.78	\$2.78	\$2.68	\$2.76	\$2.53	\$2.74	\$2.51	
2.2.4 Cost per unintended pregnancy averted based on contraceptives procured	\$8.11	\$8.11	\$8.60	\$8.08	\$8.71	\$8.06	\$8.71	
<b>2.3 Environmental risk mitigation</b>								
2.3.1 Number of countries where national guidelines and protocols on disposal of medical waste and contraceptives take into consideration the recommendations of the UNFPA Guideline on Safe Disposal and Management of Unused, Unwanted Contraceptives	8	15	38 (18 all, 20 partial)	25	43 (21 all, 22 partial)	35	46 (24 all, 22 partial)	
<b>2.4 Quantity and mix for commodities procured</b>								
2.4.1 CYP provided by contraceptives and condoms through UNFPA Supplies procurement (disaggregated by commodities including for generics)	22.4 M	22.4 M	24.1 M	24.5 M	38.2 M	25M	41.9 M	
2.4.2 Percentage of contraceptives procured that are generic products	17	17	46	17	13	17	Forthcoming	

Output 3: Improved capacity for family planning service delivery including in humanitarian contexts								
	2016	2017		2018		2019		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Score
<b>3.1 Humanitarian settings</b>								
3.1.1 Percentage of countries, in humanitarian and fragile contexts, where implementing partners did not experience stock-out of RH kits during the year	74	80	74	85	89	90	84	
3.1.2 Number of countries where national capacity has been built to conduct Minimum Initial Service Package (MISP) training	NA	10	18	18	23	22	27	
<b>3.2 Capacity-building</b>								
3.2.1 Total number of persons trained to provide FP services, including long-term contraceptive methods, to clients	10,663	10,000	17,793	10,000	17,964	10,000	15,596	

Output 4: Strengthened supply chain management and data generation systems								
	2016	2017		2018		2019		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Score
<b>4.1 Supply chain</b>								
4.1.1 Number of countries where 80 per cent of primary-level facilities receive the quantity of products that they ordered during the past quarter	N/A	NA	3	8	3	11	2	
4.1.2 Number of countries where a costed supply chain management strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide on 'Ensuring human rights within contraceptive service delivery'	NA	NA	10	15	11	20	12	
4.1.3 Number of countries where non-public sector partners (private sector, NGOs, CSOs) are engaged in last mile commodity distribution	NA	NA	33	34	41	36	41	
4.1.4 Percentage of countries where 85 per cent of primary SDPs have trained staff in place for provision of modern contraceptives	NA	NA	33.3	45	40.9	50	90.5	
<b>4.2 Demand forecasting and procurement</b>								
4.2.1 Number of countries where government institutions demonstrate capacity and leadership on contraceptive demand forecasting and procurement process	34 (for both forecasting and procurement)	38	23 (for both forecasting and procurement)	25	33 (for forecasting and procurement)	27	37 (for forecasting and procurement)	
4.2.2 Number of countries making 'no ad hoc requests' to UNFPA Supplies for commodities (except in humanitarian contexts)	31	35	39	40	41	43	45	

4.3 Support for data generation								
Number of countries where facility survey reports are available	27	23	27	23	23	23	23	

Output 5: Improved programme coordination and management								
	2016	2017		2018		2019		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Score
<b>5.1 Resource mobilization and allocation</b>								
5.1.1 Amount mobilized from partners for UNFPA Supplies against set resource mobilization targets	\$113.0 million	\$216.0 million	\$146.5 million	\$233.0 million	\$170.2 million	\$252 million	\$219.8 million	
5.1.2 Evidence of UNFPA meeting its FP2020 commitment of at least 40 per cent of resources (from core and non-core) being used to support family planning	41% (\$318 million)	40%	40.2%	40%	40.8%	40%	41.7%	
<b>5.2 Commodity procurement</b>								
5.2.1 Proportion of planned procurement of contraceptives initiated and fulfilled	100	100	100	100	100	100	100	
5.2.2 Average number of days between the time when the requisitions approved and the commodities depart for their destinations	NA	NA	107	107	155	107	148	
<b>5.3 Programme steering</b>								
5.3.1 Degree to which Steering Committee (SC) and Donor Accountability Council (DAC) recommendations are implemented and follow-ups made	100	100	100	100	100	100	100	

5.4 Human resources								
5.4.1 Percentage of vacancies filled within six months of decision taken to fill the position	44	60	40	80	23	90	100	
5.4.2 Percentage of staff (by location) dedicated to RHCS/FP with at least three years' experience in supply chain management	NA	NA	73	78	74	82	82	
5.5 Workplanning and review process								
5.5.1 Number of countries that concluded work planning and fund allocation processes by 15 January	42	46	42	46	44	46	45	
5.5.2 Number of countries with a Grade A workplan technical assessment score of at least 80 per cent	NA		37	45	46	45	46	
5.5.3 Number of countries with a workplan technical implementation rate of at least 80 per cent	18 (2017)	18	24	30	32	40	32	
5.5.4 Average financial implementation rate of countries	93	94	88	96	88	99	90	
5.6 Funding modality for country segmentation								
5.6.1 Percentage reduction in funding spent on countries for procurement of commodities in UNFPA Supplies Category C <sup>20</sup>	NA	NA	28%	26%	175% increase	NA	3 % reduction	

<sup>20</sup> The Resource Allocation System, with reduced funding for commodities for Category C countries, was introduced in 2016. However, when resource allocation in 2016 is compared with the allocation for 2015 for the 10 Category C countries, there is a 6 per cent decrease for 2016.

5.6.2 UNFPA Supplies expenditure per each output area is in accordance with budget benchmark (Updated to align with new UNFPA Supplies outputs)	Output 1: 5% Output 2: 75% Output 3: 5% Output 4: 10% Output 5: 5%	Output 1: 5% Output 2: 75% Output 3: 5% Output 4: 10% Output 5: 5%	Output 1: 4% Output 2: 68% Output 3: 7% Output 4: 11% Output 5: 10%	Output 1: 5% Output 2: 75% Output 3: 5% Output 4: 10% Output 5: 5%	Output 1: 5% Output 2: 75% Output 3: 7% Output 4: 8% Output 5: 5%	Output 1: 5% Output 2: 75% Output 3: 5% Output 4: 10% Output 5: 5%	Output 1: 5.3% Output 2: 78.8% Output 3: 4.7% Output 4: 4.8% Output 5: 6.4%	
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5.7 Programme evaluation								
5.7.1 Programme Midterm Evaluation results and recommendations published, disseminated and implemented	NA	Preparation for the Midterm Evaluation is an advanced stage	Midterm Evaluation data-collection completed	Results available and recommendations being implemented				
5.7.2 Programme end-term evaluation results and recommendations published, disseminated and implemented	NA	NA	NA	NA	NA	NA	NA	
5.7.3 Special evaluation-related studies carried out to ensure learning takes place during the programme	NA	1 study completed and disseminated	4	1 study completed and disseminated	5	1 study completed and disseminated	5	
5.8 Quarterly programme management process								
5.8.1 Percentage of UNFPA Supplies Quarterly Programme Management recommendations that are implemented in full	NA	75	100	75	100	75	100	
5.9 Satisfactory technical assistance								
5.9.1 Percentage of countries where the quality of technical support received (from CSB, RO and local) are rated as satisfactory (with respect to quality, timeliness and responsiveness to need)	NA	75	77	85	85	90	75	
5.10 Convening and coordinating role of UNFPA								

5.10.1 Number of countries where UNFPA plays an [extensive] convening and coordinating role in the area of family planning	24 (2017)	24	24	35	36	40	38	
<b>5.11 Dissemination of programme results</b>								
5.11.1 Evidence of dissemination of analysis of programme results in various media	NA	50	579	100	983	150	707	





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