UNFPA Supplies Annual Report 2018
PART TWO

Reporting on the Performance Monitoring Framework

Part Two includes the Scorecards and complements the UNFPA Supplies Annual Report 2018 available from: www.unfpa.org/unfpa-supplies-annnual-report-2018. It presents results for the indicators that comprise the Performance Monitoring Framework.

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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.[1]

G1 Unmet need for family planning

UNFPA Supplies makes a significant contribution, as part of the global community, towards decreasing unmet need. A decline in unmet need means that more women are able to choose whether and when to have children. Yet unmet need for family planning is a complex indicator. Not every woman wants or is able to use contraception, even when she wants to avoid pregnancy. Not every woman has the awareness and knowledge and opportunity she needs in order to practice family planning.

Obstacles of access and supply are being systematically addressed. To end unmet need, increased investment in demand-side interventions can spur further progress. Individuals who do not want to become pregnant yet are not using a modern method of contraception may decide to choose family planning once awareness and knowledge have increased. Programming must prioritize quality of services and ensure services take a rights-based approach.

Unmet need for family planning has slowly and steadily declined between 2012 and 2018. UNFPA Supplies prioritizes countries with the highest unmet need for family planning.

- **As of 2018, 17 countries in the UNFPA Supplies programme have an unmet need below 26 per cent and 12 countries have met the 2020 target of an unmet need below 24 per cent (among women married on in-union).** Ethiopia joined this group in 2018 when unmet need for family planning fell from 24.2 to 23.9 per cent (see Annex 1).

Despite progress, from the current trend, the 2020 target of unmet need of 24 per cent or below in all 46 programme countries is unlikely to be met. It is worth noting that, according to FP2020 data, the countries making most progress in reducing unmet need are all UNFPA Supplies countries. About a third of women using modern contraceptives in the 69 FP2020 countries get commodities through UNFPA Supplies.

- **In 2018, average unmet need for family planning decreased from 27.7 per cent in 2017 to 27.4 per cent in 2018 among the 46 countries in the UNFPA Supplies programme.**

[1] 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

The following figures describe aspects of unmet need for any method of contraception (modern and traditional methods) for married or in-union women – by age, residence and wealth quintile. The data are from surveys (e.g. DHS, MICS, PMA2020), and the figures are not modelled using the Family Planning Estimation Tool as for the aggregated estimate as shown in Annex 1. Newly available survey data has been included in the 2018 estimates below for five countries: Congo, Côte d'Ivoire, Mauritania and Timor-Leste (2016 survey data) and Senegal (2017 survey data).

The average gap between unmet need for family planning at rural and urban service delivery points has shrunk from 3.1 per cent in 2017 to 2.3 per cent in 2018 in 36 countries for which data are available. Though traditionally urban areas have fared better than rural, the reverse is seen in nine countries participating in UNFPA Supplies.

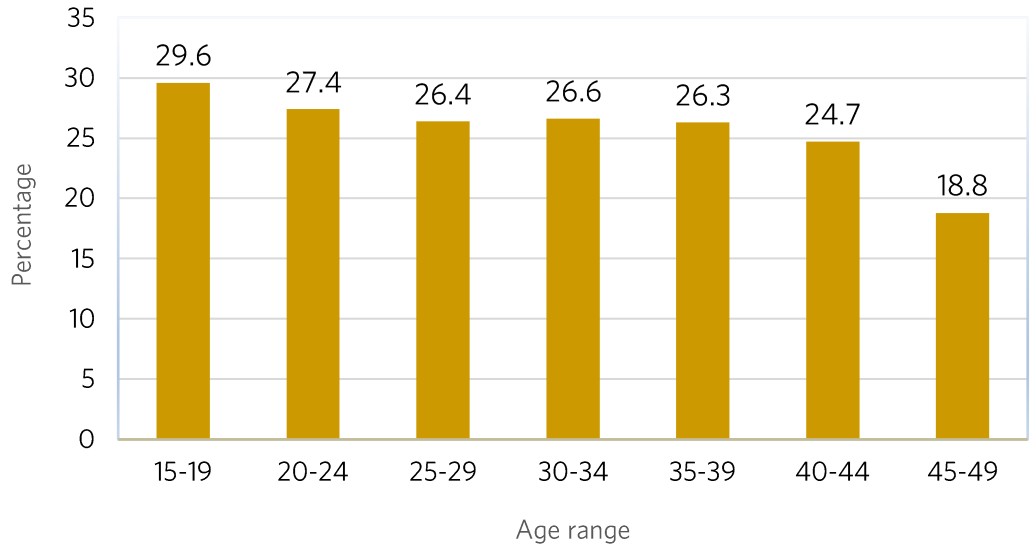
- In 2018, unmet need for family planning was lower in rural areas compared with urban areas in nine countries (Benin, Chad, Congo, Democratic Republic of the Congo, Guinea, Guinea-Bissau, Sao Tome and Principe, Sierra Leone and Timor-Leste).

The difference was small in Guinea-Bissau, only 22.2 versus 22.5 per cent for rural compared with urban residents. Even in countries where rural is higher than urban unmet need for family planning, the gap is now less than 2 per cent in eight countries (Cameroon, Côte d'Ivoire, Gambia, Kenya, Nigeria, 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[2] has **decreased** in the following countries according to an analysis of DHS data:

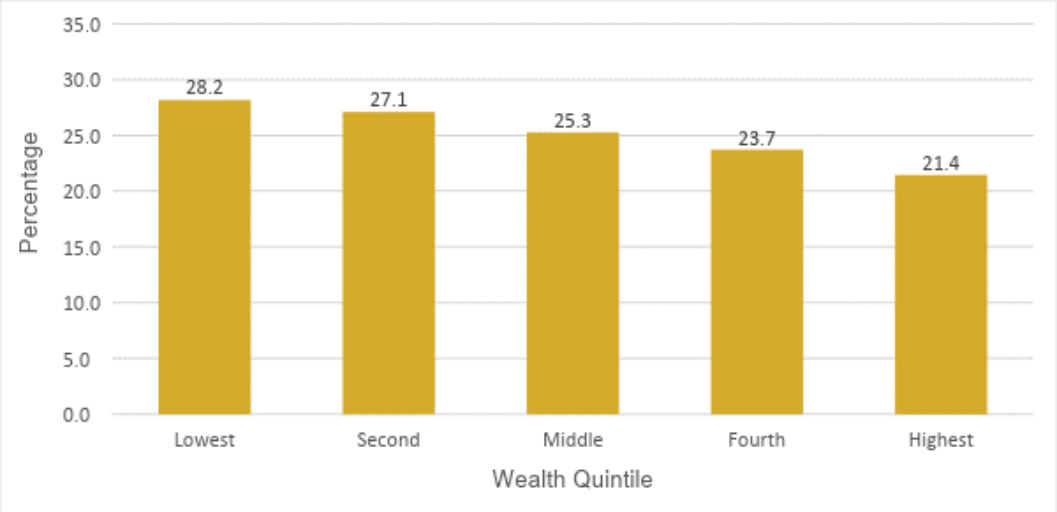
- Uganda from 13.8 to 7.3 per cent between 2006 and 2016
- Tanzania from 6.4 to 3.5 per cent between 2004/5 and 2015/16
- Rwanda from 7.2 to 2 per cent between 2007/8 and 2014/15
- Zimbabwe from 7.1 to 1.5 per cent between 2005/6 and 2015
- Nepal from 5.9 to 2.6 per cent between 2006 and 2016

Figure G1: Percentage of women with an unmet need for any method of contraception (married or in-union) disaggregated by AGE for which survey data are available, 2018



[2] Source: ICF, 2015. The DHS Program STATcompiler at www.statcompiler.com. Accessed July 12, 2019.

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



The highest level of unmet need was in the Democratic Republic of the Congo (39.8 per cent) and the lowest was in Zimbabwe (9.9 per cent). Data in these 46 countries are consistent with overall trends for this indicator, which show that on the aggregated level unmet need for family planning has slowly and steadily declined, with an average decrease of 0.3 per cent across the regions since 2012, even as populations have grown.

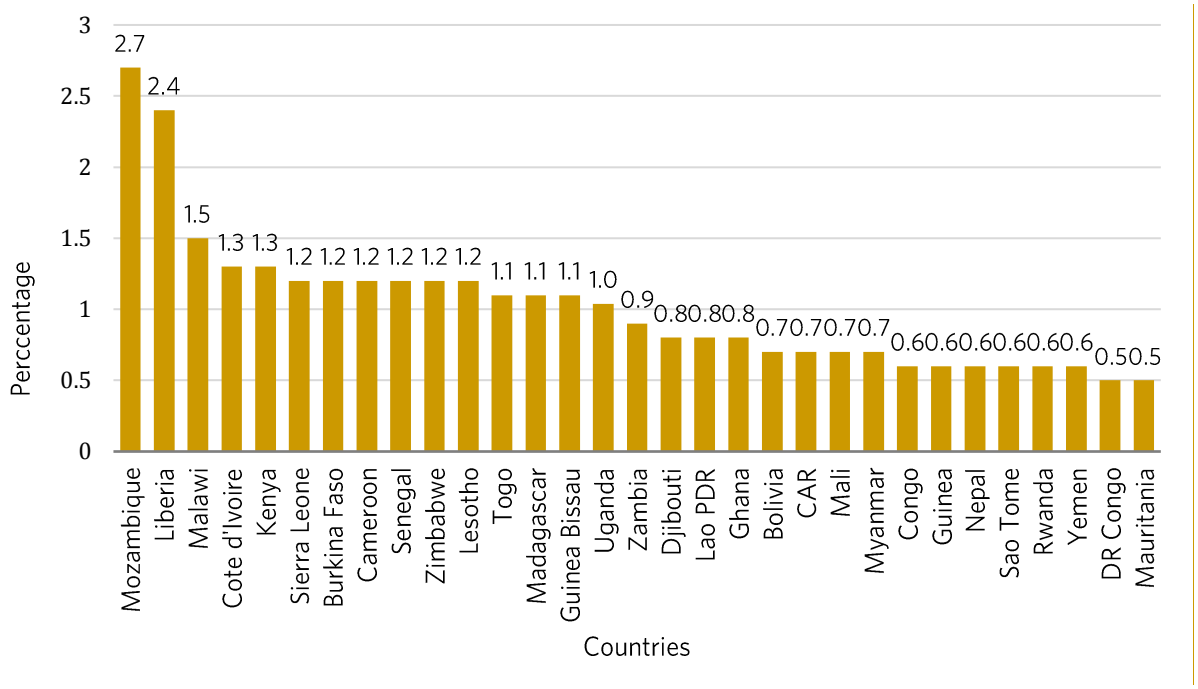
G2 Modern contraceptive prevalence rate

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

- **As of 2018, there are an additional 21.2 million women and girls (aged 15–49) using modern contraception in the 46 countries compared with 2012.**
- **The average modern contraceptive prevalence rate (mCPR) for all women of reproductive age in the 46 countries grew from 23.9 per cent in 2017 to 24.5 per cent in 2018.**

All countries have shown an increase in mCPR. Burundi (the only country that did not show growth in 2017 because it was impacted by conflict) showed a 1.1 per cent growth in 2018. Zimbabwe had the highest modern contraceptive prevalence rate in 2018 with 51.6 per cent and South Sudan the lowest at 2.7 per cent. All 46 countries of the UNFPA Supplies programme continued to make progress in modern contraceptive prevalence rates (mCPR). The rate of increase in mCPR continued to rise from 2017 to 2018 across the 46 UNFPA Supplies countries, as shown in Figure 3. The 0.6 percentage point increase was similar to the previous year (0.8 per cent in 2017).

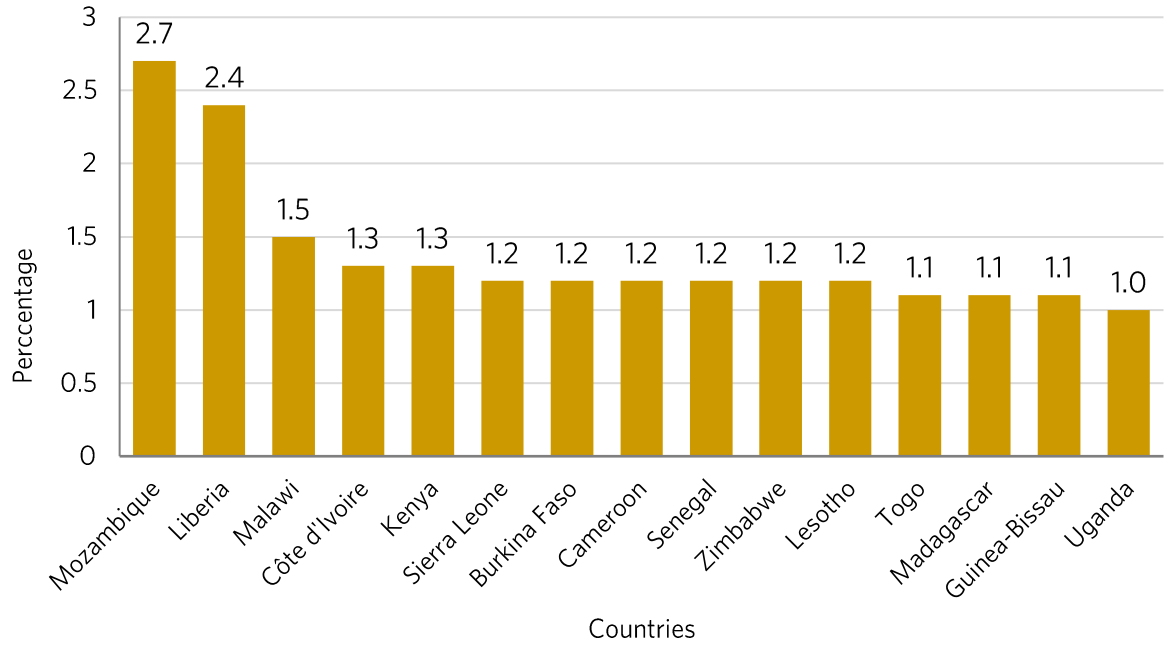
Figure G3: UNFPA Supplies countries with more than 0.5 annual percentage point increase in mCPR (among all women) over the 2012-2018 period



The highest increases were seen in one third of programme countries. In 2018, 15 UNFPA Supplies countries had growth in contraceptive use among all women of reproductive age greater than one percentage point per year. An additional 16 countries had mCPR growth between 0.5 and 1 percentage point during the same period. In total, 31 out of 46 UNFPA Supplies countries had more than 0.5 annual percentage point increase in mCPR. Mozambique has had the highest mCPR growth over the last three years. The majority of countries are in the middle part of the S curve with possibility of growth.[3]

[3] 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.

Figure G4: UNFPA Supplies countries with the highest annual percentage point increase in mCPR (among all women) over the 2012-2018 period (Source: FP2020)



Disaggregated data for mCPR are collated from national surveys. Data reported below (for married and in-union women only) are for those countries for which survey data are available for both 2017 and 2018. Though this indicator, like all at Goal level, has scope beyond the programme, the national data shows that UNFPA Supplies programme countries have higher mCPR in urban areas than in rural areas, with three exceptions. Rural areas have higher mCPR in Timor-Leste as well to two countries also in this situation in 2017, Ghana and Sao Tome and Principe.

In Sao Tome and Principe, mCPR is currently higher in rural areas (42.6 per cent) compared with urban areas (34.8 per cent). Over half of the population lives in the capital city, and the relatively small rural population and size of the country mean that reaching them with family planning services is relatively less challenging.

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 easy to reach communities outside the main cities. In Ghana, mCPR is almost the same for urban areas (28.9 per cent) and rural areas (29 per cent). Ghana's well-established community-based family planning programme was started in the mid-90s to reach rural populations and has continued to evolve and improve.

The two countries that show the largest gap between urban and rural mCPR, are Burkina Faso (18.2 per cent) and Senegal (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. In 2017, Burkina Faso launched a Family Planning Plan 2017-2020 with five strategic axes: (a) demand creation, (b) supply and access to services, (c) product security, (d) policy, enabling environment and financing, (e) coordination and monitoring and evaluation with a focus on access for adolescents and young people.

Senegal was one of the early countries to develop a costed implementation plan (CIP) for its national family planning program. The country has seen a strong rise in its mCPR (all women) from 11.6 per cent in 2012 to 18.8 per cent in 2018. In its strategic plan for 2016-2020, looks to build on this growth by (1) increasing access for marginalized groups (especially adolescents, post-partum and

in rural areas), (2) scale up the introduction of new methods such as DMPA-SC and (3) reduce stock-outs and increase the availability of contraceptive in all service points.

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 for to reach populations.

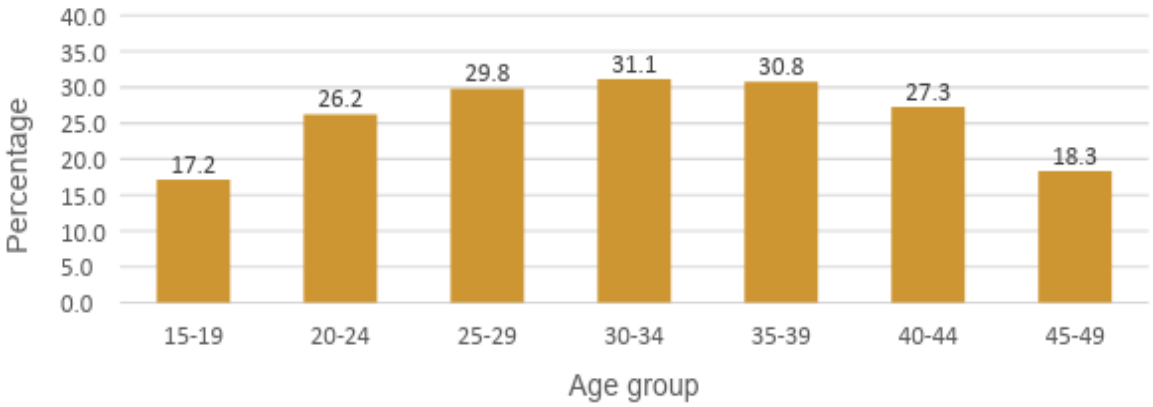
Across the 36 UNFPA Supplies country for which disaggregated data on mCPR (married or in-union women) is available, there is a strong fluctuation between the different age groups.

- **The mCPR for girls aged 15-19 years (17.2 per cent) is almost half that of women aged 30-34 years (31.1 per cent).**

The low contraceptive use among adolescents needs to be reviewed according to each country's situation, but may indicate a need for a greater focus on integration of family planning with programming to end child marriage.

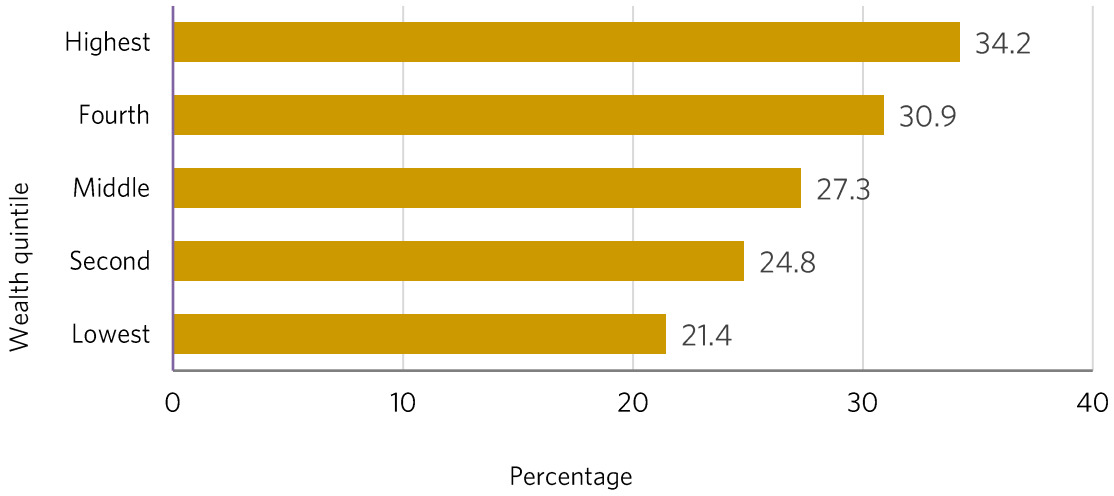
Rights-based family planning means ensuring all adolescent girls and women have equal and equitable access to family planning services. Across the 36 UNFPA Supplies country for which disaggregated on mCPR (married or in-union women) is available, there is still a gap between the lower and the higher wealth quintiles.

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



Despite gaps, results in many countries indicate that efforts to reach poor and marginalized groups are helping drive progress. Nepal is an example of a country that has almost reached equal contraceptive prevalence across wealth quintiles (all between 41.7 to 44.8 per cent). In its revitalized FP2020 commitment, Nepal expressed a specific focus on making sure that contraceptives reach marginalized women, rural residents, migrants, adolescents and other special groups via mobile clinics.

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



G3 Demand for family planning satisfied with modern methods

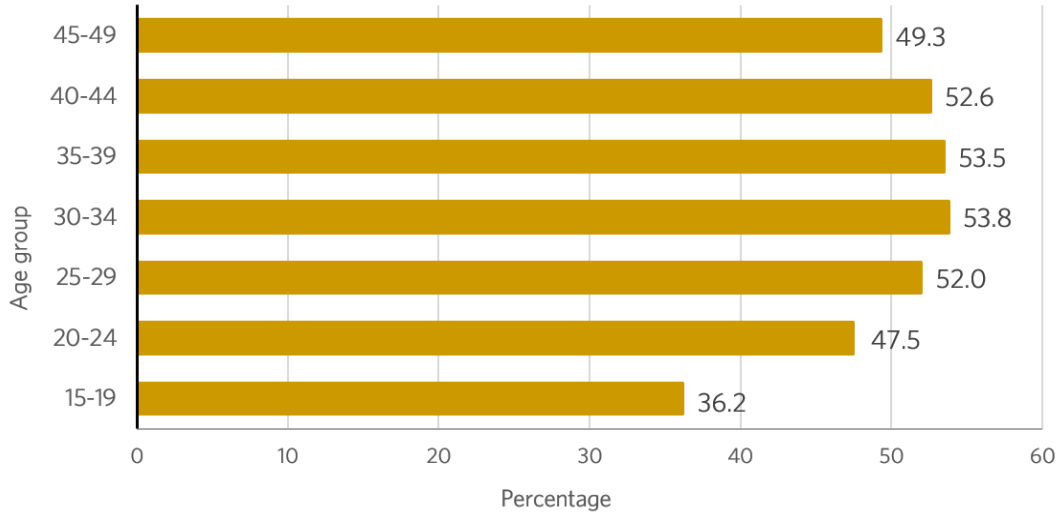
- **Average demand for family planning satisfied with modern methods rose from 48.2 per cent[4] in 2017 to 49.1 per cent in 2018 in the 46 UNFPA Supplies countries based on the updated FP2020 database.**

Zimbabwe had the highest percentage of women whose demand was satisfied with modern contraceptives in 2018 with 89.1 per cent, and South Sudan had the lowest at 11.9 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 had the largest variation in demand satisfied with 18.6 percentage points' variation between 2012 and 2018, but the growth curve is slowing down with only a 1.4 per cent increase, which suggests that more demand is being satisfied more steadily. The sharpest increase in 2018 was in Uganda, where demand satisfied rose by 1.5 per cent to reach 50.4 per cent.

Demand satisfied for family planning is fairly even across age groups, but still significantly lower among girls ages 15-19 years across the 36 UNFPA Supplies country for which disaggregated data on married or in-union women is available for 2018. The reasons for this would need further analysis, but could be related to lack of method choice.

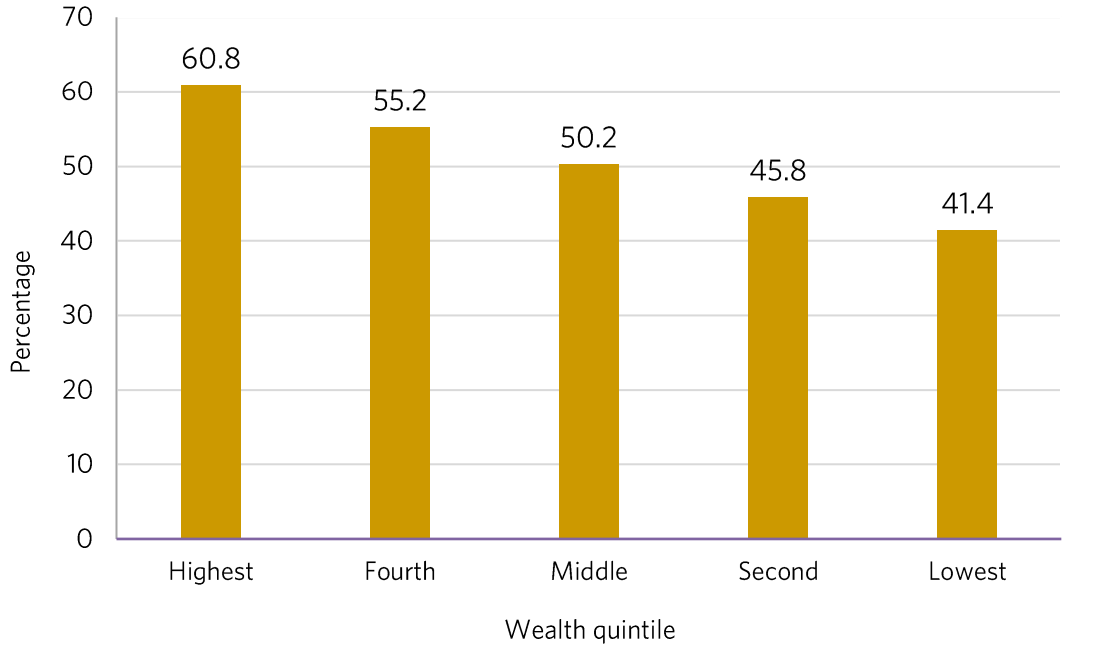
Figure G7: Demand satisfied all methods of contraception for married or in-union women disaggregated by AGE for countries for which survey data are available



Demand for modern contraception satisfied among women in the poorest households is far lower than among women in the richest households. In Mali 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 the Republic of the) the demand satisfied is almost the same for the lowest (63.1 per cent) and the highest wealth quintile (63.2 per cent).

[4] 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 G8: Demand satisfied all methods of contraception for married or in-union women disaggregated by WEALTH QUINTILE for countries for which survey data are available



G4 Contraceptive method mix

A diverse method mix increases contraceptive use and satisfaction with the method and reduce discontinuation, and may provide women with access to longer acting and more effective methods of contraception, reducing the risk of unintended. A wide variety of methods is a component of quality of care as well as an important principle of rights-based family planning. When a variety of methods are available, women are more likely to find a method that best suits their needs and preferences.

While method mix in a country is not solely a reflection of UNFPA Supplies procurement. However, the programme tracks method use in the programme countries.

- **Across UNFPA Supplies countries, the most-used methods are injectable contraceptives (33.7 per cent of users), oral contraceptive pills (24.1 per cent of users) and male condoms (15.2 per cent of users). Use of male sterilization is extremely limited, just 0.4 per cent of all users, and no data is recorded on prevalence in 46 countries. The use of long-acting methods stands at 16 per cent.**

Method use varies greatly across countries for various reasons and data reflects change over time. For example, implants were the most-used method in Burkina Faso (40 per cent of users) according to DHS data for 2015, but no use of implants was reported in Bolivia, Mozambique and Papua New Guinea at that time. Since 2015, however, these countries have started to consistently include implants in their national supply plans and procurement orders, including programming support on training of providers on insertion and removal of implants. Implants may therefore be included in the next dataset about contraceptive use in these countries. In DRC, roll out plans include provision of implants at community level through medical and nursing students, while in Nigeria action plans are being finalized for task-shifting/task sharing with community health extension workers in the provision of implants and provision of intrauterine devices in Ethiopia.

In 2018, a number of countries intensified their efforts on introduction and scale up of new methods to add to their method mix and contraceptive choice for women. In particular, 32 out of the 46 UNFPA Supplies programme countries were introducing subcutaneous injectable contraceptives (DMPA-SC). In these countries, over 21,000 health care providers and 32,400 community-based distributors (CBDs) had been trained to provide the injectable and were providing the method, such that for countries capturing data on the number of units administered, the figure was around 3 million units out of the approximately 7 million units that had been delivered to countries.

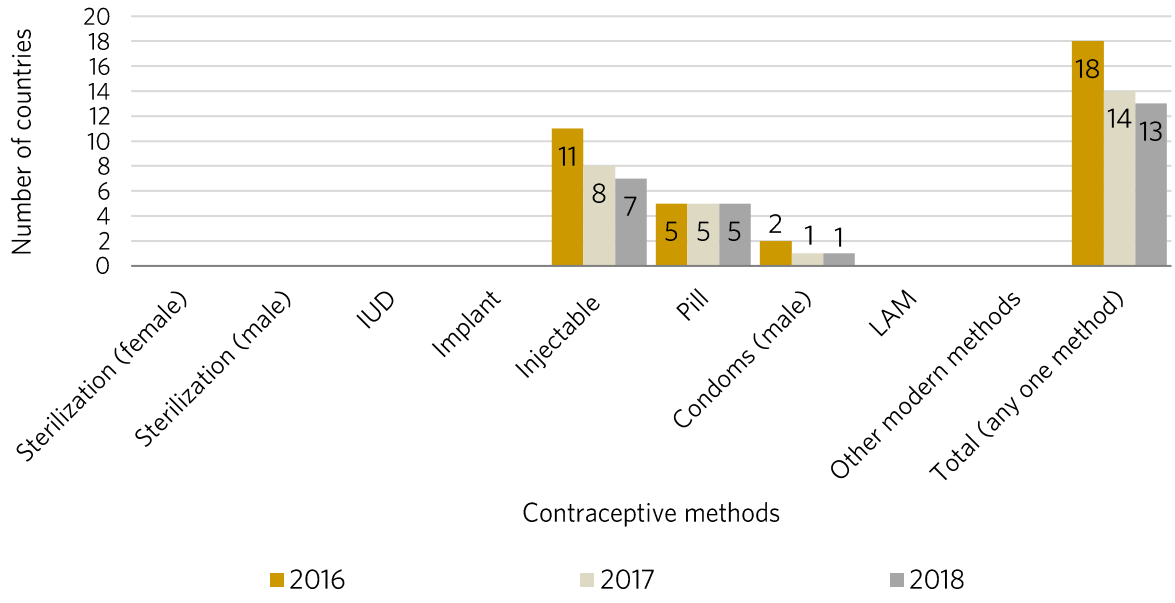
Use of permanent methods such as vasectomy remains limited across the 46 programmes countries. In 2018, two countries (Papua New Guinea and Rwanda) requested and received support from UNFPA Supplies to provide medical equipment and supplies for voluntary non-scalpel vasectomy services.

Registration of the 2-rod levonorgestrel implant (brandname Levoplant) with a duration of use of three years has increased from 5 countries in 2017 to 13 countries in 2018, which will allow its introduction into the method options available for women in these countries.

Over the past three years, the dominance of a single method has decreased. In 2016, 18 UNFPA Supplies focus countries (39 per cent) had a single modern method that was dominant; accounting for more than half of all the users of modern contraceptives. This number dropped to 14 countries in 2017 (30 per cent) and 13 countries (28 per cent) in 2018.

Three contraceptive methods were found to be dominant: injectable methods in seven countries (Ethiopia, Haiti, Liberia, Madagascar, Myanmar, Rwanda and Uganda); followed by oral contraceptive pills in five countries (Central African Republic, Djibouti, Mauritania, Sudan and Zimbabwe); and male condoms in one country (Democratic Republic of the Congo). Injectable contraceptives continue to be the method with the highest use (33.7 per cent) on average. This is followed by oral contraceptive pills (24.1 per cent) and male condoms (15.2 per cent). Also, injectable methods, pills and male condoms continue to be the three contraceptive methods which account for at least 50 per cent of users in a country.

Figure G9: Number of UNFPA Supplies implementing countries where one method is used by at least half of all users of modern contraceptives, 2018



METHOD MIX SCORE AND METHOD SKEW

Contraceptive method mix is assessed using two measures: the method mix score and method skew. 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.

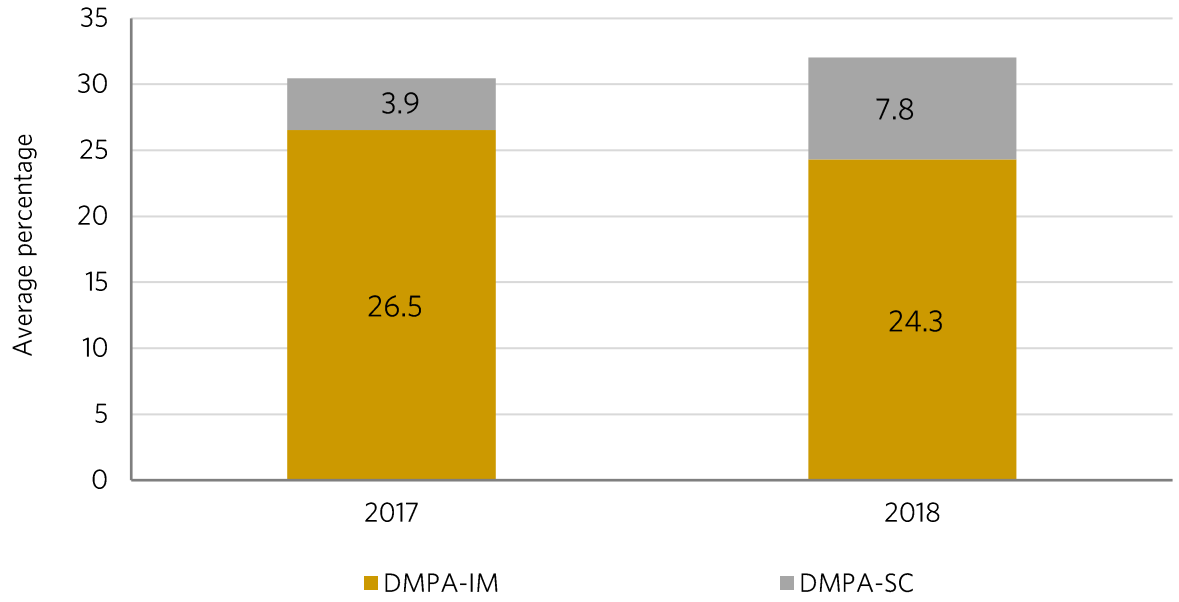
- **The average method mix score, on a ten-point scale, for the 46 countries continued to decrease from 8 points in 2016 to 7.5 points in 2018. This means a lower concentration of users on few methods, which signifies an improvement in method mix.**

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.

The percentage of women using intramuscular injectable contraceptives (DMPA-IM) is decreasing while the percentage of women using subcutaneous injectable contraceptives (DMPA-SC) is increasing, according to the PMA2020 data[5], where data are available for DMPA-IM and DMPA-SC. This trend is happening in seven countries for which data are available for 2017 and 2018 (Burkina Faso, Côte d'Ivoire, Democratic Republic of the Congo, Kenya, Niger, Nigeria and Uganda).

In the Democratic Republic of the Congo, 74.8 per cent of women using injectable contraceptives were on DMPA-IM and 25.1 per cent on DMPA-SC in 2017; in 2018, prevalence shifted to 50 per cent for both DMPA-IM and DMPA-SC in 2018. In Uganda, 87.8 per cent of women using injectable contraceptives were on DMPA-IM and 12.1 per cent on DMPA-SC in 2017, this figure has changed to 76.3 per cent for DMPA-IM and 23.7 per cent for DMPA-SC in 2018.

Figure G10: Unweighted simple average percentage of women using DMPA-IM and DMPA-SC in seven UNFPA Supplies implementing countries, 2017 to 2018



Source: Performance Monitoring and Accountability 2020 (PMA2020) Family Planning Briefs

[5] https://www.pma2020.org/countries

Overall, in the past three years, the average combined prevalence for the short-term methods has remained consistently high (79.8 per cent in 2016 declining slightly to 77.9 per cent in 2018). The average combined prevalence for long-acting reversible methods has remained comparatively low but increased marginally from 13.9 to 15.8 per cent between 2016 and 2018. **The increase in the use of long-acting methods is largely due to the increased use of implants** (by about 2 percentage points) from 9.5 per cent in 2016 to 11.6 per cent in 2018. This represents an average of 1 per cent increase in long-acting methods across the 46 countries over three years.

Increased use of long-acting methods can be seen in countries where prevalence related to implants has increased between 2016 and 2018, up from 13.2 to 26 per cent in Burundi, from 7.8 to 14.9 per cent in Madagascar, from 2.8 to 7.8 in Nepal, from 3.9 to 29.3 per cent in Timor-Leste and from 5.4 to 16.9 in Zimbabwe. For the other long-acting reversible method, intrauterine devices (IUDs), work is ongoing to support training of providers in the insertion and removal of IUDs.

Table G1: Use of long- and short-term methods, 2016-2018

Increase in use of long-acting methods						
	2016		2017		2018	
Country	IUD	Implant	IUD	Implant	IUD	Implants
Burundi	10.6	13.2	3.9	26.3	4.1	26.0
Guinea-Bissau	24.1	22.8	24.9	24.5	24.9	24.5
Madagascar	2.1	7.8	2.1	7.8	2.1	14.9
Malawi	1.7	16.4	1.8	19.9	1.8	19.9
Nepal	3.6	2.8	3.6	2.8	3.3	7.8
Senegal	4.1	23.8	5.2	24.8	7.2	31.3
Timor-Leste	6.3	3.9	8.3	25.6	8.0	25.3
Zimbabwe	0.5	5.4	0.8	16.9	0.8	16.9

Decrease in use of short-term methods						
	2016		2017		2018	
Country	Injectable	Pill	Injectable	Pill	Injectable	Pill
Burundi	61.7	9.6	50.9	7.5	48.6	6.8
Guinea-Bissau	9.7	10.3	4.7	6.6	4.7	6.6
Malawi	56.2	3.8	49.8	3.8	49.8	3.8
Nepal	27.5	10.0	27.3	9.9	20.7	10.5
Senegal	38.8	24.5	37.9	22.2	34.9	18.7
Timor-Leste	75.0	7.8	48.3	9.1	48.0	9.3
Zimbabwe	15.1	67.4	15.1	56.5	15.1	56.5

Note: For countries with available data.

G5 Additional modern contraceptive users

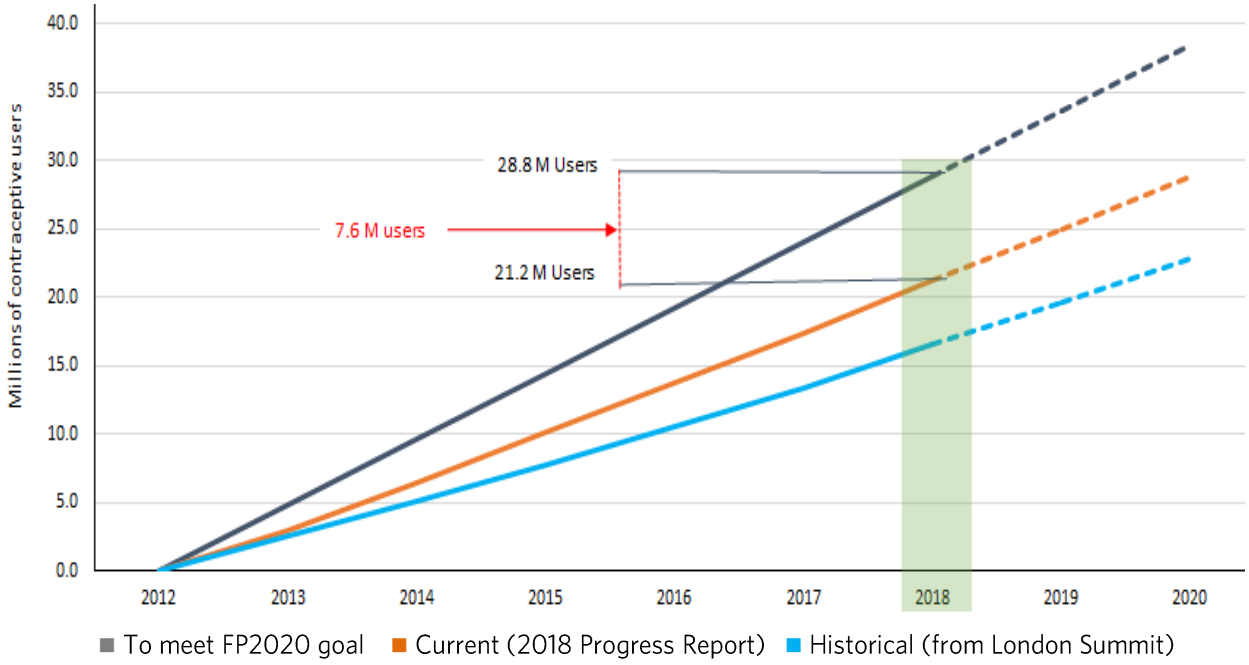
Additional users of modern contraceptives were added this year.

- **An additional 21.2 million women and girls (aged 15-49) are using modern contraception in the 46 UNFPA Supplies countries in 2018, compared with 17.9 additional users in 2017. This brings the total number of users in these countries to 65 million since 2012.**

Of the 46 million additional users in FP2020 countries, 46 per cent or 21.2 million, are in UNFPA Supplies countries. Yet, this progress, while considered a significant acceleration compared with previous years, still falls behind the goal set in 2012 and is 7.6 million users short of the pace needed to reach the goal of 28.8 million additional users in 2018.

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 more than 1 million additional users since 2012.

Figure G11: Current trends for the 46 countries towards the FP2020 goal: modern contraceptive users in millions



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 2018. However, not all 23 reported on the same set of data so all results do not appear in all indicators (more specifically, method availability and stock-out). 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 2018.

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

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)

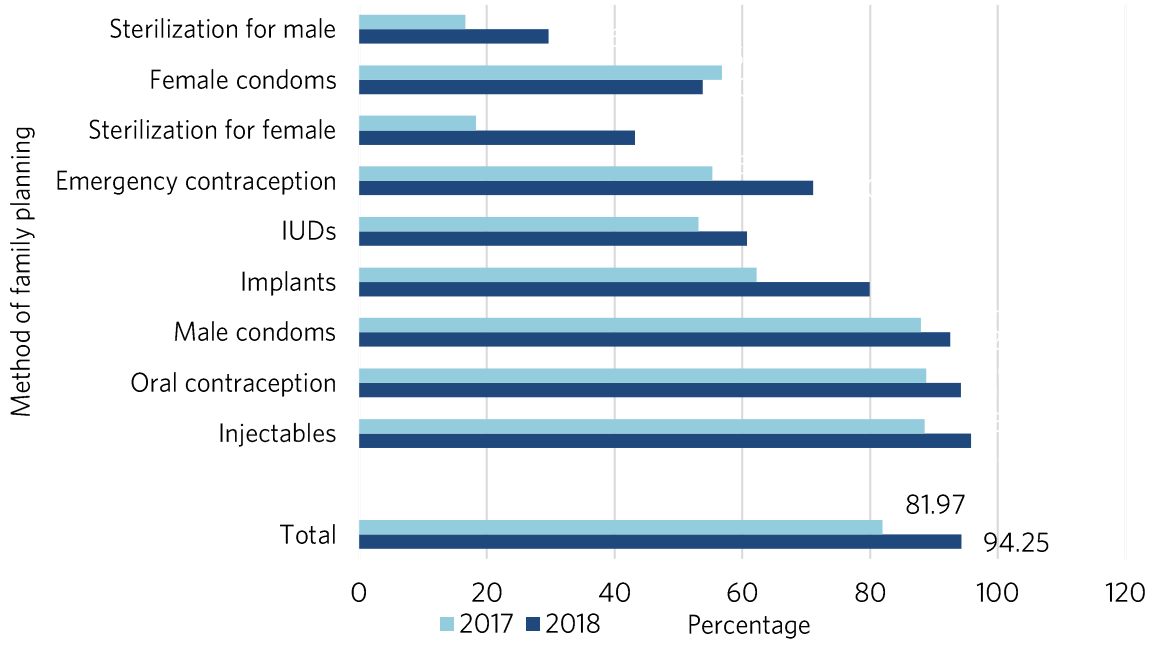
Access to a range of contraceptive methods helps ensure method mix for choice and quality of care. Twenty-three countries provided survey data on this indicator in 2018. The improvement in the availability of method choice over the past two years is shown in Figure M1.

- **In 2018, availability of broader method choice improved at the service delivery level: 87 per cent (20 countries) offered at least three modern contraceptive methods at 85 per cent or more primary-level SDPs. Availability is higher in urban areas (96 per cent) compared with rural areas (83 per cent) and has improved over 2017 in both urban and rural areas.**

- **On average, availability of three modern methods increased from 82 per cent in 2017 to 94 per cent in 2018.**

- **More than 90 per cent of SDPs offer injectable methods, oral contraceptive pills and male condoms – making them the most-offered methods.**

Figure M1: Percentage of availability of three modern methods of family planning in 2017 and 2018 (N=23 countries)



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 2018, 57 per cent (13 countries) offered at least five modern methods of contraception at 85 per cent or more secondary- and tertiary-level SDPs.**

Availability is higher in urban areas (85 per cent) than rural areas (22 per cent). Availability of five modern methods is almost the same at secondary (84 per cent) and tertiary (85 per cent) levels. Availability is higher in urban areas (79 per cent) than rural areas (64 per cent).

The main reasons given for not offering contraceptives were "low or no client demand for contraceptives" (Madagascar, Malawi, Nigeria and Zambia), "the delays on the part of main source of supply" (Myanmar, Uganda and Zambia) and "No trained staff for the method" mainly IUDs and Implants (Malawi, Nigeria and Timor-Leste).

TREND OVER THREE YEARS

To look at the trend regarding availability of five modern methods, data for countries that have conducted a facility-based survey every year were analysed in an attempt to track progress against this indicator: Honduras, Lao PDR, Myanmar, Nepal, Niger, Nigeria and Zambia. The trend from the subset of seven countries where facility surveys were conducted during the last four years, from 2015 to 2018, is shown in the figure below.

Figure M2: Percentage of countries with 85 per cent of secondary and tertiary SDPs that have at least five modern family planning methods available on day of visit (N=7 countries)

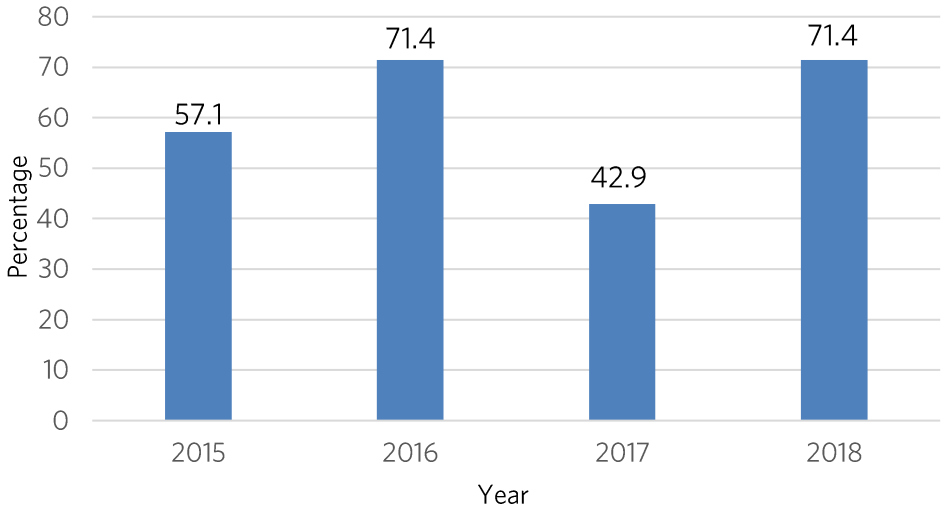
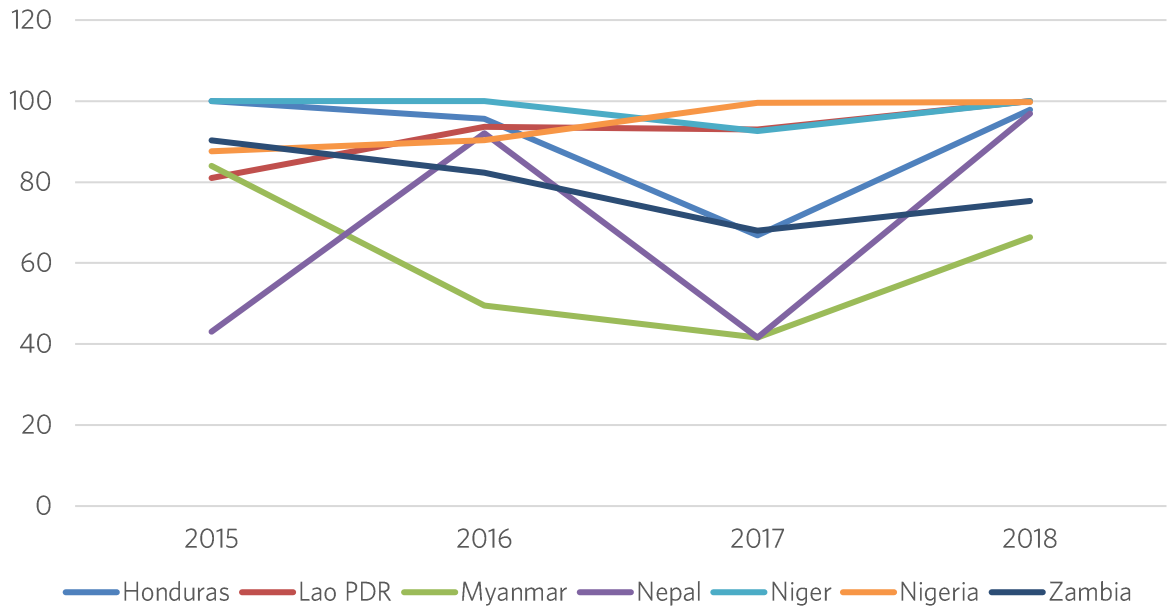


Table M1: Percentage of countries with 85 per cent of secondary and tertiary SDPs that have at least five modern family planning methods available on day of visit (N= 7 countries)

	2015	2016	2017	2018
Honduras	100.00	95.65	66.84	97.85
Lao PDR	81.00	93.70	93.00	100.00
Myanmar	84.00	49.50	41.60	66.35
Nepal	43.00	92.10	41.60	96.90
Niger	100.00	100.00	92.60	100.00
Nigeria	87.60	90.40	99.60	99.75
Zambia	90.30	82.30	68.00	75.30
Simple average	83.7	86.2	71.9	90.9
Number of countries where 5 methods >85%	4	5	3	5
Percentage of countries where 5 methods >85%	57.1	71.4	42.9	71.4

Figure M3: Percentage of countries with 85 per cent of secondary and tertiary SDPs that have at least five modern family planning methods available on day of visit (N=7 countries)



Over the past three years, results for this indicator have varied, though are improved again in 2018. Results have varied from 57 per cent in 2016 (N=22 countries) to 46 per cent in 2017 (N=25 countries) to 57 per cent in 2018 (N=23 countries) regarding the number of SDPs with at least five contraceptives available at secondary and tertiary facilities. This variation may be affected by the specific countries reporting in a given year through a facility-based survey, which generally is conducted once every two years. Until 2016, this indicator looked at only three methods. The bar was raised to five methods to serve as a forward-looking call to increase the number of methods available.

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

- **Innovator products (brandname products) are registered in 11 per cent of programme countries and generic products are registered in 7 per cent.**

- **The newly prequalified 2-rod levonorgestrel implant was only registered in 5 countries as of 2017 but by the end of 2018 this number had increased to 13, with more countries in the process of completing approval by the first and second quarter of 2019. This trend is also noted with oral contraceptives.**

UNFPA provides support to expand access to modern contraception by the continuous introduction, registration and scaling up of new contraceptive methods. Since 2011, UNFPA has been working with partners and manufactures to increase the number of hormonal contraceptives that are prequalified by WHO. The Expert Review Panel (ERP) for RH medicines which was established by WHO, UNFPA and support of donors, has yielded positive results where this facility has increased the number of options made available for procurement. 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 2018, there are 30 WHO prequalified hormonal contraceptives, of which 21 are generics.**

One of the challenges facing these quality-assured products is that national regulatory authorities may set approval and registration process for import. These registration processes can be time-consuming as they entail assessment and inspection, and have an impact on product availability in the country and an impact on already limited resources.

A number of initiatives are in progress to improve the number of registered contraceptives that are WHO prequalified/ERP approved in the UNFPA Supplies programme countries. One of these initiatives is 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 WHO during their review of applications for registration of these products thereby resulting in faster registration processes. Twenty-two of the 46 UNFPA Supplies programme countries participate in this collaborative procedure.

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)

- Of the 23 countries with survey data, **100 per cent had life-saving maternal health medicines available in at least 85 per cent of their primary, secondary or tertiary SDPs in 2018.** This is consistent with the previous year, where all 25 countries with survey data satisfied the indicator.

Availability varies at the different levels: 18 countries at tertiary level, 15 countries at secondary level and 4 countries at primary level satisfied the indicator in 2018. Availability also varies by type of product: 83 per cent (19 countries) have oxytocin and 35 per cent (7 countries) have magnesium

sulfate and 14 per cent (3 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 76 per cent of urban SDPs and 67 per cent of rural SDPs.

The quality of some maternal health medicines, especially those procured locally, is both a persistent and emerging issue. In collaboration with WHO, better guidance is being developed for countries regarding the quality of locally procured oxytocin, which requires cold chain storage to meet good distribution practices and compliance.

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 in facility-based surveys conducted by governments with support from UNFPA Supplies. In 2018, 22 countries reported against this indicator; the number reporting in 2017 was 25.

- **36 per cent of countries (8 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 an increase compared with 2017, when 20 per cent (5 countries) reported no stock-out.

The results indicate an improvement and positive trend, while highlighting there is still far to go across the countries where UNFPA Supplies provides a proportion of the commodities.

National supply plans provide 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 resource for procurement, subsequently highlighting the funding gap. UNFPA now reviews these plans on a quarterly basis and this analysis provides greater clarity regarding UNFPA's contribution to the wider country need.

For the 14 countries[6] reporting stock-outs, the most common reason was low or no client demand for the specific contraceptive (10 countries), followed by lack of training, i.e. when staff are not trained to provide a specific contraceptive at that service delivery point, it will not be ordered in the first place (9 countries). In terms of delays across the national supply chain, the central warehouse function and its ability to re-supply in time was an issue in seven countries, while only two countries reported an issue with the service delivery point being "late at re-ordering".

Urban and rural locations reported similar results. Some 41 per cent (9 of 22 countries) reported no contraceptive stock-out in at least 60 per cent of urban SDPs in the last three months before survey. The result was similar for rural SDPs, with 40 per cent (8 of 20 countries) reporting no stock-out.

[6] Bolivia, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Lao PDR, Madagascar, Malawi, Sierra Leone, South Sudan, Tanzania, Timor-Leste, Togo, Uganda and Zambia.

M2 Reproductive health in humanitarian settings

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

More girls and women received the supplies and services they need in situations of disaster and conflict.

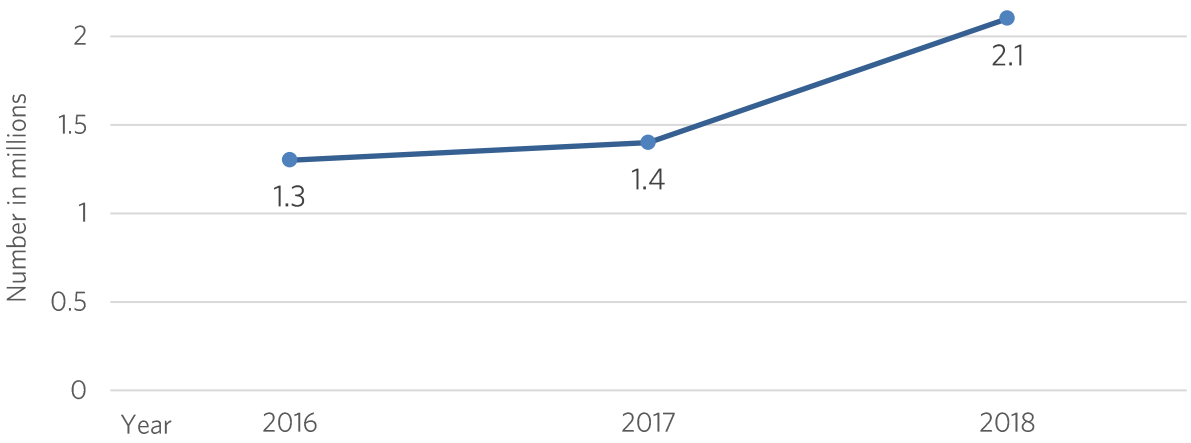
- **RH kits dispatched with support from UNFPA Supplies were sufficient to reach 2.1 million women and adolescent girls in 2018, an increase from 1.3 million in 2016 and 1.4 million in 2017.**

RH kits were dispatched to 23 countries in 2018 with support from UNFPA Supplies. This includes UNFPA Supplies countries as well as non-programme countries. Interventions to reach women and girls with RH kits through support provided by UNFPA Supplies were undertaken in 30 countries (22 in the UNFPA Supplies programme and 8 non-programme countries).

The provision of contraceptives and other supplies often takes the form of RH kits in humanitarian situations. UNFPA is the core pipeline manager for RH supplies in South Sudan and takes a leading role in many crisis-affected countries. In Rwanda in 2018, for example, UNFPA procured contraceptives to meet the needs of couples in Mahama camp. In Malawi, UNFPA provided family planning supplies and services to flood-affected populations. In Burkina Faso, UNFPA supported identification of the need for emergency RH kits as well as dignity kits. UNFPA also support procurement and distribution of RH kits in Cameroon and Mali. In Myanmar, UNFPA and implementing partners supported and facilitated delivery of clean delivery kits during flooding.

In Lao PDR, with assistance from the Government of Australia, pre-positioned UNFPA Supplies reached women and girls affected by the devastating dam collapse in Attapeu Province, southern Lao People's Democratic Republic. In the Democratic Republic of the Congo, UNFPA supported the six provinces most affected by humanitarian for services and supplies to displaced persons and refugees including host populations and adolescents. These activities contributed to the addition of 308,195 new acceptors of family planning services in this humanitarian situation. In Nigeria in 2018, UNFPA support contributed to providing GBV prevention and response services to 62,789 women and girls in need and strengthened capacities in humanitarian and development context to provide sexual and reproductive health services.

Figure M4: Number of women and girls reached with RH kits in humanitarian settings (in millions)



M3 National budget allocations for contraceptives

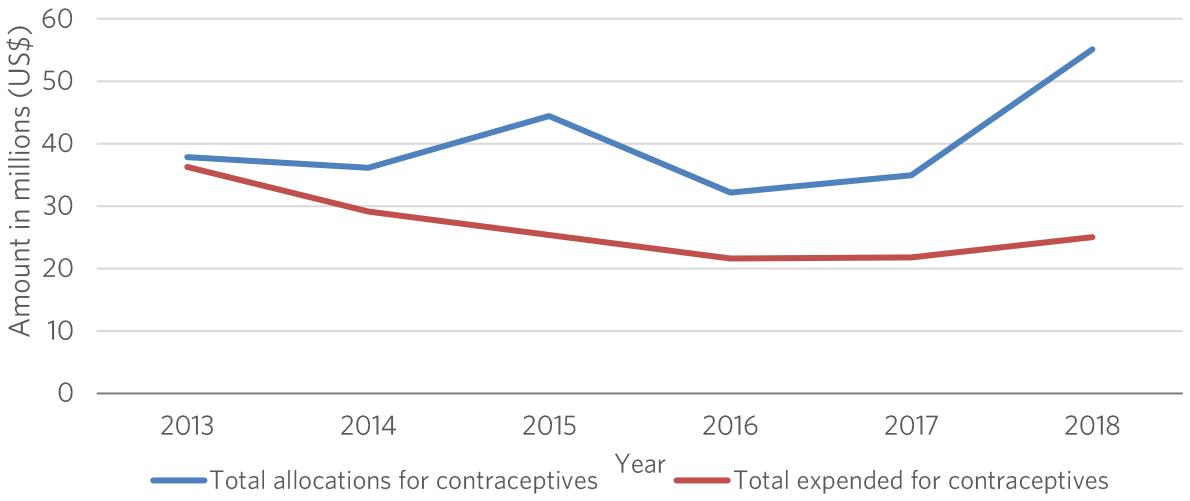
M3.1 Number of countries sustaining over time increased national budget line for the procurement of contraceptive commodities

Domestic financing is a key step towards establishing sustainable family planning programmes that meet the needs of populations. Domestic allocations and spending increased in 2018.

- **25 countries allocated funds through national budget lines for contraceptives and 9 countries for maternal health medicines.**

Countries in the UNFPA Supplies programme allocated $55.1 million for the procurement of contraceptives in 2018 (25 countries) — more than a 50 per cent increase over $34.9 million in 2017. Total expenditures of $24.9 million in 2018 (19 countries) were less than the amounts allocated, but also showed an increase from $21.8 million in 2017. Overall, however, expenditures remained lower than 2013 levels. UNFPA Supplies continued to work with national governments on increasing domestically controlled funding for RH commodities as detailed in Output 1.

Figure M5: Total amount allocated and amount expended (US$) in national budgets of UNFPA Supplies implementing countries for procurement of contraceptives, 2013–2018



Eleven (11) countries allocated more resources for procurement of contraceptives in 2018 than in 2017 and spent at least 80 per cent of the resources allocated: Benin, Bolivia, Burkina Faso, Côte d'Ivoire, Guinea, Honduras, Madagascar, Malawi, Niger and Zambia. Among these countries, four increased their allocations by at least half million compared with 2017: Burkina Faso, Côte d'Ivoire, Guinea and Zambia.

In 2018, eight countries reported having a budget line for maternal health medicines. Expenditure reports were provided by 10 countries, totalling $183.3 million. This is less than the $194 million reported in 2017.

M4 Procurement and logistics management

M 4.1 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".

- **The number of countries with an automated (computerized) system increased to 36 countries reporting its existence in 2018 compared with 31 countries in 2017.**

The five additional countries that progressed in eLMIS are Benin, Guinea, Honduras, Liberia and Uganda. UNFPA Supplies was not solely responsible for the introduction of these systems but in 2018 the programme contributed directly to this success in three these countries:

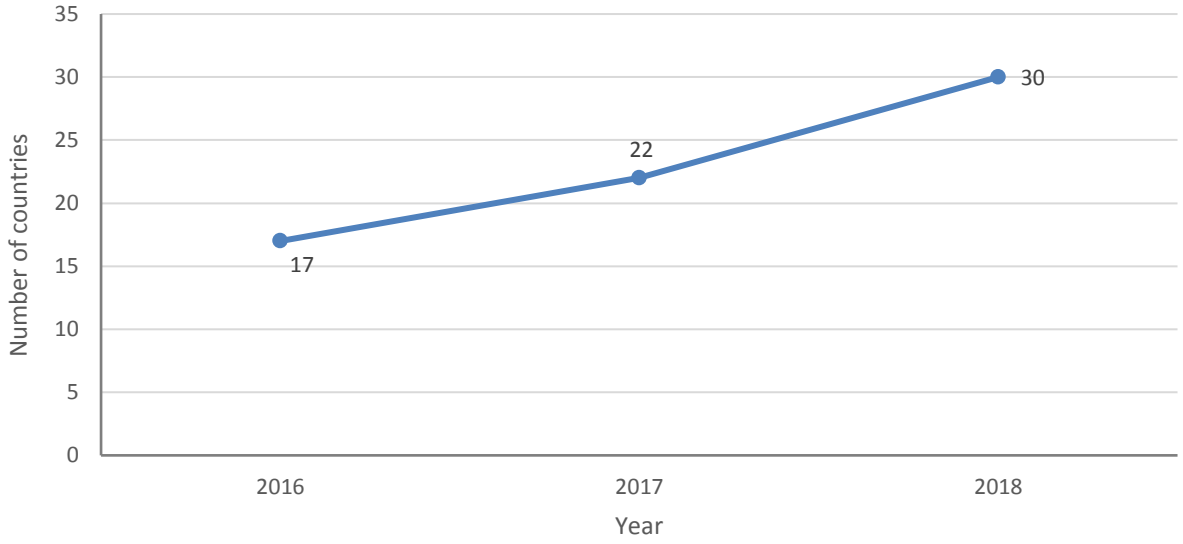
In **Guinea**, the UNFPA Supplies programme provided resources to organize quarterly reviews for each district that included thorough validation of logistics data and contraceptive distribution sessions at service delivery points. This type of initiative allows individuals working at this level of the health system to gain increased knowledge on how to make better decisions with the data available. The sessions provide an opportunity to manually adjust contraceptive stocks to align with geographical need. In **Honduras**, the programme helped to pilot and put a continuous improvement process in place for the roll out of an eLMIS for reproductive health commodity security in selected health regions. This work included incorporating indicators on family planning services, new users of family planning and other indicators defined by the Ministry of Health. In **Uganda,** UNFPA Supplies provided resources to train staff on eLMIS prior to recommending what SDPs should participation in the initial roll out.

The indicators 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 36 countries with eLMIS, 30 countries had a fully functional eLMIS in 2018 compared with 22 in 2017.**

Further improvements have been seen in an additional four countries where the systems were extended to primary-level SDPs and to district and/or provincial warehouses in an additional three countries in 2018 compared with 2017.

Figure M6: Number of countries that have eLMIS with at least five attributes



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- Malawi launched an "Open LMIS" (a web-based operational supply chain management system) that has improved commodity reporting from 60 to 80 per cent at both central and district levels.
- The system in Bolivia was updated in 2018. SALMI (Logistics Administration System for Drugs and Supplies) is in the process of developing an eLMIS for hospitals.
- Four countries (Congo, Guinea-Bissau, Mali and Sierra Leone) continued to use the CHANNEL eLMIS to manage distribution of all medicines including contraceptives. Support to the Ministry of Health in the Democratic Republic of the Congo included putting in place an eLMIS with the development of a dashboard on DHIS2 to produce logistics and service data for informing decision-making, along with improvements in the storage and timely transportation of commodities.
- The NHLMIS Solution (Nigeria Health Logistics Management Information System) was deployed in April 2018 and officially launched by Nigeria's Minister of Health in July 2018.
- An eLMIS was implemented in Nepal in April 2018 in 22 districts along with one central and two regional medical stores with support from USAID and UNFPA, with plans to scale up nationally across 753 local-level governments in 2019–2020.
- The eLMIS is integrated down to the district/provincial level warehouses in 17 countries. It extends to tertiary facilities in only four countries: Malawi, Papua New Guinea, Senegal and Zambia.
- In Myanmar, UNFPA supported the Ministry of Health and Sports in establishing an automated eLMIS as well as a Reproductive Health Commodity Logistics System (RHCLS), which are followed by a Quality Improvement Team (QIT).
- Honduras made progress in strengthening the logistics chain through the implementation of the SALMI PF System. The system is being implemented in the first level of attention and the information will flow to the upper levels, including the central level of the Ministry of Health. Partners also supported in the development of a tool for estimating needs and purchasing contraceptives, which was validated in two health regions in Honduras in 2018.

Figure M7: Number of countries by national distribution levels at which the eLMIS is operational, 2018

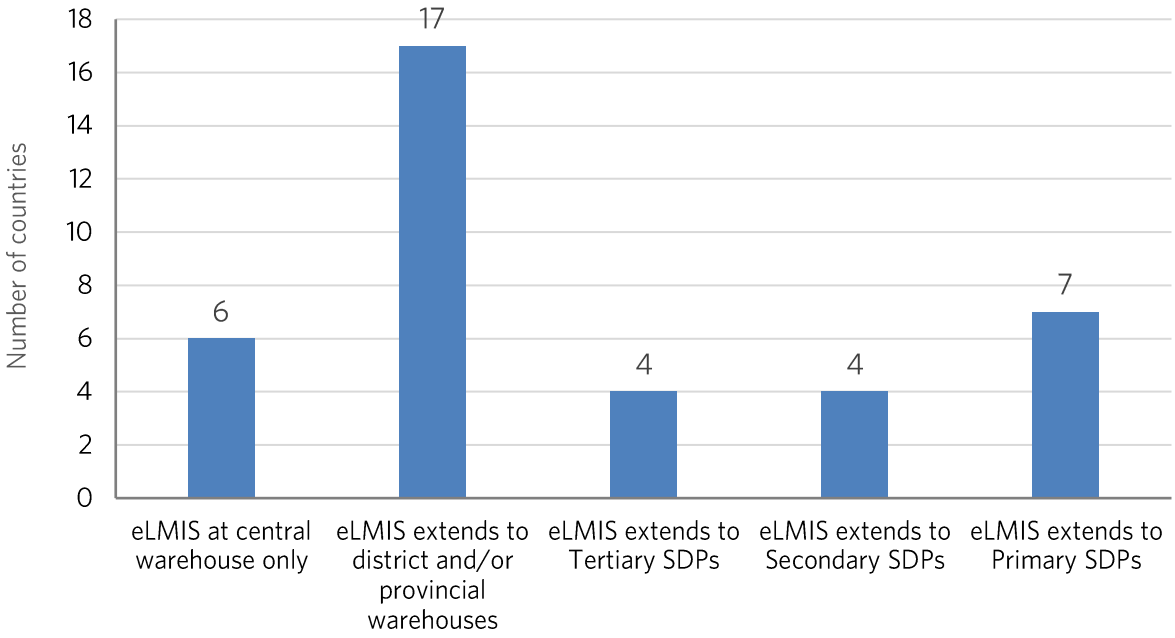
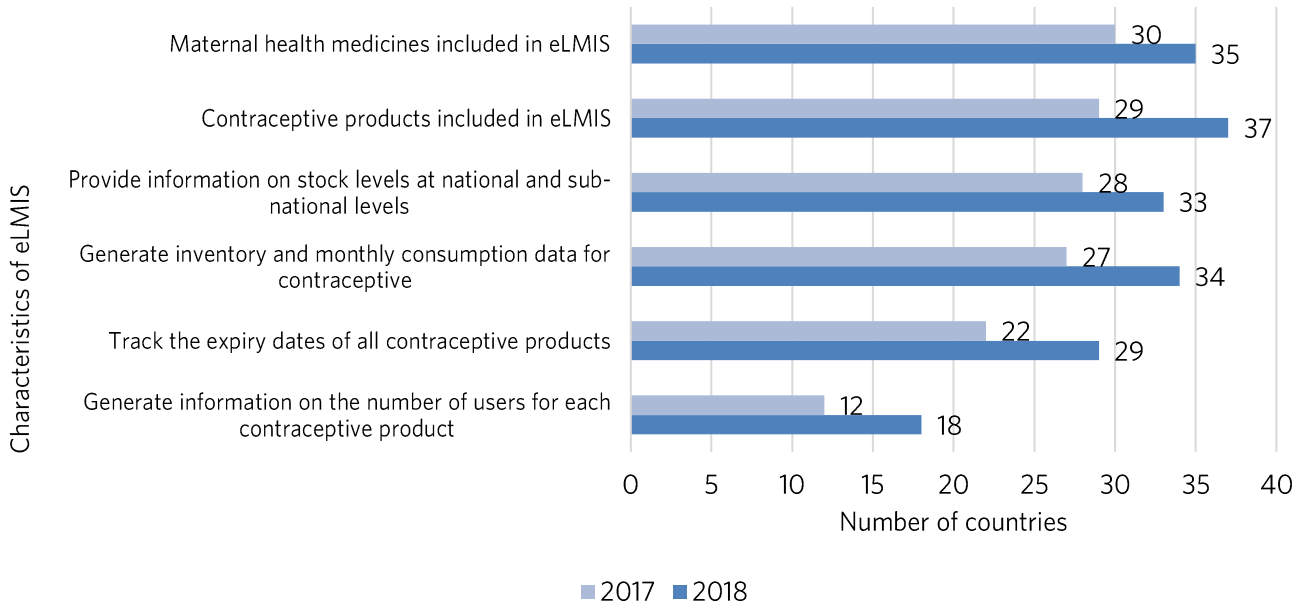


Figure M8: Number of countries where the eLMIS has specific characteristics or functionalities



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.

- **71 per cent of countries have staff trained in LMIS in at least 85 per cent of SDPs, an increase from 68.1 per cent in 2017.**

This trend is observed for both urban and rural areas, though it is higher for SDPs located in urban levels (72.7 per cent) than for SDPs in rural locations (69.7 per cent). The percentage is higher for tertiary level (84.8 per cent) than for secondary (77.4 per cent) and primary (68.4 per cent) levels. Five countries report at least 85 per cent of primary SDPs have trained staff in place for provision of modern contraceptives: Bolivia, Rwanda, Sao Tome and Principe, Sierra Leone and Zambia. Twenty countries provided survey data on this indicator in 2018.

Figure M9: Percentage of countries where 85 per cent of service delivery points have staff trained in logistics management information systems, 2018

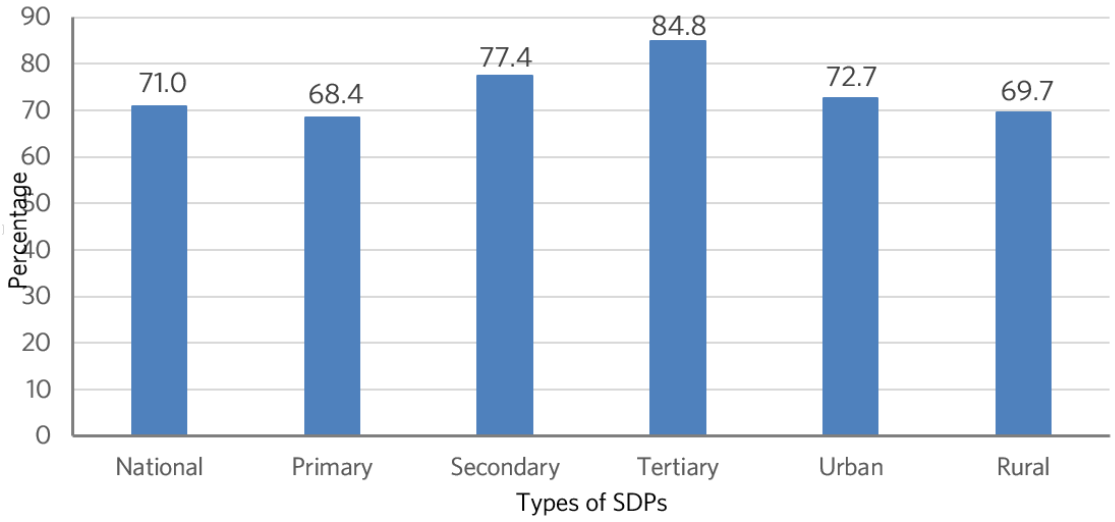
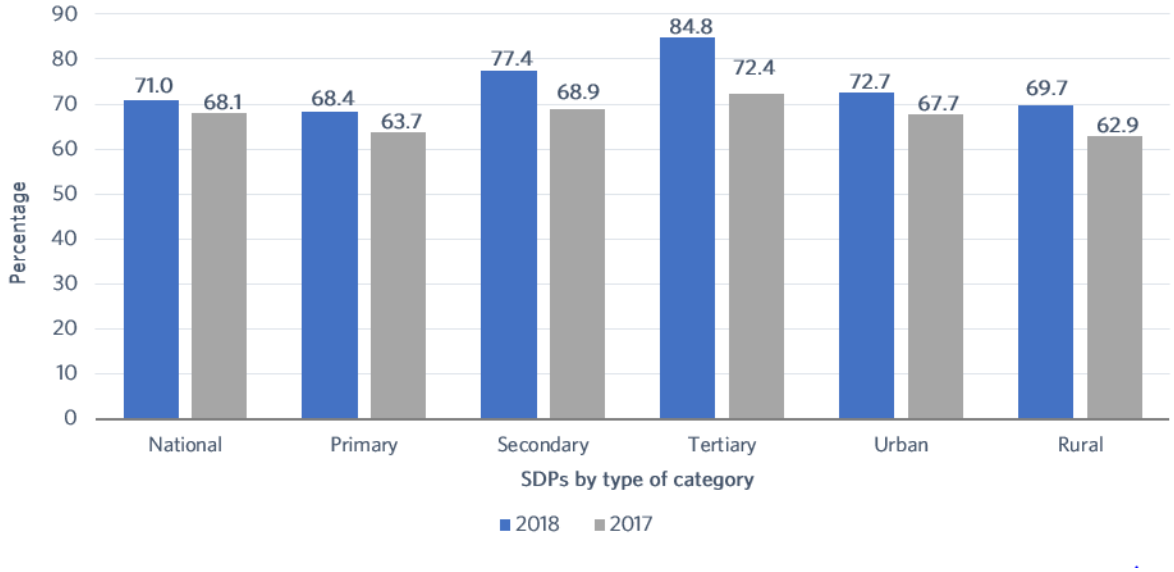


Figure M10: Average of countries that have staff trained in logistics management information systems in 2017 and 2018, per SDP level and per urban/rural areas



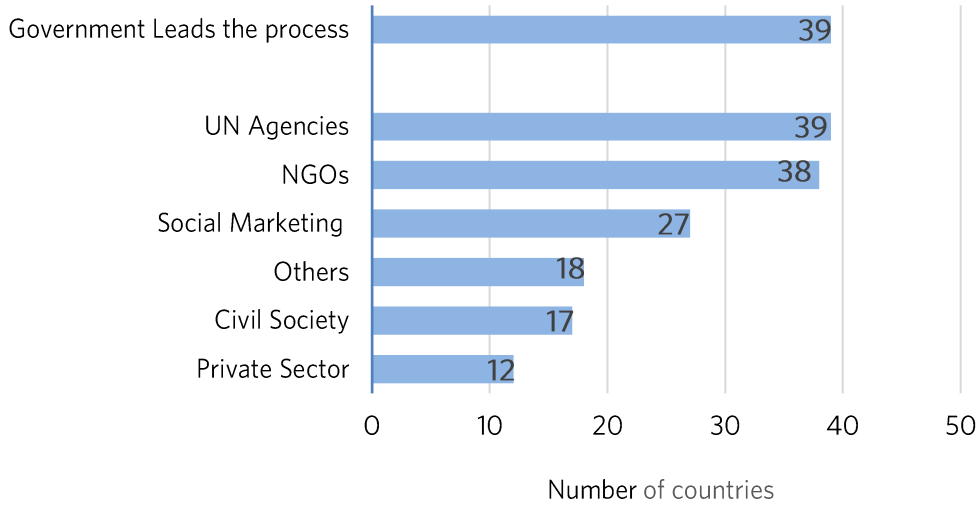
M4.3 Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives

Partners including United Nations agencies, NGOs and civil society organizations (CSOs) are involved in working with governments to carry out the quantification process.

- **Partners, under the leadership of the government, are involved in forecasting for contraceptives in 39 countries, an increase from 25 countries in 2017.**

Key partners in 2018 included UNFPA, USAID, Marie Stopes, IPPF and IPPF affiliate NGOs in countries, Care International, Chemonics/GHSC-PSM Project, Clinton Health Access Initiative (CHAI), MSI, PSI, JSI, World Health Organization, iPlus Solutions, Merck, Pathfinder, Global Fund, International Medical Corps and local civil society organizations.

Figure M11: Partners involved in forecasting of contraceptives



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

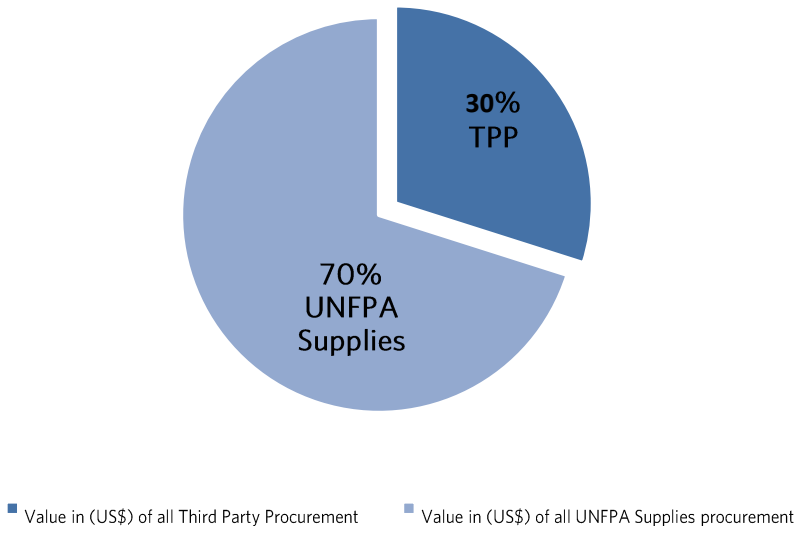
In 2018, the ratio of the value of Third Party Procurement (TPP) versus UNFPA Supplies procurement for the Category C countries (approaching sustainability) in 2018 was 1:2. The TPP ratio was 1:3 in 2017.

- **For every $1 used for Third Party Procurement (TPP), about $2 of UNFPA Supplies resources were spent (through UNFPA Procurement Services) to procure commodities for these countries in 2018.**

The total value of contraceptives procured, using UNFPA Supplies resources, for the Category C countries was $22 million dollars, while the total amount for TTP was $9.6 million dollars. Among the 11 Category C countries, TPP was higher than UNFPA Supplies procurement in four countries (Honduras, Lesotho, Malawi and Myanmar) than in the other seven countries.

This indicator measures increasing national ownership by countries transitioning away from UNFPA Supplies support for procurement, though they may require continued technical assistance. The programme identifies such countries as Category C countries. Programme countries were classified according the maturity of their family planning programmes as part of the programme's change management process launched in 2016. This categorization process, though not perfect, allowed for a differentiated approach in funding.

Figure M12: Percentage of amounts spent to procure contraceptives for Category C countries through Third Party Procurement (TPP) versus UNFPA Supplies procurement, 2018



Over the past three years, for Category C countries (approaching sustainability), UNFPA Supplies procurement has been reduced from 94 per cent in 2016 to 70 per cent in 2018. The use of Third Party Procurement by countries to purchase commodities from UNFPA Procurement Services has increased from 6 per cent in 2016 to 30 per cent in 2018. 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, Lesotho, Malawi, Zambia and Zimbabwe show significant increases; Honduras and Lao PDR show slight increases; and Bolivia and Myanmar 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 EECA countries (including the FP2020 countries Tajikistan, Kyrgyzstan 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

Suppliers delivered within the agreed time slightly less often than the previous year.

- **Of the 336 orders that contained information for 2018, suppliers complied with the agreed delivery time for 38 per cent (128) of the orders.** The level of compliance with agreed delivery time decreased from 40 per cent in 2017 to 38 per cent in 2018.

Generally, delays may be caused by the following: 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 2018, all of them (100 per cent) were fulfilled in agreed quantity by the supplier, which is the same as in 2017 for all 366 orders.**

ENABLED ENVIRONMENT INDICATORS

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

UNFPA engages with numerous global, regional and country-level partners to create shared opportunities and leverage strengths to achieve results through the UNFPA Supplies programme. In 2018, the programme 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 while tracking last mile delivery and uptake of donated contraceptives, and surmount significant challenges to ensure supplies enabled reproductive health services in humanitarian settings.

1.1 Global 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.

Advocacy and resource mobilization

The programme worked with partners to close the widening funding gap for RH supplies. Data collected with support from UNFPA Supplies – notably the in-country NIDI survey on financial resources for family planning and the facility-based country surveys – were used as input into the Contraceptive Commodity Gap Analysis produced by the Reproductive Health Supplies Coalition. The report estimates funding gaps by comparing the amount currently spent on supplies to the cost of the total volume of supplies consumed by all users of contraception in 135 low- and middle-income countries, projected forward for three years (2018-2020).

Advocacy and resource mobilization are priorities in the global partnership FP2020. As the co-Chair of the FP2020 Reference Group and through the engagement with FP2020 working groups, UNFPA furthers efforts to ensure that voluntary family planning is a priority for developing countries and resources are available to scale up rights-based family planning. UNFPA Supplies engaged in preparing the organizational positioning for the FP2020 Reference Group meetings in May (virtual), in Seattle in July and in Kigali in November 2018. The meetings served to assess data on progress and identify opportunities to increase access to family planning such as universal health coverage and domestic funding.

Strengthening policy and supporting sustainable family planning financing

In February 2018, the East African Community (EAC) held its first round-table on investing in health infrastructure, systems, services and research for universal health coverage and the Sustainable Development Goals, organized with its summit and joint retreat. Regional Economic Commissions (RECs) continued to demonstrate ownership of family planning across Africa. Action flowed from road maps produced with support from UNFPA Supplies with the East and Southern Africa Regional Economic Commission. Action took place along four key drivers: strengthening supply chain management, ensuring sustainable financing, improving access of FP/SRH/RR to adolescents and youths and improving access to integrated services. Also addressed were the demographic dividend and sustainable financing. Related promotion of family planning was carried out with COMESA, EAC, IGAD, IOC and SADC.

Suppliers: UNFPA Supplies engaged in efforts to expand the supplier base for condoms in Africa, to support more options for procurement and choices for individuals and to ensure product availability. Regional partners in Africa worked to expand the local/regional manufacture of condoms and generic contraceptives, with a focus on quality assurance. Condom manufacturers were introduced into the prequalification process. Partners included SADC; AUDA-NEPAD; Southern African Generic Manufacturers Association (SAGMA), Southern Africa Programme for increased Access to Medicines and Diagnostics (SAPAM).

Finance: As part of long-standing support to the Global Financing Facility (GFF), the UNFPA Supplies programme offered advocacy and technical support during the 2018 meeting in Accra regarding investment cases in Family Planning, Maternal Health and Adolescents Health. The good relationship between UNFPA and the GFF at the global level has also functioned as a platform to mobilize donor investments in RMNCH through UNFPA programmes.

UNFPA Supplies also supported the development of family planning business cases in six countries (Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana and Senegal) under the Matching Fund project in collaboration with the Bill & Melinda Gates Foundation. Work continued into 2019.

UNFPA EECARO supported an economic budget impact analyses in Kyrgyzstan and Tajikistan looking at different policy scenarios for securing the needs of the most vulnerable populations in contraceptive commodities, to be procured from state budgets, including through UNFPA Procurement Services. This analysis was conducted to further inform advocacy for evidence-based family planning budget in UNFPA priority countries.

Improving method mix and access to good quality, human rights-based family planning services

Implants: As part of efforts to expand contraceptive options and access, UNFPA Supplies and a group of organizations have made a previously less accessible contraceptive method more widely available. The **Implants Access Programme** (IAP) Operations Group is made up of core participants from UNFPA, WHO, USAID, the Bill & Melinda Gates Foundation and Global Impact Advisors (GIA), with the purpose 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.

In 2018, the group was tracking efforts on task sharing in nine countries, six of which are UNFPA Supplies programme countries (DRC, Haiti, Nepal, Madagascar, Niger and Nigeria). These countries were refining action plans to introduce implants at community level through training of medical and nursing students or community nurses. In addition, the group initiated a product survey to better understand the factors driving the requests or preference for 1-rod implants versus the 2-rod implants. This work is still in progress and is looking at all levels and factors that have an influence

on the provision of implants: policy, provider issues and user considerations. This will be informative for programming of implants while ensuring availability of methods.

To address gaps in service delivery capacity for removal of implants, the IAP Operations Group partnered with Jhipiego to form the **Global Implant Removal Working Group** which works to identify existing best practices, call attention to research and programming gaps. In 2017, the Working Group developed an Implant Removal Resource toolkit with over 25 resources. In 2018, the group mainly focused on dissemination of these resources and next steps will be to monitor and document utilization of the resources as well as continued focus quality of removal services.

The IAP Operations Group has led to the expanded creation of other structures that can provide similar technical support to other product specific areas such as the DMPA-subcutaneous Operations Group and exploration of extending operations to cover other new methods (hormonal IUDs, vaginal rings, etc.) or underutilized methods such as copper IUDs.

The injectable contraceptive DMPA-SC was a focus of partnerships in several countries. In Burkina Faso, partners developed a document for scaling up DMPA-SC supply strategies in private health care facilities and pharmacies, community-based health services and through self-injection. Roll out of DMPA-SC programming in the provinces of Myanmar, along with task-shifting for strengthening service delivery and distribution of the Family Planning Guideline for Service Providers. In Nigeria, partners focused on interventions for scaling up DMPA-SC supplies and services, along with improved post-partum family planning.

A group including UNFPA, WHO, USAID, DFID, CIFF, BMGF, PATH, GIA and Access-Collaborative has seen success in the increased availability of DMPA-SC due to the DFID ring fenced funding for the product, the Minimum Volume Guarantee established by the consortium and the technical support to countries in the design, development and implementation of pilot studies, introductory and scale up plans of the method including studies on self-injection. For 19 priority countries the group is supporting, 8 out of 19 countries have the self-injection label approved and 7 of them are implementing self-injection.

Strengthening supply chains

The **Coordinated Supply Planning Group** (CSP) 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, USAID, CHAI, John Snow, Inc. (JSI), the Global Health Supply Chain Procurement and Supply Management project (GHSC-PSM), and the Reproductive Health Supplies Coalition (RHSC). CSP works together on two main activities: monitoring supply outlooks for programmes in 41 countries, and analysing country and programme funding gaps.

In 2018, there were 173 unique supply issues flagged by 40 countries for CSP to review. CSP provided analysis and advocacy resulting in additional orders worth $12.2 million for 18 countries across 10 products to avert critical shortages and stock-outs. CSP collected supply plans for 28 countries, reviewed and evaluated 21 supply plans for funding gap analysis. CSP also recommended delaying, cancelling or reducing unnecessary orders for seven countries, saving an estimated $2.6 million. Furthermore, the shipment actions that CSP recommended provided an additional 14.2 million couple years of protection from unintended pregnancy (CYP) for 29 countries, more than twice the 2017 results. 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 **Coordinated Assistance for Reproductive Health Supplies** (CARhs) is partnership between core member organizations UNFPA, USAID, West African Health Organization (WAHO), CHAI and the Reproductive Health Supplies Coalition Secretariat. In 2018, 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. In-country coordination between key actors is constantly encouraged and supported.

Between January and December 2018, the CARhs group **resolved 158 supply imbalance issues** reported by countries, covers 24 overstock issues and 134 under-stock issues. The feasibility of stock transfer was explored in collaborative with key stakeholders to address incidence of potential overstock. In August 2018, 317,745 cycles of combined-oral contraceptive pills was transferred from Benin to Mali resulted in saving approximately US$ 85,791.

MSI and PSI: Throughout 2018, UNFPA Supplies continued collaborating with implementing partners, Marie Stopes International (in 15 countries), PSI (in 15 countries) and with IPPF and its affiliates (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. In 2018, MSI received $8.3 million worth of contraceptives from UNFPA for distribution in 15 countries. In 2018, 10 per cent of the clients MSI reached were adolescents aged 15-19. In Mali, around a quarter of all clients were adolescents, and in Sierra Leone, nearly a third.

Other supply chain activities in 2018

- Partners in the **Inter-agency Supply Chain Group** (ISG) signed on to the Global Standards Technical Implementation Guideline on GS1 (barcoding), including the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNDP, USAID and UNFPA. A meeting was held in May regarding cooperation on stock availability analysis at service delivery points.

- A supply chain solution across six countries has been developed and validated by the East African Community, with plans to address issues and then submit for endorsement, and then present the plan to Summit Heads of States.

- Countries acted on recommendations emerging from the 18-country Supply Chain Management Survey conducted in 2017 with support from the Bill & Melinda Gates Foundation. Actions to address identified bottlenecks were included in the annual workplans and implemented throughout 2018.

- A new online learning platform for service providers was realized in 2018 through partnership with the East European Institute for Reproductive Health, a regional implementing partner that is a co-creator of the Virtual Contraceptive Consultation (ViC) The platform focuses on evidence-based family planning in Eastern Europe and Central Asia and access is provided free of charge by UNFPA to strengthen the capacities of service providers. ViC is scalable, highly customizable and available in numerous regional languages, in addition to the generic English and Russian platform. The platform was developed with support from UNFPA Supplies to the UNFPA Regional Office (EECARO).

- In 2018, the UNFPA Asia Pacific Regional Office (APRO) collaborated with the IIHMR University in India to roll out an annual training programme to demonstrate the integration between supply chain management and family planning, thereby helping to reduce shortages of essential reproductive health supplies due to limited capacities for forecasting, weak supply chain management and poor warehousing and distribution systems – issues that affect many

countries. The first training session was organized in October 2016 and a total of 26 candidates from eight countries were selected for the two-week residential training. In 2018, 26 participants from seven countries received training. Training participants are required to prepare a country action plan that is monitored on a half yearly basis by the respective UNFPA country office as well as by APRO for compliance.

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 2018 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;
- strengthening processes for making quality products available at the country level.

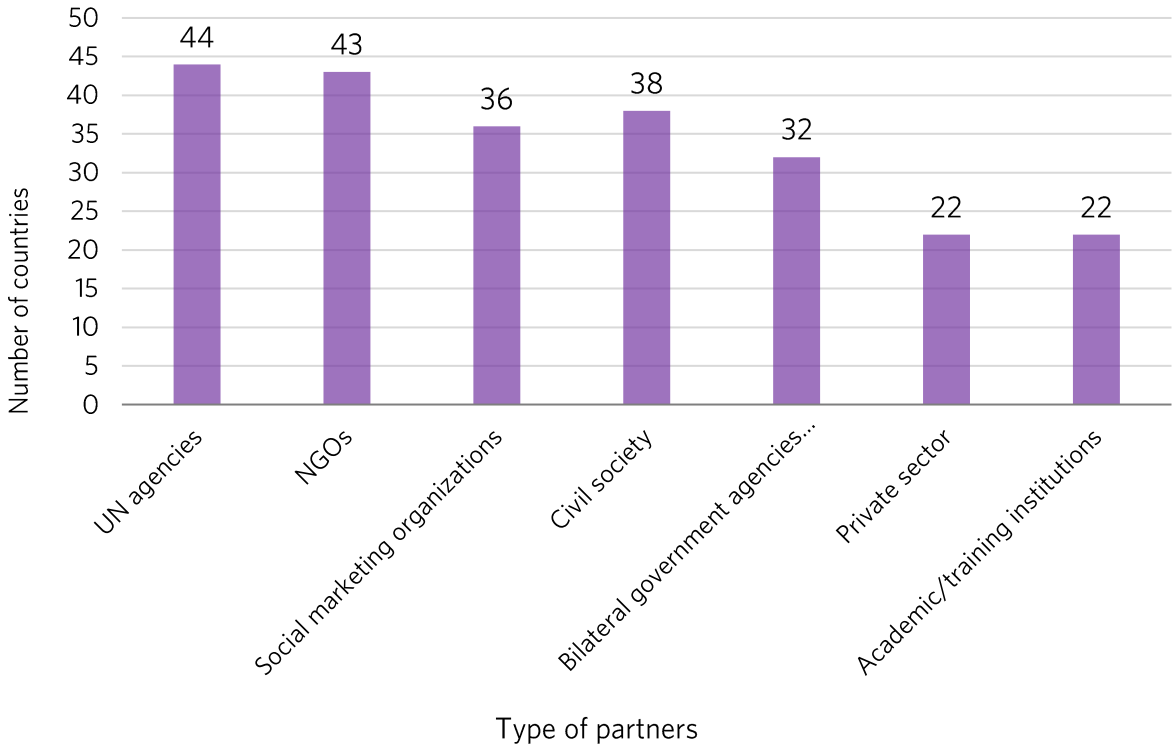
In all 46 countries, UNFPA Supplies supports or participates in national coordinating mechanisms for family planning and reproductive health commodity security.

- In 27 countries there was broad-based partnership under the leadership of 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 in the UNFPA Supplies programme worked with civil society organizations in 2018 for community mobilization for family planning service delivery.
- 36 countries in the UNFPA Supplies programme collaborated with social marketing organizations in 2018. 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 in the UNFPA Supplies programme benefited from its coordination with other United Nations organizations including UNICEF, UNHCR, World Food Programme (WFP), International Organization for Migration (IOM), UNAIDS, UNDP and the World Health Organization. The programme also coordinated with United Nations agencies such as UNICEF (Burkina Faso, Niger, Mozambique, Tanzania and Yemen); WHO (Eritrea and Mozambique); and the World Food Programme (DRC, Guinea and Mozambique).
- 22 countries engaged with the private sector to expand access to supplies and services.
- Democratic Republic of the Congo partnered with the Military forces of DRC (FARDC) in transporting more than 8 tons of contraceptives and other RH commodities by aircraft (free of charge) to UNFPA intervention areas, especially in humanitarian situations.
- Bilateral agencies participated in coordinating mechanisms such as GiZ (German technical assistance organization); Netherlands Development Assistance in Yemen; the United Kingdom (DFID) in Nepal; USAID in DRC, Guinea, Madagascar, Malawi, 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, Mali, Myanmar, Nepal, Nigeria, Sierra Leone and Yemen
  - Affiliates of IPPF, e.g. in Benin, Ethiopia, Gambia, Guinea-Bissau, Nepal, Papua New Guinea, 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, Kenya, Lao PDR and Uganda
- Other 2018 partnerships featured the Myanmar Medical Association (Myanmar), DKT (DRC, Tanzania), JHPIEGO (Nepal, Kenya), PSI (Lesotho, Malawi, Nepal), Crown Agents (Zambia), Care International (Chad), Global Fund (DRC, Niger), MS Belgium (Central Africa Republic), World Bank (DRC) and the NGO PRISMA (to provide technical assistance to the Ministry of Health).

In 2018, UNFPA worked with numerous partners in the support of humanitarian response. National institutions and disaster management agencies collaborated in UNFPA Supplies programme countries as well as key United Nations agency partners including UNHCR in Burundi and Niger, the International Organization for Migration (IOM) in Gambia and Myanmar, UNDP in Guinea, OCHA/RC in Madagascar, World Food Programme in Mozambique and UN Women in Papua New Guinea. Other valued partners included Red Cross Societies in Kenya, Nigeria and Tanzania as well as Planned Parenthood Associations (IPPF affiliates) in Mauritania and Zambia. Other non-state actors included Intersos in Cameroon; COOPI in Central African Republic; Care International in Chad; CARITAS in the Democratic Republic of the Congo; American Refugees Committee, Save the Children and Africa Humanitarian Action in Rwanda; and the International Medical Corps (IMC) in South Sudan.

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



Partnerships for expanding method mix and improving service delivery

The programme continued in 2018 to actively engage with and support partnerships for family planning and sexual and reproductive health supplies and services. Partnerships for improved service delivery addressed challenge in both access and availability.

- In the Democratic Republic of the Congo, some 244,664 adolescent girls were reached as part of an effort to provide community-based family planning services to adolescents by adolescent girls and newly graduated midwives.
- In Nepal, Visiting Service Providers succeeded in "reaching the unreached mothers" with modern contraceptive methods. Efforts to improve the capacity of providers for quality family planning service delivery were carried out by partners in Ethiopia, Nepal, Lao PDR and Myanmar.
- In Ghana, some 1,200 adolescents, youth and young persons with disabilities were provided information on family planning and sexual and reproductive health in urban and semi-urban areas.
- Community-based approaches were also effective in Togo, which saw an increased uptake of family planning services through the efforts of 420 community health workers (CHWs) reaching 210 villages with 76,740 beneficiaries for various family planning methods.

Partnerships for supply chain strengthening helped ensure a reliable supply of quality contraceptives

- In the Democratic Republic of the Congo, UNFPA embarked on a project funded by the Buffet Foundation for purchasing commodities for the Ministry of Health, with an estimated budget of $2 million for contraceptives and other RH commodities. In Ethiopia, over 1,500 health facilities throughout the country were visited and provided on-the-job support for stock monitoring, LMIS for recording and reporting essential logistics data, strengthening facility level drug and therapeutics committees and store management through experts based in the 18 warehouses (hubs) in the country.
- As part of efforts to enhance visibility into global supply chains, Nigeria's Minster of Health launched the Global FP VAN with the support of UNFPA. This is expected to increase end-to-end data visibility for family planning commodities, thus ultimately helping increase product availability and reduce stock-outs.
- Going the last mile was a particular focus in Burundi, where partners strengthened supply chain management and contraceptive management to ensure contraceptive availability to the last mile.

Advocacy for increased budget allocations for family planning was a priority for partners in many UNFPA Supplies programme countries, among other commitments. Advocacy for governments to allocate, maintain or increase funds in the national budget line for the procurement of contraceptives was carried out in Burkina Faso, Democratic Republic of the Congo, Myanmar and Nepal. In Burkina Faso, the budget for the purchase of contraceptives increased by 60 per cent, from $1 million in 2017 to $1.6 million in 2018. In Nigeria, partners developed and disseminated State-level Family Planning Costed Implementation Plans in three states (Abia, Akwa Ibom and Ondo) to serve as an advocacy framework for resource mobilization and implementation of family planning programmes. In Papua New Guinea, advocacy served to increase knowledge among Parliamentarians to favour an increase in allocations for family planning and sexual and reproductive health. Yemen mobilized resources to support procurement of contraceptive commodities and supply chain management including in-country distribution.

In another area of advocacy, efforts In Ghana sought to improve access to contraception for **persons with disabilities**. Ongoing advocacy continued regarding the development of standard operating practices for the Ministry of Health/Ghana Health Service.

One of the key advocacy tools is the **costed implementation plan**. Myanmar revised its costed implementation plan for family planning and disseminated the plan in October 2018. Strategies in the new plan highlight post-partum family planning, stock-out reduction, introduction of new methods such as implants and DMPA-SC, mass media campaigns and comprehensive community engagement. In Eritrea, UNFPA worked with the Ministry of Health, World Health Organization, UNICEF and stakeholders to develop a costed RMNCAH Strategy 2018-2021 as a follow-up to the II HSSDP (Health System Strategic Development Plan). The new strategy includes priority interventions for scaling up family planning.

Partnerships for **humanitarian response and recovery** are facilitated at several levels of coordination among United Nations agencies and key partners. Membership and participation in the Health Cluster calls on UNFPA to engage in a number of countries in the UNFPA Supplies programme. UNFPA also provides leadership in the RH subcluster, the Protection subcluster and the GBV subcluster in many UNFPA Supplies countries.

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 the fourth quarter of 2018, UNFPA introduced a tool for supply planning and management, the **commodity requirement tool,** which captures 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 this tool, UNFPA was able to identify potential risk of overstock of the one-rod implant in Myanmar**, 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 and geographical coverage and delay in shipping the pipeline order of the other implementing partner. Review of stocks in all 46 countries is an ongoing exercise with key partners, CSP and CARhs.

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 validation exercise, Senegal was identified to be holding an overstock of the 3-month intramuscular injectable (DMPA-IM). At the same time, Malawi, was facing delivery delays for its order for this product. **To reduce the risk of wastage of the stock in Senegal due to expiration, 378,000 vials of DMPA-IM was moved to Malawi to reduce the impact of stock-out, resulting in cost savings of $286,524 for this stock.** Continued support to countries facing challenges with forecasting and quantification has been a key deliverable for 2018 with the introduction of the commodity requirement tool as a quantification tool and the added guidance on stock monitoring, use of population data in better forecasting the needs for procurement.

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 2018 included 30 sites for prequalified male condoms, 6 sites for prequalified IUDs and 5 sites for prequalified female condoms. A new site was added in 2018 for female condoms and there was one less site for IUDs. The total of 30 sites is down slightly from 31 sites in 2017.

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

One additional hormonal contraceptive was prequalified in 2018, bringing the total to 30, of which of which 20 are generic. **One additional maternal health medicine was prequalified in 2018**, bringing the total to 11, including 6 magnesium sulfate products (four for 10 ml ampoules, and two for 2 ml ampoules), 3 prequalified misoprostol products and 2 prequalified oxytocin products. Newly WHO prequalified in 2018 were an injectable contraceptive (DMPA) product and a magnesium sulfate product.

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

In 2018, UNFPA supported two additional manufacturers 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 29 products. For maternal health medicines, a total of 10 products including oxytocin, magnesium sulfate and misoprostol held a positive ERP opinion in 2018 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 four out of seven product categories in 2018, compared with prior year prices.

Table 2.1: Actual average price for 2016, 2017 and 2018 price (US$)

Year	Male condoms	Female condoms	IUDs	Oral contraception	Injectable methods	Implants (two rods)	Emergency contraception
2017	3.24	0.42	0.30	0.37	0.90	8.00	0.33
2018	3.41	0.37	0.30	0.43	0.87	7.96	0.32

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

- **In 2018, UNFPA was able to generate a total of $1.9 million in savings through price negotiations and price reduction for specific orders and/or products with manufacturers, and through efforts to bring to the market lower-cost generic products that meet international standards.**

- **A total of $1.3 million ($1,376,011.71) was saved by UNFPA through procurement of generic contraceptives and total savings through price negotiations was $1.1 million ($1,121,270.26) in 2018.**

The total amount saved through procurement of generic contraceptives by product category is listed below. The savings generated is in comparison with procurement of an innovator product.[7] As noted below under 2.4.2, among the contraceptives procured, 100 per cent of IUDs and male condoms and 24 per cent of oral contraceptive pills are generic.

For the $1.3 million in savings, UNFPA delivered hormonal generic contraceptives to 48 countries. This is a significant increase in savings compared with $933,027 in 2017. These savings had the potential to provide more than **445,000 women** with generic injectable contraceptives for one full year. In other words, with $1.3 million dollars in savings, it would mean that UNFPA could procure additional contraceptives with the funds received by donors.

The UNFPA product catalogue includes **16 different options of generic hormonal contraceptives**. This includes combined low dose, emergency and progestogen-only pills, the new injectable by Mylan and an implantable. The latest addition was the generic injectable by Mylan. This injectable contraceptive is WHO prequalified and is under registration in many low and middle-income countries.

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

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

	Quantity procured of generic product	Savings generated (US$)
Sum saved by the procurement of a generic LNG.15_EE.03MG_FE	6,010,768	580,640.19
Sum saved by the procurement of a generic LNG_0.03MG	1,370.83	34,270.73
Sum saved by the procurement of a generic LNG_IMPL_75MG	432,949	692,718.40
Sum saved by the procurement of a generic DMPA_150	888,000	29,922.24
Sum saved by the procurement of a generic LNG_1.5MG	490,475	38,460.15
	Total savings generated	$1,376,011.71

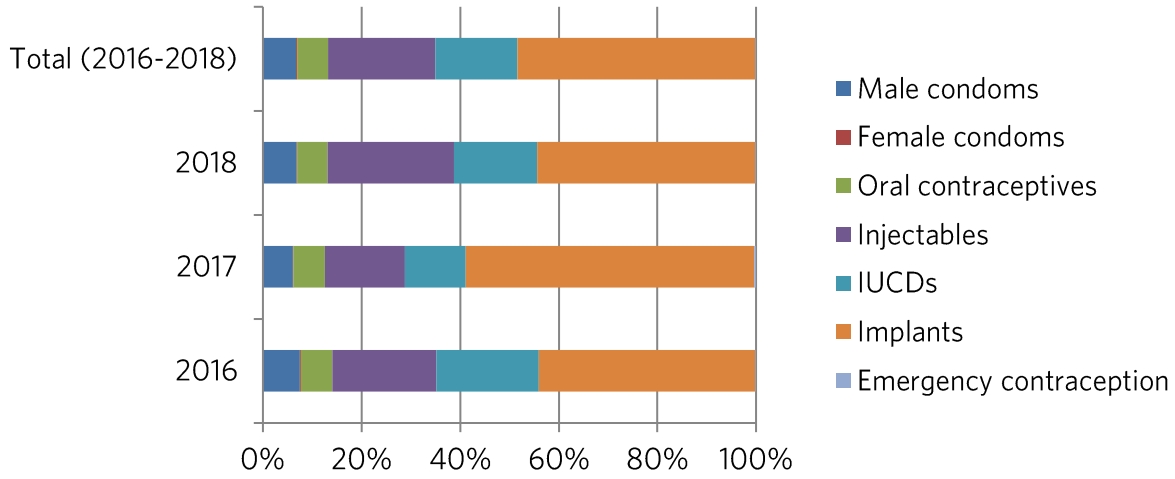
2.2.3 Cost per CYP of contraceptives procured by UNFPA Supplies (disaggregated by commodity)

The average cost per CYP was reduced to $2.53 in 2018 compared with $2.68 in 2017.

Table 2.3: Cost per CYP by contraceptives procured

Commodity	Quantity	Total cost	Total CYP	Cost per CYP
Male condoms (gross)	312,015,312	$7,381,540	2,600,128	$2.84
Female condoms (pieces)	5,882,912	$2,655,158.91	49,024	$54.16
Oral contraceptives (cycles)	35,592,168	$8,098,095	2,372,811.2	$3.41
Injectables (vials)	39,696,912	$31,989,684	9,792,628	$3.27
IUDs (pieces)	1,426,054	$451,908	6,482,064	$0.07
Implants (sets)	5,515,752	$46,235,191	16,933,701	$2.73
Emergency contraception	834,086	$185,916	41,704	$4.46
Total		$96,997,493	38,272,060	(average) $2.53

Figure 2.1: CYP provided per methods, 2016-2018



2.2.4 Cost per unintended pregnancy averted based on contraceptives procured

The average cost per unintended pregnancy averted increased from $8.60 in 2017 to $8.71 in 2018, reflecting a slight increase in procurement of implants over IUDs per country requests, continuing the trend seen also in 2017.

Contraceptives provided through UNFPA Supplies in 2018 had potential to avert:
- 10.6 million unintended pregnancies
- 30,000 maternal deaths
- 191,000 child deaths
- 2.8 million unsafe abortions

These contraceptives had potential to save families and health systems $575 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

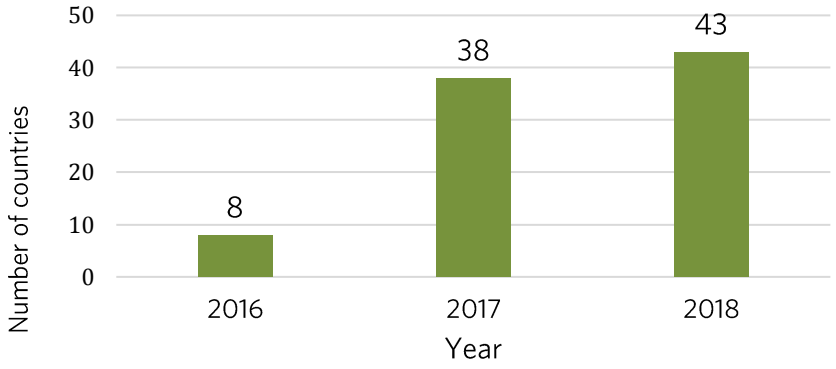
At the country level, UNFPA Supplies tracks the number of countries where action has taken to incorporate recommendations from the UNFPA Guidance Note *on Safe Disposal and Management of Unused, Unwanted Contraceptives* into national guidelines and protocols. The Guidance Note addresses the safe disposal 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.

There is a gradual increase in countries taking action.

- **In 2018, 43 countries (93 per cent) took into consideration UNFPA's recommendations for environmental risk mitigation in their national guidelines for safe disposal of medical waste and contraceptives**, with 21 having all the elements and 22 some elements of UNFPA's recommendations.

How commodities are disposed of (whether after use or if expired) is part of the supply chain. This is an increase compared with 38 countries (82 per cent) in 2017.

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



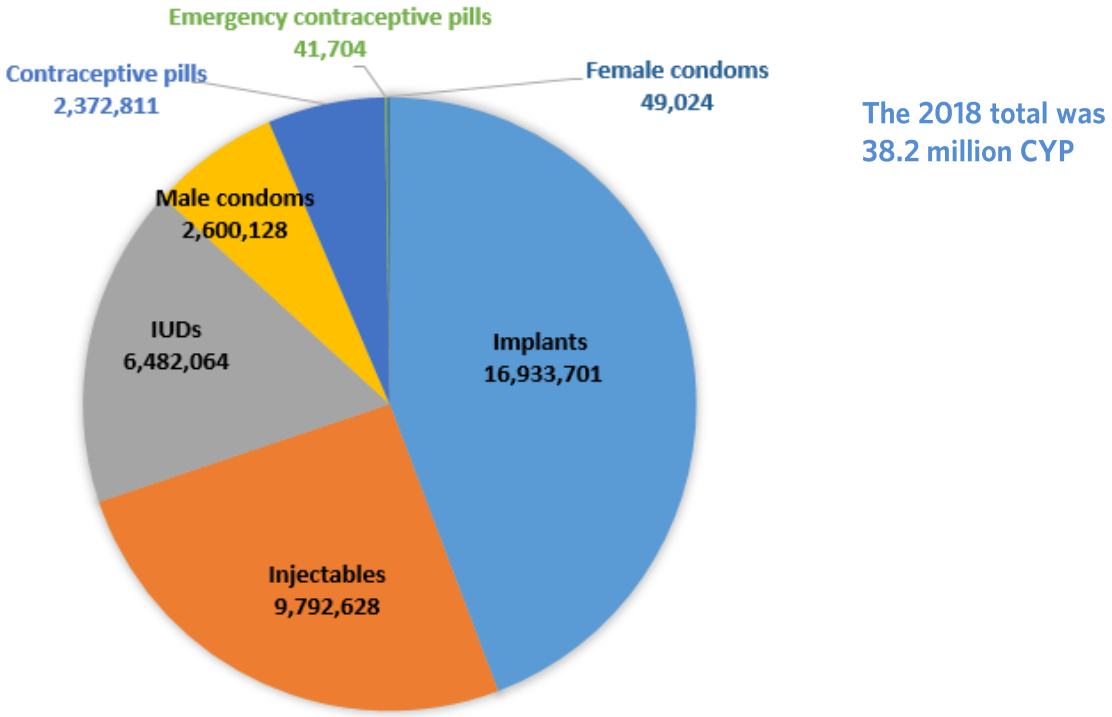
2.4 Quantity and mix for commodities procured

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 2018 were sufficient to provide 38.2 million couple years of protection (CYP) from unintended pregnancy, compared with 24.1 million CYP in 2017. The increase was influenced by a number of factors:

- In 2018, countries requested more procurement of long-acting methods (with higher CYP) following on an expansion of training for health services providers in several countries. For example, implants alone showed a 19 per cent increase and IUDs alone showed a 117 per cent increase.
- Contraceptives contained within RH kits were added to the CYP calculation for the first time.
- The Bridge Funding Mechanism enables UNFPA Supplies to place commodity orders immediately to meet country needs, unlike in the past. Funds are more readily available through this revolving pool of financing. The value of bridge financing was 14.2 million CYP in 2018.

Figure 2.3: Couple years of protection (CYP) per method provided (total 38.2 million CYP), 2018



The increasing interest in long-acting methods is reflected not only in supply procurement but also in training for quality services. A number of countries reported on training of service providers in 2018: In Burkina Faso, 263 health workers were trained on the self-injection of DMPA-SC (Sayana Press) for the roll out of DMPA-SC interventions in four health districts. In Ethiopia, 1,390 service providers (mostly community health workers) were certified in provision of LARC services for implants and IUDs. In Myanmar, 276 service providers were trained for insertion and removal of implants and 4,931 auxiliary midwives were trained 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 Lao PDR, 260 health service providers were trained to provide family planning services.

2.4.2 Percentage of contraceptives procured that are generic products

In 2018, of the total amount spent on contraceptives using UNFPA Supplies resources, 13 per cent was used to purchase generic products. All procurement of IUDs, male condoms and emergency contraceptive pills by UNFPA are 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. A generic version of DMPA-IM is also available for procurement by countries.

The higher expenditure on innovator products is mainly owing to the lack of a generic version of an implant, which are also the most expensive method procured by the programme (noting that it is already being made available at a lower price thanks to the Minimum Volume Guarantee, and that a new branded product, Levoplant, is been introduced to the market).

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

Three quarters of the countries in the UNFPA Supplies programme – 35 of 46 – were caught in situations of conflict, natural disaster and other emergencies in 2018. UNFPA Supplies and the UNFPA Humanitarian Action Thematic Fund are the major providers of the reproductive health kits that UNFPA dispatches in emergencies. These Funds also support countries in the preparedness, response and recovery phases to develop strong supply chains for contraceptives and key maternal health medicines. Examples of this work in nine countries are featured in the 2018 UNFPA publication *Delivering Supplies When Crisis Strikes: Reproductive Health in Humanitarian Settings*.

3.1 Humanitarian settings

The provision of reproductive health (RH) kits enables our implementing partners to save and improve lives under the most difficult conditions. Standardized RH kits designed for worldwide use are prepackaged and ready for immediate dispatch to meet urgent and emergency requests. The most basic, the clean delivery kit, is designed for visibly pregnant women and contains a bar of soap, a razor blade to cut the umbilical cord and string to tie it, and plastic gloves and sheeting to prevent infections. The largest kit, weighing more than a ton, is the referral-level kit that serves the needs of a population of 150,000 for three months.

Emergency RH kits
Kit 1 Condoms
Kit 2 Clean delivery
Kit 3 Post-rape treatment
Kit 4 Oral and injectable contraception
Kit 5 Treatment of sexually transmitted infections
Kit 6 Clinical delivery assistance
Kit 7 Intrauterine devices (IUDs)
Kit 8 Management of miscarriage and complications of abortion
Kit 9 Suture of tears and vaginal examination
Kit 10 Vacuum extraction delivery
Kit 11 Referral level kit for reproductive health
Kit 12 Blood transfusion kit

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

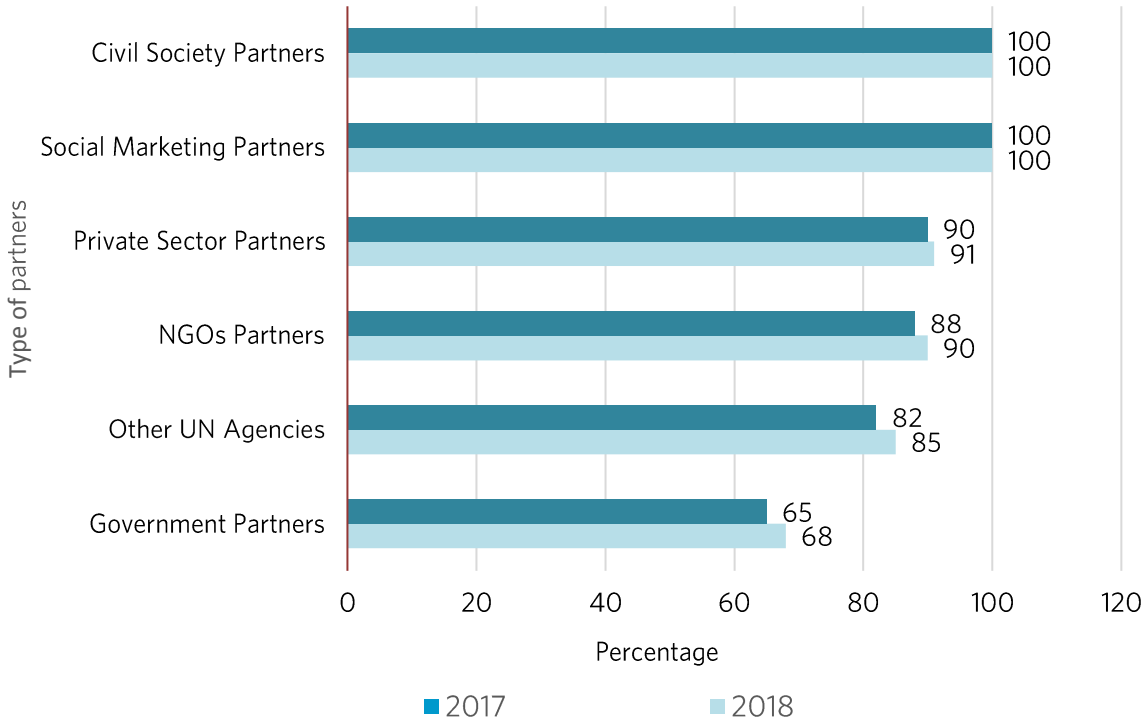
Stock levels improved this year in humanitarian and fragile contexts. The indicator measures "no stock-outs of RH kits". When supplies are steady among implementing partners, then there is a greater chance that the needs of women and girls in humanitarian situations are being met.

- **In 2018, RH kits were dispatched to 23 countries with UNFPA Supplies funding.**

The supplies supported implementing partners such as national governments, NGOs, other United Nations agencies, civil society organizations and the private sector. In 36 countries in humanitarian and fragile contexts where RH kits were provided to implementing partners, 32 countries did not experience stock-out of RH kits during 2018.

- **90 per cent of humanitarian and fragile context countries, NGO implementing partners did not experience stock-out of RH kits.** In countries providing RH kits to government, 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, 2017 and 2018



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

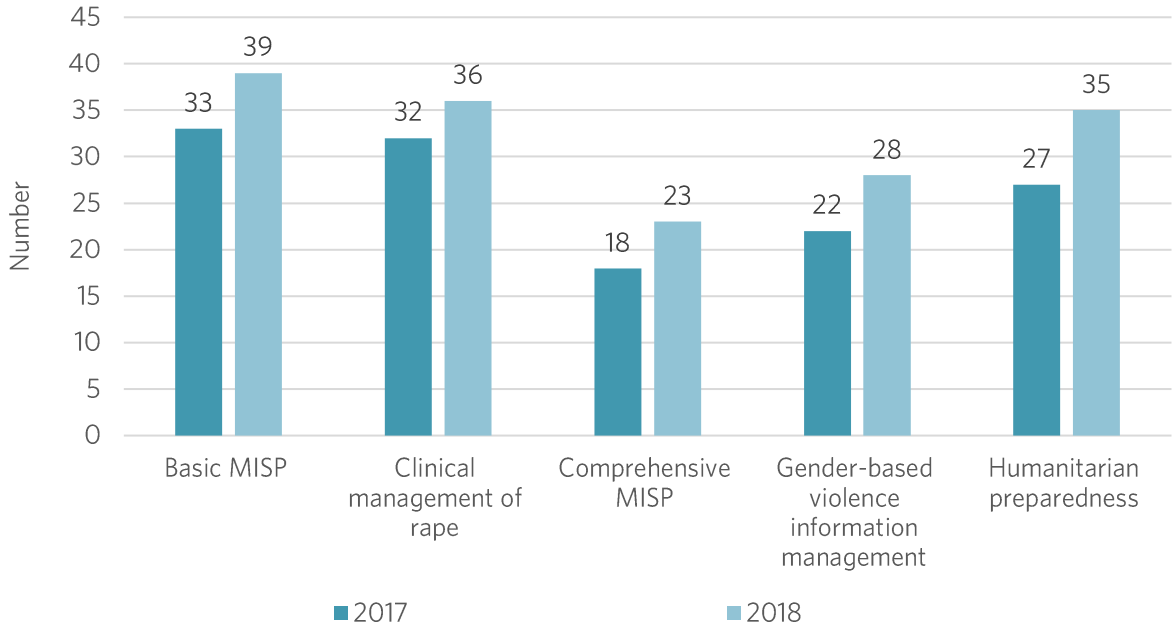
The Minimum Initial Service Package (MISP) is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. In collaboration with its partners, UNFPA encourages humanitarian actors, policymakers and donors to become more aware and responsible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

- **23 countries (53 per cent) confirmed they have built their capacity to conduct comprehensive MISP training**
- 16 countries have capacity for all five aspects of MISP (basic, comprehensive, clinical management of rape, gender-based violence and preparedness)
- 39 countries have capacity in Basic MISP

MISP training was part of a comprehensive response to the devastating earthquake in Papua New Guinea. MISP training to health service providers was undertaken in 2018 in Burkina Faso, Guinea, Nepal and Sierra Leone, among other UNFPA Supplies countries. In Yemen, 300 people received MISP training. In Ethiopia, 79 health service providers received certification in MISP for their work in sites for the internally displaced. 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.[8]

[8] Source: 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



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 2018, UNFPA supported family planning training for 17,964 health service providers in 44 countries. This significantly surpasses the target of 10,000 providers trained**.

This is an increase over the 17,793 trained in 2017 and encompasses many more countries, up from 29 countries in 2017. The impact of training supported by UNFPA is much greater than what UNFPA Supplies provides, given core funding, though this indicator focuses on what countries did using funds provided through the UNFPA Supplies programme.

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

- **Primary-level SDPs in only 3 of 20 countries for which data are available received the quantity of contraceptive products that they ordered during the three months before the survey** (Guinea-Bissau, Honduras and Sao Tome and Principe).

On average (across tertiary, secondary and primary SDPs), **60.1 per cent** of SDPs received the full quantity of contraceptive products that they ordered in the three-month period before the survey. In 2018, a similar percentage of SDPs at tertiary level (60.8 per cent) received all of the contraceptive products that they ordered compared with those at primary level (57.5 per cent) and secondary level (57.3 per cent). Urban and rural SDPs reported similar results, with 59.6 per cent for urban areas and 59.5 per cent for rural areas.

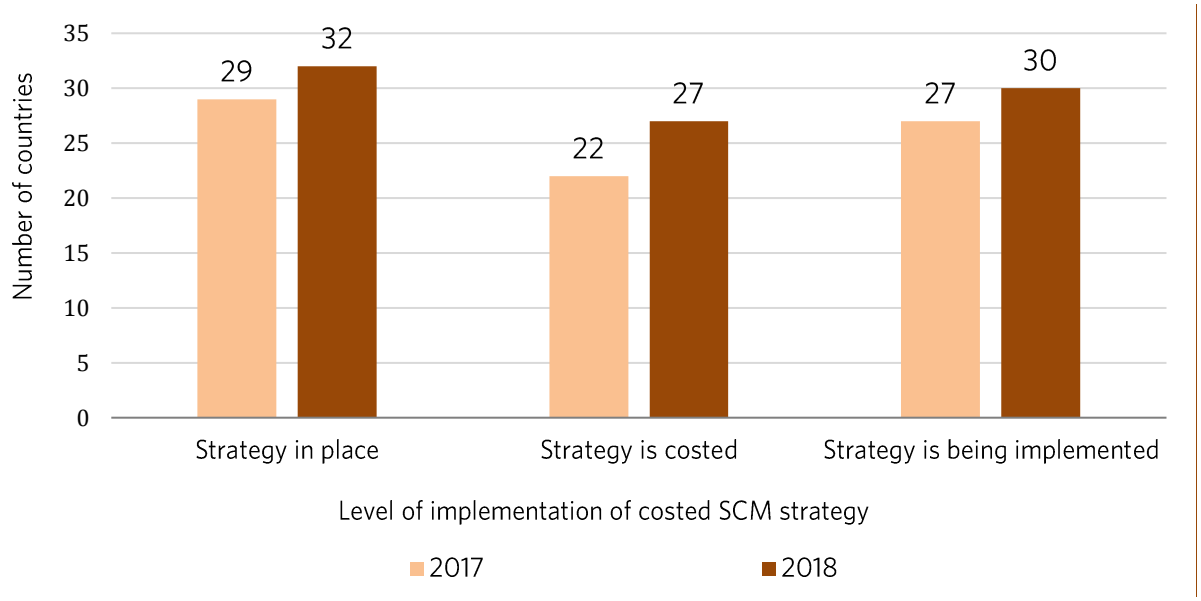
4.1.2 Number of countries where a costed supply chain management strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide on "Ensuring human rights within contraceptive service delivery".

- **11 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 2018**. This is an increase from 10 countries in 2017.

Satisfying this indicator can be a challenge given its seven elements, and the total number of countries that meet its more advanced criteria is not expected to increase significantly year upon year. However, it is expected that countries will continue to add aspects as they progress towards the goal of achieving all seven points. 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 these recommendations of the UNFPA/WHO implementation guide on *Ensuring human rights within contraceptive service delivery*:

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

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



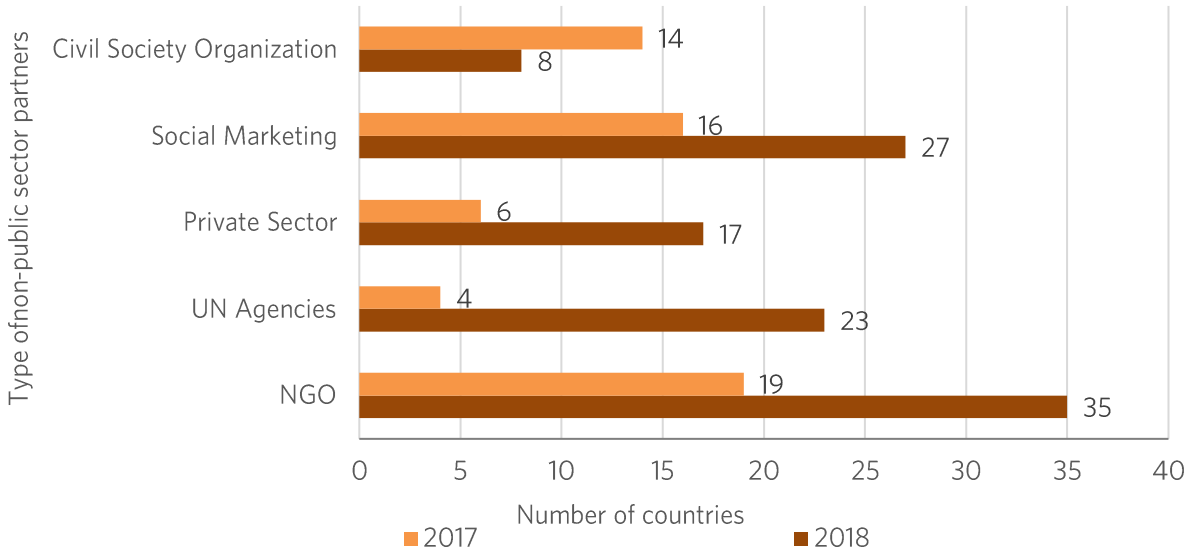
4.1.3 Number of countries where non-public sector partners (private sector, NGOs, CSOs) are engaged in last mile commodity distribution

- **In 2018, various non-public sector partners were engaged to support last mile distribution to service delivery points in 41 countries compared with 33 countries 2017.**

The most active category of non-public sector actors are NGOs, which supported the distribution of commodities in 35 countries. In 17 countries, private sector organizations are contracted to support the distribution of contraceptives to the last mile. In 18 countries IPPF affiliate NGOs and in 15 countries MSI and PSI are involved in last mile delivery of commodities.

In 2018 UNFPA designed the methodology for Inventory Audits that are due to take place in 2019 in 16 countries. This design included non-public sector national programming. Countries taking part in the audits worked with these partners to collect their own distribution data from central warehouse down to the last mile. These audits will be able to show direct comparisons between the public and non-public supply chains within any one country.

Figure 4.2: Number of countries where non-public sector partners (private sector, NGOs, CSOs) are engaged in last mile commodity distribution



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 9 of 22 countries (40.9 per cent) for which survey data were available in 2018 at 85 per cent of primary-level service delivery points.

Based on the average for the 22 countries for which data are available:

- 82.7 per cent of SDPs have trained staff for the provision of modern contraceptives. Of these, 78 per cent are at primary level and about 86 per cent are at secondary and 87 per cent at tertiary level.
- 73.4 per cent of the facilities also have trained staff for the provision of the insertion and removal of implants.
- 79.8 per cent of SDPs in rural areas have trained staff for the provision of any modern method. Of these, 66.5 per cent provide services for the insertion and removal of implants.
- 83.7 per cent of SDPs in urban areas have trained staff for the provision of any modern method. Of these, 78.1 per cent provide services for the insertion and removal of implants.

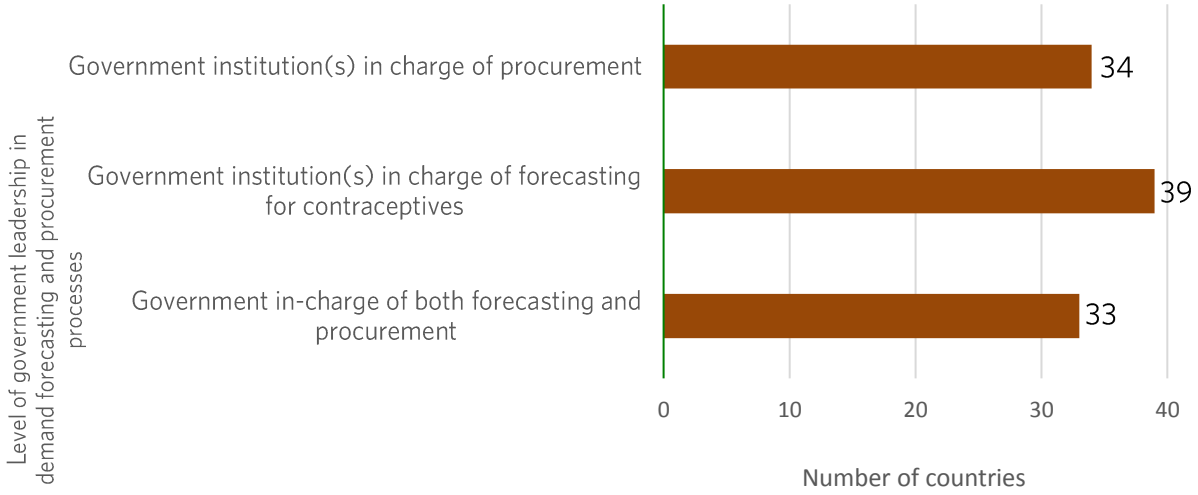
4.2 Demand forecasting and procurement

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 42 of the 46 focus countries, an increase from 33 in 2017.**

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 37 countries; among them government institutions in 33 countries demonstrate capacity and leadership on both contraceptive demand forecasting and procurement processes.

Figure 4.3: 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-one (41) countries did not make ad hoc requests to UNFPA Supplies for commodities (except in humanitarian contexts) in 2018, which is an improvement from 39 countries in 2017.**

Five countries (Bolivia, Kenya, Lesotho, Rwanda and Uganda) made ad hoc requests to UNFPA Supplies for commodities for various reasons other than in humanitarian context, which is also an improvement from seven countries in 2017.

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. Ad hoc requests do not always infer "bad planning"; rather, they can be due to an unforeseen uptake of a new product as seen in Uganda, high uptake as in Rwanda or the withdrawal of another donor's support as seen in Kenya. In Lesotho, the tool that was used for forecasting and quantification showed overstock because of an error in the system.

Figure 4.4: Number of countries making no ad hoc requests to UNFPA Supplies for commodities (except in humanitarian contexts)

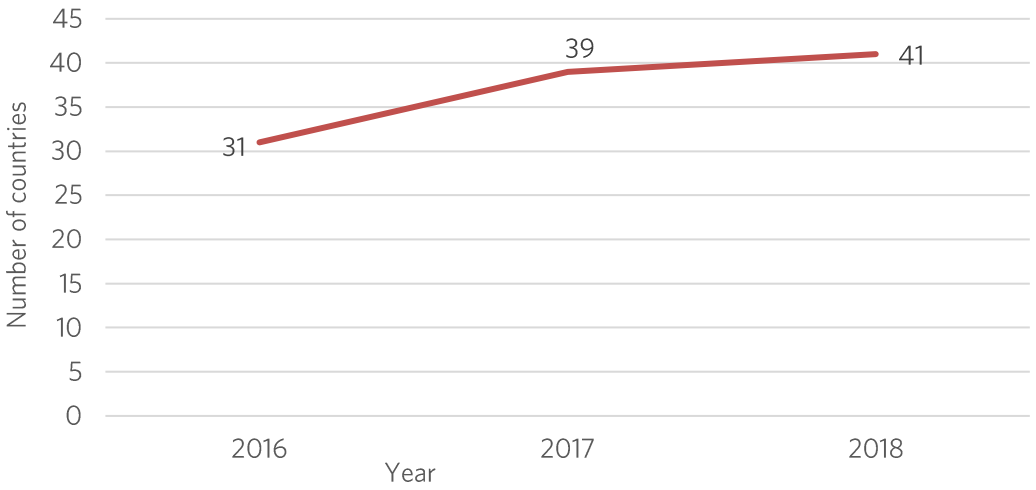


Table 4.1: Reasons for ad hoc requests

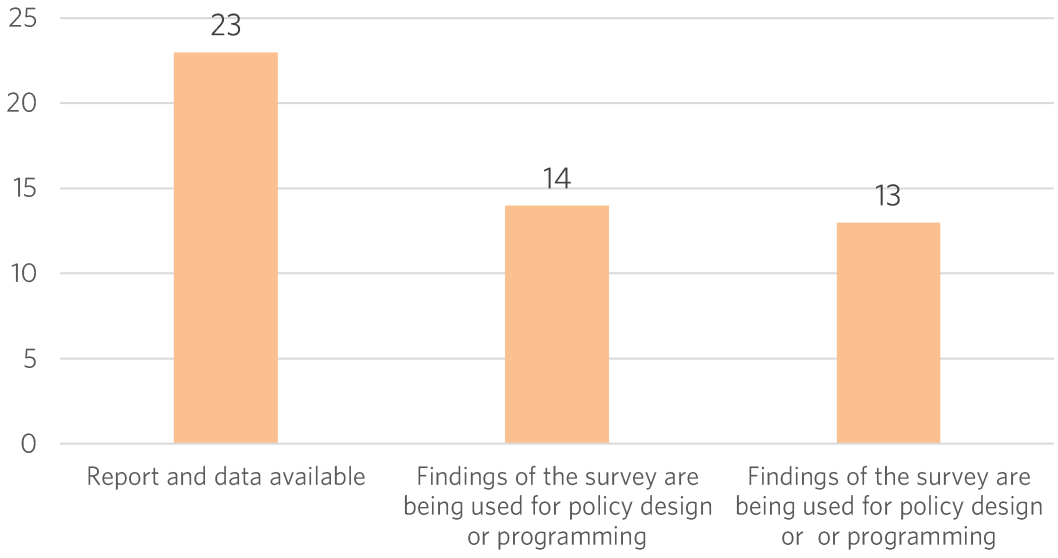
Country	Reasons for ad hoc request
Bolivia	To avoid stock-out for oral contraceptives due to delays in delivery.
Kenya	An ad hoc request was made to UNFPA Supplies because there was no other partner to support procurement of female condoms. USAID also reduced their support on Jadelle contraceptive implant.
Lesotho	The tool used for forecasting and quantification had shown overstock of Noristerat contraceptive injection, but the product quickly went out of stock.
Rwanda	Initial forecasting was based on historical data; however, the consumption was later increased.
Uganda	To scale up on new methods, i.e. DMPA-SC and introduction of new products Implanon NXT and Levoplant.

4.3 Support for data generation

4.3.1 Number of countries where facility survey reports are available (FS)

In 2018, 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 supports in country NIDI (Family Planning Resource Flow) survey to collect information on financial resources allocated and spent especially on family planning. This year in 2018, 34 countries undertook NIDI (Family Planning Resource Flow) survey.

Figure 4.5: Number of countries where facility survey reports are available



Output 5 Improved programme coordination and management

5.1 Resource mobilization and allocation

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

- **The amount mobilized from partners for the UNFPA Supplies programme increased by 16 per cent compared with the previous year to $170,248,394 in 2018 against a target of $233,000,000 – leaving a funding gap of $62,751,606.**

UNFPA Supplies received support from the following donors in 2018: Australia, Belgium, Denmark, Liechtenstein, Luxembourg, the Netherlands, Norway, Portugal, Slovenia, Spain and the United Kingdom as well as the Bill & Melinda Gates Foundation, CIFF (through Crown Agents Limited), Friends of UNFPA, the European Union, the Winslow Foundation and private contributions (including online).

Seven donors increased their commitments in 2018, and three former donors reinvested. Multi-year contributions were made by Australia, Belgium, Luxembourg, the Netherlands and the United Kingdom as well as the Bill & Melinda Gates Foundation, CIFF and the European Union.

5.1.2 Evidence of UNFPA meeting FP2020 commitments, including at least $54 million from core resources being used to support family planning

In 2018, UNFPA successfully met its Family Planning 2020 commitment to allocating more resources to family planning.

- **Spending on family planning amounted to some $356.2 million (40.8 per cent of UNFPA's total programme expenses), including $62.5 million from core resources.**

This includes $237.3 million (27.2 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 $118.9 million (13.6 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 2018, 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 could be fulfilled; however, it does not indicate whether there was a greater need in-country that could not be met through UNFPA Supplies or other partners.

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 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 2018. 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
- UNFPA Supplies to share results-based financing manual with Steering Committee
- UNFPA to provide information on whether countries have other funding sources for maternal health medicines and what is driving requests through UNFPA Supplies
- Provide information on maternal health medicines procurement
- Provide overview of contribution to CYP per method of contraceptive procured
- Provide an overview of RH kits procured, and the percentages that are from UNFPA Supplies
- Provide analysis on data from the Coordinated Supply Planning Group (CSP) and Coordinated Assistance for Reproductive Health Supplies (CARhs) to understand problems with stock levels
- Share final SCM skills assessment tools

5.4 Human resources

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

- **In 2018, 23 per cent of the posts that were filled in 2018 had someone enter into the role within six months.**

The majority of positions filled were at country offices (six positions), with three at headquarters to build capacity of the UNFPA Supplies Secretariat on programme monitoring and evaluation and on forecasting and procurement.

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

- **In 2018, 205 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, 154 (75 per cent) are deemed to have at least three years' experience in supply chain management, up from 132 in 2017.

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 2018, 44 of 46 countries had concluded their work planning and fund allocation processes. This in an increase of two countries 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 2018 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 35 countries assessed in 2018, 32 had an annual workplan effective implementation score of 80 per cent or above.**

This means that the countries started and implemented all their activities in full and the set targets were achieved and appropriate reports provided. This is an improvement over 2017, with eight more countries satisfying the indicator. One country scored below 80 per cent, compared with five in 2017.

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 2018 was 88 per cent, which remains the same as in 2017. The corresponding rate for the entire programme is higher, as discussed below. Among factors is receiving multiple funds at end of Q4 which will be used for programming in 2019.

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 2018 spending on Category C countries increased by 175 per cent from $8.2 million in 2017 to $22.6 million in 2018.**

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, e.g. Kenya, Myanmar, Papua New Guinea, Zambia and Zimbabwe. 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 no deviations for Outputs 1, 2 and 5. The percentage deviation was observed in Outputs 3 and 4, ranging from 2 to –2 per cent respectively.

Table 5.1: Percentage deviation across programme outputs

Outputs	2018 Expenses ($)	2018 Expenses (%)	Planned expenditure milestone for 2018 (percentage)	Deviation from planned expenditure milestone for 2018 (percentage point)
Output 1: Enabling environment	9,628,795	5%	5%	0
Output 2: Procurement efficiency	142,120,206	75%	75%	0
Output 3: Improved Access	12,261,223	7%	5%	2%
Output 4: Supply chain	14,755,974	8%	10%	-2%
Output 5: Programme management	9,747,204	5%	5%	0%
Total	$188,513,402	100%	100%	0

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[9] 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 needed 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.

[9] 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

- 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 steam line the processes, strengthen communications and information management and build and strengthen UNFPA country office capacities to be 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 Midterm Evaluation listed a number of recommended actions:

- Broadening and deepening the resource based to ensure sustainable financing for RHCS (domestic resource mobilization, adopting co-financing policies and innovative financing mechanisms);
- Developing an evidence-based process for funding demand generation interventions in priority countries taking into consideration the comparative advantage of other partners in supporting demand generation interventions;
- Applying human rights-based approaches to the provision of family planning services;
- Supporting governments and in-country partners to improve on national demand forecasting and annual supplies planning and quantification, as well as making contraceptive delivery processes more transparent;
- Supporting governments to coordinate a multi-partner approach to managing and strengthening supply chains;
- Taking into consideration a differentiated, risk-based approach to supply chain management including in humanitarian/emergency settings; and
- Strengthening programming processes to ensure that the programme addresses gaps and needs based on evidence and takes into consideration efforts made by development partners and the private sector to provide or improve services at the national level.

These recommendation areas provide guidance for engaging with countries and other stakeholders, and for refocusing programme planning.

The UNFPA Management Response to the Mid-Term Evaluation takes direction from seven recommendations. The full Management Response is available online.

1) **Asserting leadership**: UNFPA Senior Management recognizes UNFPA Supplies as a lever for asserting a leadership role in RH and FP. They participate in FP2020 reference team, support the RHSC, set up task teams and co-Chair UNFPA Supplies Steering Committee and Donor Accountability Council.

2) **Sustainable financing**: UNFPA Supplies is finalizing guideline on the transition to domestic resources, adopting a more targeted approach informed by national contexts, using evidence-based analysis in work planning and budget allocation, and considering "what works" for financing to transition away from donors funds to domestic resources.

3) **Adequate attention to demand generation**: The programme is developing a process for defining technical assistance needs and assessing gaps for demand generation interventions. Training sessions are planned in future. Staff are studying best practices, assessing capacity and moving towards providing guidelines for advocacy, briefs and assessments.

4) **Human rights-based family planning services**: The programme is communicating guidance, planning for training to develop capacity to implement this approach. Indicators are needed to measure programme progress, which will inform reporting.

5) **Shaping global markets and reducing the opacity of processes**: Building on progress, UNFPA Supplies is providing technical support to improve forecasting, planning and quantification and the procurement process. Increased sharing of information is enhancing visibility thorough mechanisms, networks and products designed to resolve bottlenecks and promote transparency.

6) **Coordinated risk-based approach to supply chain management**: UNFPA country offices and the Commodity Security Branch should develop an approach to supply chain management that is differentiated and risk-based. The programme will conduct situation assessment and train staff to build capacity, provide guidance on models and tools to strengthen supply chain systems.

7) **Responding to variations in national context**: To strengthen monitoring and oversight of programme planning, CSB and country offices seek to ensure balance and address gaps and needs. An assessment of UNFPA Supplies capacity has been prioritized, and monitoring and reporting tools enhanced.

UNFPA welcomed the finding that the UNFPA Supplies programme has made a significant contribution to expanding access to family planning products and services in programme countries; and, has served as an effective vehicle for promoting family planning as a priority intervention including ensuring RH/FP services are accessible to marginalized women and girls and adolescents and youth. The response to the evaluation emphasized opportunities to strengthen the programme and partnership.

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 (Bolivia, Kenya, Mozambique, Nigeria and Sudan) undertook additional studies to ensure learning takes place during the programme. Sudan conducted an impact analysis on reducing unmet need for family planning and Mozambique conducted a provincial baseline study on knowledge, attitudes and access to reproductive and sexual health and rights among adolescents and youth.

5.8 Quarterly programme management process

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

In 2018, with the funding from the Bill & Melinda Gates Foundation and coordination and payment from the Reproductive Health Supplies Coalition, the QPM questionnaire was upgraded from a paper-based questionnaire attached to e-mail into a digital tool known as **Systmapp**, which dramatically increased efficiency for both country offices and the Commodity Security Branch. The new tool makes data collection and data analysis easier and more timely, which allows the programme's Global Coordination unit to closely monitor programme performance and identity and troubleshoot implementation issues, thus reducing delays and disruptions.

Country offices have started 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. One lesson learned is that UNFPA should engage with and follow-up with countries regarding the findings so that countries can adjust their programming. In the future, UNFPA Supplies will use the QPM results for more follow-up to engage countries for improved programming.

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 2018, 34 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 27 countries (79.4 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 2018 aimed at convening partners and coordinating RHCS and family planning interventions. The interventions included:

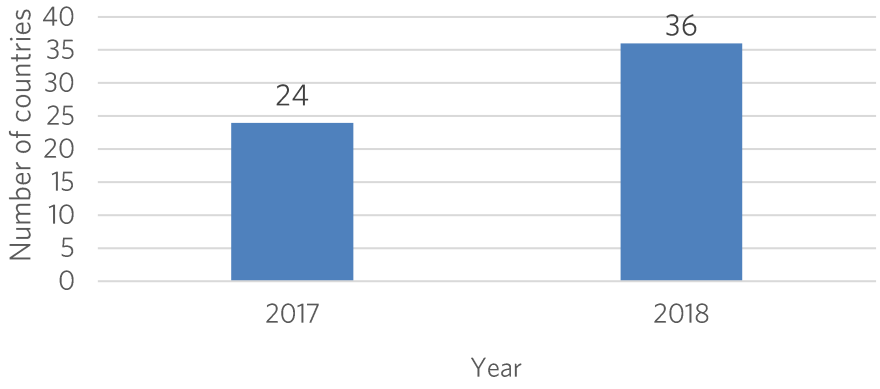
- coordinating and convening government participation FP2020-related interventions
- leading in-country advocacy activities for mobilizing increased financial resources especially from government
- facilitating the participation of non-public sector partners in the country commodity forecasting and planning process

- introducing new contraceptive products including procurement of generic contraceptives; identifying critical capacity gaps and providing support for tools, guidance and skillets
- 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

The graph shows that **38 countries (83 per cent) provided leadership** in identifying critical capacity gaps in RHCS and family planning interventions and supported government and partners with tools, guidance and necessary skills needed to address the challenges. In 36 countries (78 per cent), steps were taken to facilitate the introduction of new family planning methods.

In 2018, **36 countries – a dozen more than the previous year – played extensive convening and coordinating roles** in the area of family planning. These countries played leading roles in any of the two FP2020 key functions as well as any other five of the other convening and coordinating roles.

Figure 5.1: Countries where UNFPA played extensive convening and coordinating role, 2017-2018



5.11 Dissemination of programme results

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

GLOBAL VISIBILITY
Four photo and video projects were conducted with missions in Bolivia, Niger, Liberia and Papua New Guinea, resulting in two video products and photos from each country, which were then pitched to media starting in late 2018. Materials from these missions have been used in donor reports and updates, and in the UNFPA corporate video. In another project, UNFPA collaborated with the United Nations Secretariat Department of Public Information to film a 360 virtual reality (VR) film in Nepal that focuses on family planning. A flat version was also produced and shared with partners. In July, a media mission to Mozambique took place with International journalists from AFP, RFI, UK Daily Telegraph and Le Monde.

UNFPA highlighted World Population Day (11 July) with a variety of activities that emphasized the fiftieth anniversary of family planning as a human right, including an online story and photo feature. UNFPA produced and shared a social media pack with partners. To commemorate World Contraception Day (26 September), UNFPA participated in planning leading up to the event, hosted a Twitter chat and through the collaborative efforts of partners, reached over 200 million people.

Communications staff prepared for the International Conference on Family Planning (ICFP), held in Kigali, Rwanda, working with ICFP communications and social media groups, and preparing key messages and background documents. UNFPA also provided technical guidance and by produced materials to promote the Conference and UNFPA family planning activities.

UNFPA worked with the ICFP communications group, the UN Foundation and Ogilvy to line up in-person interviews for the Executive Director and other identified spokespersons in attendance at the Conference. A number of new articles reported on the ICFP, such as these examples from Reuters and the Daily Mail, several stories in Devex and in outlets such as xinhuanet, the Herald in Zimbabwe and The Guardian in the United Kingdom.

Among other outreach, UNFPA hosted a website landing page, and a story about youth champions for family planning. UNFPA actively engaged on Twitter and secured in total more than half a million impressions, through both the global UNFPA and Executive Director's accounts. UNFPA sponsored two booths during the ICFP, one with interactive live connections to five countries and the other showing the new 360 virtual reality film about a young couple in Nepal and family planning.

The UNFPA website hosted a number of stories that profiled family planning activities in Haiti, Ethiopia, Lao PDR, Myanmar, South Sudan and Yemen.

At the first-ever Commonwealth Summit Women's Forum, the UNFPA Representative spoke about UNFPA Supplies. UNFPA also spoke at the stocktaking meeting in the LSE international organizations day presentation of the British Academy panel on SDGs and Gender Equality.

COUNTRY-LEVEL VISIBILITY AND COMMUNICATIONS ACTIVITIES

Messages in the media on family planning and reproductive health issues affecting the populations of developing countries help UNFPA raise awareness and enhance knowledge, and contribute to the success of UNFPA-supported programming.

A media mission to Bolivia for UNFPA Supplies produced a story about Duveiza Alcocer that was selected as one of the feature stories for the European Commission's #SheisWe Campaign, which launched at the 2018 European Development Days in June and emphasized striking stories of people to promote a safer, more inclusive and open world for women. UNFPA Supplies content from Bolivia also featured at an exhibition in Brussels, focused on inequalities but also the rights and empowerment of women and girls.

Several stories were published on the UNFPA South Sudan website: "Converting family planning sceptics" and "Couple breaks myth on family planning".

UNFPA Bangladesh reached approximately 19.2 million people through TV, print, online and social media with posts related to all UNFPA issues in Bangladesh, including family planning. UNFPA Bangladesh developed cartoons called "Shahana" to spread messages on health, child marriage, adolescent pregnancy and ways to address gender-based discrimination to young people. The four episodes aired through six private TV channels. Among many activities were audiovisual productions with outreach activities (community screening) on maternal health and family planning; posts for the *Hello Check!* Facebook page and with outreach activities on maternal health, post-partum haemorrhage and family planning; video documentaries on UNFPA services for the Rohingya refugee community and their host community in Cox's Bazar; and round-table discussion sessions about UNFPA issues with leading news media outlets. Also, the first-ever UNFPA-supported 'Tripartite Consultation for Improving Accountability and Utilization of Family Planning' in Bangladesh was widely covered in the media.

UNFPA Cambodia supported several initiatives to inform and expand sexual and reproductive health services, including family planning, to young people. The office hosted a forum and workshop organized by young people for young people on the importance of family planning. Activities focused on World Population Day and World Contraception Day. Videos on family planning and contraceptive supplies were produced.

In Lao People's Democratic Republic, the International Day of the Midwife was marked with numerous mentions on social media, press releases and a video of a Lao midwife student. World Population Day on the theme "Family planning for everyone" was featured in social media and a press release. A new National Adolescent and Youth Friendly Services Guideline was printed and disseminated.

Mongolia produced a case study titled "Donor Funding and National Ownership".

UNFPA Myanmar produced two stories (new generation and girlfriends) and three videos that advocate for individual choice and family planning (comfort and joy, not yet and day out).

In Nepal, UNFPA celebrated National Family Planning Day on 18 September 2018 summarized in a feature story as well as a case study on *Visiting Service Providers for Efficient Programming and Expanding Coverage in Family Planning*. A video on family planning, produced by HQ and the country office, also reached 427,781 people (see link).

Papua New Guinea was hit by a 7.5 magnitude earthquake in February 2018. UNFPA PNG supported UNFPA HQ with a video mission to the earthquake-affected provinces of the Southern Highlands and Hela where a five-minute documentary video was developed to highlight the work UNFPA and its partners are doing in family planning and sexual and reproductive health in a humanitarian emergency.

In the Philippines, a video was produced about the Business Action for Family Planning Access workplace initiative.

In early 2018, UNFPA entered into a new partnership with OWHealth, the parent company behind the period-tracker app and women's health platform, Flo, which has over 13 million active users worldwide. UNFPA has developed content on issues such as contraceptives, cervical cancer prevention and how to avoid infection with HIV and other STIs.

At the country level, communications around events for World Population Day included a strategy meeting in Bishkek, Kyrgyzstan, with the Government to discuss how to implement a more effective family planning strategy in a suburban residential area. A 2018 round-table organized by the UNFPA Office in Kosovo titled "Family planning is a human right" was held in partnership with the People's Advocate Institution. Another round-table meeting on human rights and family planning was conducted by UNFPA and the Women's Committee in Uzbekistan at the national press centre with participation of key ministries, representatives from research and education institutions and mass media.

FINANCE AND RESOURCES

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.[10] As noted above, 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 the countries who are approaching sustainability, Category C countries, 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.**

In the beginning of the year, it was agreed with the donor community that 75 per cent of the total resources should be used for commodity provision, whereas the allocation algorithm had been calculated to ensure that 75 per cent of the programme budget was used for provision of commodities.[11] Following this decision, a reallocation process was carried out. Throughout the year funds were channelled from technical assistance to procurement of reproductive health commodities. The reallocation was done through the Quarterly Performance Monitoring process where certain technical assistance activities were downsized, postponed or cancelled and additional funding allocated to overcome commodity gaps. At the end of the year, 75 per cent of the total resources had been utilized for provision of RH commodities whereas 25 per cent had been used for technical assistance activities, human resources and stock surveys.[12]

Funds available and income

During 2018, the UNFPA Supplies programme had $193 million $155 million in the available programme budget which was $38 million higher than in 2017 and $37 million higher than expected. The original budget estimate of $156 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[13] in the RAS. Additional $10 million were set aside in a special reserve that could be used to procure implants to fulfil the Minimum Volume Guarantee as per the Implant Access Programme which ended 31 December 2018. The reserve was not used and will be transferred to UNFPA Supplies regular 2019 programme budget.

Excluding the set-aside reserve and donor contributions received in the fourth quarter, the total available budget in 2018 was $193 million ($193,320,964).

[10] 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).

[11] Programme budget: The resources distributed to COs (i.e. excluding HQ and management costs).

[12] I.e. 25% of total resources was used for everything else than procurement of commodities.

[13] 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.

Spending

Annual expenses totalled $136 million ($136,213,869) in 2018 and is up by 14 per cent from 2017 due to the higher programme budget.

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, however, considered utilized since the funds cannot be used for any other purpose.[14]

Utilization rate

The utilization rate was very high in 2018 at 98 per cent.

In addition to the expenses of $136 million, the programme increased the inventory level by $0.5 million and saw a commitment increase of $52 million in firm and binding purchase orders (POs) from 2017 to 2018. The POs constitute a firm and binding commitment and will be delivered in 2019. The surge in the amount committed in ongoing purchase orders by the end of the year is due the inauguration of the Bridge Funding Mechanism and to manufacturing capacity problems for key products. The introduction of the Bridge Funding Mechanism took some of the pressure of the cash flow and allowed for more efficient and faster deployment of donor contributions. Thus, it was in 2018 possible to accommodate country requests for RH commodities by issuing purchase orders in Q3 and Q4 despite a zero unencumbered cash balance (at the time of order placement) and thereby coming very close to a 100 per cent implementation rate. The production shortage in 2018 of the key products implants and injectables prolonged the execution of many orders until 2019.

The total utilization was $188.5 million, which corresponds to a utilization rate of 98 per cent against the total programme budget of $193 million (excluding the $10 million set-aside reserve and fourth quarter donor contributions). It is a very high utilization rate that reflects the introduction of the Bridge Funding Mechanism, which has allowed for a better cash utilization. The corresponding utilization rate was 88 per cent in 2017, 92 per cent in 2016 and 87 per cent in 2015.

By the end of the fiscal year 2018, the total unspent balance of $4.8 million from the programme budget was carried forward to 2019 together with Q4 donor contributions of $77.5 million and the $10 million set-aside fund. The carry-over funds were used in the regular 2019 UNFPA Supplies budget for placing commodity procurement orders in accordance with countries' requests.

[14] Previous annual reports have shown data for both "payments" and "expenditures" where payments are expenditures plus any fluctuations in inventory level. In order to be consistent with other UNFPA reports and avoid any confusion, only expenditure data will be used in this report.

Table F1: Programme utilization – cash flow 2018

Beginning cash balance[15]	96,634,171
Special set-aside reserve	10,000,000
Donor contributions Q1, Q2, Q3	96,686,793
Donor contributions (Q4 2018) - for programming in 2019	77,545,243
Total available budget	280,866,207
Total available programming budget (excl Q4 income and $10m set-aside)	193,320,964
Expenses	136,107,094
End balance (excl Q4 income and $10m set-aside)	57,213,869
Increase in inventory[16] (2018 vs. 2017)	491,851
Increase in ongoing purchase order amount (2018 vs. 2017)	51,914,456
Non-allocated by the end of 2018	4,807,562
Utilization rate[17]	98%

Table F2: Utilization rate, UNFPA Supplies 2018 (US$)

Available budget, excluding Q4 and set-aside	Expenses, increase in inventory and Purchase Order (PO) commitments	Utilization rate (Programming budget)
$193,320,964	$188,513,401	98%

Funds utilization and breakdown

Total expenses for the programme in 2018 were $136 million ($136,107,094), which is $17 million higher than in 2017. Additionally, by the end of the year there were ongoing purchase orders (POs) worth $65.3 million compared with $17 million in open POs by the end of 2017.

The programme spent $36.9 million (27.1 per cent) for technical assistance and management costs (excl. human resources). This is an increase of $6.5 million compared with 2017 where it constituted 26.4% of the total expenses.

Human resource costs constituted $10.3 million (7.6 per cent) of the total expenses, which is an increase of $1.1 million in absolute numbers but a status quo in relative terms.[18]

The largest portion was used for commodity procurement, which constituted $89 million ($89,178,430) or 65.5 per cent of the total expenditures for 2018; this includes the procurement of all contraceptives and maternal health supplies and their shipping costs and procurement fees. It is an increase of $11 million compared with 2017.

[15] $60.4 million of the beginning balance comes from 2017 Q4 contributions intended for programming in 2018.
[16] Inventory 2017 = $19,140,860. Inventory 2018 = $19,600,534. Inventory is goods which is under UNFPA's control and not yet handed over to the implementing partner (IP).
[17] Utilization Rate = 1-(Non-Allocated/Total Available Programming Budget (excluding Q4 Contributions and $10m Set-Aside))
[18] HR expenses also constituted 7.6% of total expenses in 2017.

To assess the amount of resources utilized for procurement of commodities, it is necessary to consider the amounts committed in purchase orders and inventory. By the end of 2018, $65.3 million were committed in ongoing POs compared to $16.8 million by the end of 2017. That is an increase of $48.5 million allocated for commodity procurement. Similarly, there was an increase of $0.5 million in the inventory level. When adjusting the expense figures with these additional commodity allocations19, the resources utilized for procurement of RH commodities comes to $141.6 million or 75.1 per cent of the total resource utilization of 188.5 million.[20]

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

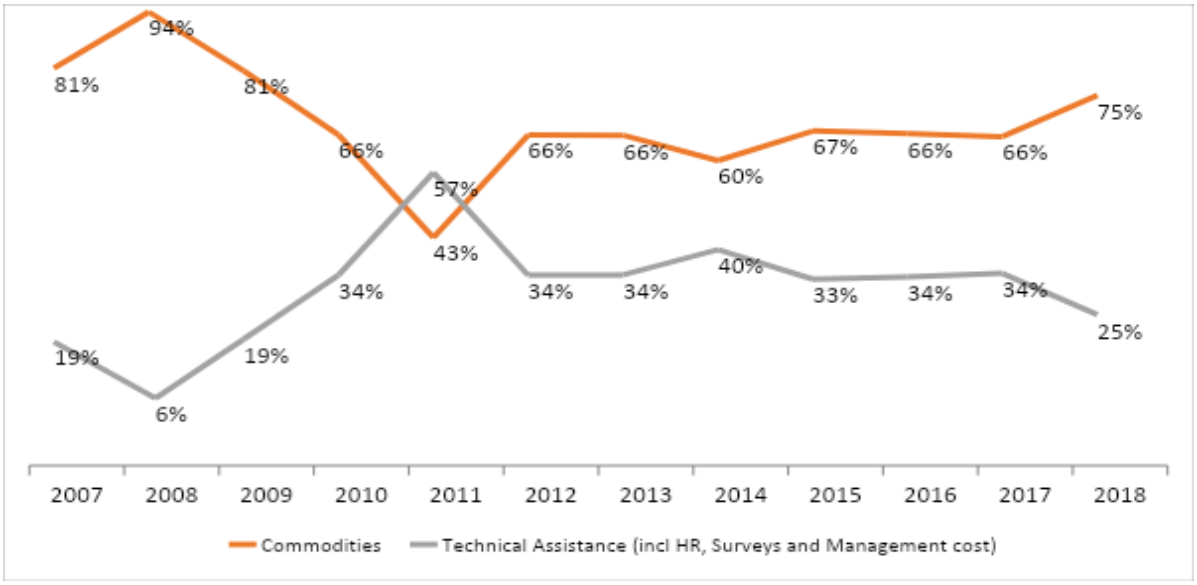
Type of costs – Total budget	Expenses	Percentage of expenses	Utilization (PO & inventory adjusted)	Percentage of utilization
Commodities	$89,178,430	65.5%	$141,584,738	75.1%
Technical assistance	$36,939,590	27.1%	$36,612,931	19.4%
Human resources	$10,315,733	7.6%	$10,315,733	5.47%
Total	$136,107,094	100%	$188,513,402	100%

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

Use of funds – commodities versus capacity-building

The resources utilized[21] for commodity procurement increased significantly in 2018 and reached 75.1 per cent of the total resources compared with 66 per cent in 2017. Resources utilized for technical assistance and human resources dropped from 34 per cent in 2017 to 24.9 cent in 2018.

Figure F4: Commodity vs. capacity-building resource utilization, 2007–2018, by percentage



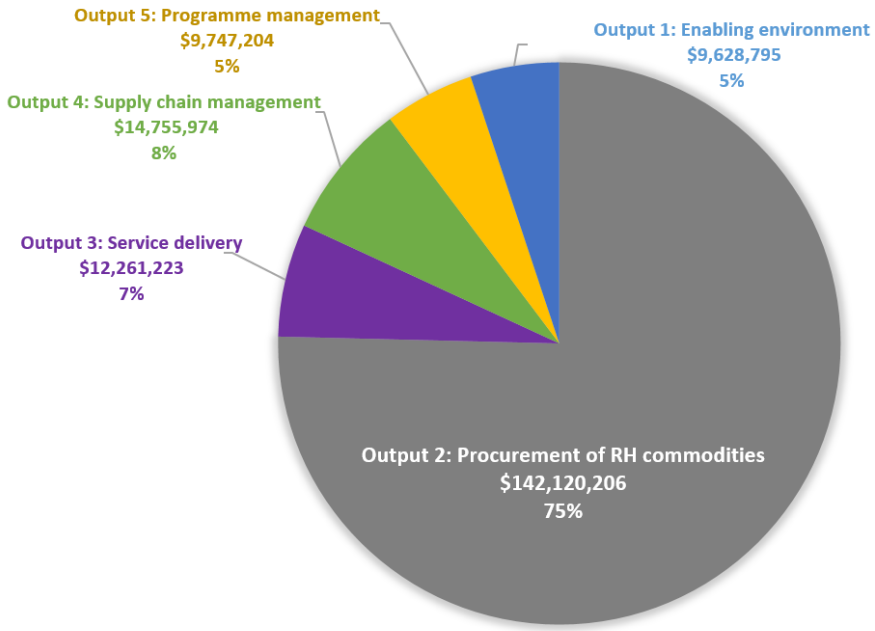
[19] And apply the 7% indirect costs.
[20] Calculation: Commodity Expenses = $89.2m. Difference between open PO amount by the end of 2018 and 2017=$48.5m. Difference in inventory level in 2018 vs. 2017 = $0.5m. Total increase in commitment (POs+inventory) = $49m or $52.5m including 7% indirect cost. => Commodity Allocation: 89.2+52.5= $141.6m. Total allocated amount in 2018 (expenses+PO&Inventory increase): $136.1m + $52.5m = $188.6m. Commodity Percentage: 141.6m/188.6 = 75.1%
[21] Utilization: Expenses + Binding Commitments

Use of funds by output

The distribution per output presented below is based on the current results framework. Figure 45 shows how the funds were used by programme output:

- $9.6 million (5 per cent) spent on Output 1 (enabled environment for RHCS); compared with a planned milestone expenditure of 5 per cent
- $142.1 million (75 per cent) spent on Output 2 (improved efficiency for procurement); compared with a planned milestone expenditure of 75 per cent
- $12.3 million (7 per cent) spent on Output 3 (Improved access to RHCS/FP services); compared with a planned milestone expenditure of 5 per cent
- $14.8m (8 per cent) spent on Output 4 (strengthened supply chain management); compared with a planned milestone expenditure of 10 per cent
- $9.7 (5 per cent) spent on Output 5 (Programme Coordination and Management); compared with a planned milestone expenditure of 5 per cent

Figure F5: Use of funds by output, UNFPA Supplies programme 2018



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.

Table F6: Breakdown by interventions, UNFPA Supplies 2018 total resource utilization

Intervention areas	2018 Utilization (US$)	2018 Utilization (%)
Output 1: Enabled environment for RHCS		
1.1 Global partnerships (support to global partners)	1,160,520	0.6%
1.2 Country-level coordination and partnership	5,159,006	2.8%
1.3 Product availability	3,309,269	1.8%
Total Output 1	9,628,795	5.11%
Output 2: Improved efficiency for procurement and supply of RH commodities		
2.1 Quality of products	327,023	0.2%
2.2 Procurement efficiency	148,310	0.1%
2.3 Environmental risk mitigation	60,136	0.0%
2.4 Quantity and mix for commodities procured	141,584,738*	74.6%
Total Output 2	142,120,206	75.39%
Output 3: Improved access		
3.1 Humanitarian setting	1,575,444	0.9%
3.2 Capacity-building	10,685,779	5.8%
Total Output 3	12,261,223	6.50%
Output 4: Strengthened capacity and systems for supply chain management		
4.1 Supply chain	10,089,151	5.5%
4.2 Demand forecasting and procurement	1,132,992	0.6%
4.3 Support for data generation	3,533,831	1.9%
Total Output 4	14,755,974	7.83%
Output 5: Programme management		
5.01 Resource mobilization and allocation	335,162	0.2%
5.02 Commodity procurement	-	0.0%
5.03 Programme steering	147,868	0.1%
5.04 Human resources	7,092,088	3.8%
5.05 Work planning and review process	305,551	0.2%
5.06 Funding modality for country segmentation	16,250	0.0%
5.07 Programme evaluation	25,291	0.0%
5.08 Quarterly programme management process	290,931	0.2%
5.09 Satisfactory technical assistance	205,394	0.1%
5.10 Convening and coordinating role of UNFPA	888,520	0.5%
5.11 Dissemination of programme results	440,151	0.2%
Total Output 5	9,747,204	5.17%
Grand total	**188,513,402**	**100%**

*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 billion from donors. We are grateful for support from government and foundation donors that totalled $ 174,232,036 in 2018.

Table F7: Contributions to UNFPA Supplies received in 2018, summarized by donor in alphabetical order

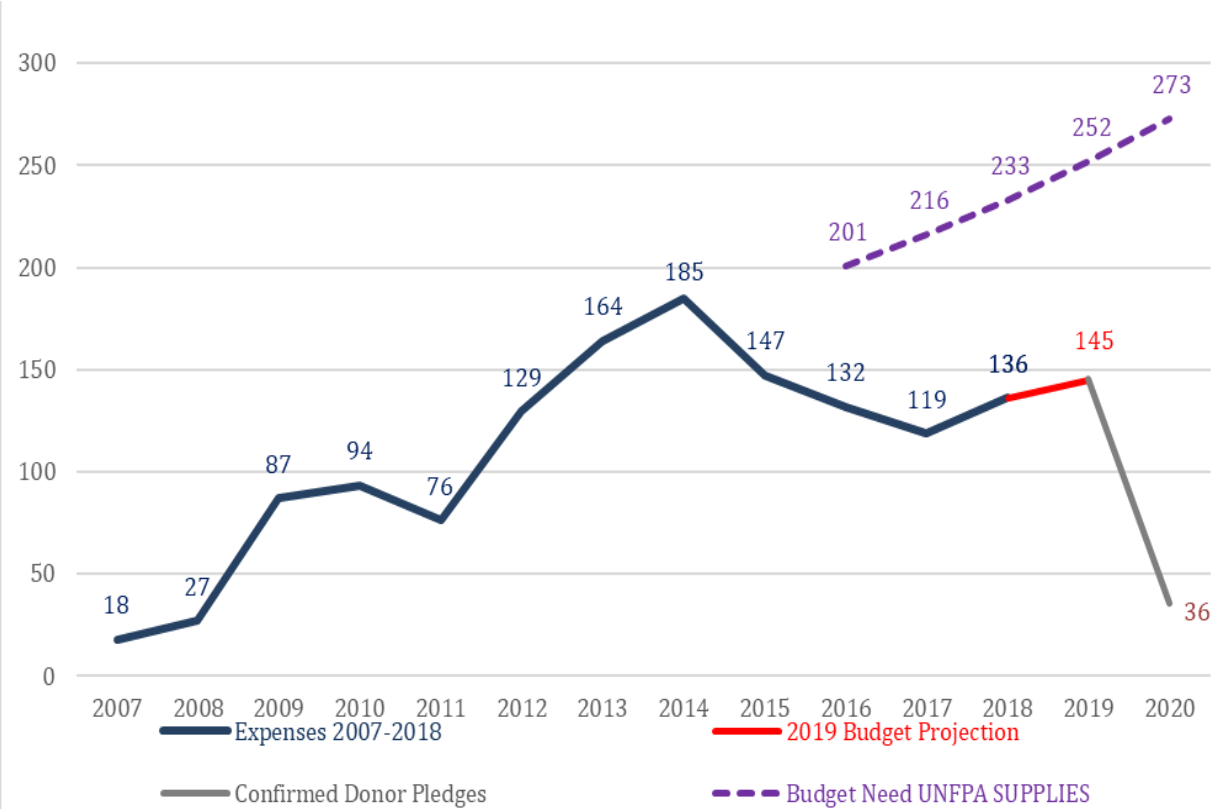
Donor	Amount (US$)
Australia	2,300,614
Belgium	2,275,313
Bill & Melinda Gates Foundation	7,278,626
CIFF (through Crown Agents)	464,415
Denmark	26,347,223
European Union	23,357,601
Friends of UNFPA	63,865
Interests	2,230,971
Liechtenstein	15,448
Luxembourg	925,926
The Netherlands	28,409,090
Norway	7,160,282
Slovenia	28,409
Spain	113,766
United Kingdom	73,160,488
Winslow Foundation	100,000
Total	**174,232,036**

Contributions received in the last quarter of 2018 were used to place commodity orders at the beginning of 2019.

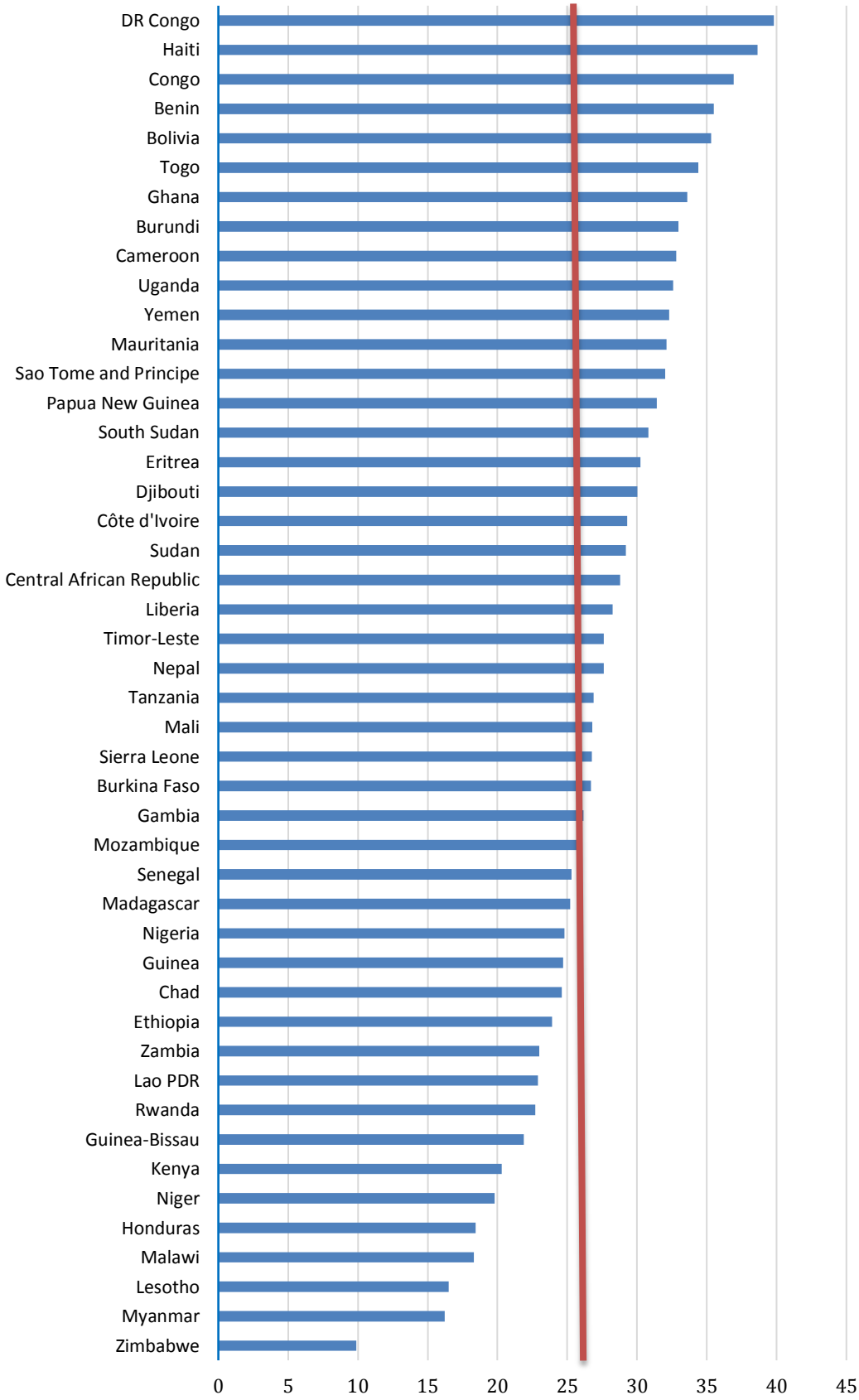
Forward-looking financial situation

Figure 46 shows the expenses from 2017 to 2018 as well as the planning budget for 2019. The 2020 projection is based on confirmed donor pledges, however more agreements are under negotiation which could improve the financial outlook significantly.

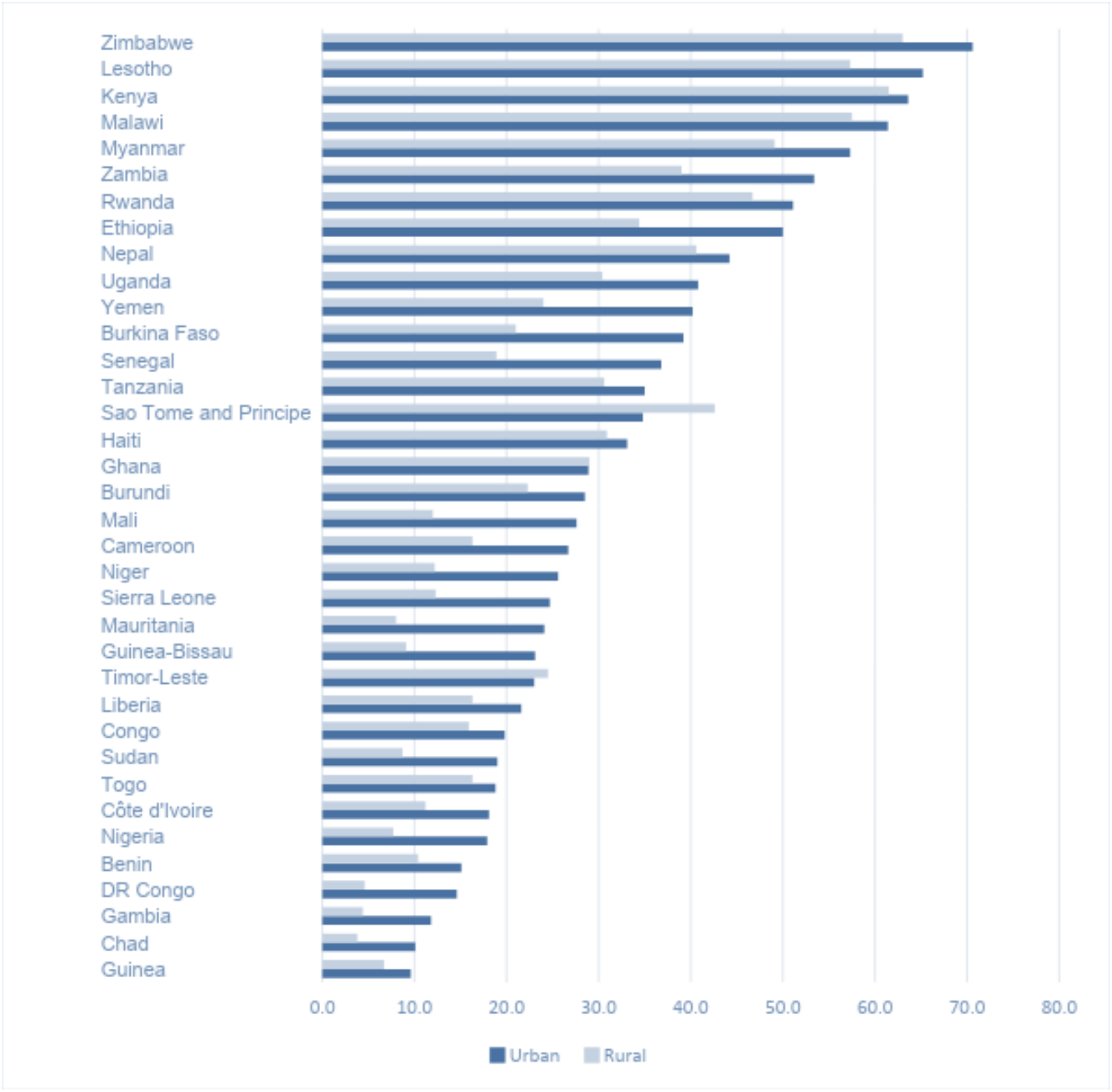
Figure F1: UNFPA Supplies budget and projections, 2007–2020, US$ million



ANNEX 1: Unmet need for family planning (married or in-union women) for UNFPA Supplies implementing countries, compared with programme target (26%), 2018 (Source: FP2020: FPET modelling)



ANNEX 2: Distribution of mCPR among married/in-union women in rural and urban areas per country in 2018 (36 UNFPA Supplies for which survey data are available)



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

Programme countries		Survey report available			Programme countries		Survey report available		
		2016	2017	2018			2016	2017	2018
1	Benin		Yes		36	Senegal	Yes		
2	Bolivia		Yes	Yes	37	Sierra Leone	Yes		Yes
3	Burkina Faso	Yes	Yes		38	South Sudan		Yes	Yes
4	Burundi		Yes		39	Sudan	Yes		
5	Cameroon	Yes			40	Tanzania	Yes		Yes
6	Central African Republic				41	Timor-Leste	Yes		Yes
7	Chad				42	Togo	Yes	Yes	Yes
8	Congo (Republic of the)	Yes			43	Uganda			Yes
9	Côte d'Ivoire	Yes	Yes	Yes	44	Yemen			
10	Djibouti			Yes	45	Zambia	Yes	Yes	Yes
11	DR Congo	Yes		Yes	46	Zimbabwe	Yes		
12	Eritrea					**Total**	**27**	**25**	**23**
13	Ethiopia	Yes	Yes						
14	Gambia	Yes		Yes					
15	Ghana		Yes						
16	Guinea	Yes	Yes						
17	Guinea-Bissau		Yes	Yes					
18	Haiti	Yes	Yes						
19	Honduras	Yes	Yes	Yes					
20	Kenya								
21	Lao PDR	Yes	Yes	Yes					
22	Lesotho		Yes						
23	Liberia		Yes						
24	Madagascar		Yes	Yes					
25	Malawi	Yes		Yes					
26	Mali								
27	Mauritania		Yes						
28	Mozambique		Yes						
29	Myanmar	Yes	Yes	Yes					
30	Nepal	Yes	Yes	Yes					
31	Niger	Yes	Yes	Yes					
32	Nigeria	Yes	Yes	Yes					
33	Papua New Guinea	Yes							
34	Rwanda	Yes		Yes					
35	Sao Tome and Principe	Yes	Yes	Yes					

ANNEX 4: National Budget Amounts Allocated and Spent on RH Commodities, 2018

		Amount allocated (in US $)		AMOUNT SPENT (in US $)	
		Contraceptives	Maternal health medicines	Contraceptives	Maternal health medicines
	Country	2018	2018	2018	2018
1	Benin	400,000		400,000	-
2	Bolivia	1,972,858	167,548,165	1,972,858	168,548,165
3	Burkina Faso	1,600,000	796,562	1,600,000	796,562
4	Burundi	66,667	-	66,667	-
8	Congo (Republic of the)	-	3,636,364	-	909,091
9	Côte d'Ivoire	800,000	-	800,000	-
10	Democratic Republic of the Congo	1,000,000	-	1,000,000	-
11	Djibouti	-	-	-	-
12	Eritrea	-	-	-	-
13	Ethiopia	11,700,000	9,425,210	11,700,000	9,425,210
14	Gambia	-	20,000	-	20,000
15	Ghana	15,000,000	-	-	-
16	Guinea	750,000	-	750,000	-
17	Guinea-Bissau	-	-	-	-
19	Honduras	270,021	-	270,020	-
20	Kenya	620,000	143,251	-	143,251
21	Lao PDR	131,512	-	140,000	-
24	Madagascar	33,000	-	31,562	-
25	Malawi	119,278	-	119,278	-
28	Mozambique	235,800	-	-	-
29	Myanmar	1,400,000	1,353,862	1,270,000	1,263,123
30	Nepal	2,868,142	-	-	-
31	Niger	357,142	-	449,304	413,016
32	Nigeria	4,000,000	-	1,075,652	-
34	Rwanda	976,942	-	746,262	-
36	Senegal	600,000	-	-	-
40	Tanzania	6,300,000	900,000	900,000	-
41	Timor-Leste	-	18,496	-	18,496
42	Togo	300,000	-	300,000	-
43	Uganda	2,200,000	-	-	2,000,000
45	Zambia	1,400,000	-	1,400,000	-
	Total	**55,101,362**	**183,841,910**	**24,991,603**	**183,536,914**

FINANCE ANNEX: Changes in supplies procurement, Category C

Changes in UNFPA Supplies commodity procurement and third party procurement by Category C countries from 2017 to 2018

Country – Category C	Value in (US$) of all Third Party procure-ment	Value in (US$) of all UNFPA Supplies procure-ment	Total for 2017	Value in (US$) of all Third Party procure-ment	Value in (US$) of all UNFPA Supplies procure-ment	Total for 2018	Variance in TPP	Variance in UNFPA Supplies commodity procurement		Change in Third Party Procurement through UNFPA Procurement Services
Bolivia	$1,197,609	$91,573	$1,289,182	$0	320,433	320,433	-$1,197,609	$228,860	250%	Significant increase in UNFPA procurement where as some decrease in TPP
Congo	$0	$174,114	$174,114	$0	465,913	465,913	$0	$291,799	168%	There is no TPP so, significant increase from UNFPA Supplies for procurement
Honduras	$326,005	$168,656	$494,661	$338,462	298,324	636,786	$12,457	$129,668	77%	Some increase in TPP as well as in UNFPA Supplies procurement
Kenya	$0	$2,221,698	$2,221,698	$0	5,593,563	5,593,563	$0	3,371,865	152%	There is no TPP so, significant increase from UNFPA Supplies for procurement
Lao PDR	$130,613	$797,605	$928,218	$131,511	955,524	1,087,035	$898	$157,919	20%	Very nominal increase in TPP so, there is some increase in UNFPA Supplies procurement

Country – Category C	Value in (US$) of all Third Party procure-ment	Value in (US$) of all UNFPA Supplies procure-ment	Total for 2017	Value in (US$) of all Third Party procure-ment	Value in (US$) of all UNFPA Supplies procure-ment	Total for 2018	Variance in TPP	Variance in UNFPA Supplies commodity procurement		Change in Third Party Procurement through UNFPA Procurement Services
Lesotho	$0	$0	$0	396,962	391,558	78,8520	$396,962	391,558	-	There was no TPP and UNFPA Supplies procurement during 2017 however, both TPP and UNFPA Supplies procurement for 2018
Malawi	$0	1,879,818	$1,879,818	6,620,965	5,329,915	11,950,880	$6,620,965	$3,450,097	184%	Significant increase in both UNFPA Supplies procurement and TPP
Myanmar	$1,380,356	$895,577	$2,275,933	1,290,690	1,226,992	2,517,682	-$89,666	$331,415	37%	Decrease in TPP so, some increase in UNFPA Supplies procurement
Papua New Guinea	$0	$653,321	$653,321	$0	2,295,013	2,295,013	-	1,641,692	251%	No TPP so, significant increase in UNFPA Supplies procurement
Zambia	$0	$375,788	$375,788	825,305	2,569,016	3,394,321	$825,305	$2,193,228	584%	Heavy increase in UNFPA Supplies procurement however, some increase is observed in TPP as well
Zimbabwe	$0	$981,316	$981,316	67,485	3,223,219	3,290,704	$67,485	$2,241,903	228%	Heavy increase in UNFPA Supplies procurement however, some increase is observed in TPP as well
Total	$3,034,583	$8,239,466	$11,274,049	9,671,380	22,669,470	32,340,850	$6,636,797	$14,430,004	175%	
Percentage	26.9	73.1	100	30	70	100				

Scorecards 2018

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

Goal: Increased contraceptive use especially by poor and marginalized women and girls						
	2016	2017		2018		
Indicators	Baseline	Planned	Actual	Planned	Actual	Score
Contraceptive use						
G1. Average unmet need for family planning (46 target countries)	28	27	27.6	26	27.4	
G2. Average mCPR (46 target countries) (disaggregated by age, residence and wealth quintile)	22.7	23.5	23.9	25	24.5	
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	
G4. Contraceptive method mix (including information on method mix score and method skew)	8	8	7.9	7	7.5	
G5. Number of additional modern contraceptives users (46 target countries)	14.2 M	17 M	17.9 M	22 M	21.2 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		
Indicators	Baseline	Planned	Actual	Planned	Actual	Score
M1 Availability of reproductive health commodities						
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	
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	
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	
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	
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	48	50	24 Primary: 18 Secondary: 31 Tertiary: 21	52	36 Primary: 32 Secondary: 32 Tertiary: 33	

months before survey (disaggregated for urban/rural and SDP type)			Urban: 18 Rural: 12		Urban: 41 Rural: 40	
M2 Reproductive health in humanitarian settings						
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	
M3 National budget allocations for contraceptives						
M 3.1 Number of countries sustaining over time increased national budget line for the procurement of contraceptive commodities	15	18	9	20	11	

M4: Procurement and logistics management						
M4.1 Number of countries with a functional electronic logistics management information system (eLMIS)	17	18	22	22	30	
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	
M4.3 Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives	NA	23	25	30	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	
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	
M4.6 Percentage of UNFPA Supplies contraceptive orders fulfilled in agreed quantity by the supplier	NA	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		
Indicators	Baseline	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	
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	
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	
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	

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

	2016	2017		2018		
Indicators	Baseline	Planned	Actual	Planned	Actual	Score
2.1 Quality of products						
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)	
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)	
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 meds (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 38 Hormonal contraceptives (28) Maternal health meds (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 39 Hormonal contraceptive (29) 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	
Female condoms	$0.49		$0.42		$0.37	
Male condoms	$3.64		$3.24		$3.41	
Implantable contraceptives	$8.05		$8.00		$7.96	
Injectable contraceptives	$0.82		$0.90		$0.87	
IUDs	$0.30		$0.30		$0.30	
Oral contraceptives	$0.30		$0.37		$0.43	
Oral contraceptives, emergency	$0.35		$0.30		$0.32	
2.2.2 Total amount (US$) 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	

2.2.4 Cost per unintended pregnancy averted based on contraceptives procured	$8.11	$8.11	$8.60	$8.08	$8.71	
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	8	15	38 (18 all; 20 partial)	25	43 (21 all, 22 partial)	
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)	22.4 M	22.4 M	24.1 M	24.5 M	38.2 M	
2.4.2 Percentage of contraceptives procured that are generic products	17	17	46	17	13	

Output 3: Improved capacity for family planning service delivery including in humanitarian contexts						
	2016	2017		2018		
Indicators	Baseline	Planned	Actual	Planned	Actual	Score
3.1 Humanitarian settings						
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	
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	
3.2 Capacity-building						
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	

Output 4: Strengthened supply chain management and data generation systems

	2016	2017		2018		
Indicators	Baseline	Planned	Actual	Planned	Actual	Score
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	N/A	NA	3	8	3	
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	
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	
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	
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	34 (for both forecasting and procurement)	38	23 (for both forecasting and procurement)	25	33 (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	
4.3 Support for data generation						
Number of countries where facility survey reports are available	27	23	27	23	23	

Output 5: Improved programme coordination and management

	2016	2017		2018		
Indicators	Baseline	Planned	Actual	Planned	Actual	Score
5.1 Resource mobilization and allocation						
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	
5.1.2 Evidence of UNFPA meeting FP2020 commitments, including at least $54m from core resources being used to support family planning	41% (318 million)	40%	40.2%	40%	40.8%	
5.2 Commodity procurement						
5.2.1 Proportion of planned procurement of contraceptives initiated and fulfilled	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	
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	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	
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	

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	
5.5.2 Number of countries with a Grade A workplan technical assessment score of at least 80 per cent	NA		37	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	
5.5.4 Average financial implementation rate of countries	93	94	88	96	88	
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[22]	NA	NA	28%	26%	175% increase	
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%	Output1:5%, Output 2:75%, Output 3:7%, Output 4:8%, Output 5:5%	
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 implemented	Results available and recommendations being implemented	

[22] The Resource Allocation System, with reduced funding for commodities for Category C countries, was introduced in 2016 only. 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.

5.7.2 Programme end-term evaluation results and recommendations published, disseminated and implemented	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	
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	
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	
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	
5.11 Dissemination of programme results						
5.11.1 Evidence of dissemination of analysis of programme results in various media	NA	50	579	100	983	

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