

WHERE WE WORK

Asia Pacific

Lao People's Democratic Republic
Myanmar
Nepal
Papua New Guinea
Timor-Leste

Middle East

Djibouti
Sudan
Yemen

Latin America & Caribbean

Bolivia
Haiti
Honduras

East & Southern Africa

Burundi
Democratic Republic of the Congo
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mozambique
Rwanda
South Sudan
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

West & Central Africa

Benin
Burkina Faso
Cameroon
Central African Republic
Chad
Côte d'Ivoire
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Republic of Congo
Sao Tome and Principe
Senegal
Sierra Leone
Togo

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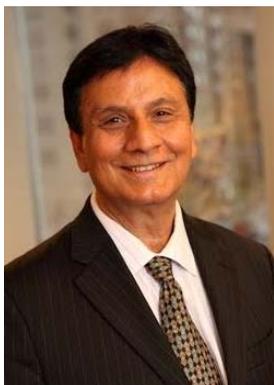
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Message from the Chief, UNFPA Commodity Security Branch



Since the mid-nineties and over many years of promoting and pursuing reproductive health commodity security, I have seen tremendous progress. It is a continuum that thrives on trust won over many years and partnerships that endure.

We have promised to deliver on sexual and reproductive health not where it is relatively easy to add new users of modern contraception but where we are called on to go the last mile. We have engaged with countries where global-level support matters more, where there are few or no resources, where technical challenges are greater, and where health systems are not functional. We have made commitments for the long term, for sustainable impact, for investing the time required to create the conditions for the moment a woman realizes she can say, “I don’t have to have seven children and I can see my daughter go to school.”

This UNFPA flagship programme with its rights-based strategy and performance framework is the effective mechanism we envisioned in those earlier years in essential supplies, more systematically providing commodity procurement and capacity development. UNFPA Supplies operationalizes the UNFPA commitment to underserved women and girls in countries with high rates of maternal death and unmet need for family planning, including many in humanitarian crisis. Why and how are we so effective given our resources, which are limited in contrast to the need? We work in many countries with many partners; we influence governments with sound advice; and we contribute to goals we are all aspiring to achieve. At the heart of these goals remains the ICPD Programme of Action, which continues to guide and inspire after more than two decades.

Reflecting on recent years, progress in three areas stand out. First, UNFPA Supplies invests in strengthening health systems and supply chains – often in countries with no functional health system at all. In some countries, we are one of few actors doing this kind of work, sometimes the only one. It works: we can see progress in increasing contraceptive prevalence rates and decreasing stock-outs. Such work also contributes when disaster or conflict disrupt health systems. In the Ebola crisis, past support for health systems and supply chains helped in the humanitarian response; the same is happening within the Zika virus response. Even in complex conflict situations, as in Syria and Jordan, contraceptives and life-saving maternal health medicines and technical training on supply chain management are making an impact. Our experience in demand creation and supply chain are helpful to many other operations. Such technical capacity development continues to be a priority in all of the 46 countries served by UNFPA Supplies.

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Second, in 2007 we aimed for every programme country to have its own dedicated budget line for contraceptives; now nearly all have such a line in the national budget. This domestic financing is in the right direction. The experience is contributing to discussions around Universal Health Coverage, advocating for countries to include rights-based family planning. The aim is to incorporate a choice of methods along with demand-side activities for understanding and use, and technical activities for supply chains, forecasting, product quality – along with other dimensions of a comprehensive, integrated and sustainable approach.

Third, we have invested in partnership and collaboration at the local, country and global levels. Today we are working together like a family – the UN family, donors, NGOs, civil society, the private sector and more – to see how we can support each other and contribute to FP2020 and the Sustainable Development Goals.

To catalyse more progress, we are inviting countries to work with us to identify bottlenecks and barriers at the national and subnational levels, using data and experience. Though an STI or HIV or pregnancy at an early age have always been a matter of life and death to young people, there's an added incentive for countries to improve access to adolescent sexual and reproductive health: the demographic dividend. If the dependent population is less, a country can invest more in its youth – health, education for girls, employment and empowerment. This is how countries harness the dividend and achieve economic development with equity and equality and social inclusion, but they need to act while window of opportunity is still open.

With strong partners and the support of governments, progress in family planning is set to continue and succeed – provided there is adequate funding. For the past 20 years, the path has sometimes been difficult but today we have momentum. Over the years, resource levels have gone up and down but if we can keep up the momentum we have now, we can achieve goals that will save and improve lives.

My hope as I retire from UNFPA is that we will take hold of our momentum, keep the partners working together, and move ahead deeply into the last mile. I would like to express my sincere appreciation to everyone who supported me throughout the years in a career that rarely took me to my home country of Nepal but forged lifelong links in many places, especially in Africa. I have valued the opportunity to connect with remarkable people in every part of the world.

*Jagdish Upadhyay, Chief
Commodity Security Branch, Technical Division
UNFPA New York*

Message from the incoming Chief, UNFPA Commodity Security Branch



This annual report presents the compelling results of a programme I have been engaged with since its inception in 2007, then the UNFPA Global Programme to Enhance Reproductive Health Commodity Security and now renamed UNFPA Supplies. I look forward to building on its many strengths in the years to come as the new Chief of the Commodity Security Branch.

During 2015, the year covered by this report, I was in Yemen as Surge Emergency Coordinator from September to December. Amidst instability compounded by natural disaster, millions of adolescent girls and women were in urgent need of sexual and reproductive health services, and the supplies to sustain them. This experience was a recent reminder of why, as a medical doctor from Ghana, I have worked in reproductive health for most of my career, and why I firmly believe that we must ensure family planning is delivered right to the last mile so that a choice of quality, affordable contraceptives reach women, men and adolescent girls no matter where they live.

The success of UNFPA Supplies to date lies in its catalytic role in fostering national leadership of programmes. The progress reported here clearly demonstrates government ownership of programmes and the commitment of the 46 UNFPA Supplies' focus countries to building stronger health systems and widening access to a reliable supply of contraceptives for family planning and life-saving medicines for maternal health.

Also key to achieving these results and to effecting meaningful change is the power of the partnerships that UNFPA convenes – not just with governments of programme countries, but also with donors, United Nations agencies, civil society, non-governmental organizations and private sector. These partners, particularly civil society, are always encouraging and inspiring us to do more. We need to build on our successes, and focus our efforts where they have the most impact. I look forward to leading UNFPA Supplies to build on what has already been achieved and to do even more to reach our shared aspirations of FP2020 and the Sustainable Development Goals.

*Dr. Gifty Addico, Chief
Commodity Security Branch, Technical Division
UNFPA New York*

Executive Summary: UNFPA Supplies 2015

UNFPA Supplies provided catalytic support of \$99 million in commodity procurement and \$37.5 million in capacity development for 46 countries in 2015.

DELIVERING REPRODUCTIVE HEALTH SOLUTIONS GLOBALLY

UNFPA Supplies is the world's largest provider of contraceptives, accounting for 42 per cent of all contraception procured by donors on behalf of developing countries. In 2015, UNFPA Supplies helped some 18 million women in more than 46 countries obtain modern contraceptives and reproductive health services. Contraceptives provided in 2015 had potential to avert an estimated:

- 9 million unintended pregnancies
- 26,000 maternal deaths
- 170,000 child deaths
- 3.2 million abortions, of which 2.8 million would be unsafe

These contraceptives had potential to save families and countries \$500 million in direct health-care costs (antenatal, delivery and postnatal care and post-abortion care).

The number of countries with initiatives to reach displaced persons and refugees in humanitarian settings increased from 18 in 2014 to 34 in 2015; as part of the UNFPA humanitarian response, UNFPA Supplies provided family planning for 1.4 million women and girls in humanitarian situations.

FINANCIAL SUMMARY

UNFPA Supplies experienced a budget decrease of 20 per cent from 2014 to 2015, though the programme had seen year-to-year increases in the annual budget since 2012.

The total available budget for the year was \$226 million (\$226,068,343). It was made up of the cash in hand at the beginning of the year and the income received during the year. Of this income, \$23 million was received in December 2015 to be programmed in 2016, and \$10 million was set-aside in a special reserve for procurement of implants as per the agreement with DFID. The available budget for programming in 2015 was \$192,686,679.

Expenses totalled \$155 million (\$155,481,286). Approximately \$8 million came from a reduction in inventory purchased prior to 2015. Also, \$20,129,721 was committed in firm and binding purchase orders for delivery in early 2016. Expenses and payments for 2015 totalled \$147,608,861.

This results in an implementation rate of **87 per cent** which is very close to the implementation rate in 2014 which was 88 per cent. The unspent amount was carried forward to 2016 and used for placing

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procurement orders early in 2016 and will ensure that the budget for 2016 will not differ drastically from 2015.

Support for commodity procurement of \$99 million accounted for 67 per cent of programme expenses. Support for capacity development of \$37.5 million accounted for just over 25 per cent of programme expenses. Human resources accounted for 7 per cent of expenses.

Key results for 2015

1 UNFPA SUPPLIES PROCURED AND DELIVERED \$99M IN SUPPLIES IN 2015.

Support for **commodity procurement** of \$99 million accounted for 67 per cent of programme expenses. The majority of supplies are contraceptives, including condoms that afford dual protection from HIV and other sexually transmitted infections. Additional items include life-saving medicines for maternal health and emergency obstetric care as well as reproductive health kits supplied to humanitarian situations.

2 UNFPA SUPPLIES INVESTED \$37.5M IN CAPACITY DEVELOPMENT FOR HEALTH SYSTEMS AND SERVICE.

In 2015, support for **capacity development** of \$37.5 million accounted for 34 per cent of programme expenses. Supply chains are stronger, more countries are using computerized logistics management information systems (LMIS), and more health workers are promoting family planning and delivering quality services.

3 USE OF MODERN FAMILY PLANNING CONTINUES TO INCREASE.

Use of modern methods of family planning has continued its positive upward trend.

The **contraceptive prevalence rate** for modern methods (mCPR) has **increased** by 13.1 percentage points in Ethiopia over three years; by 15.2 percentage points in Malawi, 9.2 in Zimbabwe and 8.2 in Senegal over four years; by 18.1 percentage points in Kenya, 10.2 in Togo, and 8.8 in Liberia over six years; and by 12.1 percentage points in Zambia over seven years (as measured between national surveys). Rates of progress have varied: increases in CPR range from between 0.2 percentage points per year in Central African Republic to 4.4 percentage points per year in Ethiopia.

Demand for modern family planning is high in many programme countries, measured in unmet need for family planning and CPR. The percentage of demand satisfied is highest in Honduras (85.6 per cent) followed by Zimbabwe (79.7 per cent) and Kenya (75.2 per cent) and lowest in Guinea (16.3 per cent) followed by Benin (19.5 per cent) and Democratic Republic of Congo (22.0 per cent).

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4 UNFPA SUPPLIES CONTRIBUTES TO FP2020.

All 46 of the UNFPA Supplies implementing countries are among the 69 focus countries of FP2020, the global partnership for expanding access to contraception to an additional 120 million women and girls in the poorest countries of the world by 2020. In the 46 UNFPA Supplies focus countries, where the programme is often the only or one of very few external sources of support for procurement of contraceptives, scaled up efforts by partners reached approximately 10 million additional users from 2012 to 2015 (4.4 million behind the benchmark need to reach the FP2020 goal in these countries).

5 AVAILABILITY AND CHOICE ARE INCREASING WHERE SUPPORT IS SUBSTANTIAL AND SUSTAINED.

At least five modern methods of contraception were available at more than 85 per cent of **tertiary** service delivery points (SDPs) in 23 countries, increasing from 11 in 2013 and 19 in 2014. Five methods were also available at more than 85 per cent of **secondary** SDPs in 14 countries, an increase from seven in 2013 and 13 in 2014.

In 2015, three modern methods of contraception were available at more than 85 per cent of **primary** SDPs in 20 countries.

6 STEADY ACCESS TO MATERNAL HEALTH SUPPLIES SAVES MOTHERS' LIVES.

In 2015, the availability of seven life-saving maternal medicines and reproductive health supplies increased in 12 of the 23 countries where comparison is available (surveys are not conducted every year in every country). UNFPA procures essential supplies that save lives in before, during and after pregnancy – notably contraceptives, magnesium sulfate, misoprostol and oxytocin.

7 PROCUREMENT EFFICIENCY AND BETTER PRICING ARE BEING ACHIEVED.

UNFPA saved over \$750,000 in 2015 by increasing use of **quality-assured generic contraceptives**: with the same amount of money, more cycles of quality contraceptives will be accessible for women through procurement for ministries of health, NGOs and UNFPA Country Offices.

UNFPA **reduced prices** for key contraceptives on 69 per cent of items in 2015 (compared with prior year prices). UNFPA also continued to be an active participant in a 'volume guarantee' agreement with manufacturers that has reduced the price of contraceptive implants by up to 50 per cent in recent years – effectively doubling the quantity of implants provided.

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8 FORECASTING AND COMPUTERIZED LMIS ARE TRANSFORMING SUPPLY CHAIN MANAGEMENT.

In-country skills in forecasting prevent dangerous shortfalls. In 2015, governments in all 46 UNFPA Supplies countries were participating in demand forecasting. Demand forecasting was led by the government with technical support from partners in 43 countries, up from 36 in 2013 and 40 in 2014. Governments of 43 countries had in place trained national staff to lead and coordinate demand forecasting, up from 29 in 2014.

- 72 per cent (33 of 46) have functional **national-level systems** in place for both forecasting and procurement, an increase from 19 countries in 2014;
- 87 per cent (40 of 46) of programme countries made **no ad hoc request** for contraceptives, compared with 65 per cent (30 of 46) in 2014, meaning that essential items were in stock when needed;
- 93 per cent (43 of 46) countries used an **information tool for monitoring supplies** in 2015, up from 37 in 2013 and 39 in 2014. Computerized supply management is a cornerstone of improved supply availability.

According to the 2014 and 2015 data on stock-outs available for 23 countries, the stock-out situation has improved in 11 countries in 2015 compared with the previous year. More specifically, in the 31 countries for which 2015 data are available, 10 countries achieved the benchmark of ‘**no stock-out**’ of any modern contraceptive in the past six months in at least 60 per cent of tertiary level SDPs; five countries at secondary level SDPs; and six countries at primary level SDPs (Burundi, Burkina Faso, Nepal, Nigeria, Niger and Senegal).

9 TRAINING IS BUILDING CAPACITY FOR STRONGER HEALTH SYSTEMS.

Training for health-care providers facilitates the increased availability of a full method mix of modern contraceptives. Given the increasing demand for long-acting reversible contraceptive methods (LARCs), especially implants, training of service providers increased in UNFPA Supplies implementing countries.

In 2015, 18,589 health care service providers received training for insertion and removal of IUDs and/or contraceptive implants, up from 17,212 in 41 countries in 2014. In 2015, UNFPA Supplies supported 269 institutions in 36 of the 46 countries for the conduct of training for family planning service provision.

10 SUPPORT IN HUMANITARIAN SETTINGS IS INCREASING.

The support provided by UNFPA Supplies focuses on strengthening systems for delivery of RH commodities and services in humanitarian and fragile situations in various parts of the world. Displaced persons and refugees in humanitarian settings were supported in 29 countries in 2015, up from 26 countries in 2014. RH kits supplied to partners through the programme had the potential to reach 1.4 million women and girls, which is in addition to RH kits also provided by UNFPA through other funds.

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UNFPA deployed 125 specialists in sexual and reproductive health through internal and external surge capacity rosters for humanitarian crisis response (100 UNFPA staff and 25 external). Five training workshops supported the expansion of the rosters.

11 COUNTRIES ARE INCREASING EFFORTS TO REACH UNDERSERVED POPULATIONS.

- 94 per cent (43 of 46) of programme countries have national guidelines and protocols that include a **rights-based approach** to reproductive health commodity security and family planning, up from 39 in 2013 and 40 in 2014;
- 76 per cent (35 of 46) had policies in place that take into consideration both rights-based and **total market approaches** to family planning, up from 28 in 2014;
- 89 per cent (41 of 46) had policies that take into consideration **young people's access** to contraceptive services, up from 33 in 2013 and 37 in 2014;
- 100 per cent (46 of 46) supported integrated interventions to reach young people, an increase from 33 countries in 2013 and 41 in 2014;
- 94 per cent (43 of 46) implemented integrated interventions to reach the hard-to-reach in **rural areas**; up from 31 in 2013 and 38 in 2014;
- 78 per cent (36 of 46) implemented integrated interventions to reach persons with **disabilities**, an increase of 10 countries since 2014 and 100 per cent since 2013.

12 DEMAND GENERATION IS REACHING NEW USERS OF FAMILY PLANNING.

Efforts to increase awareness and acceptance of modern contraception took place in more countries in 2015 and, though activities were streamlined or reduced, partnership for demand creation increased.

- 98 per cent (45 of 46) carried out **resourced action plans** to reach at least three underserved groups, up from 37 in 2013 and 42 in 2014;
- 78 per cent (36 of 46) disseminated family planning messages through community health workers, a decrease from 44 countries in 2014;
- 96 per cent (44 of 46) reported the government worked with at least three other agencies to implement specific initiatives to reach poor and marginalized women and girls, a significant increase from 23 countries in 2014 in efforts to increase demand for reproductive health commodities.

Summary of results by output area

OUTPUT 1: ENABLING ENVIRONMENT

The programme fosters the emergence of an ‘enabling environment’ for reproductive health commodity security (RHCS). The approach is to reduce barriers while increasing access through understanding and awareness of the benefits of rights-based family planning and RHCS. A programmatic priority is mainstreaming family planning and the elements of reproductive health commodity security in programmes, plans, budgets, institutional thinking and national policies. Evidence-based advocacy and information decision-making require good data: 38 countries finalized the RHCS situation and stakeholder mapping process, reported results and applied the finding to inform programming in 2015, an increase of 12 countries.

The programme continued to promote **rights-based** and **total market approaches** to family planning. In 2015, an increasing number of countries had policies in place that take into consideration both rights-based and total market approaches to family planning: 35 countries in 2015 compared with 28 in 2014. Compared with last year, five more countries also have policies that increase **young people’s access** to contraceptives, 12 more countries included all modern contraceptives in their national Essential Medicines Lists, and expenditures for reproductive health commodities from **national budgets** of UNFPA Supplies countries remained stable. Also more national institutions in more countries include RHCS/FP training, and 44 countries had an RHCS coordinating committee. Training programmes on RHCS and family planning reached 3,300 people, building capacity for procurement, quality assurance and other topics.

Collaboration with NGOs and many other valued partners is critical to establishing an enabling environment. UNFPA continued to lead key areas of work as part of the Steering Committee of the RMNCH Trust Fund and with the UN Commission on Life-Saving Commodities for Women and Children, and to co-lead supply chain strengthening with USAID. Stock issues were addressed through Coordinated Supply Planning (CSP) with partners and Coordinated Assistance for Reproductive Health Supplies (CARhs) group. Through the Implant Access Programme, efforts continued to reduce prices and supply chain disruptions and improve service delivery quality. As core convenor of the FP2020 global partnership, in 2015 UNFPA contributed to the costed implementation plans and supported a strategic review to identify modes of country support and scale up strategies. These and many other collaborative efforts – HIV, youth-friendly services, the demographic dividend in Sahel countries, and with key partners in each region – supported a more positive environment for mainstreaming RHCS.

OUTPUT 2: INCREASED DEMAND

In **Honduras**, where 26 per cent of women give birth before age 18, more than 1,500 young people have received training to communicate sexual and reproductive health information among their peers. In

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Zimbabwe, the CONDOMIZE! campaign distributed 110 million male condoms and 5 million female condoms. In **Rwanda**, a new teacher training programme on comprehensive sexuality education, which is part of the country's new curriculum, was launched with a three-day training workshop that also sensitized deans from 1,508 secondary schools. In **Lesotho**, a life-skills training for young mothers in hard-to-reach areas links information with family planning services and supplies.

Output 2 is about investing in demand generation interventions to reduce barriers and promote access to services for modern contraception. In 2015, initiatives in these areas were reduced following guidance from the UNFPA Supplies Steering Committee to focus resources on procurement and supply chain strengthening. At the same time, however, UNFPA supported more partnership efforts between governments and NGOs and other partners around activities to increase demand for family planning and other sexual and reproductive health services – 96 per cent of programme countries engaged with three or more partners in demand creation. UNFPA continued to support countries and partners to develop strategies and programmes to support community health workers, engage community leaders and religious leaders, and promote social and behavioural change communication. Activities utilized community radio, radio drama, television series, social media, SMS, websites, social marketing and voucher systems to improve demand for modern contraceptives. The trend towards more focused efforts to increase understanding and acceptance of family planning continued in 2015, reaching **poor** and **marginalized** adolescent girls and women, **remote** and **hard-to-reach** populations as well as **persons with disabilities**. In 2015, all 46 programme countries had initiatives in place (some in the draft or conception stage) to reach specific categories of underserved and marginalized populations, compared with 41 countries in 2013.

OUTPUT 3: PROCUREMENT EFFICIENCY

In 2015, UNFPA signed two new long-term agreements for contraceptive implant insertion and removal kits, increasing access to long-acting reversible contraceptives. UNFPA and The World Bank continued an agreement to that makes it easier for World Bank Group borrowers to obtain reproductive health supplies through UNFPA Procurement Services. A new initiative, “20 by 20”, launched in 2015 aims to increase the access, usage and availability of 20 billion condoms by 2020 in low- and middle-income countries.

As a result of UNFPA Supplies supply procurement and capacity development, more people are able to choose quality contraceptives and receive quality maternal health medicines in the event that they need them. UNFPA and its many partner organizations benefit from more and better quality products – an overall effort that UNFPA continued to pursue in 2015.

UNFPA Procurement Services (formerly AccessRH) is the UNFPA procurement and information service for reproductive health commodities. It offers convenient access to high-quality, affordable reproductive health products, as well as up-to-date information on various contraceptive orders and

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several tools for planning and ordering purposes, to a range of government ministries, social marketing organizations, NGOs and other clients. UNFPA was able to reduce prices for key contraceptives on 69 per cent of item in 2015. In part, this is due to the increase in the number of generic reproductive health medicines complying with the internationally-recognized quality standards applied by UNFPA. UNFPA saved over \$750,000 in 2015 by increasing use of quality-assured generic contraceptives. UNFPA's quality/price proposition is consistently as good as or better than any other global player in the sector. Through UNFPA Supplies and key global partners, efforts continued in 2015 to promote the availability of quality, cost-effective reproductive health products and the emergence of viable markets for a variety of contraceptive methods and key maternal health medicines. UNFPA established more long-term agreements with 22 suppliers of prequalified and assessed hormonal products. Through UNFPA Procurement Services, shipments of reproductive health commodities went to a total of 55 countries, up from 52 in 2014.

UNFPA works diligently to improve the quality and prices for the widening variety of products UNFPA provides. Through its market shaping efforts, improvements in forecasting and planning, and working with suppliers, UNFPA achieves better prices. UNFPA continues to advance global efforts to **improve quality** of products it provides, working with a range of manufacturers, testing facilities and government agencies to ensure the increased availability of quality goods and services. UNFPA is also working to reduce the environmental impact of the products it provides.

OUTPUT 4: IMPROVED ACCESS

In **Bolivia**, training for nurse midwives is offered in three public universities. In rural **Djibouti**, community health workers advocate family planning and work closely with community health centres. In **Ghana**, UNFPA supports training for young people living with disabilities and other efforts to reach the visually impaired with family planning services. In **Haiti**, six mobile teams bring sexual and reproductive health services to remote areas. In post-earthquake **Nepal**, RH kits helped pregnant women with safe delivery supplies in camps, health facilities and remote communities. In **Rwanda**, UNFPA provides supplies and services to protect the sexual and reproductive health of refugees fleeing the crisis in Burundi. In **Yemen**, emergency obstetric and neonatal care equipment for hospitals, health facilities and community midwifery clinics is a key part of the UNFPA humanitarian response. After flash floods in **Zimbabwe**, dignity kits and other supplies helped address sexual and reproductive health concerns.

To improve access to quality family planning services, in 2015 UNFPA Supplies continued to support governments and national stakeholders to: (1) build capacity of health providers in family planning through pre- and in-service training programmes; (2) strengthen integration of family planning within other health services; (3) ensure that poor and marginalized women and adolescents are able to access and use services; and (4) strengthen provision of RH commodities and services in humanitarian settings.

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There has been a dramatic increase in countries supporting integrated programming to reach persons with disabilities with services, with 36 countries offering targeted support in 2015 compared with none just two years ago. Integration of services also improves access. All 46 programme countries included a focus on **young people** within integrated family planning service provision, up from 33 in 2013 and 41 countries in 2014. Also, some 1.4 million women and girls were provided with RH commodities and services in **humanitarian situations**.

The number of countries where RH/FP services are integrated with gender, HIV and maternal health to reach specific poor and marginalized population groups continued to increase, up from 12 in 2013 to 43 in 2015.

As demand for and supply of contraceptive implants continues to grow, **provider training** will enable the scale up of family planning interventions. In 2015, UNFPA Supplies supported 269 institutions in 36 of the 46 countries for the conduct of training for FP service provision. The number of providers trained in long-acting reversible contraceptives (LARCs) increased.

OUTPUT 5: SUPPLY CHAIN MANAGEMENT

In **Ghana**, drone prototypes are quickly carrying essential reproductive health supplies when and where needed in a public–private partnership’s feasibility study. In **Myanmar**, where a new LMIS now functions, injectable contraceptives are the method of choice for women who once faced unpredictable shortages. In **Zambia**, accurate forecasting and quantification methods are saving lives after the government formed a forecasting team with UNFPA, USAID and other stakeholders.

A steady, reliable supply of quality contraceptives empowers women to decide when and if to become pregnant. Supply chain management is a critical component of reproductive health commodity security. UNFPA Supplies works at all levels of the supply chain – from regulatory policies to forecasting, procurement, warehousing and inventory management as well as distribution of modern contraceptives and maternal health medicines to service providers, users and patients. In 2015, 43 countries used an **information tool for monitoring supplies**, up from 37 in 2013. Governments of 43 countries had in place trained national staff to lead and coordinate demand forecasting, up from 29 in 2014. Only six programme countries made unplanned or ad hoc requests (outside humanitarian emergencies) in 2015 compared with 15 in 2014 and 17 in 2015.

Functional and resilient supply chains require collaboration with a wide range of valued global partners who provide health supplies in developing countries. In 2015, UNFPA reinforced partnerships with USAID and its different contractors, CHAI, JSI and private sector partners such as McKinsey. Countries are moving towards more unitary health supply systems and away from the vertical, fractured supply chains of the past. Key areas of action include collaboration, innovation and information communication technology (ICT).

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MANAGEMENT OUTPUT

Strategic guidance was provided through three Steering Committee meetings 2015; of which one was in person (November, The Hague). Items on the agenda included financial overviews, the evaluability study, updates on resource mobilization and the funding gap and discussion on the draft outcome of the study conducted by McKinsey on the strategic review of UNFPA Supplies. While substantial contributions were received, resource mobilization was prioritized as the programme faces a funding shortfall which could mean that UNFPA Supplies will be unable to meet the growing demand for contraceptives. In light of FP2020 commitments, analysis of UNFPA spending on family planning emphasized its cross-cutting nature and integral role across UNFPA area of work.

In other aspects of programme management, implementation of a comprehensive communications plan for 2015 for UNFPA, in line with UNFPA's One Voice Corporate Communications Strategy, secured coverage to increase awareness and support fundraising for the UNFPA Supplies programme. UNFPA delivered policy advice, guidance, training and support through its regional offices, including activities supported through UNFPA Supplies. Training for data generation has increased in recent years, with activities in 20 countries in 2013, 23 in 2014 and 38 in 2015. More than 70 per cent of the 3,698 trainees in 2015 were government staff. Countrywide facility-based RHCS surveys collected key data for monitoring stock-outs and availability of RH supplies in 32 countries, up from 27 in 2014.

Introduction: Delivering reproductive health solutions globally

Since its establishment in 2007, UNFPA Supplies has mobilized more than \$1 billion for sexual and reproductive health services, including family planning, in the world's poorest countries. Shortfalls in funding risk shortfalls in essential supplies.

UNFPA Supplies ensures a secure, steady and reliable supply of quality reproductive health commodities – contraceptives and maternal health medicines – and improves access and use by strengthening national health systems and services. Launched in 2007 by UNFPA, the programme supports national action to reach poor and marginalized women and girls in countries with high unmet need for family planning and high rates of maternal death. In the developing world, 225 million women want to stop or delay childbearing but are not using modern contraceptive methods.

UNFPA Supplies advances human rights, gender equality and empowerment by improving access to sexual and reproductive health, including family planning, which is a human right, applicable to everyone, everywhere. UNFPA Supplies is helping millions of people exercise that right in countries where the need is greatest. In 2015, contraceptives and condoms procured through UNFPA Supplies in 2015 provided nearly 31.5 million couple years of protection (CYP), an increase from 28.4 million CYPs in 2014.

The programme is anchored in a rights-based approach to reproductive health that prioritizes equity over ease. Its 46 focus countries were selected because they represent the areas of greatest need. Within these challenging environments, a distinctive aspect of the programme is the commitment to reach the most vulnerable populations with reproductive health commodities: UNFPA goes the last mile to reach hard-to-reach populations, increasingly in situations of conflict and disaster. Progress is evident in programme countries: from 2014 to 2015, 10 more provided integrated programming to reach young people and 12 more did so for persons with disabilities.

UNFPA Supplies is pivotal to the global development agenda. Achieving the Sustainable Development Goals and meeting the objectives of Family Planning 2020 and the International Conference on Population and Development depend on whether individuals have the means to prevent or delay a pregnancy. It is the world's largest global programme for family planning, in 2015 accounting for 42 per cent of all contraceptives procured by donors on behalf of developing countries. All 46 countries supported by UNFPA Supplies are part of the FP2020 initiative: scaled up efforts by partners reached some 10 million additional users from 2012 to 2015.

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UNFPA Supplies is catalytic in countries seeking reproductive health commodity security (RHCS).

UNFPA Supplies maximizes the convening power, credibility, extensive partnership and global platform established by UNFPA by focusing on RHCS and reducing barriers to access to sexual and reproductive health supplies, information and services. The influence of this catalytic leadership with governments and partners can be seen in stronger and more inclusive policies, stronger and more sustainable national health systems and supply chains, and stronger more inclusive commitment to family planning programming for women and girls who are young, poor, marginalized, minority, disabled, displaced or otherwise disadvantaged. In 2015, domestic budget lines for contraceptives allocated \$20 million more than last year; 17 countries spent at least 80 per cent of their allocated resources, up from 13 in 2014; and the number of non-state actors such as NGOs trained in RHCS and family planning more than tripled.

UNFPA Supplies strengthens health systems and supply chains. Country-led action to improve demand forecasting and procurement, distribution and stock-level monitoring can transform weak systems into functional systems with a steady, secure supply. UNFPA-supported training in these areas build in-country capacity. Shortfalls put women at risk, and progress can be seen where stock-outs are reduced. Of the 23 countries with 2015 facility-based survey data, the stock-out situation improved this year in 11 countries – the same number added contraceptives and maternal health medicines to their Essential Medicines List. Only when supplies are available can services fully function, and method choice be assured: in 2015, more countries offered five or more moderns methods of contraception at both secondary and tertiary level.

UNFPA Supplies provides procurement expertise and efficiencies. With UNFPA Procurement Services in Copenhagen, UNFPA Supplies collaborates directly with industry to secure volumes of high-quality reproductive health supplies and seeks favourable pricing arrangements. UNFPA saved over \$750,000 in 2015 by increasing use of quality-assured generic contraceptives. Through UNFPA Supplies, countries decide which methods their populations prefer with the donor funds the programme makes available. Expertise in procurement and supply chain management for global market shaping activities and in-country capacity-building is a hallmark. In 2015, more countries had trained national in place for procurement process in government institutions.

UNFPA Supplies responds in humanitarian crises. Rapid response to contraceptive and reproductive health supply needs that arise in emergency situations plays a critical role in protecting women and girls. UNFPA deploys hygiene supplies, obstetric and family planning supplies, trained personnel, and other support to vulnerable populations. The number of countries with initiatives to reach displaced persons and refugees in humanitarian settings increased from 13 in 2014 to 29 in 2015 – more than 60 per cent of countries in UNFPA Supplies.

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SCALING UP FOR IMPACT

Launched in 2007, from 2008 through 2012 the programme prioritized multi-year funding for 12 countries (Stream One) as well as other funding for 36 countries (Stream Two). Scaling up extended priority support to 46 countries.

In 2013, the programme benefited from changes in governance, more robust monitoring, and a greater emphasis on partnership, youth and marginalized populations. This was the baseline year for data presented in this report, which can now be compared year to year.

In 2014, the programme welcomed its highest-ever level of funding at \$185 million, despite a gap of \$74 million early in the year between available funds and budgeted need. The urgent need to bridge that gap was supported by research confirming that the programme delivers good value for money. Overall, progress in RHCS continued to build in 2014.

In 2015, crisis-affected countries required heightened response, inclusiveness improved in policies and programmes for young people and the disabled, and many countries reported continued improvement in key aspects of reproductive health commodity security. By financial measures, the programme decreased by 20 per cent though family planning coverage increased compared with last year, delivering contraceptives worth 31.5 million couple years of protection.

ABOUT THE PROGRAMME

UNFPA procures essential supplies for counties and works in partnership to help them strengthen health systems and services to empower couples to plan and space births, reduce maternal deaths, and protect the reproductive rights of young people. UNFPA Supplies has two over-riding priorities:

- **Procurement:** The programme seeks to ensure the consistent and reliable availability of quality supplies of the right products in the right quantities, condition, place and price. More supplies make more services and better health possible; and
- **Capacity-building:** The programme seeks to ensure, over time, the sustainability of national RHCS efforts, with a focus on enhancing national health systems for supply chain management and the delivery of reproductive health services, including family planning services, for all with a particular attention to poor, underserved and marginalized populations.

Technical and financial support provided through this programme make a significant contribution to **achieving global and national goals** related to family planning and RHCS, including contributions to the following:

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- **Millennium Development Goals**, directly contributing to MDG 5A and B, improving maternal health and providing access to reproductive health; as well as furthering MDG 3 on gender equality, MDG4 on child survival, and MDG 6 to combat HIV;
- **Sustainable Development Goals**, increasing access to voluntary family planning will positively influence and help advance the post-2015 development agenda; and
- **UNFPA Strategic Plan 2014–2017 and *Choices Not Chance***, the UNFPA Family Planning Strategy.

The programme is anchored in human rights and is based on the guiding principles of the International Conference on Population and Development’s Programme of Action (Cairo 1994), the Millennium Development Goals, the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. It contributes to delivery of the UN Secretary-General’s Global Strategy on Women’s and Children’s Health, the UN Commission on Life-Saving Commodities for Women and Children, and the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

ABOUT THE REPORT

This report presents more than **100 progress indicators** and follows a Performance Monitoring Framework with a goal, outcome and five outputs. It is a **response to donor requests** for detailed programme results. The results come from an annual questionnaire submitted for 2015 by each of the 46 programme countries as well as a countrywide RHCS survey of stocks at service delivery points (SDPs) that has shifted from an annual to a biannual undertaking. The facility-based RHCS survey was conducted in 2015 by 29 countries, compared with 26 countries in 2014 and 20 in 2013. All data tables are posted online.

The report is structured according to the three levels of reporting:

GOAL: The goal level is also known as the ‘impact’ level. The indicators are maternal mortality ratio (MMR), adolescent birth rate (ABR) and the youth HIV prevalence rate. Data are sourced from national DHS reports, the UN Population Division and other sources.

OUTCOME: Data come from several sources. The indicators include contraceptive prevalence rate and unmet need for family planning, using data from national DHS reports, the United Nations Population Division and other databases and technical publications by the UN and international development partners. Also, financial data from the *UNFPA External Procurement Support Report* and other Commodity Security Branch sources provides numbers on funding available to procure contraceptives.

The most programme-specific outcome-level data come from **facility-based RHCS surveys**. These surveys of **service delivery points (SDPs)** are countrywide and supported by UNFPA, through UNFPA Supplies. Each country hires a consultant to conduct the survey under the leadership of the national government, with the support of country coordinating committees. Annual surveys placed a financial

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burden on a resource-constrained programme and an administrative burden on UNFPA Country Offices; the recommendation is that each country conduct a survey at least once every 24 months.

OUTPUT: The outputs or 'results' measured by the programme cover many indicators in five key output areas: (1) enabling environment, (2) demand, (3) procurement efficiency, (4) access and (5) capacity and systems for supply chain management. A management output is also reported. Output data come from **annual country reporting questionnaires**. Self-reporting on what was achieved for the year is carried out by various UNFPA offices. The questionnaires are completed by UNFPA Country Offices, Regional Offices and Headquarters and by other units such as the UNFPA Procurement Services Branch and Humanitarian Services Branch. In 2015, questionnaires were received from all 46 implementing countries. The questionnaires are based on the UNFPA Supplies Performance Monitoring Framework, available online, with indicators, baselines, milestones and targets.

RHCS = REPRODUCTIVE HEALTH COMMODITY SECURITY

Reproductive health commodity security is achieved when all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them.

RHCS benefits:

- Reduction in unintended pregnancy and unplanned births
- Reduction in the recourse to abortion, including unsafe abortion
- Reduction in maternal deaths
- Reduction in newborn and child deaths
- Prevention of the transmission of HIV and other STIs
- Helps adolescent girls stay in school, and young women develop careers
- Helps countries harness a 'demographic dividend'
- Yields economic benefits for families and societies, and for the development of low- and middle-income countries
- Promotes women's rights and gender empowerment
- Makes a positive impact on linkage between reduced fertility and climate change effects
- Contributes to an enabling environment to gain additional users of family planning

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TOO OFTEN, EFFECTIVE AND INEXPENSIVE REPRODUCTIVE HEALTH SUPPLIES DO NOT REACH THE PEOPLE WHO NEED THEM. THESE SUPPLIES HAVE THE POWER TO CHANGE LIVES – AND TO SAVE THEM. UNFPA SUPPLIES CATALYSES ACTION IN FIVE STRATEGIC AREAS.



Goal: Contribute to universal access to reproductive health

Providing universal access to reproductive health – including family planning – is one of the smartest investments the world can make to create a more equitable and prosperous future. It is a goal shared by UNFPA and partners worldwide. The country-driven actions supported by UNFPA Supplies are a contribution to this global effort to meet the sexual and reproductive health needs of millions of women and girls. Progress can be measured in many ways, and at the global level three indicators offer insight into the lives saved and opportunities gained for school, income and empowerment:

- maternal mortality ratio;
- youth HIV prevalence rate; and
- adolescent birth rate.

Progress is presented here at the global level, and for the 46 countries participating in UNFPA Supplies. The programme, however, does not claim responsibility or credit for the achievement; rather, it contributes to such progress through a broad range of interventions and networks from the global to the local level.

MATERNAL MORTALITY

Globally, maternal mortality has declined by nearly 44 per cent over the past 25 years, and the approximate global lifetime risk of a maternal death fell considerably from 1 in 73 to 1 in 180¹.

However, 303,000 women died for pregnancy related causes in 2015, almost all (99 per cent) in developing countries. This is about one woman every two minutes. For every woman who dies, many other encounter complications with serious and often long-lasting consequences.

Most of these deaths and injuries are entirely preventable.

If all women who wished to avoid pregnancy were able to use modern contraceptives, and if all pregnant women and newborns received appropriate care and essential medicines, maternal deaths would drop by an estimated 67 per cent, according to the most recent data.² Unintended pregnancies would fall by about 70 per cent, and newborn deaths would drop by about 77 per cent.

Making motherhood safer is a human rights imperative, and it is at the core of UNFPA's mandate. UNFPA works around the world with governments, health experts and civil society to train health workers,

¹ WHO, *Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*, 2015.

² Guttmacher Institute, UNFPA, *Adding It Up 2014: The Costs and Benefits of Investing in Sexual and Reproductive Health*, 2014.

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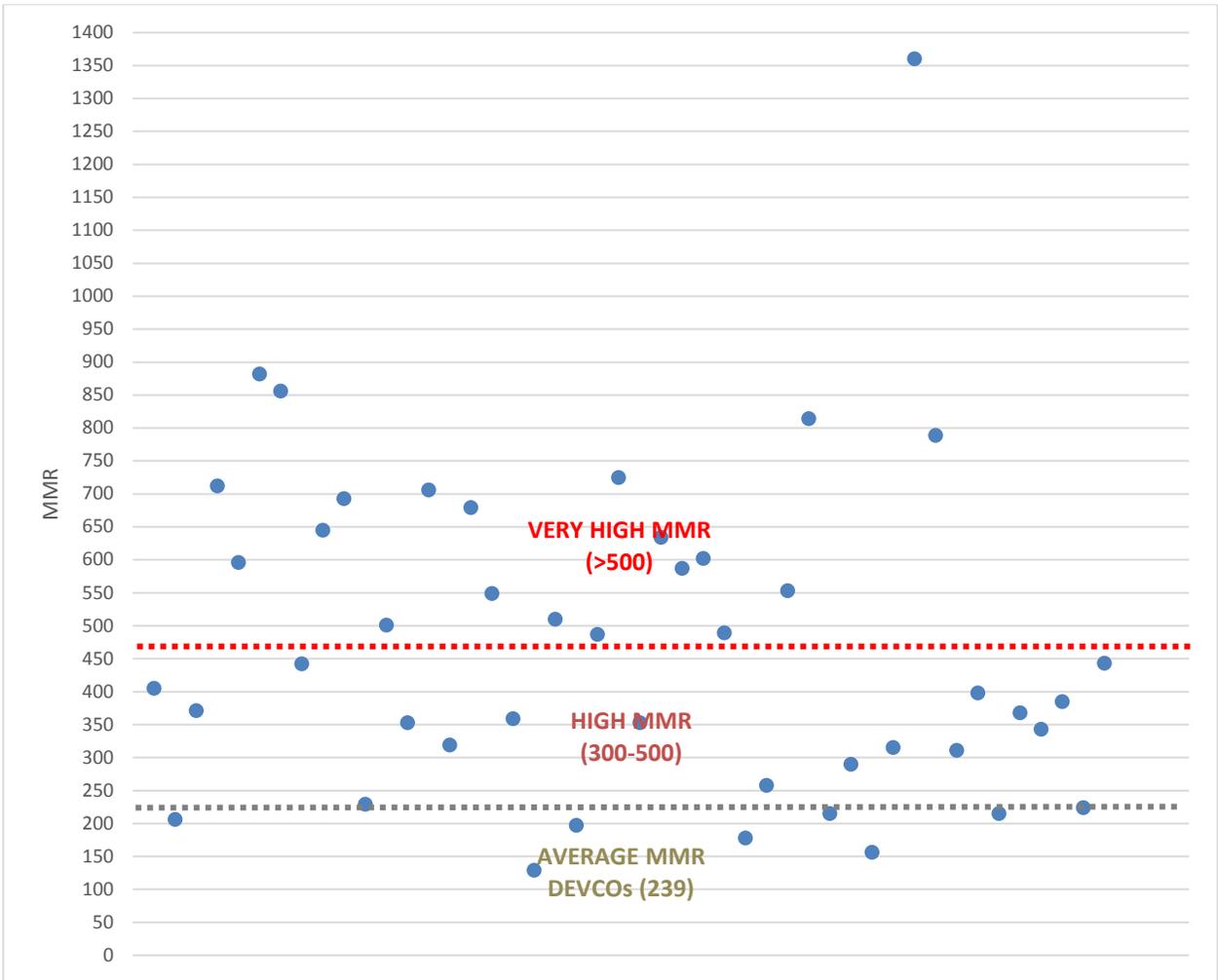
improve the availability of essential medicines and reproductive health services, strengthen health systems, and promote international maternal health standards.

- UNFPA Supplies focus countries account for approximately 65 per cent of the global maternal deaths in 2015;
- At the country level, Nigeria and DRC together account for over one quarter of all maternal deaths globally in 2015. Sierra Leone is estimated to have the highest maternal mortality ratio (MMR) in the world, at 1,360;
- Among the 46 programme countries, the MMR range is 129 maternal deaths per 100,000 live births in Honduras to 1360 maternal deaths in Sierra Leone;
- 17 countries are estimated to have a very high MMR (between 999 and 500 deaths): Central African Republic (881), Chad (856), Nigeria (814), South Sudan (789), Liberia (725), Burundi (712), Gambia (706), Democratic Republic of the Congo (693), Guinea (679), Côte d'Ivoire (645), Malawi (634), Mauritania (602), Cameroon (596), Mali (587), Niger, (553), Guinea-Bissau (549) and Kenya (510).
- 9 out of 46 countries have an MMR 239 or less, which is the average MMR for developing regions;
- The most dangerous places to be a mother among programme countries, and in the world, are Sierra Leone and Chad, where the chance of dying from pregnancy related causes are 1 in 17 and 1 in 18 respectively. 28 programme countries (61 per cent) have an adult lifetime risk of maternal death worse than the average of 1 in 41 for low income countries.

See the Annex for figures and tables.

GOAL & OUTCOME

Figure 1: Maternal mortality ratio (MMR) in UNFPA Supplies focus countries, 2015



HIV PREVALENCE

Latest data suggest that HIV-related deaths are down 35 per cent from 2005 – but estimates suggest that deaths among adolescents are actually rising. Much more must be done to provide adolescents with comprehensive sexual and reproductive health information, services to help them prevent HIV transmission, and treatment for those who are infected.

There are 35 million people living with HIV, up from 29.8 million in 2001, according to the UNAIDS *GAP Report 2014*. About 50 per cent of all adults living with HIV worldwide are women and it is one of the leading causes of death among women of reproductive age. In sub-Saharan Africa, young women are twice more likely to become infected with HIV than their male counterparts. It is estimated that 4 million young people age 15 to 24 are living with HIV of which 29 per cent of are adolescents aged 15 to 19.

GOAL & OUTCOME

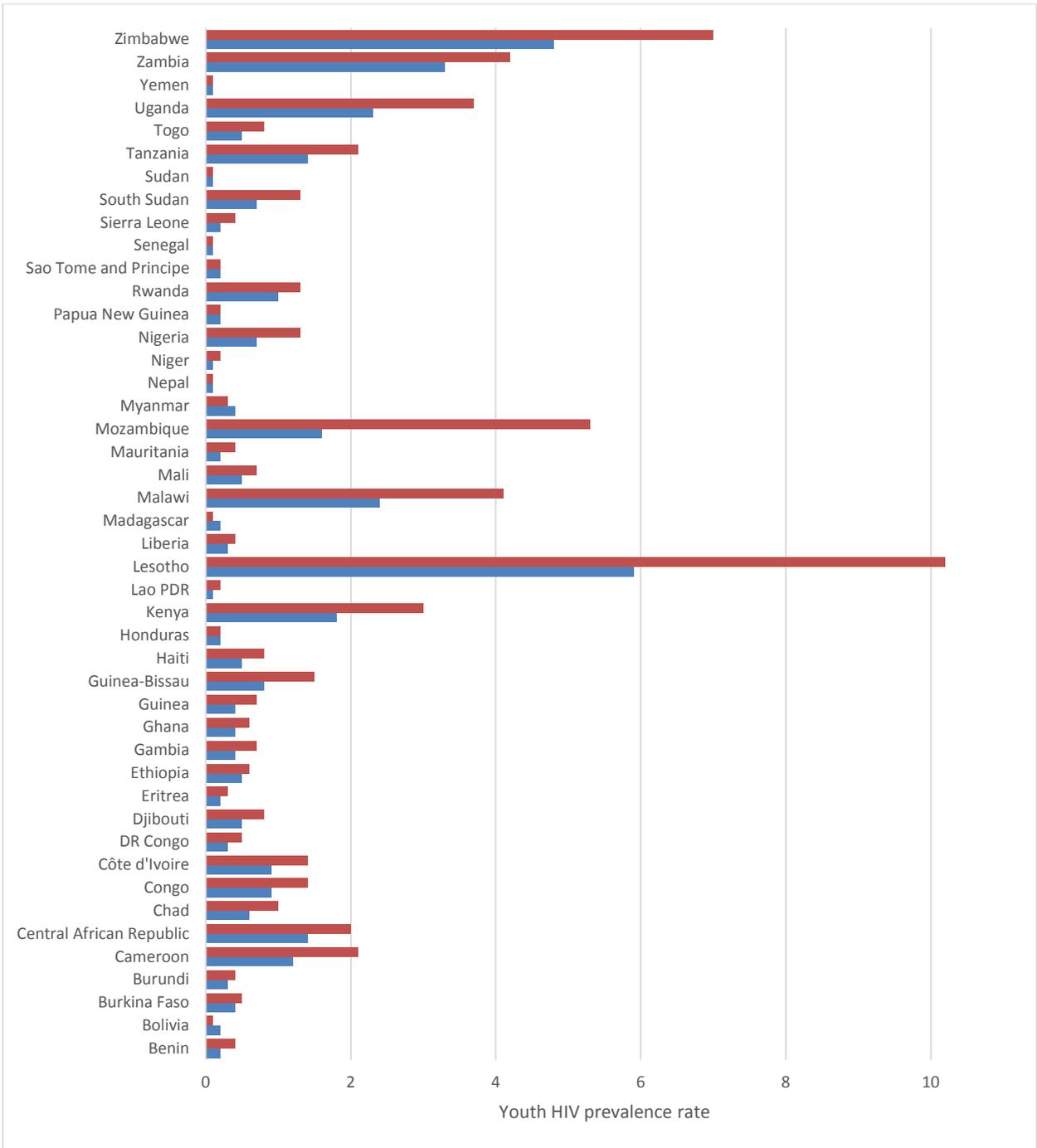
The global HIV prevalence rate (the per cent of people aged 15 to 49 who are infected) has plateaued at 0.8 per cent.

- Among the 46 programme countries, the highest HIV prevalence rates are found in Lesotho (9.3 per cent), Mozambique (7.9 per cent) and Zambia (6.5 per cent);
- 20 of 46 countries have an HIV prevalence rate that is still below 1 per cent;
- Seven times more young women (aged 15 to 24) have HIV than young men in Côte d'Ivoire; five times more in Cameroon and four times more in Burundi. HIV prevalence among young women is between three and four times higher than among young men in Congo, Haiti, Mali, Mozambique, Rwanda, Sao Tome and Principe, and Lesotho.

In addition to their biological susceptibility to HIV, young women in these countries face gender inequalities, differential access to services, and sexual violence. UNFPA promotes integrating HIV responses with sexual and reproductive health care, part of an overarching strategy for universal access to HIV prevention, care and treatment services, including condoms. UNFPA supports the empowerment of key populations, women and girls, and young people to access the services they need, free from stigma and discrimination and all forms of gender-based violence. See the Annex for figures and tables.

GOAL & OUTCOME

Figure 2: Youth HIV prevalence rate (aged 15-24) by sex in programme countries, 2014



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ADOLESCENT BIRTH RATE

Adolescent pregnancy is a global issue. Every day in developing countries, 20,000 girls below age 18 give birth. Worldwide, approximately 16 million girls between the ages of 15 and 19, and 2 million girls under age 15, become pregnant every year.

When a girl becomes pregnant, her life can change radically. Her education may end and her job prospects diminish. She becomes more vulnerable to poverty and exclusion, and her health often suffers. Complications from pregnancy and childbirth are a leading cause of death among adolescent girls.

Adolescent pregnancy is often not the result of a deliberate choice, but rather the absence of choices: It is a consequence of little or no access to school, information or health care. The problem is made worse by the fact that adolescent girls, in general, face greater barriers than adult women in accessing reproductive health services.

The adolescent birth rate (ABR) refers to the annual number of births per 1,000 women aged 15 to 19 years. It is useful in assessing the impact of various interventions implemented at the country level.

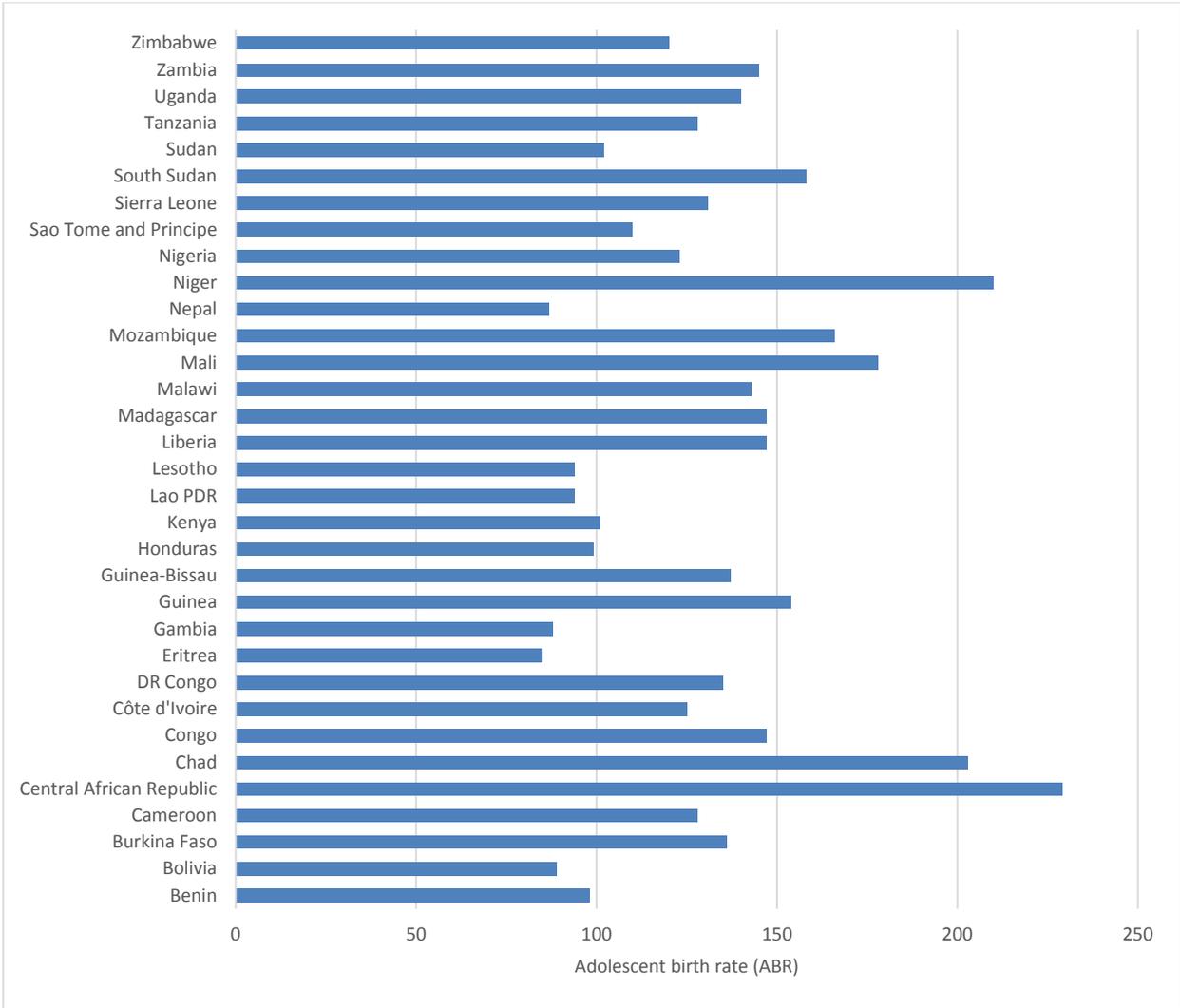
- 43 out of 46 countries (93 per cent) have a higher ABR than the global average of 51;
- 33 programme countries (72 per cent) have high ABR (the designation set by UNDESA for rates greater than 80 births per 1,000 women aged 15–19);³
- In the 46 programme countries the ABR ranges from 17 in Myanmar to 229 in Central African Republic per 1,000 women aged 15-19.

UNFPA works to address adolescent pregnancy by focusing on the protection and fulfilment of girls' rights. This includes supporting comprehensive sexuality education and sexual and reproductive health care, including access to modern contraception, to help girls avoid pregnancy. UNFPA also advocates supporting girls who become pregnant so they can return to school and reach their full potential.

³ United Nations, Department of Economic and Social Affairs, Population Division (2013). Adolescent Fertility since the International Conference on Population and Development (ICPD) in Cairo (UN publication), page viii.

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Figure 3: Programme countries with high adolescent birth rate (ABR>80), 2015



Outcome level: Increased availability and use of reproductive health supplies

More than 225 million women in developing countries want to avoid pregnancy but are not using modern contraceptives. With partners in FP2020, UNFPA is committed to expanding contraceptive access to many of them: the aim is to reach 120 million more women and girls in the world's poorest countries by 2020. Most of the commodities procured through UNFPA Supplies are contraceptives, destined for family planning programmes, as well as essential life-saving maternal health medicines, condoms for HIV preventions, RH kits, dignity kits and medical equipment.

More supplies mean more people can be served, and more efforts can be made to inform people about the benefits of family planning. UNFPA created UNFPA Supplies as a strategic, catalytic, rights-based programme to achieve this key outcome: *Increased availability and utilization of reproductive health commodities in support of reproductive and sexual health services including family planning, especially for poor and marginalized women and girls.*

UNFPA supports family planning programmes to assist governments in their efforts to ensure that women have access to a broad range and choice of contraceptive methods to attain their reproductive intentions. The achievements shown in the following sections are not the work of any single organization but rather the success of concerted efforts made by all stakeholders, including governments.

How the outcome-level results are measured

Progress towards the programme outcome is measured through several indicators:

- unmet need for family planning;
- contraceptive prevalence rate;
- demand for family planning satisfied; and
- availability and stock-outs at service delivery points.

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UNMET NEED FOR FAMILY PLANNING

Performance Monitoring Framework: To measure 'use' of supplies, the programme tracks the average unmet need for family planning for the 46 UNFPA Supplies countries.

Women with unmet need for family planning are those who want to avoid a pregnancy but are currently using no method or a traditional contraceptive method. Unmet need for family planning is almost twice as high among women who want to postpone (or space) births as among those who want no more children – 36 per cent vs. 20 per cent.

Unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour – though unmet need for family planning is not the same as unmet demand for modern contraception. A woman may not want to become pregnant but may not want or be able to use modern contraception for a variety of reasons, such as fear of side effects, opposition from family members or lack of access to services. Meeting unmet need for modern contraception is about reaching couples with information and services, as a matter of rights and of health.

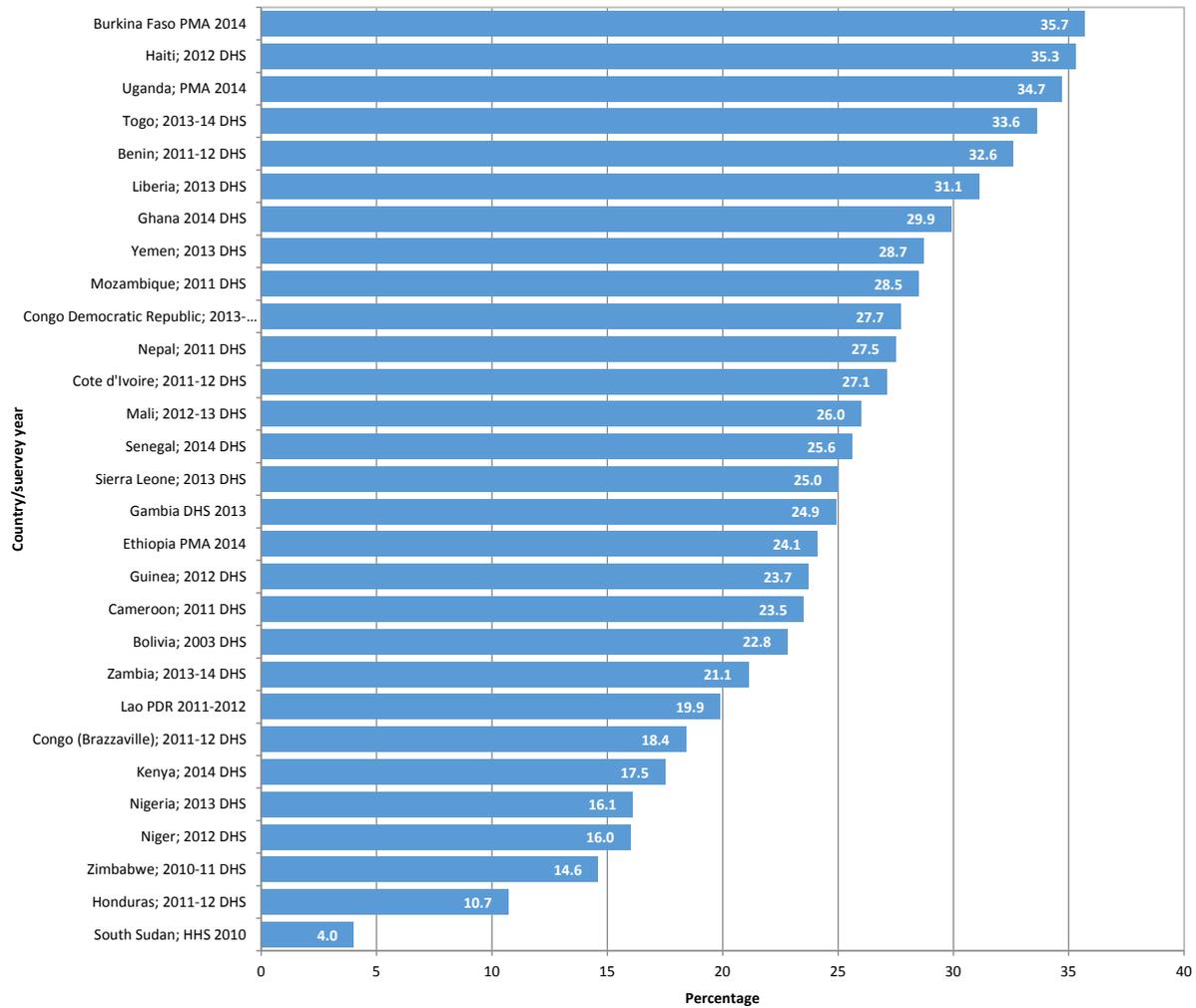
Unmet need for family planning among married women in UNFPA Supplies implementing countries varies widely:

- Burkina Faso has the highest unmet need of 35.7 per cent and South Sudan has the lowest unmet need of 4.0 per cent (like other countries with low unmet need, it also has very low contraceptive prevalence);
- 15 of 46 countries have an unmet need of 25 per cent or more; that is a level of at least one out of four women.

See Annex for figures and detailed tables.

GOAL & OUTCOME

Figure 4: Percentage need for family planning services among currently married women, selected UNFPA Supplies implementing countries



GOAL & OUTCOME

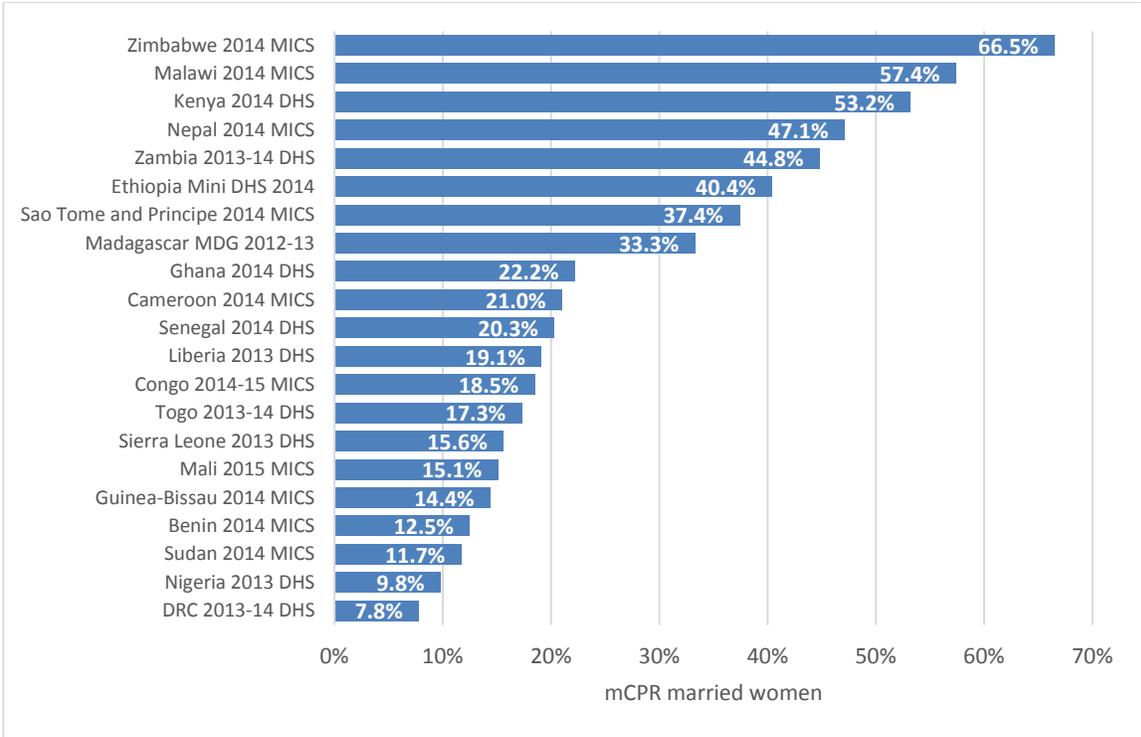
CONTRACEPTIVE PREVALENCE RATE MODERN METHODS

Performance Monitoring Framework: To measure 'use' of supplies, the programme tracks contraceptive prevalence rate for modern methods (mCPR) (disaggregated by quintile, urban–rural, education).

The contraceptive prevalence rate for modern methods is useful for tracking progress towards the target of achieving universal access to reproductive health. More broadly it could be considered an indicator of health, population, development and women’s empowerment. It is an important measure of the outcome of family planning interventions. mCPR is the percentage of women who are currently using, or whose partner is currently using, at least one modern method of contraception. Higher rates of modern contraceptive prevalence mean that more individuals are using modern methods of contraception, supporting their right to plan their families.

mCPR provides a very good indication of the extent to which women and girls want to increase control over their fertility and decide for themselves whether, when and how often to bear children. As such, this indicator is a powerful means of tracking relative levels of empowerment of women and girls. Increases in mCPR reflect improvements in the provision of and access to family planning supplies and services, which brings many benefits to individuals, families and society – from better educated women and girls to opportunities to harness the demographic dividend.

Figure 5: mCPR in selected programme countries from latest demographic/health surveys



GOAL & OUTCOME

As shown in the figure below, the positive upward trend in mCPR is evident in a number of countries where CPR has increased between two successive Demographic and Health Surveys. CPR increased by:

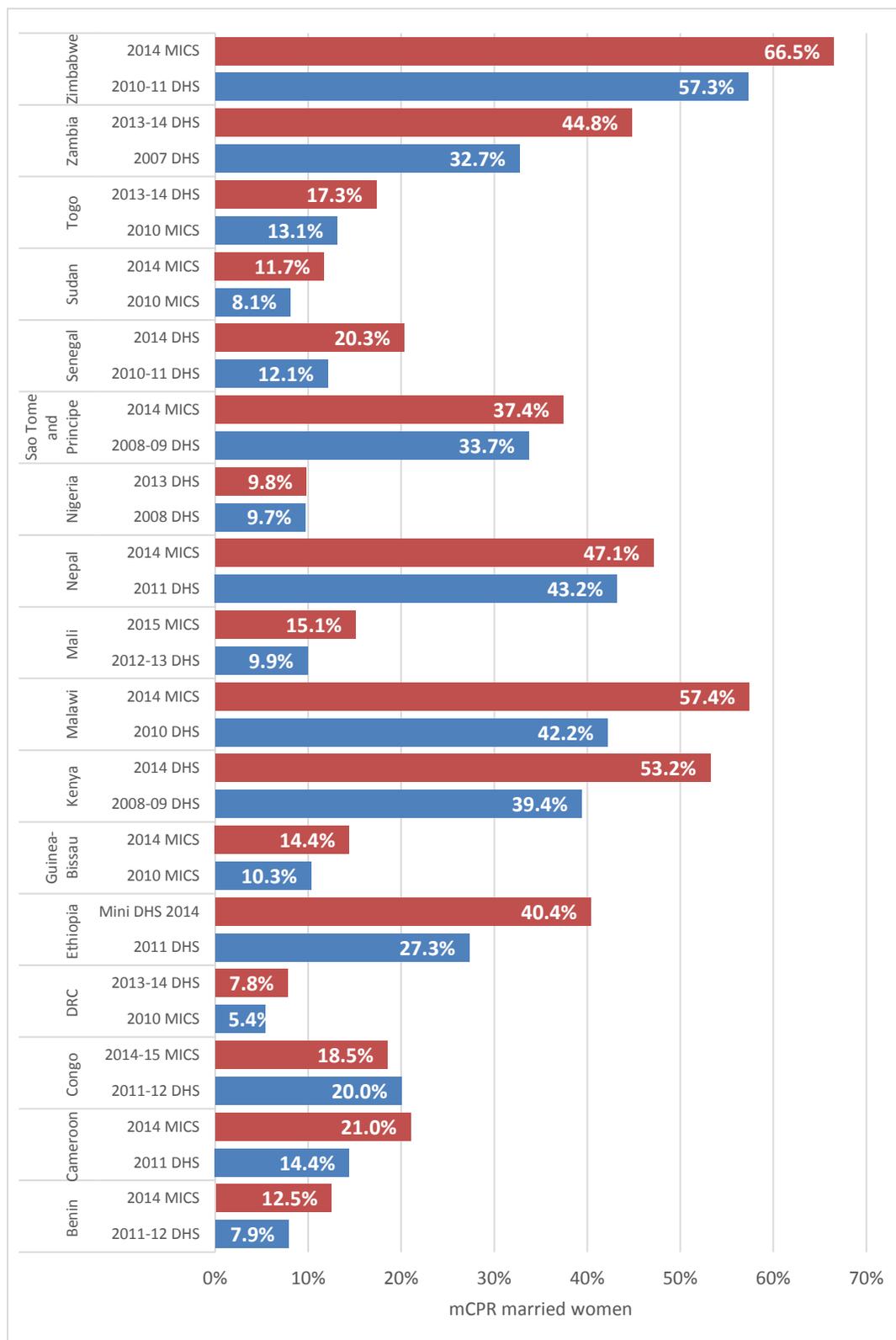
- 13.1 percentage points in three years in Ethiopia (2011 to 2014)
- 15.2 percentage points over four years in Malawi (2010 to 2014)
- 13.8 percentage points in six years in Kenya (2008/9 to 2014)
- 9.2 percentage points over four years in Zimbabwe (2010/11 to 2014)
- 5.2 percentage points over two years in Mali (2012/13 to 2015)
- 4.6 percentage points over two years in Benin (2011/12 to 2014)
- 6.6 percentage points over three years in Cameroon (2011 to 2014)
- 8.2 percentage points over four years in Senegal (2010/11 to 2014)
- 12.1 percentage points in seven years in Zambia (2007 to 2014)
- 8.8 percentage points over six years in Liberia (2007 to 2013)

Use of modern contraceptives among married women has increased at different rates in the past years:

- 13 of 46 countries have seen mCPR (modern methods) increase between 1.0 and 1.9 percentage points per year: Benin at 1.8; Guinea-Bissau, Haiti and Madagascar at 1.0; Honduras, Niger and Togo at 1.2; Liberia at 1.5; Nepal and Tanzania at 1.3; Sierra Leone and Zambia at 1.9; Uganda at 1.6;
- 4 countries have seen an increase in mCPR between 2 and 2.5 percentage points per year: Burundi at 2.0; Senegal at 2.3; Mali at 2.1; and Cameroon at 2.4;
- 4 countries have seen an increase in CPR over 2.5 percentage points per year: Zimbabwe at 2.6; Kenya at 2.8; Malawi at 3.8 and Ethiopia at 4.4;
- In other countries, mCPR remains rather stagnated over the past years, with annual increases of less than 0.5 percentage points, such as in Burkina Faso, Central African Republic and Nigeria. Also, in four countries there has been a slight annual decrease in the mCPR over the past years: Congo, Guinea, Ghana, Gambia and Mozambique.

GOAL & OUTCOME

Figure 6: mCPR progress between two demographic/health surveys in selected programme countries



FAMILY PLANNING DEMAND SATISFIED

Performance Monitoring Framework: To measure 'use' of supplies, the programme calculates the demand satisfied calculated from the above two estimated values as: % Demand satisfied = $[CPR \div (CPR + Unmet\ need)] \times 100$

Total demand for family planning is a measure that combines both CPR and unmet need for family planning. Generally, contraceptive prevalence rate is taken as the total demand for family planning that is satisfied (met need) and the demand that is not satisfied constitutes the unmet need.

- The highest percentage of demand satisfied is in Honduras (85.6 per cent), followed by Zimbabwe (79.7 per cent) and Kenya (75.2 per cent);
- The lowest is in Guinea (16.3 per cent) followed by Benin (19.5 per cent) and DRC (22.0 per cent).

Where use of modern methods of contraception is **high** (e.g. Honduras, Zimbabwe, Kenya, Zambia, Lao PDR and Nepal) there is high satisfaction for contraception by modern methods. Where use of modern methods of contraception is **low** (e.g. South Sudan, Guinea, Benin, DRC and Gambia) there is low satisfaction for contraception by modern methods. See the Annex for a table on unmet, CPR and demand satisfied.

Disparities are evident. There is an improvement in demand satisfied as CPR increases, yet the percentage of total demand for contraception satisfied by modern contraceptive use among women in the poorest households are far lower than among women in the richest households. In countries such as Bolivia, Cameroon, Ethiopia and Nigeria, there are more than 40 percentage points between demand satisfaction among women in the poorest wealth quintile and the richest wealth quintile.

Even with improvements in CPR there are disparities in contraceptive use among women based on education levels, household income and urban–rural location. CPR is disproportionately higher among married women in the highest wealth quintile than those in lower wealth quintiles. In Ghana, Haiti and Honduras, there is a close to equal percentage of demand satisfied among women in the poorest and richest wealth quintiles.

Yet there are signs that gaps are closing in UNFPA Supplies countries that have received significant levels of multi-year support since 2008 (the Stream 1 countries). Recent surveys in nine countries show that, on average, disparity has been reduced.

- The differential in the CPRs between urban and rural populations has decreased from 13.6 to 12.9;
- The differential between the highest quintile of household wealth and the lowest has declined from 20.2 to 18.7;

GOAL & OUTCOME

- The differential between those with secondary or higher education and those with no education declined notably from 23.9 to 19.2.

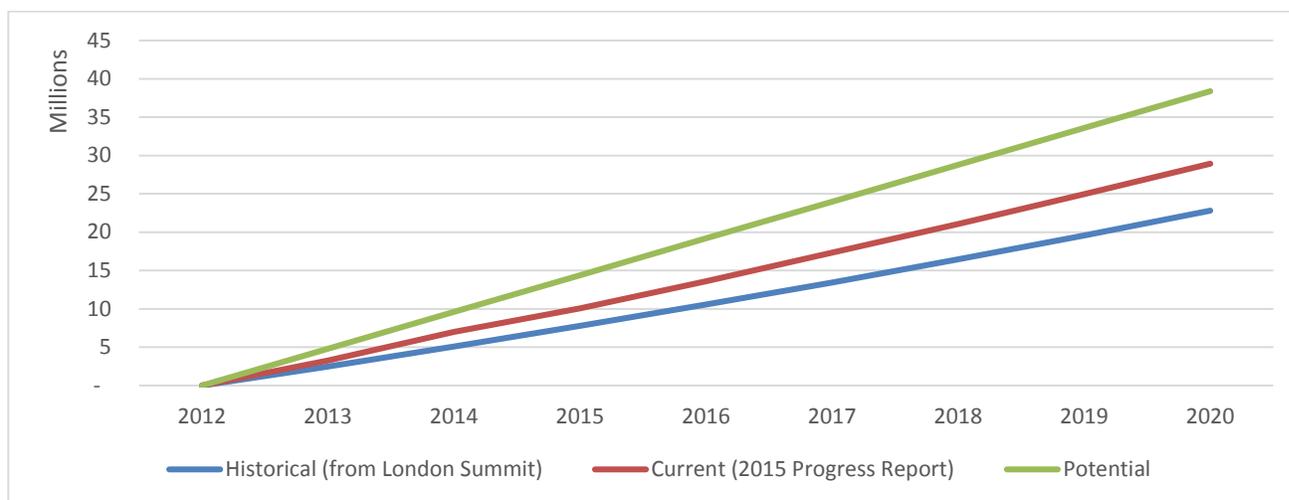
FAMILY PLANNING 2020 – ADDITIONAL USERS

Performance Monitoring Framework: To measure 'use' of supplies, the programme calculates additional women with modern methods of contraception reported through FP2020.

A global partnership was formally established at the London Summit on Family Planning in 2012, known as Family Planning 2020 (FP2020). Its goal is to reach an additional 120 million more women and girls with contraceptive services in 69 of the poorest countries in the world.

Since 2012, an additional 24.4 million women and girls in the 69 FP2020 focus countries are now using modern contraception. This progress, however, is still 10 million fewer than the benchmark for 2015 projected at the time of the London Summit. In the 46 UNFPA Supplies focus countries, which are all FP2020 focus countries, scaled up efforts by partners reached approximately 10 million additional users from 2012 to 2015 (4.4 million behind the benchmark need to reach the FP2020 goal in these countries). UNFPA, jointly with partners, is working to identify key interventions to accelerate, rights-based growth in contraceptive prevalence, especially among marginalized populations.

Figure 7: Number of additional users of modern contraception in 46 UNFPA Supplies implementing countries



Source: Track20. Note: * Historical progress is an extrapolation showing the progress that would have been made without scaled-up support from UNFPA Supplies from 2012 onwards.

GOAL & OUTCOME

AVAILABILITY AND STOCK-OUT OF RH COMMODITIES

In 2015, 32 out of 46 countries conducted **facility-based RHCS surveys** with support from UNFPA Supplies, up from 27 in 2014. Some countries conducted the survey of service delivery points for the first time in 2015, and a few countries that had conducted the survey in 2014 did not repeat the exercise in 2015. Therefore, annual tracking of progress and comparison with the previous year is possible for 24 countries. For a few of them tracking of progress is available from 2013.

In 2015 in Nepal, the MoH conducted the Nepal Health Facility Survey (NHFS). Some key indicators on RHCS measured by UNFPA Supplies are an integral part of the NHFS, and are included in this report.

Disaggregated results for selected indicators from UNFPA-supported facility-based RHCS surveys analysed in this report are included in the Annex.

AVAILABILITY OF LIFE-SAVING MATERNAL/RH MEDICINES

*Performance Monitoring Framework: The programme tracks the number of countries with seven life-saving maternal/RH medicines from the WHO list available in **100 per cent** of facilities providing delivery services (this must include magnesium sulfate and either misoprostol or oxytocin or both) (disaggregated for urban–rural and type of SDPs).*

An estimated 303,000 women are dying every year due to pregnancy related causes, 99 per cent of maternal deaths occur in developing countries.⁴ Complications of pregnancy are the second most common cause of death in adolescent girls aged 15 to 19 globally⁵ and the leading cause of death for girls under 15 years old in developing countries.⁶

Nearly 60 per cent of maternal deaths are due to four preventable causes: severe bleeding, high blood-pressure, infection and unsafe abortion. Most deaths could be prevented with adequate natal and postnatal care and access to essential maternal health medicines⁷.

- 14 countries had seven life-saving maternal and reproductive health medicines available at all **tertiary** SDPs: Zambia, Togo, Timor-Leste, Niger, Mozambique, Liberia, Lesotho, Kenya,

⁴ *Trends in Maternal Mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2015.*

⁵ World Health Organization (WHO), “Mortality, morbidity and disability in adolescence”, 2014. Available at: <http://apps.who.int/adolescent/second-decade/section3/page2/mortality.html>, accessed Dec 2015.

⁶ WHO, Maternal mortality fact sheet (n. 348), Nov 2015. Available at: <http://www.who.int/mediacentre/factsheets/fs348/en/>, accessed on Dec 2015.

⁷ See Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels JD, et al (2014), “Global Causes of Maternal Death: A WHO Systematic Analysis”. *Lancet Global Health*. 2014, available at: [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70227-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70227-X/fulltext), and WHO Maternal mortality fact sheet (n. 348), Nov 2015. Available at: <http://www.who.int/mediacentre/factsheets/fs348/en/>, accessed on Dec 2015.

GOAL & OUTCOME

Honduras, Côte d'Ivoire, Central African Republic, Burkina Faso, Bolivia and Benin. This is a decrease in 2 countries compared with 2015;

- 5 countries had all seven WHO priority RH medicines available at 100 per cent of **secondary** SDPs in 2015 (Togo, Papua New Guinea, Lesotho, Honduras and Bolivia), the same number as in 2014.

No country achieved in 2015 full availability of essential RH medicines at all **primary** SDPs. However, a few countries were able to maintain reasonable levels of availability in at least 70 per cent of primary SDPs: Honduras, Lesotho, Mozambique, Niger, Nigeria, Papua New Guinea and Togo.

When assessing progress it should be noted, however, that 9 countries with data from 2014 survey did not conduct the survey in 2015, and 8 new countries conducted the survey in 2015.

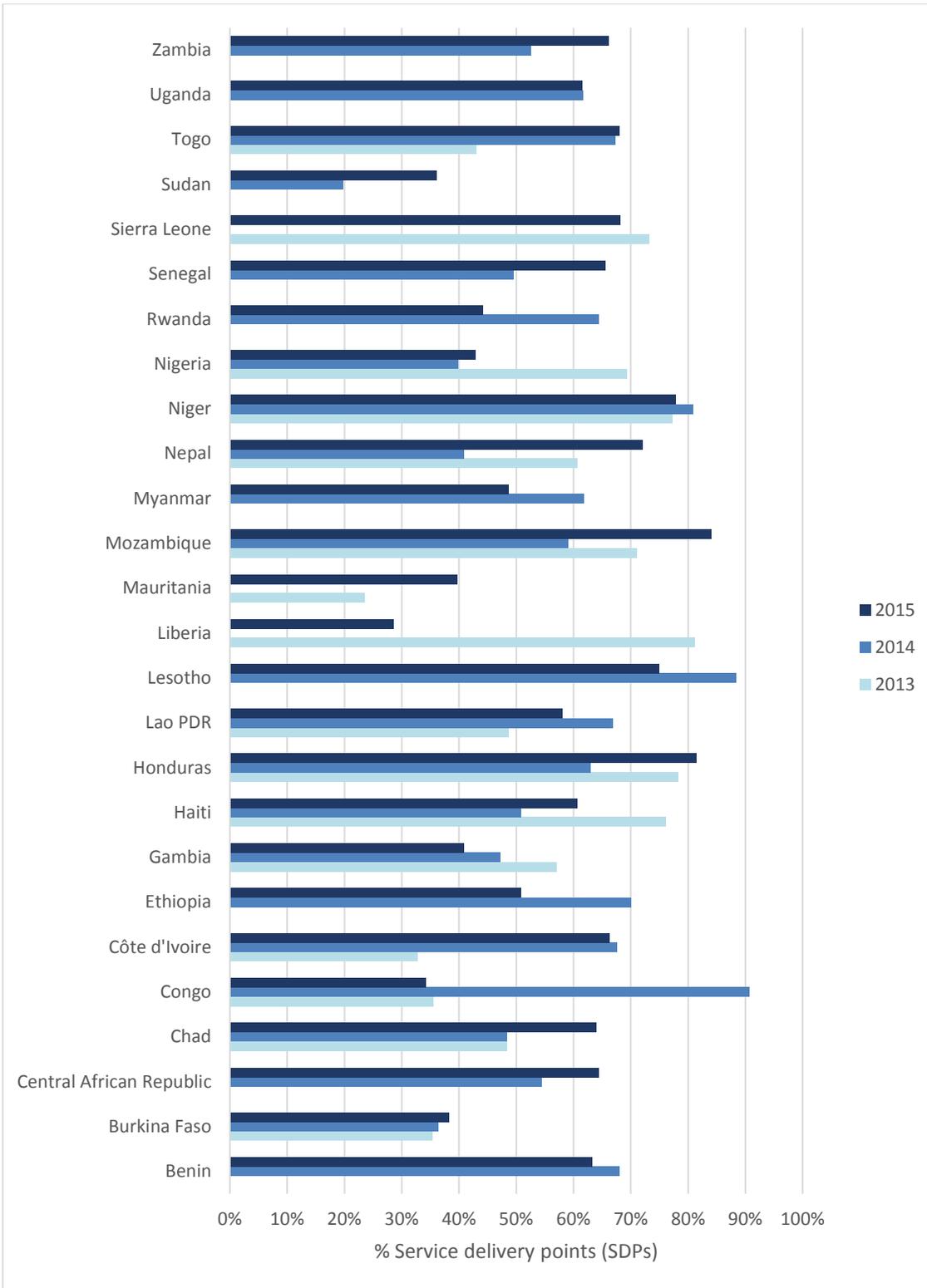
Where comparison is available, 12 out of 23 countries where comparison is available, experienced increases in the total availability of at least seven life-saving maternal/RH medicines in 2015 compared with the previous year. In Benin, Côte d'Ivoire, Niger, and Uganda, the level of availability of essential medicines remained rather constant, with a slight decrease of less than 5 percentage points. Decreases over 5 percentage points occurred in Congo, Ethiopia, Gambia, Lao PDR, Lesotho, Myanmar and Rwanda.

Essential life-saving RH medicines are less likely to be available in rural areas, 16 countries still have less than half of rural SDPs with seven essential RH medicines available. Increasing availability or even maintaining constant levels in rural areas continues to be a challenge: Although availability increased in 11 countries compared with 2015, it decreased in 12 countries in the same period.

The reasons most cited on why some SDPs did not offer all seven essential life-saving RH medicines were mainly related to supply chain issues, such as weak supply systems causing delays in delivery and replenishment of stocks, weak forecasting systems causing delays of SDPs in requesting resupply, or stock-outs at the supplier level. Some countries also cited low demand of certain medicines by the health facilities and lack of trained staff to provide the medicine.

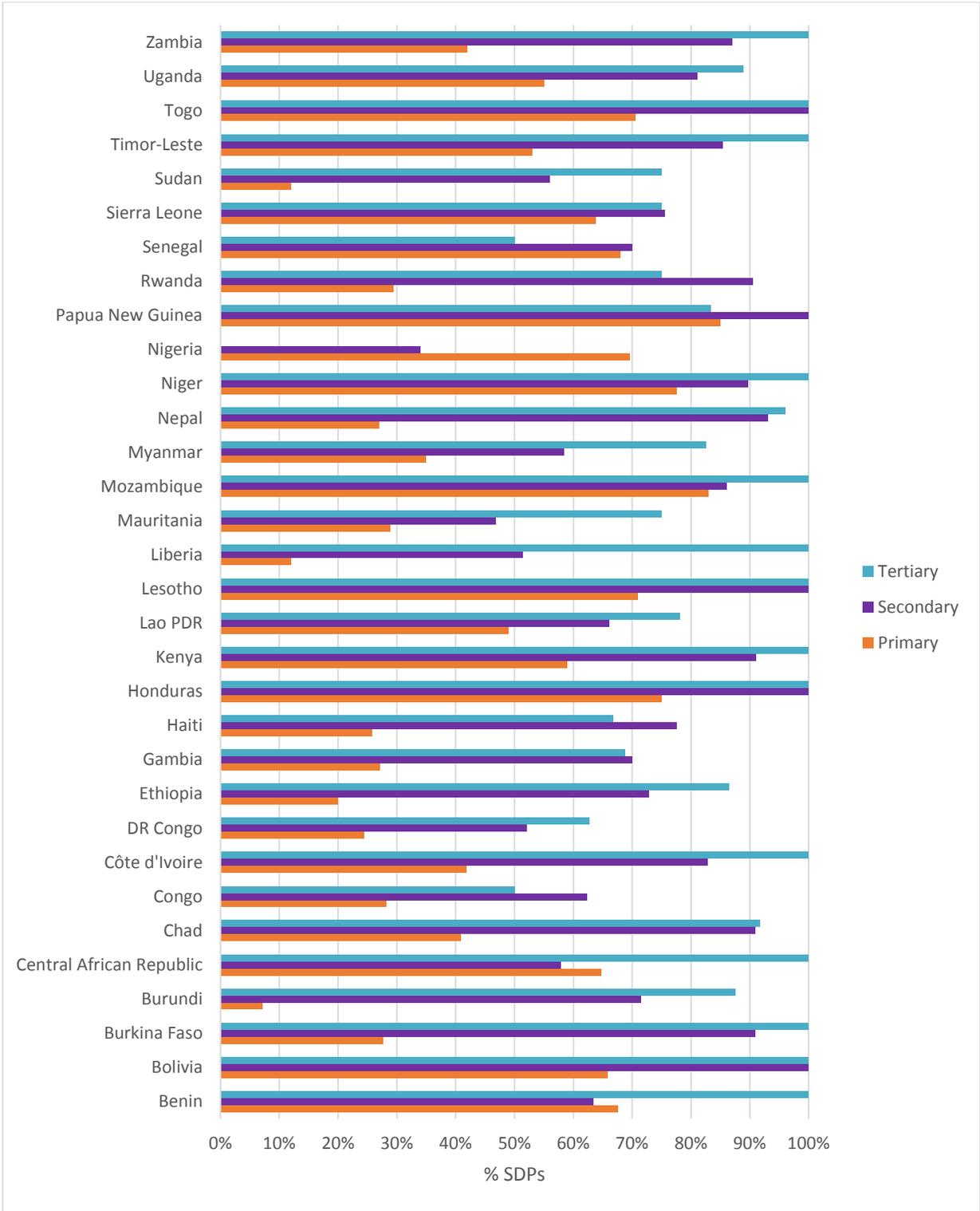
GOAL & OUTCOME

Figure 8: Total availability of seven life-saving RH medicines, 2013-2015



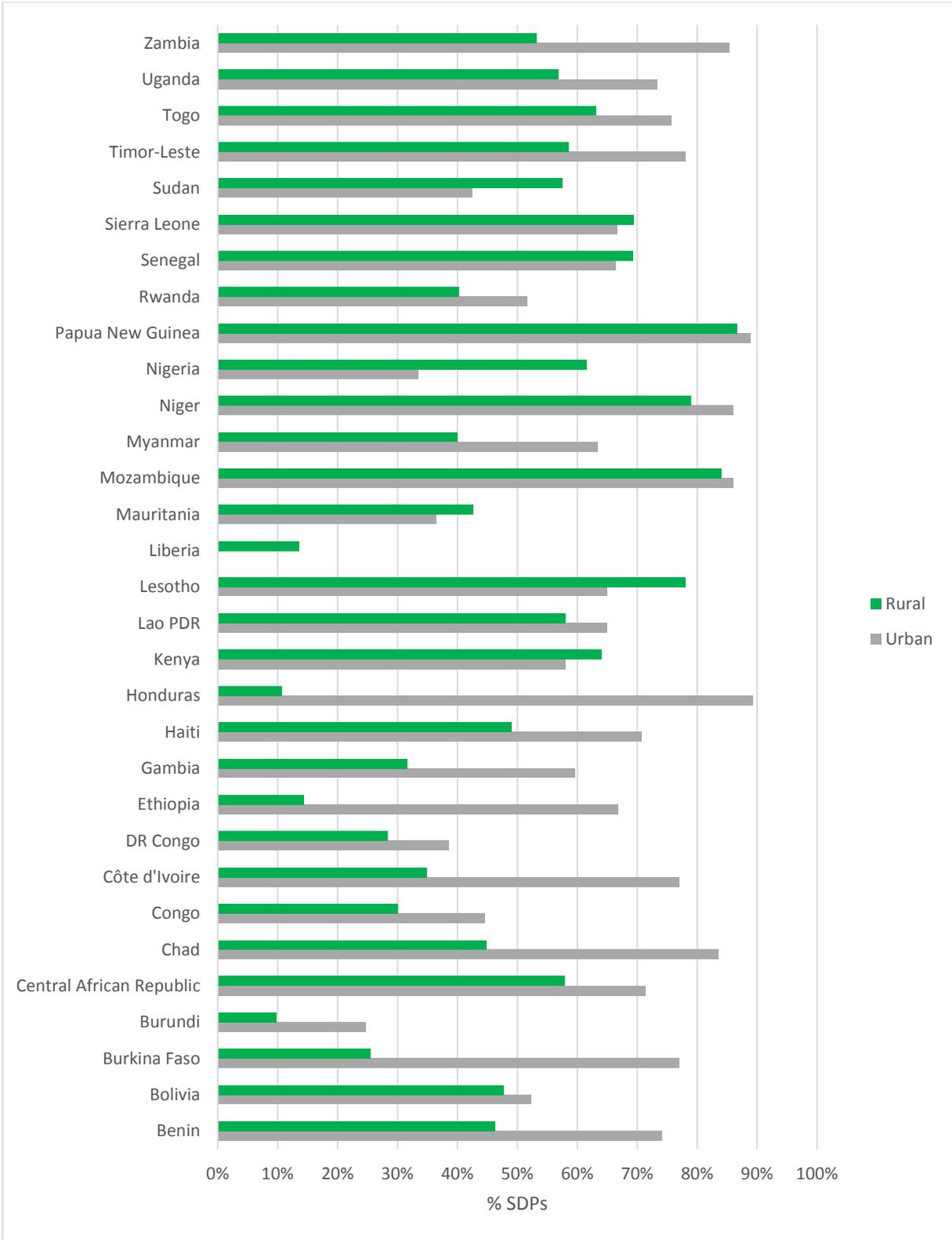
GOAL & OUTCOME

Figure 9: Availability of seven life-saving RH medicines by level of SDP, 2015



GOAL & OUTCOME

Figure 10: Availability of seven life-saving RH medicines by urban/rural location, 2015



GOAL & OUTCOME

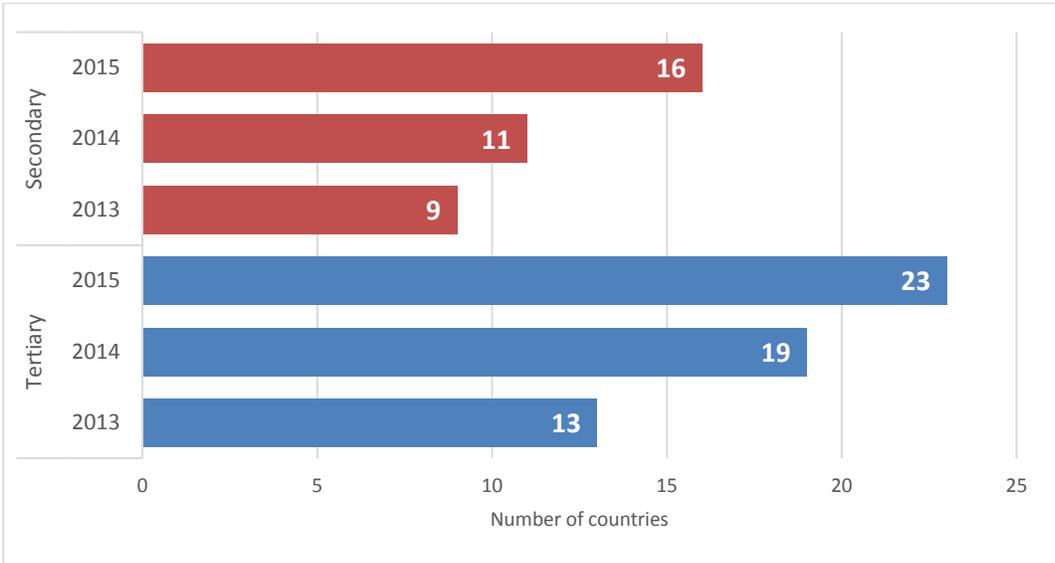
AVAILABILITY OF CONTRACEPTIVES AT SECONDARY & TERTIARY LEVEL

Performance Monitoring Framework: To measure ‘availability of RH commodities’, the programme tracks the number of countries with **85 per cent** of tertiary and secondary level service delivery points (SDPs) offering at least five modern methods of contraception.

In 2015, the indicator measuring availability of a full choice of modern contraceptives at tertiary and secondary level SDPs is disaggregated as follows:

- 23 countries reported having 85 per cent of **tertiary** SDPs offering five or more modern methods in 2015, compared with 19 the previous year, and 14 countries achieved availability of five or more methods in 100 per cent tertiary SDPs in 2015.
- 14 countries reported having 85 per cent of **secondary** SDPs offering five or more modern methods, compared with 11 in 2014, and 4 countries achieved availability in 100 per cent of secondary SDPs.

Figure 11: Availability of a full choice of modern contraceptives in at least 85 per cent of secondary and tertiary SDPs, progress 2013–2015



Increases in secondary and tertiary SDPs offering at least five modern methods of contraception were seen in 17 countries (out of 23 countries for which annual comparison is available). Significant increases in the percentage of SDPs offering five or more methods were seen in Benin, Burkina Faso, Chad, Côte d’Ivoire, Gambia, Honduras, Lao PDR, Nepal, Rwanda, Senegal, Uganda and Zambia. Slight increases were seen in Ethiopia, Myanmar, Nigeria and Timor-Leste.

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Togo and Niger were able to maintain availability of at least five modern methods at 100 per cent of both secondary and tertiary SDPs in 2014 and 2015. Honduras and Papua New Guinea also reached 100 per cent availability of five or more modern methods at both tertiary and secondary SDPs in 2015.

Availability of at least five modern methods at secondary and tertiary SDPs decreased in Congo and Haiti. Lesotho, Mozambique and Sudan experienced a slight decrease, and in Central African Republic the availability of modern contraceptives did not vary from the previous year, with around half of SDPs offering five or more modern methods both in 2014 and 2015.

A full picture on the availability of five or more methods in tertiary and secondary SDPs across all UNFPA Supplies supported countries since 2013 can be found in the respective tables in the Annex.

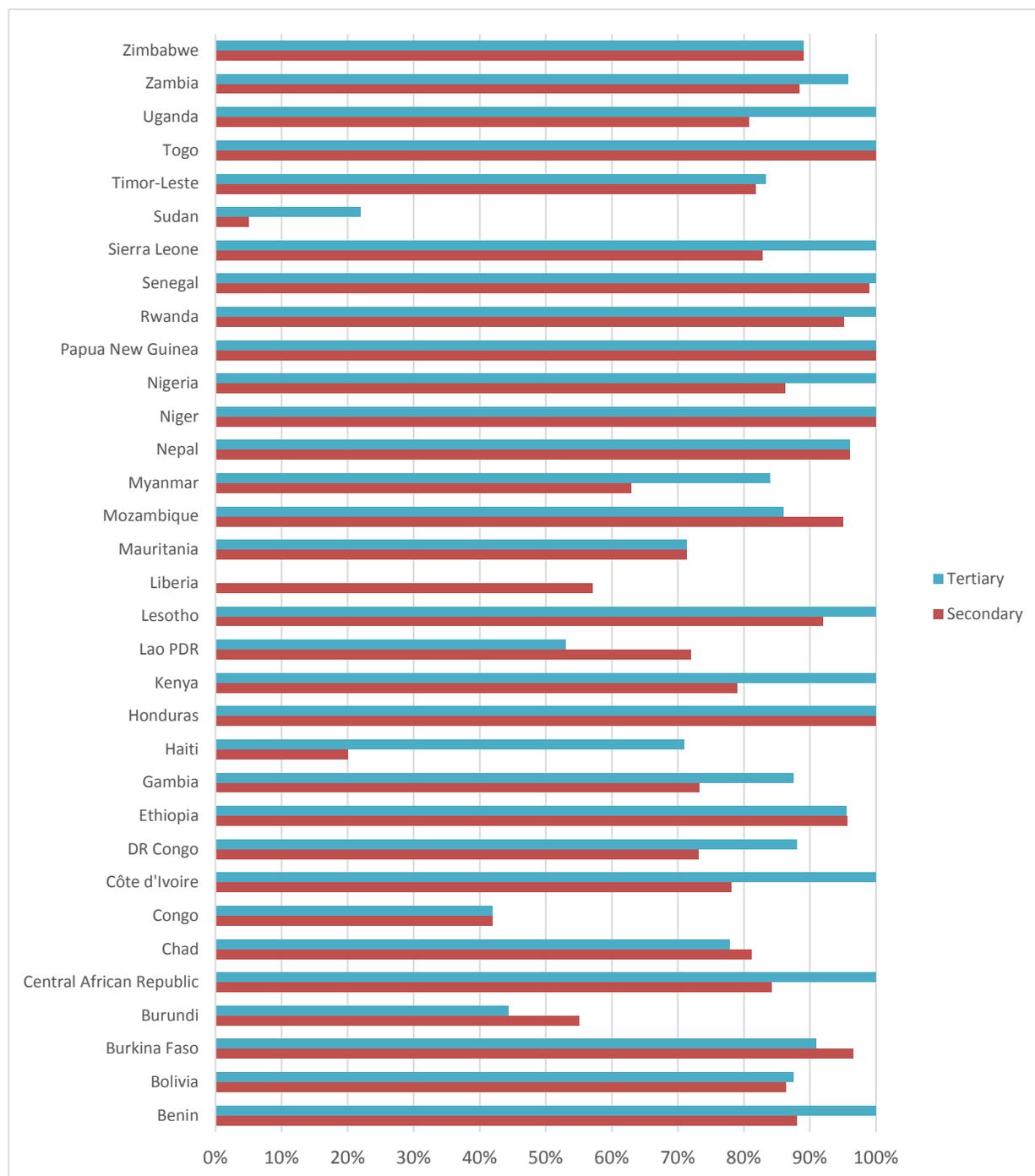
UNFPA Supplies also tracks the availability of a full choice of five or more modern contraceptive methods in secondary and tertiary level facilities **by urban and rural location**. This is important to measure one key element impacting the access to family planning and contraceptives by rural communities.

In 2015, although only 6 countries reached the target of having 85 per cent of rural SDPs at secondary and tertiary level offering at least five modern contraceptive methods, availability increased in 13 countries, compared with previous year: Burundi, Côte d'Ivoire, Honduras, Lao PDR, Lesotho, Mozambique, Myanmar, Nigeria, Rwanda, Senegal, Timor-Leste, Uganda and Zambia. A few countries reached 100 per cent availability in rural areas: Lesotho, Papua New Guinea, Rwanda and Senegal. However, in some others, the big gap in the access to contraception in rural facilities is a cause of concern.

Intense efforts should continue in order to close the urban/rural gap and increase the access to family planning and modern contraception in rural areas.

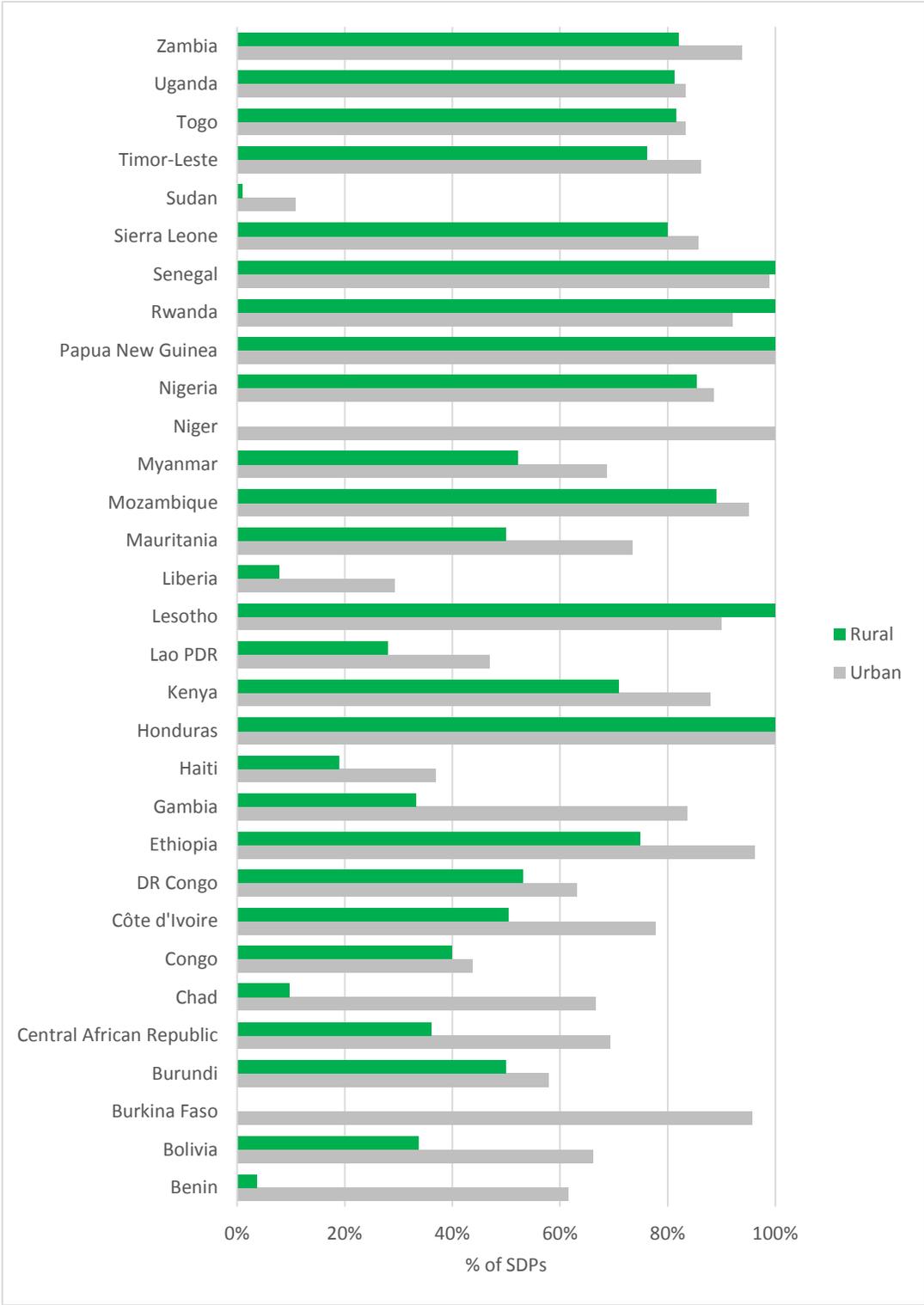
GOAL & OUTCOME

Figure 12: Availability of five or more modern methods at secondary and tertiary SDPs in 2015, by SDP level



GOAL & OUTCOME

Figure 13: Availability of five or more modern methods at secondary and tertiary SDPs in 2015, by urban/rural location



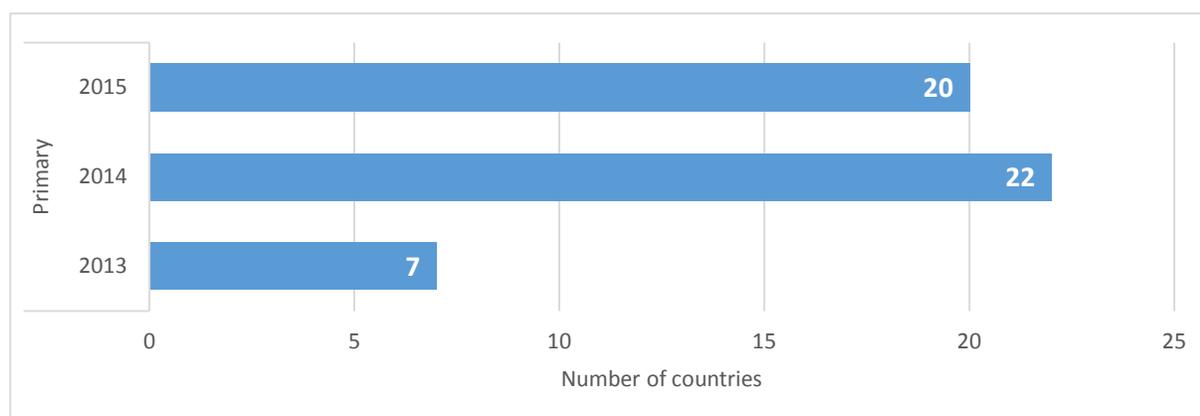
GOAL & OUTCOME

AVAILABILITY OF CONTRACEPTIVES AT PRIMARY LEVEL

Performance Monitoring Framework: To measure 'availability of RH commodities' the programme tracks the number of countries with 85 per cent of primary level service delivery points offering at least three methods in 2013 and increasing to five modern methods in 2016 and beyond.

The primary level includes clinics, health posts and community-based distribution through health workers. In 2015, 20 countries reported having at least 85 per cent of primary SDPs offering three or more methods, compared with 22 countries in 2014. It should be noted that 5 countries that reached the indicator in 2014 did not conduct the facility survey in 2015 (Yemen, Malawi, Mali, Madagascar and Guinea-Bissau).

Figure 14: Availability of a full choice of modern contraceptives in at least 85 per cent of primary SDPs 2013-2015



Also, 12 countries (48 per cent of the countries for which annual comparison is available) reported increased availability of three or more methods at primary level: Burkina Faso, Burundi, Chad, Côte d'Ivoire, Ethiopia, Haiti, Nepal, Nigeria, Senegal, Timor-Leste; and Benin and Central African Republic maintaining similar levels as in previous year.

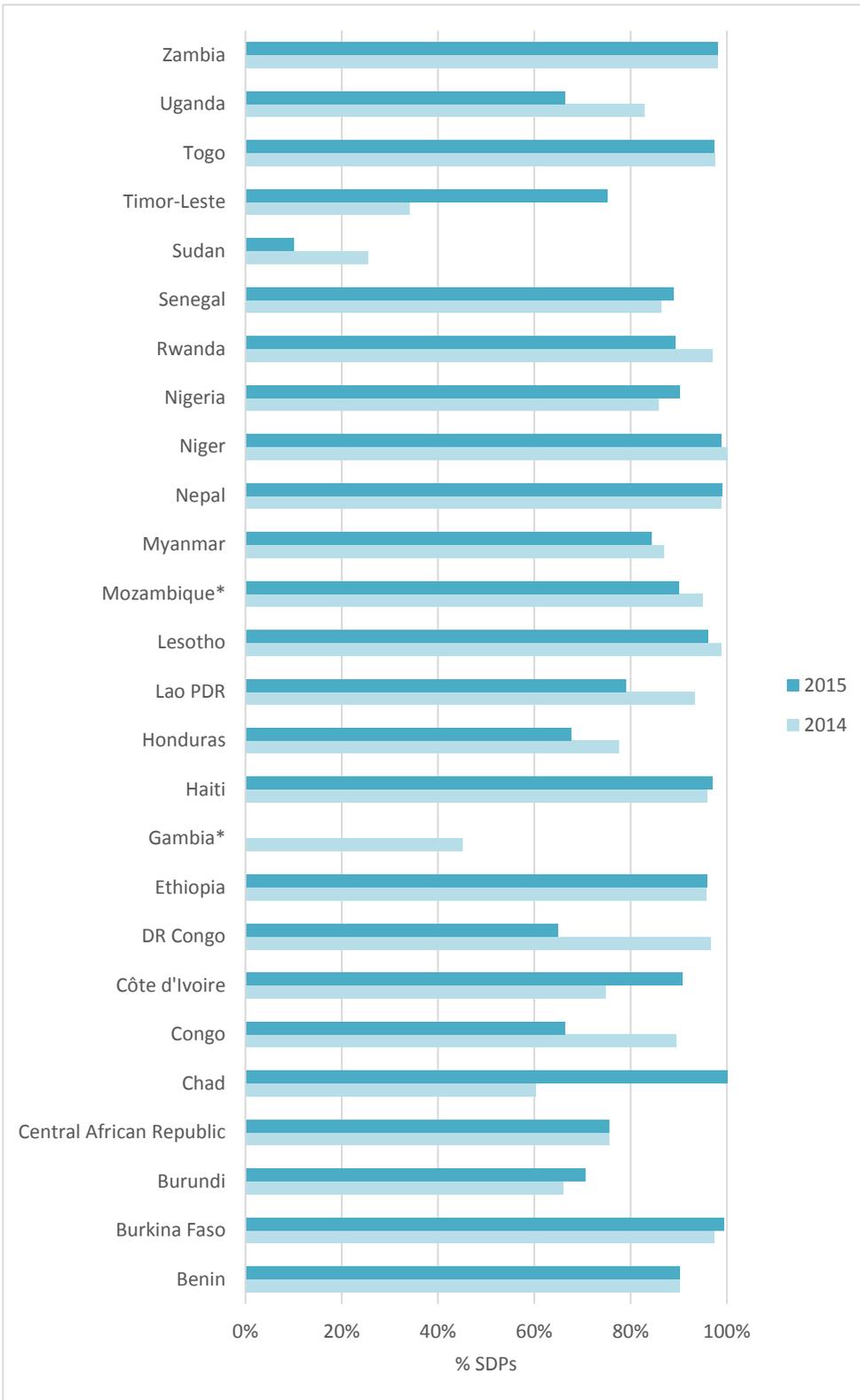
And 12 countries achieved almost universal availability of three or more methods at primary level in 2015, with over 95 per cent of primary SDPs offering at least three methods: Bolivia, Burkina Faso, Chad, Ethiopia, Haiti, Lesotho, Nepal, Niger, Sierra Leone, Togo and Zambia.

In addition, the choice of modern contraceptives is increasing in some countries: primary SDPs were offering five or more methods in Togo (89.5 per cent of primary SDPs), Mozambique (90 per cent), and Gambia (37.5 per cent).

In rural areas, 16 countries achieved the minimum choice indicator of 85 per cent of rural facilities offering three or more methods of modern contraceptives. Significant inequalities exist in access to contraceptives in rural areas, posing an important challenge in terms of equity.

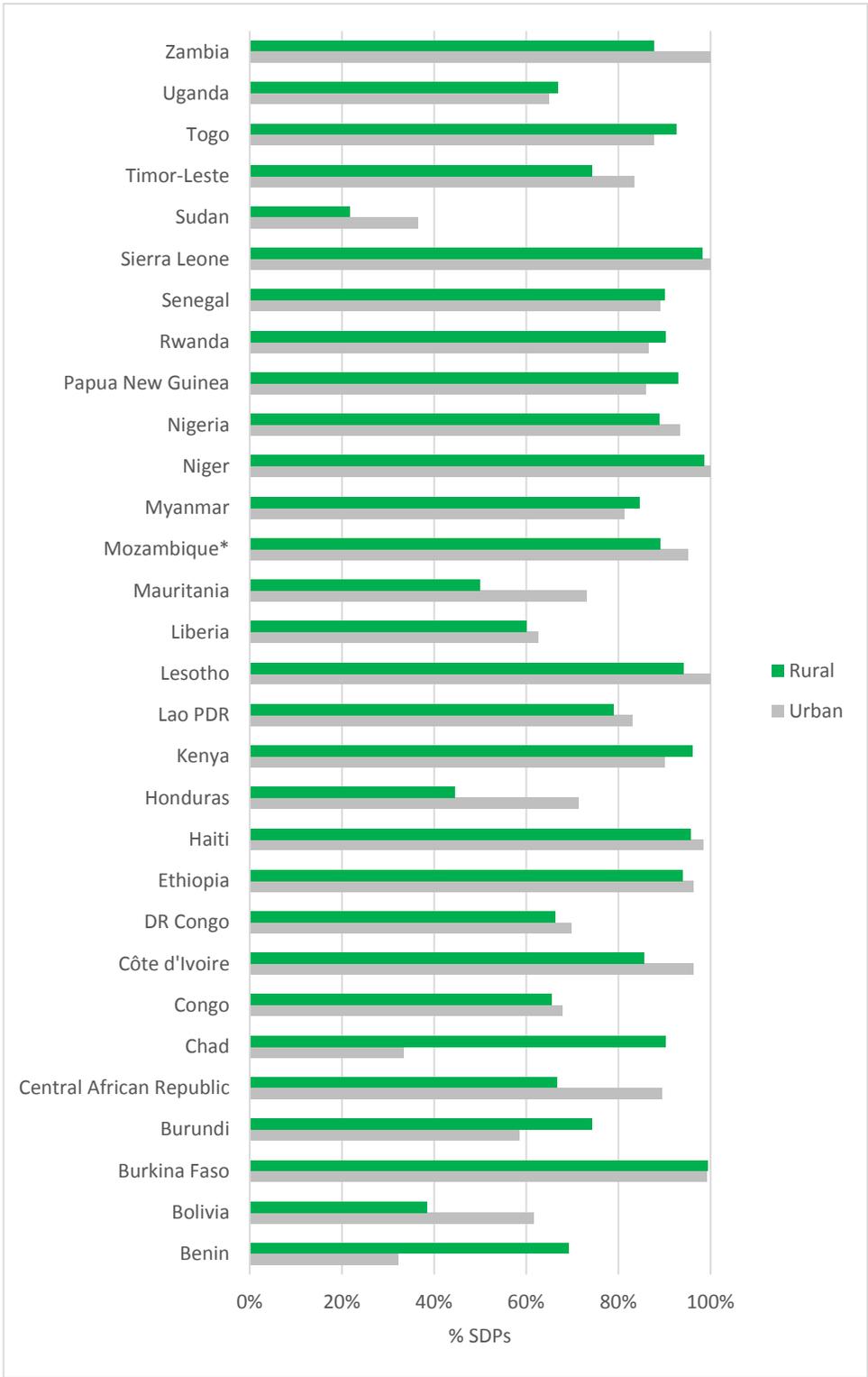
GOAL & OUTCOME

Figure 15: Availability of three or more modern methods at primary SDPs 2014-2015



GOAL & OUTCOME

Figure 16: Availability of three or more modern methods at primary SDPs in 2015, by urban/rural location



WHY DID SOME SDPS NOT OFFER A FULL BASKET OF MODERN CONTRACEPTIVES?

Reasons why SDPs did not offer at least five modern methods of contraception (or three in case of primary facilities) at the time of the facility-based RHCS survey varied from country to country. In their surveys, 26 countries provided detailed information.

The three most cited reasons for not offering a full choice of modern contraceptives in 2015 were, as in previous years, low client demand for certain methods, lack of trained staff to provide the method and problems in the supply chain causing delays in receiving the supplies from the warehouse.

Low client demand

- 22 countries out of 26 (79 per cent) reported that SDPs not offering certain methods because there was no demand of that method among the population.

Among countries where disaggregation per method is provided, female condom appear as the method least offered by facilities because of low demand. However, in a significant number of countries low demand is also mentioned by a significant portion of SDPs as a reason for not offering other modern methods.

Problems in the supply chain

- 19 countries (68 per cent) reported that delays in receiving the supplies from the warehouse was the reason why certain methods were not regularly offered by facilities;
- 9 countries also reported delays in the requisition of supplies by the facility.

In some cases delays may affect the availability of a particular method, such as in Lao PDR, where some problems in the distribution of male condoms reduced their availability at facilities. Some facilities may be more impacted by the delays, such as in Ethiopia, where one third of primary facilities report being significantly affected by delays from the warehouse, versus less than 10 per cent of secondary and tertiary SDPs.

Lack of trained staff

- 20 countries (71 per cent) reported that some facilities were not offering implants and IUDs because there was no trained personnel available to provide these methods.

In Central African Republic, Côte d'Ivoire, Kenya, and Uganda over one third of SDPs reported not offering implants due to lack of skilled staff. In Mozambique, Nigeria and Papua New Guinea around half of surveyed facilities did not provide implants due to lack of trained staff.

Facility-based RHCS surveys supported by UNFPA Supplies also measure certain aspects of the service provision and the capacity gap that exist in countries to provide long-term methods, particularly contraceptive implants, in conditions of safety and security for clients and providers.

GOAL & OUTCOME

As will be further presented in the following section, in many countries, a significant part of SDPs reported that no trained provider was available for the insertion and removal of implants.

The lack of trained staff for the provision of long-acting methods significantly hampers the efforts made to expand the basket of contraceptives available in countries and has a negative impact in increasing the access to family planning and the contraceptive uptake.

In order to achieve and sustain an increase in the contraceptive use it is critical that efforts to ensure that clients have a full choice of contraceptives that can be safely provided are maintained and expanded.

THE CAPACITY GAP AND ITS IMPACT IN THE AVAILABILITY OF MODERN CONTRACEPTION AND QUALITY OF CARE

As already mentioned, lack of trained personnel available to provide these methods is often one of the major reasons cited in facility-based RHCS surveys to explain why certain methods, particularly long-acting contraceptives (implants and IUDs), were not offered.

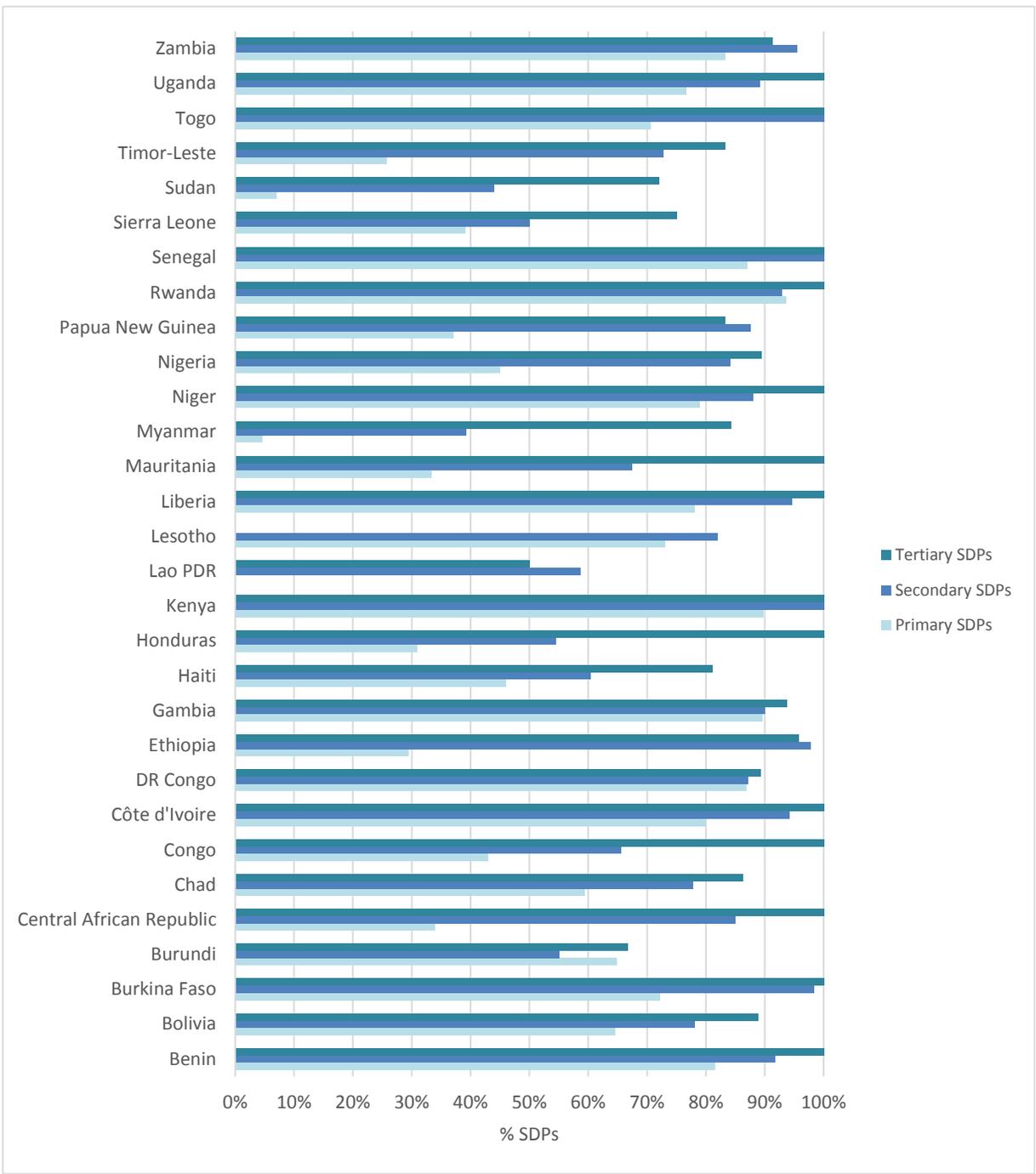
Surveys supported by UNFPA Supplies also measure certain aspects of the service provision and the **capacity gap** that exist in countries to provide long-term methods, particularly contraceptive implants, in conditions of safety and security for clients and providers.

In 2015, surveys conducted in 32 countries provide information regarding the percentage of SDPs that have **trained staff to insert and remove implants**. The total aggregation shows that in 15 countries (52 per cent) at least one third of facilities do not have trained staff for implant insertion and removal. In 10 of them at least half of all facilities do not have a trained provider (Sudan, Sierra Leone, Papua New Guinea, Myanmar, Mauritania, Lao PDR, Honduras, Haiti, Ethiopia, and Congo). Primary level facilities are the most understaffed, with 13 countries reporting over half of primary facilities with no staff trained for implant provision.

Rural facilities are also greatly impacted by the lack of trained personnel, aggravating the low access to modern contraceptive technology by rural populations. Some 11 countries reported that over half of rural facilities do not have any trained provider. In most countries, a significant proportion of SDPs reported that the most recent training occurred more than one year ago.

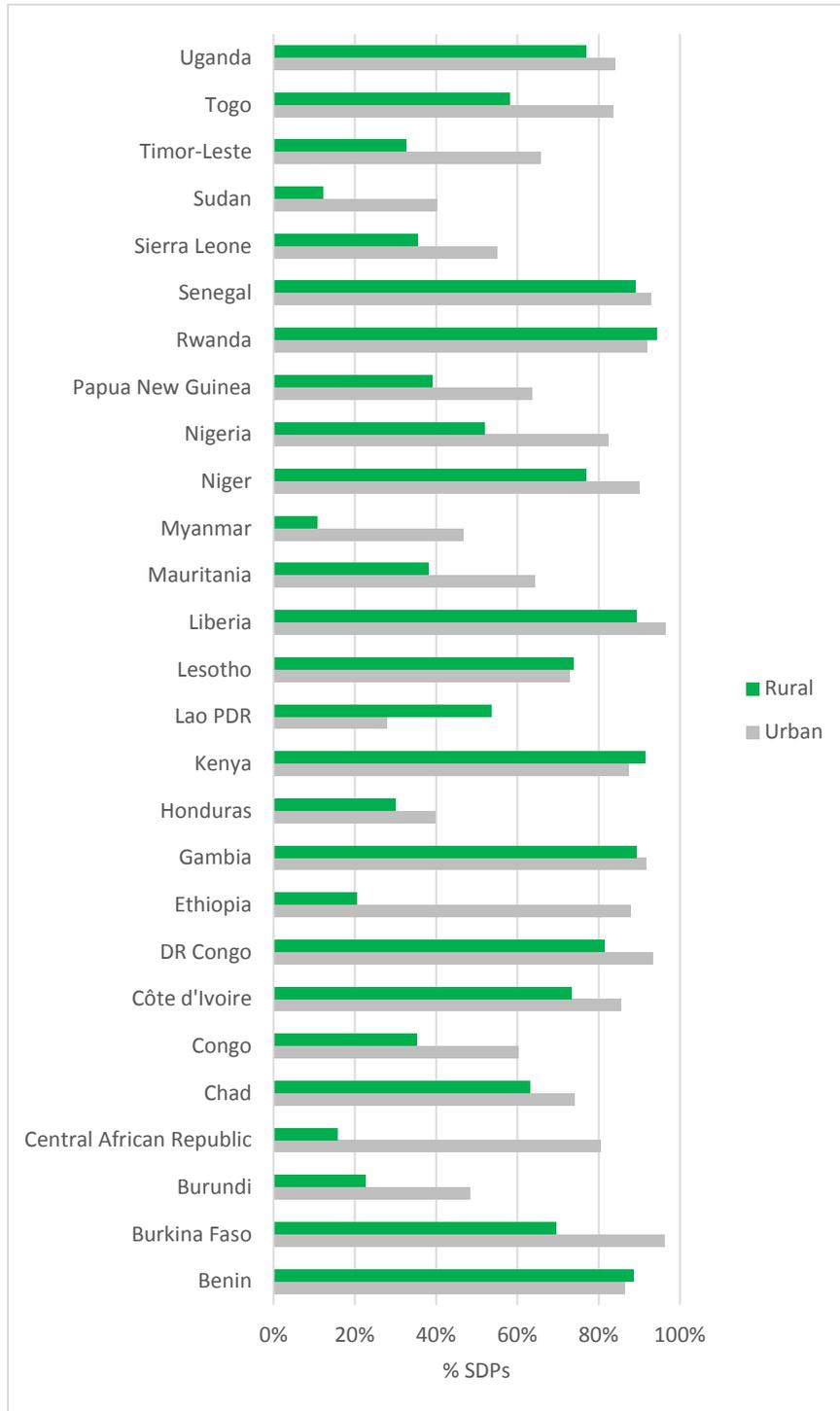
GOAL & OUTCOME

Figure 17: Percentage of SDPs with staff trained for insertion/removal of implants in 2015, by SDP level



GOAL & OUTCOME

Figure 18: Percentage of SDPs with staff trained for insertion/removal of implants in 2015, by urban/rural location



GOAL & OUTCOME

In assessing the **quality of care**, aside from the technical aspects related to the capacity of the facilities to provide family planning services, it is also important to take into account other **ethical issues** regarding the **informed consent** of the client – and especially the information regarding the side effects of the method-, and the due **respect for clients' individual choices**.

UNFPA Supplies facility-based RHCS surveys include client exit interviews to measure clients' satisfaction with the services received. Although it should be acknowledged that the information from the exit interviews is based on clients' subjective perceptions; it can provide a valuable starting point to advance the discussion around particular aspects of the quality of care in family planning.

- 29 countries included client exit interviews in the facility survey conducted in 2015. In 2 of them the information was incomplete;
- In 12 countries (out of 29), over 20 per cent of clients interviewed reported not being informed about the common side effects of the contraceptive method received;
- In 13 countries (out of 27), over 10 per cent of clients interviewed indicated being forced by the health service providers to accept a method, or the service provider insisted he/she should accept the FP method. A preliminary analysis indicates that, in some cases, there are significant differences in this percentage depending on the level of care and the location, whereas clients from primary level facilities and rural areas are more likely to report being forced or pushed to accept a FP method. Further analysis should be conducted.

Evidence indicates that increased support in capacity-building of health providers is critical to scale up family planning programmes and provide adequate coverage and access to quality family planning services and commodities.

In this regard, efforts should continue to ensure that capacity-building programmes of family planning providers include training in new contraceptive technologies, including insertion and removal of implants at all levels, where allowed by applicable regulations; and also modules on ethical codes of conduct to advance on the respect to the individual choices and autonomy of clients to make informed decisions about their reproductive health.

GOAL & OUTCOME

STOCK-OUT OF CONTRACEPTIVES

Performance Monitoring Framework: The programme tracks the number of countries with 60 per cent of SDPs with no stock-out of contraceptives in the last six or three months (disaggregated for urban–rural and type of SDPs).

Stock-outs are shortages or shortfalls in essential reproductive health supplies. Having ‘no stock-out’ is a sign that a country’s supply chain is functional. The impact of stock-outs of contraceptives are serious, and mean leaving current users of contraceptives and condoms at risk of unintended pregnancies and/or STI infection. Stock-outs of essential RH medicines can be deadly. At the programmatic level, stock-outs seriously hinder the scaling up of reproductive health interventions and their sustainability.

In 2015, data for 31 countries are available through the RHCS facility survey supported by UNFPA Supplies. Results for the indicator measuring no stock-out of contraceptives in the last three or six months are disaggregated as follows:

- 10 countries had no stock-out of any modern method in at least 60 per cent of tertiary SDPs in 2015: Côte d’Ivoire, Democratic Republic of Congo, Gambia, Honduras, Nepal, Niger, Nigeria, Senegal, Sierra Leone and Togo;
- 5 countries had no stock-out of any modern contraceptive in at least 60 per cent of secondary SDPs in 2015: Burkina Faso, Burundi, Nepal, Niger and Senegal;
- 6 countries had no stock-out of any modern method in at least 60 per cent of primary SDPs in 2015: Burundi, Burkina Faso, Nepal, Niger, Nigeria and Senegal.

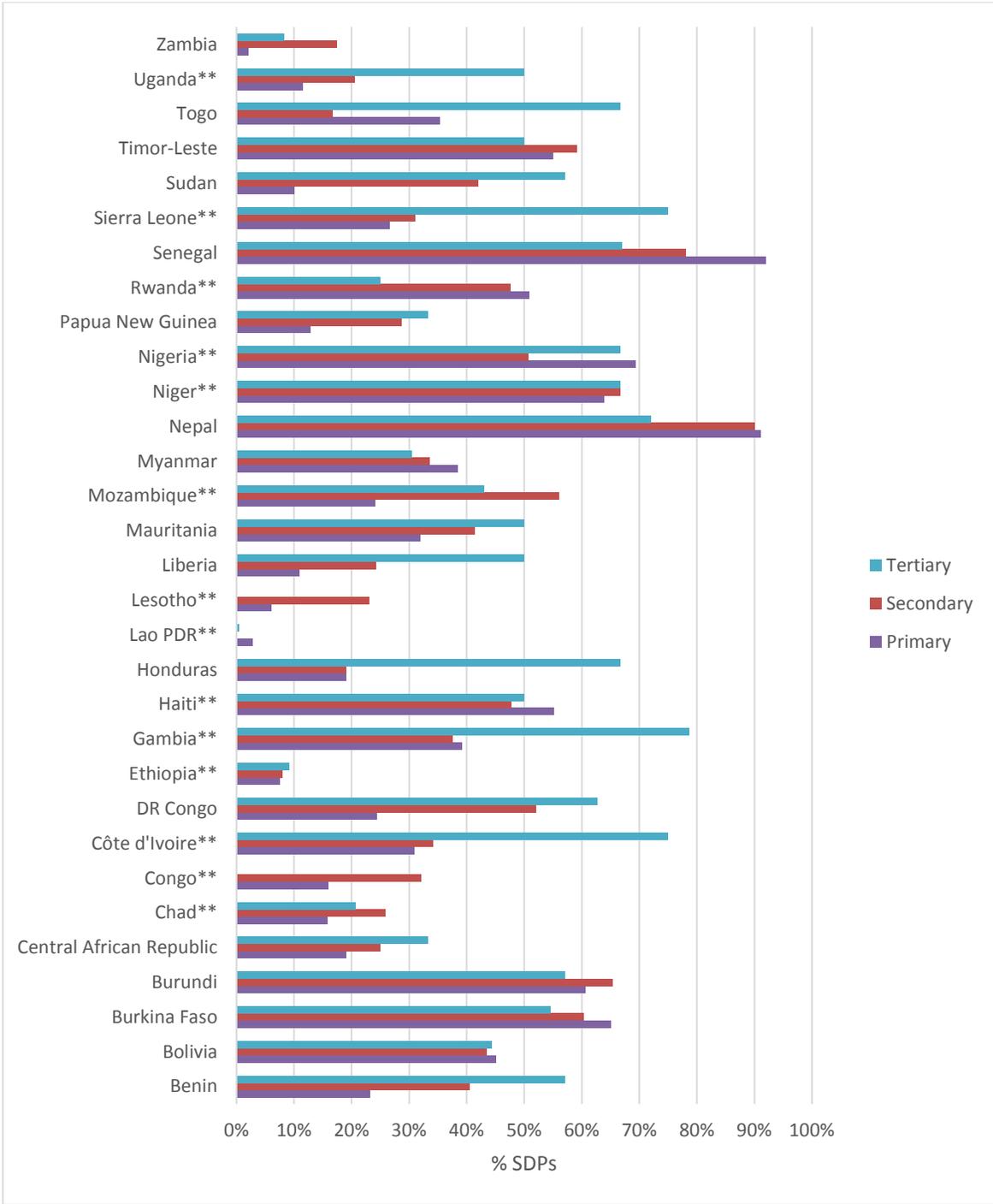
It should be noted that nine countries with data from 2014 survey **did not** conduct the survey in 2015 and eight **new** countries conducted the survey in 2015, both of note when assessing progress.

The stock-out situation improved in 11 countries in 2015 compared with the previous year, according to the 2014 and 2015 data on stock-outs available for 23 countries: Benin, Central African Republic, Chad, Congo, Côte d’Ivoire Haiti, Honduras, Myanmar, Nepal, Senegal and Togo. Stock-out levels slightly decreased by less than 5 percentage points in Zambia, Rwanda, Mozambique and Lao PDR. Decreases over 5 percentage points were registered in Burkina Faso, Ethiopia, Gambia, Lesotho, Niger, Nigeria, Sudan and Uganda.

In many countries **stock-outs in rural areas** are improving and achieving levels similar to urban facilities – such as in Burundi, Burkina Faso and Rwanda. They are even outperforming urban areas, such as in Nigeria, Senegal or Togo. In other countries the gap in rural areas is still very marked (Honduras, Gambia, Bolivia, Papua New Guinea, Mauritania).

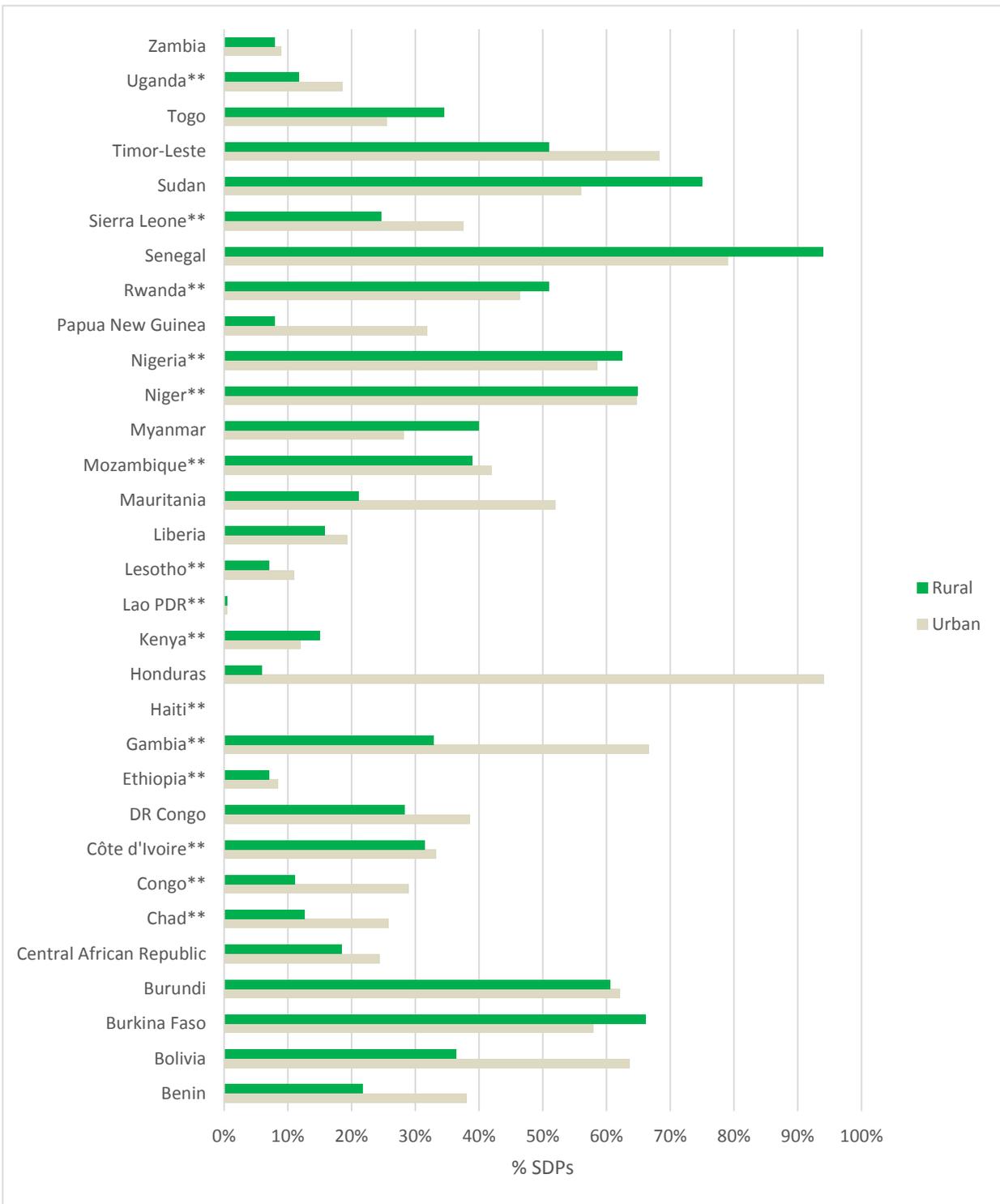
GOAL & OUTCOME

Figure 19: No stock-outs of contraceptives in the last three/six months by type of SDP, 2015



GOAL & OUTCOME

Figure 20: No stock-outs of contraceptives in the last three/six months by urban/rural location, 2015



WHY DID SOME FACILITIES EXPERIENCE STOCK-OUTS?

As in the past, stock-outs of contraceptives occurred for various reasons that need to be addressed in a comprehensive way. Some factors are beyond the influence of UNFPA Supplies, of course, such as a flood destroying a roadway or the decision of a country to launch a major family planning campaigning that creates an unexpected jump in demand. Three main causes of stock-out cut across almost all programme countries:

Delays in the supply chain system (for reordering or re-supplying) have caused stock-outs in many countries. In Kenya, for example, the majority of public facilities, which mainly get their supplies from the central medical stores, have to wait over one month before receiving their orders. In Sierra Leone, it was identified the need of building service providers capacity in quantification in order to avoid delays in reordering supplies and, at the same time, increase availability of ICT systems in facilities to enhance proper monitoring and reporting of stock levels and consumption.

Low or no demand for certain family planning methods for various reasons has caused persistent stock-outs, because no orders are placed and no stocks are maintained. In many countries high stock-out rates for female condoms were registered due to low demand. In Rwanda, the female condom was missing in over 30 per cent of facilities mainly due to no client demand of this method. Analysis conducted excluding this method revealed that all other products were available in 82.4 per cent of health facilities three months prior to the survey, and in 85.9 per cent of health facilities on the day of the survey.

Lack of skilled personnel, especially to deliver IUDs and implants, is another frequently cited cause.

GOAL & OUTCOME

Scorecard for Goal and Outcome, UNFPA Supplies 2015

 Green	Achieved <i>(achieved or exceeded)</i>	If the average per cent achievement of the milestone is equal to or more than above 100%
 Yellow	Progressing well towards target <i>(nearly achieved)</i>	If the average per cent achievement of the milestone is between 80% and 99%
 Orange	Making limited progress <i>(achievement is about average)</i>	If the average per cent achievement of the milestone is between 60% and 79%
 (Red)	Insufficient progress made <i>(achievement is below average)</i>	If the average per cent achievement of the milestone is below 60%

Goal: Contribute to universal access to reproductive health							
	Results and indicators	2013 baseline	2014 target	2014 actual	2015 target	2015 actual	Scorecard
1	Maternal mortality ratio (per 100,000 live births)	491	469	New data not available	447	475	
2	HIV prevalence rate (including disaggregated data on youth HIV prevalence rate)	310	2.97	New data not available	2.85	3.08	
3	Adolescent birth rate	113.9	110.9	New data not available	108	111.6	

GOAL & OUTCOME

	Outcome: Increased availability and utilization of RH commodities in support of reproductive and sexual health services including family planning, especially for poor and marginalized women and girls.						
Use							
1	Unmet need for family planning	24.6	24.3		23.6	24.6	
2	Contraceptive prevalence rate (CPR) for modern methods (disaggregated by quintile, urban–rural, education)	20.2	21.7		23.2	26.6	
3	Demand for modern contraception satisfied (disaggregated by quintile, urban–rural, education)	45.1	47.1		49.6	51.9	
4	Method mix score (including disaggregated data for prevalence of long-term and short-term methods)	8.8	9.0		9.1	6.9	
5	Additional women with modern methods of contraception reported through FP2020 Reference Group ⁸	8.4 million (for 69 FP2020 countries) 3.2 million (for 46 UNFPA Supplies countries)				24.4 million (for 69 FP2020 countries) 10.1 million (for 46 UNFPA Supplies countries)	
			21.2		34.5		

Availability of reproductive health commodities							
6.1	Number of countries with 85 per cent of tertiary and secondary level service delivery points (SDPs) offering at least five modern methods of contraception	11/46	17/46	11/46	19/46	16/46	

⁸ From FP2020 Annual reports

GOAL & OUTCOME

6.2	Number of countries with 85 per cent of primary level service delivery points offering at least three methods in 2013 and increasing to five modern methods in 2016 and beyond	7/46	15/46	22/46	19/46	20/46	
6.3	Number of countries with seven life-saving maternal/RH medicines from the WHO list ⁹ available in all facilities providing delivery services (this must include magnesium sulfate and either misoprostol or oxytocin or both) (disaggregated for urban–rural and type of SDPs)	0/46	8/46	0/46	10/46	0/46	
7	Number of countries with 60 per cent of SDPs with no stock-out of contraceptives in the last six months (disaggregated for urban–rural and type of SDPs)	8/46	11/46	8/46	14/46	7/46	
Country engagement within FP2020 partnership							
8	Percentage of UNFPA Supplies supported countries that have met their FP2020 commitments	0 ¹⁰	—	—	—	Not applicable	Not applicable

⁹ According to the WHO Priority life-saving medicines, for women and children, 2012; the priority medicines are: i) Oxytocin, ii) Misoprostol, iii) Sodium chloride, iv) Sodium lactate compound solution, v) Magnesium sulphate, vi) Calcium gluconate, vii) Hydralazine, viii) Methyldopa, ix) Ampicillin, x) Gentamicin, xi) Metronidazole, xii) Mifepristone, xiii) Azithromycin, xiv) Cefixime, xv) Benzathine Benzylpenicillin, xvi) Nifedipine, xvii) Dexamethasone, xviii) Betamethasone, and ix) Tetanus toxoid. For further information please see to the updated list at http://www.who.int/reproductivehealth/publications/general/emp_mar2012.1/en/index.html

¹⁰ UNFPA will continue to work with partners to establish consensus for the measurement of this indicator. It has been difficult to translate political commitment statements into measurable statements in most countries which makes this indicator difficult to measure

GOAL & OUTCOME

About the scorecard

<p>Goal: Contribute to universal access to reproductive health</p> <p>Progressing well</p> <p>Results in 2015 shows that impact level results continued to improve. However, there is need to accelerate progress towards universal access to reproductive health as a central strategy for achieving the Sustainable Development Goals.</p> <p>UNFPA Supplies continued to be a major contributor to reaching the FP2020 goals. Africa (with 37 out of the 46 UNFPA Supplies implementing countries) has contributed about 40 per cent of the total additional users; even though the continent contains less than 30 per cent of the number of women of reproductive age.</p>			
	Results and indicators	Summary methodology	Comments
1	Maternal mortality ratio (per 100,000 live births)	In 2014, global partners published new estimates for the maternal mortality ratio (see Trends in Maternal Mortality: 1990 to 2013 Report). Based on the 2013 estimates, average MMR for the 46 UNFPA Supplies implementing countries is estimated as 491 maternal deaths per 100,000 live births. Also, the average rate of change in these 46 countries for the period 1990 to 2013 was –3.4 per cent. A rate of change in MMR of –4.5 is assumed for the period 2013 to 2020. Thus MMR is assumed to decline from 491 in 2013 to 425 in 2016, 381 in 2018 and 336 in 2020.	Progressing well towards target MMR is decreasing but at a slower pace than previous decade
2	HIV prevalence rate (including disaggregated data on youth HIV prevalence rate)	HIV prevalence rates obtained from The World Bank (http://data.worldbank.org/indicator/SH.DYN.AIDS.ZS) give an estimated average of 3.1 per cent for the 46 UNFPA Supplies implementing countries, which has been used as the 2013 baseline. The average rate of change in these 46 countries for the period 2010 to 2013 was –2.02 per cent. A rate of change in the HIV prevalence rate of –4.04 per cent is assumed for the period 2013 to 2020. Thus the average HIV prevalence rate for the 46 countries is assumed to decline from 3.1 in 2013 to 2.8 per cent in 2015 and 2.2 per cent in 2020.	Progressing well towards target Total HIV prevalence is decreasing but at a slower pace than previous decade
3	Adolescent birth rate	Based on data from <i>UNFPA State of World Population Report</i> , the average ABR per 1,000 women aged 15 to 19 for the 46 countries is calculated as 113.9 per 1,000 women aged	Progressing well towards target

GOAL & OUTCOME

		15 to 19 in 2013 and 110.9 in 2014 (www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf , pages 104 to 108 and www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013-final.pdf , pages 100 to 105). The observed percentage rate of ABR decline of 0.52% is assumed to hold from 2014 to 2020. Thus the average ABR for the 46 countries is assumed to decline from 113.9 per 1,000 women aged 15 to 19 in 2013 to 108 in 2015 and 94.6 in 2020.	The adolescent birth rate is decreasing but at a slower pace than previous decade
<p>Outcome: Increased availability and utilization of RH commodities in support of reproductive and sexual health services including family planning, especially for poor and marginalized women and girls.</p> <p>Some progress is being made but challenges need to be addressed</p> <p>While much progress has been made to increase contraceptive use and expand on method mix, challenges still exist in making a range of methods available and averting stock-outs, especially at the level of primary service delivery points.</p>			
Use			
1	Unmet need for family planning	<p>Average unmet need for family planning for the 46 UNFPA Supplies countries based on World Contraceptive Use 2011 data is calculated as 25.1 per cent for 2011 (www.un.org/esa/population/publications/contraceptive2011/contraceptive2011.htm).</p> <p>This is assumed to decrease at a rate of 1 per cent up to 2015; 2 per cent from 2016 to 2018; and 3 per cent for 2019 and beyond. Based on this, the unmet need for family planning is estimated to decrease from 20.6 per cent in 2013 to 23.6 per cent in 2015 and 18.0 per cent in 2020.</p>	<p>Progressing well towards target</p> <p>On average, unmet need for family planning in the 46 countries has remained unchanged even as mCPR has increased during the same period.</p>
2	Contraceptive prevalence rate (CPR) for modern methods (disaggregated by quintile, urban–rural, education)	<p>Average CPR for modern methods for the 46 UNFPA Supplies countries based on the World Contraceptive Use 2011 data is calculated as 17.2 per cent for 2011 (www.un.org/esa/population/publications/contraceptive2011/contraceptive2011.htm). This is assumed to increase at a rate of 1.5 per cent per annum up to 2017 and at an accelerated rate of 2 percentage points per annum beyond 2017. Based</p>	<p>Achieved</p> <p>The contraceptive prevalence rate has increased in the 46 countries UNFPA Supplies implementing countries.</p>

GOAL & OUTCOME

		on this, CPR is estimated to increase from 20.2 per cent in 2013 to 23.2 per cent in 2015 and 31.7 per cent in 2020.	
3	Demand for modern contraception satisfied (disaggregated by quintile, urban–rural, education)	The demand satisfied calculated from the above two estimated values as: % Demand satisfied = $[\text{CPR} \div (\text{CPR} + \text{Unmet need})] \times 100$	Achieved Demand satisfied has increased more than 6 percentage points compared with the baseline.
4	Method mix score (including disaggregated data for prevalence of long-term and short-term methods)	Method mix score for the 46 UNFPA Supplies countries based on the World Contraceptive Use 2011 data (www.un.org/esa/population/publications/contraceptive2011/contraceptive2011.htm). This is estimated by computing the difference in prevalence between the most prevalent modern method in a implementing countries and the third-most prevalent method; and further dividing the result by the total CPR for modern methods (on a scale of 10 a higher value signifies high concentration on fewer methods)	Achieved: Method mix is improving The three most used methods accounted for 76.8 per cent of mCPR in 2015, which was a decrease from 81.1 per cent of mCPR in 2013. Compared with 2013, the prevalence of sterilization (male and female) in 2015 decreased from 7.2 per cent to 2.6 per cent. Also, the prevalence of long-acting reversible methods (implants and IUDs) increased from 1.9 per cent in 2013 to 3.4 per cent in 2015. The prevalence of implants increased from 0.8 per cent in 2013 to 2.1 per cent in 2015.
5	Additional women with modern methods of contraception reported through FP2020 Reference Group ¹¹	This refers to the number of additional users of modern methods of contraception reached during the year. It is derived from FP 2020 Annual Reports and calculated by subtracting the estimated number of women and girls using modern contraceptive methods in the previous year from the estimated number using modern contraceptive in the current year (see for example http://progress.familyplanning2020.org/family-planning-progress-highlights-2013-2014 , pages 101 to 108).	Making limited progress Though progress is described as limited, the number of additional users of contraception is significantly higher than the historical trend would predict. UNFPA Supplies is a major contributor to reaching the FP2020 goals. For instance Africa (with 37 out of the 46 UNFPA Supplies implementing countries) contributes about 40 per cent of the total additional users yet the continent contains less than 30 per cent of the number of women of reproductive age.

¹¹ From FP2020 Annual reports

GOAL & OUTCOME

Availability of reproductive health commodities		
6.1	Number of countries with 85 per cent of tertiary and secondary level service delivery points (SDPs) offering at least five modern methods of contraception	<p>Data for this indicator are derived from facility surveys supported by UNFPA Supplies in the programme implementing countries.</p> <p>Progressing well towards targets</p> <p>There is significant progress in this indicator for most countries where data for several years is available: 19 out of 23 countries with data for 2014 and 2015 experienced increased availability of modern contraception.</p> <p>High-performing countries that achieved this indicator in previous years, such as Djibouti, Guinea, Mali and Malawi, did not conduct the survey in 2015 and are therefore not included.. If the survey would have been conducted in these countries in 2015, it could have influenced more positively the result for this indicator.</p> <p>Most cited reasons for not offering a full basket of contraceptives relate to low demand of certain methods (namely female condom and emergency contraception) and lack of trained staff for the provision of implants and IUDs. Issues with the supply chain such as delays from the main warehouse are also commonly mentioned for all methods</p>
6.2	Number of countries with 85 per cent of primary level service delivery points offering at least three methods in 2013 and increasing to five modern methods in 2016 and beyond	<p>UNFPA Supplies country surveys of SDPs</p> <p>Achieved</p> <p>Availability is increasing in most programme countries with data available for several years: 14 out of 23 countries with data from previous years increased availability of modern methods at primary level SDPs. Countries such as Gambia, Mali, Mozambique, Senegal and Togo are already increasing the availability of at least 5 modern methods at primary SDPs in 2014 and/or 2015.</p> <p>High-performing countries that achieved this indicator in previous years, such as Gambia, Guinea-Bissau, Madagascar, Malawi, Mali, and Yemen did not conduct the survey in 2015. If the survey would have been conducted in these countries in 2015, it could have influenced more positively the result for this indicator.</p>

GOAL & OUTCOME

			<p>Most cited reasons for not offering a full basket of contraceptives relate to low demand of certain methods (namely female condom and emergency contraception) and lack of trained staff for the provision of implants and IUDs. Issues with the supply chain such as delays from the main warehouse are also commonly mentioned for all methods</p>
6.3	<p>Number of countries with seven life-saving maternal/RH medicines from the WHO list¹² available in all facilities providing delivery services (this must include magnesium sulfate and either misoprostol or oxytocin or both) (disaggregated for urban–rural and type of SDPs)</p>	<p>UNFPA Supplies country surveys of SDPs</p>	<p>Insufficient progress made</p> <p>This indicator measures the availability of seven essential maternal/RH medicines. In order to achieve the indicator all essential medicines have to be <u>available at 100% of SDPs at all levels</u>. Since UNFPA Supplies started to measure this indicator, no country has been able to have all seven life-saving medicines (which must include magnesium sulfate and either misoprostol or oxytocin or both) in all SDPs.</p> <p>However, some countries did achieve full availability of essential maternal/RH medicines at certain levels: in 2015, 14 countries had the medicines available at 100% of tertiary SDPs, while only 5 had full availability at all secondary SDPs.</p> <p>It should be noted that 11 countries increased availability of essential maternal/RH medicines in 2015, compared with previous years.</p> <p>Most commonly cited reasons for not offering essential medicines relate to supply chain issues, such as delays from main warehouse and delayed requests from the SDPs. Lack of awareness on the use of the medicines and lack of trained staff to administer them are also cited in some countries.</p>

¹² According to the WHO Priority life-saving medicines, for women and children, 2012; the priority medicines are: i) Oxytocin, ii) Misoprostol, iii) Sodium chloride, iv) Sodium lactate compound solution, v) Magnesium sulphate, vi) Calcium gluconate, vii) Hydralazine, viii) Methyldopa, ix) Ampicillin, x) Gentamicin, xi) Metronidazole, xii) Mifepristone, xiii) Azithromycin, xiv) Cefixime, xv) Benzathine Benzylpenicillin, xvi) Nifedipine, xvii) Dexamethasone, xviii) Betamethasone, and ix) Tetanus toxoid. For further information please see to the updated list at http://www.who.int/reproductivehealth/publications/general/emp_mar2012.1/en/index.html

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7	Number of countries with 60 per cent of SDPs with no stock-out of contraceptives in the last six months (disaggregated for urban–rural and type of SDPs)	UNFPA Supplies country surveys of SDPs	<p>Insufficient progress made</p> <p>Reducing stock-outs remains a significant challenge for most programme countries.</p> <p>Total aggregates at the national level shows that only 7 countries achieved the indicator. However, stock-outs went down in many programme countries in 2015 compared with previous years, namely in: Togo, Timor-Leste, Senegal, Nepal, Myanmar, Mauritania, Côte d’Ivoire, Central African Republic and Benin.</p> <p>Stock-outs in rural areas are improving, and the urban–rural gap is also being reduced in many programme countries, notably: Burkina Faso, Burundi, CAR, Côte d’Ivoire, Kenya, Myanmar, Niger, Nigeria, Rwanda and Senegal, among others.</p> <p>Among the main reasons given by SDPs for the stock-outs, the most cited relate to issues in the supply chain (90 per cent of SDPs providing information mentioned issues with the supply chain, and especially delays from main warehouses to deliver the products), followed by lack of demand from clients (70 per cent of SDPs). Lack of trained staff was also mentioned by 55 per cent of SDPs to explain stock-outs of LARCs.</p>
Country engagement within FP2020 partnership			
8	Percentage of UNFPA Supplies supported countries that have met their FP2020 commitments	FP2020 Reference Group and Country Engagement Working Group	This indicator has not been measured over the years, because of the inherent difficulty of measuring the various types of commitments made by countries.

Output 1: Improved enabling environment for reproductive health commodity security



With transformational benefits, voluntary family planning can accelerate achievement across the Sustainable Development Goals. UNFPA Supplies is helping countries meet the objectives of Family Planning 2020 and the International Conference on Population and Development, providing contraceptives and building capacity for services and policies that give individuals the ability to prevent or delay a pregnancy. UNFPA works with partners to ‘mainstream’ family planning and RHCS in development agendas. This strategic focus includes strengthening coordination mechanisms at all levels. At country level, creating a positive programming environment includes a range of activities:

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

1.1 SUPPORT FOR POLICIES AND STRATEGIES

<p><i>Programme Monitoring Framework: Support for policies and strategies is measured by the programme through several indicators, all contributing to an enabled environment.</i></p>	
<p>Number of countries with policies in place that take into consideration rights-based and total market approaches to family planning</p>	<p>A country is judged to have achieved the indicator if there is/are policy or policies that; a) contains both elements (right based approaches to family planning; and b) total market approaches); b) has/have been finalized; and, c) is/are being implemented. <i>(All the three conditions must be satisfied)</i>. Milestones to build on baseline and reach a target of 46 countries in 2018 and maintain progress until 2020</p>

OUTPUT 1 | ENABLING ENVIRONMENT

Number of countries where a 3-5 year medium-term plan for family planning, with rights-based and total market approaches, is being implemented	A country is judged to have achieved the indicator if it is reported a) to have a 3 to 5 years medium-term costed plan for family planning; b) that the plan contains both elements (right based approaches to family planning; and total market approaches); c) and that these plan has been finalized, approved and is being implemented. <i>(All the three conditions must be satisfied.)</i> Milestones to build on baseline and reach a target of 46 countries in 2019 and maintain progress in 2020
Number of countries with family planning policies in place that take into consideration young people's access to contraceptive services	A country is judged to have achieved the indicator if it is reported a) to have policies in place that takes into consideration young people's access to contraceptive services; and b) that these policies have been finalized, approved and is being implemented. <i>(Both the conditions must be satisfied).</i> Milestones to build on baseline and reach a target of 46 countries in 2019 and maintain progress in 2020
Number of countries with a 3-5 year medium-term costed plan for family planning that takes into consideration young people's access to contraceptive services	A country is judged to have achieved the indicator if it is reported to have a) a 3 to 5 years medium-term costed plan for FP; b) that takes into consideration young people's access to contraceptive services; and, c) that action plan has been finalized, approved and is being implemented. <i>(All the three conditions must be satisfied.)</i> Milestones to build on baseline and reach a target of 46 countries in 2017 and maintain progress until 2020
Number of countries with national SRH and RR guidelines and protocols which include a rights-based approach to RHCS and family planning issues	A country is judged to have achieved the indicator if it is reported to have available national SRH and RR guidelines and protocols which include a) right based approach to RHCS and family planning issues; and, b) that the guidelines and protocols have been finalized, approved and are being implemented. <i>(Both the three conditions must be satisfied).</i> Milestone to build on baseline and reach a target of 46 countries in 2015 and maintain progress until 2020

UNFPA Supplies directed support to all 46 countries to strengthen the policy enabling environment and ensure the availability of tools and guidelines in support of rights-based and total market approaches to FP and with special focus on young people:

- 35 countries had policies that take into consideration rights-based and total market approaches to family planning, compared with 28 in 2014;
- 33 countries had three- to five-year medium-term plans for family planning, with rights-based and total market approaches, being implemented in 2015, compared with 24 in 2014;
- 41 countries had policies that take into consideration young people's access to contraceptive services, compared with 36 in 2014;
- 37 countries had a three- to five- year medium-term costed plan for FP that takes into consideration young people's access to contraceptive services, an increase from 25 in 2014;
- 43 countries had available national SRH and RR guidelines and protocols which include a rights-based approach to RHCS and family planning issues, up from 40 countries in 2014.

OUTPUT 1 | ENABLING ENVIRONMENT

Figure 1.1: Existence of policies in place, plans and guidelines, 2013 to 2015

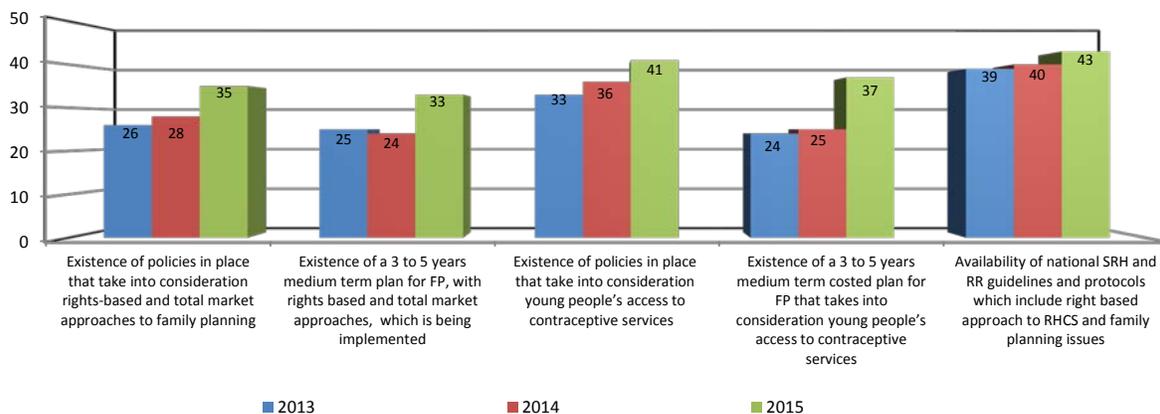
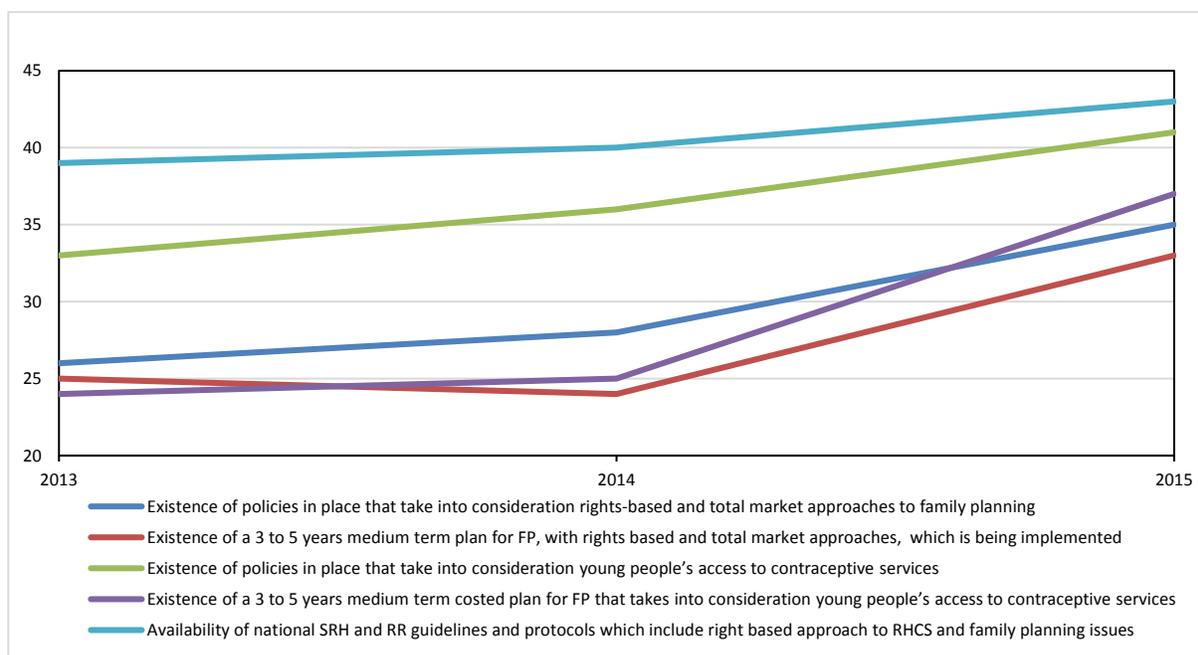


Figure 1.2: Trends in performance for key policy and strategy indicators, 2013 to 2015



1.2 COUNTRY-LEVEL COORDINATION AND PARTNERSHIPS

Countries carry out a wide variety of activities to improve the enabling environment for reproductive health and family planning. Everywhere, advocacy adds up to impact. These are a few of many examples. A number of specific indicators are used to track 'country-level coordination and partnerships' as part of an enabled environment.

OUTPUT 1 | ENABLING ENVIRONMENT

1.2.1 COORDINATION MECHANISMS

Performance Monitoring Framework: The programme tracks the number of countries with a functional national RHCS coordination mechanism (with inclusive membership including private sector, and terms of reference, minutes of meetings, follow-up action points). The number of countries where a) RHCS coordination mechanism exists, which; b) is under the leadership of government; c) has membership drawn from donor agencies, UN agencies, Civil Society Organizations, Private Sector, NGOs and other stakeholders; d) met at least two times during the year to address specific issues; e) has an annual action plan (workplan) which sets out what is to be done for each year; and, f) has report(s) including minutes of meetings available on its activities (All of conditions (b) to (f) must be present for the mechanism to be considered as functional). Milestones to build on baseline and reach a target of 46 countries in 2018 and maintain progress until 2020.

Working with partners, UNFPA, through the UNFPA Supplies, assisted governments to scale up their commitments to reproductive health commodities and family planning. The interventions include making national coordination mechanism functional; promote the use of evidence from RHCS/FP situation analysis for programming; improving in-country processes to ensure RH commodities are available and most importantly allocating government resources for procurement of reproductive health commodities.

In 2015, 44 countries reported the existence of an RHCS coordinating committee – the same number as in 2014. For a committee to be considered “functional”, they need to be under the leadership of government; to have memberships drawn from donor agencies, UN agencies, civil society organizations, private sector, NGOs and other stakeholders; to have least twice during the year; and to have had an annual action plan (workplan) that set out what was to be done during the year, with reports or minutes of meetings available. Of the 44 countries, 29 countries had committees that met all these criteria, with the remainder meeting some but not all (for example, only one meeting was held during the year).

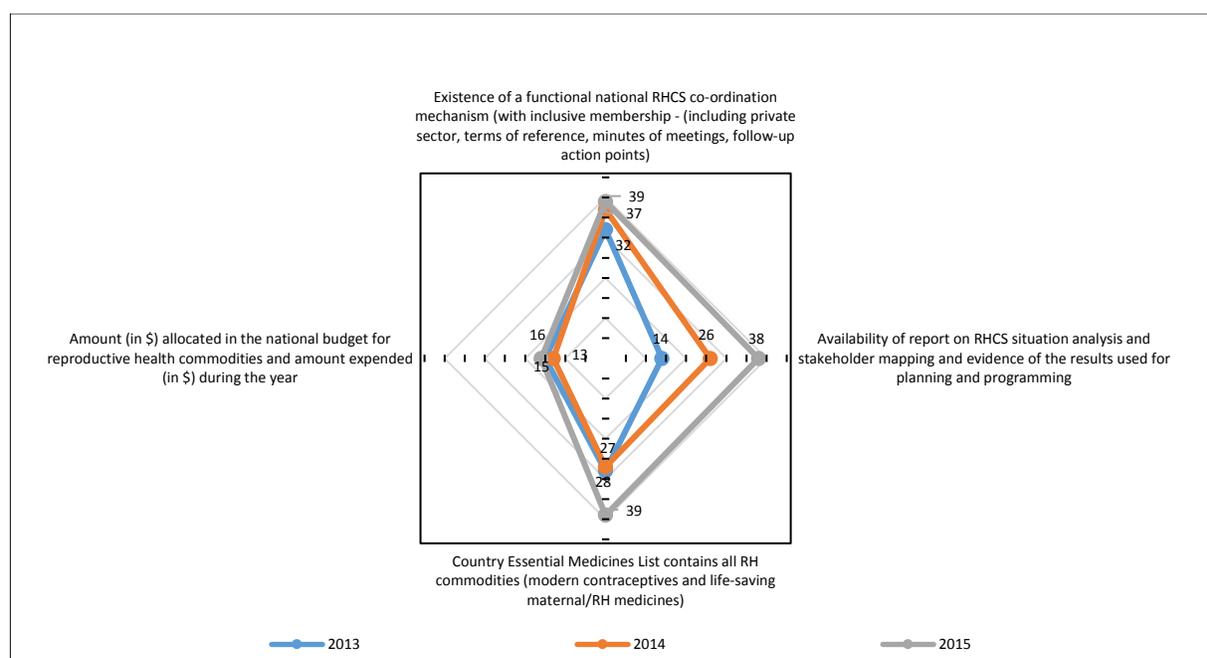
1.2.2 SITUATION ANALYSIS

Performance Monitoring Framework: The programme tracks the number of countries where RHCS situation analysis and stakeholder mapping is conducted and results used for planning and programming. The number of countries where a) studies on RHCS situation analysis and stakeholder mapping have a) been conducted; b) the report has been finalized; and c) the recommendations of the studies are being implemented in planning and programming. (All the three conditions must be satisfied). Milestones to build on baseline and reach a target of 46 countries in 2019 and maintain progress until 2020.

OUTPUT 1 | ENABLING ENVIRONMENT

- 40 countries were engaged in RHCS situation analysis and stakeholder mapping in 2015, an increase of eight countries;
- 38 countries finalized the situation and stakeholder mapping process, reported results and applied the finding to inform programming in 2015, an increase of 12 countries;
- 16 countries spent at least 80 per cent of the resources allocated in national budgets for the procurement of reproductive health in 2015, up from 13 in 2014 – showing growing national commitment by UNFPA Supplies countries.

Figure 1.3: National commitment and coordination



1.2.3 INTEGRATING RHCS IN INSTITUTIONS

Performance Monitoring Framework: The programme tracks the number of national institutions supported to integrate RHCS issues in training curricular including for procurement. *Methodology summary:* The number of training institutions at national level, with which UNFPA Country Offices collaborate or support, a) that have RHCS and FP issues include in various course curricula; b) the curricula has been approved and is being used for training as part of the institutions approved course structure; and c) that people were trained using this curricula for the reporting year. (All the three conditions must be satisfied). Milestones to build on baseline (on the average 10 per year) and reach a target of **85 institutions** in 2019 and maintain progress until 2020.

When training in RHCS and family planning is integrated into national institutions, it contributes to a more positive environment for sustainable progress. In 2015, UNFPA Supplies supported various elements of RHCS/FP training in 32 institutions in 24 countries compared with 27 institutions in 22 countries in 2014.

1.2.4 PERSONS TRAINED IN RHCS ISSUES

Performance Monitoring Framework: The programme tracks the number of persons trained in RHCS issues by type of training topic. Methodology summary: This is an aggregate of the number of persons trained for the various training activities supported in all the countries for the year. Milestones to build on baseline and train an average of 10,000 per year in 2014 and maintain progress until 2020.

Training programmes addressed various aspects of family planning and RHCS:

- 3,300 persons received training in 2015;
- In 2015, Niger, Nigeria and Zimbabwe had a particular focus on RHCS training.

The areas of training included a broad range of RHCS topics, including contraceptive technology in the National Public Health Institute of Burundi; contraceptive technology and LMIS in the School of Nursing and Midwifery and State Enrolled Nurses in Gambia; and, procurement training in the University of Health Sciences in Lao PDR and the Myanmar University of Public Health where procurement will be added to the curriculum for the Master of Public Health course and the Master of Hospital Administration course.

In Chad a competency-based training was conducted for four regional schools and the National School of Midwifery training which included essentials in contraceptive technology including product management.

Procurement, Ethics and Quality Assurance training was carried out in collaboration with Autorité de Régulation des Marchés Publics (ARMP) and the University of Kinshasa, Faculty of Pharmaceutical Sciences in Democratic Republic of Congo and Institute of Advanced Management & Technology (IAMTECH) in Sierra Leone.

A webinar sharing lessons learned in the development of logistics management information systems in the Latin America and Caribbean Region was conducted. This webinar was used by UNFPA in Guatemala to involve national authorities in understanding the needs and functions of LMIS.

Four online courses were implemented in Spanish in the Latin America and Caribbean Region: (1) Introduction to Reproductive Health Commodity Security; (2) Forecasting for Commodity Supply in Reproductive Health; (3) Technical Specifications for Commodity Supply in RH; and (4) Procurement Modalities for Commodity Supply in RH. In addition, the UNFPA online course on Quality of Medicines

OUTPUT 1 | ENABLING ENVIRONMENT

was revised and translated into Spanish. A total of 280 participants were registered into courses, 260 of them have used these material in their regular activities and 87 have been certified.

Health Professionals from Colombia (25 participants trained), El Salvador (20 participants trained), Cuba (25 participants trained) and Paraguay (2 participants trained) received a 32-hour training for implementing quality of care protocols that meets UNFPA evidence-based standards for rights-based family planning services, information and outreach focused on adolescent contraception. This training was reinforced through three workshops on contraception replicated in Colombia, El Salvador and Cuba.

Capacity-building activities were carried out with:

- ARMP, CEFOREP and IAMTECH in West Africa;
- PRISMA and Reprolatina in Latin America;
- Indian Institute of Health Management and Research in South-East Asia.

1.2.5 COORDINATED ASSISTANCE FOR REPRODUCTIVE HEALTH SUPPLIES

Performance Monitoring Framework: To measure 'country-level coordination and partnership', the framework monitors the number of countries supported by CARhs to resolve problems and avert stock-out or overstock situations. Methodology summary: The number of UNFPA Supplies implementing countries for which the Coordinated Assistance for Reproductive Health Supplies (CARhs) group of key global-level partners including UNFPA (who fund and procure of contraceptives and condoms) a) shared information, b) identified issues relating supply shortages; and, c) collaborated to avert stock-outs. (All the three conditions must be satisfied). Milestones to build on baseline and reach a target of 35 countries in 2015 and maintain progress until 2020.

UNFPA, through UNFPA Supplies, continues to work with global and in-country partners within the Coordinated Assistance for Reproductive Health Supplies (CARhs) group to take proactive actions for averting stock-out of RH commodities. On a regular basis, the group share information on contraceptive stock levels and shipments for various countries. In 2015, the number of issues addressed by CARhs relating to the UNFPA Supplies implementing countries was 322 issues (for 15 countries). This was a reduction compared with 347 issues (for 20 countries) in 2014.

Much of the CARhs work involves providing valuable information to the MoH and our partner agencies operating in the countries we support. This information typically includes expected arrival dates and quantities of RH commodities. Examples of tangible accomplishments made in 2015 include:

- An emergency shipment to Ethiopia of implants was created;
- A scheduled shipment of implants to Ghana was postponed to avoid over-stocking in the already crowded central warehouse;

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- Emergency shipments to Liberia of condoms and injectables were created to respond to shortages of both items.

The Procurement Planning and Monitoring Report (PPMR), operated by CARhs, continue to be a very useful platform for sharing information on stock status of contraceptive products.

1.3 PRODUCT AVAILABILITY

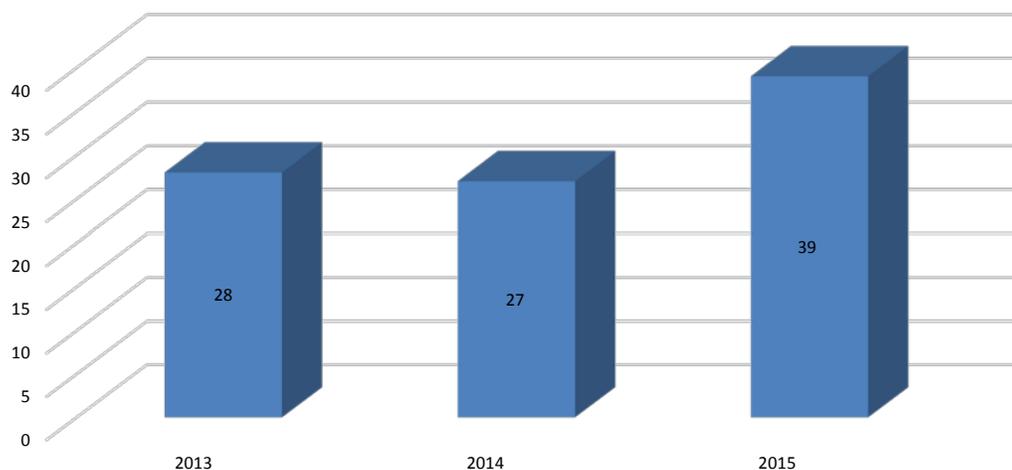
<i>Programme Monitoring Framework</i>	
<i>Number of countries with all RH commodities (modern contraceptives and life-saving maternal/RH medicines) in-country EML</i>	<i>This is the number of countries where the Essential Medicines List (EML) contains a) All contraceptives and b) all maternal health medicines. (Both conditions must be satisfied). Milestones to build on baseline and reach target of 46 countries in 2018 and maintain progress until 2020</i>
<i>Percentage of countries where WHO-prequalified/ERP approved RH commodities (modern contraceptives and life-saving maternal/RH medicines) are registered</i>	<i>This is the percentage of UNFPA Supplies implementing countries assessed by PSB where action was taken to register any RH commodity. Milestones to build on baseline and reach target of 100 per cent 2019 and maintain progress until 2020</i>

Another factor in measuring a country's 'enabling environment' is the inclusion of RH commodities, especially modern contraceptives and life-saving maternal health medicines, on the national Essential Medicines List (EML).

The Essential Medicines List in 39 countries contained all RH commodities (modern contraceptives and life-saving maternal/RH medicines), an increase of 12 countries compared with 2014.

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Figure 1.4: Number of countries where the national Essential Medicines List (EML) contains all RH commodities (modern contraceptives and life-saving maternal/RH medicines)



Prequalification also contributes to product availability. In 2015, through UNFPA's collaborative work with the WHO prequalification team, hormonal contraceptives were registered in three countries namely Kenya (combined oral contraceptives), Malawi (emergency contraceptives) and Tanzania (combined oral contraceptives, and emergency contraceptives). The specific WHO-prequalified RH contraceptives registered were ethinylestradiol + levonorgestrel + ferrous fumarate tablets 30/150 µg + 75 mg tablet in Kenya and Tanzania; levonorgestrel tablets 0.75 mg in Malawi; and levonorgestrel tablets 1.5 mg and levonorgestrel tablets 750 µg in Tanzania 2015.

1.4 NATIONAL BUDGET ALLOCATION FOR RH SUPPLIES

<i>Programme Monitoring Framework</i>	
Number of countries, sustaining over time, increased national budget allocation for reproductive health commodities and the resources expended as planned	The number of UNFPA Supplies implementing countries that have a) allocated national budget for either contraceptives or maternal health medicines or both; and, b) the allocation is sustained (that is it has not decreased compared to previous years); c) and a minimum of 80 per cent of the amount allocated for the year has been expended. <i>(Both conditions must be satisfied)</i> . Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress until 2020

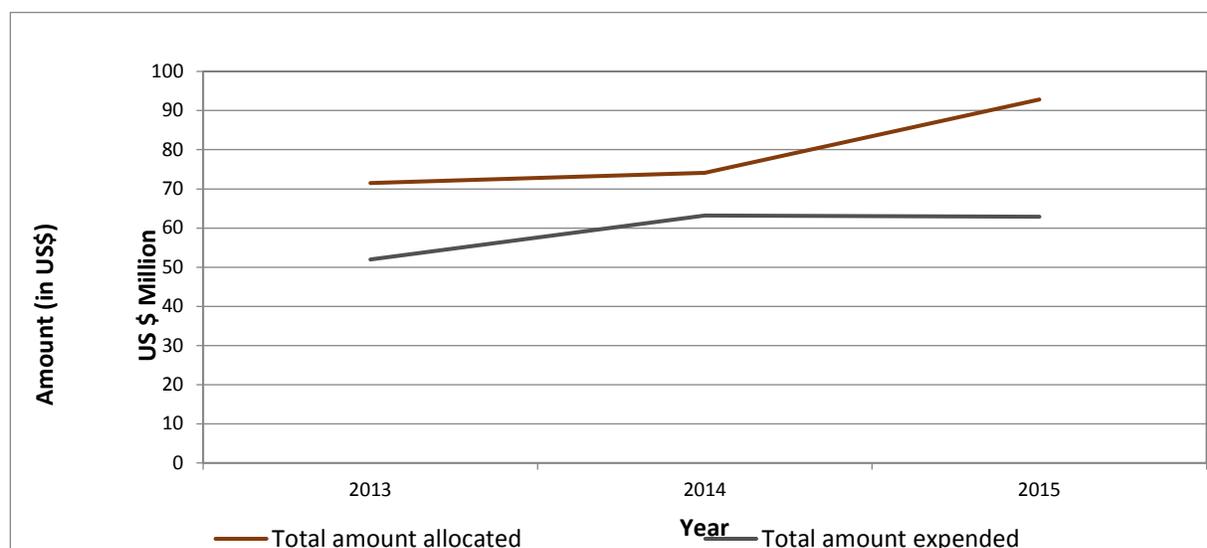
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Working with partners, UNFPA advocates to governments for the allocation and use of their resources for the procurement of RH commodities. Such allocations and expenditures are tracked as one of the key measures of government commitment to ensuring commodity security.

- 35 countries made allocations for the procurement of RH commodities (**contraceptives and maternal health medicines**) in 2015 up from 30 in 2014;
- of these 35 countries that made budget allocations for the procurement of RH commodities, 26 countries made allocations equal or greater than for the previous year;
- 18 countries spent at least 80 per cent of the current year's allocations for the procurement of RH commodities;

- With respect to contraceptives, 27 countries had budget lines with allocations for the procurement of **contraceptives** in 2015;
- of these 27 countries, 15 countries made allocations equal or greater than the previous year;
- 13 countries spent at least 80 per cent of the allocated amount in their budget lines for procurement of contraceptives as planned compared with 10 countries in 2014.

Figure 1.5: Total amount allocated and amount expended (in \$) in national budgets of UNFPA Supplies implementing countries for procurement of RH commodities, 2013 to 2015



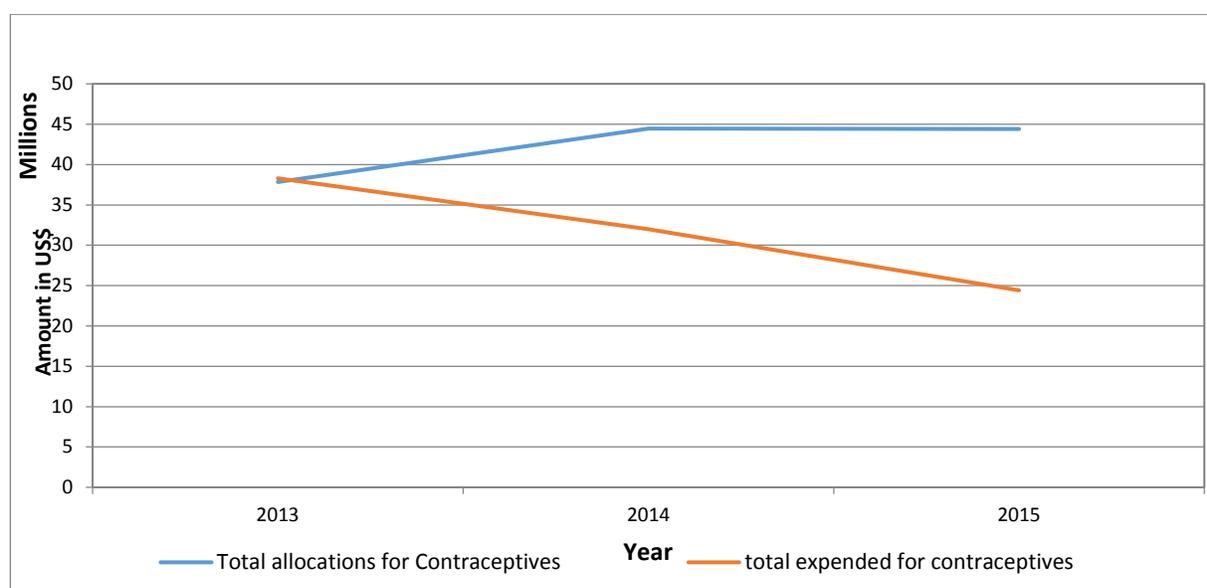
A total of \$92.8 million was allocated in national budgets in 2015 for the procurement of RH commodities (both contraceptives and maternal health medicines), up from \$74.1 million in 2014. Total expenditures, however decreased slightly from \$63.2 million in 2014 to 62.9 million in 2015. A major

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drop in expenditure was a decrease of over \$5.5 million in expenditure on contraceptive in 2015 by Uganda. In previous years, a World Bank project has been supporting domestic contraceptive financing, but this has now ended. However, in 2016 the Government is expected to increase spending to \$1.2 million from approximately \$560,000 in 2015.

Detailed historical data on national budget allocations and expenditure in RH commodities from 2013 to 2015 are available in the annex.

Figure 1.6: Total amount allocated and amount expended (in \$) in national budgets of UNFPA Supplies implementing countries for procurement of CONTRACEPTIVES, 2013 to 2015



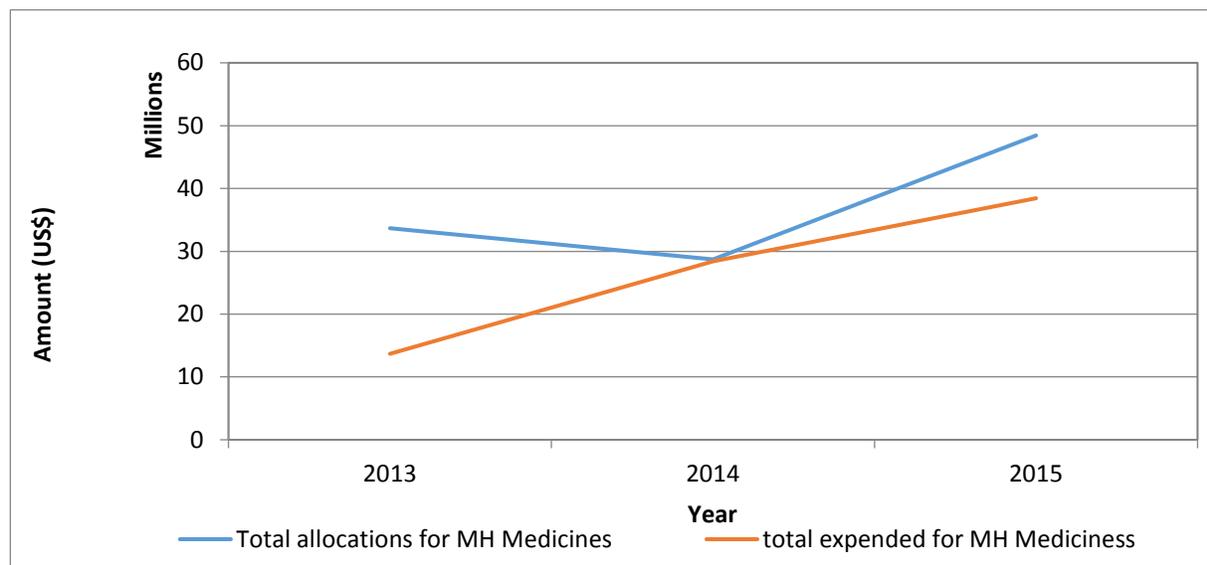
Total allocations for procurement of contraceptives remained stable at \$44.4 million in 2015 (compared to \$44.5 million in 2014). Expenditures decreased significantly from \$32.0 million in 2014 to \$24.4 million in 2015.

Procurement of life-saving maternal health medicines

Total allocations for maternal health medicines increased markedly from \$28.7 million in 2014 to \$48.4 million in 2015. At the same time, the amount expended also increased from \$28.4 million in 2014 to \$38.4 million in 2015.

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Figure 1.7: Total amount allocated and amount expended (in \$) in national budgets of UNFPA Supplies implementing countries for procurement of MH MEDICINES, 2013 to 2015



1.5 ENVIRONMENTAL RISK MITIGATION

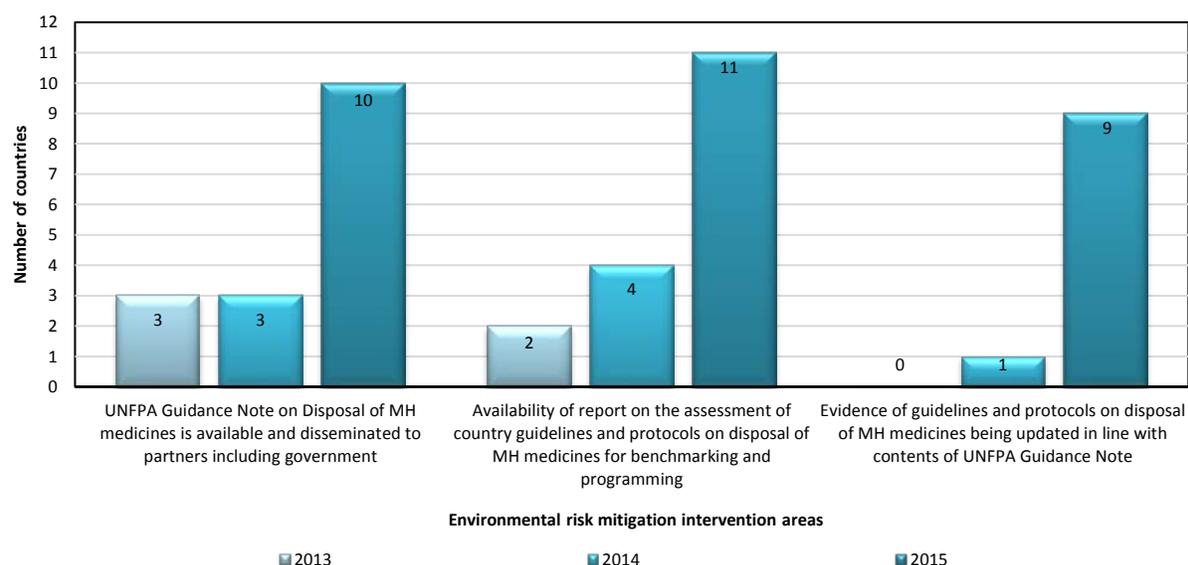
Programme Monitoring Framework: Another set of indicators measuring ‘enabling environment’ pertain to environmental risk mitigation. The programme tracks the number of countries where the action has been taken to through meetings and workshops to **disseminate** the UNFPA Guidance Note on Disposal of MH Medicines to partners including government. It also tracks the number of countries where a) an **assessment/study** has been conducted to assess the national guidelines and protocols in line with the Guidance Note; and, b) recommendations of the study are available. And, thirdly, the programme tracks the cumulative total number of countries where a) actions the national guidelines and protocols have been **updated** in line with the study’s findings and recommendations.

As a leading international agency working on reproductive health, UNFPA considers the management of the products throughout their life cycles as very important. As a result the agency issued in 2013 a guideline document for the management of waste from contraceptives or unusable contraceptives. The purpose of the guideline document was to provide guidance on the safe disposal of unusable contraceptives at the institutional level. It is intended to build awareness and capacity in managing of

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contraceptive waste; and, guide countries in developing or updating country specific waste disposal policies and guidelines that include disposal of contraceptive wastes.¹³

Figure 1.8: Number of countries achieving key environmental risk mitigation interventions



With the publication of the guidelines, UNFPA Country Offices are expected to take steps to raise awareness on the contents, purpose and relevance of the guidelines to ensure their implementation.

- 10 countries took full action to disseminate the guidelines document to government and partners, up from 3 countries in 2014;
- 11 countries used the UNFPA guideline document to assess national guidelines and protocols for benchmarking of actions where necessary in 2015;
- 9 countries initiated actions for update of country guidelines and protocols on disposal of RH commodities, up from 1 country in 2014.

¹³ www.unfpa.org/sites/default/files/resource-pdf/Final%20Version%20-%20Safe%20Disposal%20and%20Management%20of%20Unused%20Unwanted%20Contraceptives.pdf

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1.6 SUPPORT TO GLOBAL PARTNERSHIPS

Programme Monitoring Framework: To measure progress towards an ‘enabling environment’, UNFPA Supplies looks at collaboration with NGOs for the scaling up of RHCS and family planning (e.g. Marie Stopes International and IPPF). The programme tracks the number of organizations, at the global level a) with which UNFPA, through the UNFPA Supplies, works to improving on RHCS and FP programming; and b) with which specific interventions were carried out for the reporting year. (Both conditions must be satisfied). Milestones to build on baseline and reach a target of 20 global institutions in 2016 and maintain progress until 2020.

As part of the Steering Committee of the RMNCH Trust Fund and working with the **UN Commission on Life-Saving Commodities for Women and Children**, UNFPA continued to lead the work in the areas of female condoms, contraceptive implants, emergency contraceptive pills and the three maternal health commodities identified by the Commission (oxytocin, magnesium sulfate and misoprostol). UNFPA also co-leads with **USAID** on strengthening supply chain, a technical resource team that has put together various tools, forecasting guidance, good practices and indicators. The eight ‘pathfinder’ countries for the Commission saw increases in the budgets from the Fund, with many investing in RH commodities and supply chain management. An additional 11 countries submitted (or are in the process of finalizing) proposals for funding. UNFPA also contributed to the Commission’s communication strategy on visual identity, messaging and website.

An inter-agency vision statement on supply chain management was issued by the **Inter-agency Supply Chain working group (ISG)**, part of the **RMCH Strategic Coordination Team**. UNFPA led ISG work on last-mile distribution, informed push models, end-to-end visibility on supply chains, including pilots with bar-coding of health commodities.

UNFPA and USAID have identified **coordinated supply planning (CSP)** as a way to use data to improve allocation of commodities and to foresee and address potential stock imbalances before they become emergency issues, creating a CSP group to improve supply chain coordination for family planning commodities. Close cooperation among the members of the CSP resulted in an additional procurement of commodities by USAID to cover expected shortfalls in funding for global contraceptive procurement. In October 2014, CSP began to pilot a joint USAID—UNFPA supply planning tool to compare current shipment plans with the expected needs of recipient countries in 2015. Additional procurements of a long-acting reversible contraceptive by USAID freed up funds for UNFPA to purchase other commodities requested by countries for 2015. Shipments will support Chad, Gambia, Guinea, Liberia, Malawi, Rwanda, Sierra Leone, Tanzania, Timor-Leste and Zambia. Oral contraceptives will be donated to Niger.

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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 chains and identified countries with under- and overstocks.

UNFPA continued to participate in the **Implant Access Programme**, a group of public and private organizations to make contraceptive implants available to women in the world's poorest countries at price reductions of approximately 50 per cent through 2018. Proper insertion—subcutaneously in the upper arm—and removal of contraceptive implants requires trained health-care providers, and the Implant Access Programme members are collaborating with other organizations to train health workers, reduce supply chain disruptions, increase service delivery quality and availability, and raise awareness about implants at the community level. In 2013, 7.3 million implants were distributed in the world's poorest countries—a 50 per cent increase from 2012.

UNFPA is one for the four core conveners of the **FP2020** global partnership. At the London Summit on Family Planning, leaders from around the world committed to expanding contraceptive access to an additional 120 million women and girls in the world's 69 poorest countries by the year 2020. Family Planning 2020 (FP2020) is the movement that carries this global effort forward.

Together with DFID, the United Kingdom's Department for International Development, USAID and the Bill & Melinda Gates Foundation, UNFPA provides political guidance and support for scaling up and fulfilling country commitments to FP2020. Thirty-nine countries out of 69 FP2020 focus countries made commitments to FP2020. Commitment-making countries are increasing mCPR more than double compared with non-commitments makers. UNFPA has worked closely with governments to ensure that the country commitments are supported by national policies and strategies and have adequate funding. UNFPA directly supported development of a costed implementation plan on family planning in most countries. As of today there are 22 countries out of 39 commitment makers that have CIPs in place.

In 2015, UNFPA supported the FP2020 Secretariat to go through the strategic review exercise taking into consideration the outcomes of the global FP2020 focal points meeting conducted in Istanbul earlier in the year. The strategic review crystallized modes of country support and identified tailored strategies to scale up progress in family planning across all 69 countries.

Netherlands Interdisciplinary Demographic Institute (NIDI) partnered with UNFPA for a survey to collect data related to financial resource flows for family planning. The result was an analysis of family planning expenditures made by national governments, NGOs and the private sector.

UNFPA is partnering with **The World Bank** to address resiliency and vulnerability of most at-risk populations through a regional project, the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project. A similar endeavour is The World Bank Horn of Africa resilience project, to achieve

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reduced fertility, improved human capital, empowerment of girls and women, and resiliency of the populations given the multiple threats (food insecurity, climate change, conflicts, internal security, migrations, etc.) SWEDD project development is on course. A high-level meeting was held as a side-event to the Sixty-ninth United Nations General Assembly, bringing together three heads of State of project countries, and partners including UNFPA, The World Bank and the Bill & Melinda Gates Foundation.

UNFPA actively participated in working groups of the **Global Financing Facility** (GFF), aiming to ensure that family planning is on the list of priorities of the new mechanism. Where countries identify that they would like to address RH supplies through GFF they will be encouraged to procure through UNFPA Supplies, thus availing of comparative price advantages, short lead times and assured quality of products.

UNFPA continued to analyse, model and redesign supply chains in African countries such as Senegal and Togo through a joint initiative with the Bill & Melinda Gates Foundation, McKinsey & Company and other partners. The collaboration aims to provide better end-to-end visibility on procurement and supply chains of contraceptives, in line with efforts to provide **Visibility Analytics Networks** (VAN) for RMNCAH commodities.

UNFPA is part of the **Sayana Press Consortium** of partners that have supported introduction of an existing hormonal contraceptive, DMPA, in a new format – as a subcutaneous injectable in a compact, pre-filled, auto-disable injection device (cPAD) – in addition to other family planning methods as a way of broadening the choice of modern contraceptive methods offered to women. The partnership includes the Bill & Melinda Gates Foundation, Children’s Investment Fund Foundation (CIFF), DIFD, Pfizer Inc., PATH, UNFPA and USAID. In 2014, the consortium announced a reduced price for the product through a volume guarantee for the 69 FP2020 countries. Pilot phase projects were launched in 2014 in Burkina Faso, Niger and Uganda; since then, more than 2,000 providers have been trained. More governments have expressed interest in integrating the method in their national family planning programmes to support commitments made during the FP2020 Summit. It will be introduced in five more countries (Cameroon, Côte d’Ivoire, Djibouti, Madagascar and Mozambique) in 2015.

UNFPA in partnership with **International Planned Parenthood Federation** has accelerated efforts in 16 countries to improve access to youth-friendly services providing contraception, and initiated global research on legal barriers to sexual and reproductive health and family planning among adolescents and young people, and initiated research to prepare technical guidance on programming for adolescents in urban settings.. In Africa, the two organizations continued working with regional economic institutions to harmonize service delivery protocols. Over \$6 million was provided to IPPF member associations by UNFPA Country Offices to support the implementation of community-based initiatives to improve access to services particularly for adolescents, along with funds provided through IPPF London to

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support social marketing and behavioural change communication (BCC) programmes. A joint proposal with IPPF has been developed with the aim of increasing access to contraception among adolescents in the Caribbean and Latin America. UNFPA is in addition providing technical assistance to IPPF (through secondment of a technical expert to their London office) to improve supply chain management (SCM) though addressing short-term supply management issues, and defining mid and long-term strategic plans for supplies management, procurement and distribution systems, including the establishment of strategic partnerships. The two organizations are jointly providing support to African Forum on Population and Development (FPA).

UNFPA and Planned Parenthood Federation of America (PPFA) collaborated on a project called 'Global Mobile' to increase access to sexual and reproductive health information that is accurate, culturally sensitive, context specific, and appropriate. It uses mobile phone technology and links to high-quality services for youth in Ecuador and Nigeria. If the Global Mobile model works in two cultures, serving two distinct populations, in concert with different sets of partners, then this model as a proof of concept that could be introduced and scaled up in Africa and Latin America.

Marie Stopes International (MSI) is an implementing partner in many countries, relied on to provide family planning service to young people and hard-to-reach populations.

UNFPA continued to work with the **Global Fund to Fight AIDS, Tuberculosis and Malaria** to integrate maternal and child health, HIV and family planning services.

To ensure that family planning services are provided in accordance with human rights principles and standards, UNFPA jointly with the World Health Organization developed an implementation guide on ensuring human rights in contraceptives information and services. The guide is based on the WHO policy recommendations on human rights in contraceptive services provision and was launched in April 2015, with a joint UNFPA–WHO country offices training session to promote its implementation.

UNFPA with UNAIDS continued to support the **Global Network of People Living with HIV (GNP+)** and **the International Community of Women Living with HIV (ICW)** to advocate for rights-based programming to improve the quality of family planning services and their integration in the prevention of vertical transmission.

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1.7 REGIONAL PARTNERSHIPS AND COLLABORATION

<i>Programme Monitoring Framework</i>	
Evidence of commitment and support to RHCS and family planning among partners (e.g. AUC, IGAD, ECOWAS and EAC)	The number of regional intergovernmental institutions with which UNFPA Regional Offices collaborate or support, that have a) explicit policies; b) institutional structure in place (division, unit, etc.) to work on RHCS and FP issues; and c) a dedicated budget line to support its RHCS and FP activities (All the three conditions must be satisfied). Milestones to build on baseline and reach a target of 15 intergovernmental bodies at the regional level in 2016 and maintain progress until 2020.
Number of regional institutions supported to integrate RHCS issues in training curricular	The number of regional training institutions with which UNFPA Regional Offices collaborate or support, a) that have RHCS and FP issues include in various course curricula; b) the curricula has been approved and is being used for training as part of the institutions approved course structure; and c) that people were trained using this curricula for the reporting year. (All the three conditions must be satisfied). Milestones to build on baseline and reach a target of 15 regional training institutions in 2015 and maintain progress until 2020.

To foster an enabling environment for RHCS and FP at the regional level, UNFPA Supplies focuses on two strategic interventions. The first is to work with regional organizations, including economic commissions, for the integration of RHCS and FP issues into their policies and programmes. It is envisaged that the regional level provides a very strategic entry point to engage with groups of national entities that work on health and development issues. The second focus of the regional interventions is to collaborate with regional and national institutions for building capacity and providing technical assistance to countries in support of RHCS and family planning.

Commitment and support to RHCS and family planning among regional partners

UNFPA Asia Pacific Regional Office, Bangkok, Thailand has initiated a process in 2015 to establish an institutional arrangement with the Indian Institute for Health Management & Research (IIHMR), Jaipur, India to offer International Training Programmes (ITPs) on FP/RHCS to enhance the capacities of UNFPA staff, partners, and counterparts in the region and beyond. A memorandum of understanding (MoU) has since been signed between UNFPA and IIHMR and as per the terms of agreement UNFPA has agreed to organize a Training of Master Trainers to train a group of faculty members from IIHMR who will in turn act as facilitators in offering these 2-weeks' training beginning in 2016.

In East and Southern Africa, in collaboration with WHO, conducted the first ever UNFPA webinars on generic substitution. These were attended by national line ministries, regulatory authorities and UNFPA

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Country Offices from all the countries in the Region, as well as other RHCS partners including USAID and PSI. These webinars will pave the way for the first ever UNFPA Generic Substitution Capacity-Building Workshop for all countries in the region to be held in Addis Ababa, Ethiopia in June 2016. Savings through use of generics will be measured at the end of 2016. The promotion of generic substitution in the Region aims to encourage procurement of cost-effective but equally efficacious and safe contraceptives and medicines.

In November, under the “Africa Beyond Condom Donations” campaign a meeting was held in Namibia that intended to increase the role of the private sector in condom provision in Africa. At the meeting, condom manufacturers identified six countries where they would consider setting up condom factories for local manufacturing (Botswana, Kenya, Namibia, South Africa, Zambia and Zimbabwe). UNFPA facilitated initial discussions with national officials. Regional economic communities (COMESA, EAC and IGAD), other regional entities, such as PSI and the Southern African Regional Programme for Access to Medicines and Diagnostics (SARPAM), were also involved to facilitate standardization and harmonization of systems, frameworks and regulations necessary for local manufacturing. (See also Output 3 example, “20 by 20: building a new condom coalition”.)

UNFPA’s Latin American and Caribbean Regional office worked with the World Health Organization in Honduras to prepare for implementation of Honduras Multiyear Master Plan for Assuring Pharmaceuticals (supported by UNFPA). Both organizations jointly proposed technical files for the national Essential Medicines List, and advocated for the incorporation of new contraceptives and reproductive health medicines into the List.

In Guatemala, UNFPA Supplies also worked with PAHO, UNDP and UNICEF in the preparation of the Multiyear Master Plan for Assuring Pharmaceuticals that has been incorporated by the new Logistics Division of the Ministry of Health.

In the Sahel Region of West and Central Africa, a comprehensive programme to reduce fertility, child and maternal mortality and gender inequality was launched- the Sahel Women Empowerment and Demographic Dividend (SWEDD) initiative. This ambitious US\$200 programme, funded by The World Bank through a combination of grants and soft loans, will run for four years and allow UNFPA, WAHO, CERPOD, WHO and The World Bank to work closely together to tackle the extreme challenges the Region faces. The six focus countries are Burkina Faso, Chad, Côte d’Ivoire, Mali, Mauritania and Niger. Specifically the programme will focus on: demand generation through social behavioural change and women and girls’ empowerment; building regional capacity for availability of RMNCHN commodities and quality human resources for health; and political commitment and policymaking on the demographic dividend and project implementation.

Also in West and Central Africa, UNFPA worked on developing an integrated plan with the African Union Commission, the UN Economic Commission for Africa and the International Planned Parenthood Federation, to help realize the aspirations contained in the International Conference on Population and

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Development Beyond 2014, the 2030 Agenda for Sustainable Development and the African Union Agenda 2063. A joint planning and strategy meeting with these partners identified five priority areas for an action agenda for 2016 and beyond including: data; the demographic dividend; gender equality and women's empowerment; ICPD and Addis Ababa Declaration on Population and Development beyond 2014; and sexual and reproductive health and rights.

Through UNFPA's role in the Ouagadougou Partnership, which covers nine francophone countries, in Benin, there has been a significant uptake of family planning users through the Partnership's boat service (see cover image). The Partnership is also with faith-based leaders to overcome resistance and promote the availability and use of modern contraceptives and give young people and adolescents counselling. Use has already increased by more than 1 million since 2011 and the target is to get 2.2 million new users of modern contraceptives by 2020.

UNFPA continues to have strong relationships with faith-based organizations in West Africa, such as Association of Traditional Chiefs of Niger. Traditional chiefs and faith leaders can be pivotal in changing attitudes to the use of contraception.

In October, UNFPA WCARO helped bring together more than 200 religious and traditional leaders, ministers and development institutions for a regional consultation in Dakar, facilitating a grassroots to government exchange on the best way to improve access to reproductive health services. This encouraging commitment from cultural leaders alongside government officials resulted in a Dakar Declaration in support of reproductive health, the SDGs and the Demographic Dividend. Participants also prepared country specific action plans to mobilize resources, strengthen partnerships, engage communities, promote interfaith dialogue and create multi-stakeholder alliances to act extensively – from grassroots to governments. UNFPA will continue to facilitate this joint effort to transform in-country dynamics and generate long-lasting changes.

The UNFPA WCARO is also working with Sécurité Contraceptive en Afrique Francophone (SECONAF) a forum established by the Reproductive Health Supplies Coalition. The purpose of the forum is to facilitate and promote the successful application of the latest knowledge and to develop the understanding and capacity needed to accelerate reproductive health commodity security in francophone Africa.

Country examples

RWANDA – Finding Common Ties: Engaging Religious and Community Leaders on Family Planning

Religious and community leaders can play a significant role in a person's behaviour and a community's actions. Religious and societal values may deny women and adolescents their rights to access sexual and reproductive health (SRH) information and services, in particular family planning (FP). However, this does not have to be an absolute. Alignment and greater understanding of family planning and life-saving services among religious and community leaders can produce positive changes in the health of women and children.



Photo: H6/A. Traylor-Smith



In Rwanda, UNFPA led work with faith-based organizations (FBOs) to build acceptance of FP and expand its ICPD partnerships. Working with the Anglican Church in Rwanda, UNFPA held a conference on issues related to FP and the demographic dividend.

More than 400 pastors and 11 bishops from the Province of the Anglican Church of Rwanda attended and discussed their role in the achievement of Sustainable Development Goals and how they could improve the well-being of Rwandan families, in particular through sensitization on family planning and gender equality.

Together, an action plan was developed including activities related to FP demand generation and awareness on SRH among adolescents and youth members of the Anglican Church and surrounding churches.

Conferences such as this give religions and communities increased access to life-saving FP services to women and adolescents.

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Scorecard for Output 1, UNFPA Supplies 2015

 Green	Achieved <i>(achieved or exceeded)</i>	If the average per cent achievement of the milestone is equal to or more than above 100%
 Yellow	Progressing well towards target <i>(nearly achieved)</i>	If the average per cent achievement of the milestone is between 80% and 99%
 Orange	Making limited progress <i>(achievement is about average)</i>	If the average per cent achievement of the milestone is between 60% and 79%
 (Red)	Insufficient progress made <i>(achievement is below average)</i>	If the average per cent achievement of the milestone is below 60%

Programme Output 1: An enabled environment for RHCS, including family planning, at national, regional and global levels							
Policy and strategy							
	Results and indicators	2013 baseline	2014 target	2014 actual	2015 target	2015 actual	Scorecard
1.1.1	Number of countries with policies in place that take into consideration rights-based and total market approaches to family planning	26	33	28	35	35	
1.1.2	Number of countries where a 3-5 year medium-term plan for family planning, with rights-based and total market approaches, is being implemented	25	28	25	32	33	
1.2.1	Number of countries with family planning policies in place that take into consideration young people's access to contraceptive services	33	34	37	36	41	
1.2.2	Number of countries with a 3-5 year medium-term costed plan for family planning that takes into consideration young people's access to contraceptive services	24	35	27	32	37	

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1.3	Number of countries with national SRH and RR guidelines and protocols which include a rights-based approach to RHCS and family planning issues	39	42	40	46	43	
Regional-level interventions							
1.4	Evidence of commitment and support to RHCS and family planning among partners (e.g. AUC, IGAD, ECOWAS and EAC)	4	8	10	10	13	
1.5	Number of regional institutions supported to integrate RHCS issues in training curricular	5	10	13	12	15	
Global partnerships (support to global partners)							
1.6.	Evidence of support to and collaboration with NGOs for the scaling up of RHCS and family planning (e.g. Marie Stopes International and IPPF)	8	12	15	15	21	
Country-level coordination and partnership							
1.7.1	Number of countries with a functional national RHCS coordination mechanism (with inclusive membership including private sector, and terms of reference, minutes of meetings, follow-up action points)	32	38	37	42	39	
1.7.2	Number of countries where RHCS situation analysis and stakeholder mapping is conducted and results used for planning and programming	14	18	26	24	38	
1.8	Number of countries supported by CARhs to resolve problems and avert stock-out or overstock situations	25	30	20	35	15 countries for which 322 issues were attended to	
1.9.1	Number of national institutions supported to integrate RHCS issues in training curricular including for procurement	17	25	27	35	32 institutions in 24 countries	
1.9.2	Number of persons trained in RHCS issues by type of training topic	9,786	10,000	10,869	10,000	3,300	

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Product availability							
1.10	Number of countries with all RH commodities (modern contraceptives and life-saving maternal/RH medicines) in country EML	28	32	27	36	39	
1.11	Percentage of countries where WHO-prequalified/ERP approved RH commodities (modern contraceptives and life-saving maternal/RH medicines) are registered	70%	75%	An increase of 15 countries	80%	Three countries (Kenya, Malawi and Tanzania) registered hormonal contraceptives through WHO Collaborative procedure of UNFPA partnership with WHO PQ	
National budget allocations for contraceptives							
1.12	Number of countries, sustaining over time, increased national budget allocation for reproductive health commodities and the resources expended as planned	15	20	18	25	14	
Environmental risk mitigation							
1.13	Number of countries where the finalized UNFPA Guidance Note on Disposal of Maternal Health (MH) medicines is available and disseminated to partners including government	3	10	3	25	10	
1.14.1	Availability of report on the assessment of country guidelines and protocols on disposal of MH medicines for benchmarking and programming	0	12	4	28	11	
1.14.2	Number of countries where guidelines and protocols on disposal of MH medicines are update in line with contents of UNFPA Guidance Note	0	2	1	5	9	

OUTPUT 1 | ENABLING ENVIRONMENT

About the scorecard

Programme Output 1: An enabled environment for RHCS, including family planning, at national, regional and global levels			
<p>Progressing well towards targets</p> <p>Leveraging its extensive in-country presence, UNFPA continued to work with partners including governments to improve on the policy environment for a rights-based approach to family planning. More and more countries are engaged in long-term planning especially through costed implementation plans. While country-level coordination and partnerships became stronger in 2015, the challenge remains to ensure that governments allocate their own resources for the procurement of RH commodities, especially contraceptives.</p> <p>At the regional and global levels, UNFPA continued to work with various organizations including international NGOs, private sector entities and foundations to create strong partnerships in support of delivering on FP goals. The FP2020 partnership provide a very important platform for strengthening the enabling environment at country, regional and global levels.</p>			
Policy and strategy			
	Results and indicators	Summary methodology	Comments
1.1.1.	Number of countries with policies in place that take into consideration rights-based and total market approaches to family planning	<p>A country is judged to have achieved the indicator if there is/are policy or policies that: a) contain both elements (rights-based approaches to family planning and total market approaches); b) has/have been finalized; and, c) is/are being implemented. <i>(All three conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach a target of 46 countries in 2018 and maintain progress to 2020</p>	<p>Achieved</p> <p>Over 70 per cent of the countries have policies in place that take into consideration both rights-based and total market approaches. This lays the foundation for improvement in the enabling environment for voluntary family planning and for ensuring the participation of a broad range of stakeholders.</p>
1.1.2	Number of countries where a 3-5 year medium-term plan for family planning, with rights-based and total market approaches, is being implemented	<p>A country is judged to have achieved the indicator if it is reported a) to have a 3 to 5 years medium-term costed plan for Family Planning; b) that the plan contains both elements (right based approaches to family planning; and total market approaches); c) and that these plan has been finalized, approved and is being implemented. <i>(All three conditions must be satisfied.)</i></p>	<p>Achieved (milestones exceeded)</p> <p>An increasing number of countries have translated policies into plans – especially with the roll out FP costed implementation plans.</p>

OUTPUT 1 | ENABLING ENVIRONMENT

		Milestones to build on baseline and reach a target of 46 countries in 2019 and maintain progress to 2020	
1.2.1	Number of countries with family planning policies in place that take into consideration young people's access to contraceptive services	<p>A country is judged to have achieved the indicator if it is reported a) to have policies in place that takes into consideration young people's access to contraceptive services; and b) that these policies have been finalized, approved and are being implemented. <i>(Both conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach a target of 46 countries in 2019 and maintain progress to 2020</p>	<p>Achieved (milestones exceeded)</p> <p>Leveraging its extensive in-country presence and its long-standing relationships with governments, UNFPA Supplies has contributed to improving the policy environment for addressing young people's access to contraception in nearly 90 per cent of the programme implementing countries.</p>
1.2.2	Number of countries with a 3-5 year medium-term costed plan for family planning that takes into consideration young people's access to contraceptive services	<p>A country is judged to have achieved the indicator if it is reported to have a) a 3 to 5 years medium-term costed plan for FP; b) that takes into consideration young people's access to contraceptive services; and, c) that action plan has been finalized, approved and is being implemented. <i>(All three conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach a target of 46 countries in 2017 and maintain progress to 2020</p>	<p>Achieved (milestones exceeded)</p> <p>An increasing number of countries have translated policies aimed at addressing young people's access to contraception into costed plans. This signifies an increasing commitment in programme countries to address unmet need among adolescents and youth and for improving their access to reproductive health services, including contraception.</p>
1.3	Number of countries with national SRH and RR guidelines and protocols which include a rights-based approach to RHCS and family planning issues	<p>A country is judged to have achieved the indicator if it is reported to have available national SRH and RR guidelines and protocols which include a) rights-based approach to RHCS and family planning issues; and, b) that the guidelines and protocols have been finalized, approved and are being implemented. <i>(Both conditions must be satisfied.)</i></p>	<p>Progressing well towards targets</p> <p>More than 90 per cent of programme implementing countries have been supported in the development and rolling out of a broad range of tools, guidelines and protocols.</p>

OUTPUT 1 | ENABLING ENVIRONMENT

		Milestone to build on baseline and reach a target of 46 countries in 2015 and maintain progress to 2020	
Regional-level interventions			
1.4	Evidence of commitment and support to RHCS and family planning among partners (e.g. AUC, IGAD, ECOWAS and EAC)	<p>The number of regional intergovernmental institutions with which UNFPA Regional Offices collaborate or support, that have a) explicit policies; b) institutional structure in place (division, unit, etc.) to works on RHCS and FP issues; and c) a dedicated budget line to support its RHCS and FP activities. <i>(All three conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach a target of 15 intergovernmental bodies at the regional level in 2016 and maintain progress to 2020</p>	<p>Achieved (milestones exceeded)</p> <p>At the regional level, UNFPA Supplies has strengthened partnerships with training institutions in Africa, Asia and Latin America to facilitate technical assistance and capacity-building for RHCS and FP.</p>
1.5	Number of regional institutions supported to integrate RHCS issues in training curricular	<p>The number of regional training institutions with which UNFPA Regional Offices collaborate or support: a) that have RHCS and FP issues included in various course curricula; b) the curricula has been approved and is being used for training as part of the institutions approved course structure; and c) that people were trained using this curricula for the reporting year. <i>(All three conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach a target of 15 regional training institutions in 2015 and maintain progress to 2020</p>	<p>Achieved (milestones exceeded)</p> <p>Regional Economic Commissions, especially in Africa, have provided valuable opportunities for reaching a core set of decision makers for advocacy and policy dialogue in support of FP.</p>
Global partnerships (support to global partners)			
1.6	Evidence of support to and collaboration with NGOs for the scaling up of RHCS and family	<p>The number of organizations at the global level a) with which UNFPA, through the UNFPA Supplies programme, works to improve RHCS and FP programming; and b) with which specific</p>	<p>Achieved (milestones significantly exceeded)</p> <p>At the global level, UNFPA Supplies continues to work with various partners on technical and programmatic issues. As a Co-convenor of the FP2020 partnership, UNFPA continues to build and strengthen</p>

OUTPUT 1 | ENABLING ENVIRONMENT

	planning (e.g. Marie Stopes International and IPPF)	interventions were carried out for the reporting year. <i>(Both conditions must be satisfied.)</i> Milestones to build on baseline and reach a target of 20 global institutions in 2016 and maintain progress to 2020	alliances in support of FP. Also, working with international NGOs, the private sector and foundations has created strong partnerships and mechanisms for supporting countries to deliver on their FP goals.
Country-level coordination and partnership			
1.7.1	Number of countries with a functional national RHCS coordination mechanism (with inclusive membership including private sector, and terms of reference, minutes of meetings, follow-up action points)	The number of countries where a) RHCS coordination mechanism exists, which; b) is under the leadership of government; c) has membership drawn from donor agencies, UN agencies, civil society organizations, private sector, NGOs and other stakeholders; d) met at least two times during the year to address specific issues; e) has an annual action plan (workplan) which sets out what is to be done for each year; and, f) has report(s) including minutes of meetings available on its activities. <i>(All of conditions (b) to (f) must be present for the mechanism to be considered as functional.)</i> Milestones to build on baseline and reach a target of 46 countries in 2018 and maintain progress to 2020	Progressing well towards targets In about 85 per cent of the UNFPA Supplies implementing countries the programme is actively involved in building strong and functional partnership mechanisms, under the leadership of government, to address issues related to FP. These forums have served as important mechanisms for ensuring diverse groups collaborate to reach women in need of FP services.
1.7.2	Number of countries where RHCS situation analysis and stakeholder mapping is conducted and results used for planning and programming	The number of countries where a) studies on RHCS situation analysis and stakeholder mapping have been conducted; b) the report has been finalized; and c) the recommendations of the studies are being implemented in planning and programming. <i>(All three conditions must be satisfied.)</i>	Achieved (milestones significantly exceeded) About 82 per cent of the countries have undertaken situation analysis and stakeholder mapping exercises and are applying the recommendations to inform programming implementation.

OUTPUT 1 | ENABLING ENVIRONMENT

		Milestones to build on baseline and reach a target of 46 countries in 2019 and maintain progress till 2020	
1.8	Number of countries supported by CARhs to resolve problems and avert stock-out or overstock situations	<p>The number of UNFPA Supplies implementing countries for which the Coordinated Assistance for Reproductive Health Supplies (CARhs) group of key global-level partners including UNFPA (who fund and procure of contraceptives and condoms) a) shared information, b) identified issues relating supply shortages; and, c) collaborated to avert stock-outs. <i>(All the three conditions must be satisfied)</i></p> <p>Milestones to build on baseline and reach a target of 35 countries in 2015 and maintain progress till 2020</p>	<p>Progressing well towards targets</p> <p>The Coordinated Assistance for Reproductive Health Supplies (CARhs) group addressed 322 issues for 15 countries in UNFPA Supplies, about one third of the programme. In 2015, the group continued to take proactive actions for averting stock-out of RH commodities.</p> <p>The CARhs group provided information to the MoH and partner agencies about, for example, expected arrival dates and quantities of RH commodities. It also continued to operate the Procurement Planning and Monitoring Report (PPMR), a useful platform for sharing information on the stock status of contraceptive products.</p>
1.9.1	Number of national institutions supported to integrate RHCS issues in training curricular including for procurement	<p>The number of training institutions at national level, with which UNFPA Country Offices collaborate or support, a) that have RHCS and FP issues include in various course curricula; b) the curricula has been approved and is being used for training as part of the institutions approved course structure; and c) that people were trained using this curricula for the reporting year. <i>(All three conditions must be satisfied.)</i></p> <p>Milestones to build on baseline (on average 10 per year) and reach a target of 85 institutions in 2019 and maintain progress to 2020</p>	<p>Achieved</p> <p>In more than half of UNFPA Supplies implementing countries, the programme continued to work with training institutions to scale efforts to build capacity. It supported training focused on various aspects of RHCS and family planning both to build institutional capacity and to enhance human resources capacity in UNFPA Supplies implementing countries.</p>
1.9.2	Number of persons trained in RHCS issues by type of training topic	This is an aggregate of the number of persons trained for the various training activities supported in all the countries for the year.	<p>Insufficient progress made</p> <p>Capacity-building activities were carried out with ARMP, CEFORP and IAMTECH in West Africa; PRISMA and Reprolatina in Latin America; and the Indian Institute of Health Management and Research in South-East Asia.</p>

OUTPUT 1 | ENABLING ENVIRONMENT

		Milestones to build on baseline and train an average of 10,000 per year in 2014 and maintain progress to 2020	This indicator may not well reflect the nature of training provided. Providing fewer yet more intensive and higher-quality courses which personnel can apply may actually be an indicator of progress.
Product availability			
1.10	Number of countries with all RH commodities (modern contraceptives and life-saving maternal/RH medicines) in country EML	This is the number of countries where the Essential Medicines List (EML) contains: a) all contraceptives and b) all maternal health medicines. <i>(Both conditions must be satisfied.)</i> Milestones to build on baseline and reach target of 46 countries in 2018 and maintain progress to 2020	Achieved (milestone exceeded) As of 2015, the Essential Medicines List in approximately 85 per cent of the programme implementing countries contained all RH commodities (modern contraceptives and life-saving maternal/RH medicines). This was a result of continuous advocacy, strong partnership and collaboration with government and other partners
1.11	Percentage of countries where WHO-prequalified/ERP approved RH commodities (modern contraceptives and life-saving maternal/RH medicines) are registered	This is the percentage of UNFPA Supplies implementing countries assessed by PSB where action was taken to register any RH commodity. Milestones to build on baseline and reach target of 100 per cent 2019 and maintain progress to 2020	Progressing well towards targets There were a limited number of product re-registrations that required attention in the programme implementing countries in 2015. In the three countries where this was the case, UNFPA worked with WHO and other partners to ensure that hormonal contraceptives were registered in Kenya, Malawi and Tanzania.
National budget allocations for contraceptives			
1.12.1	Number of countries, sustaining over time, increased national budget allocation for reproductive health commodities and the resources expended as planned	The number of UNFPA Supplies implementing countries that have a) allocated national budget for either contraceptives or maternal health medicines or both; b) the allocation is sustained (that is it has not decreased compared to previous years); and c) a minimum of 80 per cent of the amount allocated for the year has been expended. <i>(Both conditions must be satisfied.)</i> Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress to 2020	Insufficient progress made In 2015, 35 countries made budget allocations for RH commodities, and 18 of them spent at least 80 per cent of the funds allocated. Also, 26 countries sustained or increased the allocations made the previous year, and 14 of them spent at least 80 per cent of the funds allocated. In some cases, countries that allocated funds for the procurement of RH commodities did not spend the funds as planned due to emergency circumstances: e.g. in Lao PDR, though there was a national budget line allocated for contraceptives, the funds were diverted to the polio programme in response to an outbreak.

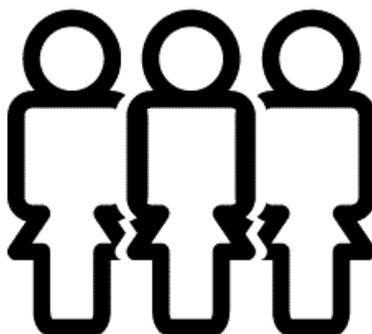
OUTPUT 1 | ENABLING ENVIRONMENT

			<p>Allocation of funds varied for different reasons:</p> <ul style="list-style-type: none"> • In Mauritania, advocacy efforts conducted by UNFPA helped to secure a dedicated budget line for contraceptives in 2015, but the allocated funds were not used for the purchase of commodities because the needs are covered under a procurement plan which ensures predictability in the supply and distribution in order to avoid stock-outs. • In Djibouti, UNFPA continued to conduct high-level advocacy for a budget line for contraceptives, and initiated support to the MoH in strengthening the central purchasing unit in order to centralize management of drugs and enhance data-collection for maternal health medicines purchased with funds from the national budget. • Lesotho has a specific budget line for FP commodities and they are procured centrally; but there is no specific budget line for maternal health medicines as they are procured by different health facilities as part of general drugs procurement. <p><i>(The 2014 results for this indicator were updated after the publication of the Annual Report 2014 as final figures became available from governments whose financial year runs from June of one year to July of the next year. For the same reason, it is possible that the 2015 results may also be updated.)</i></p>
Environmental risk mitigation			
1.13.1	Number of countries where the finalized UNFPA Guidance Note on Disposal of Maternal Health (MH) medicines is available and disseminated to partners including government	<p>The number of countries where the action has been taken to through meetings and workshops to disseminate the UNFPA Guidance Note on Disposal of MH medicines to partners including government.</p> <p>Milestones to build on baseline and reach target of 46 countries in 2018 and maintain progress to 2020</p>	<p>Insufficient progress made</p> <p>Very few countries have taken the initial steps to disseminate the UNFPA Guidance Note on Disposal of MH Medicines.</p> <p>Countries has been encouraged to do so in 2016.</p>

OUTPUT 1 | ENABLING ENVIRONMENT

1.14.1	Availability of report on the assessment of country guidelines and protocols on disposal of MH medicines for benchmarking and programming	<p>The number of countries where a) a study has been conducted to assess the national guidelines and protocols in line with the UNFPA Guidance Note on Disposal of MH; and b) recommendations of the study are available.</p> <p>Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress to 2020</p>	<p>Insufficient progress made</p> <p>Very few countries have conducted reviews or assessments of country guidelines to ascertain compliance with the UNFPA Guidance Note on Disposal of MH Medicines.</p>
1.14.2	Number of countries where guidelines and protocols on disposal of MH medicines are updated in line with contents of UNFPA Guidance Note	<p>The cumulative total number of countries where a) actions the national guidelines and protocols have been updated in line with the findings and recommendations of an assessment conducted with respect to the UNFPA Guidance Note on Disposal of MH.</p> <p>Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress to 2020</p>	<p>Achieved (milestone significantly exceeded)</p>

Output 2: Increased demand for reproductive health commodities by poor and marginalized women and girls



UNFPA Supplies helps countries reach marginalized populations and harder-to-serve groups with sexual and reproductive health and information services, including family planning, thus contributing to equitable and inclusive development.

Sustained advocacy and other awareness-raising efforts drive the expansion of much-needed services. These interventions ensure that awareness exists among key partners and decision makers about the importance of taking targeted action to reach poor and marginalized women and girls. In addition, community mobilization and demand generation efforts serve to inform and educate communities and population groups about their reproductive rights and about their access to reproductive health services, including family planning.

2.1 ADVOCACY

Performance Monitoring Framework: This indicator tracks the number of countries with specific initiatives and implementation plans to improve family planning access for the poor and marginalized women and girls. It looks at where a specific programme exists: a) for which resources have been mobilized; b) which is being implemented; and c) it is aimed at reaching one of the following groups (i) young people, (ii) poor women and girls, (iii) people in hard-to-reach rural areas, and iv) people in urban slums. Milestones to build on baseline and reach target of 46 countries in 2016 and maintain progress until 2020.

UNFPA Supplies' focus is to promote policy dialogue and to advocate for RHCS, using a total market approach (and involving NGOs, CSOs, FBOs, private sector and community leaders). It therefore entails ensuring that specific national initiatives are in place and implemented in partnership with other stakeholders, which eventually contributes to improvement in access to FP services especially for a broad range of marginalized and underserved groups such as young people, poor women and girls, persons in hard-to-reach rural areas, slums and underserved areas, people with disabilities, displaced persons/refugees in humanitarian settings, and others including indigenous populations.

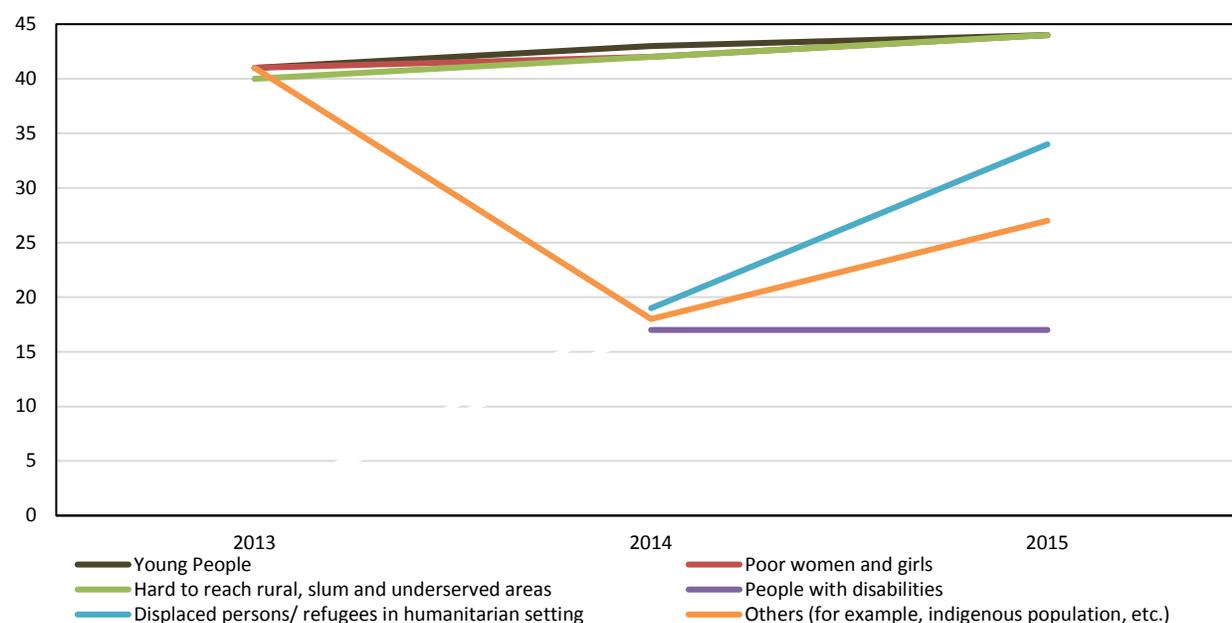
OUTPUT 2 | INCREASED DEMAND

In 2015, all the 46 countries had initiatives in place (some in the draft or conception stage) to reach specific categories of underserved and marginalized populations, compared with 41 countries in 2013. As shown in Figure 2.1, in 2015, initiatives to reach young people and for poor women and girls existed in 44 countries. Also, in 2015, number of countries implementing initiatives aimed at reaching persons in hard-to-reach rural areas, slums and underserved communities increased slightly to 44 countries, from 42 in 2014.

The number of countries with initiatives to reach displaced persons and/or refugees in humanitarian settings increased from 26 in 2014 to 29 in 2015.

Meeting the needs of these populations is a humanitarian imperative and a matter of upholding and respecting human rights, but ensuring access to sexual and reproductive health is a pathway to recovery, risk reduction and resilience.

Figure 2.1 Number of countries with initiatives to reach key population groups



Initiatives to reach marginalized populations in 2015 included:

- Supporting the Y-peer network for supporting training and peer distribution of condoms in Djibouti;
- Implementing the family planning e-voucher programme in Madagascar;
- Providing contraceptive information and services for young people through youth centres in Togo;

OUTPUT 2 | INCREASED DEMAND

- Working with faith-based organizations in Uganda to create demand for FP in various communities;
- Engaging with Family planning Association of Malawi and the Malawi Girl Guides Association to promote FP;
- Integrating comprehensive sexuality education in the National Curriculum in Rwanda;
- Training of community-based distributors (CBD) on the provision of information on sexuality issues and on family planning services in Zambia;
- Training of CBDs for provision of family planning information and services in Djibouti;
- Providing FP services to women in rural areas and in humanitarian emergency situations in Mauritania;
- Supporting Ghana Health Service for training Community Health Officers (CHOs) for the provision of implant services at the primary health care facilities;
- Collaborating with ARFH in Nigeria on the provision of non-prescriptive contraceptives through health facilities by task-shifting to CHEWS and through non-traditional outlets;
- Supporting community-based distribution of contraceptives and the implementation of a social franchise programme to expand services for the marginalized in Côte d'Ivoire;
- Deploying nine mobile teams in Yemen to improve access of displaced persons/ refugees in humanitarian setting to family planning, through Yemen Family care Association.

2.2 INCREASING DEMAND FOR FAMILY PLANNING AMONG UNDERSERVED AND MARGINALIZED POPULATIONS

Performance Monitoring Framework: The programme tracks the number of countries in which least five elements of demand generation for family planning are supported. Specifically, it looks at The number of countries where any five of the following **demand generation activities** were supported: i) development of IEC/BCC and advocacy materials for FP, ii) Dissemination of appropriate messages for FP by the community-level health workers, iii) Advocacy on FP at the community levels to involve the formal and informal leaders, iv) sensitization and awareness creation through community radio, radio drama, television drama, etc., v) sensitization activities targeting special groups including male motivation and youth involvement in FP promotions, vi) promotion of condom use for both FP and HIV prevention, vii) training of community health/extension workers and others for promotion of FP, viii) social marketing of modern contraceptives, and ix) dissemination of messages through Internet or mobile technology including use if SMS. Milestones to build on baseline and reach target of 46 countries in 2018 and maintain progress until 2020.

Funding for capacity-building activities was reduced in response to requests from the UNFPA Supplies Steering Committee that the programme focus support primarily on ensuring the consistent and reliable supply of reproductive health commodities and on enhancing national systems and capacity to forecast,

OUTPUT 2 | INCREASED DEMAND

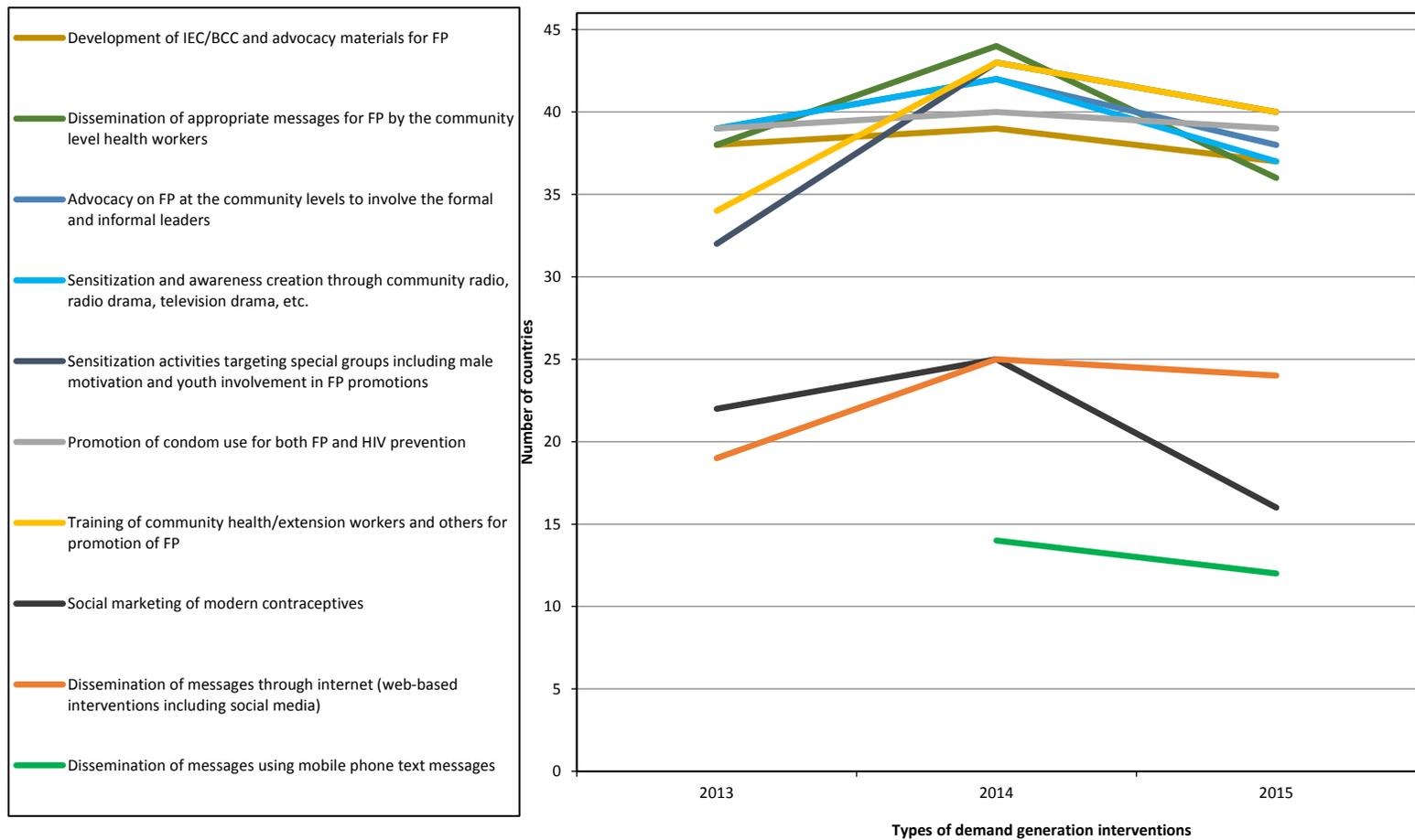
procure and distribute needed supplies. In particular, demand generation activities were streamlined, with a number of planning activities put on hold to be resumed in the case of additional funding being made available.

Figure 2.2 shows declining trends in the number of countries implementing various generation interventions. For instance, the number of countries where in 2015:

- dissemination of appropriate messages for FP by community-level health workers supported declined from 44 countries in 2014 to 36 countries in 2015;
- implementation of sensitization and awareness creation through community radio, radio drama, and television drama programmes decreased from 42 countries in 2014 to 37 countries in 2015;
- sensitization activities targeting special groups including male motivation and youth involvement in FP promotions were implemented declined from 43 countries in 2014 to 40 countries in 2015;
- support for social marketing of modern contraceptives were implemented decreased from 25 countries in 2014 to 16 in 2015;
- countries where there is development of IEC/BCC and advocacy materials for FP decreased from 39 countries in 2014 to 37 in 2015;
- implementation of advocacy on FP interventions declined from 42 countries in 2014 to 38 countries in 2015.

OUTPUT 2 | INCREASED DEMAND

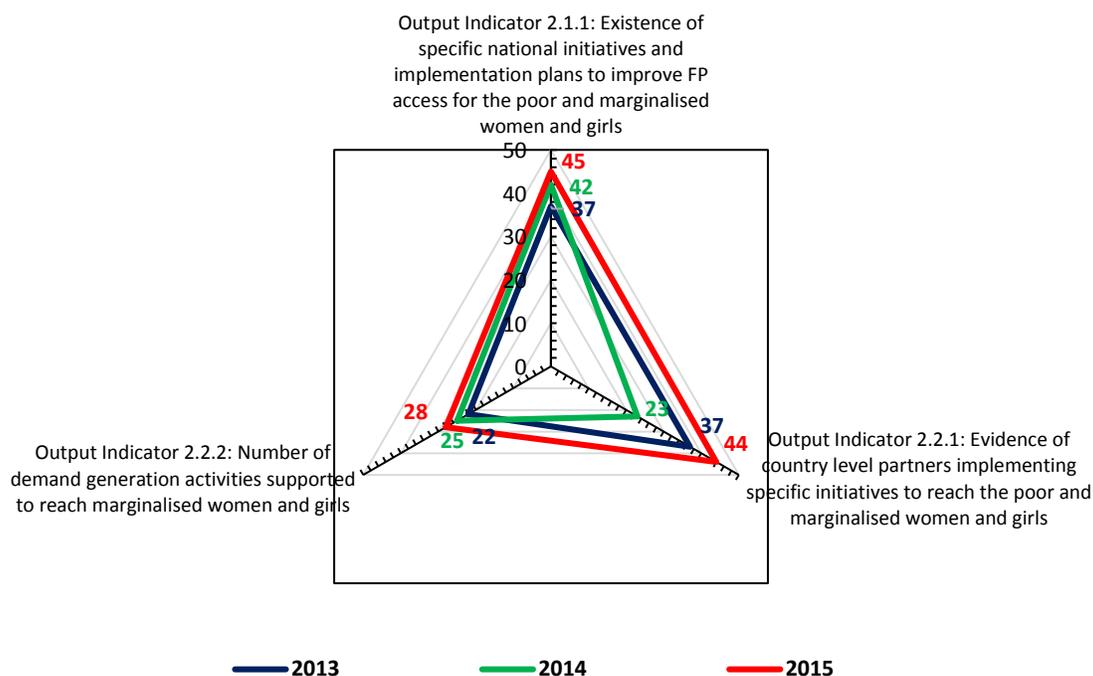
Figure 2.2 Number of countries by type of demand generation interventions implemented, 2013 to 2015



OUTPUT 2 | INCREASED DEMAND

Figure 2.3 shows that 2015 the number of countries implementing at least eight elements of demand generation interventions increased slightly from 25 countries in 2014 to 28 countries in 2015. Also the number of countries with national initiatives being implemented to reach marginalized groups (measured by assessing countries with at least three initiatives of which at least one is resourced and being implemented); increased from 42 in 2014 to 45 in 2015.

Figure 2.3 Country implementation of key demand generation initiatives, 2013 to 2015



2.3 BUILDING PARTNERSHIPS TO REACH UNDERSERVED POPULATIONS

Performance Monitoring Framework: The programme tracks the number of countries where partners are implementing specific initiatives to reach the poor and marginalized women and girls. This refers a) government; and, b) at least three of the following organizations: i) NGO, ii) civil society, iii) UN agencies, iv) private sector, v) social marketing perform specific functions in the implementation of the programme(s) aimed at reaching the poor and marginalized. Milestones to build on baseline and reach target of 46 countries in 2016 and maintain progress until 2020.

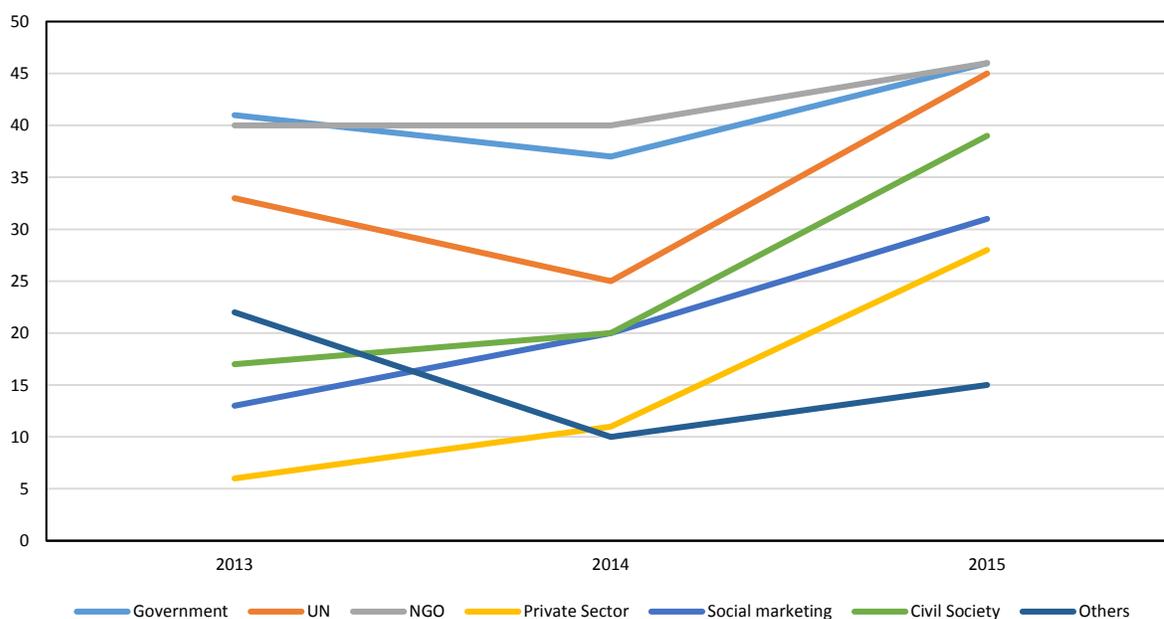
OUTPUT 2 | INCREASED DEMAND

In light of decreased funding for demand generation through UNFPA Supplies, increased efforts were made to support in-country activities through partnering with other actors. Figure 2.4 shows that the number of countries working with partners on specific programmes to reach poor and marginalized women and girls (measured by assessing whether the country works with government plus at least three other partner agencies) increased from 23 countries in 2014 to 44 countries in 2015.

Along with the government, NGOs are key partners. In 2015, 46 countries were working with NGOs on specific initiatives; up from 40 in 2014. Also all of the 46 countries were implementing initiatives to reach marginalized and underserved communities in collaboration with governments. The number of countries working on initiatives in collaboration with private sector entities increased from 10 in 2014 to 28 in 2015.

There was also notably increased collaboration with sister UN agencies, with an increase from 25 countries partnering with other UN agencies in 2014 to 45 countries in 2015. In addition, more countries are working with civil society organizations—up from 20 countries in 2014 to 39 countries in 2015, and with social marketing organizations (20 countries in 2014 to 30 countries in 2015).

Figure 2.4: Country-level partners involved in implementing specific initiatives to reach the poor and marginalized women and girls, 2013–2015



Country examples

Youth Provide Sexual and Reproductive Health Outreach in Honduras

LA CEIBA, Honduras—A quiet student approaches a wooden box and casually slipped in a folded piece of paper. On it is a question: “Can contraceptive pills cause infertility?”

Other questions are in the box, such as “Are condoms safe?” “Is it normal for my uncle or step-father to touch me?” “How do contraceptive implants work?”

They are answered by peer educators, with guidance from adult experts, and then displayed in glass cases for students to see.

The Committees for the Prevention of Pregnancies and STIs among Adolescents (COPEITSA) programme, which is supported by UNFPA, works to ensure young people receive comprehensive sexuality education; and information on gender equality and empowerment from people they are most likely to listen to—their peers.

“In some parts of the country, one in three girls ages 10 to 19 is already a mother,” says Hugo González, UNFPA Representative in Honduras. “[COPEITSA] is helping young people and women understand their rights, achieve their full potential and live a life with dignity.”

Jennifer, age 14, is a COPEITSA peer educator. She and others were trained on sexual and reproductive health by adult experts in the COPEITSA programme. “The first thing I did was read a book they gave us and pass out flyers,” she explained. “Then I learned how to speak about sexually transmitted infections (STIs), adolescent pregnancy and the use of condoms; and now I teach my relatives and friends how to use them.”

Indira, who has been a COPEITSA peer educator for two years, expressed that, “[t]here are many myths out there regarding prevention, and if we talk to each other, we are not afraid of being judged [for wanting to learn about SRH and services],” she explained. “I like to see young people realize they have the capacity to acquire more knowledge and even to help change sexist practices, which are fairly common between men and women here.”



Over 1,500 adolescent peer educators have been trained as part of the COPEITSA programme. ©UNFPA Honduras

Giving Young People Access to Family Planning Information

In Honduras, there is little public discussion, especially in the schools, about contraception, family planning (FP) or SRH. Yet there is an immense need. According to UNFPA estimates, 26 per cent of Honduran women give birth before age 18—the second-highest rate of adolescent pregnancy in Latin America. Also, 46 per cent of all Honduran women of reproductive age, who would like access to modern contraceptives, do not have it, and the country registers approximately 60 per cent of all new HIV infections in Central America.



A peer educator visits a clinic and chooses to have an implant inserted.
© UNFPA Honduras

Since its launch in 2013, COPEITSA has trained over 1,500 adolescents as peer educators, and they have in turn reached countless more. The peer educators present information at fairs, movie theatres, concerts and on YouTube. They handed out flyers from parade floats and even performed educational puppet shows.



Two peer educators hold buttons reading "Sexuality Education is Your Right."
© UNFPA Honduras

"We are getting an education so we can educate others and prevent girls from [having children at young ages], which is the phenomenon we are experiencing," said peer educator Gabriel Alejandro, age 18. At his school, the Question Box often receives 30 to 40 questions a week.

The programme has generated enthusiasm among young people, and received support among civil society groups and government representatives, including from the country's President and First Lady of Honduras.

CONDOMIZE! Promoting Safer Sex in Zimbabwe

MBARE, Harare—As the roadshow truck blasting popular music rolled into Mbare, Harare's oldest township, people streamed out of food halls and market stalls to investigate the commotion. Then a voice boomed out, "Mbare, are you ready?"



On the transporter, a brightly-painted canvas was rolled back to reveal 40 young people waving colourful T-shirts, sunglasses, badges, umbrellas and condoms. The people of Mbare were experiencing CONDOMIZE!

At the recent International Conference on AIDS and sexually transmitted infections (STIs) in Africa (ICASA) in Harare, the vibrant CONDOMIZE! campaign attracted almost as much interest as the event itself. UNFPA and its partners, the Ministry of Health and Child Care (MoHCC) of Zimbabwe, SafAIDS, SAYWHAT and the Global Condom Project, ran the campaign in the capital before and during ICASA.

Ensuring safer sex

CONDOMIZE! aims to educate people on how to use condoms correctly and support governments in making a variety of condoms available, in conjunction with water-based lubricants. The goal is to ensure that safer sex with a condom is convenient, enjoyable and the option of choice in an effort to prevent the spread of HIV in Zimbabwe, particularly among young people—and to curb the AIDS epidemic by 2030, in line with the Sustainable Development Goals.

In more conservative African societies, condom use tends to be linked with promiscuity. "Some people are embarrassed to talk about condoms because they think prostitutes are the only people who use them," said a young man in the crowd.

The CONDOMIZE! campaign seeks to break down stereotypes and debunk myths associated with condom use among men, women, young people and key populations.

Active in eight African countries, CONDOMIZE! is a social mobilization platform to discuss and educate communities about condoms and sexual and reproductive health and rights, including HIV and STIs. To attract as many people as possible, the campaign uses innovative methods such as the roadshow truck, entertainment, art zones, and colourfully-designed giveaways.

CONDOMIZE! came to Zimbabwe to help fight against the HIV & AIDS epidemic. Zimbabwe has an HIV prevalence rate of 15 per cent, with more than 80 per cent of HIV infections transmitted through sexual

OUTPUT 2 | INCREASED DEMAND

contact. Young people account for the majority of new HIV infections and are at most risk of unintended pregnancy and STIs.

Challenges for young people

Among young people, condom programmes face serious challenges with regard to access and utilization.

A recent study by UNFPA and MoHCC on public sector condom acceptability among youth in Zimbabwe found that major challenges to uptake are due to cultural and religious values, socioeconomic realities, logistical barriers, gender stereotypes and misconceptions, and lack of accurate knowledge. Public sector condoms were perceived to be less appealing and more difficult to access than other available condoms.

The study highlighted the need for innovative approaches to condom programming in terms of education, breaking down gender stereotypes and dispelling misconceptions. It also showed the need to increase the appeal of public sector condoms, such as those provided in UNFPA's CONDOMIZE! campaign, which offers a range in style, flavour, texture and colour—even glow-in-the-dark—as well as female condoms.

Country with highest condom uptake

“Zimbabwe is one of the countries where condoms have readily been accepted,” said MoHCC National Coordinator for STI Prevention and Condom Distribution, Anna Machiya, who leads the CONDOMIZE! campaign in Zimbabwe. The government, with support from UNFPA, distributed 110 million male condoms in 2015, along with 5 million female condoms—the continent's highest uptake.



To date, the CONDOMIZE! campaign has equipped five of the most underserved communities in high-density areas of Harare (Mbare, Epworth, Chitungwiza, Highfields and Mufakose), which has an HIV prevalence of 13 per cent. Over 5,000 people have been educated on the correct use of condoms through edutainment and live demonstrations of CONDOMIZE! A national campaign, Don't Compromise, CONDOMIZE!, is planned for 2016.



Helping Rwandan Youth Make Healthy Choices

Rwanda – Comprehensive sexuality education is vital in curbing cases of unintended pregnancy and the spread of sexually transmitted diseases, as it ensures that young people are equipped with the competencies they need to make safe and responsible choices about their sexual and reproductive health.

In Rwanda, UNFPA launched a teacher training programme geared towards equipping teachers and partners in the education sector on key features of the new curriculum and learner-centred teaching methodologies.

Eight cross-cutting topics have been integrated in the new curriculum, including comprehensive sexuality education (CSE). CSE is integrated in five subjects, two of them at primary school level (Science and Elementary Technology, and Social Studies) and three at Secondary School level, namely, Biology and Health Sciences, General Studies and Communication Skills including History and Citizenship.

This was achieved through a three-day training also aimed at providing deans of studies from 1,508 secondary schools from 30 districts with an overview of the importance of comprehensive sexuality education.

“Young people often receive an array of contradictory and confusing messages about sexuality but how we meet this challenge is the greatest opportunity to breaking the trajectory,” said Jozef Maeriën, UNFPA Representative for Rwanda.



Schoolchildren Emerge from Classes - Kabale - Southwestern Rwanda. ©UNFPA/Adam Jones

Life-skills Programme Brings Hope and Strength to Young Mothers in Lesotho

In Lesotho, young mothers are among the most vulnerable populations, particularly in rural areas, and have little to no access to information that would help them make informed decision about their sexual health, rights and social well-being. To address this, UNFPA and Help Lesotho (a local NGO) created the “Young Mothers’ Training” to provide the needed support and RH supplies.

Many of these young women are very poor and very young when they have their children. They do not know about the importance of contraceptives and family planning (FP); how to raise their children in a healthy manner; and how to protect themselves and know their rights.



A member of the Young Mother’s Training in Lesotho, Ntsatsi Lesuo stands proudly with her child. © UN Lesotho

The Young Mother’s Training educates these young women on subjects such as self-esteem, decision-making, healthy versus unhealthy relationships, multiple and concurrent sexual partners, sexually transmitted infections, sexual violence, family planning, and correct and consistent use of male and female condoms. Access to health professionals that offer HIV and AIDS testing and counselling, as well as sexual and reproductive health care and services.

UNFPA provides and transports RH supplies in this hard-to-reach area so that the young mothers receive the care they need. Supplies include medical materials and contraceptives, such as implants, DMPA injections, condoms and medications.

A young mother who has benefited from the Young Mother’s Training is Ntsatsi Lesuo, who is 24 years old and has three children. While at university, she had a baby and then had to drop out of school because of the stress and responsibility of being a student and a mother.

Becoming pregnant was a shame to her family and her whole community, explained Ntsatsi. People in her community were angered that she was given the chance to go to school, but then ruined it by becoming pregnant. Over time, she resented and became angry at her children because they were a burden to her.

Ntsatsi said that, before she came to the Young Mother’s Training, “My mind was overloaded with a lot of stress”. After the young mother’s training, however, she said, “I have rebuilt my self-esteem because of the Young Mother’s Programme. I know that there’s still light. I can do many things for my children and give them a better life. I now accept [my children] and have stopped beating them because I see that beating them is wrong”.

OUTPUT 2 | INCREASED DEMAND

Ntsatsi said that the Young Mother's Training has given her a supportive community. "I understood that I was not the only one. I thought that I was the only young mother facing these struggles but now I know that I'm not alone".

Ntsatsi shared with the young mother's group and Help Lesotho staff that, "I already had three kids, but there's an orphan that's 12 years old who has nowhere to go. I allow him to stay with me. I take care of him because of the Young Mother's Training topic that says 'Mothers are important to children's lives'". People in her community criticized her, asking why she would take another child in when she already has three of her own. She does not let what other people say affect her. She knows that this 12-year old needs a mother and she is there to help.

OUTPUT 2 | INCREASED DEMAND

Scorecard for Output 2, UNFPA Supplies 2015

 Green	Achieved <i>(achieved or exceeded)</i>	If the average per cent achievement of the milestone is equal to or more than above 100%
 Yellow	Progressing well towards target <i>(nearly achieved)</i>	If the average per cent achievement of the milestone is between 80% and 99%
 Orange	Making limited progress <i>(achievement is about average)</i>	If the average per cent achievement of the milestone is between 60% and 79%
 (Red)	Insufficient progress made <i>(achievement is below average)</i>	If the average per cent achievement of the milestone is below 60%

Programme Output 2: Increased demand for RH commodities, by poor and marginalized women and girls							
	Results and indicators	2013 baseline	2014 target	2014 actual	2015 target	2015 actual	Scorecard
Advocacy							
2.1	Number of countries with specific initiatives and implementation plans to improve family planning access for the poor and marginalized women and girls	37	40	42	44	45	
Demand generation for family planning							
2.2.1	Number of countries where partners are implementing specific initiatives to reach the poor and marginalized women and girls	37	40	22	44	44	
2.2.2	Number of countries in which least five elements of demand generation for family planning are supported	22	35	24	40	28	

OUTPUT 2 | INCREASED DEMAND

About the scorecard

Programme Output 2: Increased demand for RH commodities, by poor and marginalized women and girls		
Progressing well towards targets		
<p>At the country level, UNFPA continued to work with partners to implement initiatives to reach various categories of poor and marginalized groups (including young people, poor women and girls, persons in hard-to-reach rural areas, slums and underserved communities, displaced persons/refugees in humanitarian settings, persons with disability and indigenous population groups). There was an increasing involvement with a broad range of partners (e.g. government, NGOs and UN agencies, social marketing organizations and civil society groups) in initiatives aimed at generating demand to reach poor and marginalized women and girls.</p>		
Summary methodology	Comments	
Advocacy		
2.1	<p>This refers to where a specific programme exists; a) for which resources have been mobilized; b) which is being implemented; and c) it is aimed at reaching one of the following groups i) young people, ii) poor women and girls, iii) people in hard-to-reach rural areas, and iv) people in urban slums</p> <p>Milestones to build on baseline and reach target of 46 countries in 2016 and maintain progress to 2020.</p>	<p>Achieved (milestone exceeded)</p> <p>Almost all of the 46 UNFPA Supplies countries are implementing initiatives to reach various categories of poor and marginalized populations, including young people, poor women and girls, persons in hard-to-reach rural areas, slums and underserved communities, displaced persons and/or refugees in humanitarian settings, persons with disability and indigenous groups.</p>
Demand generation for family planning		
2.2.1	<p>This refers to a) government and b) at least three of the following organizations: (i) NGO, (ii) civil society, (iii) UN agencies, (iv) private sector, (v) social marketing perform specific functions in the implementation of the programme(s) aimed at reaching the poor and marginalized.</p> <p>Milestones to build on baseline and reach target of 46 countries in 2016 and maintain progress to 2020</p>	<p>Achieved</p> <p>In almost all the 46 UNFPA Supplies countries there was an increase in the involvement of a broad range of partners in the implementation of specific initiatives aimed reaching poor and marginalized women and girls. Government, NGOs and UN agencies continue to be the most popular implementing partners, though social marketing organizations and civil society groups were also involved in the implementation of programmes.</p>
2.2.2	<p>The number of countries where any five of the following demand generation activities were supported; (i) development of IEC/BCC and advocacy materials for FP; (ii) dissemination of appropriate messages for FP by the community-level health workers; (iii) advocacy on FP at the community level to involve the formal and</p>	<p>Insufficient progress made</p> <p>The assessment is based on the existence of at least 8 out of the 10 elements outlined.</p>

OUTPUT 2 | INCREASED DEMAND

	<p>informal leaders; (iv) sensitization and awareness creation through community radio, radio drama, television drama, etc.; (v) sensitization activities targeting special groups including male motivation and youth involvement in FP promotion; (vi) promotion of condom use for both FP and HIV prevention; (vii) training of community health/extension workers and others for promotion of FP; (viii) social marketing of modern contraceptives; (ix) dissemination of messages through the Internet (web-based interventions including social media); and (x) dissemination of messages using mobile text messaging.</p> <p>Milestones to build on baseline and reach target of 46 countries in 2018 and maintain progress to 2020</p>	<p>Generally funding was reduced for awareness raising and demand generation interventions and activities, in response to requests from the UNFPA Supplies partners, who called for a shift in strategic investment to address RHCS bottlenecks especially in commodity provision and supply chain.</p>
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OUTPUT 3: PROCUREMENT EFFICIENCY

Output 3: Improved efficiency for procurement and supply of reproductive health commodities (global-level focus)



UNFPA Supplies works to ensure that all people can choose, access and use high-quality reproductive health products. The first steps start at the global level, setting the stage long before a woman enters her local family planning clinic. Strategic efforts include:

- prequalification of key products;
- making procurement processes efficient, cost-effective and environmentally friendly;
- delivering an appropriate method mix of commodities to countries based on their needs; and
- participating in market-shaping activities.

In 2015, UNFPA continued to advance efforts to improve quality of products it provides — and educate a range of manufacturers, testing facilities, and government agencies on improving their goods and services.

UNFPA's Procurement Services Branch was the first UN organization to achieve **ISO9001 certification**. This independent certification publicly recognizes quality management principles including customer focus, management motivation and continual improvement – all of which are utilized in delivering the goods and services to UNFPA Supplies programme countries. In addition, procurement staff have attained **professional certification** through the Chartered Institute of Purchasing and Supply. These certifications help to ensure the efficient and effective planning and execution of procurement and supply.

OUTPUT 3: PROCUREMENT EFFICIENCY

3.1 QUALITY OF PRODUCTS

Performance Monitoring Framework: To measure ‘improved efficiency for procurement and supply of RH commodities (global-level focus)’, the programme tracks the number of WHO prequalified/ERP-assessed hormonal contraceptives for use by UNFPA and partners. This is the total number of hormonal contraceptives that are WHO prequalified/ERP assessed in existence during the year. Milestones to build on baseline and reach target of 25 hormonal contraceptives in 2018 and maintain progress until 2020.

One key to quality is the **WHO Prequalification of Medicines Programme (PQP)**, which provides an assessment of the quality of the products from manufacturers. UNFPA manages the prequalification process for male and female condoms and IUDs on behalf of and in conjunction with WHO. In addition, UNFPA manages an **Expert Review Panel (ERP)** process that indirectly supports manufacturers to submit applications to the WHO PQP, by providing them an alternative entry into the supply chain while the WHO PQP process is ongoing. The ERP also provides technical guidance from WHO experts that enables the manufacturers to act on potential weaknesses to prevent delays during WHO PQP assessment.

- Products including 26 hormonal contraceptives, 27 male condoms, 6 IUDs and 2 female condoms were prequalified or requalified by WHO–UNFPA;
- One new hormonal contraceptive and two extensions were ERP assessed;
- WHO prequalified two other RH commodities (levonorgestrel and oxytocin) and the ERP assessed four new commodities and two extensions.

UNFPA not only uses the prequalification and ERP results for its own procurement needs, but also publishes the information publicly, so that ministries of health, NGOs and other organizations can use the information to confirm that their sources meet internationally acceptable quality standards.

The findings provide independent technical information on safety, quality and performance of the products assessed to other United Nations agencies, WHO Member States and other interested organizations. The WHO prequalification status, in conjunction with other procurement criteria, is used by these entities to guide their procurement of the products covered by the WHO prequalification programmes.

The information also can eliminate the need for manufacturers to undergo multiple quality audits and approval processes. Such bodies would allow suppliers to complete registration to one national authority and be accepted by a wider group of nations. This process would offer a wider geography of potential sales for the suppliers – and a wider range of products for the countries.

OUTPUT 3: PROCUREMENT EFFICIENCY

3.2 PROCUREMENT EFFICIENCY – UNFPA PROCUREMENT SERVICES

A number of measures and mechanisms make procurement processes more efficient. UNFPA works with many partners and their clients to improve on order cycles and reduce lead time, especially through AccessRH, long-term agreements (LTAs) for procurement of quality contraceptives, and better pricing mechanisms for reproductive health commodities.

COUNTRIES USING UNFPA PROCUREMENT SERVICES

Performance Monitoring Framework: The number of countries and clients using AccessRH for procurement of RH commodities (disaggregated by UNFPA Supplies countries and non-UNFPA Supplies countries) provides a global-level look at procurement efficiency. This refers to number of entities (countries and organizations) that use AccessRH for procurement of RH commodities. Milestones to build on baseline and reach target of 150 clients in 110 countries in 2018 and maintain progress until 2020.

The programme also tracks the value of the total volume for all third party procurement made by UNFPA for the year. Milestones to build on baseline and reach target of \$50 million in 2017 and maintain progress until 2020.

UNFPA Procurement Services (www.unfpaprocurement.org), formerly known as AccessRH, is the UNFPA procurement and information service for reproductive health commodities. It offers convenient access to high-quality, affordable reproductive health products, as well as up-to-date information on various contraceptive orders and several tools for planning and ordering purposes, to a range of government ministries, social marketing organizations, NGOs and other clients.

- The value of orders through UNFPA Procurement Services total just under \$19 million in 2015, a decrease from some \$30 million in 2014;
- UNFPA Procurement Services provided shipments to a total of 55 countries, compared with 52 countries in 2014;
- Of these shipments, supplies went to 17 UNFPA Supplies implementing countries and 38 non-UNFPA Supplies countries in 2015, compared with 21 UNFPA Supplies implementing countries and 31 non-UNFPA Supplies countries in 2014.

The total number of clients and countries using AccessRH has continued to grow since its inception in 2011: a total of 170 organizations in 104 countries have partnered with AccessRH for supplies (see map). A recent survey indicated 93 per cent of clients reported being very satisfied or satisfied with AccessRH products, prices and services.

OUTPUT 3: PROCUREMENT EFFICIENCY

Figure 3.1: 170 organizations in 104 countries have partnered with UNFPA to procure supplies

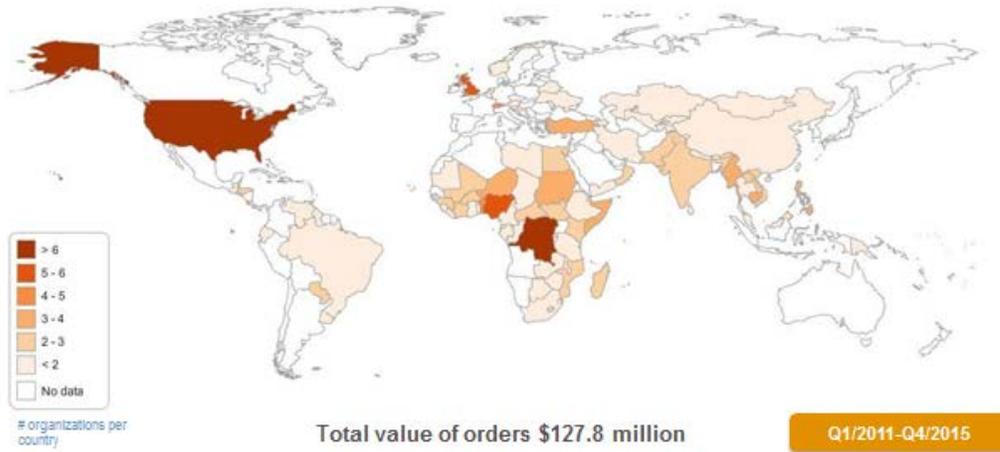
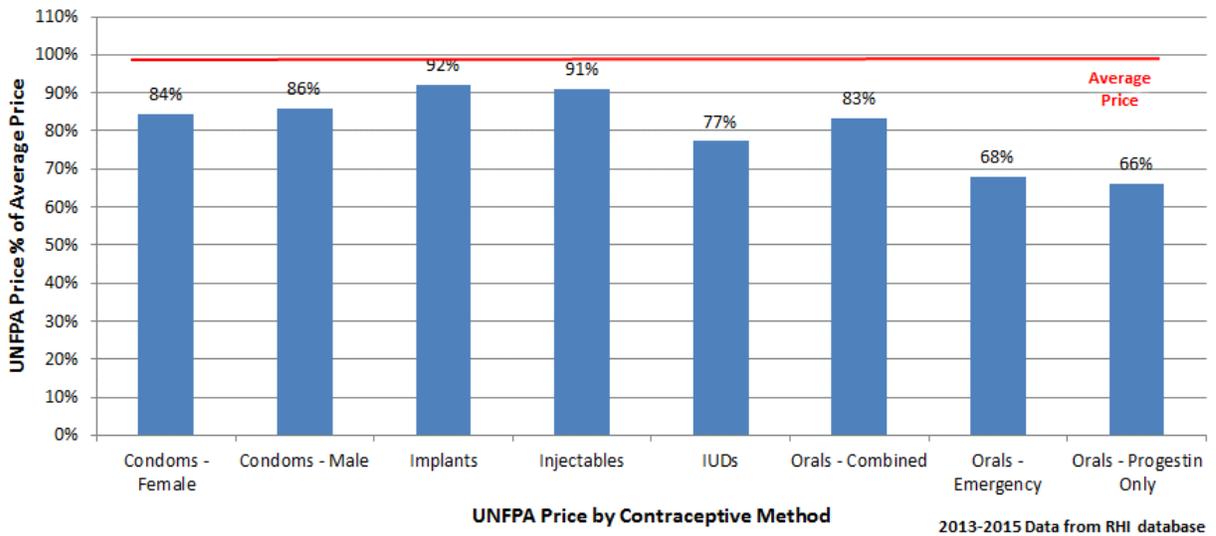
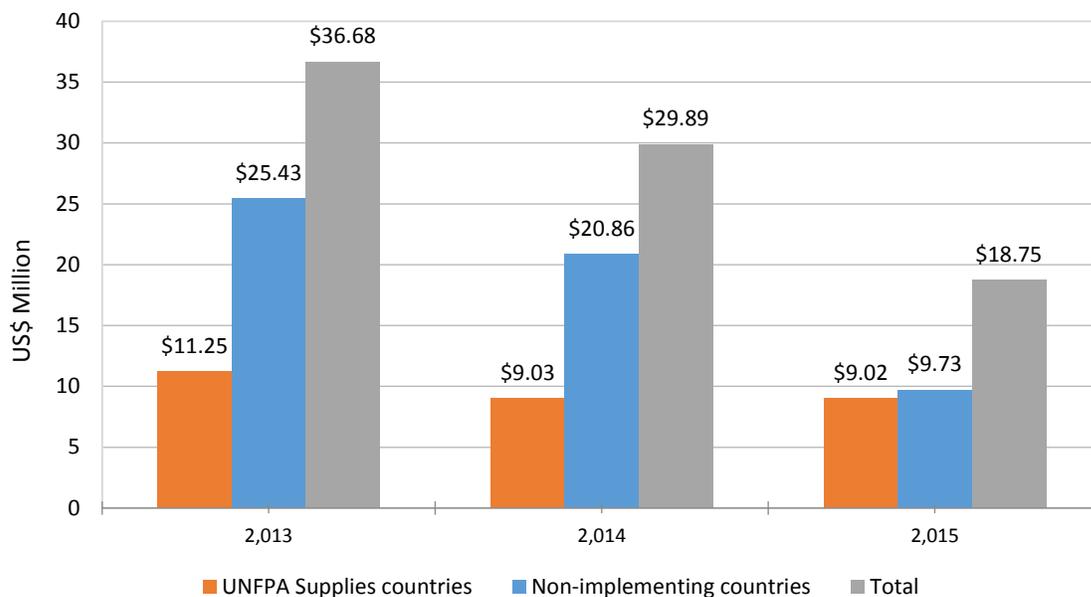


Figure 3.2: UNFPA Unit costs compared to average price of international procurers, 2013-2015



OUTPUT 3: PROCUREMENT EFFICIENCY

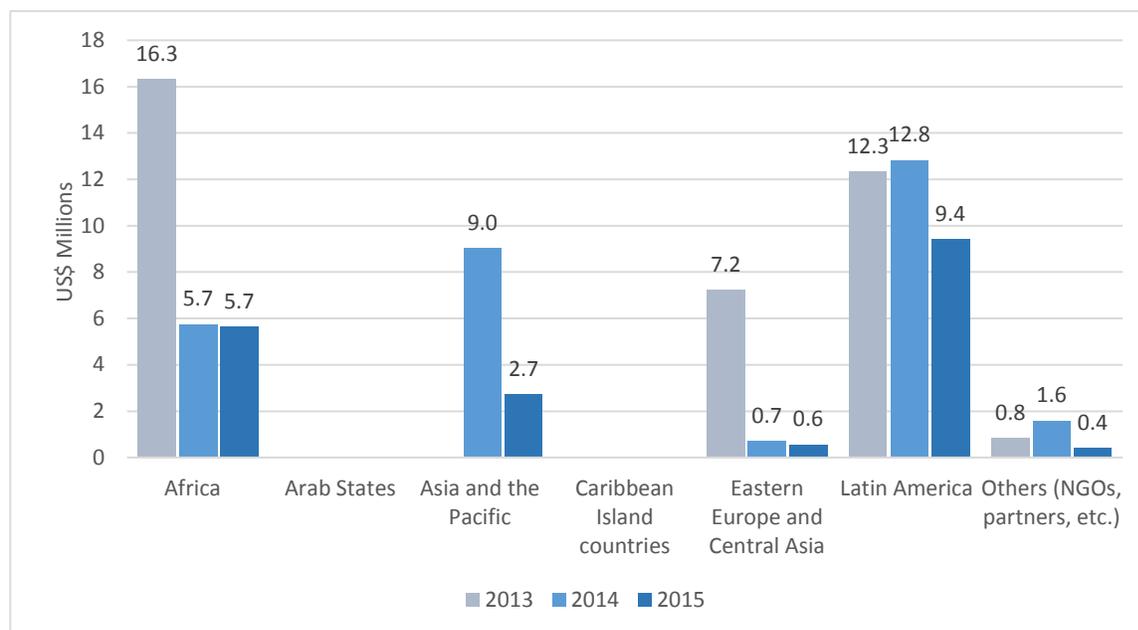
Figure 3.3: Value for quantities of RH commodities dispatched from AccessRH, 2013-2015



By region the value of third party shipments from AccessRH to Africa remained at similar levels as in 2014. A similar situation can be seen for third party procurement to Eastern Europe and Central Asia. Third party shipments to Asia and the Pacific decreased significantly, by \$6.3 million; third party procurement to Latin America also decreased by \$3.4 million. Third party procurement to development partners experienced a significant decrease of \$1.2 million compared with last year.

OUTPUT 3: PROCUREMENT EFFICIENCY

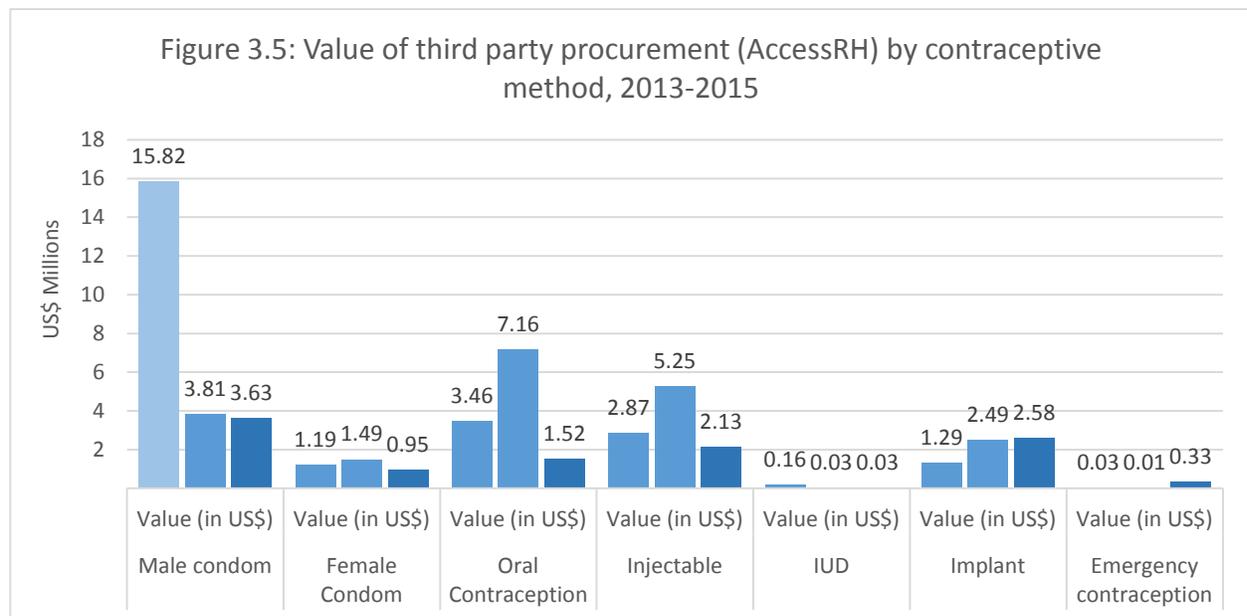
Figure 3.4: Total amount dispatched for third party procurement (AccessRH), 2013–2015



Third party procurement **requests for contraceptives** totalled \$11.2 million in 2015, a decrease from 20.2 million in 2014. Male condoms amounted to \$3.63 million in 2015, slightly down from \$3.8 million in 2014, but significantly below figures in 2013. Requests for all other methods decreased in different proportion compared with 2014, except the procurement of emergency contraception and contraceptive implants, which increased slightly in 2015. Three methods (male condoms, injectables and implants) accounted for 75 per cent of AccessRH procurement value in 2015.

OUTPUT 3: PROCUREMENT EFFICIENCY

Figure 3.5: Value of third party procurement (AccessRH) by contraceptive method, 2013–2015



UNFPA Procurement Services has most products in stock, which helps clients avoid stock-outs and improves programme delivery, since the contraceptives and kits are provided more quickly.

In addition, the UNFPA Procurement Services web portal offers a range of tools, including the catalogue of hundreds of products, a budget planner, a lead-time calculator, and the Reproductive Health Interchange: a database of over US\$ 2 billion of public sector contraceptive shipments.

3.3 LONG-TERM AGREEMENTS (LTAS)

Performance Monitoring Framework: The programme tracks the number of LTAs in operation during the year for hormonal contraceptives (HCs). This indicator looks at the total number of long-term agreements with manufactures that are in operation with manufacturers of WHO-prequalified commodities and ERP-assessed commodities for the year. Milestones to build on baseline and reach target of 25 LTAs in 2018 and maintain progress until 2020.

UNFPA's Procurement Services Branch (PSB) conducts public bids to establish quality standards and prices for a range of goods and services related to the UNFPA mandate. Establishing agreements improves efficiency, as solicitations need not be conducted so frequently.

- There were 22 LTAs in existence for WHO prequalified and ERP-assessed hormonal products in 2015, an increase from 21 in 2014.

OUTPUT 3: PROCUREMENT EFFICIENCY

For ERP-assessed commodities: In 2015, UNFPA held two LTAs with three suppliers, both of which received orders from UNFPA.

UNFPA publicizes the products and suppliers with which LTAs are held in order to improve uptake and ensure more broad and stable supply of quality products. Efforts resulted in **generic** products being delivered to 24 countries in 2015.

3.4 REPRODUCTIVE HEALTH COMMODITIES AT BETTER PRICES AND QUALITY

Performance Monitoring Framework: The percentage of UNFPA contraceptive prices that compares favourably with those of other large procurers such as USAID is another measure of success. The programme looks at UNFPA actual prices for contraceptives as a percentage of the prices of other agencies such as USAID and MSH for calendar year.

UNFPA works diligently to improve the quality and prices for the widening variety of products UNFPA provides. Through its market-shaping efforts, improvements in forecasting and planning, and working with suppliers, UNFPA achieves better prices:

- UNFPA was able to reduce prices for key contraceptives on 69 per cent of items in 2015 (compared with prior year prices), and maintains lower prices than public sector procurers USAID and MSH for most.

UNFPA is an active participant in the Implant Access Guarantee, which has reduced the price of contraceptive implants by up to 50 per cent in recent years – effectively doubling the quantity of implants provided.

UNFPA has also shifted its planning and forecasting cycle forward to enable better advanced planning with contraceptive suppliers. UNFPA, USAID, and others work together on the Coordinated Supply Planning (CSP) group (to collaboratively forecast long-term contraceptive needs) and CARHS (to prevent short-term potential stock-outs). UNFPA is also working with suppliers towards registration and coverage in middle-income countries and for supply to governments taking the steps to procure for themselves related to the Family Planning Summit and MDGs.

Prices are one consideration; quality is another. UNFPA also requires that products meet internationally acceptable **quality standards**. Therefore, UNFPA (along with WHO) works towards ensuring hormonal products, condoms, and IUDs are manufactured in facilities that meet such standards; and are tested in labs that also meet international quality standards. This work is accomplished through education of

OUTPUT 3: PROCUREMENT EFFICIENCY

suppliers and governments, dossier reviews, technical advice, site visits, and product testing. Great improvements have been made, yet ensuring that products – and the facilities in which they are tested – meet high-quality standards requires constant attention and coordination with the world’s suppliers, governments, accreditation bodies, and beyond.

3.5 GREEN PROCUREMENT

Performance Monitoring Framework: As another measure of progress towards improved efficiency for procurement and supply of reproductive health commodities (global-level focus), the programme tracks the number of factories agreeing to and fully implementing ISO14001; number of factories including FSC and/or similar programme in the outer packages; number of factories with active and documented wastewater programmes; and number of factories reducing raw material usage as a result of UNFPA lead research.

UNFPA, through the Procurement Services Branch, works with suppliers to address UNFPA’s environmental issues and policy provisions related to procurement. The aim is to ensure that manufacturers know about and conform to these provisions. Likewise, UNFPA is undertaking projects to improve packaging, such as incorporating bar codes, which would allow for distribution tracking and ensuring products are not counterfeits.

In 2015, UNFPA furthered its commitment to promote suppliers’ adherence to environmental policy provisions related to procurement by including ISO14001 certification as a bidding requirement, meaning that only factories with ISO14001 certification can qualify in a UNFPA public bid. Over the year, at least one factory per quarter has been ISO14001 certified and in Q4 two more factories have been certified.

ISO14001 is the internationally recognized standard for the environmental management of businesses, and which prescribes controls for those activities that have an effect on the environment.

OUTPUT 3: PROCUREMENT EFFICIENCY

Box 1: Cost-savings from use of generics

The increase in the number of **generic RH medicines** complying with the internationally recognized quality standards applied by UNFPA has a positive impact on prices. The figures below illustrate the savings achieved by UNFPA during 2015 based on the increased number of quality generics available.

In terms of value for money: with the same amount of money, more cycles of quality contraceptives will be accessible for women. In 2016, UNFPA plans to continue advocating for the use of generics in order to increase access to RH medicines and to demonstrate true value for money.

Figure 3.6: Savings made in US dollars by purchasing generic combined oral contraceptives in comparison to the potential expenditure incurred if the innovator had been procured

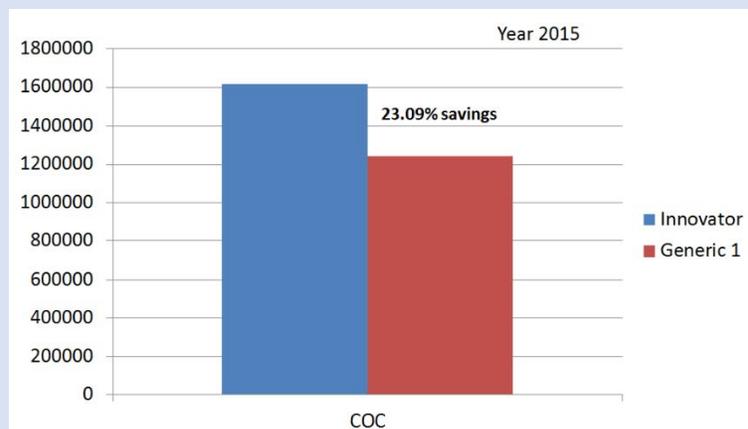
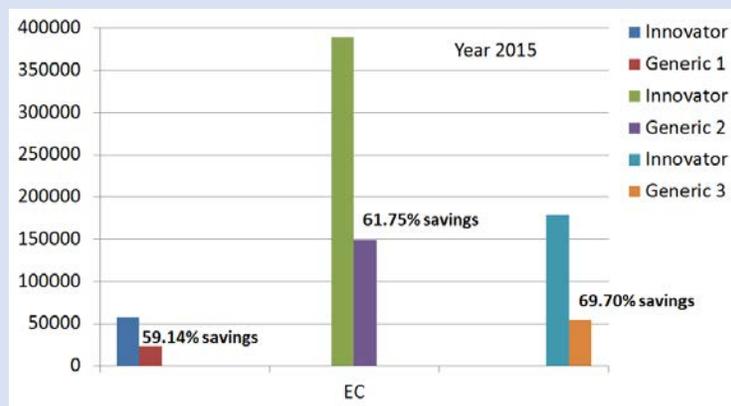


Figure 3.7: Total value of the orders placed (US\$) with generic emergency contraceptives compared with the value incurred if the innovator had been procured



OUTPUT 3: PROCUREMENT EFFICIENCY

In addition, in 2015, UNFPA worked with:

- UNFPA continued the work with 12 manufacturers to implement ISO14001 initiated in 2013 and 2014.
- In 2015, a total of 31 manufacturers were implementing active and documented wastewater programmes; 13 of them adopted its wastewater programme in 2015.
- UNFPA continued its work with manufacturers that include Forest Stewardship Council (FSC) and/or similar marking in outer packages of products. As of 2015 factories are using a minimum of 40 per cent of FSC cardboard.
- UNFPA continued its efforts to encourage manufacturers to reduce waste materials. Several advocacy and capacity-building activities were conducted along the year, such as workshops, seminars, and online training. As of 2015, a total of 13 factories have agreed to this output.

3.6 QUANTITY AND MIX OF CONTRACEPTIVES AND CONDOMS PROCURED

<i>Performance Monitoring Framework</i>	
Total couple years of protection (in millions) for contraceptives and condoms procured by UNFPA (disaggregated for UNFPA Supplies funds)	This is the CYP value (in millions) for all the contraceptives procured by UNFPA; and, using UNFPA Supplies funds. Milestones to build on baseline and reach 36.9 million CYPs in 2017 and a target of 38.5 million CYPs in 2020.
Cost per CYP	This is the total cost (in US\$) for the contraceptives procured by using UNFPA Supplies funds divided by the total CYP value for those contraceptives. Milestones to reduce baseline figure to US\$ 2.16 in 2017 and a target of US\$2.12 in 2020.
Cost per unintended pregnancies averted based on contraceptives procured	This is the total cost (in US\$) for the contraceptives procured by using UNFPA Supplies funds divided the total number of unintended pregnancies averted which is estimated based on the CYP value and the method mix of the commodities provided. Milestones to reduce baseline figure to US\$ 7.0 per UIP averted in 2019 and maintain progress until 2020.

OUTPUT 3: PROCUREMENT EFFICIENCY

- In 2015, **\$91.4 million** were spent through UNFPA Supplies to procure contraceptives and condoms (including \$3.3 million worth of implant consumables and syringes for injectable contraceptives).¹⁴ This is an increase from \$82.6 million spent in the procurement of contraceptives and condoms in 2014;
- Nearly **31.5 million couple years of protection (CYP)** were provided by the contraceptives and condoms procured through UNFPA Supplies in 2015; an increase from 28.4 million CYPs in 2014;
- The average cost per CYP was \$2.80 in 2015, a decrease from \$2.91 the previous year.

Compared with 2014, contraceptive implants accounted for the largest proportion of CYPs delivered, followed by injectable contraceptives. CYP may vary from one year to the next due to a number of reasons, such as a special investment in a method, the level of existing stocks and a re-stocking time frame longer than one year.

The main goal of supporting a **mix of contraceptive methods** is to provide women with their human right to a personal choice of the method that they find most desirable and are most likely to be able to stick with and continue over time. Through UNFPA Supplies, countries decide which methods their populations prefer with the donor funds we can make available. Table 3.1 and Figure 3.1 show how the CYP from method mix varies across three years.

When comparing **couple years of protection (CYP)** provided by various methods, it is important to keep in mind that only male and female condoms provide dual protection from unintended pregnancy and HIV and STIs so there is additional value to be attributed to these methods.

Operating in a limited funding capacity, we are constantly looking for alternative, quality brands of the various methods to be able to offer women choice in a more cost-effective and sustainable manner. The recent multi-year provision of donor funding for the specific methods of female condoms and implants and the Implant Access Initiatives have naturally led to increases for requests for these two methods.

Also, when evaluating and comparing the **costs** of various methods, there are several components to consider in addition to basic product cost, including the expenses related to service delivery. For

¹⁴ Intravenous injectable contraceptives require the provision of a needle, at a cost of \$0.09 each. Some countries request a set of consumables for the provision of implants. The cost of this kit is approximately \$1.00 per implant.

OUTPUT 3: PROCUREMENT EFFICIENCY

example, the insertion of an implant or IUD is more involved and expensive than the dispensing of condoms to an individual.

Table 3.1: Quantity and mix of contraceptives procured by UNFPA Supplies

Commodity	Quantity		
	2013	2014	2015
Male condoms	236,736,000	438,420,000	443,854,080
Female condoms	15,557,000	10,314,500	10,950,391
Oral contraceptives	32,992,896	46,457,448	22,886,581
Injectables	19,698,500	39,948,800	29,167,721
IUDs	2,476,000	544,160	949,556
Implants	4,551,676	2,627,876	4,497,926
Emergency contraception	216,000	1,285,180	739,252

Table 3.2: Total cost of contraceptives procured by UNFPA Supplies 2013-2015

Commodity	Total cost		
	2013	2014	2015
Male condoms	\$ 6,155,136	\$ 11,398,920	\$ 12,502,661
Female condoms	\$ 8,867,490	\$ 5,879,265	\$ 6,001,841
Oral contraceptives	\$ 8,908,082	\$ 12,543,511	\$ 7,300,945
Injectables	\$ 14,773,875	\$ 29,961,600	\$ 23,326,803
IUDs	\$ 916,120	\$ 201,339	\$ 332,345
Implants	\$ 38,689,246	\$ 22,336,946	\$ 38,232,371
Emergency contraception	\$ 216,000	\$ 321,295	\$ 408,681
Consumables and syringes	N/A	N/A	\$ 3,323,603
Total	\$ 78,525,949	\$ 82,642,876	\$ 91,429,250

OUTPUT 3: PROCUREMENT EFFICIENCY

Figure 3.8: UNFPA Supplies expenditure by method, 2015

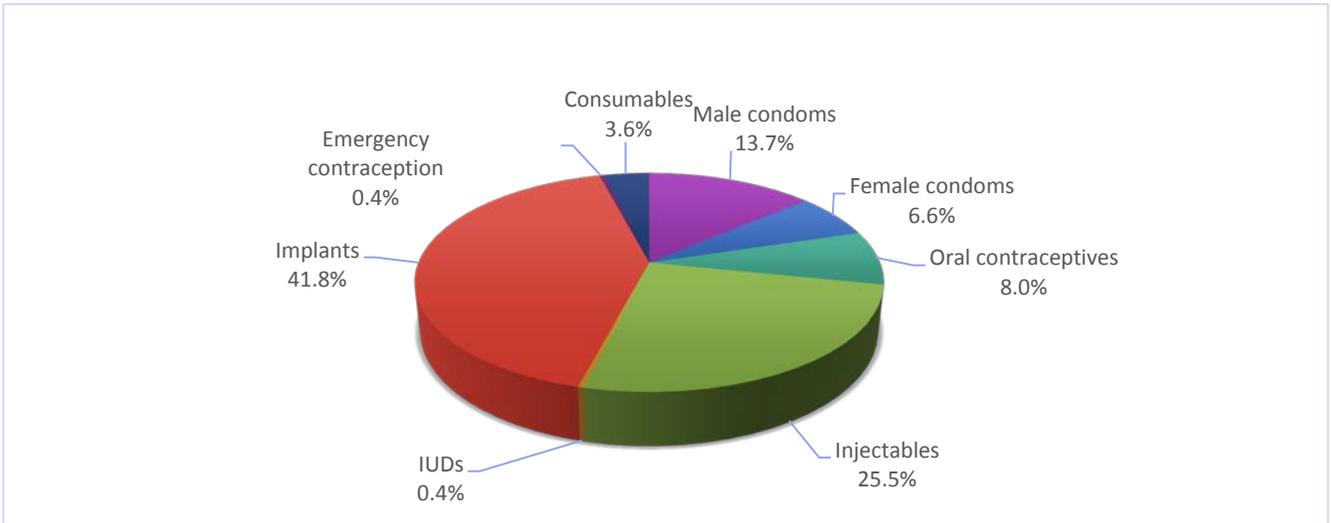
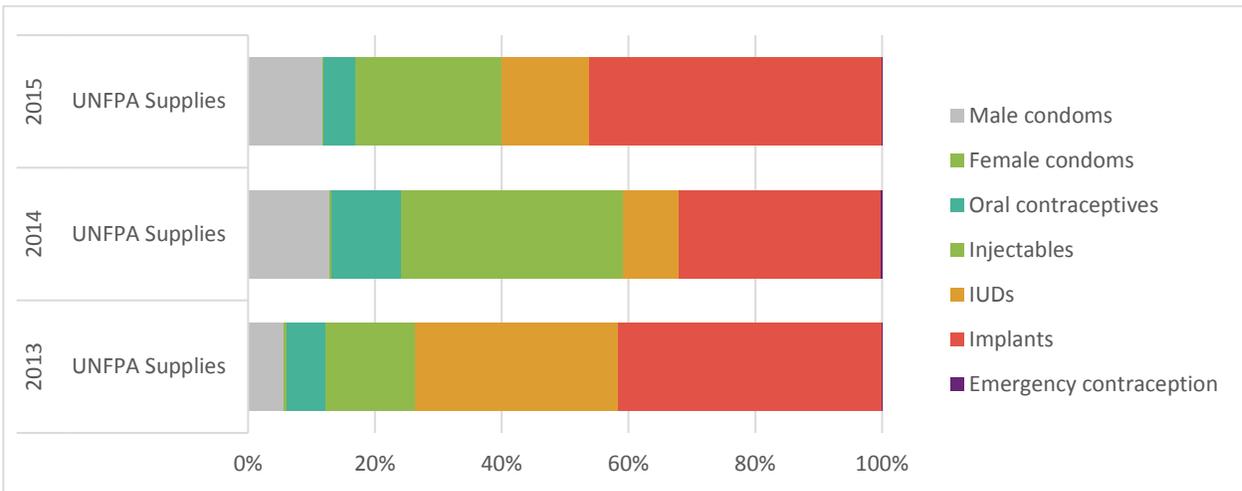


Figure 3.9: UNFPA Supplies - CYPs per method 2013-2015



Country examples

Increasing access to contraceptive implants



A young woman in Uganda has chosen to have an implant inserted at the Kinaaba Health Center II. ©UNFPA

Stock-outs of consumable supplies at service delivery points prevent women from accessing a full range of family planning methods. Despite access to trained health workers and contraceptive implants, a lack of the basic supplies needed to provide implant services can result in women being denied service.

As part of an overall effort to increase access to long-acting reversible contraceptives, UNFPA has been working towards preventing stock-outs of consumable supplies at service delivery points.

In 2015, UNFPA signed two new medical device long-term agreements for contraceptive implant insertion/removal kits. The kits provide the tools necessary to perform 25 contraceptive implant insertion and or removal procedures.

UNFPA–World Bank Ongoing Partnership to Advance Women's Health

A standard agreement is in place to make it easier for World Bank Group borrowers to procure reproductive health supplies through UNFPA Procurement Services. The agreement dramatically simplifies the procurement process for countries implementing World Bank financed projects as well as streamlines invoicing, billing and financial reporting.

Countries can review specifications, select RH supplies from the online catalogue and place their orders directly with UNFPA's Procurement Services.



A Hmong woman and her baby in the village of Sin Chai. © Kibae Park/UN

OUTPUT 3: PROCUREMENT EFFICIENCY

20 by 20: Building a New Condom Coalition

In January 2015, UNFPA launched a new initiative to significantly lower HIV and STI infections and unintended pregnancies. The “20 by 20” initiative, in collaboration with USAID, The World Bank, ILO and the Reproductive Health Supplies Coalition aims to increase the access, usage, and availability of 20 billion condoms by 2020 in low- and middle-income countries.



The first “20 by 20” workshop was held in Bangkok, 20–23 January 2015. The spirit of the meeting was to gauge interest in forming a multi-sector partnership dedicated to meeting the “20 by 20” target, and to brainstorm ideas for creating vigorous, equitable, and sustainable condom markets in Africa.

“If the market is not attractive,” said Frank Sadlo of GummiWerks, LLC, “the commercial sector is not going to enter. Making the market more efficient and clear for the commercial sector will create foundational change and allow us to move towards 20 billion condoms in low- and middle-income countries by 2020.”

More than 70 commercial condom manufacturers, public sector donors, and representatives from NGOs, government, and multilateral organizations participated in the workshop which resulted in a new coalition of private, public, and NGO sectors to advance a common condom agenda.

The “20 by 20” initiative decided to focus first on sub-Saharan Africa, where condom shortages are most acute and the needs most urgent. A Steering Committee then mobilized resources and commissioned market studies to see which African countries had the greatest potential for a thriving condom market and could lead the continent in a shift away from condom donation.

At the 20 by 20 Coalition’s second meeting in Namibia, ministries of health and finance, regional economic communities, NGOs, and social marketing organizations from across Africa joined the initiative. Together the group developed a better understanding of African markets, explored opportunities for governments and the private sector to forge partnerships, and identified six initial 20 by 20 target countries: Botswana, Kenya, Namibia, South Africa, Zambia and Zimbabwe.

OUTPUT 3: PROCUREMENT EFFICIENCY

Scorecard for Output 3, UNFPA Supplies 2015

 Green	Achieved <i>(achieved or exceeded)</i>	If the average per cent achievement of the milestone is equal to or more than above 100%
 Yellow	Progressing well towards target <i>(nearly achieved)</i>	If the average per cent achievement of the milestone is between 80% and 99%
 Orange	Making limited progress <i>(achievement is about average)</i>	If the average per cent achievement of the milestone is between 60% and 79%
 (Red)	Insufficient progress made <i>(achievement is below average)</i>	If the average per cent achievement of the milestone is below 60%

Programme Output 3: Improved efficiency for procurement and supply of reproductive health commodities (global-level focus)							
	Results and indicators	2013 baseline	2014 target	2014 actual	2015 target	2015 actual	Scorecard
	Quality of products						
3.1.1	Number of WHO prequalified/ERP assessed hormonal contraceptives for use by UNFPA and partners	HC 10	HC 16	24 HC	HC 19	26 HC	

OUTPUT 3: PROCUREMENT EFFICIENCY

Procurement efficiency							
3.2.1	Number of countries and clients using AccessRH ¹⁵ for procurement of RH commodities (disaggregated by UNFPA Supplies countries and non-UNFPA Supplies countries)	87 countries, including 36 UNFPA Supplies countries 77 (including 39 new) clients	134 clients in 97 countries, incl. 57 clients in 40 UNFPA Supplies countries	147 clients in 93 countries, inc. 62 clients in 36 UNFPA Supplies countries	141 clients in 102 countries, incl. 59 in 40 UNFPA Supplies countries	170 clients in 104 countries, incl. 71 clients in 38 UNFPA Supplies countries	
3.3.1	Percentage of lead time reduced through procurement of reproductive health commodities using AccessRH ¹⁶	Male condoms 3 weeks, Female condoms 2 weeks, IUDs 2 weeks, fistula kits 2 weeks	Similar to prior year; Changes based on products stocked	Same as last year (condoms 3 weeks, female condoms 2 weeks, IUDs 2 weeks, fistula kits 2 weeks)	Similar to prior year; Changes based on products stocked	Indicator deactivated for 2015	Not applicable

¹⁵ AccessRH procurement and information service was launched in 2010 and a) offers affordable, quality RH supplies to meet needs of low- and middle-income governments and NGO needs; b) improve delivery times to clients; c) contraceptive order and shipment information available to countries by decreasing the lead time and ensuring quality with competitive lower prices will have 'value for money' to the clients. 2013-2020 figures assume full funding of AccessRH Scenario C 2013-2016, and three positions afterwards.

¹⁶ In 2011-2012, for example, AccessRH reduced wait time for MC from 15 weeks to 12 weeks, and reduced Microgynon and Microlut from an average of 6 weeks to 1-2 weeks.

OUTPUT 3: PROCUREMENT EFFICIENCY

3.4.1	Number of LTAs in operation during the year for hormonal contraceptives (HCs)	16 LTAs with 9 suppliers for 23 hormonal contraceptive products	19 LTAs with 11 suppliers for 26 HC products	21 LTAs	21 LTAs with 11 suppliers for 28 HC products	30 LTAs	
3.4.2	Percentage of UNFPA contraceptive prices that compares favourably with those of other large procurers such as USAID	60	70	69%	75	Average of 95% (Ranges from 92% for Implants to 66% for Orals – Progestin only)	
3.4.3	Volume of third party procurement (TPP)	\$32.8 million	\$36 million	\$29.89 million	\$40 million	\$18.75 million	
Green procurement							
3.5.1	Number of factories agreeing to and fully implementing ISO14001	11	12	13	13	5 additional (total = 18 factories)	
3.5.2	Number of factories including FSC and/or similar programme in the outer packages	11	12	18	13	4 additional (total = 22 factories)	
3.5.3	Number of factories with active and documented wastewater programmes	5	6	13	7	13 same as last year	
3.5.4	Number of factories reducing raw material usage as a result of UNFPA lead research	11	12	11	13	2 additional (total = 13 factories)	

OUTPUT 3: PROCUREMENT EFFICIENCY

Quantity and mix for commodities procured							
3.6.1	Total couple years of protection (CYP) (in millions) for contraceptives and condoms procured by UNFPA (disaggregated for UNFPA Supplies funds)	57.7 35.1	58.5 35.3	38.96 28.4	59.4 35.9	42.79 31.5	●
3.6.2	Cost per CYP	\$2.24	\$2.22	\$2.91	\$2.20	\$2.80	●
3.6.3	Cost per unintended pregnancies averted based on contraceptives procured	\$8.27	\$8.27	\$10.65	\$8.00	\$9.80	●

About the scorecard

Programme Output 3: Improved efficiency for procurement and supply of reproductive health commodities (global-level focus)	
Progressing well towards target	
<p>In 2015, UNFPA Supplies spent \$91.4 million to procure contraceptives and condoms (including \$3.3 million worth of implant consumables and syringes for injectable contraceptives). This is an increase from \$82.6 million in 2014. RH commodities procured through UNFPA Supplies accounted for 31.5 million CYPs (73.6 per cent of all UNFPA-procured commodities). The average cost per CYP in 2015 was \$2.80.</p> <p>In addition to procurement of commodities, UNFPA continued to operate AccessRH as a very viable procurement platform offering quality products at competitive prices to customers. The client-base for AccessRH has increased from 77 clients in 87 countries in 2003 to 170 clients in 104 countries in 2015. The volume of third party procurement in 2015 amounted to \$18.75 million.</p> <p>In addition to playing an active role in the WHO prequalification process and Expert Review Panels, which ensures products meet the desired quality standards, UNFPA also continued to work with manufactures to address key environmental issues, including environmentally friendly waste management and packaging.</p>	
Summary methodology	Comments
Quality of products	
3.1.1	<p>This is the total number of hormonal contraceptives that are WHO prequalified/ERP assessed in existence during the year.</p> <p>Milestones to build on baseline and reach target of 25 hormonal contraceptives in 2018 and maintain progress to 2020</p>
	<p>Achieved (milestone exceeded)</p> <p>WHO prequalified 26 hormonal contraceptives, 27 male condoms, 2 female condoms, 6 IUDS, 1 new hormonal contraceptive and 2 extensions.</p>

OUTPUT 3: PROCUREMENT EFFICIENCY

Procurement efficiency		
3.2.1	<p>This refers to number of entities (countries and organizations) that use AccessRH for procurement of RH commodities.</p> <p>Milestones to build on baseline and reach target of 150 clients in 110 countries in 2018 and maintain progress to 2020</p>	<p>Achieved (milestone exceeded)</p> <p>AccessRH continued to serve as the main UNFPA procurement platform for reproductive health commodities. In 2015, the value of orders through AccessRH total just under \$19 million, with shipments made to a total of 55 countries.</p>
3.3.1	<p>For each item, this is the average weeks it take for shipping from AccessRH inventory to arrival at clients port.</p> <p>Milestones to maintain baseline until final year (2020)</p>	<p>Not applicable</p> <p>Indicator was not reported on in 2015. Lead time for AccessRH has not changed.</p>
3.4.1	<p>This is the total number of long term agreements with manufactures that are in operation with manufacturers of WHO Prequalified commodities and ERP assessed commodities for the year.</p> <p>Milestones to build on baseline and reach target of 25 LTAs in 2018 and maintain progress to 2020</p>	<p>Achieved (milestone exceeded)</p> <p>By conducting international competitive bidding following public procurement principles, UNFPA creates long term supplier agreements for a wide variety of reproductive health supplies.</p>
3.4.2	<p>This is UNFPA actual prices for contraceptives as a percentage of the prices of other agencies such as USAID and MSH for the calendar year.</p>	<p>Achieved (milestone significantly exceeded)</p> <p>Through AccessRH, UNFPA procurement prices have become more and more competitive. According to the Procurement Services Branch, UNFPA prices were 8-34 per cent lower than the average price for key commodities from international procurers.</p>
3.4.3	<p>This is the value of the total volume for all third party procurement made by UNFPA for the year.</p> <p>Milestones to build on baseline and reach target of \$50 million in 2017 and maintain progress to 2020</p>	<p>Not achieved</p> <p>Although worldwide the value of TPP made by UNFPA decreased, by region the value of third party shipments from AccessRH to Africa remained at similar levels as in 2014.</p> <p>A standard agreement is in place to make it easier for third parties to procure from AccessRH. It includes modalities for The World Bank Group borrowers to procure reproductive health supplies through UNFPA Procurement Services.</p>

OUTPUT 3: PROCUREMENT EFFICIENCY

Green procurement		
3.5.1	<p>This is the total number of factories implementing a framework for effective Environmental Management System (ISO14001).</p> <p>Milestones to build on baseline and reach 15 factories in 2017 and a target of 18 factories in 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>In 2015, UNFPA furthered its commitment to promote suppliers' adherence to environmental policy provisions related to procurement by including ISO14001 certification as a bidding requirement.</p>
3.5.2	<p>This is the total number of factories with which an agreement exists to include FSC and/or similar programme in the outer packages commodities.</p> <p>Milestones to build on baseline and reach 15 factories in 2017 and a target of 18 factories in 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>As of 2015, factories are using a minimum of 40 per cent of Forest Stewardship Council (FSC) cardboard.</p>
3.5.3	<p>This is the total number of factories that have documented wastewater programmes with reports.</p> <p>Milestones to build on baseline and reach 9 factories in 2017 and a target of 12 factories in 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>UNFPA continued to work with manufacturers to adopt appropriate wastewater programmes.</p>
3.5.4	<p>This is the total number of factories that have documented the reduction of raw material usage as a result of UNFPA lead research.</p> <p>Milestones to build on baseline and reach 15 factories in 2017 and a target of 18 factories in 2020</p>	<p>Achieved</p> <p>UNFPA continued its efforts to encourage manufacturers to reduce waste materials.</p>
Quantity and mix for commodities procured		
3.6.1	<p>This is the CYP value (in millions) for all the contraceptives procured by UNFPA and using UNFPA Supplies funds.</p> <p>Milestones to build on baseline and reach 36.9 million CYPs in 2017 and a target of 38.5 million CYPs in 2020</p>	<p>Progressing well towards target</p> <p>Contraceptives procured by UNFPA in 2015 had the potential to provide 42.8 million CYPs; commodities procured through UNFPA Supplies accounted for 31.5 million of these CYPs (73.6 per cent of all UNFPA procured commodities).</p> <p>In 2015, UNFPA Supplies spent \$91.4 million to procure contraceptives and condoms (including \$3.3 million worth of implant consumables and syringes for injectable contraceptives). This is an increase from \$82.6 million spent in the procurement of contraceptives and condoms in 2014.</p> <p>Compared with 2014, contraceptive implants accounted for the largest proportion of CYPs delivered, followed by injectable contraceptives.</p>

OUTPUT 3: PROCUREMENT EFFICIENCY

		<p>CYP may vary from one year to the next due to a number of reasons, such as a special investment in a method, the level of existing stocks and a re-stocking time frame longer than one year.</p> <p>The main goal of supporting a mix of contraceptive methods is to provide women with their human right to a personal choice of the method that they find most desirable and are most likely to be able to stick with and continue over time. Through UNFPA Supplies, countries decide which methods their populations prefer with the donor funds we can make available.</p> <p>Operating in a limited funding capacity, we are constantly looking for alternative, quality brands of the various methods to be able to offer women choice in a more cost-effective and sustainable manner. The recent multi-year provision of donor funding for the specific methods of female condoms and implants and the Implant Access Initiatives have naturally led to increases for requests for these two methods.</p>
3.6.2	<p>This is the total cost (in US dollars) for the contraceptives procured by using UNFPA Supplies funds divided by the total CYP value for those contraceptives.</p> <p>Milestones to reduce baseline figure to \$2.16 in 2017 and a target of \$2.12 in 2020</p>	<p>Limited progress made</p> <p>This has been influenced by the change in the method mix (volumes of each contraceptive method procured) based on country request and the amount of resources available.</p>
3.6.3	<p>This is the total cost (in US dollars) for the contraceptives procured by using UNFPA Supplies funds divided the total number of unintended pregnancies averted which is estimated based on the CYP value and the method-mix of the commodities provided.</p> <p>Milestones to reduce baseline figure to \$7.0 per UIP averted in 2019 and maintain progress to 2020</p>	<p>Progressing well towards target</p> <p>Although the cost per UIP has increased compared to the baseline, the \$1.53 increase is due largely to method mix variations (which were based on country requests).</p>

Output 4: Improved access to quality reproductive health and family planning services for poor & marginalized women and girls



Access to contraceptives will have a dramatic positive impact on those facing the highest risk of maternal death: young women aged 15 to 19 in poor countries with little or no access to basic services. In the 46 countries implementing the UNFPA Supplies, leaders are committed to reducing high-risk pregnancies, reducing unintended pregnancies, and spacing births – all of which saves women’s lives and, each year, can prevent hundreds of thousands of deaths among mothers, newborns and children.

Reliably stocked shelves stocked and health workers trained to provide reproductive health and family planning services are signs of success. When women have access to family planning information, services and supplies, their quality of life improves, with benefits to their children and communities. Women who choose family planning are healthier and face lower risk of maternal death. Children born to women who space their pregnancies tend to be healthier and face reduced risk of death in their first five years.

4.1 REACHING POOR AND MARGINALIZED GROUPS

Governments and other partners are taking steps to reach underserved and hard-to-reach populations. UNFPA Supplies supports their efforts to improve youth-friendly services, enhance community-based services and provide services in humanitarian settings. Such efforts take on board issues of gender, HIV and maternal health. In all areas, increasing engagement was reported in efforts to reach poor and marginalized women and girls (as shown in Figure 4.1).

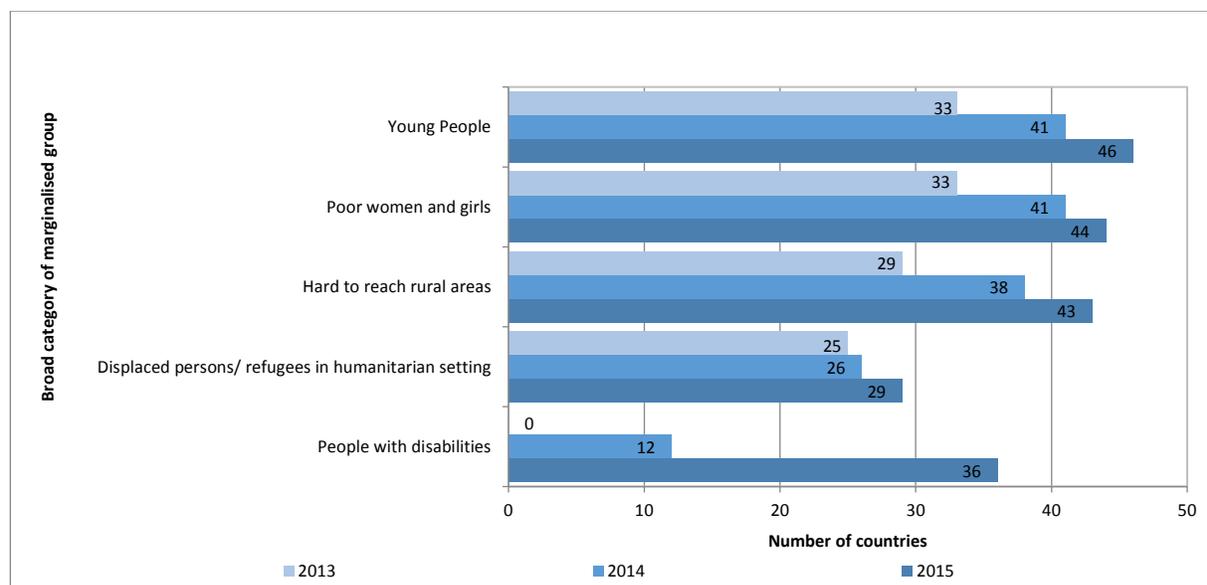
The number of countries where support was provided for reaching young people through integrated programming increased from 33 countries in 2013 to 41 countries in 2014 to all 46 countries in 2015.

OUTPUT 4 | IMPROVED ACCESS

- 44 countries implemented interventions to reach poor women and girls, an increase of three countries from the previous year;
- 43 countries implemented interventions to reach the hard-to-reach in rural areas; an increase of five countries;
- 29 countries implemented interventions to reach displaced persons and/or refugees in humanitarian settings, an increase of three countries.

There has been a dramatic increase in countries supporting integrated programming to reach persons with disabilities with services. In 2013 no countries provided this support. By the end of 2014, 12 countries had integrated programming to reach persons with disabilities; in 2015, this number increased to 36 countries.

Figure 4.1: Number of countries supporting programmes to reach at least one marginalized group, 2013 to 2015



4.2 PROVIDING INTEGRATED RH/FP SERVICES

Performance Monitoring Framework: Integration supports improved access, and with this indicator the programme tracks the number of countries where RH/FP **services are integrated** with gender, HIV and maternal health to reach specific poor and marginalized population groups.

Where a specific programme exists that ensures that family planning service delivery, it also address issues of gender, HIV and maternal health in any four of the following aspects; a) human resources including training; b) tools and guideline development; c) policy dialogue; d) systems strengthening; e) procurement and logistics management; f) advocacy; and g) service delivery **and** for reaching two of the following groups (i) young people, (ii) poor women and girls, (iii) people in hard-to-reach rural areas, (iv) people in urban slums; and (v) displaced persons and refugees in humanitarian settings. *Milestones to build on baseline and reach a target of 46 countries in 2019 and maintain progress until 2020.*

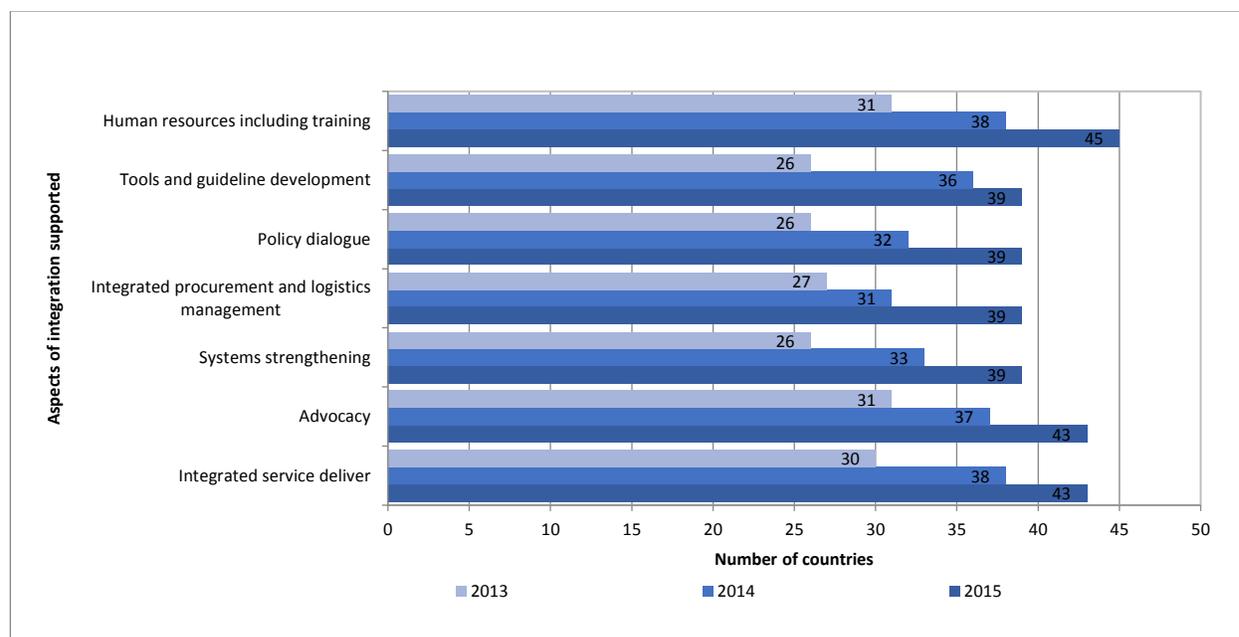
Countries are making strategic decisions to integrate care, providing family planning along with comprehensive sexual and reproductive health services. They are also institutionalizing training to further sustain gains and expanding partnerships with others who can help scale up family planning, such as NGOs, civil society organizations (CSOs), faith-based organizations (FBOs), private sector partners and youth groups.

Integrated service delivery encompasses a broad range of intervention areas. These areas include strengthening human resource capacity through training, developing tools and guidelines, policy dialogue and advocacy, integrated procurement and logistics management, and integrated service provision. In 2015, all of the 46 countries received support for various aspects of integration compared with 42 countries in 2014.

Figure 4.2 shows that in 2015 more countries supported efforts to reach marginalized groups through integration of family planning services with other reproductive health services: 45 countries integrated human resources, including training; 43 countries integrated service delivery; 43 countries conducted advocacy to support integrated approaches; 39 countries developed tools and guidelines to support integrated approaches; 39 countries conducted policy dialogue around integration of reproductive health services; and 39 countries integrated procurement and logistics management.

OUTPUT 4 | IMPROVED ACCESS

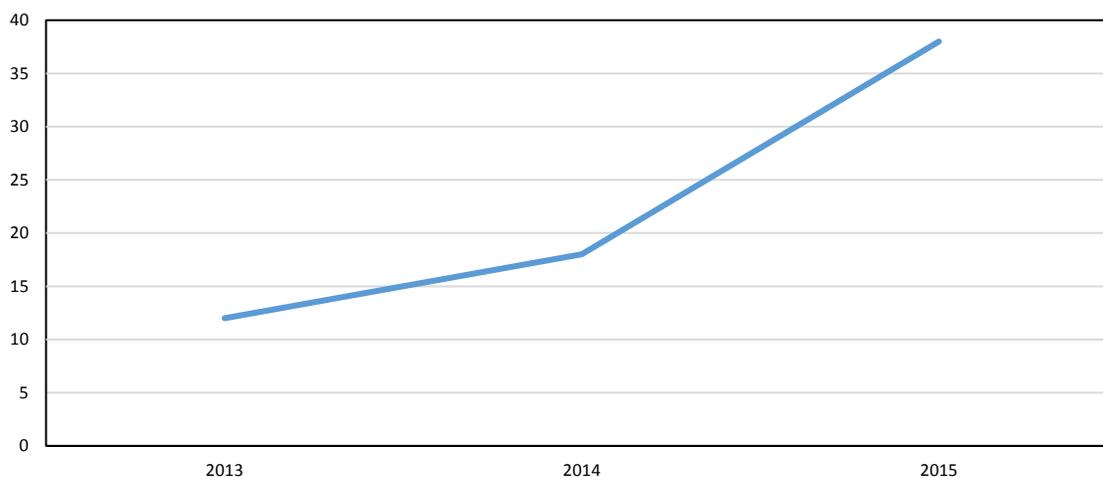
Figure 4.2: Number of countries supporting at least one aspect of integration for reaching marginalized groups, 2013 to 2015



The assessment of integration is based on whether at least seven of the key elements were supported and with a programme or programmes aimed at reaching at least four population groups. The aspects of integration included: human resources, guidelines and tools, policy dialogue, systems strengthening, procurement and logistics management, advocacy, and service delivery integration. The broad group of marginalized population groups were young people, poor women and girls, persons in hard-to-reach rural areas and slums, people with disabilities and displaced persons/refugees in humanitarian setting. Based on these criteria, Figure 4.3 shows that the number of countries that supported key aspects of integration through UNFPA Supplies increased from 12 countries in 2013 to 18 countries in 2014 to 38 countries in 2015.

OUTPUT 4 | IMPROVED ACCESS

Figure 4.3: Number of countries supporting integration of RH/FP service delivery with gender, HIV and maternal health to reach specific poor and marginalized population groups



4.3 CAPACITY BUILDING – RH AND FAMILY PLANNING TRAINING

Performance Monitoring Framework: Improved access requires capacity development so the programme tracks the number of **institutions supported to carry out training** of service providers for task-shifting for RH and FP service provision. This is the total number of partner institutions in the 46 countries (including government, universities and NGOs) that are supported (financially, with technical guidance, provision of training materials, provision of trainer, facilitating training arrangement including travel, and provision of policy and regulatory frameworks) for the year to provide training for any of the following; provision of long-term methods, provision of hormonal methods, FP counselling and communication, management of clinical services, post-partum family planning, FP service provision for young people, strengthening policy and regulatory frameworks). Milestones to build on baseline and reach 60 partners in 2017 and 90 partners in 2020.

UNFPA Supplies supports the institutionalization of training activities for reproductive health and family planning. The aim is to strengthen training **institutions** and work with other partners to ensure that skilled human resources are available at all levels to scale up family planning interventions.

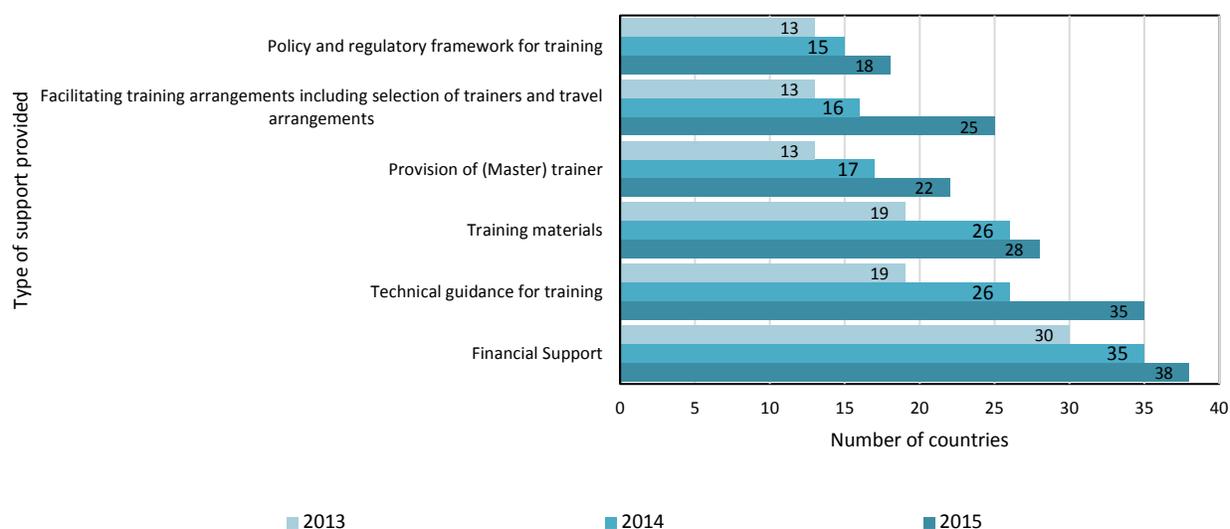
- In 2015, UNFPA Supplies supported 269 institutions in 36 of the 46 countries for the conduct of training for FP service provision.

OUTPUT 4 | IMPROVED ACCESS

Efforts to develop national capacity to ensure programme sustainability were particularly important in South Sudan, given the country's humanitarian situation, difficult political context and very limited infrastructure. Organizations supported through UNFPA Supplies in 2015 in South Sudan included Action Africa Help-International (AAH-I), Action for Development (AFOD), African Humanitarian Action (AHA), American Refugee Committee (ARC), AVSI Foundation, Care International, Children's Aid South Sudan, Episcopal Church of South Sudan / Rumbek Diocese, International Committee of the Red Cross, International Medical Corps – United Kingdom, International Refugee Committee (IRC), Medicines-San Frontiers – Holland and Volunteer Organization for International Cooperation (OVCI).

More countries provided at least one of the types of support for delivery of family planning services. This increase is shown in Figure 4.4.

Figure 4.4: Number of countries by at least one type support provided for training in family planning, 2013, 2014 and 2015

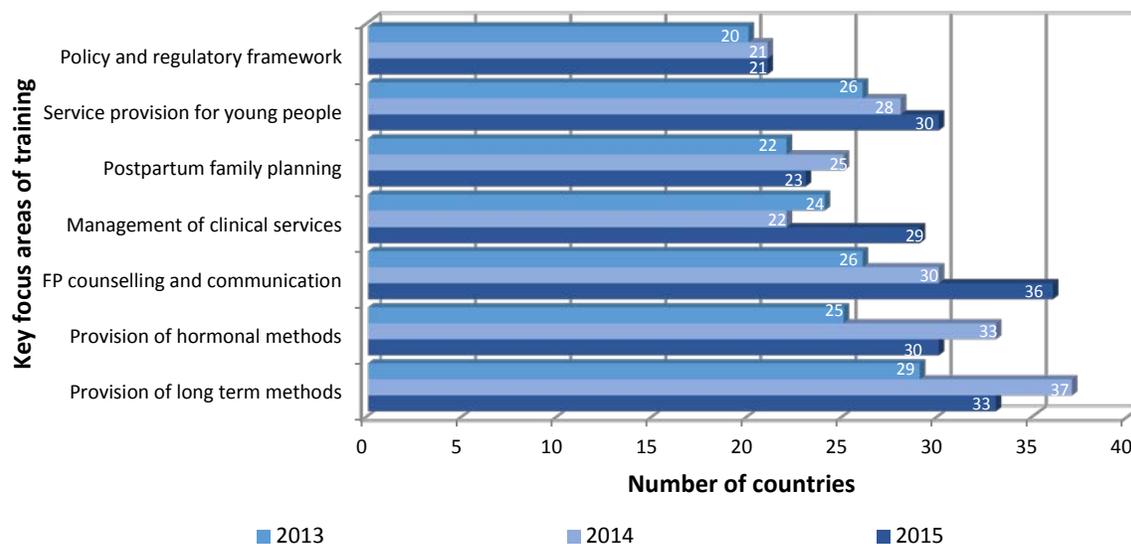


Regarding long-term methods, the number of providers who received training increased notably in 2015 (see Section 4.5) but the number of countries engaged in such training decreased by four. Figure 4.5 shows that the number of countries supporting training for provision of long term methods declined from 37 in 2014 to 33 in 2015.

The number of countries increased this year in training support in a number of areas: provision of family planning services for young people, management of clinical services, and family planning counselling and communication; the number decreased slightly for training for provision of hormonal methods.

OUTPUT 4 | IMPROVED ACCESS

Figure 4.5: Number of countries supporting at least one of the key focus areas of training, 2013 to 2015



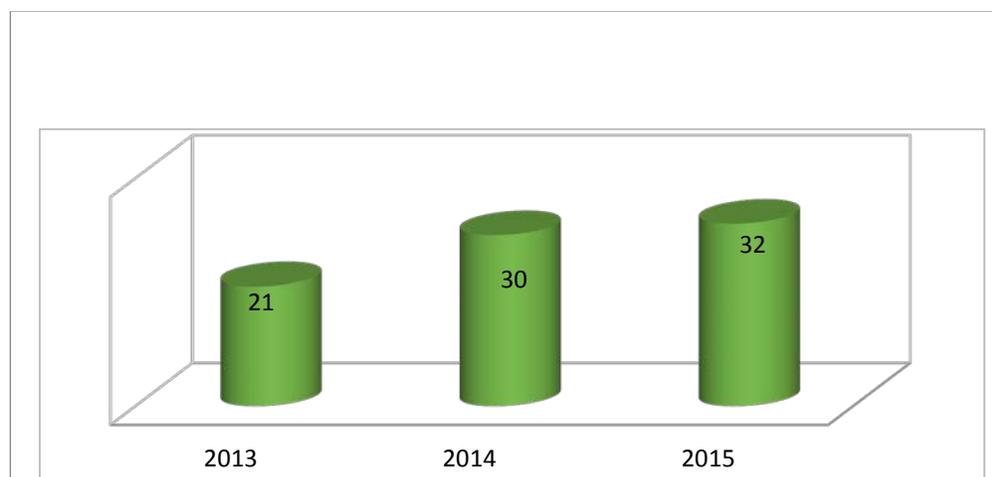
Assessment of UNFPA Supplies' support for FP training interventions is normally based on whether any two forms of support¹⁷ were provided and for any three focus areas of training.¹⁸ Figure 4.6 shows that in 2015, UNFPA Supplies provided at least two forms of support to an institution or institutions for at least three key focus areas of training in 32 countries; up from 30 countries in 2014.

¹⁷ The forms of support for training here are; provision of a) financial Support, b) technical guidance for training; c) training materials, d) provision of [Master] trainer, e) facilitating training arrangements including selection of trainers and travel arrangements, and f) policy and regulatory framework for training.

¹⁸ The key focus areas of training were a) provision of long term methods, b) provision of hormonal methods, c) FP counselling and communication, d) management of clinical services, e) postpartum family planning, f) service provision for young people, and g) Policy and regulatory framework.

OUTPUT 4 | IMPROVED ACCESS

Figure 4.6: Number of countries providing at least two forms of support for at least three focus areas of training in family planning, 2013 to 2015



4.4 WORKING WITH NON-STATE ACTORS

Performance Monitoring Framework: As part of capacity development for improved access, the programme tracks the number and type of **non-state actors** providing RHCS/FP services to ensure access for poor and marginalized women and girls. This refers to the total number of non-governmental entities (UN agencies, NGOs, private sector, social marketing, civil society and other organizations) providing services to any of the following groups (i) young people, (ii) poor women and girls, (iii) people in hard-to-reach rural areas, (iv) people in urban slums; and, (v) displaced persons and refugees in humanitarian settings at the country level. Milestones to build on baseline and reach 100 organizations in 2017 and 150 organizations in 2020.

In 2015, UNFPA Supplies supported training for 269 non-state actors (NGOs, other UN agencies, private sector, social marketing, civil society and others) in the 46 countries to provide RHCS/FP services aimed at reaching underserved poor and marginalized groups; up from 61 in 2014.

Figure 4.7 shows that, with the exception of other UN agencies, an increasing number of countries provided support to NGOs, private sector, social marketing, and civil society organizations. NGOs continue to be the category of organizations most supported by UNFPA Supplies.

OUTPUT 4 | IMPROVED ACCESS

Figure 4.7: Number of countries supporting non-state actors to provide RHCS/FP services to reach poor and marginalized groups

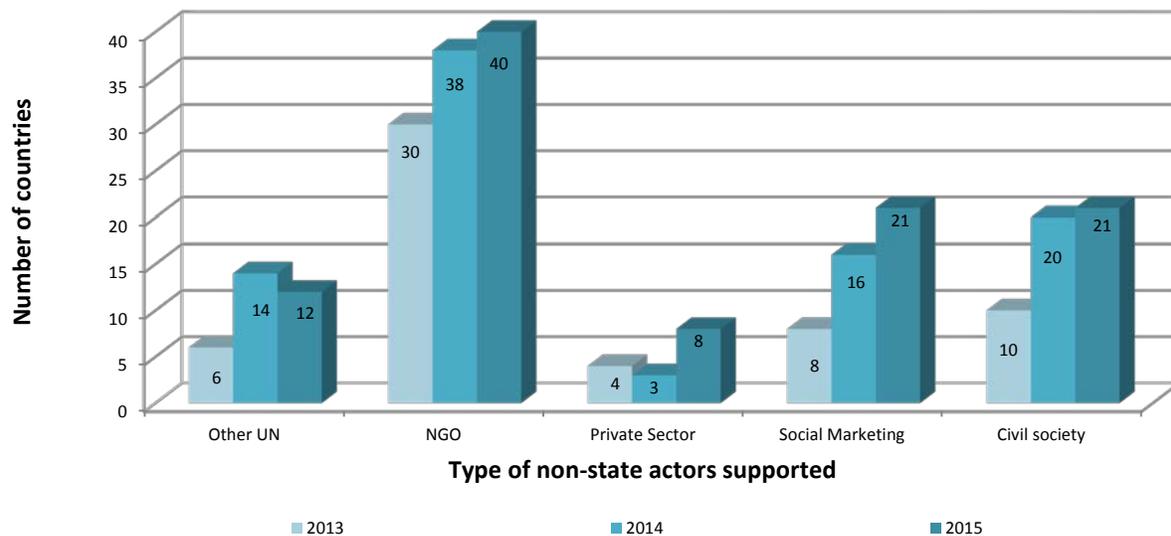
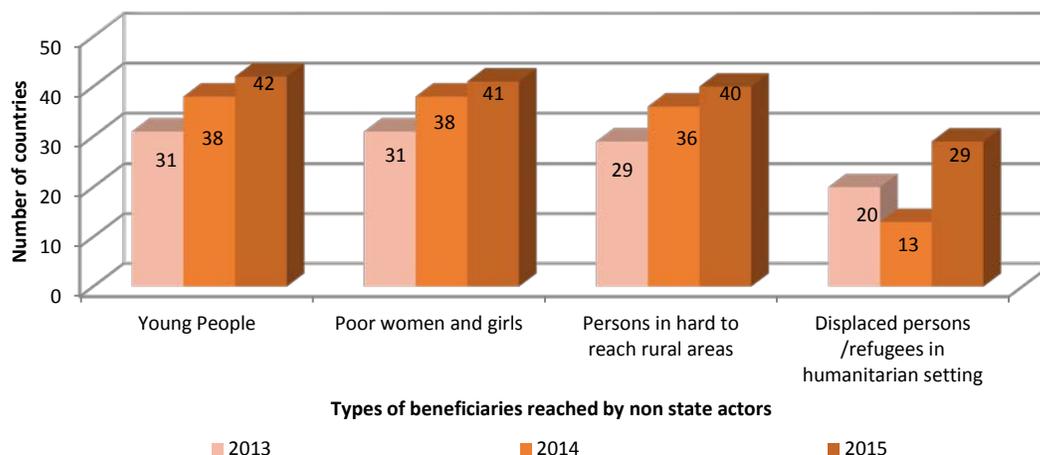


Figure 4.8 shows that young people continue to be the major focus of the support provided to non-state actors in 42 countries 2015, followed by poor women and girls (41 countries) and persons in hard-to-reach areas (40 countries).

UNFPA Supplies provide support to initiatives for displaced persons and refugees in humanitarian settings in 29 countries in 2015, up from 13 countries in 2014.

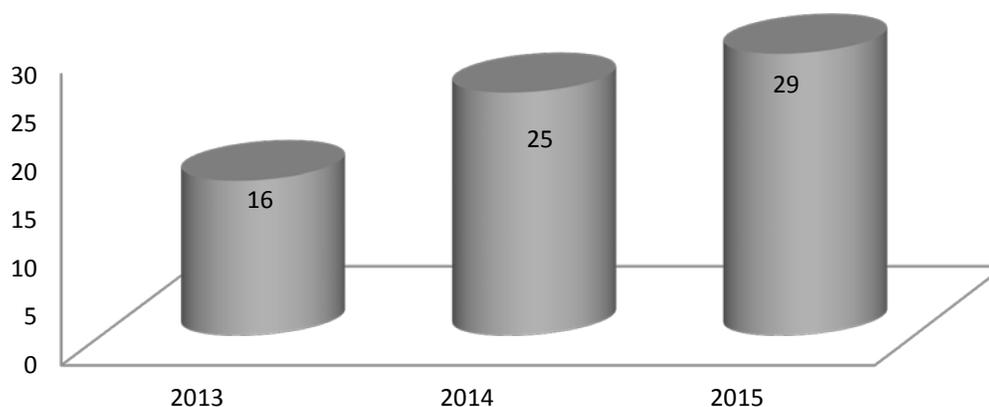
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Figure 4.8: Number of countries by type of marginalized groups for which non-state actors implemented programmes



More countries engaged in country-level collaboration with non-state actors to deliver services to underserved and marginalized groups. The extent of UNFPA Supplies support to this work is assessed by ascertaining whether at least two non-state actors were supported with focus on at least three categories of underserved and marginalized groups. Figure 4.9 shows that UNFPA, through the UNFPA Supplies, supported non-state actors in 29 countries in 2015, up from 25 in 2014.

Figure 4.9: Number of countries where at least two non-state actors were supported to reach at least three category of marginalized group



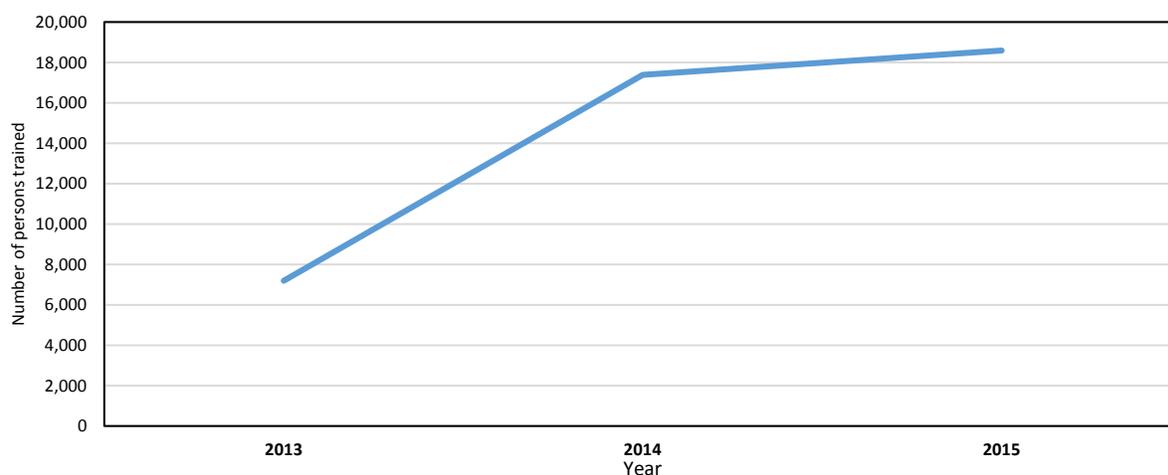
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4.5 TRAINING OF SKILLED PERSONNEL TO PROVIDE LONG-TERM METHODS

Performance Monitoring Framework: The programme tracks the total number of persons trained, for the year, to provided long-term contraceptive methods to client. This an aggregate of the number of persons trained in the 46 countries to provide long-term contraceptive methods to client. Milestones to build on baseline and reach 7,200 in 2017 and 7,350 persons in 2020.

More service providers received training for the provision of long-term contraceptive methods to clients. The number increased 7 per cent from 17,388 in 2014 to 18,589 in 2015. As in other years, more than 70 per cent of the trainees were female.

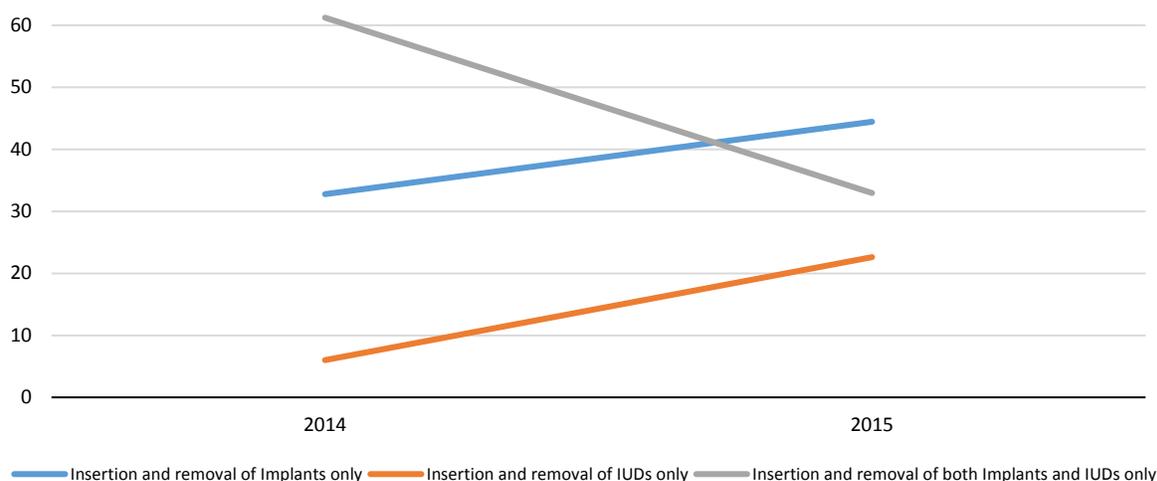
Figure 4.10: Total number persons trained to provided long term long-term contraceptive methods to client, 2013 to 2015



The percentage of persons trained for insertion and removal of **IUDs** increased from 6 per cent in 2014 to 23 per cent in 2015. The percentage trained for insertion and removal of **implants** increased from 33 per cent in 2014 to 44 per cent in 2015. Regarding implants, part of this increase is because of the shift by the manufacturer of the one-rod implants procured through UNFPA Supplies to a product that is detectable by X-ray but that also uses a different applicator, thus requiring training and re-training of health-care providers to provide this method. Ethiopia, Malawi and Nigeria in particular expanded their training for implant insertion and removal.

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Figure 4.11 Percentage of persons trained to provided long-term contraceptive methods to clients, 2015



4.6 HUMANITARIAN INTERVENTIONS

Performance Monitoring Framework: Ten indicators track progress towards improved access in humanitarian situations. Summary methodologies are provided in the Framework Annex for the following indicators: 1) Recommendations on demand, supply and use of RH kits available, disseminated and implemented; 2) Number of partners (including government, private sector and NGOs) and UNFPA staff whose capacity to implement the Minimum Initial Service Package (MISP) was strengthened in priority countries most vulnerable based on OCHA focus model; 3) Number of staff (nationals) hired to support implementation of MISP for coordination, monitoring and support distribution of RH kits to implementing partners and for the utilization of the RH kits in 20 priority countries; 4) Dedicated SRH and gender-based violence surge capacity roster available for implementation of the MISP in humanitarian settings in order to coordinate and monitor the quality of SRH services; 5) Number of academic, training and research institutions Strengthened to deliver MISP, clinical management of rape, training and other modules; 6) Evidence and Quality Assurance of kits contents updated to reflect needs in conflict and humanitarian settings; 7) Number of deployment of RH kits logistician to support countries in acute phase of an emergency to address any bottlenecks and establish a system for distribution; 8) Number of staff already hired by UNFPA who are part of internal humanitarian roster trained on RH Kits and family planning for provision of support during acute phase of an emergency; 9) Number of implementing partners supplied with RH kits for programming in humanitarian and fragile context (disaggregated by public, private and NGO sectors); 10) Number of women and/or girls reached in humanitarian settings through RH kits and services utilization and dissemination.

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Sexual and reproductive health issues often become acute and are overlooked during emergencies. The support provided by UNFPA Supplies focuses on strengthening systems for delivery of RH commodities and services in humanitarian and fragile situations in various parts of the world. Systems-strengthening ongoing before crisis strikes helps countries cope, as seen in the Ebola and Zika virus outbreaks.

Documenting access of adolescents and young girls to SRH services in crisis

As part of work to document and share good practices on access of adolescents, particularly adolescent girls to access to sexual reproductive health services in times of disaster and crisis, examples of interventions were collected from Djibouti, Kenya, Madagascar, Malawi, Mauritania, Myanmar, Nepal, Niger, Nigeria, Pakistan, Philippines, Rwanda, Sierra Leone, Somalia, South Sudan and Ukraine. Seven examples were further developed and prepared for publication in 2016. The interventions included a) 'safe spaces' for women and girls where they could gain access to services such as psychosocial counselling for recovery from gender-based violence, information and services for sexual and reproductive health, and in some cases livelihood skills training; b) mobile team outreach and c) participation by adolescents and youth as partners in humanitarian response. Also, a recommendation was made to develop standardized guidelines for UNFPA on how to implement such initiatives. Each country has its own way of implementation. A steering committee group with members from headquarters, regional offices and countries was formed to develop the guidelines.

Forecasting tools and methodologies for crises

The need to develop tools and methodologies for forecasting and managing RH commodities in emergencies responds to the recommendations of the UNFPA global humanitarian consultation. At this August 2014 meeting, representatives from countries under humanitarian context met together with technical staff from different UNFPA branches and business units to discuss how to improve the Fund's humanitarian work and to provide recommendations on how to improve the mainstreaming of UNFPA interventions in humanitarian settings. JSI was selected to develop a forecasting tool.

Surge capacity development and deployment

UNFPA invested in building its internal capacity for surge deployment. As of the end of 2015, an internal surge capacity roster listed more than 100 UNFPA staff who can be deployed very quickly to support UNFPA Country Offices experiencing humanitarian crisis. In addition, an external surge capacity roster listed 25 staff members from external agencies. Five 'surge trainings' conducted in 2015, including two trainings for external partners on gender-based violence and sexual and reproductive health, served to increase roster membership and capacity.

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In 2015, 125 staff were deployed through internal and external roster to support Minimum Initial Service Package (MISP) for Reproductive Health¹⁹, and for response to gender-based violence implementation. Most of those deployed were seconded free-of-charge during their first three to six months of deployment; UNFPA paid only if extension was requested.

RH kits – provision and support

Twice as many RH kits were distributed through government agencies this year, reflecting humanitarian needs. Figure 4.12 shows that 95 per cent of the RH kits provided were distributed through government agencies in 2015 compared with 48.2 per cent in 2014. This is mainly due to differences in the humanitarian situations each year, such as the end of the Ebola outbreak in affected countries and the diminution of acute Level 3 humanitarian crisis (during which emergency response tends to rely on non-state actors).

Some 170,000 RH kits were distributed through UNFPA Supplies in 2015, of which the majority went to three countries: Guinea (70 per cent), Nepal (18 per cent) and Mauritania (5 per cent). In addition, support to supply RH kits in other countries came from other UNFPA funds.

Emergency Reproductive Health Kits

UNFPA maintains stocks of different essential reproductive health kits (RH kits), ready to ship for urgent and emergency requests.

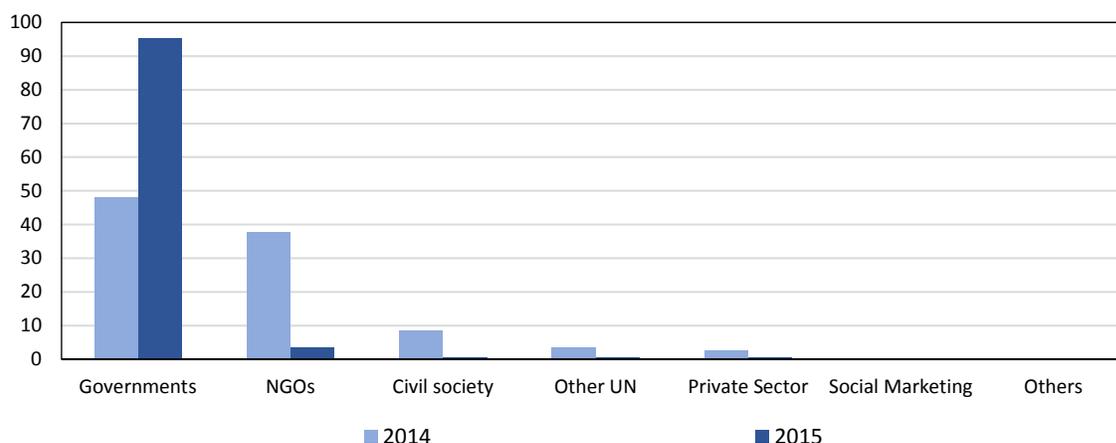
- Kit 0 Administration/training supplies
- Kit 1 Condoms
- Kit 2 Clean Delivery
- Kit 3 Post rape treatment
- Kit 4 Oral and injectable contraception
- Kit 5 Treatment of sexually transmitted infections
- Kit 6 Clinical delivery assistance
- Kit 7 Intrauterine devices (IUDs)
- Kit 8 Management of miscarriage 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

www.unfpaprocurement.org/humanitarian-supplies

¹⁹ The Minimum Initial Service Package (MISP) for Reproductive Health is a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. The MISP prevents excess neonatal and maternal morbidity and mortality, reduces HIV transmission, prevents and manages the consequences of sexual violence, and includes planning for the provision of comprehensive reproductive health services integrated into the primary health program in place, including the provision of RH equipment and supplies.

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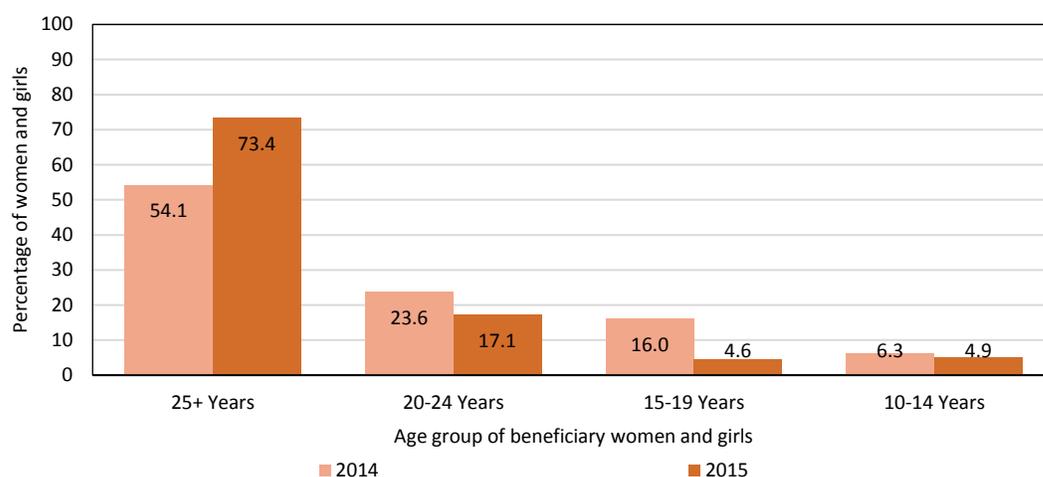
Figure 4.12: Percentage of kits supplied to implementing partners, 2014 and 2015



Number of women and girls reached with RH kits and services

In 2015, RH kits supplied through the programme had the potential to reach about 1.4 million women and girls. As shown in Figure 4.13, women aged 25 years and over accounted for 73.4 per cent of all beneficiaries, up from 54.1 per cent in 2014. Adolescent girls aged 10 to 19 years accounted for 9.5 per cent of beneficiaries in 2015.

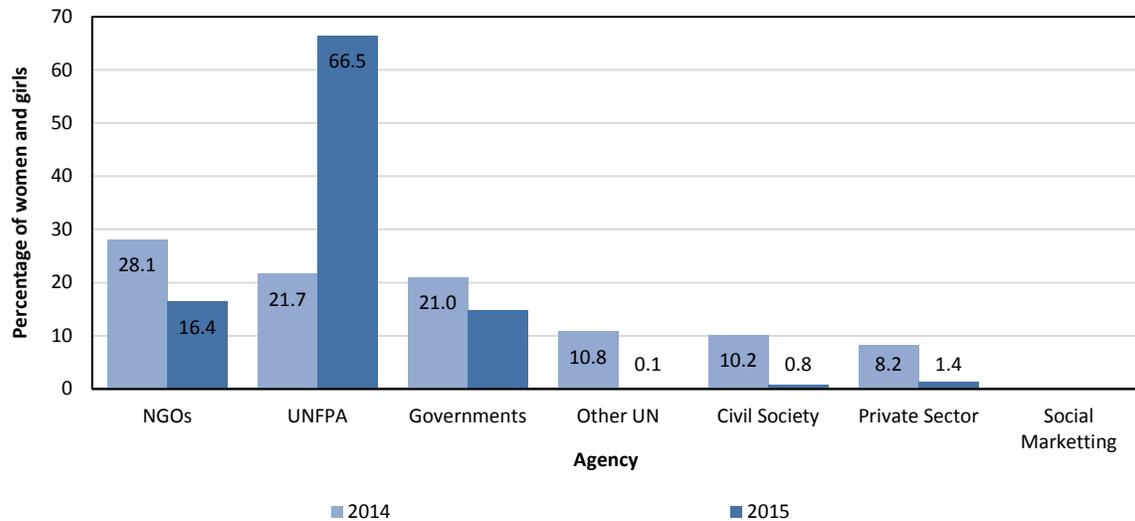
Figure 4.13: Percentage of women and/or girls, by broad age groups, reached in humanitarian settings with RH kits and services



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Direct intervention by UNFPA contributed to reaching 66.5 per cent of the 1.4 million women and girls whom the RH kits had the potential to reach. Interventions coordinated through NGOs and government account for 16.4 per cent and 14.8 per cent, respectively.

Figure 4.14: Percentage of women and/or girls in humanitarian settings reached by different agencies with RH kits and services



Country examples

Bolivia – Licensed Nurse Midwives Training in the University System Boliviano

In Bolivia, despite having a State Constitution that recognizes reproductive rights for women and men (Art. 66), it is still difficult to publicly discuss, track and analyse the use of contraception, family planning and reproductive health rights, particularly in educational settings. Data from the national system of health and national estimates show that 25 per cent of women under the age of 19 are already mothers or are pregnant, with this estimate increasing yearly. Also 14 per cent of maternal deaths are adolescents under the age of 18, according to the national study of maternal mortality.



Nurse midwives and youth in booth to provide SRH information. © UNFPA Bolivia

In 2006, the Bolivian College of Nurses, Ministry of Health and UNFPA developed a programme to train nurse midwives. With the support of UNFPA, PAHO/WHO, UNDP and the Bolivian Society of Gynaecology and Obstetrics, the programme was implemented by three public universities: Juan Misael Saracho University in Tarija, San Francisco Xavier University in Chuquisaca and the National Autonomous University of Siglo XX in Llallagua-Potosi. Today, the nurse midwives training programme, the Institution of Training of Nurse Midwives, is conducted through the three universities using the framework of international standards for nurse midwives and is established as an academic programme in the Bolivian university system.

The midwives nurses are trained in the following areas:

- Sexual and reproductive health care, services and education for men and women;
- Care of pregnant women during pregnancy, childbirth and post-partum;
- Delivery of newborns and post-partum care for the women and newborns, but only under circumstances when the birth is straightforward and uncomplicated;
- Timely and appropriate referral of the pregnant woman with complications to physicians and/or other senior health professionals;
- Promotion of access to sexual and reproductive health services and contraceptive methods, with emphasis on prevention of teen unwanted pregnancies, STIs and HIV;
- Education and guidance on comprehensive sexuality education in educational settings, educational fairs and others; and
- Provision of prescriptions for contraceptives according to the guidance processes.

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As of 2015, 169 properly trained professionals have graduated and they have been granted Professional Registration by the Ministry of Health. These trained nurse midwives have been integrated into the public health system. The nurse midwives carry out activities in areas where there is no qualified personnel to provide pregnancy, childbirth, post-partum and newborn care, as well as in areas with higher incidence of maternal and neonatal mortality. They also provide comprehensive sexuality education, with a focus on gender, intercultural issues and family planning; as well as promote contraceptive security supplies in health facilities accessible to the population demands.



Nurse midwife providing SRH information to women at a fair. © UNFPA Bolivia

Paola, one of the midwives nurses working in the municipality of Tupiza, stressed the importance of sexuality education as there is a lot of incorrect information being shared about sexual and reproductive health and practices. In addition to related education, care and services, she said ensures that women and men understand that they have sexual and reproductive rights.

Nurse midwives have made an impact in Bolivia. Young people are enthusiastic when they see the nurse midwives because for some it is the first time they can talk about issues about sexuality, sexual and reproductive health, family planning, access to contraceptives for prevention of teen pregnancy, and the use of condoms and contraceptives. The nurse midwives also receive broad support among civil society organizations, municipal health and education representatives.

Community Health Workers Advocate for Family Planning in Rural Djibouti

"They call me 'Madame Soleil' and I advocate for family planning," Hasna Mohamed proudly stated.

Hasna Mohamed has been an active member of a community-based distribution committee for the promotion of reproductive health services and family planning since October 2015. She is also a community management member in the Balbala suburbs in Djibouti.

The community calls her 'Madame Soleil' because she campaigns day and night, on windy, rainy or sunny days for the women in her community to have access to information about their rights; and to have the right to control their own sexual and reproductive health.

"Given the sociocultural and religious taboos that are barriers to the utilization of family planning services, I decided to fight and shout loud and clear that it is my right to choose my pregnancy and plan my reproductive cycle," Hasna said.

The community-based distribution committee is where she and the other 'Madame Soleils' organize their neighbourhoods to educate, guide and monitor women, children and adolescents. This initiative also works in close collaboration with community health centres to provide sexual and reproductive health services, including family planning.

"I also benefited from training on the concept of sexual and reproductive health so that we can develop a tangible argument among critics of family planning," Hasna said.

Since joining the community-based distribution committee in October 2015, Madame Soleil has concentrated on three main messages and actions, which have garnered results:

- Raised awareness about reproductive health issues including family planning, which she has taught to 30 local women with the voluntary participation of their husbands;
- Provided referrals to community health centres to track antenatal and postnatal consultations, including directing 20 local women towards the health centre so that pregnancy and before and after childbirth was cared for;



*Women taking part in discussions in Djibouti.
© UNFPA Djibouti*

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- Provided referrals to health centres for contraceptive methods utilization; including for 22 women who learned about and decided to use long-term contraceptive methods; and
- Provided counselling, referral and follow-up, continuing to advocate for women's access to sexual and reproductive health, to talk with women in her neighbourhood who often come for information, especially about contraception, and to provide follow-up referrals to the health centre.

“Madame Soleil’s efforts remain essential,” Hasna said, “because our work reinforces and galvanizes women and girls to speak out against those who believe they decide for us, who believe own our bodies; because, yes, we are free and sexual and reproductive health is a right.”

Improving Access to Family Planning to the Visually Impaired in Ghana

Scaling up family planning services is one of the most cost-effective interventions to prevent maternal, infant, and child deaths globally. In most developing countries, including Ghana, persons with disabilities (PwDs) are an impoverished and marginalized group with little to no access to public health, education and other social services that would ideally support and protect them. This discrimination extends to access to quality and comprehensive contraceptive sexual and reproductive health information and services that are free from prejudice, coercion and violence.

In Ghana, PwDs represent 3 per cent of the total population. Visual or sight impairment represents the most common form of disability among both males (38 per cent) and females (42 per cent). The rates are higher in rural than in urban areas.

To promote inclusiveness of PwDs in social programmes, the Ministry of Gender, Children and Social Protection in collaboration with the Ghana Standards Authority developed the Ghana Accessibility Standards, whose aim is to establish an environment that is inclusive for PwDs.



Photo: @A. Trayler-Smith

UNFPA Ghana developed a strategic intervention to increase access of PwDs to sexuality education and family planning information and services, as well as raise awareness of the daily challenges experienced by persons with disabilities.

UNFPA supported the translation of condom information materials into Braille to help those who are visually impaired. In addition, 60 young people with disabilities, including 20 visually impaired persons, from selected districts in the

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Northern and Upper East Regions received training as peer educators and advocates for PwD access to sexual and reproductive health, including family planning. They were selected to participate by the Ghana Society for the Visually Impaired and members of the Ghana Federation of Persons with Disability.

UNFPA ensured the continuum of care through the training of 30 young persons with disabilities, which included five visually impaired persons, in the promotion and distribution of non-prescriptive contraceptives to PwDs. UNFPA also helped establish referral systems to link young people with disabilities with health facilities for family planning services. As of 2015, a total of 3,000 young people with visual impairment received sexuality education and family planning information and services.

This programme is a start to advancing and establishing access to sexual and reproductive health information and services and increasing acknowledgement of basic human rights for PwDs. Increased disability-awareness to inform governments, civil society organizations and society itself is vital to ensuring that policies and programmes are in place to protect and support persons with disabilities.

Family Planning and Health on Wheels in Baie d'Orange, Haiti

Haiti's Ministry of Public Health and Population (MSPP) and UNFPA have collaborated since December 2014 on mobile outreach teams go to areas that have little to no sexual and reproductive health services. The mobile health clinics regularly set up in remote areas such as Baie d'Orange, providing sexual and reproductive health care information and services, sexuality education and other basic health care services. MSPP and UNFPA have grown the programme to include six mobile health clinics.

"The Ministry of Public Health is promoting better access to provide health care to as many people as possible," said Dr. Raynold GrandPierre, Responsable de Santé Reproductive MSPP. The mobile teams brought services to a range of populations, he explained: "We received babies, pregnant women, old people as well as those who needed family planning. We will want to do this as regularly as possible."

Rosenie Charles, 35, a mother of nine, sought care when the mobile outreach team visited Baie d'Orange. Rosenie is unemployed while her husband has intermittent work. She went to the mobile health clinic because she did not want to have any more children. Looking at a choice of methods, she chose a long-term reversible contraceptive. "Previously, I was following the three-month contraceptive," she explained, "but I had to go very often to Seguin (two to three hours from Baie d'Orange). Taking advantage of the mobile clinic, I chose the five-year contraceptive method." Rosenie was one of 13 women who adopted a modern methods of contraception from the mobile team that day; of the women, 10 opted for implants while three chose an injectable contraceptive.

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A local religious leader noted the community's appreciation for the mobile teams. "We thank [MSPP and UNFPA] for their work here. To halt these non-stop pregnancies, they've presented methods [for family planning]," said Reverend Elianne Jean Pierre, Pasteur de l'Eglise Coeur de Jesus de Baie d'Orange.

This sixth mobile clinic, like the first five, was not limited to family planning because there are practically no health services in these underserved areas. People of both sexes and of all ages were seen and, when needed, received medication.

"We get children, adults, lots of family planning," explained Germaine Pierre Louis, Infirmière Epidémiologiste et Responsable de Données, Département Sanitaire du Sud Est (DSSE). "We are a staff of 20 at this mobile clinic today. But with so much need we can't turn anyone away. We invited them. We have to provide services."

The mobile clinics are a key part of UNFPA and MSPP's efforts to strengthen sexual and reproductive health services in Haiti. They will continue to expand the successful programme to reach more of the underserved in Haiti.



Mobile clinic team member talking with young mother with child. © UNFPA Haiti



Mobile clinic team pharmacist checking medications. © UNFPA Haiti

Country examples: access in humanitarian situations

Emergency RH Kits Saving Lives of Earthquake Survivors in Nepal



Ishwori Dangol (first from right) holding a clean delivery kit together with other pregnant women. ©UNFPA Nepal

KATHMANDU — After losing her son to the 7.8 magnitude earthquake in Nepal on 25 April last year, Ishwori Dangol was worried and scared during the last month of her pregnancy.

“As my delivery date came closer, I was worried about myself and, of course, about my baby’s health,” said the 30-year-old woman who was [among an estimated 93,000 pregnant women affected by the earthquake](#). In Ishwori’s home district of Nuwakot, the nearest health facility in her village was badly damaged.

The earthquake and numerous aftershocks caused widespread destruction and loss of life. Nearly 9,000 people were killed and more than 22,000 others were injured. According to the [Post-Disaster Needs Assessment](#) (PDNA), almost 84 per cent (375 out of 446) of the completely damaged health facilities were from 14 of the most-affected districts. At the onset of the emergency, hospitals were understaffed, overwhelmed and under-equipped. Access to sexual and reproductive health services was interrupted, leaving pregnant women and newborns with limited or no access to the care they needed.

“The orientation and the options I was given at the [mobile reproductive health] camp allayed my fears to some extent,” says Dangol who safely delivered her baby on July 10 at the district hospital. “I was told my baby was upside down [breech] hence a normal delivery was not going to be possible.”

She received a clean delivery kit at a mobile reproductive health camp, organized in her village the first week of June 2015—one of among 132 camps in the 14 districts hardest hit by the earthquake. The kits helped with the continuity of essential sexual and reproductive health services for many women living in remote areas as well as women in health facilities, medical camps and district hospitals. She was one of approximately [105,000 people \(primarily women and girls\)](#) who received reproductive health services in these camps.



Carrying RH kits down to the areas where they are needed. © UNFPA Nepal

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"In the camps we always referred the pregnant women to local hospitals and health facilities for assisted deliveries," says Dr. Suman Panta, who with Dr. Ram Krishna Budhathoki, led the medical team in several mobile RH camps in Nuwakot, Rasuwa and Okhaldhunga districts. "But in cases where they wouldn't make it in time, we gave the clean delivery kit to help support delivery at home, in a camp or in a temporary shelter for displaced people as a last resort."

In coordination with Nepal's Ministry of Health, UNFPA partnered with their District Health offices, international non-profit organizations and hospitals, like Manmohan Memorial Community Hospital (MMCH), to distribute emergency RH kits to the population in need. Some of the RH kits contained supplies for HIV prevention, rape management, safe childbirth including caesarean section, family planning services, miscarriage management, prevention and treatment of sexually transmitted infections.

"Ultimately, these different RH kits helped reduce maternal and neonatal mortality and morbidity by enabling us to provide through a camp setting the sexual and reproductive health services that were disrupted during after the earthquake," says Kabita Balami, a staff nurse from MMCH, who provided life-saving RH services and also worked as youth health educator at the camp near Dangol's home.

Another young, pregnant woman who was fearful for her health after the earthquake was Shreejana BK of Rasuwa district of Northern Nepal, which borders China. Based on the PDNA, almost 85 per cent of the 18 health facilities were damaged by the earthquake in Rasuwa, including the one in BK's village. Getting to the nearest health post for her delivery was almost impossible. "After the earthquake, the fear of losing my life and baby constantly haunted me as I already realized that I am just 16 and my body is not fully mature," said BK. On 24 June, she safely delivered her first child at the UNFPA-supported camp. A clinical assistance delivery kit, which only a qualified health personnel can use, was essential for her delivery, explained Dr. Budhathoki.



BK, lying down, looks on as Dr. Budhathoki holds her baby. © UNFPA Nepal

During the course of humanitarian response in the 14 most-affected districts, [22,000 women](#) received clean delivery kits and [163 health care service providers](#) were trained on the contents and utilization of the kits. UNFPA distributed a total of [1,331 emergency RH kits](#) to hospitals, District Health offices, health centres and international NGOs. Based on the Minimum Initial Service Package (MISP) calculations, these kits have reached an estimated number of [144,186](#) direct beneficiaries in the most-affected districts.

UNFPA Response to the Humanitarian Crisis in Rwanda

In humanitarian response to natural disasters and conflicts around the world, the health needs of women and adolescents are most often neglected. Whether women and girls live or die in a crisis often depends on access to sexual and reproductive health (SRH) services like skilled birth attendants, emergency obstetric care and help from gender-based violence. SRH services critical to the health and survival of women and adolescents are scarcest at the time they are needed most.



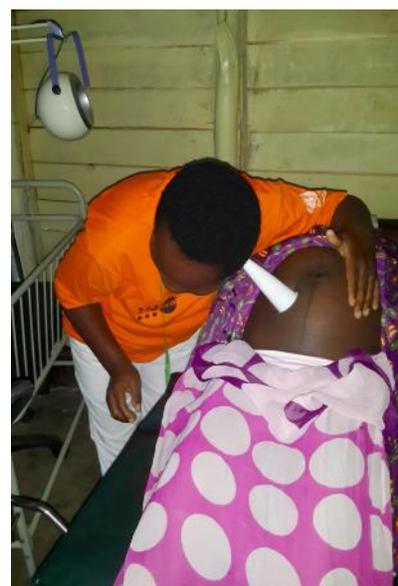
Safi Florence, a refugee from DRC, chooses injectable contraception after receiving family planning @UNFPA Rwanda

“Having the means to prevent a pregnancy and being safe from sexual violence—these are basic human rights,” UNFPA Rwanda Representative Mr. Jozef Maeriën said. “Rights don't just go away, and women don't stop giving birth when a conflict breaks out or disaster strikes.”

Without the usual protection of family and community, women and adolescents are more vulnerable to sexual violence, unwanted pregnancy, sexually transmitted infections, HIV and AIDS, among others. Basic needs for safe childbirth, family planning and reproductive health supplies are rarely met when women and adolescents become untethered from the lifeline of health systems.

In Rwanda, in just a few months, over 70,000 refugees were received in the country due to the crisis in Burundi. UNFPA engaged quickly to address this crisis by providing reproductive health services, supplies and family planning for women, adolescents and children. Through their efforts, achievements as of December 2015 include: 1,107 pregnant women tested for prevention of HIV from Mother-to-Child Transmission (PMTCT); 660 assisted deliveries; 501 women were provided with family planning services; 1,056 women were provided with Antenatal Care (ANC) services; and 51 had caesarean-sections.

In collaboration with partners, such as the American Refugee Committee (ARC) and UNICEF, UNFPA increased capacity and provided trainings, as well as provided family planning services, supplies and commodities which have helped improve the health and save the lives of women and adolescents in these camps. Training topics included family planning and maternal and neonatal health care, targeted to key audiences such as doctors, nurses, midwives, social workers or community health workers (CHWs).



Mahama refugee camp, midwife @ UNFPA

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UNFPA also supported Congolese refugee health clinics in camps (Kigeme and Mugombwa camps) to provide, via its supply chain, medical equipment (e.g. ultrasound, suction machine) which greatly contributed in the reduction of unnecessary referrals and prevented fetal distress.

Rwandan Minister for Disaster Management and Refugee Affairs, Ms. Seraphine Mukantabana, pledged Government support to address women and girls' health needs. "Gender is a cross-cutting issue. We shall continue to ensure that our humanitarian response is gender sensitive, and that the special needs of women and girls are met," she said.



Kankindi Marie Gorette with her healthy newborn baby © UNFPA

Providing Emergency Obstetric and Neonatal Care Services in Yemen



Female refugee at camp in Yemen. © UNFPA Yemen.

emergency obstetric services to health facilities in the most affected areas of Yemen via the Reproductive Health Programme-Crisis Response programme.

The Reproductive Health Programme-Crisis Response aims to reduce maternal mortality and morbidity among populations in eight of the affected governorates in the country. The project is helping to relieve the suffering of Yemeni people, in particular women affected by the current humanitarian crisis, through the provision of basic and comprehensive emergency obstetric and neonatal care services in the targeted governorates. The project has been funded since 2012 by the Government of Germany (through KfW).

SANA'A, Yemen — The crisis has crippled life-saving work in most governorates in Yemen, leaving 3.4 million women and girls of reproductive age vulnerable to sexual violence, unwanted pregnancy, sexually transmitted infections and other violations of human rights. In addition most have no access to basic sexual and reproductive health services, such as family planning. To support such services and care, UNFPA and Yemen's Ministry of Public Health and Population (MOPHP) have assembled and sent new equipment for

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UNFPA and MOPHP helped deliver emergency obstetric and neonatal care equipment to 37 hospitals that provide comprehensive emergency obstetric care services, 141 health facilities providing basic emergency obstetric care services, and 85 community midwifery clinics. Depending on the facility, equipment included C-S kits, incubators, blood transfusion kits, delivery beds, MVAs, midwifery kits, and IUD insertion and removal kits.



Trucks carrying UNFPA supplies to areas of need in Yemen. © UNFPA Yemen.

The war caused a mass displacement in the cities, leaving internally displaced persons (IDPs) to cities and rural areas. Therefore, these facilities will serve the host communities as well as IDPs. “It is a relief to finally see the equipment here. People are in a dire need and waiting to receive this assistance. The Ministry is more than happy to facilitate the transportation process,” said Dr. Najeeba Al-Shawafi, the Deputy Minister of MOPHP.



Twins born prematurely were helped by the new equipment received. With the aid of the incubators and other equipment, the twins are now thriving. © UNFPA Yemen.

Through the joint efforts of MOPHP and UNFPA, medical engineers spearheaded the sorting process, oversaw the installation of equipment and ensured its functioning and training on its usage. Despite the fuel shortages and lengthy clearance procedures, equipment was transported as quickly as possible. A vital partner, Yemen Family Care Association monitored the distribution of equipment to facilities and its functionality once assembled.

This equipment is helping to meet the needs of nearly 500,000 pregnant women, in which 66,450 of these pregnancies can end in miscarriages and unsafe abortions; and nearly 50,000 of these pregnant women will experience complications in the next nine months. In addition these equipment are helping to save the lives of an estimated 16,612 women requiring Caesarean-sections in the next nine months.

UNFPA Restores Women's Dignity in Flood-damaged Beitbridge, Zimbabwe

BEITBRIDGE — Maria Ngulube, 36, recounts the terrifying night her home was flooded by water: “Once I noticed the water was rising fast, I gathered my four children and ran for safety. We nearly lost one of our girls in the panic and rush to get to high ground. The water was so powerful, had I not grabbed hold of her arm, she might have been swept away. I had my little boy in my arms, while I held onto her,” she said.

Maria is one of 300 women and girls seriously affected by flooding caused by torrential rains associated with the El Niño phenomenon. The flooding occurred in Dulivhadzimu suburb of Beitbridge, one of Zimbabwe’s border towns where

UNFPA is providing humanitarian relief to 238 households. Overcoming the challenges of coordination and provision of supplies, UNFPA worked to ensure the availability of dignity kits and other supplies that would address sexual and reproductive health concerns; and prevention of sexual abuse.

Cheikh Tidiane Cisse, UNFPA Zimbabwe Country Representative, emphasized the urgency: “Our response to protect the lives of women and girls in this crisis is crucial. We need to respond as quickly as we can to protect their dignity especially in times of crisis such as these,” he said.

Health and hygiene needs must be continuously addressed for the affected women and girls in the area. At least 1,000 people have been affected by the flash floods and are at increasing risk of disease outbreaks as a result. A vital and continuous resource to combat the risk is the dignity kit, which contain supplies which a woman is likely to need for basic hygiene, such as underwear, toothbrush and toothpaste, bath soap, a towel, pain killers, salt, sanitary pads and Vaseline.

Many have lost their valuables and others their sources of income as the floods washed away their work tools or livestock for resale at the market. Also affected are pregnant women, some who are at an advanced stage of pregnancy and some lactating mothers.

Rudo Rwezuvha, age 31 and 6-months pregnant, is among those who were affected by the floods. She lost the items she saved for her newborn's arrival.

“I remember feeling cold, everything was wet and knee-deep in water and mud,” recalled Rudo, a mother of three children. “I saw my husband’s work tools float away down the road. All the things I had prepared for the child we are expecting were destroyed too. I am worried we may not be able to gather all the items in time for the baby’s arrival.”



UNFPA assists over 300 women and girls providing dignity kits in flood-affected Beitbridge. © UNFPA Zimbabwe

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She also said, “I am very happy that UNFPA has been able to come and assist us. I am especially thankful for the fresh underwear as I only have the pair which I was wearing when the house was flooded. I can go about rebuilding my family’s life, now that I feel complete, like a woman.”

UNFPA continues to work with the health and protection authorities of the Government of Zimbabwe and other partners in a multi-sectoral response to the devastating, relentless El Niño-induced effects, which also has included severe drought.

“UNFPA is looking to work with partners to strengthen referral pathways, mainstream gender in distribution of food and other items, as well as create temporary safe spaces for women and girls in Beitbridge. And we are on alert for any other cases in other flood-prone areas because it’s important for us to respond quickly,” said Mr. Cheikh Tidiane Cisse.



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Scorecard for Output 4, UNFPA Supplies 2015

Programme Output 4: Improved access to quality RH/FP services for poor and marginalized women and girls							●
	Results and indicators	2013 baseline	2014 target	2014 actual	2015 target	2015 actual	Scorecard
Integration							
4.1	Number of countries where RH/FP services are integrated with gender, HIV and maternal health to reach specific poor and marginalized population groups	12	18	18	25	38	●
Humanitarian setting							
4.2	Recommendations on demand, supply and use of RH kits available, disseminated and implemented	<u>In progress</u> ; Pilot study in Syria completed, TOR drafted and JSI (under global agreement) invited to prepare proposal	TOR finalized, institution contracted to undertake the study, reference group established & study initiated	TOR prepared and JSI contracted to prepare a proposal for the study	Draft report available	Report of global consultation and inception report for the design of tool/methodologies for forecasting/managing RH commodities in emergencies is available	●
4.3.1	Number of partners (including government, private sector and NGOs) and UNFPA staff whose capacity to implement the Minimum Initial Service Package (MISP) was strengthened in priority countries most vulnerable based on OCHA focus model	2,565	3,500	Additional 2880; total of 5,445	4,600	No additional training in 2015; total remains 5,445	●

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4.3.2	Number of staff (nationals) hired to support implementation of MISP for coordination, monitoring and support distribution of RH kits to implementing partners and for the utilization of the RH kits in 20 priority countries	99	119	Additional 10; total of 109	140	Additional 50; total of 159	
4.3.3	Dedicated SRH and gender-based violence surge capacity roster available for implementation of the MISP in humanitarian settings in order to coordinate and monitor the quality of SRH services	35	49	Additional 36; total of 71	63	125 (100 internal and 25 external)	
4.3.4	Number of academic, training and research institutions Strengthened to deliver MISP, clinical management of rape, training and other modules	1	2	Additional 6; total of 7	5	No additional academic institutions had their capacity strengthened in 2015; total remains 7	
4.4.1	Evidence and Quality Assurance of kits contents updated to reflect needs in conflict and humanitarian settings	80% of contents meeting specifications	81%	Content of a) Post Rape Kit 3 and Essential Newborn Care Sub Kits 6B and IIB reviewed	90%	Technical evaluation completed; only products accepted by QA were included in the kits	
4.4.2	Number of deployment of RH kits logistician to support countries in acute phase of an emergency to address any bottlenecks and establish a system for distribution	0	2	6	4	6 Kit Logisticians	
4.4.3	Number of staff already hired by UNFPA who are part of internal humanitarian roster trained on RH kits and family planning for provision of support during acute phase of an emergency	30	30	Additional 4; total of 34	35	0 (recruitment frozen due to austerity)	

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						measures); total of 34	
4.4.4	Number of implementing partners supplied with RH kits for programming in humanitarian and fragile context (disaggregated by public, private and NGO sectors)	34	40	46	46	48	●
4.4.5	Number of women and/or girls reached in humanitarian settings through RH kits and services utilization and dissemination	2.1 million	2.5 million	Additional 2.2 million; total of 4.3 million	2.9 million	1.4 million; total of 5.7 million	●
Capacity building							
4.6	Number of institutions supported to carry out training of service providers for task shifting for RH and FP service provision	35	46	53	48	269 (59.9% are NGOs)	●
4.7.1	Number and type of non-state actors providing RHCS/FP services to ensure access for poor and marginalized women and girls	61	70	97	80	327	●
4.7.2	Total number of persons trained, for the year, to provided long term contraceptive methods to client	7,025	7,075	17,212	7,100	18,589	●
4.7.3	Number of skilled personnel providing FP services	72,532	73,000	65,547	74,000	86,281	●

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About the scorecard

Programme Output 4: Improved access to quality RH/FP services for poor and marginalized women and girls		
<p>Progressing well towards target</p> <p>Countries received support to adopt integrated approaches for SRH service delivery including FP at various levels. Local and international organizations were supported to carry out service delivery interventions aimed at reaching marginalized groups. NGOs continued to be the most popular category of organizations supported by UNFPA Supplies and young people were the major focus of the support provided to non-state actors, followed by poor women and girls, persons in hard-to-reach areas and displaced persons and refugees in humanitarian settings.</p> <p>The number of service providers trained for the provision of long-term contraceptive methods to clients increased by 7 per cent from 2014, reaching 18,589 service providers in 2015. Over 44 per cent of providers were trained on implant insertion and removal only; 22.6 per cent were trained on IUD insertion and removal only; and the remaining 33 per cent were trained in both long-acting methods. These figures reflect countries' efforts to expand the choice of LARC methods available to clients.</p> <p>With respect to humanitarian interventions, in 2015, RH kits distributed by the programme implementing countries reach about 1.4 million women and girls.</p>		
	Summary methodology	Comments
Integration		
4.1	<p>This refers to where a specific programme(s) exists that ensures that FP service delivery also address issues of gender, HIV and maternal health in any four (4) of the following aspects: a) human resources including training; b) tools and guideline development; c) policy dialogue; d) systems strengthening; e) procurement and logistics management; f) advocacy; and g) service delivery and for reaching two (2) of the following groups (i) young people, (ii) poor women and girls, (iii) people in hard to reach rural areas, (iv) people in urban slums and, (v) displaced persons and refugees in humanitarian settings.</p> <p>Milestones to build on baseline and reach a target of 46 countries in 2019 and maintain progress to 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>An increasing number of countries are adopting integrated approaches for various aspect of programme implementation, including development of tools and guidance, policy dialogue, procurement and logistics, systems strengthening, advocacy and service delivery. An integrated approach was applied in particular to human resources (including training), advocacy and service delivery.</p>
Humanitarian setting		
4.2	<p>A report available on the study conducted to assess the demand, supply and use of RH kits in humanitarian and fragile context.</p>	<p>Achieved</p>

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	Process initiated to be concluded with the report available by 2015 and recommendations implemented in 2016 to 2020	Based on the outcomes of the study, a tool has been developed for enhanced forecasting of needs in humanitarian settings. The tool will be pretested in and rolled out in 2016.
4.3.1	This is the total number of persons including staff of partners in the 46 countries that have been trained to implement the Minimum Initial Service Package (MISP). Milestones to build on baseline incrementally and reach a cumulative total 6,600 persons in 2017 and close to 9,700 in 2020	Achieved (during the previous year) In 2015, no additional training was supported for the implementation of MISP. The cumulative total number of persons trained stands at 5,445 which is higher than the target
4.3.2	This is the total number of nationals in the 46 countries for the implementation of the Minimum Initial Service Package (MISP) and other humanitarian interventions. Milestones to build on baseline to reach 180 persons in 2018 and a target of 280 for 2020	Achieved (milestone exceeded) 50 staff on the surge list were deployed to countries in 2015.
4.3.3	This is the total number of persons listed on the surge capacity roster for implementation of the MISP. Milestones to build on baseline to reach 105 persons in 2018 and a target of 135 for 2020	Achieved (milestone significantly exceeded) UNFPA invested greatly in building its internal capacity for surge deployment in 2015, aiming to avail highly qualified and motivated UNFPA staff with different humanitarian profiles, who can be deployed very quickly to support UNFPA Country Offices experiencing humanitarian crisis in their response.
4.3.4	This is the total number of academic and research institutions whose capacity has been built to provide support in various humanitarian Milestones to build on baseline to reach 12 persons in 2017 and a target of 25 for 2020	Achieved (milestone exceeded) In 2015, no additional academic/training institution was supported. The cumulative total number of institutions stands at 7, which is more than the target
4.4.1	This refers to use of the results of quality assessment to update the contents of various RH kits in line with emerging needs in humanitarian settings. Milestones to build on baseline to update 95 per cent of kit contents in 2017 and a maintain achieved target to 2020	Achieved In 2015 a technical evaluation was completed for establishment of a quality monitoring system for emergency reproductive health kits. The products that were accepted by QA were included in the kits and modality put in place for new suppliers to make the kits contents available in 2016.
4.4.2	This is the total number of logisticians for RH kits that are deployed in the countries that are in the acute phase of emergency	Achieved (milestone exceeded) The RH kits logisticians were deployed to support distribution system in five countries experiencing humanitarian crisis, namely Greece

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	Milestones to build on baseline and reach 10 logisticians in 2017 and a target of 20 for 2020	(migrants crisis); Nigeria (Boko Haram); Iraq; Nepal (earthquake); and Turkey (for the cross border operation in response to Syria crisis).
4.4.3	This refers to the number of UNFPA staff already hired, trained on FP provision during the acute phase of emergency and included in the internal humanitarian roster. Milestones to build on baseline and reach 25 logisticians in 2016, 45 in 2019 and to maintain progress to 2020	Progressing well towards target Recruitment was frozen due to austerity measures so no staff were deployed.
4.4.4	This the total number of implementing partners, including NGOs, in countries in humanitarian and fragile context that are supplied with RH kits for distribution to those in need. Milestones to build on baseline and reach 52 partners in 2016 reach 75 partners in 2020	Achieved (milestone exceeded) The Humanitarian Branch through its network distributed RH kits to 48 partners, mainly governments and NGOs.
4.4.5	This the total number of women and girls reached with RH kits and services, in countries in humanitarian and fragile context. Milestones to build on baseline and reach 3.7 million in 2017 and reaching a target of 5.0 million in 2020	Achieved (milestone significantly exceeded) In 2015, RH kits distributed by the programme implementing countries reached about 1.4 million women and girls. Women aged 25 years and over accounted for 73.4 per cent of all beneficiaries while adolescents aged 10–19 years accounted for 9.5 per cent of beneficiaries in 2015. The kits were distributed in collaboration with NGOs and governments.
Capacity building		
4.6	This is the total number of partner institutions in the 46 countries (including government, universities and NGOs) that are supported (financially, with technical guidance, provision of training materials, provision of trainer, facilitating training arrangement including travel, and provision of policy and regulatory frameworks) for the year to provide training for any of the following: provision of long-term methods, provision of hormonal methods, FP counselling and communication, management of clinical services, post-partum family planning, FP service provision for young people, and strengthening policy and regulatory frameworks. Milestones to build on baseline and reach 60 partners in 2017 and 90 partners in 2020	Achieved (milestone significantly exceeded) UNFPA Supplies supports the institutionalization of training activities for RH and family planning. The focus is to strengthen training institutions and work with other partners in ensuring that skilled human resources are available at all levels to scale up family planning interventions. In 2015, UNFPA Supplies supported the training of staff of 269 partner institutions in 36 of the 46 countries of which about 60 per cent were staff of partner NGOs.

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4.7.1	<p>This refers to the total number of non-governmental entities (UN agencies, NGOs, private sector, social marketing, civil society and other organizations) providing services to any of the following groups (i) young people, (ii) poor women and girls, (iii) people in hard to reach rural areas, (iv) people in urban slums; and (v) displaced persons and refugees in humanitarian settings at the country level.</p> <p>Milestones to build on baseline and reach 100 organizations in 2017 and 150 organizations in 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>In the area of service delivery, UNFPA Supplies supported local and international organizations. NGOs continued to be the most popular category of organizations supported by UNFPA Supplies to deliver services to poor and marginalized communities.</p> <p>Young people continued to be the major focus of the support provided to non-state actors, followed by poor women and girls, persons in hard-to-reach areas and displaced persons and refugees in humanitarian settings.</p>
4.7.2	<p>This an aggregate of the number of persons trained in the 46 countries to provided long-term contraceptive methods to clients.</p> <p>Milestones to build on baseline and reach 7,200 in 2017 and 7,350 persons in 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>The number of service providers trained for the provision of long-term contraceptive methods to clients was 18,589 in 2015, an increase of about 7 per cent from the previous year. Over 44 per cent of providers were trained on implant insertion and removal only; 22.6 per cent were trained on IUD insertion and removal only; and the remaining 33 per cent were trained in both LARCs. These figures reflect countries' efforts to expand the choice of LARCs methods available to clients.</p>
4.7.3	<p>This is the estimated total number of skilled personnel providing FP services in the 46 countries.</p> <p>Milestones to build on baseline and reach 76,500 in 2017 and 80,000 persons in 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>The number of service providers increased.</p>

Output 5: Strengthened capacity and systems for supply chain management



Many countries lack functional, effective systems for demand forecasting, procuring products, storing them in warehouses, distributing the supplies, monitoring stocks and managing information. These weaknesses in national supply chains obstruct access to much-needed contraceptives and maternal health medicines. UNFPA Supplies supports actions that make supply chains stronger. The aim is to increase the availability of essential supplies, reduce stock-outs and reduce ad hoc requests. Training for pharmacists, warehouse managers and those who operate logistics management information tools such as the CHANNEL software programme is a key area for building country capacity for supply chain management. Efficient, effective systems will allow countries to procure high-quality supplies and deliver them in a timely manner.

5.1 DEMAND FORECASTING AND PROCUREMENT

<i>Performance Monitoring Framework</i>	
Number of countries where demand forecasting for contraceptives is led and coordinated by trained nationals working in government institutions.	This is where the process of forecasting commodity needs is a) led by government with technical support from partners; b) and there is/are in place trained national staff in government who actually lead and coordinate this process. (Both conditions must be satisfied)/. Milestones to build on baseline and reach target of 46 countries in 2017 and maintain progress until 2020.
Number of countries where the procurement process for RH commodities is led and coordinated by trained nationals working in government institutions.	This is where the process of procuring RH commodities is a) led by government with technical support from partners; b) and there is/are in place trained national staff in government who actually lead and coordinate the procurement process. (Both conditions must be satisfied). Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress until 2020.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

UNFPA, through the UNFPA Supplies, works at both country and global level to strengthen supply chain management, including demand forecasting and long-term procurement planning. Meeting public health needs for contraceptives and maternal health medicines is made more difficult without accurate forecasting of the demand for these essential supplies. Demand forecasting and long-term procurement planning improve the delivery of reproductive health supplies to the people who need them. This also is better for suppliers can bring about lower costs and a more secure, steady supply of RH commodities.

Forecasting and procurement progress

Forecasting and procurement improved in many programme countries between 2014 and 2015:

- 40 to 43 – number of countries where government was leading demand forecasting process for contraceptives;
- 29 to 42 – number of countries with trained nationals in government institutions to lead and coordinate the demand forecasting process;
- 29 to 40 – number of countries where the procurement process is led by government with technical support from partners;
- 24 to 40 – number of countries that have trained nationals in place to lead and coordinate procurement processes in government institutions;
- 14 to 22 – number of countries that have developed medium-term (3 to 5 year) forecasting plans that are validated regularly;
- 21 to 30 – number of countries that have in place a coordinated procurement planning system;
- 19 to 33 – number of countries that have in place a functioning national-level system for forecasting and procurement of health commodities that include RH commodities, where partners work together on both aspects in a coordinated manner.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Government leadership of demand forecasting makes for a stronger national supply chain. The government was leading demand forecasting processes for contraceptives in more countries, with an increase from 40 in 2014 to 43 in 2015 (Figure 5.1). More countries had trained nationals in government institutions to lead and coordinate the demand forecasting process, with an increase from 29 countries in 2014 to 42 in 2015 (Figure 5.2).

Figure 5.1: Government leadership for demand forecasting for contraceptives, 2013 to 2015

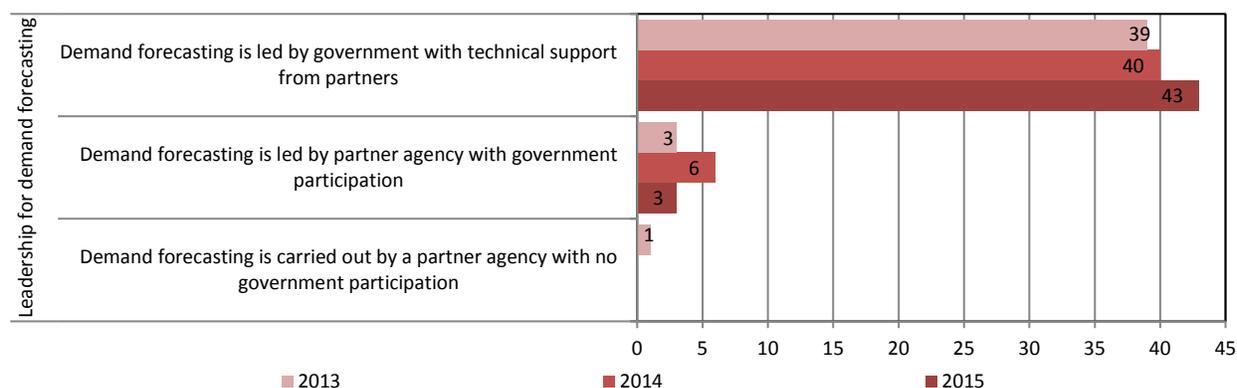
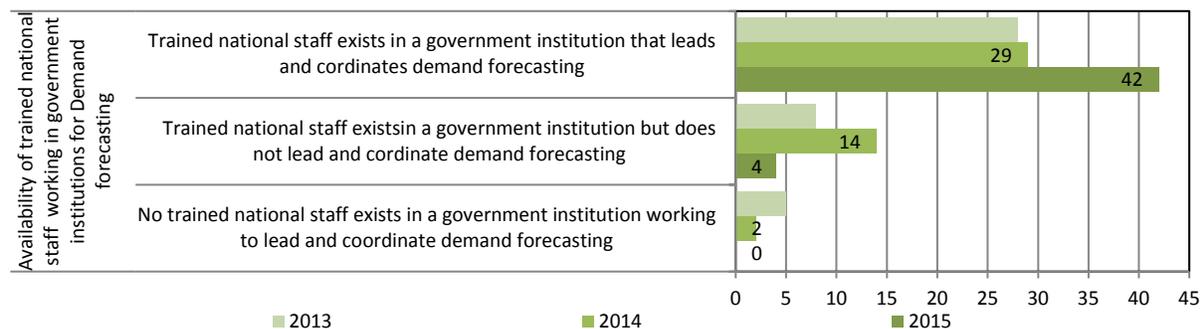


Figure 5.2: Availability of trained national staff working in government institutions for demand forecasting, 2013 to 2015



OUTPUT 5: STRENGTHENED SUPPLY CHAIN

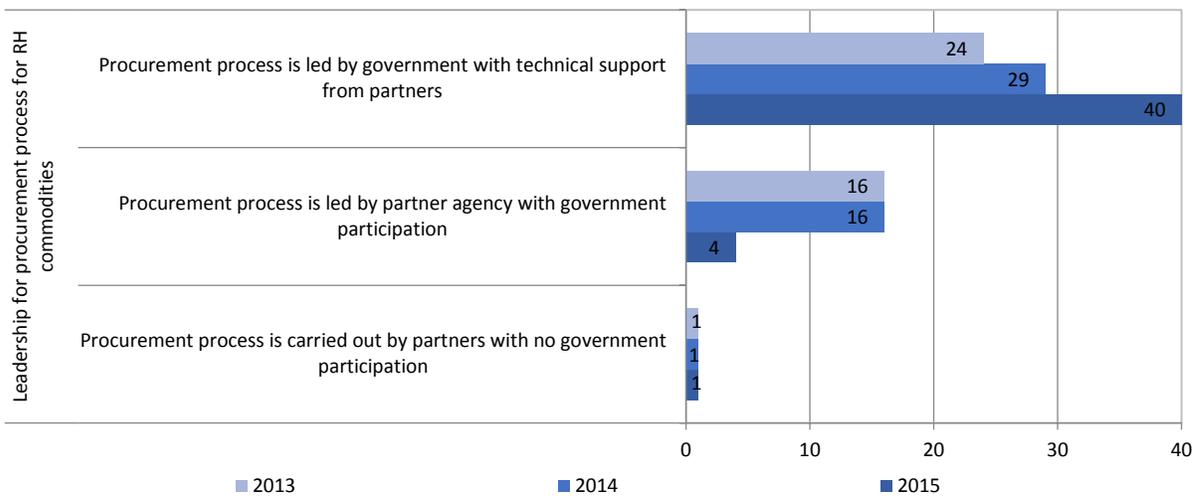
More governments led **procurement processes** with more trained nationals (Figures 5.3 and 5.4):

- Government was leading procurement processes in 40 countries in 2015, up from 29 in 2014;
- 40 countries had trained nationals in place to lead and coordinate procurement processes in government institutions, up from 24 countries in 2014.

This is a significant improvement that results from various capacity-building efforts led by UNFPA and funded through UNFPA Supplies. Ensuring national staff are trained and leading the national supply and procurement processes further strengthens the national supply chain management systems and decreases need for technical assistance in this area.

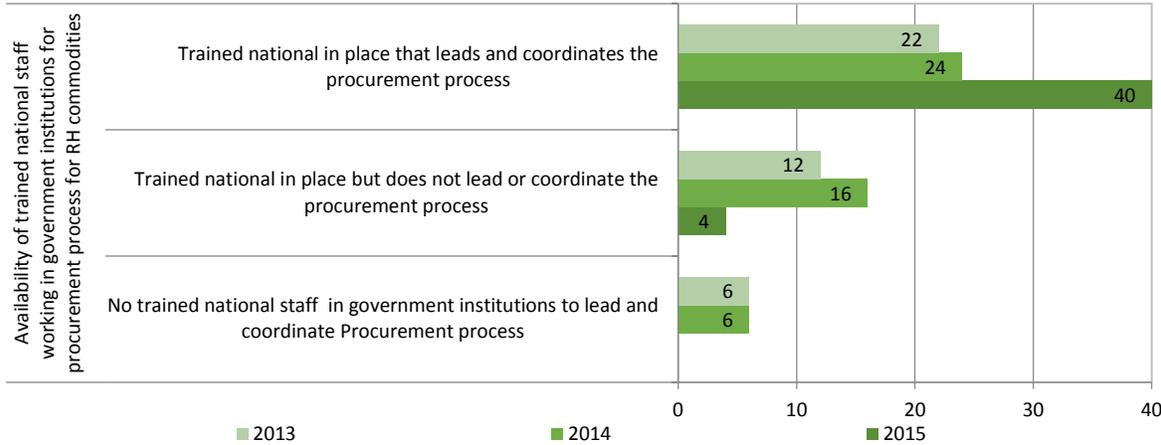
In 2015, UNFPA reinforced partnerships with other key players in the area of supply chain management, including USAID and its contractors, such as CHAI and JSI, and private sector partners such as McKinsey.

Figure 5.3: Government leadership for procurement process for RH commodities, 2013 to 2015



OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Figure 5.4: Availability of trained national staff working in government institutions for procurement process for RH commodities, 2013 to 2015



At the global level, UNFPA is working together with the above and other partners to enhance national quantification and demand forecasts, which serve to enable global supply planning and forecasting efforts, including those led by the Coordinated Supply Planning Working Group.

5.2 COORDINATED APPROACH TO FORECASTING AND PROCUREMENT

Performance Monitoring Framework: The programme tracks the number of countries with a functioning national-level system for forecasting and procurement of health commodities that include RH. For each country this is ascertained by a) having in place in a mechanism (partnership forum, coordinating body, office, etc.) that is responsible for forecasting and procurement of health commodity needs; b) with annual forecasting for all health commodities done jointly with participation of stakeholders; c) with a medium-term (3 to 5 years) forecasting plan in existence and is updated and validated regularly; and d) with procurement planning done jointly with the participation of all partners. (All four conditions must be satisfied). Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress until 2020.

As in procurement, forecasting capacity improved this year. The number of countries that have developed medium-term (3 to 5 year) forecasting plans that are validated regularly jumped from 14 in 2014 to 22 in 2015 (Figure 5.5). Also, 19 countries prepared annual forecasting for all reproductive health commodities. Only 5 countries prepared forecasts on an ad hoc basis.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Figure 5.5: Level of functionality – forecasting aspects

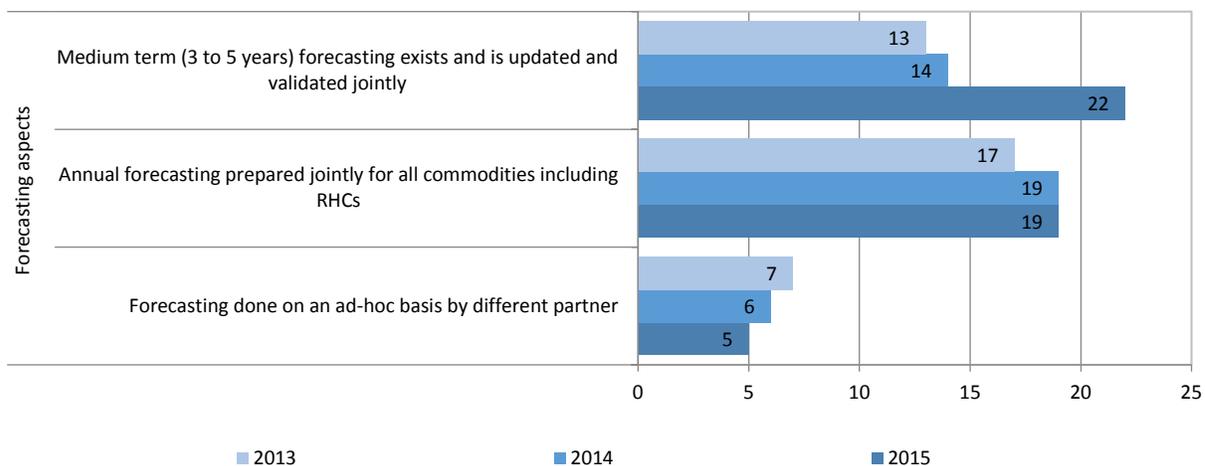
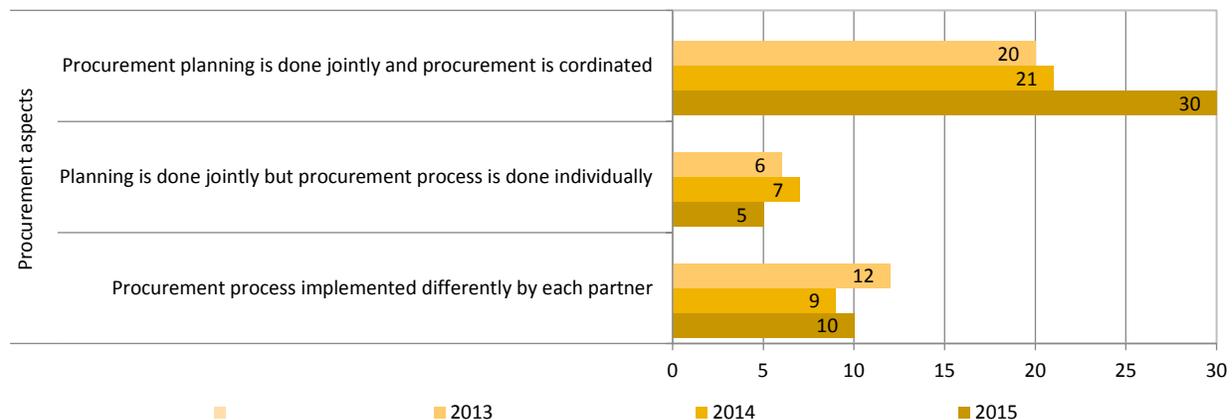


Figure 5.6: Level of functionality – procurement aspects



Procurement functionality is improving. The number of countries that have in place a coordinated procurement planning system increased from 21 in 2014 to 30 in 2015 (Figure 5.6).

Significant progress was made for both forecasting and procurement, with 14 more countries reporting that they had in place a functioning national-level system for forecasting and procurement of health commodities that include RH commodities, where partners work together on both aspects in a coordinated manner. The increase was from 19 countries in 2014 to 33 in 2015.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

5.3 NO AD HOC REQUEST FOR COMMODITIES

Programme Monitoring Framework: The programme tracks the number of countries making 'no ad hoc requests' to UNFPA for commodities (except in humanitarian contexts). This is ascertained by counting the number of countries where request for commodities were based on annual plans and that the country did not make any unplanned request for commodities for any reasons, except in a humanitarian context. Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress until 2020.

Only 6 countries made an unplanned request for RH commodities in 2015 except in a humanitarian context, down from 15 in 2014. In other words, 40 countries made no ad hoc request for RH commodities in 2015 compared with 32 in 2013. Reasons for the requests varied:

- In Burkina Faso, an ad hoc request was made for Sayana Press because the first consignment had a short expiry date (3 years instead of the usual 5 years);
- In Nepal, a one-time request was received from the Government for injectable contraceptives and condoms. As part of this request UNFPA provided support to procure 1 million vials of DMPA for the Logistics Management Division/Family Health Division.
- In Nigeria, UNFPA was asked to fill a funding gap in September 2015 due to the non-release of Government funding 2014 to 2015;
- In Tanzania, the Ministry of Health Zanzibar requested an ad hoc procurement of oxytocin and magnesium sulfate because they were faced with stock-outs before the scheduled delivery date of the procured commodities.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

5.4 TRAINING ON PROCUREMENT

Performance Monitoring Framework: The programme tracks the number of national **institutions strengthened through partnerships** with expert, international institutions. This is the cumulative total number of national institutions whose staff are trained on procurement and commodity management, and the training done through partnerships with international institutions or experts facilitated by PSB/UNFPA. Milestones to build on baseline and reach 2 additional institutions each successive year amounting to a cumulative total of 14 institutions in 2017 and reaching a target of a cumulative total of 20 institutions by 2020.

Another indicator that tracks progress is the total number of persons that participated in the web-based procurement **e-learning course**, managed by PSB. Milestones to build on baseline and reach 300 institutions in 2017 and maintain progress until 2020.

Partnerships with national institutions

Capacity development support to sustain training for procurement continued in 2015 with the seven institutions that received support in 2013 and 2014. No additional institutions were added this year.

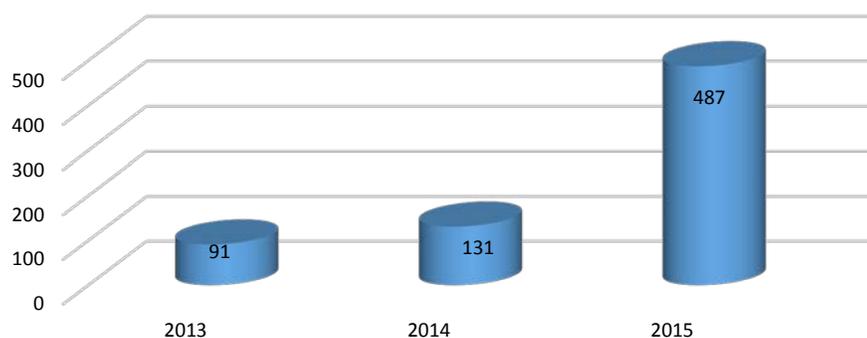
E-learning platform on procurement

The number of trainees using the procurement e-learning platform has increased from 91 to 131 to 487 participants in the past three years (Figure 5.7).

UNFPA Supplies supports e-Learning courses on procurement (<http://unfpa.i2cat.co/LatestNews.aspx>). The target audience includes individuals working in governments (mainly ministries of health and finance), civil society (local education institutions), grassroots organizations, NGOs, and UN and other international organizations. Course participants were from Bolivia, Burkina Faso, Burundi, Cameroon, Chad, Congo, Côte d'Ivoire, DR Congo, Djibouti, Ethiopia, Guinea, Haiti, Honduras, Kenya, Madagascar, Madagascar, Mali, Mozambique, Myanmar, Niger, Papua New Guinea, Rwanda, Sierra Leone, Sudan, Timor-Leste, Togo, Uganda and Zambia.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Figure 5.7 Number of participants using the procurement e-learning platform to build knowledge, 2013 to 2015



5.5 SYSTEMS FOR STOCK MONITORING

Performance Monitoring Network: The programme tracks the number of countries with **functional** logistics management information system (LMIS). This is ascertained by counting the number of countries where that have in place an LMIS, and the system can generate information/data for, a) distribution all contraceptives; b) distribution for all MH Medicines; c) inventory and monthly consumption; d) stock information at warehouse level at national subnational levels; e) expiry dates of all products; and f) the number of users for each product. (All six conditions must be satisfied). Milestones to build on baseline and reach 46 countries in 2019 and maintain progress until 2020.

Logistics management information systems (LMIS)

To ensure efficient stock monitoring, UNFPA provides support for the strengthening of logistics management information systems (LMIS). The number of countries where the LMIS is capable of generating distribution data for all **modern contraceptives** continued to grow, increasing from 29 in 2014 to 36 countries in 2015 (Figure 5.8). In addition, the number of countries where the system was capable of generating distribution figures for all **maternal health medicines** increased from 24 in 2014 to 32 in 2015 (Figure 5.9).

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Figure 5.8 Countries where LMIS can be used to generate data on distribution of contraceptives, 2013 to 2015

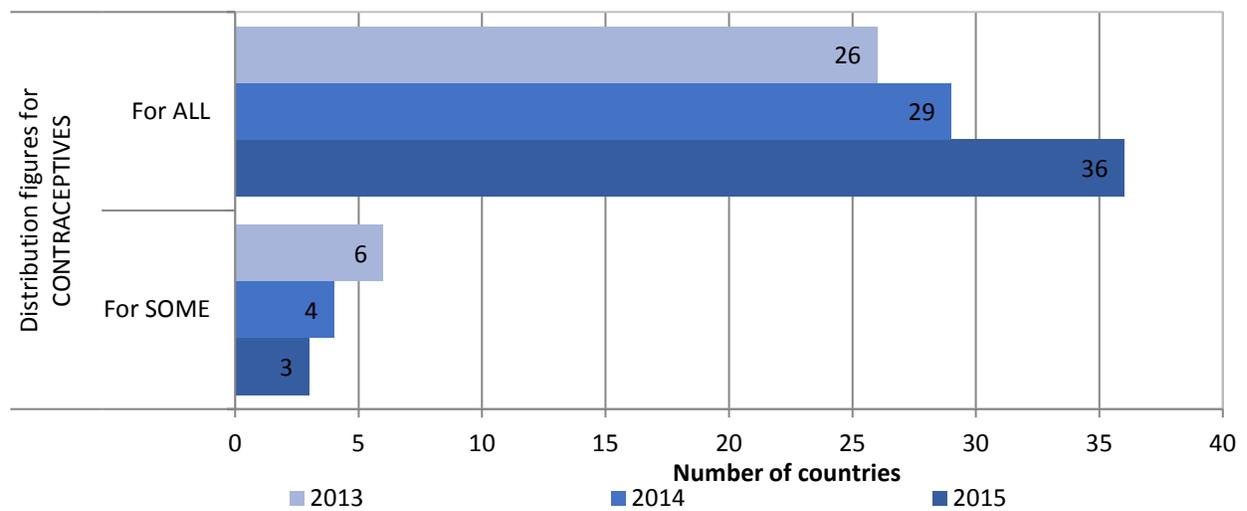
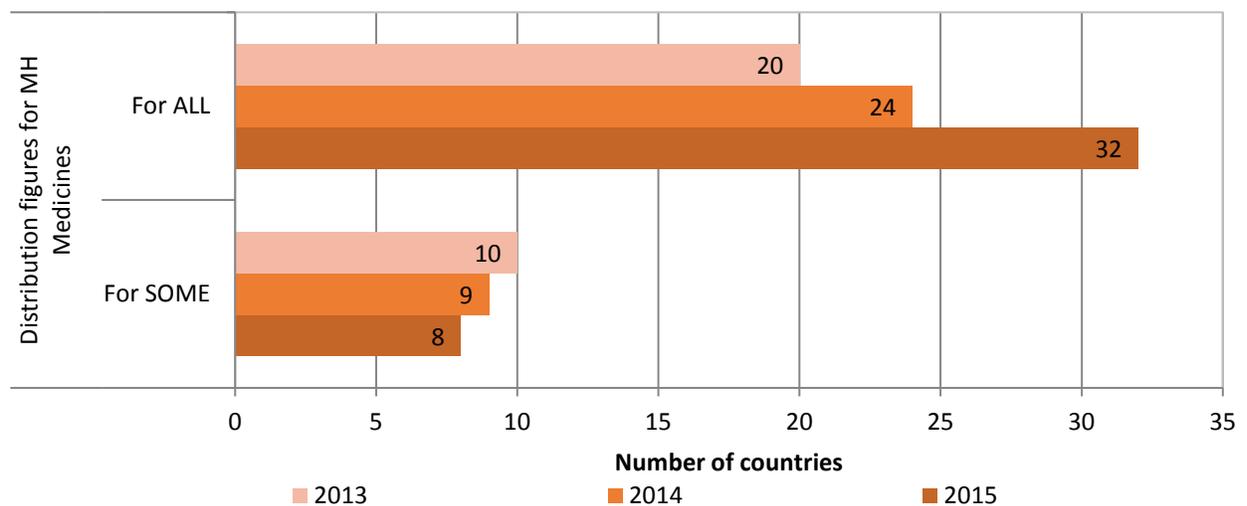


Figure 5.9 Countries where LMIS can be used to generate data on distribution of MH medicines, 2013 to 2015

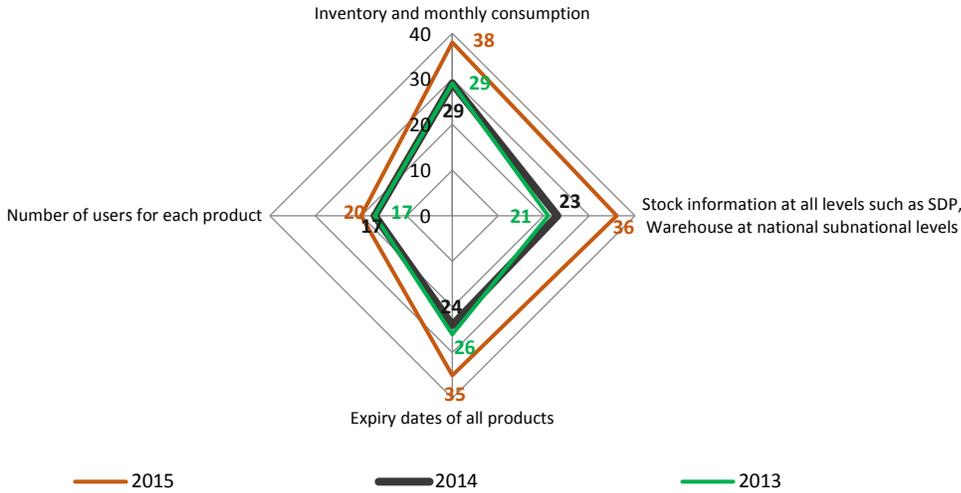


LMIS gained additional functionality in 2015. As shown in Figure 5.10, progress was made in several areas: the ability to generate information on number of users per product (in 20 countries); generation

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

of monthly consumption data (in 38 countries); stock information at SDPs and warehouses levels (in 36 countries); and expiry date for the products (in 35 countries).

Figure 5.10: Additional Information that can be generated from the LMIS



Overall, the logistics management information system was judged as functional in 33 countries (i.e. capable of producing distribution figures for all contraceptives and MH medicines, and producing all needed information). This indicator has shown progress from a ‘functional LMIS’ in 17 countries in 2013 to 19 countries in 2014 to 33 countries in 2015.

Use of information tools

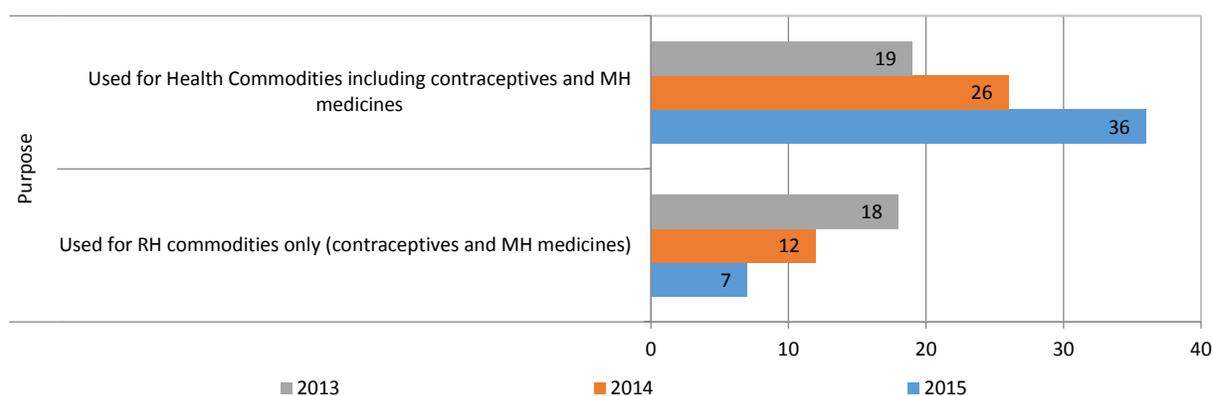
Performance Monitoring Framework: The programme tracks the number of countries using a single **health supply chain management information tool** for monitoring RH commodities (e.g. CHANNEL, PIPELINE, CCM etc.). This is ascertained by counting the number of countries where a health supply chain management information tool is being used for a) monitoring RH commodities which a) is used for monitoring Health Commodities (which includes contraceptives and MH medicines); b) is hosted and managed by trained nationals working in government; c) is web-based and accessible widely; d) generates information that is used for planning, monitoring and decision making. (All four conditions must be satisfied). Milestones to build on baseline and reach 46 countries in 2018 and maintain progress **until 2020**.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

In addition to having a functional LMIS in place, UNFPA assists countries to adopt and operationalize a system for stock-level monitoring for RH commodities.

In 2015, 93 per cent of UNFPA Supplies implementing countries (43 countries out of 46) were using some form of health supply chain management information tool for monitoring RH commodities (e.g. CHANNEL, PIPELINE, CCM, etc.), an additional four countries over last year. Figure 5.11 shows that the system was used for the wider health commodities including contraceptives and maternal health medicines in 36 countries in 2015, an additional 10 countries over last year.

Figure 5.11: Purpose/use of the health supply chain management information tool

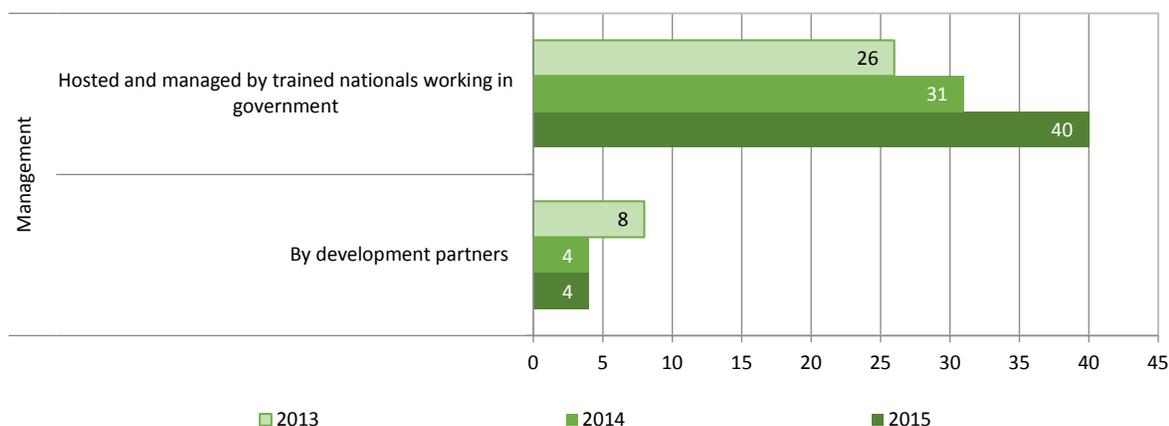


Results show a positive trend in government management of LMIS. The number of countries where an information tool was used in supply chain management has increased from 26 in 2014 to 31 in 2014 to 40 in 2015 (Figure 5.12).

This is a good indicator of increased government ownership and national supply chain system strengthening. Increasingly, governments are linking LMIS and other health information systems leading to improved integration and communication between supply data and other health data.

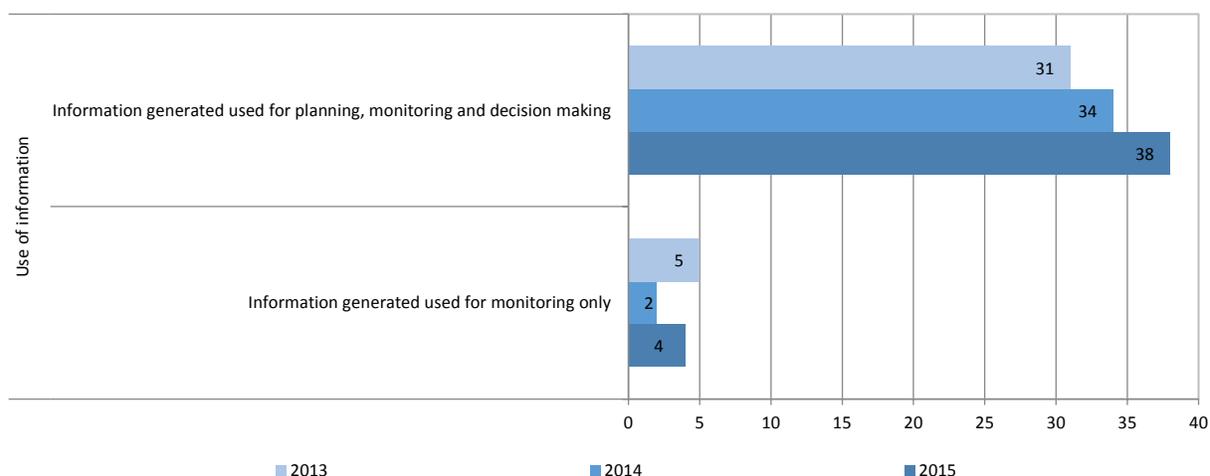
OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Figure 5.12: Management of the health supply chain management information tool



The number of countries using the health supply chain management information system to generate information for planning, monitoring and decision making has increased from 31 in 2013 to 34 in 2014 to 38 countries in 2015 (Figure 5.13).

Figure 5.13: Use of information generated from the health supply chain management information tool



Overall, the supply chain management system is judged as functional in 40 countries (i.e. when all the characteristics are taken into consideration including use of the system for health commodities, managed by government, fairly accessible and information generated used for decision making). This indicator has shown progress from a 'functional SCM system' in 12 countries in 2013 to 24 countries in 2014 to 40 in 2015.

Country examples

Drones for the Transportation of Reproductive Health Supplies

In many developing countries, women and adolescents who want birth control, contraceptives and other family planning supplies have little to no access to the sexual and reproductive health (SRH) care and services they need. For many, this is due to living in remote areas where there are physical and environmental obstacles in delivering these important, possibly life-changing commodities. UNFPA is working on the new technology of unmanned aerial vehicles or drones to solve these challenges and overcome obstacles in supply chain management (SCM) and last-mile distribution of key life-saving medicines for maternal health and a range of contraceptive methods to reach these underserved populations in remote locations.



A new way to deliver RH supplies.

UNFPA has been actively engaged in the pilot programme, called 'The Dr. One Project' by facilitating the feasibility study and supporting the public–private partnership. The programme is funded by the Netherlands and UNFPA.

Drones have the great potential to provide reproductive health (RH) commodities to communities, health clinics and local pharmacies both quickly and cost effectively. They can overcome infrastructure challenges of poor roads, heavily forested areas or deserts. They also can reduce the need to store expensive supplies that are used infrequently and may go to waste. In addition, drones have the potential to avert stock-outs and allow faster response to health emergencies (such as heavy bleeding during childbirth) as they can rapidly deliver supplies that are about to run out.

The prototype is being tested to take off and land vertically, while flying horizontally to cover large distances relatively quickly. The current prototype has a payload carrying capacity of 2 kilograms. Prototypes have capacity support for deliveries within one government district and from one medical store. Testing of the prototype of the drones began in Ghana's Upper East Region in Nov. 2015 after they were received flight permission by Ghana Civil Aviation Authority. Testing continues through 2016.

Using drones for delivery of RH commodities can help ensure that every woman and adolescent girl has access to the SRH information and services that she needs no matter where in the world she lives.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Family Planning Gives the Power of Choice for Women in Myanmar

Thandar Oo looks older than her 38 years, but it is because the last year has taken its toll on her. Thandar did not use any contraceptives during the first five years of her marriage. She had a stillbirth, then had a healthy daughter now six years old, and then eight months ago gave birth to a son who died five days after birth. The pain from the loss was unbearable. Wiping away tears, she said, “I couldn’t eat or sleep for many weeks. My husband and I decided that we could not go through the pain of trying for another child.” She read about family



client. © UNFPA Myanmar

planning and contraceptives in a pamphlet she received at her local urban health centre. She chose DMPA, an injectable birth control method that lasts for three months. It is one of several contraceptives supplied to primary, secondary and tertiary health facilities in Myanmar through the Ministry of Health, with support from UNFPA.

Thandar said she now has “peace of mind” knowing that a DMPA injection will last for three months and is easily accessible from the mobile health clinic which visits her district. She lives in Hlaing Tha Yar Township, a suburb of Yangon, which has a population of 687,867. Women and adolescents in the Township have access to a family planning clinic at the local hospital.

UNFPA Supplies began supporting Myanmar in 2014, with the goal of building stronger health systems and widening access to reliable supply of contraceptives and life-saving medicines for maternal health.

Dr. Khin Yupar Soe, the Township Medical Officer and Medical Superintendent at Hlaing Tha Yar Township Hospital, said that around five to 10 women come to the family planning clinic daily. She ensures that in-patients who have given birth, or women who have complications resulting from the termination of a pregnancy, receive information about family planning and the choices of contraceptives available to them. Contraceptives provided include DMPA injections, oral contraceptives, the intrauterine device, emergency contraception pills and condoms—all of which are supplied by the Ministry of Health with support from UNFPA. “Prior to the contraceptives, there were many unintended pregnancies which led to a rise in unsafe abortions,” Dr Khin Yupar Soe said. “Clients know that now they can go to the nearest health facility where contraceptives will be available and this has built trust in the public sector and has led to a decrease in maternal mortality.”

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

The DMPA intramuscular injection is the most popular contraceptive choice. Since its introduction in Hlaing Tha Yar Township in 2014, around 1,183 women per month have chosen it as their preferred method of contraception.

Hnin Yu Hlaing also receives her DMPA injections at the local urban health centre. She has two children, and neither she nor her husband wanted another. She echoed Thandar's sentiments that the contraceptives gives her a sense of security.

Thanks to the newly introduced logistics management information system (LMIS) supported by UNFPA Myanmar, and the procurement of 3.2 million DMPA injections in 2014 for the Ministry of Health through UNFPA Supplies, with a further 1.7 million in 2015, no stock-outs have been reported at any level of health facilities in Hlaing Tha Yar Township.

Daw Ni Ni Soe, a midwife at a primary health centre in Hlaing Tha Yar Township, said that many of her clients are poor. "Birth spacing has social and economic benefits for the family and results in better nourished children," she says. Daw Ni Ni Soe thinks that, because UNFPA Supplies programme has resulted in the expansion, accessibility and availability of a choice of contraceptives, this is preventing unintended pregnancies and unsafe abortions.

With the resources of health care and supplies, women in the Hlaing Tha Yar Township now can now determine their own family planning decisions.

Accurate Forecasting and Quantification Methods Save Lives in Zambia

With Zambian women having 5.3 children on average, investing in family planning and other reproductive health services is vital to improving the lives of women and children. Pharmacies and health posts can primarily distribute condoms and contraceptive pills, while health centres offer a wider selection of modern methods including injections, implants and IUDs, while hospitals are mandated to include permanent contraceptive methods (tubal ligation and vasectomy) in adding to the other methods. In principle, all modern methods are freely available through public health facilities; however, service providers experienced frequent stock-outs of one or more type of contraceptive methods with one of the main reasons being due to delays on the part of the main source to resupply the health facilities. Stock-outs of modern contraceptives at central level were common.



Young mother in Zambia. © UNFPA Zambia.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Limited input and lack of coordination from partners in the past years, resulted in poor forecasting and supply planning, which resulted in understocking, and at times over-stocking, of some contraceptives at various levels in the supply chain.

To overcome these issues, UNFPA, USAID, the Ministry of Health and other stakeholders formed a joint team in 2009 for forecasting and quantification for contraceptives. Recognizing the need for expertise and collaboration of a multidisciplinary quantification and forecasting team, the MoH invited institutions and organizations with expertise and mandate to participate as members of the team. This core forecasting and quantification team has significantly contributed to improved contraceptive supply needs in Zambia. They conduct annual forecasting and quantification meetings and quarterly reviews with stakeholders including civil society organizations such as MSI, PSI and IPPF affiliates. Since the formation of the team there have been fewer stock-outs, an increase in men and women using contraceptives and an increase in use of family planning services. The coordination of Ministry of Health, UNFPA, USAID and other actors has improved the allocation of resources towards meeting Zambia's contraceptive needs. In the past two years, Zambia has had no stock-outs of contraceptive commodities at central level.

Thanks to the success of the forecasting team in improving the commodity security issue in Zambia, there are discussions underway to include forecasting and quantification of male and female condoms for HIV programmes. Additionally, UNFPA is working with stakeholders to develop a strategy to increase condom promotion and distribution channels in an effort to improve access.

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Scorecard for Output 5, UNFPA Supplies 2015

Programme Output 5: Strengthened capacity and systems for supply chain management							●
	Results and indicators	2013 baseline	2014 target	2014 actual	2015 target	2015 actual	Scorecard
Demand forecasting and procurement							
5.1.1	Number of countries where demand forecasting for contraceptives is led and coordinated by trained nationals working in government institutions.	34	34	36	38	43	●
5.1.2	Number of countries where procurement process for RH commodities is led and coordinated by trained nationals working in government institutions	23	28	25	32	42	●
5.1.3	Number of countries submitting long-term forecast data in UNFPA's global forecast database	0	5	0			●
5.2.1	Number of countries with functioning national-level system for forecasting and procurement of health commodities that include RH commodities	12	17	14	22	33	●
5.2.2	Number of countries making 'no ad hoc requests' to UNFPA for commodities (except in humanitarian contexts)	32	35	32	38	40	●
5.3.1	Number of national institutions strengthened through partnerships with expert, international institutions	6	8	Additional 1; total of 7	Not applicable	Not applicable	Not applicable

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

5.3.2	Number of countries/individuals using e-learning platform to build knowledge	91 participants	150 participants	131 additional participants in 2014; (cumulative total of 222 participants) 15 countries	200 participants	487 additional participants in 2015 (cumulative total of 709 participants) 28 countries	●
Stock monitoring							
5.4.1	Number of countries with functional logistics management information system (LMIS)	17	25	19	30	33	●
5.5.1	Number of countries using a single health supply chain management information tool for monitoring RH commodities (e.g. CHANNEL, PIPELINE, CCM, etc.)	12	18	23	25	39	●

About the scorecard

Programme Output 5: Strengthened capacity and systems for supply chain management	
Progressing well towards target	
An increasing number of countries received support to have trained national staff for forecasting and for procurement. The capabilities of logistics management information systems (LMIS) are improving, and increasing numbers of countries are using LMIS to monitor RH commodities.	
The need to build these capacities (human and institutional) continues. In addition, there is need to work with other partners to enhance effectiveness and enhance coordinated national supply planning, which will strengthen global supply planning and forecasting efforts. UNFPA will continue to work with partnerships including governments and other development partners to improve on the effectiveness of supply chain management.	
Summary methodology	Comments
Demand forecasting and procurement	

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

5.1.1	<p>This is where the process of forecasting commodity needs is a) led by government with technical support from partners; b) and there is/are in place trained national staff in government who actually lead and coordinate this process. <i>(Both conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach target of 46 countries in 2017 and maintain progress to 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>An increasing number of countries have been supported to have trained national staff for forecasting.</p>
5.1.2	<p>This is where the process of procuring RH commodities is a) led by government with technical support from partners; and b) there is/are in place trained national staff in government who actually lead and coordinate the procurement process. <i>(Both conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress to 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>An increasing number of countries have been supported to have trained national staff for forecasting. In addition to building human capacity, there is need to work with other partners to enhance coordinated national quantification and demand forecasts, which will strengthen global supply planning and forecasting efforts.</p>
5.1.3	<p>This is the total number of countries for which a long-term forecasting of contraceptive needs a) have been prepared or updated by government and partners; and b) the information uploaded into the UNFPA online database managed by PSB. <i>(Both conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress to 2020</p>	<p>No progress made</p> <p>The envisaged mechanism was not put in place by 2015. The aim is to enable countries to generate data and submit long-term forecast information into UNFPA's global forecast database, for more effective procurement planning.</p>
5.2.1	<p>For each country this is ascertained by a) having in place in a mechanism (partnership forum, coordinating body, office, etc.) that is responsible for forecasting and procurement of health commodity needs; b) with annual forecasting for all health commodities done jointly with participation of stakeholders; c) with a medium term (3 to 5 years) forecasting plan in existence and is updated and validated regularly; and d) with procurement planning done jointly with the participation of all partners. <i>(All four conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress to 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>The progress in this indicator was significant: from 14 countries in 2014 to 33 countries in 2015. Over 70 per cent of the UNFPA Supplies implementing countries had in place a national-level system for forecasting and procurement of health commodities that include RH commodities (both contraceptives and maternal health medicines). In 2015, efforts were made to ensure partners worked together for a coordinated approach to supply planning.</p>

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

5.2.2	<p>This is ascertained by counting the number of countries where request for commodities were based on annual plans and that the country <u>did not make any unplanned request</u> for commodities for any reasons, except in a humanitarian context.</p> <p>Milestones to build on baseline and reach target of 46 countries in 2019 and maintain progress to 2020</p>	<p>Achieved (milestone exceeded)</p> <p>Forty countries made no ad hoc request for RH commodities in 2015, up from the baseline of 32 in 2013. This means that only 6 countries made ad hoc request in 2015 compared with 15 in 2014. The 6 countries that made unplanned request for RH commodities did so for various reasons: In Burkina Faso, a request was made for Sayana Press because the first consignment had a short expiry date. In Honduras, the Ministry of Health requested a revision in the procurement amount to increase the quantity of Mycrogynon. In Nepal, a one-time request was received from the Family Health Division to support with DMPA and procure condoms. In Nigeria, there was a funding gap that UNFPA was requested to fill in September 2015. In Tanzania, the Ministry of Health Zanzibar requested an ad hoc procurement for Oxytocin and Mg So4. In Uganda, there was a need for IUDs as a result of the increased focus on post-partum IUD insertion.</p>
5.3.1	<p>This is the cumulative total number of national institutions whose staff are trained on procurement and commodity management, and the training done through partnerships with international institutions or experts facilitated by PSB/UNFPA.</p> <p>Milestones to build on baseline and reach 2 additional institutions each successive year amounting to a cumulative total of 14 institutions in 2017 and reaching a target of a cumulative total of 20 institutions by 2020</p>	<p>Not Applicable</p> <p>UNFPA Procurement Services Branch is no longer implementing this activity due to the retirement of the staff that was performing this function.</p>
5.3.2	<p>This is the total number of persons that participated in the web-based a procurement e-learning course, managed by PSB, 2013.</p> <p>Milestones to build on baseline and reach 300 institutions in 2017 and maintain progress to 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p><i>E-learning platform on Procurement</i></p> <p>UNFPA through the UNFPA Supplies supported e-learning courses (http://unfpa.i2cat.co/LatestNews.aspx). The target audience included individuals working in governments (mainly ministries of health and finance), civil society (local education institutions), grassroots organizations, NGOs, UN agencies and other international organizations. A total of 487 persons used the platform in 2015, up from 131 trainees in 2014 and 91 in 2013.</p>

OUTPUT 5: STRENGTHENED SUPPLY CHAIN

Stock monitoring		
5.4	<p>This is ascertained by counting the number of countries where that have in place a logistics management information system (LMIS), and the system can generate information/data for: a) distribution all contraceptives; b) distribution for all maternal health medicines; c) inventory and monthly consumption; d) stock information at warehouse level at national subnational levels; e) expiry dates of all products; and f) the number of users for each product. <i>(All six conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach 46 countries in 2019 and maintain progress to 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>The LMIS was capable of generating distribution data for all modern contraceptives in 36 countries in 2015, up from 29 in 2014. In addition, the system was capable of generating distribution figures for all maternal health medicines in 32 out of the 46 countries in 2015, which is an increase from 24 countries in 2014. Additional functionality of the LMIS included the ability to generate information on number of users per product; generation of monthly consumption data; stock information at SDPs and warehouses levels; and capability to generate information on expiry date for the products.</p>
5.5	<p>This is ascertained by counting the number of countries where a health supply chain management information tool is being used for a) monitoring health commodities, which includes contraceptives and maternal health medicines; b) is hosted and managed by trained nationals working in government; c) is web-based and accessible widely; d) generates information that is used for planning, monitoring and decision making. <i>(All four conditions must be satisfied.)</i></p> <p>Milestones to build on baseline and reach 46 countries in 2018 and maintain progress to 2020</p>	<p>Achieved (milestone significantly exceeded)</p> <p>UNFPA Supplies assists countries to adopt and operationalize a system dedicated to stock monitoring for RH commodities. In 2015, 39 countries had a functional health supply chain management information tool for monitoring RH commodities (e.g. CHANNEL, PIPELINE, CCM, etc.) which was used for health commodities, managed by government, was fairly accessible (some on web-based platforms), and the information generated was used for decision making.</p>

Management output: Improved programme coordination and management

Implementation of the UNFPA Supplies is assessed with respect to key management deliverables, with a focus on timely completion of tasks at country, regional and global levels. These tasks relate to data generation and use, resources mobilization, programme steering, human resources, programme review, monitoring, evaluation, and reporting and dissemination of information. See Annex 4 for additional information.

6.1 DATA GENERATION

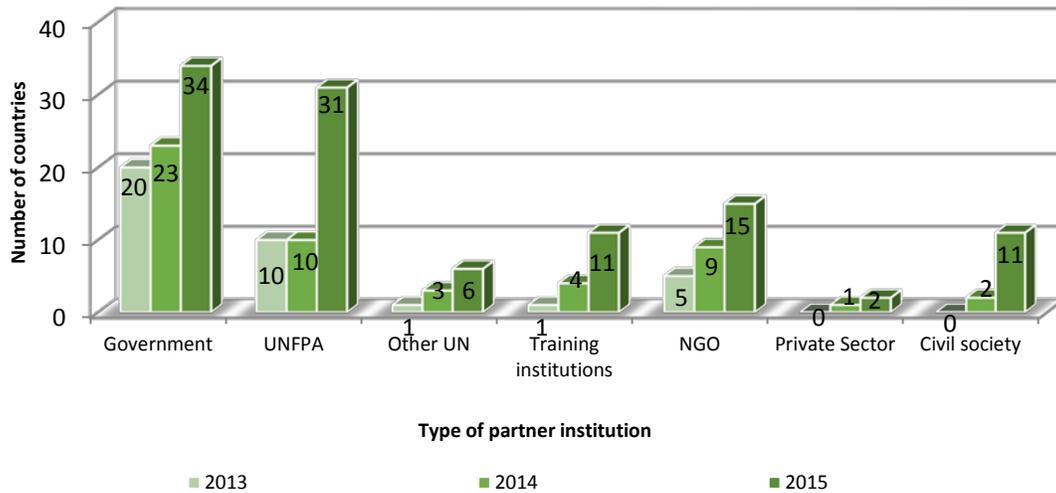
6.1.1 Training

Performance Monitoring Framework: The programme tracks the number of countries where staff of government and partner institutions are trained to generate data for programme monitoring. This the total of countries where support was provided (financial support, technical guidance, training materials and/or facilitation of training process including travel and other arrangements) train nationals in making data available for programming. Milestones to build on baseline and reach 46 countries in 2016 and maintain progress until 2020.

UNFPA Supplies supports a broad range of country capacity-building initiatives for surveys and data generation. Training activities for data generation were supported in 38 countries in 2015, nearly double the baseline of 20 in 2013 and up from 23 in 2014. Staff in government, UNFPA and NGOs are the main beneficiaries of the training exercises (Figure 6.1). The number of countries where government staff are trained increased from 23 countries in 2014 to 34 countries in 2015. Three times the number of countries provided training of UNFPA staff in data generation, from 10 in 2014 to 31 in 2015.

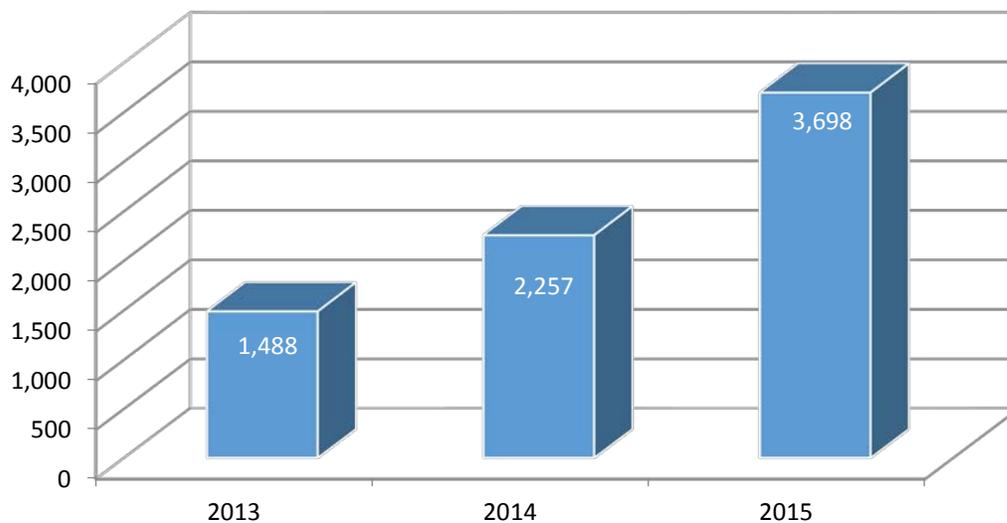
MANAGEMENT OUTPUT

Figure 6.1: Number of countries by types of partner institutions whose staff were trained in data generation, 2013 to 2015



The total number of persons trained was 3,698 in 2015 up from 2,257 in 2014. Most of the beneficiaries of the training in 2015 were from government institutions (70.9 per cent) followed by UNFPA staff (8.9 per cent) and staff of training institutions (8.1 per cent).

Figure 6.2 Total number of persons trained in data generation, 2013 to 2015



6.1.2 Conduct of national assessments on family planning for programming and policy

Performance Monitoring Framework: The programme tracks the number of countries with **data** on supply, demand, access and use of FP for programme and policy design. This the total of countries where support was provided (financial and/or technical guidance, etc.) to conduct family planning-related **research** and where the data and findings have been disseminated to partners and/or is being used for programming. Milestones to build on baseline and reach 46 countries in 2018 and maintain progress until 2020.

UNFPA Supplies supported the conduct of various surveys in 29 countries in 2015, compared with 26 countries in 2014. The surveys included rapid assessments, KAP studies (Knowledge, Attitude and Practice) and evaluations.

6.1.3 Facility-based survey to assess availability and stock-out of RH supplies

Performance Monitoring Framework: The programme tracks the availability of survey reports on RH commodity. This the total of countries where they conducted the **facility-based survey** supported by UNFPA Supplies for the year and for which reports are available. Milestones to build on baseline and reach 46 countries in 2018 and maintain progress until 2020.

Facility-based RHCS surveys supported by UNFPA Supplies were conducted in 32 countries in 2015, up from 27 in 2014. The results of the surveys are key outcome indicators on stock-out and availability of RH commodities at service delivery points.

6.6.4 Specialized studies with global/regional thematic focus

Performance Monitoring Framework: The programme tracks the number of specialized studies on key thematic issues conducted per year. This is the number of studies conducted per year on key RHCS/FP issues with a **global or regional thematic focus**. Milestones to build on baseline and reach 3 studies per year in 2016 and maintain progress until 2020.

In addition to the facility-based surveys, UNFPA Supplies supported a range of research studies this year including the following examples:

- study of the acceptability and use of long-term methods in Djibouti;
- study on provision of family planning in a nomadic environment in Niger;
- evaluation of the pilot phase of the Informed Push Model for commodity distribution in Togo;
- rapid assessment on accessibility of RH services in the humanitarian situation in Burundi;

MANAGEMENT OUTPUT

- competency mapping and needs assessment for advanced training programmes in health supply chain management in Ethiopia;
- GIS mapping of health facilities providing RMNCAH services, including family planning; and
- study to assess the barriers and facilitators to uptake of IUDs in Zimbabwe.

Performance Monitoring Framework: Additional indicators for the Management Output quantify a number of programmatic activities. Please see the Annex for a complete list. The key findings of these results and indicators are provided below.

6.2 HIGHLIGHTS OF MANAGEMENT INTERVENTIONS

Programme steering

Three Steering Committee meetings were held in 2015, of which one was in person (November, in The Hague) and the two others (March, June) via videoconference. A special video session was also organized in September to provide updates. Items on the Committee agenda included financial overviews, the evaluability study, updates on resource mobilization and the funding gap and discussion on the draft outcome of the study conducted by McKinsey on the strategic review of UNFPA Supplies. Overall, it was felt that discussion at the meetings became more strategic rather than operational, offering the Steering Committee members an opportunity to provide guidance on key strategic issues.

UNFPA meeting FP2020 commitments

At the 2012 London Summit on Family Planning, UNFPA committed to “double the proportion of its resources focused on family planning from 25 per cent to 40 per cent based on current funding levels, bringing new funding of at least US \$174 million per year from core and non-core funds. This will include a minimum of US \$54 million per year, from 2013–2019, in increased funding for family planning from UNFPA’s core resources.”

UNFPA spent approximately \$341 million on family planning-related interventions in 2015. This amount represents over 42.7 per cent of UNFPA total resources and is in line with the Summit commitments.

When accounting for family planning expenses, the cross-cutting nature of this area of work must be taken into account. Family planning is strongly linked to other areas in which UNFPA operates such as integrated services on sexual and reproductive health, HIV/AIDS, gender equality and reproductive rights, adolescents and youth, data and analysis. For example, family planning is an integral part of the activities to provide or support integrated sexual and reproductive health services, such as post-partum family planning, post-abortion family planning, family planning services for HIV positive individuals, etc. UNFPA's focus on adolescents and youth includes access to contraceptives information and services for

MANAGEMENT OUTPUT

adolescents through advocacy, comprehensive sexuality education and youth-friendly services. Family planning services are a top priority on the agenda when UNFPA supports countries in advocating for gender equality and promoting reproductive rights, especially for marginalized women and girls. UNFPA assists governments to link family planning with population dynamics, develop national policies and strategies and build reliable population data and analysis. Given these inter-linkages, expenses associated with activities that are conducted primarily to achieve other UNFPA Strategic Plan outputs also contribute to results related to family planning.

Family planning accounted for approximately 42.7 per cent of UNFPA total programme expenses in 2015. This includes 27.8 per cent of expenses directly related to family planning activities that are captured by UNFPA systems under Strategic Plan Output 2 (e.g. creation of enabling environments for family planning, demand creation, supply, provision of services and family planning systems strengthening). This spending was slightly higher than last year, at 25.9 per cent in 2014. In addition, activities with an impact on family planning results were conducted in other areas of work under UNFPA's mandate.

6.3 COMMUNICATING PROGRAMME RESULTS

UNFPA adopted the One Voice Corporate Communications Strategy in 2012. The strategy requests UNFPA to communicate across owned, social and earned media platforms. It recommends that UNFPA secures coverage of its work in top-tier media in donor countries. In 2015, the UNFPA Media and Communications Branch led the implementation of a comprehensive communications plan. As part of this work, a number of activities were carried out to increase awareness and support fundraising efforts for the UNFPA Supplies programme.

Media outreach

In June, a media field mission for donor countries focusing on the demographic dividend provided an opportunity to raise awareness among journalists of the central role of family planning in development, as well as the related need for and work of UNFPA Supplies in providing access to modern contraceptives.

In November, a media field mission to Ethiopia sought to increase visibility, awareness and understanding of the work of UNFPA Supplies among target audiences such as the donor community, governments and the general public, including youth, in developed and developing countries. The mission to Ethiopia was organized for journalists from donor countries to report on family planning activities, including the impact of UNFPA Supplies on women's lives and on their communities.

Throughout the year, media interviews were set up with UNFPA Supplies spokespersons, and proactive media outreach was conducted whenever news, data or results became available to generate interest

MANAGEMENT OUTPUT

in family planning and the work of UNFPA Supplies. Topics included the potential impact of the UNFPA Supplies funding gap on millions of people in developing countries.

Follow-up with international journalists who participated in the 2014 media field missions also resulted in additional media stories. The concrete reporting from these donor nation media missions was compiled into a [digital report](#)²⁰ widely shared with key audiences, including some donors.

A joint opinion piece, co-authored by the Executive Director of UNFPA, Dr. Babatunde Osotimehin, and Chris Elias of the Gates Foundation, was also developed in collaboration with FP2020 and the Gates Foundation around the International Conference on Family Planning (ICFP) and the publication of the FP2020 progress report. The opinion piece, which was adapted for publication in various priority countries or regions, highlighted the impact of expanding access to voluntary family planning, including supplies, on development.

These media outreach efforts resulted in the publication of several stories in 2015 on, or referring to, family planning and supplies in top-tier agenda-setting media outlets in strategic donor countries. That included [The Guardian](#) in the United Kingdom, with over 90 million unique visitors each month on its website; [France 24](#) both in [English](#) and [French](#) (from the 2014 media mission to Laos), broadcasting to 250 million TV households in 177 countries; [Radio France Internationale](#) (a 47-minute programme in French, from the mission to Côte d'Ivoire on the demographic dividend), with more than 37 million listeners every week around the world; the influential and well respected Women in the World blog of [The New York Times](#) in the US (from media interviews); and the newspaper [Politiken](#) in Denmark (in Danish, from the mission to Ethiopia). Stories were also published in publications targeting key audiences such as youth with a story on modern contraceptives in the UK's [The Debrief](#), with a readership of mainly young women.

Despite the last-minute postponement of the International Conference on Family Planning (ICFP) in Indonesia due to a volcano eruption, the op-eds co-authored by UNFPA and the Gates Foundation were published in seven media outlets in priority countries and regions, mainly in [Asia](#) and [Africa](#), in English and [French](#). Other media stories referring to UNFPA and family planning were also published in various media around the initial dates of the ICFP in November.

In addition to direct work with media, opportunities to increase visibility of the work of UNFPA Supplies included raising awareness of the programme among UNFPA staff members around the world, especially regional communications advisers, to ensure the programme is given the necessary attention in regional and country media and communications efforts. It also included integrating UNFPA Supplies-related elements in messaging and talking points for UNFPA senior spokespersons, including the

²⁰ https://issuu.com/portland_comms/docs/unfpa_2014_media_coverage_report_05/1?e=7459321/11725691

MANAGEMENT OUTPUT

Executive Director, with public roles at major events covered by media, such as the United Nations Sustainable Development Summit (the SDG summit) in September and the ICFP.

Online communications

Sixteen stories on family planning and commodity security were published on the UNFPA website in 2015. Three stories highlighted the contribution of UNFPA Supplies to the work of the organization in the areas of family planning and reproductive health commodity security, in addition to 13 others that included URL links to the [UNFPA Supplies page](#) of the UNFPA website.

The stories were promoted via UNFPA social media platforms, from the corporate account, the account of the Executive Director and the UNFPA Supplies account, as well as through partners' platforms and networks. In addition, content (pictures, quotes, posts, tweets, etc.) on family planning, including UNFPA Supplies, was also provided for use on social media to leverage the visibility of the issue and the programme through the UNFPA corporate social media platforms.

A three-minute [PSA video](#) highlighting the positive impact of the programme on the lives of women and girls lives and the 'cost of inaction', in case additional resources could not be mobilized to support its work, was produced at the end of 2015 using existing video materials collected from the field. The video is available for use in meetings as well as on UNFPA online platforms (website and social media).

Sharing information about the programme, the work of partners and other related content on family planning through [@UNFPA_Supplies](#), the dedicated Twitter handle for the Programme, began in March 2015. The hashtag [#RHSupplies](#) was promoted to highlight the importance of reproductive health commodity security. Tweets through this channel had over 70,000 "impressions" through to end of 2015 (a measure of how many Twitter accounts were reached).



MANAGEMENT OUTPUT

Stories referring to UNFPA Supplies' work published on the UNFPA website

Family planning fair dispels rumours, empowers women: www.unfpa.org/news/family-planning-fair-dispels-rumours-empowers-women#sthash.5W1OEqNm.dpuf

Midwives could help avert millions of maternal and newborn deaths:
www.unfpa.org/news/midwives-could-help-avert-millions-maternal-and-newborn-deaths#sthash.DRelmnYq.dpuf

Going the last mile to provide family planning in Lao PDR: www.unfpa.org/news/going-last-mile-provide-family-planning-lao-pdr#sthash.10z2OFXT.dpuf

Five of the greatest sexual health advances since the birth of the UN: www.unfpa.org/news/five-greatest-sexual-health-advances-birth-un#sthash.8GOUN3zt.dpuf

Before it's too late: Doctors take on one of the deadliest places for women:
www.unfpa.org/news/it%E2%80%99s-too-late-doctors-take-one-deadliest-places-women#sthash.mzp7jvFR.dpuf

Empowered girls can change the world, say UNFPA head and Ashley Judd:
www.unfpa.org/news/empowered-adolescent-girls-can-change-world-say-unfpa-head-and-ashley-judd#sthash.xARudT5s.dpuf

Family planning vital in post-quake Nepal: www.unfpa.org/news/family-planning-vital-post-quake-nepal#sthash.2Gvxlhrl.dpuf

Women's football defies stereotypes, inspires change in Cameroon:
www.unfpa.org/news/women%E2%80%99s-football-defies-stereotypes-inspires-change-cameroon#sthash.4EAOopys.dpuf

"We were judgmental": Making health care safe, accessible to young people:
www.unfpa.org/news/we-were-judgmental-making-health-care-safe-accessible-young-people#sthash.Ed2PeWgi.dpuf

Family planning helps refugees put their families, futures first: www.unfpa.org/news/family-planning-helps-refugees-put-their-families-futures-first#sthash.tGImtUmY.dpuf

World Population Day spotlights needs of women and girls in emergencies:
www.unfpa.org/news/protecting-rights-vulnerable-women-and-girls-emergencies#sthash.XPEqnebE.dpuf

Ebola prompts efforts to boost condom use in Liberia: www.unfpa.org/news/ebola-prompts-efforts-boost-condom-use-liberia#sthash.LS5f5zD3.dpuf

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Relief workers in Nepal race to beat monsoon rains: www.unfpa.org/news/relief-workers-nepal-racing-beat-monsoon#sthash.ghOuN1e1.dpuf

School campaign aims to help Côte d'Ivoire reap demographic dividend:
www.unfpa.org/news/school-campaign-aims-help-c%C3%B4te-d%E2%80%99ivoire-reap-demographic-dividend#sthash.BQrRMZdf.dpuf

Good morning, Chad: Radio breaks down barriers to sexual and reproductive health:
www.unfpa.org/news/good-morning-chad-radio-breaks-down-barriers-sexual-and-reproductive-health#sthash.Zt8iDWQ6.dpuf

10 things you didn't know about the world's population: www.unfpa.org/news/10-things-you-didn%E2%80%99t-know-about-world%E2%80%99s-population#sthash.Sj7qcMrl.dpuf

Broadening communications through partnership

Participation in partners' communications groups and work, such as the ICFP media (traditional and digital) subcommittees and the communications work of the United Nations Commission on Life-Saving Commodities, helped influence partners' media and communications work as well as ensure UNFPA positioning and visibility among partners by providing inputs for messaging, talking points, press releases and social media assets (infographics, quotegraphics, etc.). UNFPA also contributed to other joint initiatives, such as messaging and communications support to a breakfast event as part of a partnership with the private sector on family planning in the workplace.

UNFPA's contribution to the FP2020 progress report and participation in media briefings for the launch of this report, as well as the development of the joint op-ed with FP2020 and the Gates Foundation, helped raise UNFPA's visibility across partners' platforms and position the Fund as a thought leader in the area.

An interview with Jagdish Upadhyay, leader of the UNFPA family planning team and the UNFPA Supplies programme, resulted in the publication of a [story](#) as part of the FP2020's global FP Voices initiative.

News stories published on the UNFPA website were reproduced on the FP2020 website and promoted via partners' social media platforms and networks, helping increase the visibility of UNFPA, including through the work of UNFPA Supplies.

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Sample of UNFPA social media platforms promoting UNFPA Supplies programming



6.4 REGIONAL ACTIVITIES

UNFPA delivered policy advice, guidance, training and support through its regional offices, including activities supported through UNFPA Supplies.

ARAB STATES

Arab States Regional Office

UNFPA Supplies contributed to the humanitarian response to regional and internal conflicts, supporting global efforts to reduce instability in the region. As of 2015, about half of Syria's population has been displaced within or beyond the borders of the country. Neighbouring Iraq faces the challenge of responding to the needs of Syrian refugees while coping with massive internal displacement stemming from threats by the Islamic State in Iraq and al-Sham, ISIS, as well as from the ongoing conflict in that country. Conflict continued to devastate Yemen; insecurity and fighting interrupted vital services in Somalia; refugees fleeing conflict in South Sudan added to the burden of Sudan, with its years of conflict and sanctions; and the situation in Palestine flared up. Egypt and other Arab States in transition continued to face tremendous political and economic challenges that affect their ability to deliver quality, basic sexual and reproductive health services.

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In Syria, the UNFPA-supported humanitarian response distributed 500 vouchers per month to allow women to access maternal health services for free; provided gender-based violence prevention and response services for nearly 75,000 women and young people; supported individual and group counselling for more than 33,000 people; established 22 safe spaces, where women and girls could generate and income, access counselling services and learn about their rights; developed a new protocol to help health workers identify and respond to gender-based violence; aided 640 deliveries, including 230 Caesarean-sections, every month.

In Jordan, UNFPA-supported delivery rooms in Za'atari camp assisted 10 births per day. In Za'atari and Azraq camps nearly 5,000 young people gained information about healthy lifestyles or benefited from youth peer-counselling services. Local partner Institute for Family Health enabled UNFPA to reach thousands of Syrian women and girls in camps and thousands more Syrians and Jordanians elsewhere in Jordan. Efforts also included counselling for survivors of gender-based violence.

In Iraq, UNFPA supported reproductive health services for more than 247,000 refugees through Iraq's Departments of Health. Some 94,000 refugees across nine camps received sexual and reproductive health services. In five camps in Dohuk, Erbil and Sulaymaniyah, nine clinics provided 22,000 maternal health consultations, including nearly 17,000 antenatal care visits, 1,110 family planning consultations, 3,448 assisted deliveries and 935 Caesarean-sections. Gender-based violence prevention and response reached more than 22,000 women.

In Lebanon, humanitarian activities empowered women from host and Syrian refugee communities through skills-training and income-earning opportunities, and expanded access to family planning.

In Turkey, seven women's safe spaces enables women and girls to access counselling services, as well as sexual and reproductive health care, including family planning. Also in Turkey, gender-based violence prevention and response interventions reached 4,800 Syrian refugees.

In Egypt, activities expanded access to comprehensive quality reproductive health care for refugees and host communities.

Also in the Arab States in 2015, UNFPA assisted efforts in Iraq, Somalia and Sudan to develop strategies for ending child marriage. UNFPA also established a faith-based network in the region to raise awareness about female genital mutilation, with the aim of ending this harmful practice. UNFPA and the AIDS Fund Netherlands formed a partnership in 2015 to strengthen HIV-prevention and treatment services for sex workers in Morocco and Tunisia. UNFPA also provided technical support to Oman, Palestine and Somalia in developing national youth strategies.

ASIA AND PACIFIC REGION

Asia & the Pacific Regional Office

In the world's most disaster-prone region, 23 UNFPA Country Offices receive support from the Regional Office in Bangkok, Thailand, and the Pacific Sub-Regional Office in Suva, Fiji. Humanitarian response was triggered by several natural disasters in 2015. UNFPA responded to the emergency sexual and reproductive health needs of women in Nepal after a devastating earthquake and aftershocks, and in Myanmar after floods caused by Cyclone Komen, and in Vanuatu in the aftermath of Cyclone Pam, among other natural disasters.

- In Nepal, UNFPA and partner organizations set up 14 transition homes and 80 maternity units and conducted 132 mobile health camps across the 14 most-affected districts. UNFPA also established 14 female-friendly spaces where 108,000 women and girls could access psychosocial support, legal advice, referral to services and recreational activities. UNFPA distributed over 56,000 dignity kits.

The region faced other challenges as well. In some countries or some areas within countries, child marriage and adolescent pregnancy are common. In others, a preference for sons leads to antenatal sex selection, often through abortion.

UNFPA-supported advocacy addressed several issues of policy and law. Evidence-based advocacy sought to end child marriage despite movements in some countries to lower the age below 18 for girls. UNFPA increased its support in 2015 for the Global Programme to Accelerate Action to End Child Marriage. UNFPA and UNICEF worked with Bangladesh, India and Nepal to bring about change at all levels of society through stronger legislation and behaviour change communication. Efforts to eliminate gender-based violence addressed high rates and widespread acceptance of domestic violence among all age groups.

Advocacy to expand access to sexual and reproductive health services continued throughout the region, countering restrictions in some countries that lead to unwanted pregnancies and unsafe abortions. Other key topics included the importance of comprehensive sexuality education for young; rising rates of HIV in some countries and the negative impact of laws that criminalize or otherwise stigmatize and discriminate against affected groups; and action to put in place national policies to harness the demographic dividend. For the latter, UNFPA and the East-West Center partnered in an initiative to help countries better understand how population growth and changing age structures can affect economic growth, gender and generational equity and public finances

Training and professionalization of midwives increased in 2015 as more countries in the region committed to building cadres of professional midwives. UNFPA provided technical advice to support the reintroduction of midwifery programmes in India and China and the expansion of midwifery in Cambodia and Indonesia.

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Data collection and analysis in 2015 included support for surveys and census included a mapping of populations of older people with HelpAge International, analysis and advocacy based on the partial results of the 2014 Population and Housing Census in Myanmar, a country with 51.5 million people, to identify needs for infrastructure and social services; and support to 13 countries to carry out ground-breaking national prevalence studies on violence against women. In Viet Nam, for example, the study's findings informed plans for implementing a domestic violence law.

EASTERN EUROPE & CENTRAL ASIA

Eastern Europe & Central Asia Regional Office

All countries in Eastern Europe and Central Asia are now classified as 'middle-income', which means they generally have significant resources and corresponding levels of public services and infrastructure. After more than two decades of often painful political and socioeconomic transitions in the former Communist countries, key indicators such as life expectancy are showing signs of recovery. Antenatal care is near-universal and maternal mortality rates have fallen by more than half since the early 1990s, from 66 to 27 deaths per 100,000 births. However, marginalized and disadvantaged groups, such as national minorities, migrants, young people or the poor, still face considerable barriers in realizing their rights and accessing services.

Adolescent pregnancy rates are three times higher in this region than in Western Europe. Many women in the region rely on abortion. Against the global trend, HIV is still on the rise. Harmful practices such as child marriage continue to be widespread in parts of the region. In South-Eastern Europe and the South Caucasus, rates of use of modern contraceptive are even lower than the average in the world's least developed countries, and gender-biased sex selection has emerged in a number of countries.

Though investment in health and education is gaining currency in response to low fertility levels, migration and population ageing, the challenge is to base policies on evidence and respect for human rights. Women, in particular, still face significant legal and other obstacles to full participation in society and the economy, free from discrimination and violence.

The region has been affected by natural disasters, in particular floods, and armed conflict. As a result of the war in Syria, millions of refugees, including many women and young people, have fled to Turkey and further along the Balkan transit route towards Western and Northern Europe. The conflict in eastern Ukraine has also uprooted or otherwise affected large numbers of people, including large numbers of women and young people.

In 2015, Albania adopted the first National Action Plan for Youth, developed with UNFPA support to address the needs of young people in areas such as sexual and reproductive health, youth-friendly

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services, comprehensive sexuality education, and youth employment and training. UNFPA helped mobilize thousands of young people to engage with policymakers in the action plan's formulation.

In late 2015, UNFPA assembled and deployed more than 20 mobile teams of psychologists and social workers to provide psychosocial support to survivors of gender-based violence in the areas most affected by the conflict in Eastern Ukraine. In their first few weeks of operation, mobile teams provided help to 2,300 survivors, most of them women between 25 and 36 years old.

With hundreds of thousands of new refugees from Syria and other conflict-affected countries pouring into Turkey and moving further towards Western Europe along the Balkans transit route, UNFPA in 2015 stepped up its humanitarian assistance programmes, with a focus on ensuring access to sexual and reproductive health services and addressing gender-based violence. Mobile teams provided free check-ups for women and girls along the transit route and referred them to hospitals nearby in case of need. UNFPA also provided reproductive health kits to clinics, and handed out tens of thousands of dignity kits to refugees and migrants. UNFPA ran several safe spaces where survivors of gender-based violence received counselling and other forms of assistance, as well as skills training. Medical staff, police officers, social workers and psychologists were trained to recognize and address the needs of survivors of gender-based violence.

To support Azerbaijan in tackling the country's skewed sex ratio, UNFPA published a study in 2015 containing population projections for the coming decades. Every year some 10,000 to 14,000 more boys will be born than girls, according to the report. This means that large numbers of men will not be able to find partners, and the gap could fuel human trafficking and forced or early marriage.

EAST AND SOUTHERN AFRICA

East and Southern Africa Regional Office

In 2015, UNFPA support for improved emergency obstetric and neonatal care and worked to strengthen health systems and delivery of services for sexual and reproductive health. Maternal deaths in the region overall have fallen 45 per cent, from 918 deaths per 100,000 live births in 1990, to 407 deaths per 100,000 live births in 2015. However, around 85,000 women die of pregnancy-related causes every year in the region. The probability that a 15-year-old girl will die of maternal causes in her lifetime is 1 in 52; the global average is 1 in 180. Adolescent pregnancy is a major health concern. Skilled attendance at birth is limited, especially in rural areas.

In 2015, UNFPA helped 8,400 women undergo surgery to repair obstetric fistulas and introduced an innovative system in Kenya and Tanzania that allows women slated for the surgery to use mobile phones to display vouchers for free transportation to hospitals.

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To support family planning and the prevention of HIV and other sexually transmitted infections, UNFPA supplied 1.3 billion condoms to the region in 2015. Although more and more women are gaining access to family planning in the region, the supply of services is not keeping up with demand in some areas. As a result, women in the region have an average of 4.8 children. About one in four women in the region has an unmet need for family planning.

One of the key achievements in the region in 2015 was the completion of a four-year pilot project to accelerate integration of HIV and AIDS services and sexual and reproductive health services in seven countries. Lessons learned during the project paved the way for similar integration initiatives in 10 more countries in the region. In other HIV initiatives, UNFPA brought together representatives of 18 countries in 2015 to develop a regional action plan to prevent and treat HIV among key populations, including sex workers, men who have sex with men and transgender communities. East and Southern Africa is the region of the world most affected by HIV, which remains a major contributor to maternal mortality. Women are particularly affected and a contributing factor is gender-based violence, which remains widespread. UNFPA mobilized faith-based organizations from 15 countries to promote gender equality and prevention of, and response to, HIV and gender-based violence.

A number of initiatives in 2015 focused on adolescents and youth:

- Nine countries launched national campaigns to end child marriage and five countries develop national programmes to end this harmful practice with support from the Action for Adolescent Girls Initiative and the joint UNFPA-UNICEF Global Programme on Ending Child Marriage;
- 1.7 million young people were reached with comprehensive sexuality education, life-skills messages and training through the Safeguard Young People Programme, which also distributed 7.5 million condoms;
- Development of lesson plans and an online training programme for teachers was carried out with support from UNFPA, UNESCO and UNAIDS to governments to implement the Eastern and Southern Africa Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Services for Adolescents and Young people. Nearly 1,000 teachers in the region completed the training.

ESARO continued to move towards producing high-level knowledge products and evidence for policy dialogue in sexual and reproductive health. Achievements in 2015 included the following:

- Webinars promoted generic brands substitution as a strategy to maintain the same volumes of commodity support with comparable quality in times of austerity. Conducted by UNFPA and WHO, the webinars reached national line ministries, regulatory authorities and UNFPA Country Offices as well as USAID, PSI and other partners.

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- ESARO automated the survey of service delivery points (SDPs) and created a mobile app that will be field-tested in 2016.
- In November 2015, condom manufacturers attending a Condom Push meeting identified six countries where they would consider setting up condom factories for sustainable local manufacturing (Botswana, Kenya, Namibia, South Africa, Zambia and Zimbabwe). The meeting was part of the 'Africa Beyond Condom Donations' campaign to increase the role of the private sector in condom provision in Africa. Regional entities and partners also addressed standardization and harmonization of systems, frameworks and regulations.

LATIN AMERICA AND THE CARIBBEAN

Latin America and the Caribbean Regional Office

Latin America and the Caribbean as a whole continued in 2015 to make progress in reducing poverty and improving overall human development. Recent downturns in some of the region's economies, however, threaten to stall progress. While the region has reduced maternal death by 39 per cent since 1990, it fell short of meeting the Millennium Development Goal to reduce the rate by 75 per cent by 2015. Maternal death rates are generally higher among women from poor, marginalized or excluded communities, where access to life-saving services is limited. The region met the Millennium Development Goal to reduce deaths among children under age five by two thirds by 2015. A continuing decline in infant mortality coupled with longer life expectancies will lead to a larger share of the population that is older.

At a United Nations meeting of health leaders in April 2015, UNFPA programmes in Latin America offered a key example of inclusive, accessible sexual and reproductive health care. By providing culturally sensitive services, including voluntary family planning, these programmes are improving both the quality of care and the health of communities.

UNFPA-supported programmes helped health services adapt to the needs of indigenous women and girls, led by Bolivia, Ecuador and Panama. Many women in marginalized, indigenous communities in the region have worse health outcomes and see higher rates of preventable maternal deaths.

Many 2015 activities focused on adolescents and youth. Complications during pregnancy and childbirth are a leading cause of death among adolescent girls in the region. Adolescents from indigenous communities are twice as likely to die during pregnancy or childbirth in some countries. Despite an overall trend in lower fertility rates, adolescent pregnancy rates have not dropped in recent years, with about 65 of every 1,000 births occurring among girls between the ages of 15 and 19. Overall, about a quarter of the region's population is between the ages of 15 and 29. Ensuring these young people are educated, healthy and have opportunities for decent work and a better future is a challenge in some

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parts of the region. More than 30 million young people are both unemployed and not in school. Seven out of 10 of them are women in urban areas.

- El Salvador, Panama and Paraguay developed curricula for comprehensive sexual education in line with international standards, now in use in 875 schools;
- Honduras opened a youth-friendly health centre in Choluteca that offers counselling aimed at preventing adolescent pregnancy;
- In youth participation, UNFPA organized events that brought together 400 young people from the region to advocate for full implementation of the Programme of Action of the International Conference on Population and Development;
- UNFPA also helped establish a regional network of young people living with HIV offering empowerment programmes and leadership training to help the young people advocate for better access to health services; a survey of network members in 2015 showed that nearly one in two has experienced some form of discrimination when seeking health care;
- Bolivia launched a campaign aimed at female empowerment, elevating adolescents' self-esteem and reducing violence in relationships;
- An app to increase adolescents' access to sexual and reproductive health information was developed and tested in the Dominican Republic.

UNFPA advocated for investments in education, employment and empowerment for young people to harness the demographic dividend before the window of opportunity closes, and for planning around population trends: by 2060, the region will have more older adults than people 19 or younger.

UNFPA helped 11 countries expand contraceptive options, which now include female condoms and injectables. Also, based on UNFPA Supplies' survey on contraceptives availability, a comparative research facilitated the identification of stock out trends in four countries (Haiti, Honduras, Ecuador and Nicaragua). Four online courses for training in reproductive health security were implemented in Spanish in 2015 and completed by 280 trainees.

WEST AND CENTRAL AFRICA

West and Central Africa Regional Office

Gender-based violence and harmful practices, such as female genital mutilation, are widespread in West Africa. In addition, an increasing number of women and girls in the region have survived sexual violence in conflict situations.

Regarding adolescent girls, the region has some of the highest child marriage rates in the world, with two of five young girls married before age 18. This region has seven of the 11 countries with the highest rates of child marriage in the world: Burkina Faso, Central African Republic, Chad, Guinea, Mali, Niger

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and Sierra Leone. Nine of 10 adolescent births in developing countries occur within the context of child marriage. More than one in four girls in West and Central Africa becomes pregnant before age 18. About one in 20 becomes pregnant before age 15. Across the region, educational attainment is low, especially for girls. At both primary and secondary levels, boys far outnumber girls in school enrolment.

Tremendous efforts are still needed to recover from the massive socio-economic toll from Ebola in Guinea, Liberia and Sierra Leone. Safety and security issues are becoming more serious, with an increasing number of terrorist attacks in some areas and protracted crises in countries such as Cameroon, the Central African Republic, Chad, Mali, Niger and Nigeria.

Unemployment rates are high, especially for young people. Also high is the region's overall dependency ratio, or the number of people who are either under age 15 or over 64 and are economically dependent on the working-age population. And among those who do have jobs, underemployment is a growing problem.

Despite these challenges, the region has experienced some improvement in terms of economic growth, education and health. There have also been positive developments in policies and legislation regarding female genital mutilation and child marriage.

To raise awareness about reproductive health and the problem of gender-based violence, UNFPA, UNICEF, UN Women and the World Health Organization collaborated on an educational television soap opera, *C'est la vie!*, in 2015. The series, with 250,000 viewers in West and Central Africa, aimed to spark discussions on sensitive subjects and promote positive change. Also, between January and October 2015, 60,208 survivors of gender-based violence in the Central African Republic received medical or psychosocial care with UNFPA support.

In Nigeria, 275 women and girls who were rescued from Boko Haram in 2015 received psychological, medical and trauma care at safe spaces established with UNFPA support. UNFPA also provided individual and family counselling for the 57 schoolgirls who escaped Boko Haram after having been abducted in Chibok in 2014. Health workers and counsellors are on standby to help the 219 girls who are still held captive. UNFPA also supported survivors of Boko Haram in Chad, Cameroon and Niger.

Actions to increase girls' access to secondary education and literacy programmes and skills training continued in 2015 under a four-year UNFPA and World Bank initiative, the Sahel Women's Empowerment and Demographic Dividend programme. It aims to empower women and adolescent girls by expanding their access to reproductive and maternal health services in Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger.

The African Union in 2015 commended UNFPA's support for contact-tracing and maintaining reproductive health information and services in Guinea, Liberia and Sierra Leone during the Ebola crisis. UNFPA support helped save more than 1,000 women's lives. UNFPA and the Mano River Union launched

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the Mano River Maternal Health Response in July 2015 to **expand access** to skilled birth attendants, family planning, sexual and reproductive health services for adolescents, and newborn health care in three countries. UNFPA is now supporting efforts to rebuild sexual and reproductive health services devastated by the crisis.

UNFPA brought together **religious leaders and representatives from governments** and development organizations from 15 West and Central African countries in 2015. The group committed to playing an active role in enhancing sexual and reproductive health, promoting family planning, advocating for women's rights and gender equality and empowering young people. Religious leaders are already effecting change in places such as Niger, where in some parts of the country they will only attend baptisms of children who are delivered in health centres – an incentive not to give birth at home, without a skilled birth attendant. In the Gambia, influential religious leaders backed a new law prohibiting female genital mutilation. Chad, with the backing of religious leaders, raised the minimum age of marriage for girls to 18.

MANAGEMENT OUTPUT

Scorecard for Management Output, UNFPA Supplies 2015

 Green	Achieved <i>(achieved or exceeded)</i>	If the average per cent achievement of the milestone is equal to or more than above 100%
 Yellow	Progressing well towards target <i>(nearly achieved)</i>	If the average per cent achievement of the milestone is between 80% and 99%
 Orange	Making limited progress <i>(achievement is about average)</i>	If the average per cent achievement of the milestone is between 60% and 79%
 (Red)	Insufficient progress made <i>(achievement is below average)</i>	If the average per cent achievement of the milestone is below 60%

Management Output: Improved programme coordination and management							
	Results and indicators	2013 baseline	2014 target	2014 actual	2015 target	2015 actual	Scorecard
Support for data generation and use							
6.1	Number of countries where staff of government and partner institutions are trained to generate data for programme monitoring	20	25	23	35	38	
6.2.1	Number of countries with data on supply, demand, access and use of FP for programme and policy design	9	15	11	25	20	
6.2.2	Survey reports on RH commodity availability	20	40	27	46	32	
6.2.3	Number of specialized studies on key thematic issues conducted per year	0	2	3	2	7	

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Resource mobilization and allocation							
6.3.1	Amount mobilized from partners for UNFPA Supplies interventions	\$164 million	\$225 million	\$249 million	\$274 million	\$103 million	
6.3.2	New donors making multi-year commitments and contribution to RHCS and family planning	0	1	1	2	2	
6.4	Evidence of UNFPA meeting FP2020 commitments, including at least \$54 million from core resources	40% allocation to family planning, and playing a leading role in FP2020 (reference group, task team and working groups)	40%	\$212.8 million	42.7%	\$341 million	
6.5	Amount of UNFPA Core funds allocated to CSB	\$1.86 million (0.4% of UNFPA total budget)	continue	\$930,000 (0.12% of UNFPA total budget)	continue	\$239,796 (0.077% of UNFPA total budget)	
Programme steering							
6.6	Functional steering committee in place (composed of donors and partners, with TORs, minutes of meetings held and decisions taken)	Yes; Plans made for the formation of a Steering Committee	Steering Committee functional	Steering Committee in place with stakeholder representation and providing oversight to the programme	Continue functionality of Steering Committee	3 meetings held; decisions taken and follow ups made	
Human resources							
6.7	Number of staff dedicated to RHCS/FP by location and with desired skills gap	120	120	129	130	139	

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Programme review							
6.8	Number of CO, RO and partner annual workplans (AWPs) finalized and funded by mid-February of the current year	15	20	28	30	46 countries and 7 regions	
6.9	100% of country workplans reviewed at least two times per year (mid and end of year)	100% once a year	100% twice a year	100% in 2015	continue	100%	
6.10	Number of country offices achieving over 85% of planned outputs and spend as per annual workplans	45	46	34 (financial implementation rate only)	46	38 countries	
Programme monitoring and evaluation							
6.11.1	Findings and lessons-learned available from field visits	0	2	2 (Burkina Faso and Niger of Sayana Press)	3	No monitoring visits made	
6.11.2	Recommendations on key monitoring interventions available	0	1	2 (Burkina Faso and Niger of Sayana Press)	1	No monitoring visits made	
6.11.3	Number of evaluation activities coordinated and finalized as planned	1 Evaluability assessment planned	1	Evaluability assessment finalized	1	McKinsey Review process implemented as planned; to be concluded in 2016	

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6.11.4	Reports with recommendations on the outcomes of financial monitoring	Not applicable	Yes	Yes Financial report for 2014 programme implementation available	Yes	Yes Financial report for 2015 programme implementation available	
6.11.5	Monitoring framework with updated results on milestones	Yes; updated with 2013 implementation	Yes; revised and updated with recommendations from evaluability assessment and 2014 implementation	Monitoring framework updated/populated with data on 2014 programme implementation available	Yes; 2015 implementation figures	Monitoring framework updated/populated with data on 2015 programme implementation available	
6.12.1	Availability of TOR, institutional framework and strategy to ensure independent evaluation	Not applicable	Yes; from evaluability assessment	Proposals made in evaluability assessment report available along with management response to the recommendations	Yes	Not applicable; this has been accomplished	Not applicable
6.12.2	Availability of inception report for independent evaluation of the programme with evaluability criteria/issues and plan of work	Available	Evaluability assessment recommendations adopted and implemented	Evaluability assessment concluded – report with recommendations available	N/A	Not applicable; this has been accomplished	Not applicable

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6.12.3	Programme midterm evaluation results and recommendations published and disseminated	N/A	N/A	NA	N/A	Preparatory activities for MTR were undertaken	
6.12.4	Programme end-term evaluation results and recommendations published and disseminated	N/A	N/A	NA	N/A	Not applicable	Not applicable
6.12.5	Evaluation and other evidence products delivered on time to ensure learning takes place during the programme	No evaluation plan, budget and questions available	Evaluability assessment completed with recommendations for finalization of UNFPA Supplies, mid and end term evaluation, conduct of special studies Budget (staff and resource for evaluation earmarked for the next years)	No evaluation related studies undertaken	First two special studies commissioned Preparatory process for midterm review implemented (TOR agreed, task contracted and reference group set up)	Evaluation related special studies were not carried out; Country case studies planned as part of the midterm	

MANAGEMENT OUTPUT

Programme reporting							
6.13	Number of UNFPA Country Offices submitting midyear progress report to respective regional offices by 15 July each year	45	46	10	46	15	
6.14	Number of Country Offices submitting completed annual narrative programme report to respective regional offices by 15 January of the following year	45	46	34	46	44	
6.15	Number of Country Offices submitting completed financial report to respective Regional Offices by 15 January of the following year	45	46	34	46	46	
6.16	Number of UNFPA Regional Offices submitting midyear report by mid-July and annual report by mid-January to Technical Division/HQ	5	6	3	6	7	
Meetings							
6.17	Semi-annual meetings held	1	1	No semi-annual meeting held	1	No semi-annual meeting held	Not applicable
6.18	Annual progress review/planning meetings organized	1	1	1 (Istanbul Meeting)	1	1 (Addis Ababa Meeting)	
6.19	IDWG meetings held	1	2	No IDWG Meeting held	2	No IDWG Meeting held	

MANAGEMENT OUTPUT

6.20	Steering Committee meetings held	2	2	3 meetings (including 1 in person meeting held in London)	2	3 meetings (including 1 in person meeting held in London)	●
Dissemination of programme results							
6.21	Consolidated annual RHCS report (programmatic and financial) prepared by end of April of following year by HQ	1	1	1	1	1	●
6.22	Consolidated annual RHCS report (programmatic and financial) published and disseminated by 30 September of following year by HQ	1	1	1	1	1	●
6.23.1	Availability of good practice and lessons learned documentation based on programme results	2	2	9	3	1	●
6.23.2	Evidence of dissemination of programme results in various medium (e.g. audio, video, photos) in hard-copy and web-based	1	1	2	2	3 Videos; 3 Web stories; 6 Infographics; 3 brochures or flyers; 2 advocacy reports or publications; 6 banners for high-level events	●

MANAGEMENT OUTPUT

About the scorecard

<p>Management Output: Improved programme coordination and management</p> <p>Progressing well towards target</p> <p>Programme management is progressing well in terms of early work planning, financial monitoring and timely reporting. Communication with programme countries improved in 2015 through the country focal points system. Also during the year, programme results were disseminated to create awareness and raise the profile of the programme among various stakeholder groups. However, improved results are required in strengthening relationships with partners, resource mobilization, generating evidence for informed programme delivery and, and continuous tracking of programme results.</p>		
	<p>Summary methodology</p>	<p>Comments</p>
<p>Support for data generation and use</p>		
6.1	<p>This the total of countries where support was provided (financial support, technical guidance, training materials and/or facilitation of training process including travel and other arrangements) to train nationals in making data available for programming.</p> <p>Milestones to build on baseline and reach 46 countries in 2016 and maintain progress to 2020</p>	<p>Achieved (milestone exceeded)</p> <p>A broad range of country capacity building initiatives were supported in 2015 for surveys and data generation. About 3,698 persons participated in training in 2015, most of them from government institutions.</p>
6.2.1	<p>This the total of countries where support was provided (financial and/or technical guidance, etc.) to conduct FP-related research and where the data and findings have been disseminated to partners and/or is being used for programming.</p> <p>Milestones to build on baseline and reach 46 countries in 2018 and maintain progress to 2020</p>	<p>Progressing well towards target</p> <p>Various surveys were conducted including KAP studies.</p>
6.2.2	<p>This the total of countries that conducted the facility-based survey supported by UNFPA Supplies for the year and for which reports are available.</p> <p>Milestones to build on baseline and reach 46 countries in 2018 and maintain progress to 2020</p>	<p>Limited progress made</p> <p>An additional 5 countries conducted and completed facility-based surveys in 2015. These surveys are a major source of information for partners. For FP2020 Core Indicator 10, the number of countries for which there are data has more than doubled since 2014, mainly because of the UNFPA Supplies facility-based surveys.</p>

MANAGEMENT OUTPUT

6.2.3	<p>This is the number of studies conducted per year on key RHCS/FP issues with a global or regional thematic focus.</p> <p>Milestones to build on baseline and reach 3 studies per year in 2016 and maintain progress to 2020</p>	<p>Achieved (milestone exceeded)</p> <p>UNFPA Supplies in 2015 supported the conduct of a variety of studies in different countries on topics including acceptability and use of long term methods in Djibouti; family planning in a nomadic environment in Niger; evaluation of the pilot phase of the Informed Push Model for commodity distribution in Togo; accessibility of RH services humanitarian situation in Burundi; Needs Assessment for training in supply chain management in Ethiopia; and assessment of the barriers and facilitators to uptake of IUCD in Zimbabwe.</p>
Resource mobilization and allocation		
6.3.1	<p>This is the total amount (in US dollars) that needs to be available for the implementation of UNFPA Supplies II each year (including new donor contributions and carryovers from previous years).</p> <p>Milestones to build on baseline and reach US\$ 300 million in 2017 and US\$ 333 million in 2020</p>	<p>Insufficient progress made</p> <p>A total of \$102.7 million was received from donors during 2015.</p> <p>Given the changing aid architecture, e.g. formation of GFF, resource mobilization for UNFPA Supplies was intensified in 2015, leading to promising progress in 2016.</p>
6.3.2	<p>The number of new donors per year that will contribute to the UNFPA Supplies.</p> <p>Milestones to build on baseline and reach 2 new donors per year in 2015 and maintain progress to 2020</p>	<p>Achieved</p> <p>Liechtenstein and Winslow Foundation donated to the programme. This was a first-time contribution by the Winslow Foundation.</p>
6.4	<p>This is the percentage of UNFPA total resources allocated to family planning related interventions, and progress made on commitments made by UNFPA at the FP2020 summit.</p> <p>Milestones to build on baseline and maintain allocations of at least 40 per cent to 2020</p>	<p>Achieved</p> <p>Family planning accounted for approximately 42.7 per cent of UNFPA total programme expenses in 2015. This includes 27.8 per cent of expenses directly related to family planning activities that are captured by UNFPA systems under Strategic Plan Output 2 (e.g. creation of enabling environments for family planning, demand creation, supply, provision of services and family planning systems strengthening). This spending was slightly higher than last year, at 25.9 per cent in 2014.</p>

MANAGEMENT OUTPUT

6.5	<p>This is a) the total amount (and percentage) of Core funds allocated by UNFPA to CSB during the year for RHCS/FP and related interventions.</p> <p>Milestones to build on baseline and maintain the allocations to 2020</p>	<p>Insufficient progress made</p> <p>The amount of Core funds allocated to the Commodity Security Branch has decreased from \$1.86 million in 2013 to \$239,796 in 2015.</p>
Programme steering		
6.6	<p>This is ascertained by a) the existence of Steering Committee for UNFPA Supplies, b) a Terms of Reference for the Steering Committee c) at least two meetings held during the year, d) the existence of reports indicating actions taken based on recommendations and decisions of the Steering Committee.</p> <p>Milestones to build on baseline and maintain functionality of the Steering Committee till 2020</p>	<p>Achieved</p> <p>The Steering Committee provided guidance on the evaluability study, resource mobilization and the funding gap, and the outcome of the study conducted by McKinsey on the strategic shift and value proposition for UNFPA Supplies.</p>
Human resources		
6.7	<p>This is the total number of staff in place at UNFPA Country Offices, regional and global levels that who work on RHCS/FP.</p> <p>Milestones to build on baseline and maintain that level to 2020</p>	<p>Achieved (milestone exceeded)</p> <p>There are at least 2 staff member working on FP-related issues in the programme implementing countries. There are also staff located at Regional and HQ levels and in different business units such as for procurement, communications and programme management. The skill levels and competencies differ from location to location.</p>
Programme review		
6.8	<p>This is the total number of UNFPA Country Offices, Regional Offices, and partner agencies implementing aspects of the UNFPA Supplies whose workplans are approved and funded by mid-February of the year the activities are to be implemented.</p> <p>Milestones to build on baseline and reach AWP for 46 COs ROs and Partner agencies in 2017 and maintain progress to 2020</p>	<p>Achieved (milestone exceeded)</p> <p>AWPs were reviewed before the planning meeting which facilitated their timely finalization and funding. The Non-Core funds Management Unit (NCMU) was instrumental in early provision of ceilings for the work planning.</p>

MANAGEMENT OUTPUT

6.9	<p>All annual workplans reviewed two time a year.</p> <p>Milestones to build on baseline and maintain progress to 2020</p>	<p>Achieved</p> <p>The review of workplans is a continuous process especially by country focal persons.</p>
6.10	<p>This is the total number of countries reaching at least 85 per cent of financial and activity implementation for the year.</p> <p>This is ascertained through assessment of activity implementation with respect to objectives/outputs/targets achieved for the year accounts for 55 per cent of the score; and financial (spend) implementation accounts for 45 per cent of the score for each country.</p> <p>Milestones to build on baseline and maintain progress to 2020</p>	<p>Progressing well towards target</p> <p>82 per cent of the countries had financial implementation rate of at least 85 per cent.</p>
<p>Programme monitoring and evaluation</p>		
6.11.1	<p>This is the number of recommendations from field visits that are used to improve on programme implementation.</p> <p>Milestones to build on baseline and reach 3 recommendations by 2015 and maintain progress to 2020</p>	<p>Insufficient progress made</p> <p>No monitoring visits were carried out for 2015.</p>
6.11.2	<p>This is a major recommendation based on monitoring activities that is used to improve on programme implementation</p> <p>Milestones to build on baseline and reach 1 major recommendation by 2014 and maintain progress to 2020</p>	<p>Insufficient progress made</p> <p>No monitoring visits were carried out for 2015.</p>
6.11.3	<p>This is the number of evaluation related to RHCS and FP which are coordinated and finalized as planned.</p> <p>Milestones to build on baseline and coordinate 1 major activity per year to 2020</p>	<p>Achieved</p> <p>The McKinsey Review provided an in-depth analysis of the programme and proposed important recommendations and strategies for strengthening the UNFPA Supplies programme.</p>
6.11.4	<p>This is ascertained by verifying the publication of a financial report on UNFPA Supplies implementation for the year.</p> <p>Milestones to build on baseline and ascertain the availability if the financial report to 2020</p>	<p>Achieved</p> <p>Financial implementation was monitored to ensure funds were spent as planned.</p>

MANAGEMENT OUTPUT

6.11.5	<p>This is ascertained by verifying the publication of an updated monitoring framework with data from UNFPA Supplies implementation for the year.</p> <p>Milestones to build on baseline and ascertain the availability if the update monitoring framework to 2020</p>	<p>Achieved</p> <p>The review of workplans is a continuous process especially by staff of the NCMU.</p>
6.12.1	<p>This is ascertained by the availability of a framework including a TOR and Reference team for the independent evaluation of the UNFPA GPRHCS (now UNFPA Supplies) programme,</p> <p>Milestones to build on baseline and ascertain the availability of specific aspects interventions in place to ensure the independent evaluation of the UNFPA Supplies</p>	Not applicable
6.12.2	<p>This is ascertained by the availability of a consultant's reception report for the conduct of an evaluability study for the UNFPA Supplies.</p> <p>Milestones to build on baseline and ascertain the availability of reception report by 2014</p>	Not applicable
6.12.3	<p>This is ascertained by the availability of a midterm evaluation report.</p> <p>The process is expected to commence in 2016 and a report to be available by 2017.</p>	<p>Achieved</p> <p>The midterm review of the UNFPA Supplies programme was included in the corporate evaluation plan and preparatory activities including the drafting of the TOR initiated.</p>
6.12.4	<p>This is ascertained by the availability of an end-term evaluation report.</p> <p>The Process is expected to commence in 2019 and a report to be available by 2021.</p>	Not applicable
6.12.5	<p>This indicator tracks the existence of various studies, reviews and research reports available in support of evaluation.</p>	<p>Insufficient progress made</p> <p>No evaluation-related studies were undertaken this year.</p>

MANAGEMENT OUTPUT

Programme reporting		
6.13	<p>This the total number of countries that submit midyear implementation reports by 15 July.</p> <p>Milestones to build on baseline and reach 46 countries by 2014 and maintain progress to 2020</p>	<p>Insufficient progress made</p> <p>Only about 32 per cent of the countries submitted midyear programme implementation report in a timely manner (by the cut-off date). Quarterly programme monitoring is being introduced in 2016.</p>
6.14	<p>This the total number of countries that submit end of year implementation reports by 15 January of the following year</p> <p>Milestones to build on baseline and reach 46 countries by 2014 and maintain progress to 2020</p>	<p>Achieved</p> <p>Almost all of the countries submitted end-of-year programme implementation report on time. This was done in preparation of for the annual planning meeting</p>
6.15	<p>This the total number of countries that submit end of year financial reports by 15 January.</p> <p>Milestones to build on baseline and reach 46 countries by 2014 and maintain progress till 2020</p>	<p>Achieved</p> <p>All of the countries submitted midyear financial report on time.</p>
6.16	<p>This the total number of regional offices that submit a) a midyear implementation report by 15 July; and b) an end of year implementation report by 15 January of the following year..</p> <p>Milestones to build on baseline and reach 7 regional offices by 2017 and maintain progress to 2020</p>	<p>Achieved</p> <p>All of the regional and sub-regional offices that are involved in the implementation of the programme provided reports on time.</p>
Meetings		
6.17	<p>This ascertains the conduct of the semi-annual planning meeting.</p> <p>Milestones to build on baseline ascertain the conduct of one meeting per year to 2020</p>	<p>No longer applicable</p>
6.18	<p>This ascertains the conduct of the annual planning meeting.</p> <p>Milestones to build on baseline ascertain the conduct of one meeting per year to 2020</p>	<p>Achieved</p> <p>The planning meeting was held in Ethiopia in January 2016.</p>

MANAGEMENT OUTPUT

6.19	This ascertains the conduct of the semi-annual planning meeting. Milestones to build on baseline ascertain the conduct of one meeting per year to 2020	Insufficient progress made No IDWG Meeting was held this year. The IDWG has begun meeting again in 2016.
6.20	This ascertains the conduct of Steering Committee meetings for the year. Milestones to build on baseline ascertain the conduct of two meetings per year to 2020	Achieved In 2015, three Steering Committee meetings were held, of which one was in person was held in November 2015 in The Hague. Also, two virtual meetings were held in March and June via videoconference. A special video session was also organized in September to provide updates.
Dissemination of programme results		
6.21	This is ascertained by the availability of a draft UNFPA Supplies Annual Report by end April of the following year. One draft annual report available every year	Achieved The draft report was ready by April 2016.
6.22	This is ascertained by the publication of a finalized UNFPA Supplies Annual Report by end September of the following year. One final annual report published every year	Achieved This report was reviewed and finalized before the cut of date
6.23.1	This is ascertained by the publication of good practice and other reports based on programme results. Milestones to build on baseline and reach 4 publications in 2018 and maintain progress to 2020	Achieved News stories were published on the UNFPA website and reproduced on the FP2020 website. The reports were also promoted via partners' social media platforms and networks, helping increase visibility of UNFPA Supplies.

MANAGEMENT OUTPUT

6.23.2	<p>This is ascertained by the various mediums in which programme results are disseminated.</p> <p>Milestones to build on baseline and reach 2 mediums in 2015 and maintain progress to 2020</p>	<p>Achieved</p> <p>Numerous opportunities were created or seized to tell the story of UNFPA and its UNFPA Supplies programme. Media field missions for journalists from donor countries in June heightened understanding and coverage of the demographic dividend and in November on the programme's work in Ethiopia. Media outreach garnered coverage of family planning and UNFPA in major news outlets around the International Conference on FP and the SDG summit. The UNFPA website published 16 stories on FP in 2015, with links to the UNFPA Supplies web page. A three-minute PSA on the programme was produced, and the hashtag #RHSupplies was used to promote RHCS.</p>
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Finance and resources

Enormous progress has been made in empowering women to decide whether or when to become pregnant. Weakening donor support, however, threatens to undermine this progress, putting millions of women at risk of losing one of their basic human rights.

Funds available and income

In terms of financial measures the programme decreased by 20 per cent from 2014 to 2015. The total available budget for the year was \$226 million (\$226,068,343) and was made up of the cash in hand at the beginning of the year and the income received during the year. However, \$23 million of the income was received in December 2015 to be programmed in 2016. Also, in accordance with a donor agreement with DFID, UNFPA has set \$10 million aside as a special reserve which can be used for procurement of implants to fulfil the minimum volume guarantee. Based on this calculation, excluding the funds for 2016 and the set-aside:

The total available budget in 2015 was \$192.7 million (\$192,686,679).

Spending

Expenses totalled \$155 million (\$155,481,286) in 2015. Approximately \$8 million came from a reduction in inventory purchased prior to 2015. Also, more than \$20 million (\$20,129,721) were committed in firm and binding purchase orders for delivery in early 2016. Based on this calculation, excluding past and 2016 inventory:

The total expenses and payments in 2015 were \$147.6 million (\$147,608,861).

Implementation rate

This results in an implementation rate of 87 per cent for 2015 compared with 88 per cent for 2014. The unspent amount was carried forward and used for placing procurement orders early in 2016 and will ensure that the budget next year will not differ drastically from this year.

A value-for-money calculation for UNFPA Supplies shows that investments made up to end of 2015 have yielded a benefit to cost ratio of 2.55, or \$1 invested has \$2.55 in benefits. This will increase year on year: by the time a 15-year-old girl today is in her 70s, the return is estimated to be around \$100 for every \$1 invested (contribution of health and socioeconomic benefits).

Supplies provide by the programme since inception in 2008 are estimated to have saved families and nations \$2.6 billion in direct health-care costs (for pregnancy and delivery care).

Table 6.1: Cash flow summary, 2015 (in US\$)

Beginning cash balance	112,513,164
Special Set-aside reserve	10,000,000
Donor contributions Q1, Q2, Q3	80,173,515
Donor contributions (Q4) - received for programming in 2016	22,456,084
Interests (Q4)	925,580
Total available budget	226,068,343
Total available budget excl Q4 income and \$10m set aside	192,686,679
Expenses (excl. Inventory)	155,481,286
Increase/Decrease in Inventory and undepreciated PPE	(7,872,425)
Total expenses and payments*	147,608,861
End balance	78,459,481
End balance, excluding December contributions and set-aside	45,077,818
Committed in POs by the end of 2015	20,129,721
Non-allocated by the end of 2015	24,948,097

Table 6.2: Implementation rate, UNFPA Supplies 2015 (US\$)

Available budget, excluding Q4 and set-aside	Expenses and Purchase Order (PO) commitments	Implementation rate
192,686,679	167,738,583	87%

TYPE OF EXPENSE

Commodity procurement, which includes all supplies and shipping costs, constituted \$99 million (67 per cent) of the expenditure. Some \$37.5 million (25 per cent) was used for capacity-building and management costs such as conducting the facility-based RHCS survey of service delivery points. Another \$11 million (7 per cent) was used for human resources.

This distribution is in line with the decision by the Steering Committee to allocate 75 per cent of the programme budget for commodity procurement. The programme budget was calculated as the total available budget excluding costs for human resources (\$11 million) and the facility-based RHCS survey (\$5 million). The programme budget for 2015 was \$131.5 million of which \$99 million (75 per cent) was used for procurement of commodities.

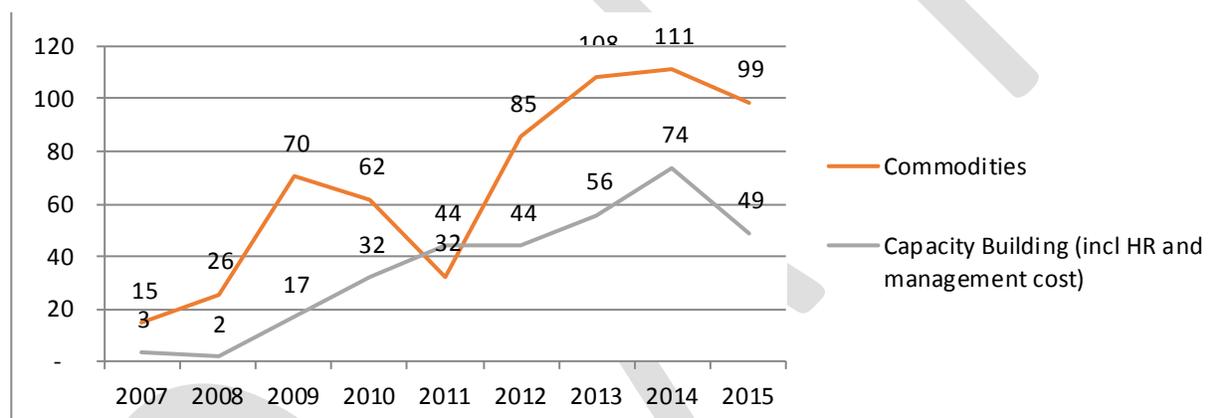
Table 6.3: Commodity procurement compared with capacity-building

Type of expense	US\$	Percentage
Commodities (including 7% IC)	98,967,172	67%
Capacity-building (including 7% IC)	37,648,916	25%
Human resources (including 7% IC)	11,032,056	7%
Total	147,648,143	100%

USE OF FUNDS – COMMODITIES VS CAPACITY-BUILDING

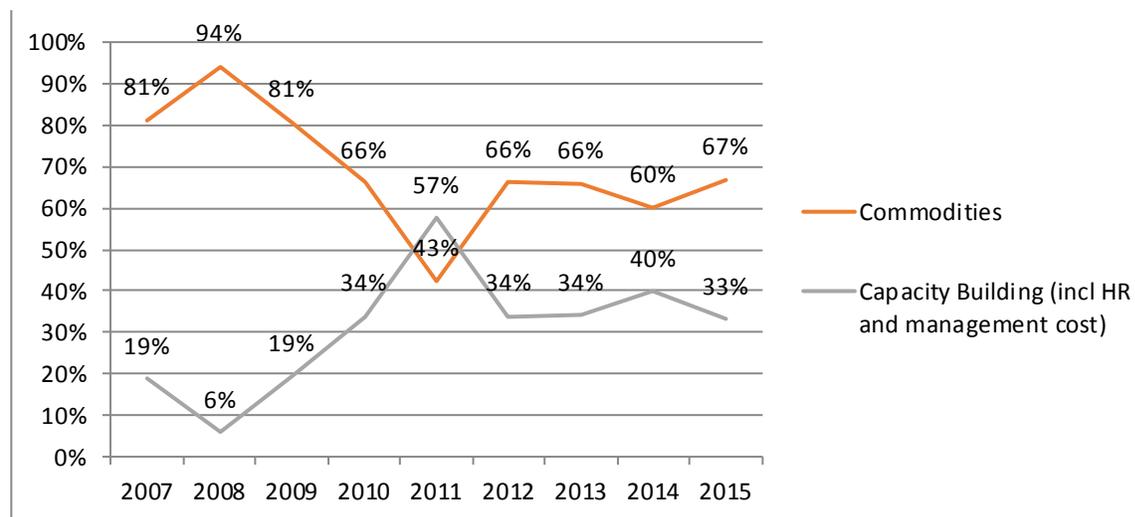
Spending on commodity procurement decreased by \$12 million (11 per cent) compared with 2014. Spending on capacity-building decreased by \$25 million (33 per cent) compared with 2014.

Finance Figure 1: Commodity vs. capacity-building expenses, 2007 to 2015, in US\$ millions



A larger proportion of the budget was used for commodity procurement in 2015. Measured against the budget available for programming, 75 per cent was spent on commodity procurement. Measured against the total budget, 67 per cent was spent on commodity procurement, which is an increase from 60 per cent in 2014. As noted above, this trend is in line with Steering Committee guidance.

Figure 6.3: Commodity vs. capacity expenses, 2007 to 2015, percentage

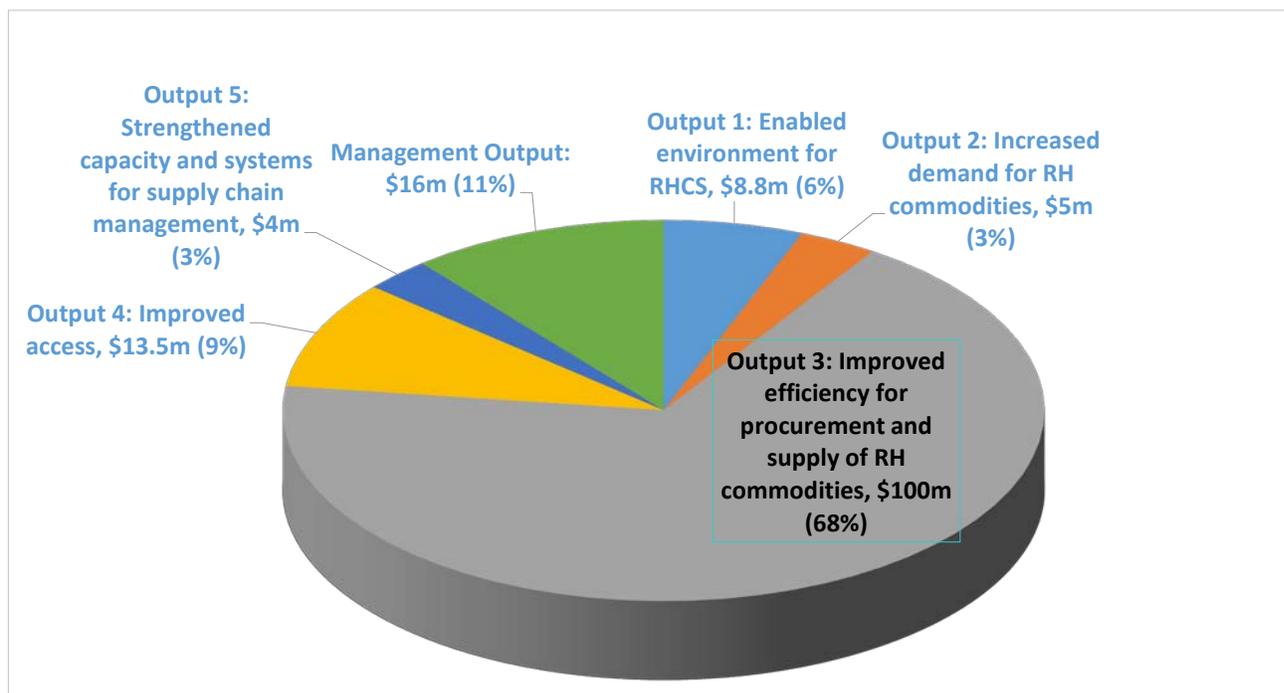


USE OF FUNDS BY OUTPUTS

The overall distribution per output generally follows what was anticipated in the programme document for UNFPA Supplies (previously GPRHCS Phase Two). Figure 3 shows how the funds were used by programme output:

- 68 per cent went towards Output 3 on improved efficiency for procurement, reflecting the large commodity procurement component in the programme;
- 11 per cent went towards the Management Output, which includes all salaries as well as costs for all the facility-based RHCS country surveys;
- 9 per cent went towards Output 4 on improved access to RHCS/FP services;
- 6 per cent went towards Output 1 on an enabled environment for RHCS;
- 3 per cent went towards Output 2 on increased demand for RH commodities and Output 5 on strengthened supply chain management.

Figure 6.4: Breakdown by output, 2015 expense



The table below shows the expenses categorized by intervention level. The categorization of expenses per output and intervention area comes from UNFPA's Global Programming System (GPS), which was used for the second year in 2015. GPS has greatly simplified the data analysis and the data quality has improved significantly compared with the first year. It is believed that the GPS data give a good indication of the spend; however, the reliability depends on manual tagging of the many programme activities by many different users. Some mis-categorization must therefore be expected. In order to improve the data quality further, UNFPA Supplies issued a detailed 'tagging guide' and a 'semi-automatic' workplan template with the 27 intervention areas pre-defined. The tools are intended to help programme managers improve the reliability of the tagging.

Table 6.4: Breakdown by interventions, UNFPA Supplies 2015 total expenses

Intervention areas	2015 Expenses (\$)	2015 Expenses (%)	GPRHCS II Framework budget %
(expenses are shown including the 7% indirect costs)			
Output 1: Enabled environment for RHCS			
(1.1) Improved policy environment and strategies for RHCS/FP	2,441,083	1.7%	0.6%
(1.2) Strengthened regional coordination and partnerships for RHCS/FP	469,344	0.3%	1.1%
(1.3) Strengthened global partnerships for RHCS/FP	1,366,118	0.9%	1.1%
(1.4) Improved country-level coordination and partnership for RHCS/FP	1,439,223	1.0%	0.8%
(1.5) Strengthened national frameworks for RH products availability	2,464,852	1.7%	0.1%
(1.6) Increased national budget allocations for contraceptives	377,629	0.3%	0.2%
(1.7) Environmental risk for RH commodities mitigated	204,139	0.1%	0.2%
Total Output 1	8,762,388	5.9%	4.1%
Output 2: Increased demand for RH commodities			
(2.1) Strengthened advocacy in support of FP for the marginalized	1,683,891	1.1%	0.8%
(2.2) Increase demand generated for FP	3,208,549	2.2%	1.6%
Total Output 2	4,892,440	3.3%	2.3%
Output 3: Improved efficiency for procurement and supply of RH commodities			
(3.1) Improved quality of RH commodities	1,047,466	0.7%	0.3%
(3.2) improved and efficient procurement system for RH commodities	303,014	0.2%	0.6%
(3.3) Increase compliance with green procurement standards	45,252	0.0%	0.0%
(3.4) Improved quantity and mix for RH commodities	98,655,213	66.8%	69.9%
Total Output 3	100,050,945	67.8%	70.9%
Output 4: Improved access			
(4.1) Increased availability of integrated RH/FP services	6,527,954	4.4%	9.8%
(4.2) Improved RHCS/FP service delivery in humanitarian setting	0	0.0%	2.6%
(4.3) Strengthened capacity for RHCS/FP service provision	7,035,255	4.8%	1.6%
Total Output 4	13,563,209	9.2%	14.0%
Output 5: Strengthened capacity and systems for supply chain management			
(5.1) Improved demand forecasting and procurement for RH commodities	2,092,197	1.4%	0.4%
(5.2) Strengthened Stock monitoring	2,075,067	1.4%	0.4%
Total Output 5	4,167,264	2.8%	0.9%

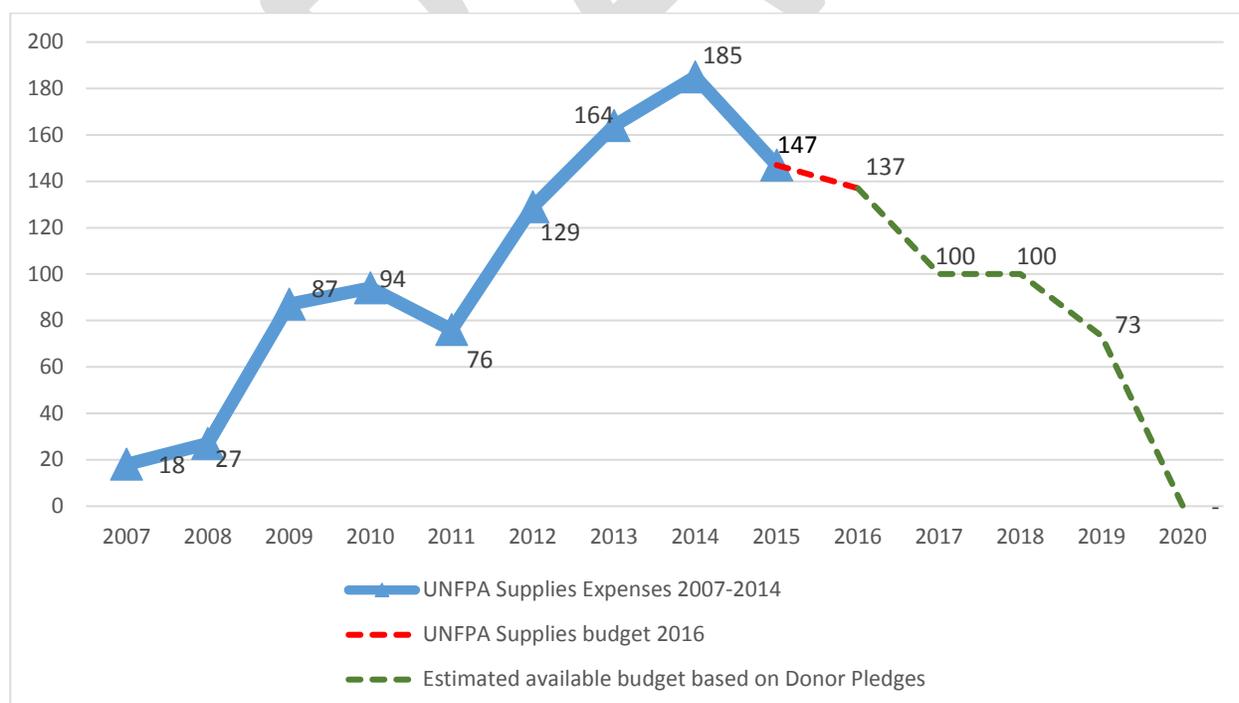
FINANCE & RESOURCES

Management Output			
(6.1) Improved capacity built for RHCS data generation and use	2,971,456	2.0%	3.5%
(6.2) Increased amount of resources mobilized for UNFPA Supplies	438,229	0.3%	0.0%
(6.3) Improved Programme Steering and guidance	10,372,889	7.0%	0.0%
(6.4) Improved human resource capacity	569,684	0.4%	3.6%
(6.5) Improved programme planning and review	336,611	0.2%	0.0%
(6.6) Improved capacity for GPRHCS (now UNFPA Supplies) monitoring and evaluation	696,369	0.5%	0.1%
(6.7) Strengthened programme reporting	194,626	0.1%	0.0%
(6.8) Sustained forums for knowledge and information sharing	455,909	0.3%	0.4%
(6.9) Improved dissemination of programme results	136,843	0.1%	0.0%
Total Management Output	16,172,616	11.0%	7.7%
Total (including 7% indirect cost)	147,608,861	100%	100%

Forward-looking financial situation

Increased donor pledges and contributions are needed to ensure that UNFPA Supplies can continue to provide much-needed support to developing countries.

Figure 6.5: UNFPA Supplies budget and projections, 2007–2020, US\$ million



Donor contributions

The UNFPA Supplies programme has mobilized \$981.6 million from donors over the eight years from its launch in mid-2007 through December 2014.

Donors over the year have included Australia, Canada, Denmark, European Commission, Finland, France, Ireland, Liechtenstein, Luxembourg, Netherlands, Norway, Spain, Spain (Catalonia), United Kingdom, and private and individual contributors.

UNFPA Supplies received \$102,629,599 from donors in 2015. The contributions were given by five donors: United Kingdom, Netherlands, Spain, the Winslow Foundation and Liechtenstein.

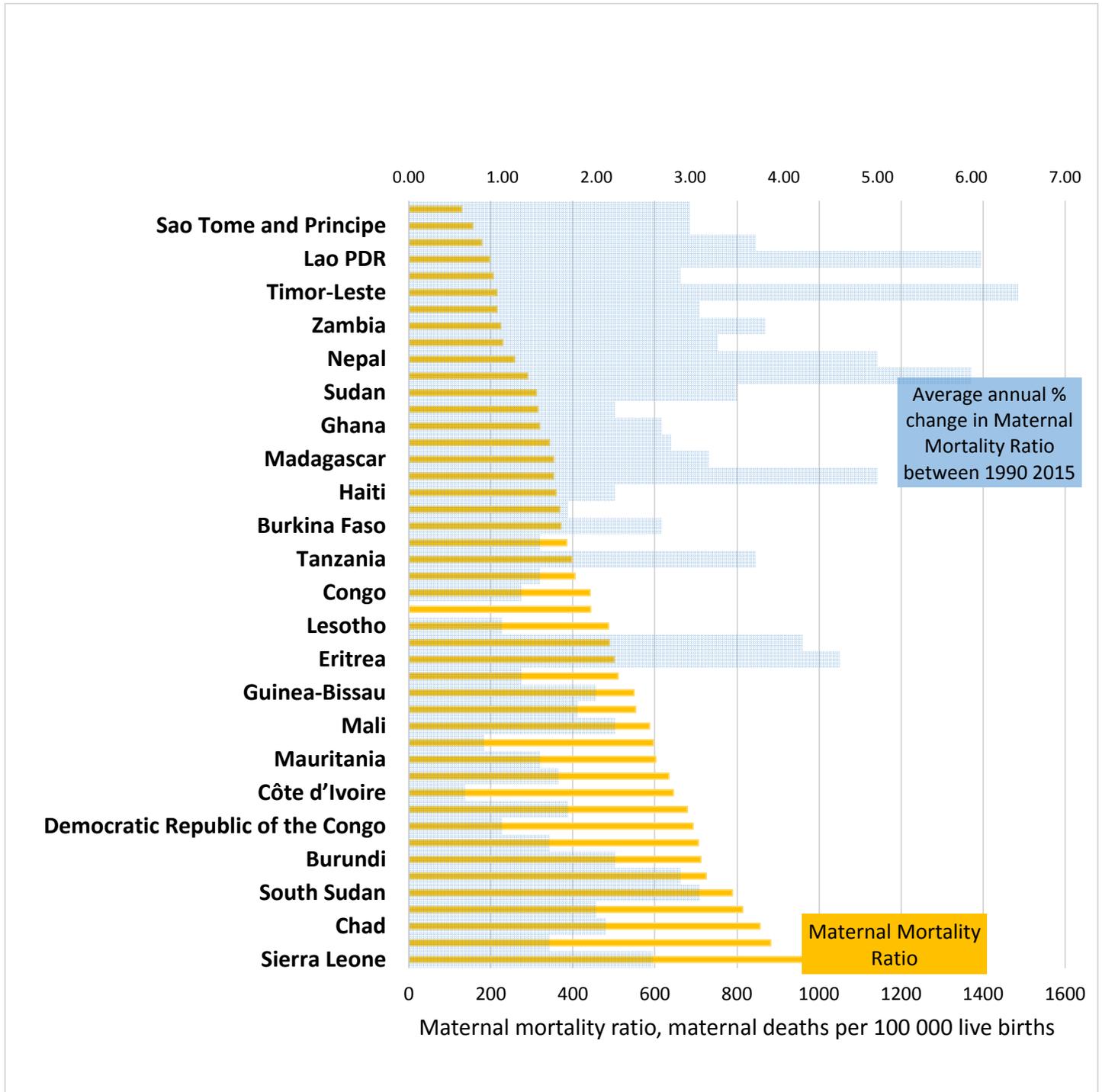
Table 6.6: Contributions to UNFPA Supplies received in 2015, by month

Month	Donor	Amount (US\$)
January	Netherlands	6,470,588
February	Liechtenstein	16,304
April	United Kingdom	35,872,781
May	Winslow Foundation	100,000
July	United Kingdom	37,713,841
November	Spain	219,298
December	Liechtenstein	14,563
December	Netherlands	22,222,222
	Total	102,629,599

Table 6.7: Contributions to UNFPA Supplies received in 2015, summarized by donor

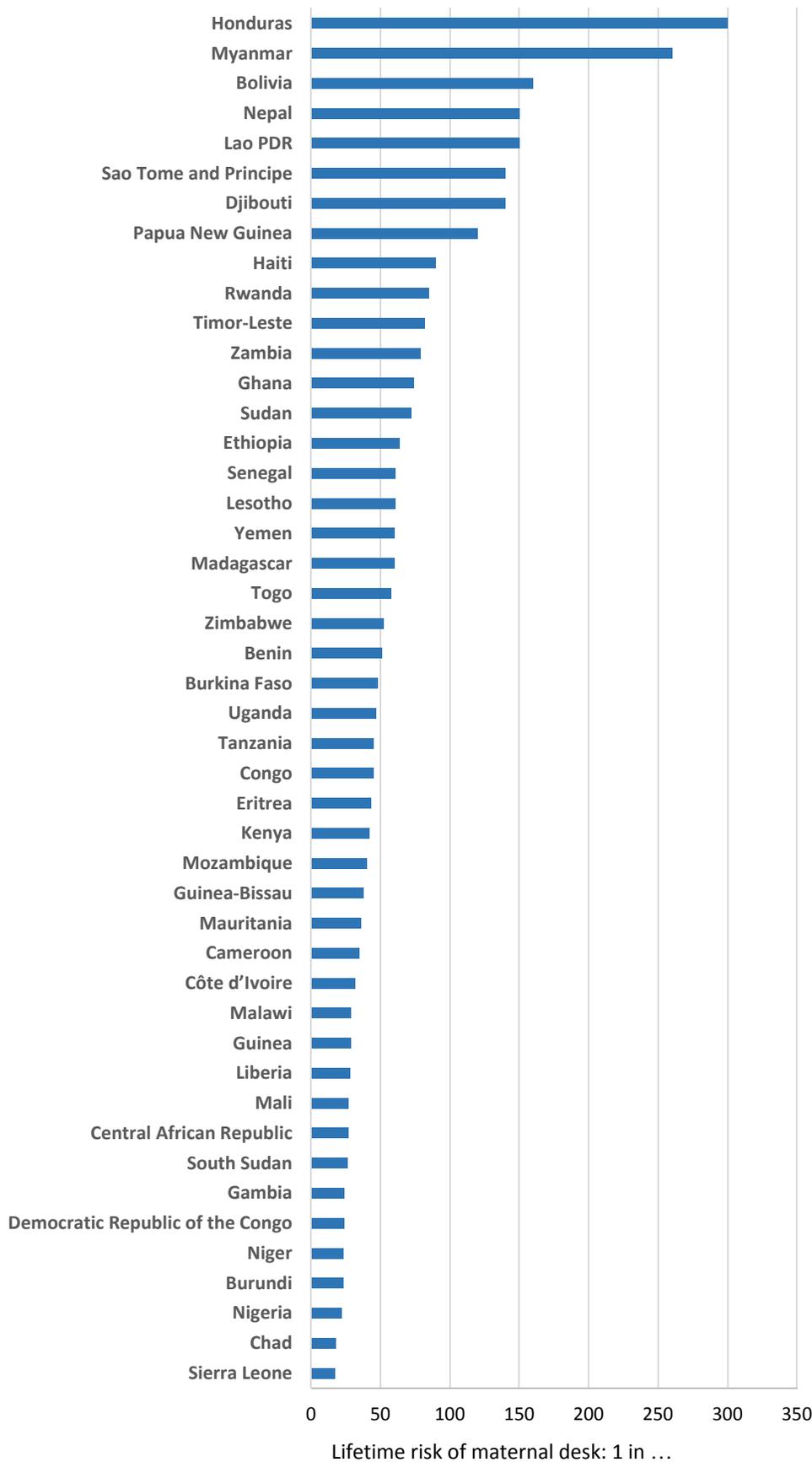
Donor	Amount (US\$)
Liechtenstein	30,867
Netherlands	28,692,810
Spain	219,298
United Kingdom	73,586,622
Winslow Foundation	100,000

Annex A Maternal mortality ratio in UNFPA Supplies implementing countries between 1990 and 2015



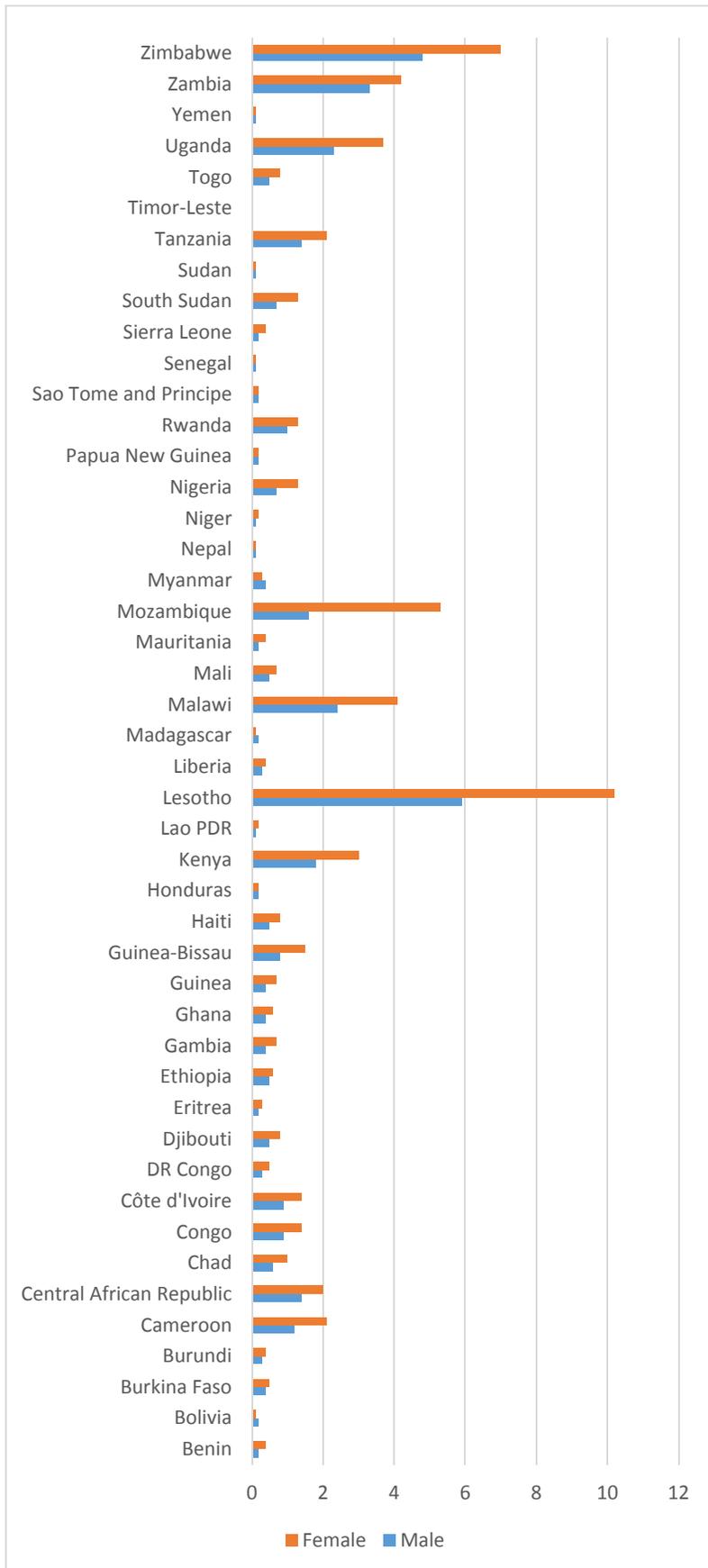
Source: Trends in Maternal Mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, Annex 19.

Annex B Lifetime risk of maternal death in UNFPA Supplies implementing countries, 2015

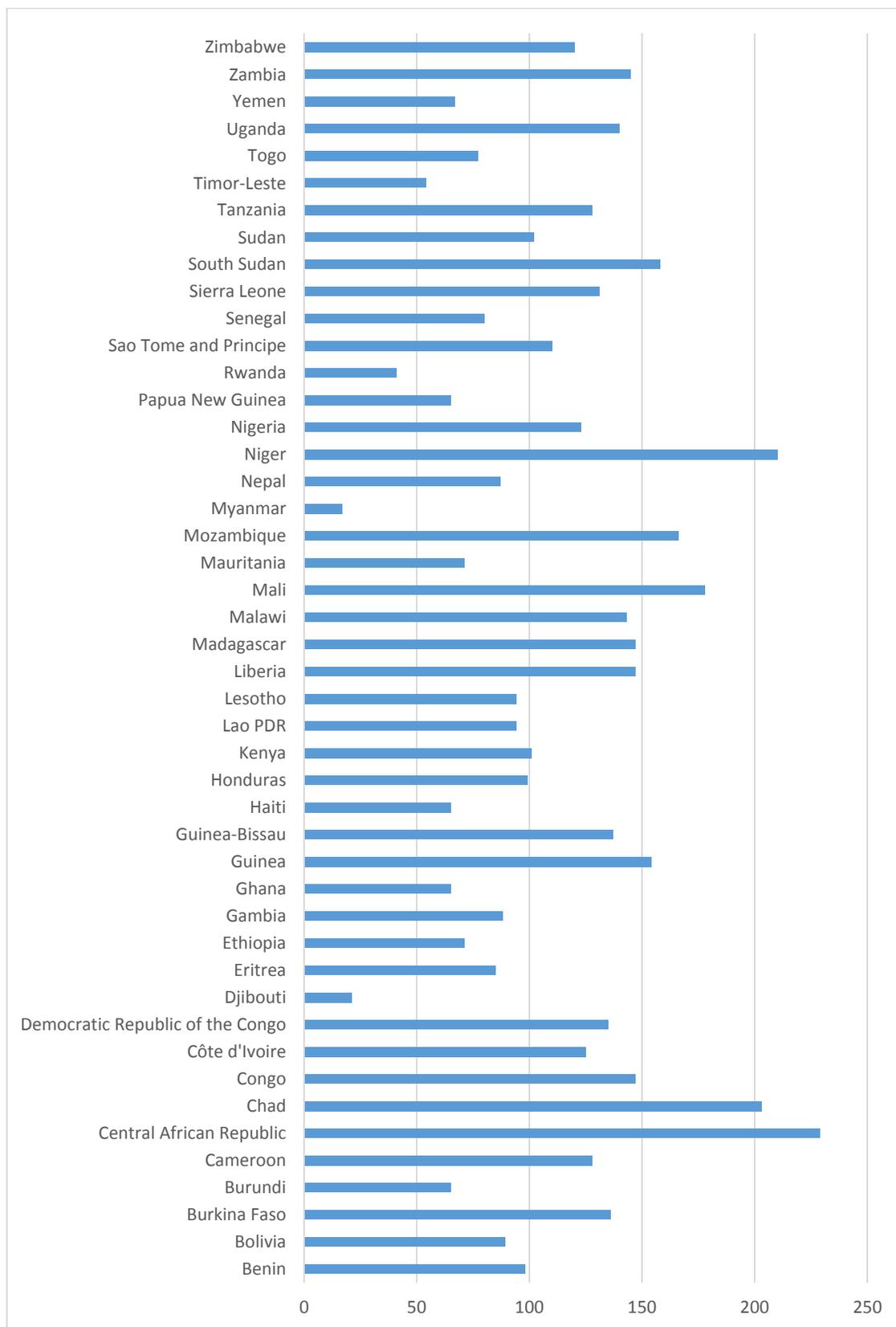


Source: Trends in Maternal Mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

Annex C Youth (15–24) HIV prevalence rate for UNFPA implementing countries



Annex D Adolescent birth rate per 1,000 women aged 15–19 in UNFPA Supplies implementing countries, 2015



Source: UNFPA, State of World Population 2015.

Annex E Maternal mortality ratio and lifetime risk of maternal death

Country	Maternal mortality ratio						Average annual % change in MMR between 1990 and 2015	Lifetime risk of maternal death: 1 in...
	1990	1995	2000	2005	2010	2015		
Benin	576	550	572	502	446	405	1.4	51
Bolivia	425	390	334	305	253	206	2.9	160
Burkina Faso	727	636	547	468	417	371	2.7	48
Burundi	1220	1210	954	863	808	712	2.2	23
Cameroon	728	749	750	729	676	596	0.8	35
Central African Republic	1290	1300	1200	1060	909	882	1.5	27
Chad	1450	1430	1370	1170	1040	856	2.1	18
Congo	603	634	653	596	509	442	1.2	45
Côte d'Ivoire	745	711	671	742	717	645	0.6	32
Democratic Republic of the Congo	879	914	874	787	794	693	1.0	24
Djibouti	517	452	401	341	275	229	3.3	140
Eritrea	1590	1100	733	619	579	501	4.6	43
Ethiopia	1250	1080	897	743	523	353	5.0	64
Gambia	1030	977	887	807	753	706	1.5	24
Ghana	634	532	467	376	325	319	2.7	74
Guinea	1040	964	976	831	720	679	1.7	29
Guinea-Bissau	907	780	800	714	570	549	2.0	38
Haiti	625	544	505	459	389	359	2.2	90
Honduras	272	166	133	150	155	129	3.0	300
Kenya	687	698	759	728	605	510	1.2	42
Lao PDR	905	695	546	418	294	197	6.1	150
Lesotho	629	525	649	746	587	487	1.0	61
Liberia	1500	1800	1270	1020	811	725	2.9	28
Madagascar	778	644	536	508	436	353	3.2	60
Malawi	957	953	890	648	629	634	1.6	29
Mali	1010	911	834	714	630	587	2.2	27
Mauritania	859	824	813	750	723	602	1.4	36
Mozambique	1390	1150	915	762	619	489	4.2	40
Myanmar	453	376	308	248	205	178	3.7	260
Nepal	901	660	548	444	349	258	5.0	150
Niger	873	828	794	723	657	553	1.8	23
Nigeria	1350	1250	1170	946	867	814	2.0	22
Papua New Guinea	470	377	342	277	238	215	3.1	120
Rwanda	1300	1260	1020	567	381	290	6.0	85
Sao Tome and Principe	330	263	222	181	162	156	3.0	140

Senegal	540	509	488	427	375	315	2.2	61
Sierra Leone	2630	2900	2650	1990	1630	1360	2.6	17
South Sudan	1730	1530	1310	1090	876	789	3.1	26
Sudan	744	648	544	440	349	311	3.5	72
Timor-Leste	1080	897	694	506	317	215	6.5	82
Togo	568	563	491	427	393	368	1.7	58
Uganda	687	684	620	504	420	343	2.8	47
Tanzania	997	961	842	687	514	398	3.7	45
Yemen	547	498	440	428	416	385	1.4	60
Zambia	577	596	541	372	262	224	3.8	79
Zimbabwe	440	449	590	629	446	443	0.0	52

Source: Trends in Maternal Mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Annex 7 and Annex 19.

Annex F HIV prevalence rate for adults (15–49) in UNFPA Supplies implementing countries

Country	Male	Female	Total	Reference year
Benin	0.9	1.4	1.2	DHS 2011-2012
Bolivia	N/A	N/A	0.2	USAIDS 2008
Burkina Faso	0.8	1.2	1	DHS 2010
Burundi	1	1.7	1.4	DHS 2010
Cameroon	2.9	5.6	4.3	DHS 2011
Central African Republic	3	6.3	4.9	MICS 2010
Chad	1.3	1.8	1.6	DHS 2014-15
Congo	2.1	4.1	3.2	DHS 2009
Côte d'Ivoire	2.7	4.6	3.7	DHS 2011-12
Democratic Republic of the Congo	0.6	1.6	1.2	DHS 2013-2014
Djibouti	N/A	N/A	1.6	UNAIDS estimates 2015
Eritrea	N/A	N/A	0.6	UNAIDS estimates 2015
Ethiopia	1	1.9	1.5	DHS 2011
Gambia	1.7	2.1	1.9	DHS 2013
Ghana	1.1	2.8	2	DHS 2014
Guinea	1.2	2.1	1.7	DHS 2012
Guinea-Bissau	N/A	N/A	N/A	N/A
Haiti	1.7	2.7	2.2	DHS 2012
Honduras	N/A	N/A	0.4	UNAIDS 2015
Kenya	4.3	8	6.3	KAIS 2012
Lao PDR	N/A	N/A	0.2	MICS 2011-12
Lesotho	18.6	29.7	24.6	DHS 2014
Liberia	1.8	2.4	2.1	DHS 2013
Madagascar	N/A	N/A	0.4	UNAIDS 2015
Malawi	8.1	12.9	10.6	DHS 2010
Mali	0.8	1.3	1.1	DHS 2012-13
Mauritania	N/A	N/A	0.6	UNAIDS 2015
Mozambique	9.2	13.1	11.5	ANC Surveillance Survey (2012)
Myanmar	N/A	N/A	0.8	UNAIDS 2015
Nepal	N/A	N/A	0.2	UNAIDS 2015
Niger	0.4	0.4	0.4	DHS 2012
Nigeria	N/A	N/A	3.1	UNAIDS 2015
Papua New Guinea	N/A	N/A	0.8	UNAIDS 2015
Rwanda	2.2	3.6	3	DHS 2014-15
Sao Tome and Principe	1.7	1.3	1.5	DHS 2008-09
Senegal	0.5	0.8	0.7	DHS 2010-11
Sierra Leone	1.3	1.7	1.5	DHS 2013
South Sudan	N/A	N/A	2.5	UNAIDS 2015
Sudan	N/A	N/A	0.3	UNAIDS 2015
Timor-Leste	N/A	N/A	N/A	
Togo	1.7	3.1	2.5	DHS 2013-14
Uganda	6.1	8.3	7.3	DHS 2011
Tanzania	3.8	6.2	5.1	AIS 2011-12
Yemen	N/A	N/A	0.1	UNAIDS 2015
Zambia	11.3	15.1	13.3	DHS 2013-14
Zimbabwe	12.3	17.7	15.2	DHS 2011-12

Source: For Bolivia: USAID Country Health Statistical Report, http://pdf.usaid.gov/pdf_docs/Pnadh487.pdf. For UNAIDS2015: <http://www.unaids.org/en/regionscountries/countries/djibouti/> and as per each county name.

Annex G HIV prevalence rate for youth (15–24) in UNFPA Supplies implementing countries

Country	Male	Female	Reference Year
Benin	0.2	0.4	UNAIDS 2014
Bolivia	0.2	0.1	UNAIDS 2014
Burkina Faso	0.4	0.5	UNAIDS 2014
Burundi	0.3	0.4	UNAIDS 2014
Cameroon	1.2	2.1	UNAIDS 2014
Central African Republic	1.4	2	UNAIDS 2014
Chad	0.6	1	UNAIDS 2014
Congo	0.9	1.4	UNAIDS 2014
Côte d'Ivoire	0.9	1.4	UNAIDS 2014
DR Congo	0.3	0.5	UNAIDS 2014
Djibouti	0.5	0.8	UNAIDS 2014
Eritrea	0.2	0.3	UNAIDS 2014
Ethiopia	0.5	0.6	UNAIDS 2014
Gambia	0.4	0.7	UNAIDS 2014
Ghana	0.4	0.6	UNAIDS 2014
Guinea	0.4	0.7	UNAIDS 2014
Guinea-Bissau	0.8	1.5	UNAIDS 2014
Haiti	0.5	0.8	UNAIDS 2014
Honduras	0.2	0.2	UNAIDS 2014
Kenya	1.8	3	UNAIDS 2014
Lao PDR	0.1	0.2	UNAIDS 2014
Lesotho	5.9	10.2	UNAIDS 2014
Liberia	0.3	0.4	UNAIDS 2014
Madagascar	0.2	0.1	UNAIDS 2014
Malawi	2.4	4.1	UNAIDS 2014
Mali	0.5	0.7	UNAIDS 2014
Mauritania	0.2	0.4	UNAIDS 2014
Mozambique	1.6	5.3	UNAIDS 2014
Myanmar	0.4	0.3	UNAIDS 2014
Nepal	0.1	0.1	UNAIDS 2014
Niger	0.1	0.2	UNAIDS 2014
Nigeria	0.7	1.3	UNAIDS 2014
Papua New Guinea	0.2	0.2	UNAIDS 2014
Rwanda	1	1.3	UNAIDS 2014
Sao Tome and Principe	0.2	0.2	UNAIDS 2014
Senegal	0.1	0.1	UNAIDS 2014
Sierra Leone	0.2	0.4	UNAIDS 2014
South Sudan	0.7	1.3	UNAIDS 2014
Sudan	0.1	0.1	UNAIDS 2014
Tanzania	1.4	2.1	UNAIDS 2014
Timor-Leste	N/A	N/A	
Togo	0.5	0.8	UNAIDS 2014
Uganda	2.3	3.7	UNAIDS 2014
Yemen	0.1	0.1	UNAIDS 2014
Zambia	3.3	4.2	UNAIDS 2014
Zimbabwe	4.8	7	UNAIDS 2014

Annex H CPR, unmet need and demand satisfied for modern contraception in UNFPA Supplies implementing countries, 2015

Country	CPR, modern methods	Unmet need for family planning, modern methods	Demand for family planning satisfied with modern methods
	<i>Percentage of married or in-union women aged 15 to 49 who are currently using any modern method of contraception</i>	<i>Percentage of married or in-union women aged 15 to 49 who want to stop or delay childbearing but are not using a modern method of contraception</i>	<i>Percentage of total demand for family planning among married or in-union women aged 15 to 49 that is satisfied with modern methods (modern contraceptive prevalence divided by total demand for family planning)</i>
Benin	10.4	37.2	21.9
Bolivia	40.4	39.8	50.4
Burkina Faso	17.8	27.5	39.3
Cameroon	17.3	34	33.6
Congo (Republic of)	22.7	41.8	35.2
Congo, DRC	8.5	41.3	17.1
Côte d'Ivoire	14.5	29.8	32.7
Ethiopia	35.7	25.6	58.3
Gambia	9.8	29.4	25.1
Ghana	20.3	35.9	36.2
Guinea	4.6	27.6	14.3
Haiti	33.6	37.1	47.5
Honduras	63.7	19.5	76.5
Kenya	56	20	73.7
Lao PDR	46.2	25.2	64.7
Liberia	19.5	32.2	37.7
Mali	11.4	27.7	29.2
Mozambique	16	29	35.4
Nepal	48	28.2	62.9
Niger	9.8	23.3	29.6
Nigeria	10.8	27.2	28.5
Senegal	16.8	31.4	34.8
Sierra Leone	14.7	28.1	34.4
Togo	18.7	36.2	34.1
Uganda	27.5	35.9	43.3
Yemen	27.6	37.1	42.6
Zambia	45.3	25.9	63.6
Zimbabwe	64.7	12.6	83.7
Burundi	23.3	34	40.6
Central African Republic	12.6	34.4	27
Chad	2.9	26.5	9.8
Djibouti	22.5	30.9	42.3
Eritrea	15.5	33.4	31.5

Guinea-Bissau	12.8	26.3	32.7
Lesotho	59	19.1	75.5
Madagascar	36.9	27.6	56.9
Malawi	55.5	21.1	72.5
Mauritania	12.5	32.6	27.8
Myanmar	48.7	19.6	71.1
Papua New Guinea	28.7	33.1	46.3
Rwanda	47.1	26.2	64.2
Sao Tome and Principe	36.1	37.1	49.2
South Sudan	2.6	34.2	7
Sudan	13.1	31.3	29.6
Timor-Leste	26.4	29.3	47.3
Tanzania	33.5	29.8	52.7

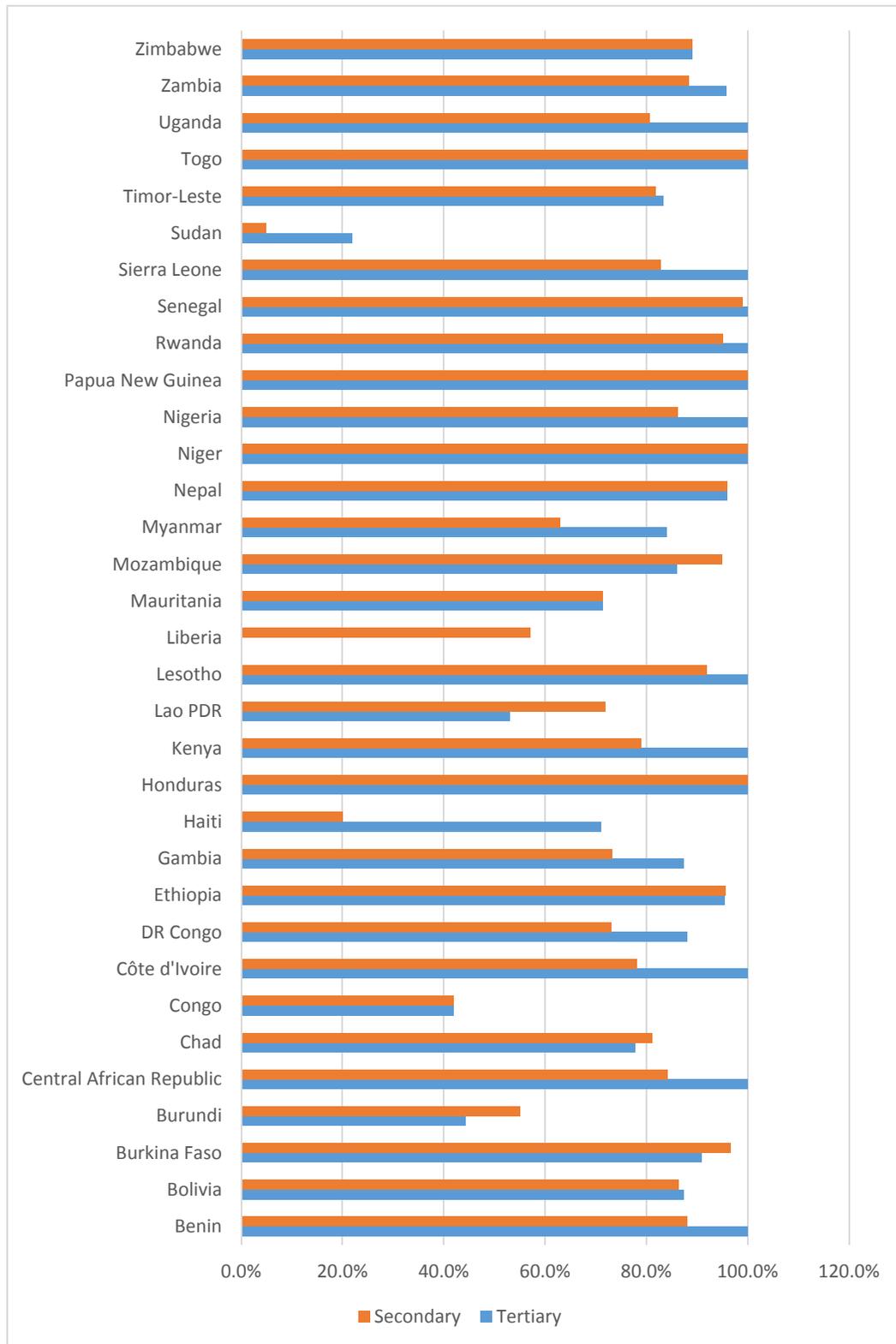
Source: Trends in Contraceptive Use Worldwide 2015, Population Division, UN DESA. Model-based estimates.

Annex I Percentage of secondary and tertiary SDPs offering at least five modern methods of contraception by type of SDP, 2015

Country	Outcome Indicator 6.1: Percentage of tertiary and secondary level service delivery points (SDPs) offering at least FIVE modern methods of contraceptives in 2015			
	Tertiary	Secondary	Urban	Rural
Benin	100.0%	88.1%	61.6%	3.8%
Bolivia	87.5%	86.4%	66.2%	33.8%
Burkina Faso	90.9%	96.6%	95.7%	
Burundi	44.4%	55.1%	57.9%	50.0%
Central African Republic	100.0%	84.2%	69.4%	36.1%
Chad	77.8%	81.1%	66.7%	9.7%
Congo	41.9%	41.9%	43.8%	40.0%
Côte d'Ivoire	100.0%	78.1%	77.8%	50.5%
DR Congo	88.1%	73.1%	63.2%	53.2%
Ethiopia	95.5%	95.7%	96.2%	75.0%
Gambia	87.5%	73.3%	83.7%	33.3%
Haiti	71.0%	20.0%	37.0%	19.0%
Honduras	100.0%	100.0%	97.1%	2.9%
Kenya	100.0%	79.0%	88.0%	71.0%
Lao PDR	53.0%	72.0%	47.0%	28.0%
Lesotho	100.0%	92.0%	90.0%	100.0%
Liberia	0.0%	57.1%	29.3%	7.9%
Mauritania	71.4%	71.4%	73.5%	50.0%
Mozambique	86.0%	95.0%	95.0%	89.0%
Myanmar	84.0%	63.0%	68.7%	52.2%
Nepal	96.0%	96.0%		
Niger	100.0%	100.0%	100.0%	0.0%
Nigeria	100.0%	86.2%	88.6%	85.4%
Papua New Guinea	100.0%	100.0%	100.0%	100.0%
Rwanda	100.0%	95.2%	92.0%	100.0%
Senegal	100.0%	99.0%	99.0%	100.0%
Sierra Leone	100.0%	82.8%	85.7%	80.0%
Sudan	22.0%	5.0%	10.9%	1.0%
Timor-Leste	83.3%	81.8%	86.2%	76.2%
Togo	100.0%	100.0%	83.3%	81.6%
Uganda	100.0%	80.7%	83.3%	81.3%
Zambia	95.8%	88.4%	93.8%	82.1%
Zimbabwe	89.1%	89.1%	98.3%	0.0%

Benchmark: 85 per cent. Source: Most recent facility-based RHCS surveys supported by UNFPA Supplies.

Annex J Percentage of secondary and tertiary SDPs offering at least five modern methods of contraception, 2015



Benchmark: 85 per cent. Source: Most recent facility-based RHCS surveys supported by UNFPA Supplies.

Annex K Percentage of SDPs where seven life-saving maternal health/RH medicines are available, all levels, 2015

Country	Percentage of service delivery points (SDPs) where seven life-saving maternal/RH medicines from the WHO list (which must include magnesium sulfate and either misoprostol or oxytocin or both) are available in 2015 (disaggregated for urban–rural and type of SDPs)					
	Total	Tertiary	Secondary	Primary	Urban	Rural
Benin	63.2%	100.0%	63.4%	67.6%	74.1%	46.2%
Bolivia	77.2%	100.0%	100.0%	65.8%	52.3%	47.7%
Burkina Faso	38.2%	100.0%	90.9%	27.6%	77.0%	25.4%
Burundi	12.5%	87.5%	71.4%	7.1%	24.7%	9.7%
Central African Republic	64.4%	100.0%	57.9%	64.7%	71.4%	57.9%
Chad	64.0%	91.7%	90.9%	40.9%	83.5%	44.8%
Congo	34.2%	50.0%	62.3%	28.1%	44.6%	30.0%
Côte d'Ivoire	66.2%	100.0%	82.8%	41.8%	77.0%	34.8%
Democratic Republic of the Congo	34.2%	62.7%	52.0%	24.4%	38.5%	28.3%
Ethiopia	50.8%	86.4%	72.8%	20.0%	66.8%	14.3%
Gambia	40.9%	68.8%	70.0%	27.1%	59.6%	31.6%
Haiti	60.7%	66.7%	77.6%	25.8%	70.7%	49.0%
Honduras	81.5%	100.0%	100.0%	75.0%	89.3%	10.7%
Kenya	62.0%	100.0%	91.0%	59.0%	58.0%	64.0%
Lao PDR	58.0%	78.0%	66.0%	49.0%	65.0%	58.0%
Lesotho	75.0%	100.0%	100.0%	71.0%	65.0%	78.0%
Liberia	28.6%	100.0%	51.4%	11.9%	0.0%	13.5%
Mauritania	39.7%	75.0%	46.7%	28.8%	36.4%	42.6%
Mozambique	84.0%	100.0%	86.0%	83.0%	86.0%	84.0%
Myanmar	48.6%	82.6%	58.4%	34.9%	63.4%	40.0%
Nepal	72.0%	96.0%	93.0%	27.0%		
Niger	77.8%	100.0%	89.7%	77.5%	86.0%	78.9%
Nigeria	42.8%	0.0%	33.9%	69.6%	33.4%	61.5%
Papua New Guinea	87.0%	83.3%	100.0%	85.0%	88.9%	86.7%
Rwanda	44.1%	75.0%	90.5%	29.3%	51.6%	40.3%
Senegal	65.5%	50.0%	70.0%	68.0%	66.4%	69.3%
Sierra Leone	68.2%	75.0%	75.5%	63.8%	66.7%	69.4%
Sudan	36.0%	75.0%	56.0%	12.0%	42.5%	57.5%
Timor-Leste	63.9%	100.0%	85.4%	53.0%	78.0%	58.5%
Togo	68.0%	100.0%	100.0%	70.5%	75.7%	63.2%
Uganda	61.5%	88.9%	81.1%	55.0%	73.3%	56.8%
Zambia	66.1%	100.0%	87.0%	41.9%	85.3%	53.2%
Zimbabwe	13.2%					

Source: Most recent facility-based RHCS surveys supported by UNFPA Supplies.

Annex L Percentage of SDPs with no stock-outs of contraceptives in the last six months, 2013–2015

* No stock-outs in the last three months

Source: Most recent facility-based RHCS surveys supported by UNFPA Supplies.

Country	2015 'no stock-outs'					
	Total	Tertiary	Secondary	Primary	Urban	Rural
Benin	31.6%	57.1%	40.5%	23.2%	38.0%	21.7%
Bolivia	44.7%	44.4%	43.5%	45.1%	63.6%	36.4%
Burkina Faso	64.1%	54.5%	60.3%	65.0%	57.9%	66.2%
Burundi	60.9%	57.1%	65.3%	60.6%	62.1%	60.6%
Central African Republic	21.5%	33.3%	25.0%	19.0%	24.4%	18.4%
Chad*	19.6%	20.7%	25.9%	15.8%	25.8%	12.6%
Congo*	17.3%	0.0%	32.1%	15.9%	29.0%	11.1%
Côte d'Ivoire*	32.7%	75.0%	34.2%	30.8%	33.3%	31.5%
DR Congo	34.2%	62.7%	52.0%	24.4%	38.5%	28.3%
Ethiopia*	7.7%	9.1%	7.9%	7.5%	8.5%	7.0%
Gambia*	43.8%	78.6%	37.5%	39.2%	66.7%	32.9%
Haiti*	50.8%	50.0%	47.7%	55.1%	0.0%	0.0%
Honduras	20.7%	66.7%	19.0%	19.0%	94.1%	5.9%
Kenya*	14.0%	0.0%	20.0%	13.0%	12.0%	15.0%
Lao PDR*	0.5%	0.5%	0.0%	2.8%	0.5%	0.5%
Lesotho*	8.0%	0.0%	23.0%	6.0%	11.0%	7.0%
Liberia	16.5%	50.0%	24.3%	10.9%	19.3%	15.8%
Mauritania	37.2%	50.0%	41.3%	31.9%	51.9%	21.1%
Mozambique*	30.0%	43.0%	56.0%	24.0%	42.0%	39.0%
Myanmar	35.7%	30.4%	33.5%	38.4%	28.2%	40.0%
Nepal	85.0%	72.0%	90.0%	91.0%	0.0%	0.0%
Niger*	65.0%	66.7%	66.7%	63.8%	64.7%	64.8%
Nigeria*	60.6%	66.7%	50.7%	69.4%	58.5%	62.5%
Papua New Guinea	16.7%	33.3%	28.6%	12.8%	31.8%	7.9%
Rwanda*	49.4%	25.0%	47.5%	50.8%	46.4%	50.9%
Senegal	86.0%	67.0%	78.0%	92.0%	79.0%	94.0%
Sierra Leone*	29.7%	75.0%	31.0%	26.5%	37.5%	24.6%
Sudan	36.0%	57.0%	42.0%	10.0%	56.0%	75.0%
Timor-Leste	56.4%	50.0%	59.1%	55.0%	68.3%	50.9%
Togo	31.1%	66.7%	16.7%	35.3%	25.5%	34.5%
Uganda*	13.7%	50.0%	20.5%	11.5%	18.5%	11.8%
Zambia	8.4%	8.3%	17.4%	2.0%	9.0%	8.0%
Zimbabwe	98.8%					

Country	2014 'no stock-outs'					
	Total	Tertiary	Secondary	Primary	Urban	Rural
Benin	18.2%	28.6%	5.9%	21.6%	9.7%	24.7%
Burkina Faso	82.5%	75.0%	71.0%	84.9%	69.7%	87.1%
Cameroon	8.5%	11.8%	8.3%	8.0%	5.8%	10.8%
Central African Republic	6.3%	33.3%	15.0%	1.8%	12.2%	0.0%
Chad	17.1%	27.3%	17.4%	12.7%	20.0%	13.8%
Congo	4.1%				12.8%	0.0%
Côte d'Ivoire	0.4%	0.0%	1.1%	0.0%	0.0%	0.0%
DR Congo		23.6%	34.4%	54.3%	48.6%	60.0%
Djibouti	30.0%	52.0%	30.0%	25.0%	30.0%	21.0%
Ethiopia	19.0%	15.4%	26.5%	15.4%	22.5%	15.9%
Gambia	62.2%	83.3%	64.3%	50.0%	61.8%	62.5%
Guinea-Bissau	28.0%	0.0%	20.0%	30.0%	28.0%	30.0%
Haiti	16.4%	70.6%	52.6%	67.3%		
Honduras	15.7%	66.7%	0.0%	18.8%	87.5%	14.3%
Lao PDR	4.0%	0.0%	3.5%	4.4%	2.3%	4.8%
Lesotho*	19.4%	0.0%	9.1%	21.0%		
Madagascar	94.9%	95.9%	99.6%	94.7%	96.8%	94.5%
Malawi	48.3%	100.0%	55.3%	46.0%	54.0%	46.0%
Mali	10.0%	50.0%	8.0%	9.4%	8.3%	11.4%
Mozambique	31.0%	75.0%	38.0%	28.0%	47.0%	27.0%
Myanmar	17.9%	12.9%	12.2%	26.3%	15.0%	25.0%
Nepal	83.4%	66.7%	86.7%	82.6%	88.0%	82.6%
Niger	81.7%	100.0%	87.8%	78.0%		
Nigeria*	78.3%	70.7%	78.1%	79.2%	76.9%	79.5%
Rwanda	53.9%	50.0%	71.1%	48.8%	65.0%	50.4%
Senegal	36.1%	83.3%	34.0%	36.3%	40.0%	30.5%
South Sudan	36.6%	50.0%	20.0%	41.4%	33.3%	41.2%
Sudan	77.7%	71.4%	66.2%	80.9%	77.7%	77.8%
Timor-Leste		40.0%	10.9%	52.4%	21.1%	40.4%
Togo	29.5%	0.0%	16.7%	31.7%	37.5%	24.0%
Uganda	20.8%	37.5%	35.2%	18.0%	26.5%	18.3%
Yemen	60.0%	62.8%	54.3%	63.8%	53.0%	61.4%
Zambia	9.6%	0.0%	15.1%	7.8%	14.5%	7.2%

Country	2013 'no stock-outs'					
	Total	Tertiary	Secondary	Primary	Urban	Rural
Benin	n/a					
Bolivia	n/a					
Burkina Faso	79.9	64.3	66.1	83	72.5	82.6
Burundi	n/a					
Cameroon	n/a					
Central African Republic	n/a					
Chad	n/a					
Congo (Republic of)	50	75	25	52	56.7	43.8
Côte d'Ivoire	3.3	0	1.5	4.3	3.4	3
DR Congo	n/a					
Djibouti	25	50	33	23	30	21
Eritrea	n/a					
Ethiopia	99.5					
Gambia	32.6	44.4	30.8	32.1	54.5	25.4
Ghana	n/a					
Guinea	n/a	100	76.5	75.8	66.7	82
Guinea-Bissau	n/a					
Haiti	26.4	0	33.3	24.4	21.1	31.3
Honduras	32.1	33.3	18.2	37.3	55.6	44.4
Kenya	n/a					
Lao PDR	81.2	81.8	82.7	79.9		
Lesotho*	n/a					
Liberia	24.5	0	28	23.9	26.3	23.3
Madagascar	n/a					
Malawi	n/a					
Mali	56.5					
Mauritania	n/a	0	14.9	17.5	14.6	18
Mozambique	22	28	20			
Myanmar	n/a					
Nepal	79.9					
Niger	65.3	100	62.9	64.6	72.3	59.7
Nigeria*	50.5	59.5	51.3	48.6	50	52
Papua New Guinea	n/a					
Rwanda	n/a					
Sao Tome et Principe	n/a	3.03	15.15	51.52	45.45	24.24
Senegal	n/a					
Sierra Leone	52.3	100	41.7	53.4	52.2	52.5
South Sudan	n/a					
Sudan	n/a					
Tanzania	n/a					
Timor-Leste	26					
Togo	7.7					
Uganda	n/a					
Yemen	n/a					
Zambia	n/a					
Zimbabwe	n/a					

Annex M Amount allocated in national budgets of UNFPA Supplies implementing countries for procurement of RH commodities, 2013–2015

Source: Information provided by UNFPA Cos for UNFPA Supplies Reporting 2013 to 2015

	Country	AMOUNT ALLOCATED (in US\$)								
		Contraceptives			Maternal Health medicines			Total		
		2013	2014	2015	2013	2014	2015	2013	2014	2015
1	Benin	25,000	25,000	400,000	0	0	16,400	25,000	25,000	416,400
2	Bolivia	2,936,320	2,936,320	1,444,633	6,500,000	7,500,000	8,000,000	9,436,320	10,436,320	9,444,633
3	Burkina Faso	1,000,000	1,000,000	750,000	0	0	975,000	1,000,000	1,000,000	1,725,000
4	Burundi	0	49,064	113,996	0	0	0	0	49,064	113,996
5	Cameroon	360,000	160,000	54,545	0	0	727,273	360,000	160,000	781,818
6	Central Africa Republic	0	0	0	0	0	0	0	0	0
7	Chad	0	0	0	0	1,663,208	1,663,208	0	1,663,208	1,663,208
8	Congo (Republic of)	130,000	0	1,805,810	0	0	6,191,350	130,000	500,000	7,997,160
9	Côte d'Ivoire	0	0	70,000	0	993,252	1,000,000	0	993,252	1,070,000
10	Democratic Republic of Congo	460,000	1,000,000	0	0	0	0	460,000	1,000,000	0
11	Djibouti	0	0	0	0	0	0	0	0	0
12	Eritrea	0	0	0	0	0	0	0	0	0
13	Ethiopia	14,741,947	9,000,000	10,800,000	6,921,800	16,000,000	11,500,000	21,663,747	25,000,000	22,300,000
14	Gambia	26,316	0	0	26,316	0	25,000	52,631	0	25,000
15	Ghana	0	0	1,500,000	0	0	0	0	0	1,500,000
16	Guinea	0	0	0	200,000	0	2,239,685	200,000	0	2,239,685
17	Guinea-Bissau	0	0	0	0	0	0	0	0	0
18	Haiti	0	0	0	0	0	0	0	0	0
19	Honduras	1,123,103	405,551	1,675,361	0	0	0	1,123,103	405,551	1,675,361
20	Kenya	0	0	500,000	0	0	0	0	0	500,000
21	Lao PDR	25,000	38,000	0	0	0	0	25,000	38,000	0
22	Lesotho	300,000	783,840	442,317	2,000,000	0	0	2,300,000	783,840	442,317

23	Liberia	0	0	0	0	0	0	0	0	0
24	Madagascar	0	60,000	33,509	0	13,200	11,058	0	73,200	44,566
25	Malawi	0	132,000	107,000	0	0	107,000	0	132,000	214,000
26	Mali	745,384	0	0	2,116,000	0	3,593,958	2,861,384	0	3,593,958
27	Mauritania	0	0	50,000	0	50,000	0	0	50,000	50,000
28	Mozambique	449,835	270,721	270,721	0	0	0	449,835	270,721	270,721
29	Myanmar	1,200,000	3,270,000	2,000,000	0	400,000	3,150,000	1,200,000	3,670,000	5,150,000
30	Nepal	4,200,000	3,500,000	2,104,600	0	0	0	4,200,000	3,500,000	2,104,600
31	Niger	400,000	400,000	340,000	0	0	0	400,000	400,000	340,000
32	Nigeria	3,000,000	11,350,000	3,000,000	11,500,000	0	0	14,500,000	11,350,000	3,000,000
33	Papua New Guinea	0	863,797	8,680,000	0	56,631	1,790,000	0	920,427	10,470,000
34	Rwanda	650,000	365,350	729,713	0	0	0	650,000	813,337	729,713
35	Sao Tome et Principe	0	0	27,000	0	0	0	0	0	27,000
36	Senegal	200,000	200,000	200,000	0	0	0	200,000	200,000	200,000
37	Sierra Leone	0	45,977	0	0	34,483	76,730	0	80,460	76,730
38	South Sudan	0	0	0	0	0	0	0	0	0
39	Sudan	0	0	0	1,000,000	1,000,000	1,500,000	1,000,000	1,000,000	1,500,000
40	Tanzania	2,500,000	1,212,121	2,286,237	0	N/A	0	2,500,000	1,212,121	2,286,237
41	Timor-Leste	0	0	0	0	0	67,428	0	0	67,428
42	Togo	60,000	20,000	0	2,200,000	0	1,534,461	2,260,000	20,000	1,534,461
43	Uganda	3,300,000	5,900,000	3,800,000	0	1,000,000	3,800,000	3,300,000	6,900,000	7,600,000
44	Yemen	0	0	0	0	0	0	0	0	0
45	Zambia	0	1,468,419	1,206,455	1,200,000	0	467,501	1,200,000	1,468,419	1,673,956
46	Zimbabwe	0	0	0	0	0	0	0	0	0
	Total	37,832,905	44,456,160	44,391,896	33,664,116	28,710,774	48,436,052	71,497,020	74,114,920	92,827,949

Annex N Amount expended in national budgets of UNFPA Supplies implementing countries for procurement of RH commodities, 2013–2015

Source: Information provided by UNFPA Cos for UNFPA Supplies Reporting 2013 to 2015

	Country	AMOUNT SPENT (in US\$)								
		Contraceptives			Maternal Health medicines			Total		
		2013	2014	2015	2013	2014	2015	2013	2014	2015
1	Benin	25,000	25,000	200,000	0	0	14,625	25,000	25,000	214,625
2	Bolivia	936,000	754,280	1,298,807	3,066,020	4,066,020	5,000,000	4,002,020	4,820,300	6,298,807
3	Burkina Faso	1,000,000	1,000,000	750,000	0	0	975,000	1,000,000	1,000,000	1,725,000
4	Burundi	0	49,064	113,996	0	0	0	0	49,064	113,996
5	Cameroon	0	0	0	0	0	0	0	0	0
6	Central Africa Republic	0	0	0	0	0	0	0	0	0
7	Chad	0	0	0	0	1,663,208	1,663,208	0	1,663,208	1,663,208
8	Congo (Republic of)	130,000	0	683,837	0	0	2,344,585	130,000	500,000	3,028,422
9	Côte d'Ivoire	0	0	0	0	993,252	1,000,000	0	993,252	1,000,000
10	Democratic Republic of Congo	0	300,500	0	0	0	0	0	300,500	0
11	Djibouti	0	0	0	0	0	0	0	0	0
12	Eritrea	0	0	0	0	0	0	0	0	0
13	Ethiopia	23,559,849	9,000,000	10,800,000	4,688,714	16,000,000	11,500,000	28,248,563	25,000,000	22,300,000
14	Gambia	26,316	0	0	26,316	0	25,000	52,631	0	25,000
15	Ghana	0	0	0	0	0	0	0	0	0
16	Guinea	0	0	0	0	0	3,907,820	0	0	3,907,820
17	Guinea-Bissau	0	0	0	0	0	0	0	0	0
18	Haiti	0	0	0	0	0	0	0	0	0
19	Honduras	0	405,551	1,594,540	0	0	0	0	405,551	1,594,540
20	Kenya	0	0	0	0	0	0	0	0	0
21	Lao PDR	25,000	38,000	0	0	0	0	25,000	38,000	0
22	Lesotho	200,000	286,503	523,149	1,500,000	0	0	1,700,000	286,503	523,149

23	Liberia	0	0	0	0	0	0	0	0	0
24	Madagascar	0	26,000	33,509	0	13,200	11,058	0	39,200	44,566
25	Malawi	0	132,000	107,000	0	0	107,000	0	132,000	214,000
26	Mali	0	0	0	0	0	3,593,358	0	0	3,593,358
27	Mauritania	0	0	0	0	50,000	0	0	50,000	0
28	Mozambique	449,835	0	0	0	0	0	449,835	1,512,137	0
29	Myanmar	1,200,000	3,270,000	1,957,000	0	400,000	3,131,500	1,200,000	3,670,000	5,088,500
30	Nepal	0	3,500,000	1,193,358	0	0	0	0	3,500,000	1,193,358
31	Niger	400,000	200,000	325,000	0	0	0	400,000	200,000	325,000
32	Nigeria	3,000,000	2,800,000	0	0	0	0	3,000,000	2,800,000	0
33	Papua New Guinea	0	1,964,219	0	0	127,737	0	0	2,091,956	0
34	Rwanda	650,000	0	729,713	0	0	0	650,000	813,337	729,713
35	Sao Tome et Principe	0	0	23,000	0	0	0	0	0	23,000
36	Senegal	0	80,000	162,094	0	0	124,861	0	80,000	286,955
37	Sierra Leone	0	0	0	0	0	30,999	0	0	30,999
38	South Sudan	0	0	0	0	0	0	0	0	0
39	Sudan	0	0	0	1,000,000	1,000,000	1,074,325	1,000,000	1,000,000	1,074,325
40	Tanzania	3,387,000	653,814	2,149,063	0	258,853	0	3,387,000	912,667	2,149,063
41	Timor-Leste	0	0	0	0	0	67,428	0	0	67,428
42	Togo	0	20,000	0	2,200,000	0	1,534,047	2,200,000	20,000	1,534,047
43	Uganda	3,300,000	6,000,000	560,549	0	3,830,000	1,869,504	3,300,000	9,830,000	2,430,053
44	Yemen	0	0	0	0	0	0	0	0	0
45	Zambia	0	1,468,419	1,206,455	1,200,000	0	467,501	1,200,000	1,468,419	1,673,956
46	Zimbabwe	0	0	0	0	0	0	0	0	0
	Total	38,289,000	31,973,350	24,411,068	13,681,049	28,402,269	38,441,818	51,970,049	63,201,093	62,852,887

Annex O Units approved, contraceptives and condoms, UNFPA Supplies approvals, 2015

	Condom Female	Condom Male	Implant One Rod	Implant Two Rod	Injectable	IUD	Oral	Emergency Oral
Country within Region	Units Approved	Units Approved	Units Approved	Units Approved	Units Approved	Units Approved	Units Approved	Units Approved
Lao PDR		2,239,056	20,000		330,000	32,000	1,530,000	1,000
Myanmar	10,000	3,889,440	33,700	83,750	1,700,000	57,000		60,000
Nepal	5,000	0	5,340	77,500	1,067,000		304,779	52,246
Pacific Islands	35,000	1,440,000		15,000		3,000	82,061	
Papua New Guinea	57,250	476,640		95,800	10,600	3,694	7,000	3,010
Timor-Leste		0	1,000	12,000	240,000	2,000	79,900	
Total AP Region	107,250	8,045,136	60,040	284,050	3,347,600	97,694	2,003,740	116,256
Djibouti		0		500	30,000	800	70,000	1,000
Somalia		150,048	15,000	35,000	125,000	28,000	207,000	
Sudan		0	29,524		474,217	2,720	3,851,868	
Yemen	9,600	0	13,960		7,800	9,840	66,200	3,920
Total AS Region	9,600	150,048	58,484	35,500	637,017	41,360	4,195,068	4,920
Kyrgyzstan		0			40,000			
Tajikistan		2,412,000	3,500		90,000		270,000	
Turkmenistan		324,000					21,600	
Total EECA Region	0	2,736,000	3,500	0	130,000	0	291,600	0
Comoros		1,299,888	1,008		68,400		35,000	
Eritrea		0			100,000		108,000	10,000
Ethiopia	5,000	0	865,000	17,786				
Kenya	700,000	55,000,224	210,000	87,000	5,000	70,000	71,000	180,000
Lesotho	110,000	0		1,500	15,000		51,138	3,000
Madagascar	3,984	4,000,032	46,600		2,023,710	35,996	595,603	
Malawi	600,000	44,506,512	123,517	158,700	1,405,600	15,000	552,795	
Mozambique	1,350,000	13,680,000		20,000	1,950,000	44,000		
Rwanda		4,644,000	49,784		687,900	0	224,640	2,400
South Sudan		0	20,100	31,500	71,350	11,300	114,600	10,253
Tanzania		473,184	12,096		7,908,000	170	10,199	
Uganda	1,500,000	30,000,096			202,410	230,000	218,858	
Zambia	1,548,000	53,115,696		303,000	469,371	49,800	93,764	14,100
Zanzibar	8,000	98,064				20,000		700
Zimbabwe		0		84,000	661,800			
Total ESA Region	5,824,984	206,817,696	1,328,105	703,486	15,568,541	476,266	2,075,597	220,453
Bolivia		0	50	51,100				1,000
Haiti		23,203,584		9,000	421,455	4,000	201,762	
Honduras		0	91,456				1,167,120	
Total LAC Region	0	23,203,584	91,506	60,100	421,455	4,000	1,368,882	1,000
Benin		0	64,000	154,250	99,000	39,000	454,607	9,000
Burkina Faso	21,000	12,528,000	48,844	250,343	669,000	35,500	2,533,000	
Burundi	250,000	16,715,952			1,382,610		492,030	28,498
Cameroon	3,335,400	15,598,080	15,552	62,205		15,000	29,080	100,320

Central African Republic		2,372,832		441	37,863	368	288,058	240
Congo Republic		6,999,840	6,200	3,000	116,000	10,000		
Côte d'Ivoire		0	16,064				592,560	3,120
Gabon		0			9,500			
Gambia	5,000	2,016,000	10,080	20,000	65,000		141,840	7,760
Ghana	681,000	50,565,168	68,776	101,100	1,031,200	40,050	1,110,960	25,560
Guinea	34,000	10,080,000		45,000	70,000	80,000	281,280	117
Guinea-Bissau	11,000	2,491,920		55,872	27,500	25,000	62,640	10,800
Liberia	36,000	6,461,280		33,600			396,018	
Mali	43,244	4,338,000		51,779	337,801	18,393	433,878	670
Mauritania		0	13,278	4,164	41,245		84,383	
Niger	20,200	510,912		10,700	710,600	10,425	1,788,761	
Nigeria	250,000	42,146,352	165,374	287,749	2,744,359	5,000	1,448,828	60,000
Sao Tome	16,662	1,650,096			9,231		65,902	
Senegal		0		57,400	760,000		1,393,920	70,000
Sierra Leone	82,000	8,740,800		68,500	256,000	51,500	1,014,000	44,340
Togo	223,051	19,686,384	10,000	41,596	495,199		261,469	36,198
Total WAC Region	5,008,557	202,901,616	418,168	1,247,699	8,862,108	330,236	12,873,214	396,623
MSI Central Warehouse		0	100,288	107,000	201,000		78,480	
Total OTHER	0	0	100,288	107,000	201,000	0	78,480	0
		0						
GLOBAL TOTAL	10,950,391	443,854,080	2,060,091	2,437,835	29,167,721	949,556	22,886,581	739,252

Annex P CYP for contraceptives and condoms, UNFPA Supplies approvals, 2015

	Condom Female	Condom Male	Implant One Rod	Implant Two Rod	Injectable	IUD	Oral	Emergency Oral
Country within Region	CYP	CYP	CYP	CYP	CYP	CYP	CYP	CYP
Lao PDR	0	18,659	50,000	0	82,500	145,455	102,000	50
Myanmar	83	32,412	84,250	322,115	425,000	259,091	0	3,000
Nepal	42	0	13,350	298,077	266,750	0	20,319	2,612
Pacific Islands	292	12,000	0	57,692	0	13,636	5,471	0
Papua New Guinea	477	3,972	0	368,462	2,650	16,791	467	151
Timor-Leste	0	0	2,500	46,154	60,000	9,091	5,327	0
Total AP Region	894	67,043	150,100	1,092,500	836,900	444,064	133,583	5,813
Djibouti	0	0	0	1,923	7,500	3,636	4,667	50
Somalia	0	1,250	37,500	134,615	31,250	127,273	13,800	0
Sudan	0	0	73,810	0	118,554	12,364	256,791	0
Yemen	80	0	34,900	0	1,950	44,727	4,413	196
Total AS Region	80	1,250	146,210	136,538	159,254	188,000	279,671	246
Kyrgyzstan	0	0	0	0	10,000	0	0	0
Tajikistan	0	20,100	8,750	0	22,500	0	18,000	0
Turkmenistan	0	2,700	0	0	0	0	1,440	0
Total EECA Region	0	22,800	8,750	0	32,500	0	19,440	0
Comoros	0	10,832	2,520	0	17,100	0	2,333	0
Eritrea	0	0	0	0	25,000	0	7,200	500
Ethiopia	42	0	2,162,500	68,408	0	0	0	0
Kenya	5,833	458,335	525,000	334,615	1,250	318,182	4,733	9,000
Lesotho	917	0	0	5,769	3,750	0	3,409	150
Madagascar	33	33,334	116,500	0	505,928	163,618	39,707	0
Malawi	5,000	370,888	308,793	610,385	351,400	68,182	36,853	0
Mozambique	11,250	114,000	0	76,923	487,500	200,000	0	0
Rwanda	0	38,700	124,460	0	171,975	0	14,976	120
South Sudan	0	0	50,250	121,154	17,838	51,364	7,640	513
Tanzania	0	3,943	30,240	0	1,977,000	773	680	0
Uganda	12,500	250,001	0	0	50,603	1,045,455	14,591	0
Zambia	12,900	442,631	0	1,165,385	117,343	226,364	6,251	705
Zanzibar	67	817	0	0	0	90,909	0	35
Zimbabwe	0	0	0	323,077	165,450	0	0	0
Total ESA Region	48,542	1,723,481	3,320,263	2,705,715	3,892,135	2,164,845	138,373	11,023
Bolivia	0	0	125	196,538	0	0	0	50
Haiti	0	193,363	0	34,615	105,364	18,182	13,451	0
Honduras	0	0	228,640	0	0	0	77,808	0

Total LAC Region	0	193,363	228,765	231,154	105,364	18,182	91,259	50
Benin	0	0	160,000	593,269	24,750	177,273	30,307	450
Burkina Faso	175	104,400	122,110	962,858	167,250	161,364	168,867	0
Burundi	2,083	139,300	0	0	345,653	0	32,802	1,425
Cameroon	27,795	129,984	38,880	239,250	0	68,182	1,939	5,016
Central African Republic	0	19,774	0	1,696	9,466	1,673	19,204	12
Congo Republic	0	58,332	15,500	11,538	29,000	45,455	0	0
Côte d'Ivoire	0	0	40,160	0	0	0	39,504	156
Gabon	0	0	0	0	2,375	0	0	0
Gambia	42	16,800	25,200	76,923	16,250	0	9,456	388
Ghana	5,675	421,376	171,940	388,846	257,800	182,045	74,064	1,278
Guinea	283	84,000	0	173,077	17,500	363,636	18,752	6
Guinea-Bissau	92	20,766	0	214,892	6,875	113,636	4,176	540
Liberia	300	53,844	0	129,231	0	0	26,401	0
Mali	360	36,150	0	199,150	84,450	83,605	28,925	34
Mauritania	0	0	33,195	16,015	10,311	0	5,626	0
Niger	168	4,258	0	41,154	177,650	47,386	119,251	0
Nigeria	2,083	351,220	413,435	1,106,727	686,090	22,727	96,589	3,000
Sao Tome	139	13,751	0	0	2,308	0	4,393	0
Senegal	0	0	0	220,769	190,000	0	92,928	3,500
Sierra Leone	683	72,840	0	263,462	64,000	234,091	67,600	2,217
Togo	1,859	164,053	25,000	159,985	123,800	0	17,431	1,810
Total WAC Region	41,738	1,690,847	1,045,420	4,798,842	2,215,527	1,501,073	858,214	19,831
MSI Central Warehouse	0	0	250,720	411,538	50,250	0	5,232	0
Total OTHER	0	0	250,720	411,538	50,250	0	5,232	0
		0						
GLOBAL TOTAL	91,254	3,698,784	5,150,228	9,376,287	7,291,932	4,316,165	1,525,773	36,964

Annex Q Expense (cost) of contraceptives and condoms, UNFPA Supplies approvals, 2015

	Condom Female	Condom Male	Implant One Rod	Implant Two Rod	Injectable	IUD	Oral	Emergency Oral
Country within Region	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
Lao PDR		\$61,730	\$170,000		\$277,200	\$11,200	\$413,100	\$660
Myanmar	\$4,500	\$126,589	\$286,450	\$711,875	\$1,377,000	\$19,950		\$39,600
Nepal	\$2,850		\$45,390	\$658,750	\$896,280		\$80,370	\$30,082
Pacific Islands	\$19,950	\$39,700		\$127,500		\$1,050	\$23,473	
Papua New Guinea	\$30,915	\$13,141		\$814,300	\$12,614	\$1,293	\$1,953	\$1,987
Timor-Leste			\$8,500	\$102,000	\$201,600	\$700	\$21,573	
Total AP Region	\$58,215	\$241,160	\$510,340	\$2,414,425	\$2,764,694	\$34,193	\$540,469	\$72,329
Djibouti				\$4,250	\$52,500	\$280	\$19,500	\$660
Somalia		\$4,137	\$127,500	\$297,500	\$105,000	\$9,800	\$58,350	
Sudan			\$250,954		\$365,148	\$952	\$2,157,606	
Yemen	\$5,472		\$118,660		\$6,552	\$3,444	\$19,026	\$980
Total AS Region	\$5,472	\$4,137	\$497,114	\$301,750	\$529,200	\$14,476	\$2,254,482	\$1,640
Kyrgyzstan					\$33,600			
Tajikistan		\$66,498	\$29,750		\$75,600		\$72,900	
Turkmenistan		\$8,933					\$5,832	
Total EECA Region	\$0	\$75,431	\$29,750	\$0	\$109,200	\$0	\$78,732	\$0
Comoros		\$35,837	\$9,576		\$95,076		\$9,450	
Eritrea					\$84,000		\$29,160	\$2,000
Ethiopia	\$2,850		\$7,852,500	\$151,181				
Kenya	\$399,000	\$1,516,326	\$1,785,000	\$739,500	\$6,950	\$24,500	\$22,050	\$118,800
Lesotho	\$62,700			\$12,750	\$16,450		\$13,871	\$1,980
Madagascar	\$2,271	\$110,279	\$456,598		\$1,788,243	\$12,599	\$160,813	
Malawi	\$342,000	\$1,227,020	\$1,049,895	\$1,348,950	\$1,180,704	\$5,250	\$149,255	
Mozambique	\$769,500	\$377,150		\$170,000	\$1,638,000	\$15,400		
Rwanda		\$128,033	\$423,164		\$579,926	\$0	\$63,612	\$1,584
South Sudan			\$170,850	\$267,750	\$59,935	\$3,955	\$31,158	\$2,667
Tanzania		\$13,045	\$102,816		\$6,642,720	\$60	\$3,060	
Uganda	\$900,000	\$958,336			\$161,928	\$80,500	\$60,859	
Zambia	\$882,360	\$1,464,370		\$2,575,500	\$609,848	\$17,430	\$28,129	\$3,666
Zanzibar	\$4,560	\$2,704				\$7,000		\$182
Zimbabwe				\$714,000	\$509,586			
Total ESA Region	\$3,365,241	\$5,833,100	\$11,850,399	\$5,979,631	\$13,373,366	\$166,694	\$571,417	\$130,879
Bolivia			\$425	\$434,350				\$660
Haiti		\$639,710		\$76,500	\$354,022	\$1,400	\$55,683	
Honduras			\$777,376				\$315,122	

Total LAC Region	\$0	\$639,710	\$777,801	\$510,850	\$354,022	\$1,400	\$370,805	\$660
Benin			\$544,000	\$1,311,125	\$122,760	\$13,650	\$125,264	\$5,940
Burkina Faso	\$11,970	\$345,390	\$415,174	\$2,127,916	\$625,960	\$12,425	\$618,720	
Burundi	\$142,500	\$460,850			\$1,161,393		\$136,181	\$7,125
Cameroon	\$1,681,178	\$430,652	\$132,192	\$528,743		\$5,250	\$8,724	\$66,211
Central African Republic		\$65,418		\$3,749	\$34,470	\$129	\$82,433	\$158
Congo Republic		\$192,982	\$52,700	\$25,500	\$97,440	\$3,500		
Côte d'Ivoire			\$136,544				\$159,991	\$2,059
Gabon					\$7,980			
Gambia	\$2,850	\$55,580	\$85,680	\$170,000	\$66,500		\$38,945	\$5,122
Ghana	\$385,970	\$1,394,054	\$584,596	\$859,350	\$933,948	\$14,018	\$299,959	\$14,440
Guinea	\$19,380	\$277,900		\$382,500	\$58,800	\$28,000	\$78,358	\$77
Guinea-Bissau	\$6,270	\$68,701		\$474,912	\$24,475	\$8,750	\$26,082	\$7,128
Liberia	\$20,520	\$223,454		\$352,800			\$109,771	
Mali	\$20,325	\$119,596		\$440,122	\$283,753	\$6,438	\$118,931	\$442
Mauritania			\$112,863	\$35,394	\$34,646		\$25,315	
Niger	\$11,514	\$14,086		\$90,950	\$596,904	\$3,649	\$495,093	
Nigeria	\$87,500	\$1,161,952	\$1,405,679	\$2,445,867	\$3,299,261	\$1,750	\$410,702	\$12,000
Sao Tome	\$9,497	\$45,492			\$7,754		\$17,807	
Senegal				\$487,900	\$615,600		\$379,858	\$46,200
Sierra Leone	\$46,300	\$297,079		\$582,250	\$218,340	\$18,025	\$257,400	\$12,379
Togo	\$127,139	\$555,943	\$85,000	\$353,566	\$433,395		\$74,317	\$23,891
Total WAC Region	\$2,572,913	\$5,709,129	\$3,554,428	\$10,672,644	\$8,623,379	\$115,584	\$3,463,851	\$203,172
MSI Central Warehouse			\$852,448	\$909,500	\$168,840		\$21,190	
Total OTHER	\$0	\$0	\$852,448	\$909,500	\$168,840	\$0	\$21,190	\$0
GLOBAL TOTAL	\$6,001,841	\$12,502,667	\$18,072,280	\$20,788,800	\$25,922,701	\$332,347	\$7,300,946	\$408,680

UNFPA Supplies is the United Nations Population Fund flagship programme that helps countries build stronger health systems and widen access to a reliable supply of contraceptives and life-saving medicines for maternal health. The programme focuses on 46 low-income countries with high maternal mortality, low contraceptive use, and growing unmet need for family planning – almost half of the countries are also facing humanitarian situations.

Established in 2007, the UNFPA Supplies programme has mobilized over \$1 billion, and is one of the largest procurers and suppliers of modern contraceptives in the world, supporting 25 million women and girls on average.

As a thematic fund, UNFPA Supplies provides donors with an opportunity and the flexibility to demonstrate their commitment to this UNFPA thematic priority.

Cover image: In Benin, even where there are no roads, in remote lakeside villages people can now access family planning services thanks to the boat clinic. © UNFPA/Nadine AZIFAN. Large icons: www.flaticons.com.



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