



# Setting the Stage for Sustainability

**UNFPA SUPPLIES PARTNERSHIP  
ANNUAL REPORT 2021**



# Programme countries



Afghanistan  
Benin  
Bolivia  
Burkina Faso  
Burundi  
Cameroon  
Central African Republic  
Chad  
Congo  
Côte d'Ivoire  
Democratic Republic of the Congo  
Djibouti  
Eritrea  
Ethiopia  
Gambia  
Ghana  
Guinea  
Guinea-Bissau  
Haiti

Honduras  
Kenya  
Lao People's Democratic Republic  
Lesotho  
Liberia  
Madagascar  
Malawi  
Mali  
Mauritania  
Mozambique  
Myanmar  
Nepal  
Niger  
Nigeria  
Papua New Guinea  
Rwanda  
Sao Tome and Principe  
Senegal  
Sierra Leone

Somalia  
South Sudan  
Sudan  
Tanzania  
Timor-Leste  
Togo  
Uganda  
Yemen  
Zambia  
Zimbabwe

## Joining in 2023

Angola  
Cambodia  
Comoros  
Kyrgyz Republic  
Pakistan  
Tajikistan

The UNFPA Supplies Partnership also provides support to the Pacific Island Countries and Territories.

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# FOREWORD

At UNFPA, we are seizing every opportunity to promote rights and choices that will help bring about a better, more just future – a future in which no woman, girl or young person is left out or left behind. The UNFPA Supplies Partnership is an integral part of our collective effort to make sexual and reproductive health and rights a reality for everyone, everywhere.

Through the Partnership, we deliver family planning information and services that include a choice of high-quality contraceptives. We know that when an adolescent girl has access to these services, she is more likely to stay in school, acquire skills and realize her full potential. When she has the power to make informed decisions about her health, her body and her future, we see progress in human development.

The investment case is strong: every additional dollar invested in family planning can save governments US\$ 3 in costs for pregnancy-related and newborn care. Over time, that same dollar invested in a total package of reproductive health, including family planning, could yield as much as US\$ 120 in health and economic benefits by helping girls stay in school and boosting women's lifetime earnings potential.

Getting back on track to achieve UNFPA's three transformative results – zero unmet need for family planning, zero preventable maternal deaths and zero gender-based violence by 2030 – urgently requires adequate, sustained investments. It also demands the commitment of Member States to prioritize long-term, predictable funding and financing for sexual and reproductive health and rights, including both targeted official development assistance and increased domestic resources.

Last year marked the start of a new decade-long phase for the UNFPA Supplies Partnership, bolstered by new leadership and even greater mutual accountability. The Partnership entered Phase III with 48 programme countries, operating where contraceptive use is low and preventable maternal death is high. The footprint of UNFPA Supplies is set to increase to 54 programme countries within two years. Although generous donors stepped in to stem the impact of unexpected funding cuts, a funding gap of US\$ 310 million over the next two years threatens the programme's expansion and lifesaving work. We remain intent on scaling up innovations, enhancing efficiency and pivoting to improve, while supporting partners to mobilize the resources that ensure long-term sustainability.

UNFPA is grateful to the valued partners who worked diligently to design the new Supplies programme, a collaborative effort by national governments, donors, non-governmental organizations, civil society organizations, academia, the private sector and the United Nations system. We thank you for your continued support and engagement. Together, we will continue to meet the unmet need for family planning and strengthen health systems so that every woman and girl can chart her own course and thrive.

**Dr. Natalia Kanem**

Executive Director

United Nations Population Fund

# Executive summary

CONTRACEPTIVES PROVIDED THROUGH THE UNFPA SUPPLIES PARTNERSHIP IN 2021 HAD THE POTENTIAL TO **AVERT**:

**5.4 million** unintended pregnancies

**114,500** maternal and child deaths

**1.5 million** unsafe abortions

and reach **13.3 million** users of quality modern methods.

## As the first year of a new phase, 2021 was a year of programmatic transition.

An expansion of the name – adding “**partnership**” – signalled an even greater commitment to strengthening our work with partners through governance, the sustainability readiness assessment tool, annual planning meetings and developing Transformative Action applications. It was also a year that emphasized **accountability** to the women and girls, men and boys in the developing countries where we work, with responsibilities and commitments clearly agreed in country compacts and a new performance measurement framework, with robust indicators to track results over the next decade.

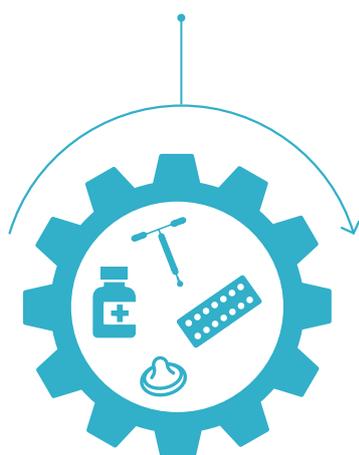
In 2021, despite global supply chain disruptions and an unexpected funding cut, the UNFPA Supplies Partnership delivered US\$ 84 million in reproductive health commodities to ensure women and girls could continue to exercise their family planning **rights and choices**, meeting commitments to the countries most in need. In the push to the last mile, delivering in situations of fragility, conflict, natural disaster and other emergencies remained one of the greatest challenges.

Where ongoing data exist, a number of trends were observed in the 48 programme

## Strategic objectives of the UNFPA Supplies Partnership 2021-2030

### Availability and choice

Increase availability and quality-assured reproductive health commodities, including for family planning



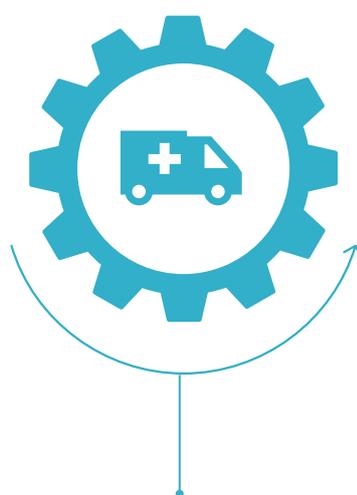
### Increased government commitment

Country financial contributions to quality reproductive health supplies and services are increased. Family planning is prioritized as a core element of sustainable development.



### Strengthened supply chains

Ensure contraceptives and other reproductive health commodities reach the last mile and promote harmonization and integration of supply chains



**All supported by operational effectiveness and efficiency**

## Key results for the 48 programme countries in 2021



**US\$ 84 million**

in programme funds\* utilized on reproductive health commodities by the UNFPA Supplies Partnership

**US\$ 340 million**

in estimated savings from reduced health-care costs on pregnancy and delivery care

**26 million**

couple-years of contraceptive protection (CYP) were provided by contraceptives supplied through the programme

**46 countries**

implemented the Sustainability Readiness Assessment Tool with diverse national stakeholders



**27 countries**

allocated funds through national budget lines for the procurement of contraceptives

**15 countries of 34**

surveyed reported "no contraceptive stock-out" in 60 per cent or more SDPs on the day of the survey or data collection



**46 countries**

conducted Last Mile Assurance activities

**36 countries**

included the subcutaneous injectable (DMPA-SC) in their health management information system

**26 countries of 33**

surveyed had three modern methods of contraception available at primary level

**39 countries**

reported timely procurement in agreed quantities



**15 countries**

produced new and lesser-used reproductive health commodities

**28 countries**

in the programme received support in humanitarian or fragile contexts



**US\$ 2.1 million**

was spent to procure emergency RH kits through the programme

**36 countries**

created road maps in 2021 to engage government in Phase III of the programme, with more scheduled for 2022

**44 countries**

completed commodity supply planning under government leadership

**48 countries**

completed audit and evaluation recommendations and updated the global risk matrix



\* Total funds, including freight and auxiliary reproductive health products.

countries: (i) unmet need has slowly and steadily declined, with an average decrease of 0.3 per cent across the regions since 2012, even as populations have grown; (ii) the total number of contraceptive users has increased from 44 million to 74 million from 2012 to 2021; (iii) despite the various factors that hinder the uptake of family planning services, there is slow and steady increase in the prevalence of modern contraception since 2012; (iv) the method mix score in programme countries has continued to improve, suggesting availability and access to a choice of contraceptives; (v) the number of countries with sustained domestic allocations for the procurement of contraceptives has increased in recent years, though experienced a setback in 2021; however, the expenditure on the purchase of contraceptives by the government increased for the year.

Budget adjustments to ensure financial sustainability resulted in a 30 per cent reduction in the spending plan, while the programme worked closely with countries to adapt to new budget constraints. Total spending of US\$ 121 million yielded a 93 per cent utilization rate. By year end, donors had stepped in with financial contributions reaching US\$ 222 million (against a target of US\$ 250 million) from 20 donors, the highest-ever number of donors since the programme's launch in 2007.

The theme of this report – **sustainable family planning** – captures the transformational impact of not only delivering contraceptives and life-saving maternal health medicines, but also going deeper and wider to ensure national health systems and human resources grow increasingly stronger to sustain the work required to meet the challenge of this decade: ending the unmet need for family planning by 2030.





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## Universal access to sexual and reproductive health care is a core element of the Sustainable Development Goals. Yet 257 million women and girls who want to avoid pregnancy are not using an effective modern contraceptive method.

Our goal is to end this unmet need for family planning. In UNFPA, the main mechanism for realizing this goal is the UNFPA Supplies Partnership.

The third phase of the programme (2021–2030) builds on years of experience and innovation to create a more strategic approach to meeting the needs of even the hardest-to-reach women and girls for modern contraceptives and life-saving maternal health medicines, while also **building more sustainable systems and visibility** around the availability of these supplies to the last mile.

The UNFPA Supplies Partnership supports 48 programme countries to strengthen their health systems to provide sexual and reproductive health services, including contraceptive options for all populations of reproductive age. We work in countries with high rates of maternal mortality and unmet need for family planning to reach people with reproductive health supplies that save and improve lives. We are a multilateral, multi-donor, UNFPA-managed thematic trust fund. From the launch in 2007, success in strengthening reproductive health commodity security has informed a new phase taking the programme to 2030.

On the journey to achieving the Sustainable Development Goals, this programme aims to chart a course to lasting progress for sustainable national family planning programmes.

### Chapter 1

**To increase availability and choice**, the Partnership is not only the world's largest procurer of donated contraceptives, but also builds capacity at every step to deliver quality-assured reproductive health commodities through national family planning programmes, reaching the marginalized and vulnerable in rural and lower-income areas. Building the capacity of health service providers for quality of care and community-based distribution is critical to increasing access and quality of care.

### Chapter 2

**To strengthen supply chains**, the Partnership ensures supplies for reproductive health commodities reach the last mile and promotes harmonization and integration of supply systems in countries through a number of strategies: building capacity for sustainable national health systems to forecast and quantify needs, implementing logistics management information systems and procuring quality-assured contraceptives and life-saving maternal health medicines.

### Chapter 3

**To increase government commitment**, the Partnership fosters an enabling environment for sustainable financing, moving towards a subsidized model for reproductive health commodity procurement that sets the stage for increased domestic resource mobilization.

**Chapter 4** reports on operational effectiveness and **Chapter 5** provides the financial overview.

Across the 48 countries, the **MOST-USED FAMILY PLANNING METHODS** are:

**39%**  
Injectable  
contraceptives



**17.5%**  
Oral contraceptive  
pills



**17.2%**  
Contraceptive  
implants



**In April 2021, an unexpected donor funding cut changed the course of the year.** With a combination of donor pledges and programmatic adjustments, however, the result was a circumscribed outlook that nevertheless met commitments to the countries most in need. The Partnership adopted an extended transition plan in response to the funding cut, adding a second year to allow for the transition to Phase III across both 2021 and 2022. Phase III will run 2021 to 2030 – a decade of action for family planning.

A strong alliance of government, foundations and private donors has stepped in to ensure we are able to continue to support more than 50 low-income countries in overcoming challenges to reproductive health access and care. **Total contributions to the Partnership for 2021 reached US\$ 222 million from some 20 donors – four more than in 2020 – including four foundations and two private sector partners.** Seven donors made multi-year commitments for the next phase of the programme, enabling future planning. Still, these contributions are not sufficient to meet all programmatic needs. While the additional funding came at a critical time, the programme requires sustained longer-term funding, and is working with all partners to secure new and innovative funding streams.

The UNFPA Supplies Partnership contributes to the achievement of key commitments envisioned in the **ICPD Programme of Action** (Cairo agenda), which have been articulated in the **UNFPA Strategic Plan, 2022–2025**, as three transformative results: **ending the unmet need for family planning**; ending preventable maternal deaths; and ending gender-based violence and harmful practices. The programme aligns with and supports UNFPA's 6+6 framework, with six interconnected outputs and six accelerators to achieve these outputs. The programme leads on the UNFPA commitment to invest in and advocate for people-centred high-quality family planning services and products to meet the diverse needs of all women, adolescents and youth.

The programme takes an integrated approach to humanitarian support that is guided by the **UNFPA Humanitarian Supplies Strategy** for 2020–2025. We benefit from related UNFPA efforts that support access to family planning, such as midwifery training through the **Maternal and Newborn Health Thematic Fund**, ending child marriage and expanding access to comprehensive sexuality education. We also leverage deep government relationships, institutional knowledge and human capital within the organization, including across more than 150 UNFPA Country Offices.

# Vision for 2030

## Pathways to sustainability are embedded in programming

### Financing

- Family planning programmes have the capacity to secure the timely availability of predictable, multiyear domestic resources prioritized for high-impact family planning programme interventions, guaranteeing affordable, equitable access to family planning services across the entire health system.
- As the family planning programme moves towards sustainability, there are incremental increases in allocations for commodities in national plans and budgets in order to meet demand.

### Policy environment

- Laws, policies and regulatory mechanisms supporting increased availability of quality family planning services and commodities.
- Governments committed to creating an enabling environment to increase and sustain domestic financing for family planning and expand engagement of other sectors.

### Services provision capacity

- Skilled health care providers are available at all levels and provide human rights-based family planning services as part of an integrated package of sexual and reproductive health services in the context of universal health coverage (UHC).
- Health workforce meet clinical and service delivery standards and quality is monitored and regulated by national health authorities systematically.

**supplies partnership**  
All programming is centred on human rights and gender equality



### Governance and leadership

- Downstream-led accountability mechanisms in place, supporting and enabling multiple actors including private sector and civil society organizations in a coordinated effort, enhancing efficiency and equity of human rights-based family planning services provision.

### Commodities

- A broad range of high-quality contraceptive methods is available through the public sector distribution channels.
- Contraceptive methods are accessible, affordable and utilized when needed, including by the most vulnerable populations.
- National Drug Regulatory Authority ensures product quality, in adherence with international standards for available products.

### Humanitarian resilience

- Health systems incorporate a disaster risk reduction (DRR) approach to family planning programmes and integrates sexual and reproductive health, including family planning, as an integral part of National Response Plans and humanitarian frameworks.
- Health systems have the capacity to respond to crisis and disasters and have mechanisms put in place in order to mitigate and reduce the risk of a disruption of health services provision.

### Supply chain systems and logistics

- The relevant authorities continue to leverage and are completing the integration and institutionalization of supply chain management (SCM) processes and systems. Last Mile Assurance (LMA) mechanisms are in place, optimizing the availability of contraceptive products at all levels, at all times.

## CHAPTER 1

# Sustainable availability and choice of modern contraceptive methods

**OUTCOME: Increase availability of quality-assured reproductive health commodities**

79%

Percentage of countries with availability of **three modern contraceptive methods** at 85% or more primary-level service delivery points

*(coverage in 26 of 33 countries where data are available)*

52%

Percentage of countries with availability of **five modern contraceptive methods** at 85% or more secondary- and tertiary-level service delivery points

*(coverage in 17 of 33 countries where data are available)*

35%

Percentage of countries with availability of **life-saving maternal health medicines** at 85% or more service delivery points

*(coverage in 10 of 29 countries where data are available)*

Voluntary family planning: male condoms, female condoms, oral contraception, injectables, emergency contraception, IUDs, implants, sterilization for females, sterilization for males

Magnesium sulfate, misoprostol and oxytocin

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**Sustainable family planning means that contraceptive methods are accessible, affordable and utilized when needed, including by the most vulnerable populations – adolescents and youth, persons with disabilities and those caught in humanitarian crises.**

**Efficient and timely procurement of a choice of quality-assured reproductive health commodities**



**39 countries**

Number of countries where 75% of UNFPA Supplies Partnership orders are delivered on time in countries

**39 countries**

Number of countries where 75% of UNFPA Supplies Partnership commodity orders are delivered in agreed quantities by the supplier

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**Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights**



**26.1 million**

Number of couple-years of protection (CYP) provided by contraceptives procured through the UNFPA Supplies Partnership

**15 countries**

Number of countries where new and lesser-used reproductive health commodities are procured for use in the public sector in line with government-led introduction plans and women's reproductive rights

Data sources are from facility surveys, HMIS/LMIS and/or other surveys.

Availability and choice are prerequisites for sustainable family planning. A broad range of contraceptive methods must be available through public sector distribution channels, with product quality in adherence with international standards.

The procurement of supplies is one aspect of this work; the capacity to deliver family planning services and to respond to crisis and disaster are also essential. Only when these elements

are in place can women and girls be assured of availability and choice.

A key area of focus in Phase III is expanding the choice and range of supplies that are available. Access to a wide variety of family planning methods increases contraceptive use and satisfaction and reduces discontinuation, as women are more likely to find a method that suits their needs. A diverse choice of methods also provides women with access to

longer-acting and more effective methods of contraception, reducing the risk of unintended pregnancy. A wide variety of methods is a component of quality of care as well as an important principle of rights-based family planning. Family planning is also an essential service for men and boys.

Central to a woman's healthy and fulfilling life, and the well-being of the family, is her ability to decide whether and when to become pregnant. Recognizing the full worth of women and girls, and enabling them to contribute fully to their societies, means ensuring they have the tools, information and power to make this fundamental choice for themselves. Access

and availability of quality-assured modern contraceptives is essential for gender equality.

Voluntary, rights-based family planning contributes directly to the achievement of Sustainable Development Goal 5 to achieve gender equality and empower all women and girls as well as to Goal 3 on good health and well-being, while advancing the full SDG agenda.

When we invest in the sexual and reproductive health of women and girls, the benefits are multifold: they are empowered to become key actors in building our societies and to become the driving force for sustainable economic development.

## Reproductive health supplies provided by the UNFPA Supplies Partnership

L = lesser-used commodities;

\* commodities newer to public health procurement

### Short-acting contraceptives

- Combined oral contraceptive pills
- Progestin-only pills
- Emergency contraceptive pills <sup>L</sup>
- Injectable contraceptives:  
DMPA-SC (N); DMPA-IM; NET-EN
- Male and female condoms
- Hormonal vaginal rings \*

### Long-acting and reversible and permanent contraceptives

- Contraceptive implants \*
- Copper intrauterine devices <sup>L</sup>
- Hormonal intrauterine devices (N)
- Non-scalpel vasectomy (NSV) kits<sup>L</sup>
- Supplies for tubal ligation <sup>L</sup>
- Supplies for insertion or removal of implants and IUDs

### Reproductive health medicines and supplies

- Oxytocin
- Heat-stable Carbetocin \*
- Tranexamic acid \*
- Misoprostol <sup>L</sup>
- Mifepristone <sup>L</sup>
- Combipack (misoprostol and mifepristone) <sup>L</sup>
- Manual vacuum aspirator (MVA) <sup>L</sup>
- Magnesium sulfate
- Calcium gluconate

### HIV supplies

- Male and female condoms
- Lubricants
- HIV test kits

**Inter-agency RH kits:** Kits range from simple supplies for clean delivery to a 34-box kit that can equip an entire surgical maternity ward. *Family planning kits* contain male and female condoms, oral contraceptives, subcutaneous and intramuscular injectable contraceptives, and intrauterine devices.

## Contraception provided by the UNFPA Supplies Partnership in 2021

Pieces of

**MALE CONDOMS: 114,559,200**

Pieces of

**FEMALE CONDOMS: 1,800,000**

Monthly cycles of

### ORAL CONTRACEPTIVES

Combined oral pills: **22,224,069**

Progestin-only pills: **4,336,644**

Monthly cycles of

### INJECTABLE CONTRACEPTIVES

2-month injectable: **998,900**

3-month injectable IM: **13,758,300**

3-month injectable SC: **10,177,800**

IM=intramuscular; SC=subcutaneous

Sets of

### CONTRACEPTIVE IMPLANTS

Two-rod, 5-year implants: **2,769,700**

Two-rod, 3-year implants: **140,000**

Two-rod, 3-year implants: **1,420,216**

Pieces of

### INTRAUTERINE DEVICES (IUD)

Hormonal IUDs: **142,995**

Copper IUDs: **436,090**

Packs of

**EMERGENCY  
CONTRACEPTIVE PILLS: 1,092,620**

Tubes of

**PERSONAL LUBRICANTS: 60,000**

## What is unmet need?

Family planning is defined in UNFPA as “the information, means and methods that allow individuals to decide if and when to have children; it includes a wide range of contraceptives as well as non-invasive methods such as the calendar method and abstinence; it also includes information about how to become pregnant when it is desirable, as well as treatment of infertility.” The UNFPA State of World Population 2022 also notes that the term “family planning” is not inclusive for all populations and does not resonate with certain populations. For example, many adolescents and youth do not identify with the idea of planning a family. Synonyms: birth control, contraception, fertility management.

**Unmet need for modern contraception** is the state of wanting to delay or prevent pregnancy while not using a modern, effective form of contraception while sexually active.

**Unmet need for family planning** is the state of having identified a reproductive intention (whether that is to become pregnant or to delay pregnancy) but being unable to access the information and services needed to realize that intention.

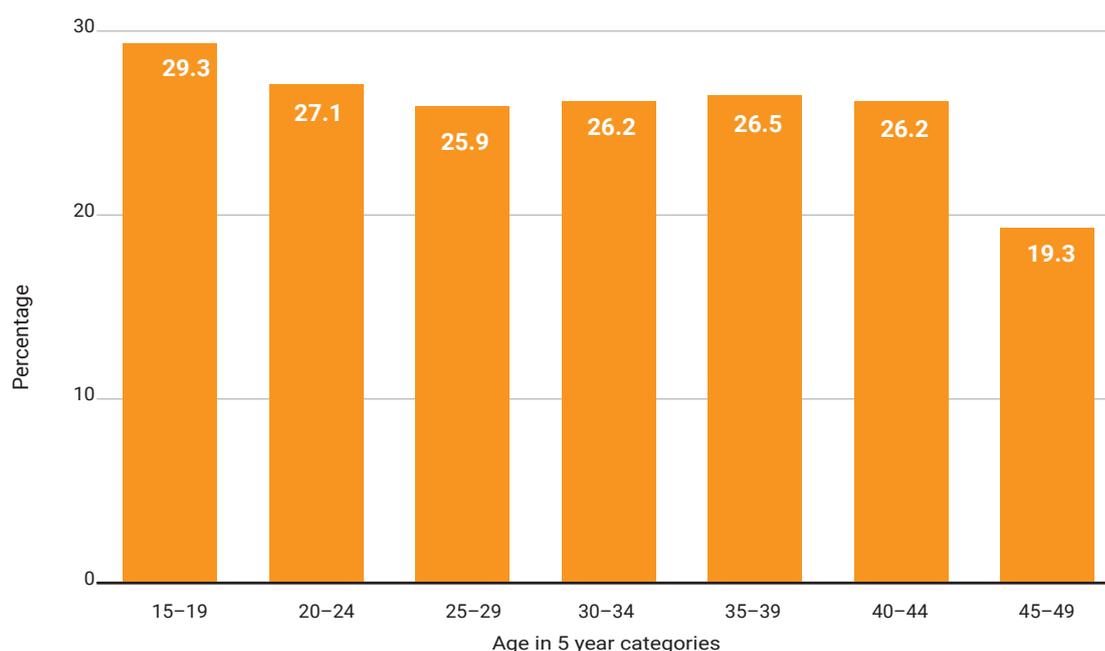
**Ending the unmet need for family planning** means that every woman and girl, and every couple that has an expressed need is able to overcome factors affecting their unmet need (access, discontinuation, post-partum, finding a preferred method) to sustain their access to quality services and information without financial hardship to help them manage their reproductive intentions.

Source: Forthcoming UNFPA family planning strategy to 2030

## Percentage of women with an unmet need for any method of contraception (married or in-union)

disaggregated by AGE in UNFPA Supplies Partnership countries for which survey data are available, 2021

### UNMET NEED BY AGE CATEGORY



## Expanding access to new and lesser-used contraceptive methods

Access to a wide range of contraceptive methods allows women to choose a suitable method for themselves and creates a balanced method mix. Introducing new methods also supports the UNFPA Strategic Plan, going beyond procuring supplies to improving access, availability and choice. As part of the public health system, new methods and lesser-used methods also improve financial independence.

A number of new and lesser-used contraceptive methods were introduced in 2021 with technical support and guidance on policy, strategy, development of costed introduction and scale up plans, facility readiness and training of providers and community health workers where task shifting/task sharing is approved, taking into account a human rights-based approach:

- **The hormonal contraceptive intrauterine device (IUD)** was introduced in five countries: Kenya, Madagascar, Nigeria, Rwanda and Zambia.
- **Permanent methods** (vasectomy and tubal ligation) were introduced in three countries under controlled settings in public sector facilities with close monitoring and supervision on quality of care and voluntary informed choice: Burundi, Papua New Guinea and Rwanda.
- In the **42 countries introducing the self-injectable subcutaneous DMPA-SC**, UNFPA supported the training of 42,324 community health workers and 70,993 health care providers on the method.
- **Uptake of the copper intrauterine device was revived**, especially where access has been hindered by provider capacity, with efforts to strengthen capacity and address specific provider bias issues.
- **Heat-stable maternal health medication** was introduced in three countries.
- UNFPA co-led with USAID, the World Health Organization and Jhpiego on revamping and updating the **Training Resource Package for Family Planning (TRP)**, a platform with materials for trainers-of-trainers and health care providers on all contraceptive methods, counselling and the benefits of family planning.



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Considering a choice of methods © UNFPA Zambia

Introduction of new methods requires health system and facility readiness and preparedness. Introduction and scale up plans need to be costed, funded and coordinated with all stakeholders. For providers, there must be training for competency and quality counselling built into pre-service and in-service training, treatment guidelines, job aids/tools and supervision.

Stakeholders need to ensure the right information and communication materials are available, and carry out demand generation. Introducing new methods also requires monitoring and evaluation frameworks to document lessons learned, data collection systems and integration into existing national health management information systems for quantification, distribution, storage and logistics.

## INCLUDING PERSONS WITH DISABILITIES

A study initiated in **Côte d’Ivoire** on access to social services for vulnerable populations (persons with disabilities, sex workers, LGBTQIA+ people and persons living with HIV), has provided unique opportunities to inform marginalized groups about family planning methods.

Events in **Ghana**, including the national “Ability Fair”, Family Planning Month and events of the Kayayei Assistance Project (KASPRO) Boame project, reached more than 5,000 persons with disabilities, 5,000 kayayei (market head porter girls) as well as adolescents in

slums and deprived areas with information and services on sexual and reproductive health, including family planning, GBV and HIV. Registration with the National Health Insurance Scheme was offered to expand access to health care among kayayei. Also in 2021, Ghana hosted the “We Decide” West African disability conference for 18 participants from Ghana, Liberia, Nigeria and Senegal.

In **Kenya**, the “Mama Siri” toll-free social media platform, provided 3,300 women with disabilities with information on sexual and reproductive health via the toll-free line and

bulk SMS, while another 5,000 calls came in for referrals for family planning and other services for women with disabilities. UNFPA supported the introduction and roll out of Mama Siri in eight counties. UNFPA also provided technical and financial support to ThisAbility Trust (TAT) to develop a national advocacy strategy and toolkit on sexual and reproductive health and rights for women with disabilities. Training was provided to 70 women with disabilities on digital skills and to another 65 health care providers on quality care for women with disabilities.

In a video produced for the Generation Equality Forum, disability advocate Jane Phiri, 23, National Association of the Deaf in **Zambia**, described the impact of the UNFPA Supplies Partnership, providing contraceptives that help her plan her life. Available at [https://youtu.be/TeE73IPwD\\_4](https://youtu.be/TeE73IPwD_4).



**Jane Phiri** 23 years old  
National Association of the Deaf, Zambia

But maybe it's because I'm deaf, I never used to hear anything about that.

© UNFPA Zambia

## INCREASING AVAILABILITY OF INJECTABLE DMPA-SC

### Self-administered DMPA-SC

Self-administered injectable contraception is one example of how new methods can increase choice as well as continuation, with users finding it convenient, safe and easy to use in the privacy of their homes. In **Afghanistan**, the option of self-administration of injectable hormonal contraceptives is expanding method choice in a country where injectable contraceptives are already the most common method. UNFPA supported the scale up of DMPA-SC self-injection across Ghana, with financial and technical support to the **Ghana** Health Service to train 720 service providers to administer a method that expands choice and autonomy.

### Introducing new methods into supply systems

As a new commodity to the public health systems, **Somalia** recently included DMPA-SC in the LMIS system, **Zambia** included tranexamic



Administering an injectable contraceptive © UNFPA Uganda

acid and DMPA-SC in both the HMIS and LMIS, **Myanmar** included DMPA-SC in the LMIS, **Guinea** included DMPA-SC in e-LMIS and **Rwanda** included both DMPA-SC and hormonal IUS in the HMIS and LMIS.

### Rolling out and scaling up DMPA-SC

National roll out of DMPA-SC in the Democratic Republic of the Congo was in progress in 26 regions and 512 districts, with 8,301 health care providers and 1,324 community health workers trained to provide this injectable contraceptive method in 2021.

Health providers in seven of 10 health departments have been trained on DMPA-SC in **Haiti**, where the government plans to scale up DMPA-SC nationally, and a partnership with PATH is increasing technical cooperation collaboration.

National roll out of DMPA-SC in **Lesotho** 2021 resulted in uptake by some 20,000 women. This method is now available in public health facilities offering family planning and through community-based distribution by village health workers and community-based NGOs such as LPPA and PSI.

DMPA-SC uptake increased by 42 per cent between 2020 and 2021 in **Liberia**, where an additional 314 community health assistants received training to administer this injectable method, bringing the total to 800 trained.

To increase access to family planning in humanitarian and fragile contexts in **Nigeria**, access to DMPA-SC was improved in Borno Adamawa and Yobe states through community-based distribution interventions. With training to build capacity, 145 nurses and community health extension workers and 60 community-based distribution

agents were deployed to 15 camps for internally displaced persons as well as health facilities and safe spaces in host communities to provide sexual and reproductive health services. This intervention reached over 6,567 of the most vulnerable women and girls.

In **Rwanda**, DMPA-SC and hormonal IUD contraceptive methods have been introduced in the national supply chain, supported in 2021 with capacity-building of 27 master trainers, 121 trainers and 654 health service providers from all 30 districts in the country.

The pilot and roll out of injectables in **Zimbabwe**, jointly with Population Services Zimbabwe and Population Services International benefited from procurement of 200,000 vials from the UNFPA Supplies Partnership for roll out to three provinces (Mashonaland East, Matabeleland South and Bulawayo) along with IEC material and training for 336 health workers and 40 district mentors. By the end of the year, 96 per cent of health facilities were providing implants and 93 per cent of hospitals were providing IUDs.



Providing family planning information © UNFPA Zimbabwe

## LEAVING NO ONE BEHIND: AVAILABILITY AND CHOICE

### Building capacity of health service providers

Three hospitals in **Lesotho** introduced immediate post-partum family planning as a pilot project supported by the Ministry of Health to promote long-acting and lesser-used methods. A baseline assessment before and monitoring after showed that health workers are now aware of this practice and are advising women after delivery.

In **Mali**, UNFPA supported the distribution of contraceptive products, reproductive health and dignity kits to internally displaced persons and at locations under the control of armed groups. Deployment of midwives in rural humanitarian settings facilitated the provision of family planning services to vulnerable populations. Innovative strategies, including outreach through hair salons and the Kénéya Infotaxini, made it possible to reach vulnerable clients in rural areas, who then mobilized women in their

communities to seek family planning services.

In **Malawi**, government estimates show more than 1.4 million new users of family planning in 2021, due in part to capacity development to promote distribution of new and lesser-used methods to marginalized groups through a partnership of the Ministry of Health and the IPPF affiliate, the Family Planning Association of Malawi. In 2021, 287 health workers received training in injectable contraceptives, IUDs and implants and the practice of immediate post-partum family planning.

Midwives in **Niger** made more than 1,000 “sorties foraines” (fairground outings) in 2021 to attract new users of long-acting family planning methods as part of a new initiative of UNFPA and PSI, a non-governmental organization. The project, which began in 2021 with 212 health centres in three regions, supported the midwives, organized youth forums and helped add

more than 65,000 new users of modern family planning in Niger. In 2021, the DHS reported a decline in fertility from a long-standing 7.6 infants per woman to 6.2 infants per woman in Niger, similar to its neighbours, Burkina Faso (6.2), Mali (6.3) and Chad (6.4).

Investing in high-quality generic contraceptives is a sustainable strategy in countries where contraceptive commodity budgets are highly donor-funded. By procuring generic contraceptives, **Uganda** was able to achieve over US\$ 780,000 in savings in 2021 with the potential to provide an additional 250,000 women with one full year of combined oral contraceptives and injectable. Collaboration with the Alternative Distribution Strategy (ADS) mechanism included support for forecasting of commodity needs with 991 private not-for-profit and ADS-accredited health. Capacity building on new contraceptive methods including training of Village Health Teams in injectable DMPA-SC, enhancing

community distribution despite COVID-19 restrictions on movement.

In **Zambia**, where UNFPA accounts for approximately 60 per cent of national commodity needs, sustained support has contributed to an increase in the couple-years of protection (CYP) of commodities procured

from 1.7 million in 2020 to 2.8 million in 2021. Support helped overcome persistent challenges of last-mile delivery in 2021 by building the capacity of supply chain managers, 246 community-based distribution agents for demand generation and provision of short-acting methods, plus 416 health care workers on LARC methods.



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## POLICIES AND GUIDANCE ON NEW AND LESSER-USED METHODS

In **Liberia**, a national action plan for new and lesser-used commodities was developed with UNFPA support, adding three commodities (tranexamic acid, heat-stable carbetocin and hormonal IUD) and providing related orientation to 86 health professionals. High-level advocacy by UNFPA and partners in **Mozambique** contributed to the government's endorsement of expanded provision of injectable contraceptives, including approval for self-injection. To support the National Hormonal IUD Introduction Strategy in **Nigeria**, UNFPA supported procurement of 80,000 pieces and capacity development

for eight master trainers, 80 nurses and midwives and six doctors.

To ensure an enabling policy environment in **Zambia** for private sector participation and promotion of a Total Market Approach (TMA), a policy that extends provision of DMPA-SC and DMPA-IM to private community pharmacies, was operationalized through a partnership with the Ministry of Health, the private sector and other partners. Also in 2021, a National Hormonal Intrauterine Device (IUD) and Levoplant Strategic Introduction and Scale Up Plan for Zambia was developed with UNFPA financial

and technical support, accompanied by capacity development at 10 nursing schools and integration of the two methods into the national systems.



© UNFPA Nigeria

## ENGAGING ADOLESCENTS AND YOUTH

### Networks that empower

In 2021, AfriYAN developed and implemented the Women’s Leadership Academy, an initiative on women’s leadership in academia, as part of the KITUMAINI vocational training project in the **Democratic Republic of the Congo**. Twenty coaches, 15 mentors and 60 adolescent girls received leadership training in 2021, including on reproductive health. In Gambia, the Youth Action

Movement, part of the **Gambia** Family Planning Association, invested in awareness-raising and community mobilization around HIV prevention and testing and family planning information and services with films, condom distribution and other youth outreach activities.

### Hotlines and digital apps

More than 5,000 adolescents and youth in **Ghana** have gained access online through

two apps – Wawa Aba and YMK (You Must Know) – to sexual and reproductive health counselling, information and directions to the nearest adolescent-friendly health centre. Implemented by the government with UNFPA support, the digital resources are estimated to have contributed to a 10 per cent increase in family planning uptake among adolescents and young people nationally.

### In Lao People’s Democratic Republic, more than

635,000 adolescents and young people have received sexual and reproductive health information through the Vientiane Youth Centre’s Facebook page. Telemedicine was used for online reproductive health counselling, along with shipping of family planning supplies to young people’s workplaces or homes. The Sexual and Reproductive Health hotline in Lao People’s Democratic Republic, improved during the COVID-19 pandemic, has been used by more than 3,000 adolescents and young people for



A campaign asks, “Is motherhood destiny or a decision?” © UNFPA Bolivia

counselling on family planning and other reproductive health issues and psychosocial support.

### Mobile strategies

Mobile teams continued to play a central role in **Haiti**, where UNFPA uses a last-mile approach to reach the most vulnerable groups, especially adolescents, youth and the poor in the most remote areas of the country. The approach has helped to create supply and demand around reproductive health services and access to long-lasting methods, while new users of family planning continued to increase.

### Markets and workplaces

Taking services and supplies where people gather is a strategy behind 33 popular local market sites in **Liberia** that distribute contraceptives, increasing access and uptake for women and adolescent girls in a social setting in rural as well as urban markets. In 2021, some 58 per cent of new users were adolescent girls and young women aged 14 to 25. In **Lao People's Democratic Republic**, more than 2,700 young factory workers received consultations with 73 peer

educators in 2021, including 21 young factory workers trained as peer educators to provide family planning and other sexual and reproductive health information to their friends and co-workers.

### Guidelines and plans

In **Bolivia**, an update and review of the National Standard for SRH care for LGBTQIA+ people was conducted, with document approval pending. Also updated and revised were the National SRH Plan 2021–2025, the strategic action plan for sexual and reproductive health care during and after the COVID-19 pandemic has been updated. The Study on Socioeconomic



© UNFPA Zambia

Consequences of Teenage Pregnancy using the MILENA methodology was completed in Bolivia and in **Honduras**, where the Impact Target Estimation Model for Adolescent Pregnancy Reduction Programmes/Plans (MEMI) was also completed.



© UNFPA Sao Tome and Principe



## Meeting the need for family planning and maternal health in **HUMANITARIAN SETTINGS**

**90%**

of UNFPA Supplies Partnership countries have national health and emergency frameworks

**28 countries**

Number of UNFPA Supplies Partnership countries in humanitarian or fragile contexts that were supported by the programme

**US\$ 2.1 million**

Value of emergency RH kits procured by UNFPA Supplies Partnership

*(including procurement and freight)*

**17 countries**

in humanitarian settings were reached with emergency RH kits through the UNFPA Supplies Partnership

**21 countries**

integrated the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks

### **Availability and choice in humanitarian situations**

Needs continued to rise among refugees and other forcibly displaced women and adolescent girls and their host communities. Working in the world's biggest crises, UNFPA utilizes the UNFPA Supplies Partnership to provide reproductive health commodities to crisis-affected countries, prepositioning and shipping emergency RH kits and maintaining annual commodity management. The programme supports countries in the preparedness, response and recovery phases to develop strong supply chains for contraceptives and key maternal health medicines.

## BUILDING RESILIENCE IN HUMANITARIAN SITUATIONS

### Training on logistics, procurement and supply chain management

Through in-kind contributions from HELP Logistics, a total of 61 logistics and supply chain programme managers from UNFPA Country Office, Ministries of Health and NGO implementing partners in four francophone countries (24 people) and five anglophone countries (37 people) in **Africa** were trained on humanitarian logistics management and procurement and supply management. The training was conducted virtually and included participants being mentored by experts from academia and industry to develop and implement actionable supply chain improvement projects.

### Mobile strategies

In **Mozambique**, UNFPA supported the deployment of 595 integrated mobile health teams for the provision of integrated sexual and reproductive health services, including family planning, GBV, HIV and clinical management of rape. Results included the addition of over 96,000 new users of modern contraceptives. Support included conflict-affected areas in Cabo Delgado and northern region, as well as in cyclone and flood-affected areas in Sofala and central region. The mobile teams delivered family planning services as an integrated part of health services in the humanitarian response.

### Services and supplies

In **Afghanistan**, a disrupted health system has reduced access to health services and the availability of reproductive health commodities in health facilities and increased reliance on mobile health teams. In 2021, UNFPA obtained a licence from the de facto authorities at the time (the Taliban) to import contraceptives and distribute them to the most remote areas of the country. UNFPA also supported the national and subnational level coordination mechanisms for family planning. In the **Democratic Republic of the Congo**, where the UNFPA Supplies Partnership covers more than half of contraceptives, key support in 2021 included acquisition of emergency RH kits and contraceptives for populations in distress. Provision of family planning services to 47,400 internally displaced women and girls in the provinces of Kasai, Kasai central, Kasai Oriental, North and South Kivu, Ituri and Tanganyika. Fifty family planning providers received training in the



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new MISP for Sexual and Reproductive Health in crisis situations. In **Liberia**, as part of humanitarian efforts to provide Ivorian refugees with services for sexual and reproductive health and gender-based violence, 40,000 women received services, including access to contraceptives.

### Finding solutions to logistical challenges

Prepositioning of family planning products in conflict risk areas helped make them accessible to vulnerable women and girls during the post-election crisis in **Côte d'Ivoire**. UNFPA also supported the prepositioning and distribution of emergency RH kits and other supplies

and equipment in Cabo Delgado, Nampula and Sofala provinces in **Mozambique**. In **Haiti**, in addition to ongoing political instability and gang violence, a magnitude 7.2 earthquake struck in August 2021, followed by a tropical storm. With thousands of women and girls left homeless, UNFPA provided support for mobile health teams and emergency RH kits and assisted the Ministry of Health to use seaways and helicopter to transport reproductive health commodities. Deliveries to health facilities in remote areas remained a difficult challenge.

Humanitarian crisis and armed conflict have disrupted



© UNFPA Democratic Republic of the Congo

supplies and services in **Myanmar**, where UNFPA engaged closely with partners to arrange alternative storage and distribution of family planning supplies and emergency RH kits. Partners also coordinated training of 182 supply chain managements and staff to set up an e-LMIS in 31 warehouses and 406 health facilities.



Modern contraceptives are painted on the wall at a transit centre for Afghan refugees © Zaeem Abdul Rahman/UNFPA Afghanistan

## CHAPTER 2

# Sustainable supply systems

**OUTCOME: Ensure reproductive health commodities reach the last mile and promote harmonization, integration and strengthening of supply systems in countries**

**44%**

Percentage of countries reporting “no contraceptive stock-out” in 60% or more service delivery points in the last three months before the day of the survey visit  
*(15 of 34 countries surveyed)*

**85%**

Percentage of countries implementing recommendations from the LMA process to improve commodity and data visibility  
*(39 of 46 countries surveyed)*

**86%**

Percentage of countries that successfully integrated a new reproductive health commodity in their HMIS/LMIS  
*(24 of 28 countries surveyed)*

**19 countries**

had a supply chain management strategy in place with a costed implementation plan that addresses all elements of contraceptive availability and access in line with the UNFPA/WHO implementation guide on ensuring rights

**36 countries**

included injectable DMPA-SC

**6 countries**

included Hormonal IUD in their HMIS/LMIS systems

**46 countries**

indicated that the country conducted activity for last mile assurance during 2021

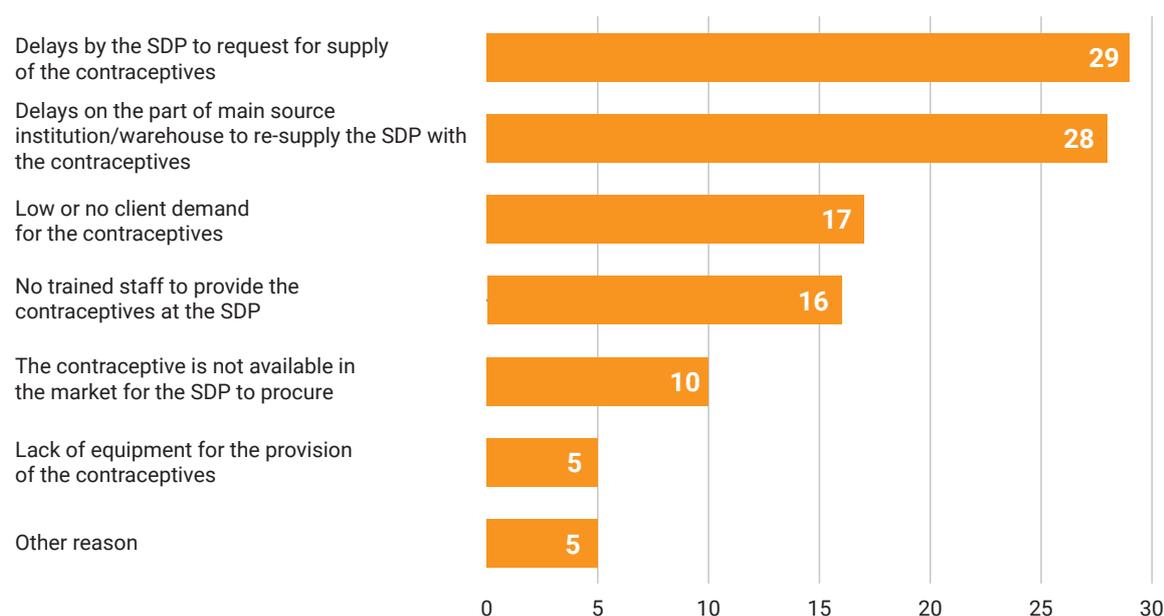
## The UNFPA Supplies Partnership works on building resilient health systems capable of delivering quality, human rights-based family planning services in an efficient and sustainable way.

The strengthening of supply systems supports both availability and access. Functional supply systems are integral to the availability of reproductive health commodities, which is a necessary condition to improve access to contraception. To support countries in their efforts to make supply systems stronger, more functional and more resilient, the UNFPA Supplies Partnership provides technical and financial assistance every step of the way, from forecasting local needs to electronic logistics management at the national level, to global efficiency in pricing and quality. Our work in health systems strengthening addresses the specific reasons for stock-out at service delivery points, to identify bottlenecks and identify gaps in both capacity and commodities.

Countries are strengthening health systems to leave no one behind. This involves integrating and institutionalizing supply chain management processes and systems and, for those hardest-to-reach, ensuring that last-mile assurance (LMA) mechanisms are in place. Countries are ultimately optimizing the availability of contraceptive products at all levels, at all times. In times of humanitarian crises, health, well-being and dignity depend on moving medical supplies to areas most in need. Without people skilled in medical logistics, supplies such as emergency health kits, vaccines, menstrual hygiene supplies, contraceptives, pharmaceuticals and medical devices may never reach the people who need them – contributing to further destabilizing already complex and risky settings.

### Reasons for stock out at service delivery points

(where data was available in 34 of 48 countries)



## Newly available maternal health medicines

Programme countries added life-saving maternal health medicines that prevent and treat bleeding to their public health systems for the first time in 2021. Heat-stable carbetocin was introduced in two countries (Democratic Republic of the Congo and Madagascar) and tranexamic acid in three countries (Ethiopia, Madagascar and Zambia). Introduction of new products is done in a structured manner that takes into account availability of treatment guidelines and building the capacity of providers on the use of the products. The Maternal Health Trust Fund has been supporting this work in the countries introducing these new life-saving maternal health medicines including operational research.

Globally, nearly one quarter of all maternal deaths are associated with post-partum haemorrhage (PPH), and in most low-income

countries it is the main cause of maternal mortality. UNFPA added heat-stable carbetocin (for prevention of PPH) and tranexamic acid (for treatment of PPH) to the product catalogue in 2021. Because they do not need refrigeration, they can be used in settings where it is not feasible to transport or store oxytocin in the cold chain.

## Joint gap analysis

Commodity procurement by the UNFPA Supplies Partnership and by implementing partners through bilateral support to countries was affected by an unforeseen donor funding cut. The total annual spending plan in 2021 was reduced by 30 per cent, with 20 countries facing reduced procurement of reproductive health supplies. Additional support from USAID offset this reduction in 10 countries. The programme carried out a funding gap analysis for each of the 48 UNFPA Supplies Partnership countries in 2021 in order to assess and mitigate the impact on commodity



availability and stock-outs. In a process of value creation that engaged other stakeholders and partners, including USAID, the analysis reviewed all quarterly reports, looked at both maternal health medicines and family planning supplies, identified gaps and explored resource mobilization options to fund procurement and support for advocacy.

## Improving 'visibility' across the supply chain

UNFPA is a founding member of a family planning data platform designed to improve how supply chain decisions are made, the Global Family Planning Visibility and Analytics Network, or Global FP VAN. This "control tower" expanded significantly in 2021, up from 17 members to nearly 100 in 2021, including 37 governments. UNFPA took steps to allow requisitions to flow into the VAN and developed tools and processes to improve the collection, aggregation and validation of data. For example, the VAN tracked over 6,000 contraceptive shipments for 136 countries in 2021, and partners used its data to identify funding gaps and avoid stock imbalances in the face of COVID-19 disruptions. Two countries, Ghana and Malawi, linked their national electronic logistics management information systems (e-LMIS) to the VAN for end-to-end visibility from manufacturers to facilities.

## Private sector partnership builds supply chain skills

An innovative private sector partnership agreed in 2021 is training and mentoring reproductive health supply chain professionals in humanitarian and development settings. Tailored for UNFPA, Ministry of Health staff and non-governmental organizations, this new capacity-building project is made possible through an in-kind contribution from HELP Logistics, a programme of the Kühne Foundation. With the virtual training sessions completed, participants from each of the 48 UNFPA Supply Partnership countries are developing projects with support from mentors and logistics experts.

**CARBETOCIN**  
To prevent life-threatening pregnancy complications

Postpartum haemorrhage (PPH) is commonly defined as a blood loss of at least 500 ml within 24 hours after birth, and affects about 5% of all women giving birth around the world.

Globally, nearly one quarter of all maternal deaths are associated with PPH, and in most low-income countries it is the main cause of maternal mortality.

The use of good quality prophylactic uterotonics can avoid the majority of PPH-associated complications during the third stage of labor (the time between the birth of the baby and complete expulsion of the placenta).

In settings where oxytocin is unavailable or its quality cannot be guaranteed, the use of other injectable uterotonics (carbetocin, or if appropriate ergometrine/methylergometrine, or oxytocin and ergometrine fixed-dose combination) or oral misoprostol is recommended for the prevention of PPH.

The use of carbetocin (100 µg, IM/IV) is recommended for the prevention of PPH for all births in contexts where its cost is comparable to other effective uterotonics.

Carbetocin is only recommended for the prevention of postpartum hemorrhage and not recommended for other obstetric indications, such as labor induction, labor augmentation or treatment of PPH.

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## ELECTRONIC LOGISTICS MANAGEMENT INFORMATION SYSTEMS

Delivering to the last mile requires that countries digitize all the way to the point of distribution. Stock-outs of reproductive health supplies occur at the last mile due to issues with quantification, inventory controls, expiration, orders, recordkeeping and reporting. The UNFPA Supplies Partnership supports the efforts of countries to build stronger infrastructure by replacing paper-based/manual LMIS with electronic systems that ensure end-to-end visibility of essential stock data.

In **Kenya**, UNFPA supported implementation of a mobile app, Electronic Proof of

Deliveries (e-POD), that was awarded “best innovative health supply chain solution” at the Global Health Supply Chain Summit in 2021. This family planning early warning and alert system is a digitized proactive system that flags commodity status within the supply chain system, with reports on expiries, stock value and other categories. UNFPA also supported the roll out and scale up of a consumption app that works with e-POD in an additional seven counties. Its development stems from a Public-Private Partnership (PPP) initiated by UNFPA in 2019 with Coca-Cola and KEMSA, the Kenya Medical Supplies Authority.

An e-LMIS that works on smartphones and tablets is helping to overcome the problem of unreliable electricity in **Afghanistan**, where a new system was launched in 2021 to link all provinces to the central warehouse with real-time data. In **Ethiopia**, a web-based tool tracking trends in product price was integrated with the existing e-LMIS to improve budgeting and procurement planning. Assessments in **Gambia** recommend increasing access to computer tablets for offline access and adding to the e-LMIS experience with mSupply and CHANNEL software to enhance real-time consumption data.

The web-based software “mSupply” expanded in diverse settings. The system was implemented in 10 health districts in **Côte d’Ivoire** in 2021. In **Nigeria**, UNFPA supported mSupply deployment to the Central Contraceptive Warehouse, with training for government staff in ICT hardware and management of family planning commodities. At the same time, last-mile distribution was scaled up from



With the touch of a button on his mobile phone, pharmaceutical technologist Denis Mutirithia tracks receipt of supplies at the Isiolo county referral hospital. © UNFPA Kenya

9 to 17 states with JSI and state counterparts, IMPACT teams built capacity for 556 supply chain managers and support was provided for National Supply Plan midyear review and the national forecasting and quantification exercise for family planning commodities. **Fiji, Kiribati** and **Tonga** employed data from mSupply and Tupaia (another e-LMIS) during bi-weekly meetings with the Ministry of Health Pharmacy Units to win support for data monitoring and pharmacy staff training. Seven out of **eight Pacific Island Countries and Territories** (Fiji, Federated States of Micronesia, Kiribati, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu) completed a review of the contraceptives LMIS in 2021. In **Lao People's Democratic Republic**, 370 health staff from district hospitals and health centres in Bokeo, Bolikhamxay and Savannakhet provinces received training on mSupply, the DHIS2 platform and supply chain management.

Tracking contraceptives with a mobile app and web tool called "DrugDash" helps health facilities avoid

stock-outs and waste. In Bukedea and four other districts in **Uganda**, the digital system shares information on supplies across health facilities in real-time, eliminating frequent errors of record-keeping on paper. The system was the result of a UNFPA Innovation Fund-sponsored global innovation challenge to solve issues that prevent a consistent supply of contraceptives from reaching outlying areas. Initially, DrugDash was rolled out in 56 facilities in the five districts. Within a few months, 80 per cent had reported improvements in ordering and distributing family planning supplies.

Expansion of e-LMIS continued. The roll out of a newly deployed e-LMIS across Ghana in 2021, GhiLMis, an undertaking with the **Ghana** Health Service, USAID and Global Fund, included capacity development of logistics officers in emergency obstetric and newborn care facilities and a commodity spot check at 32 warehouses and service delivery points. The Ministry of Health in **Haiti** reported results from the first stage of implementing a harmonized



DrugDash is a digital system that replaces paper records for tracking contraceptive supplies. © Outbox

national LMIS in 2021, with tools for inventory and LMA. The expansion of SALMI-PF, the e-LMIS in **Honduras**, continued to scale up in 2021 from 8 to 12 regions, with related municipal-level logistics training. In 2021, UNFPA supported the expansion of e-LMIS to 35 additional health facilities in **Mozambique**, now in use at 93 per cent of health facilities, with training for provincial and district warehouse managers. In **Nepal**, UNFPA covered all 136 palikas (municipalities) and eight districts in Madhesh Pradesh province with the e-LMIS roll out in 2020 and 2021, along with supply chain mapping, risk assessments and an inventory spot check.

## ASSESSMENTS AND LMA SPOT CHECKS KEEP SYSTEMS ON TRACK

Spot checks track UNFPA-donated reproductive health supplies to the last mile. Early in the year, UNFPA conducted an inventory spot check in warehouses managed by implementing partners in the **Democratic Republic of the Congo**, with an audit of commodities management in December confirming that the software shipment tracker is updated regularly and supplies are delivered using last-mile assurance tools and procedures. In **Eritrea**, supply chain training workshops focused on conducting a spot check for delivered supplies, building capacity for procurement and supply management, conducting the Global Health Supply Chain Maturity Tool Assessment, and seeking solutions to gaps and bottlenecks. In **Lesotho**, an inventory spot check highlighted management challenges at the subnational level, where mentorship on data quality and LMA monitoring expanded to an additional four districts in 2021. Following the LMA inventory spot check in **Mozambique** in April 2021,



A woman reaches for supplies on a health facility shelf. Cameroon strengthened the LMA approach in 2021 and invested in the programme's transition to Phase III. © UNFPA Cameroon

monitoring of medical stores was increased to ensure no loss related to expiration.

In **Rwanda**, the LMA team conducted an inventory spot check exercise in May 2021, under the leadership of the Ministry of Health and technical and financial support from UNFPA. Quarterly quality monitoring visits are among the follow-up actions on supplies due to expire, especially female condoms, to ensure that there is no loss of funds related to product expiration. In **Liberia**, LMA tools were introduced to national counterparts

during regular meetings at national level, while district and county warehouse staff in five counties received training in inventory management standards. For the first time, more than 600 health facilities in **Madagascar** benefited from LMIS supervision, addressing supply chain issues and last-mile challenges.

In **Malawi**, UNFPA supported capacity development in supply chain management for pharmacy and nurse technicians and central medical store pharmacists in last-mile assurance, the Global Family Planning

Visibility and Analytics Network, and end-user verification for family planning commodities. In **Tanzania**, training on the redesigned logistics system reached 430 health care workers on the mainland and in **Zanzibar**. In the Simiyu region, over 170 health workers received training on using data to improve supply chain decision-making. Audits and monitoring of IMPACT teams at health facilities were conducted across all eight district councils in Kigoma.

In **East and Southern Africa**, the UNFPA Regional Office reviewed progress over recent years, finding that



© UNFPA Lao People's Democratic Republic

supply chain management has improved steadily but additional capacity is needed. No significant stock-out reports have shown a substantial improvement in 15

countries even at the lowest service delivery points, with the number of no stock-out reports increasing from 60 per cent in 2017 to 90 per cent in 2021.



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## CHAPTER 3

# Sustainable financing for family planning

**OUTCOME: Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development**

**US\$ 84 million**

**Total funds utilized**

on reproductive health commodities by the UNFPA supplies Partnership

*(including freight and auxiliary reproductive health products)*

**US\$ 340 million**

**Estimated savings**

from reduced health care costs of pregnancy and delivery care from commodities procured by the UNFPA Supplies Partnership

**31 countries**

have an existing multi-year financial sustainability plan for family planning

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**Family planning is one of the most powerful drivers of inclusive economic growth, which makes global efforts to fill the financing gaps for family planning a sound investment. It enables women and young people to complete their education, it saves governments money and it helps entire communities and nations thrive. Sustainable financing is about increasing and diversifying the financing base and ensuring the best, most efficient use of available resources to achieve equitable access for those left behind.**

Under Phase III, the UNFPA Supplies Partnership has introduced **a new approach to innovative and sustainable financing** that aims to strengthen the commodity financing landscape for reproductive health, including contraceptives and maternal health supplies procured through the Partnership. New programme features support countries on their journey towards self-reliance, including the introduction of a product subsidization model – formalized through a “Compact” agreement and a Match Fund pilot.

### **Introducing a product subsidization model**

The new programme marks a strategic shift in its business model – from funding to financing, and from a model of product donation to one of product subsidization. We work closely with countries to expand the pool of available funding sources, maximize efficiencies in the use of existing resources and reposition family planning as a core development investment. The Partnership engages and supports countries to achieve their targets while transitioning from donor dependence to sustainability. The financing challenge is particularly acute in lower-income countries, including to many in the UNFPA Supplies

Partnership, where about 50 per cent of spending on contraceptives comes from donors, 16 per cent from governments and 24 per cent from individuals who purchase contraceptives from the private sector.

### **Signing “Compact” agreements**

We are taking on more defined responsibilities and commitments through a country-level Compact, an agreement that sets out the obligations, roles and responsibilities of UNFPA and Partnership governments. Compacts must be negotiated and signed in Partnership countries before the end of 2022, and will include government commitments to share the cost of programme-funded commodities from 2023 onwards. By late 2021, most Partnership countries had started Compact negotiations, and a few countries, including the Central African Republic, the Gambia and Nigeria, were already at an advanced stage in the Compact development process.

### **Committing to a minimum contribution**

As of 2023, programme countries will include a domestic financing contribution to reproductive health commodities as part of their Compact agreement. This minimum domestic financing

contribution towards the cost of commodities provided by the UNFPA Supplies Partnership begins at a very low level and gradually rises. The objective is to institutionalize the process while governments gradually increase domestic financing for contraceptives and maternal health medicines, a critical part of sustainable financing for essential health services.

### Incentivizing with a Match Fund

The Match Fund enables the programme to match domestic contributions for quality-assured reproductive health commodities, serving to lessen the impact of the funding reduction and to create incentives for governments to increase and diversify funding for reproductive health commodities. Developed in 2021, the Match Fund enters a two-year pilot period from 2022 to 2023, during which time 24 programme countries are estimated to access this resource. Matching ratios have been determined based on country context, with countries able to access 1, 2 or 4 US dollars worth of commodities from the UNFPA Match Fund for every additional US\$ 1 that they contribute.

### Transformative Action (TA) applications

TA is a system in which the UNFPA Supplies Partnership processes applications as grants. As one of three funding streams, along with supplies and performance, TA provides assistance to strengthen supply chains and the enabling environment for reproductive health/family planning policy, with an additional short-term seed fund to help bridge availability and access.

### A commitment to reach 25 million more women and girls

The Generation Equality Forum (GEF) in 2021 generated financial, policy and programme commitments to accelerate global gender equality. **Through the UNFPA Supplies Partnership, UNFPA has committed to reaching 25 million additional adolescent girls and women with access to voluntary contraception by 2025.** This represents half the family planning goal of the GEF Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights, of which UNFPA is co-lead.



The programme is uniquely positioned to deliver on this commitment. As a well-established global health initiative that strengthens health systems, policies, and programmes to deliver family planning information and services with choices of quality-assured contraceptives— it is unparalleled in its expertise and focused on going to the last mile.

## Partnerships for sustainable financing

In 2021, UNFPA further strengthened its partnership with USAID on sustainable financing. A joint UNFPA–USAID Domestic Financing Work Plan was developed to guide collaboration across a range of Phase III financing initiatives. Key activities in the workplan include joint communication to USAID Missions on UNFPA’s new financing initiatives, a webinar series focused on domestic financing and an e-learning course on domestic financing developed for UNFPA Country Offices and USAID Missions.

To deepen understanding of financing challenges, UNFPA co-chairs with USAID the FP Financing Reference Team, which includes representatives from the World Health Organization (WHO), Global Financing Facility for Women, Children and Adolescents (GFF) at the World Bank, and other key consortiums, and international NGOs and foundations. Country-level issues such as health insurance coverage, user fees and voucher schemes are within the scope of the reference team, which drives collaborative efforts addressing risk, financing mechanisms and transitioning to domestic financing, among other concerns.

In partnership with Jhpiego and The Advocacy and Accountability Collaborative (TAAC), the programme supported advocacy efforts in Burkina Faso and Kenya to build the capacity of civil society to mobilize sustainable financing for family planning. Activities in 2021 included establishing TAAC hubs in Burkina Faso and Kenya, mapping and adaptation of accountability tools and approaches into a resource package for civil society organizations, training on SMART advocacy, identifying champions and conducting landscape assessments.



contributed US\$ 222 million showing strong support for the programme



reported different financing approaches including the Third Party Procurement for commodity procurement

## Applying the Sustainability Readiness Assessment Tool to identify gaps and bottlenecks

The Sustainability Readiness Assessment Tool (SRAT) was designed by the UNFPA Supplies Partnership to help countries identify critical gaps in their national family planning programmes, inform programme design and introduce accountability mechanisms. In 2021, its first year, it was implemented in the 48 programme countries and completed in 46, due to challenging situations in two countries (Myanmar and Timor-Leste). As a component of the annual work planning process, this assessment assists in identifying investment priorities to include in the Transformative Action (TA) requests.

The SRAT is an Excel-based tool that provides a quick overview of the

sustainability levels of a particular family planning programme by identifying a set of trajectories through predefined milestones. It uses a structured self-administered questionnaire to assess each one of the programmatic areas and produces a consolidated sustainability score.

The first step is to select a panel of key stakeholders who will complete the SRAT process. Inviting the FP2030 focal points is recommended, and the group should at least include a Ministry of Health delegate, a UNFPA Supplies Partnership focal point and a civil society organization (CSO) focal point familiar with the family planning programme. The structured, evidence-based study and diagnosis of the situation provided a unique opportunity to gather different perspectives and identify common objectives.



implemented the **Sustainability Readiness Assessment Tool** with diverse national stakeholders



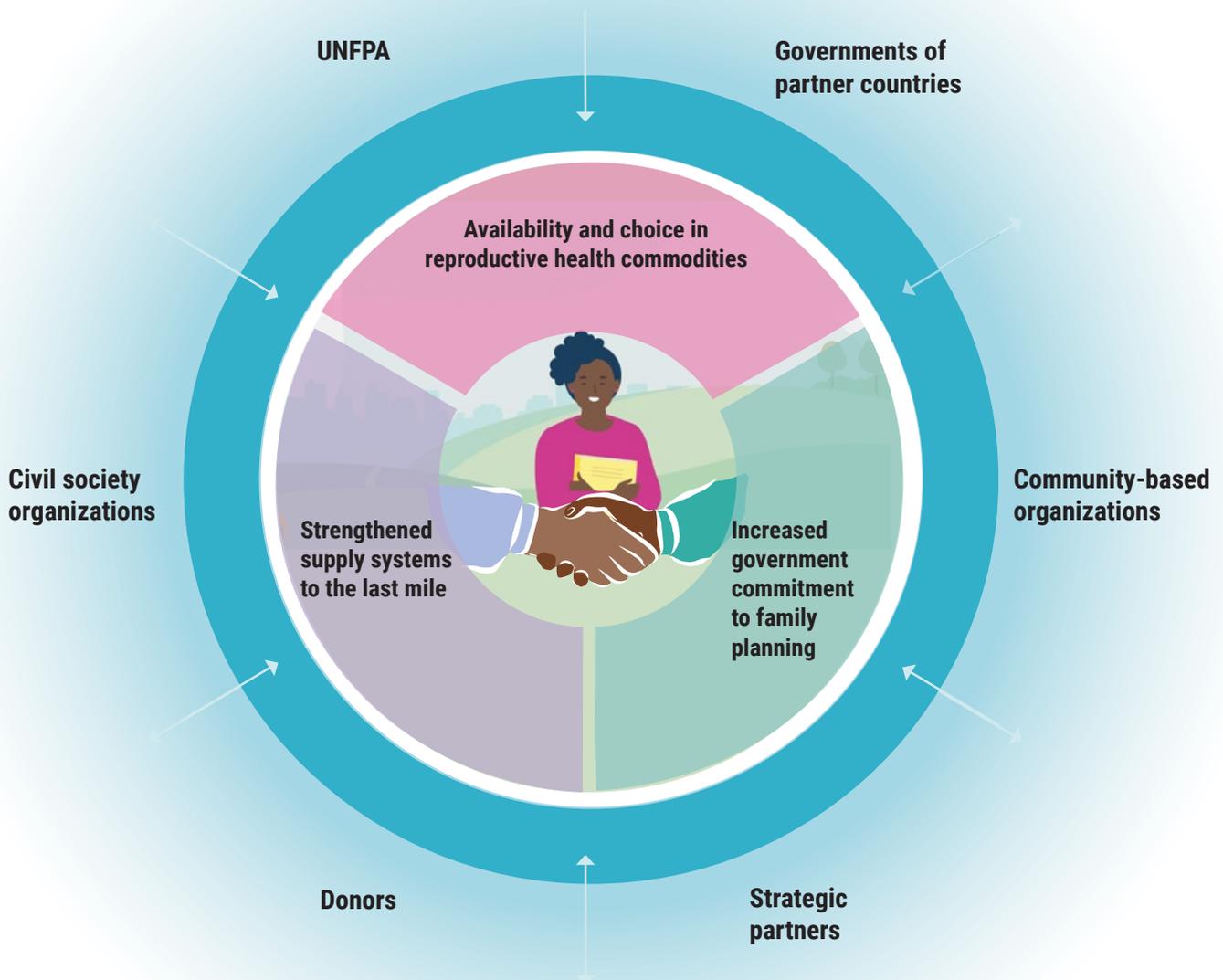
80 per cent of programme countries ranked financing as the gap or bottleneck of highest priority, followed by humanitarian preparedness and the supply chain.

Different types of stakeholders joined panels to carry out the assessment in 46 countries:

- **National government officials** in 40 countries
- **NGO partners** in 33 countries
- **CSO partners** in 25 countries
- **Other UN agencies** in 19 countries
- **Bilateral partners** in 12 countries

## Partnerships are the key to sustainable reproductive health, including family planning

For the **UNFPA Supplies Partnership** – the only United Nations programme dedicated to family planning – collaboration is the key to success. As a UNFPA thematic fund and strategy mechanism, the programme relies on an extensive network of partners to implement on the ground and advocate for an enabling environment for family planning. National governments, donors, non-governmental organizations, implementing partners, civil society organizations, academia and the private sector and other United Nations agencies of the world are working together to improve contraceptive availability and choice, strengthen supply systems and increase government commitment to family planning.



# TOWARDS SUSTAINABLE FINANCING FOR FAMILY PLANNING

## National funding mechanisms

Allocating domestic resources for contraceptives is a sign of commitment that establishes a pathway for prioritizing family planning investments in the future, as seen in three examples from 2021. In **Ethiopia**, despite the conflict in Tigray, the government was able to meet its financing commitment for domestic expenditure on family planning commodities. UNFPA engaged in advocacy and resource mobilization, identified gaps and worked with the Procurement Services Branch to support the country. As a result of sustained advocacy in **Kenya**, a memorandum



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of understanding was signed to establish a Government of Kenya and Donors Sustainable Financing Mechanism for the Procurement of Family Planning Commodities, following a forum on domestic financing. In **Nigeria**, the process of validation and stakeholder buy-in for National Guidelines for State-funded Procurement

of Contraceptives was completed, with UNFPA supporting related guidelines on domestic resource mobilization and last-mile distribution.

## Budget lines for contraceptives

Budget lines for contraceptives increased in diverse country contexts. In **Côte d'Ivoire**, advocacy focused on creating new bodies to monitor and steer domestic resources commitments. In **Nepal**, UNFPA supported national quantification and forecasting of health commodities to assist the Ministry of Health and Population in allocating the needed procurement budget. In **South Sudan**, UNFPA continued to work with the Ministry of Health and the



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South Sudan Parliamentary Network on Population and Development to create a budget line for contraceptives, although allocations for the health sector increased overall. In **Timor-Leste**, the state budget was approved in December 2021 with the first-time inclusion of funds to support procurement of family planning supplies, following the development of a reproductive health commodity strategy with the Ministry of Health. In **Mauritania**, the national budget allocation for contraceptives more than tripled and the priority programme of the President of the Republic, “Taahoudaty”, which means “my



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commitments”, affirmed that family planning/birth spacing is a national priority to achieve the empowerment of women and girls.

In December 2021, the Government of the **Democratic Republic of the**

**Congo** made a contribution of more than US\$2 million to UNFPA for the procurement and distribution of family planning commodities. This marked the first domestic contribution made by the government for family planning commodities in several years, and came after sustained advocacy efforts by UNFPA and partners.

### Match Fund

In **Mali**, information and advocacy workshops focused on the programme’s Match Fund, domestic resources and budgeting sensitive to reproductive health – leading to the development of a national road map for mobilization of domestic resources for family planning.



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## National coverage

UNFPA and the Ministry of Health in **Bolivia** developed agreements to guarantee investment in contraceptive purchases by municipal and other levels of government, supporting the continued implementation of universal health insurance Law No. 1152, which includes sexual and reproductive health benefits. In coordination with Bolivia's Ministry of Health and Sports and the

Short-Term Social Security Supervisory Authority, UNFPA also developed a strategy to include sexual and reproductive health services, with an emphasis on contraception, in short-term social security benefits. A committee is being established to ensure adequate and quality services. In **Ghana**, the government announced a phased approach to including modern family planning methods as

part of the National Health Insurance Scheme, beginning in 2022. This followed UNFPA-supported advocacy by Marie Stopes International and other civil society organizations. The Local Growth Team in **Senegal** studied the establishment of a mother-child fund for family planning, which would eventually be funded by companies through their corporate social responsibility and private donations.



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## Transformative Action applications

A week-long Boot Camp in Gambia coached participants in how to prepare a four-year country value proposal (2022–2025) to submit to the UNFPA Supplies Partnership for Transformative Action funding. Participants included Local Growth Teams from USP (a non-profit partner) from **Gambia, Liberia** and **Sierra Leone**, each of which includes eight to 10 staff from the ministries of health and finance, civil society organizations and youth networks. In **Ghana**, UNFPA constituted a broad-based national team to develop three Transformative Action applications in support of funding for 2022.



Vouchers encourage youth to access services. © UNFPA Uganda

### The **UNFPA Pacific Sub-Regional Office**

supported Health Facility Readiness Assessments (HFRSAA) research in eight countries in order to inform Transformative Action applications. The studies focused on sexual and reproductive health and covered nearly two thirds (789) of facilities in the region. Findings from the standardized studies support national government efforts to further the equitable provision and availability of sexual and reproductive health services in a region challenged by high unmet need for family planning. For example, Fiji used the

HFRSAA data to inform COVID-19 preparedness.

**Kiribati** and **Tonga** drew on HFRSAA data to review their policies on reproductive, maternal, neonatal, child and adolescent health (RMNCAH). In Kiribati, the data guided decisions to scale up family planning training and services.

### **Use of voucher cards**

As a strategy to increase teenager's access to family planning, GBV and maternal health services in **Uganda**, vouchers are used to map and refer those in need of services. The voucher cards are issued by members of 24 Village Health Teams in

the Acholi area, as part of capacity building with Marie Stopes Uganda, where a high unmet need for family planning at over 39 per cent, high teenage pregnancy and low use of modern contraceptives.

### **National commitments**

The launch of the **Uganda** FP2030 commitments in November 2021 not only placed family planning goals high on the national agenda but introduced an accountability mechanism. The Minister of Health presided over the launch, attended by Members of Parliament, religious and cultural leaders, youth groups and many other stakeholders. It was the culmination of UNFPA-support advocacy as part of the FP2030 National Steering Committee.

## CHAPTER 4

# Operational effectiveness and efficiency

**OUTCOME: Improved programme management with shared accountability for results**

**36 countries**

Stakeholders are engaged in programme planning, decision-making and monitoring processes

**44 countries**

Commodity supply planning was under the leadership of the government

**24 countries**

Governments used different financing approaches including the Third Party Procurement (TPP) for the procurement of commodities

**100%**

All audit and evaluation recommendations for which actions were due were completed

**85%**

Percentage of countries where UNFPA Supplies Partnership risk assessment is rated as "within appetite"

**48 countries**

Provided information to update the global risk matrix

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## The UNFPA Supplies Partnership demonstrates robust and accountable programme performance and oversight, placing high priority on the engagement of stakeholders in programme planning, decision-making and monitoring processes.

**The new governance mechanism was fully implemented and operational**, with committees established and ratified: the Steering Committee, Strategy and Planning Committee, Finance and Risks Committee and Leadership Committee are in place. The independent Chair was selected for a first and second term. The independent Chair facilitates the Steering Committee meeting and ensures inclusive participation. Onboarding sessions were held in the first and second quarters invited all donor and stakeholder representatives to orient new donors and new focal points within existing donor organizations on the programme. Partner's Assembly is planned for 2022.

**The Phase III transition timeline was extended by a year.** Most notably, the deadline for Compact signature was moved from December 2022 to December 2023, in recognition of the fact that countries would need more time to grapple with the funding cut and COVID-19 pandemic response. Progress proceeded, however, and all programme countries initiated negotiations around the Compact agreements in 2021. In addition to meeting with stakeholders to explore the programme's benefits, UNFPA Country Offices collected data and completed road maps for implementation to support the Compact agreement process. The programme team developed key Guidance Notes to support programme implementation, to be updated regularly.

**29 of 33  
performance  
indicators**

achieved in the programme's monitoring framework

**47 countries**

The government participated in at least one of the key programme design, implementation, meetings, decision-making review and reporting processes  
*(the exception was Myanmar)*

**36 teams**

in UNFPA Country Offices have a completed road map to inform and engage the government around Phase III modalities

**28 countries**

Civil society organizations participated in programme review meetings

**Assessments and analysis informed the transition to the 2021–2030 programming phase.**

All but two programme countries (Myanmar and Timor-Leste) completed the Annual Review process and the application of the Sustainability Readiness Assessment Tool, a pivotal tool launched in 2021 for maximizing resources and developing Transformative Action applications, the system in which the programme processes applications as grants. A Skills Assessment was initiated in 2021 to ensure the programme has the capacities required to support programme countries. The programme team also revisited the country eligibility and categorization system and as a result, four countries moved to different subcategories and a new country was added (i.e. Pakistan will be added from 2023 onwards).

**All programme implementation countries provided information to update the global risk matrix.**

A four-level system – low, medium, significant and high – was established to measure the risk level for each indicator. The programme’s overall risk score is “medium” (the programme has moderate gaps and likelihood of adverse management and safeguarding issues occurring). Three new indicators were included in the Matrix in 2021: (a) donor contribution shortfall for UNFPA Supplies Partnership programme; (b) government commitment to the financing of commodities for reproductive health, including family planning as agreed in the country Compact; and (c) domestic resource mobilization for reproductive health, including family planning as agreed in the country Compact.

## COVID-19 response

The programme addressed the COVID-19 pandemic in 2021 with a regular quarterly monitoring process to ensure responsiveness and manage risks, working closely with partners to overcome challenges in global supply chains and mitigate the impact on shipments. Despite some shortages, most gaps were filled by shifting stocks from other warehouses, along with prioritizing supply requests and other operational measures. Also notable is spending: national domestic expenditures nearly doubled in 2021 compared with 2020, a positive trend that was unexpected in light of expectations that countries would divert resources to their COVID-19 response.

The UNFPA Supplies Partnership is focused on supporting countries with fragile health systems to “build back better” through solutions that have protected access to family planning during this challenging time. UNFPA will scale up self-care interventions related to family planning, and will also support virtual delivery modes, such as mobile learning (m-Learning), to disseminate information and services. The impact of COVID on donor funding for family planning remains uncertain.

Programme reports describe the impact: “The movement restrictions and lockdown caused by the COVID-19 pandemic in Timor-Leste had an impact on our ability, and that of our IPs, to implement the agreed workplan for 2021, as many activities were delayed and targets revised, others were cancelled or postponed,” the UNFPA Country Office reported. From Mozambique: “It is overstretching the

**COVID-19 impact on family planning/contraception services at service delivery points**

*(38 countries where data was available)*



**71%**

Countries where services were maintained

**29%**

Countries where services were interrupted

**COVID-19 impact on community-based distribution (including mobile clinics) of family planning/contraception services**



**60%**

Countries where services were maintained or expanded

**40%**

Countries where services were interrupted

already-limited resources and compromising the availability and quality of services and workforce... implementation of UNFPA Supplies projects has been impacted, despite efforts to reduce risks and adapt activities to the new context". As assessment in Burundi, the Democratic Republic of the Congo, Kenya, South Sudan and Zambia found that "the COVID-19 pandemic has profoundly disrupted access to family planning services in East and Southern Africa". In the Pacific, "the impact of COVID-19 on Pacific economies has been devastating... with Governments unable to pay the salaries of their staff there is a critical need to ensure essential SRH services are maintained, function and reach those left furthest behind". Sexual and reproductive health care continued to suffer from COVID-19 impacts in Latin America and the Caribbean,

where front-line workers and marginalized and vulnerable groups were most affected. The impact of the pandemic in this region is expected to increase existing inequalities and generate the deepest recession in recent history.

Yet even where the pandemic's impact was significant, many countries reported new users of family planning in 2021, as in Togo where despite the persistent context of COVID-19 and the sudden reduction in programme funding, activities funded by the UNFPA Supplies Partnership benefited 38,455 new users of modern contraceptive methods or in Democratic Republic of the Congo where half of the 3 million new users were covered with contraceptives procured through the UNFPA Supplies Partnership.

## RESPONDING TO COVID-19

### Supply challenges

To protect health workers and maintain continuity in reproductive health services in **Bolivia**, UNFPA donated supplies including contraceptives and medications for obstetric emergencies and personal protective equipment such as disposable gowns, face shields, gloves, goggles and masks. Due to COVID-19 disruptions, stock-outs were frequent in the **Democratic Republic of the Congo**, especially for contraceptive implants and injectables. Long lead times in global supply chains led to stock-outs of key items in **Lesotho**, including male condoms, although the UNFPA Country Offices successfully advocated for fast-tracking of commodities and mobilized more resources for procurement to mitigate and avoid further stock-outs.

### Digital solutions and hotlines

In **Lao People's Democratic Republic**, a tele-health training approach with information, education and



© UNFPA Bolivia

communication materials and equipment helped health workers receive the training required to maintain family planning services and maternal health services in quarantine centres and afterwards, when hospital visits were restricted during lockdowns. Support and guidance provided through a WhatsApp group and telephone platform helped to increase service

providers' confidence and access to technical support. Assessments in Lao People's Democratic Republic found use of contraceptives declined 15 per cent 2020 to 2021, leading to higher risk of unintended pregnancy.

In **Nepal**, responding to mobility restrictions and risk of transmission, the UNFPA Supplies Partnership funded the operation of two toll-free

helplines to ensure women and girls continued to receive information, counselling and referral services. In 2021, the helpline responded to 20,546 calls related to family planning, adolescent sexual and reproductive health issues, sexually transmitted infections, gender-based violence, infertility and sexuality issues, among others.

### Community outreach

Restrictions on movement in **Lesotho** contributed to a decline in the number of clients visiting health facilities for family planning

services. UNFPA supported integrated outreach services in underserved catchment areas, focusing on hard-to-reach populations and facilities not offering family planning services due to religious beliefs, with some expansion of community-based services.

In **Mozambique**, mobile teams distributed long-lasting injectable contraceptives to women in hard-to-reach areas, reducing the need to make frequent visits to over-stretched health clinics, which also reduced the risk of COVID-19. In **Tanzania**,



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family planning services were brought to the doorsteps of clients in Zanzibar to ensure continuum of services during pandemic restrictions, serving nearly 20,000 people through house-to-house outreach by community health volunteers.



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## CHAPTER 5

# Financial overview

It is clear that the Partnership remains an attractive investment vehicle for donors who recognize the key to achieving a gender-equal world rests on a woman's ability to make decisions about her own body.

**US\$ 121,153,524**  
Approved spending plan

**US\$ 112,134,835**  
Total utilized amount

**93%**  
Utilization rate



## The Programme proved able to adapt to rapidly changing funding situations and to increase donor contributions.

The UNFPA Supplies Partnership met commitments to the countries most in need, despite an unexpected donor funding cut in April. The total annual spending plan in 2021 was reduced from US\$ 172 million to US\$ 121 million. This 30 per cent reduction was deemed necessary to ensure the long-term sustainability of the Partnership and reflect the new funding reality. Budget and spending reductions were carried out across all

funding streams, affecting commodity supply, technical assistance and human resources and management. The outputs most affected by the funding cut were “improved availability and access” and “improved supply chain” with reductions of 29 and 15 per cent, respectively, of the amount initially planned. Measures to adapt to the new budget constraints were well-developed in countries including Gambia, Ghana and Nigeria.

### OUTCOME 1

Increase availability of quality-assured reproductive health commodities

**83% (US\$ 92,575,881)**

### OUTCOME 2

Ensure reproductive health commodities reach the last mile and promote harmonization, integration and strengthening of supply systems in countries

**8% (US\$ 9,587,986)**

### OUTCOME 3

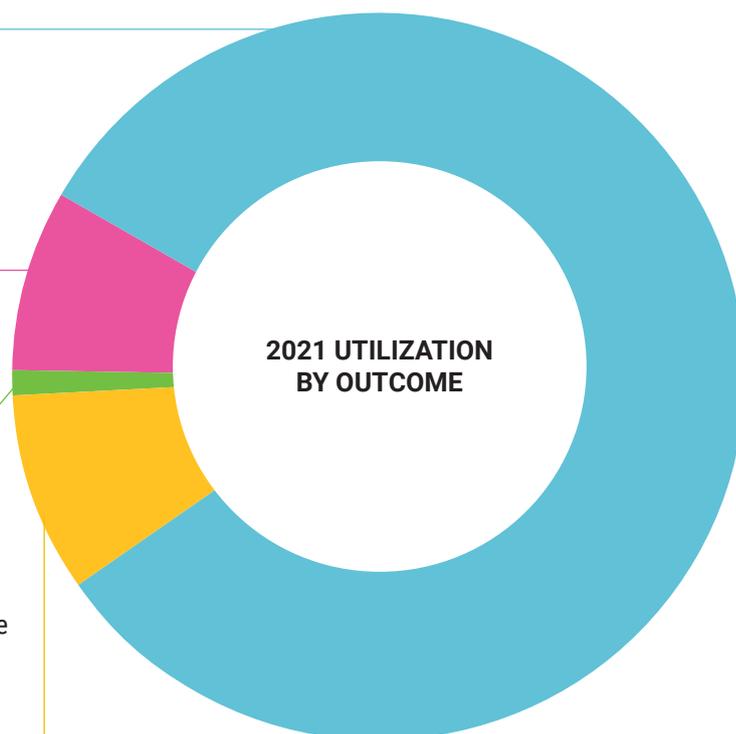
Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development

**1% (US\$ 674,284)**

### OUTCOME 4

(Operational effectiveness and efficiency): Improved programme management with shared accountability for results

**8% (US\$ 9,296,683)**



## Donor contributions were 50 per cent higher than expected.

New and existing donors made generous contributions to help fill the gap at a critical time. Total contributions (including interest) to the Partnership reached US\$ 222 million, which was 50 per cent higher than expected for 2021 even before the funding cut. The Partnership adopted a budget smoothening approach aiming to avoid major budget fluctuations from one year to another.

**The programme welcomed the strong donor support and noted the following milestones:**

- **20 donors and partners** – the highest number during any given year of the programme and four more than in 2020
- **4 foundations and 2 private sector partners**
- **7 donors made multi-year commitments** for the next phase of the programme which facilitates long-term planning.
- **2 new donors joined the Partnership**
- **2 partners made in-kind contributions**
- **3 partners made additional commitments**

**2021 donors:** Australia, Belgium, Canada, Denmark, France, Germany, Luxembourg, the Netherlands, Norway, Portugal, Spain, United States, United Kingdom, anonymous donor, Bayer, the Bill & Melinda Gates Foundation, Children’s Investment Fund Foundation (CIFF), HELP Logistics, Winslow Foundation and individual contributions

## Three funding streams

The Partnership achieves its strategic objectives by providing support to countries through three funding streams:

- **Supplies:** This funding stream supports reproductive health commodities and related costs (freight, packaging and labelling, sampling and testing), with a substream for new and lesser-used products and for humanitarian needs and priorities.
- **Transformative Action (TA):** This funding stream supports assistance to strengthen supply chains and the enabling environment for reproductive health/family planning policy, with an additional short-term seed fund to help bridge availability and access.
- **Performance:** This funding stream covers the costs of programme delivery, coordination and managing accountability and visibility (MAV), including the costs of personnel, supplies management and the LMA process.

**The right to sexual and reproductive health – to make decisions over one’s own body and future – is central to gender equality and empowerment, which in turn accelerate attainment of the Sustainable Development Goals. Yet today, over 200 million women and adolescent girls cannot readily access contraceptives, hindering equitable recovery from the pandemic – and holding back our collective efforts to realize all 17 SDGs.**

UNFPA Executive Director Dr. Natalia Kanem at the 2022 High Level Political Forum Town Hall meeting on “Building back better and advancing the SDGs”





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