Performance Measurement Framework Report

UNFPA SUPPLIES PARTNERSHIP ANNUAL REPORT 2021

Acronyms and abbreviations

CPG	Consensus Planning Group
CYP	Couple-years of protection
DHS	Demographic and Health Surveys
EHSP/EPHS	Essential Health Service Package or Essential Package of Health Services
ERM	Enterprise risk management
FCDO	United Kingdom Foreign, Commonwealth & Development Office
GDP	Gross domestic product
GFF	Global Financing Facility for Women, Children and Adolescents
GNI	Gross national income
HMIS	Health management information system
IARH kits	Inter-agency reproductive health kits
IUD	Intrauterine device
LARC	Long-acting reversible contraceptive
LMA	Last mile assurance
LMIS	Logistics management information system
M&E	Monitoring and evaluation
MAV	Monitoring accountability and visibility
MICS	Multiple Indicator Cluster Surveys
MISP	Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations
MMR	Maternal mortality ratio
NGO	Non-governmental organization
NSP	National Supply Plan
NSV	Non-scalpel vasectomy
PHC	Primary health care
RH	Reproductive health
SARA	Service Availability and Readiness Assessment
SDP	Service delivery points
SRA	Sustainability Readiness Assessment
SRAT	Sustainability Readiness Assessment Tool
TA	Transformative Action (UNFPA Supplies Partnership funding envelope)
TPP	Third Party Procurement
UHC	Universal health coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
US$	United States dollar

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Introduction

This document is Part II of the UNFPA Supplies Partnership Annual Report. It presents results for the indicators that comprise the monitoring framework, summarized in the scorecard of programme progress. Part I is available at: **www.unfpa.org/publication/unfpa-supplies-annual-report-2021**

First, the programme is placed in context in the Goal section, describing the family planning situation in the 48 programme countries. Next, the results of the year are reported by outcomes on availability and choice; strengthened supply systems; increased government commitment; and operational effectiveness and efficiency. The report concludes with a financial overview.

The programme entered a new phase in 2021 and embarked on a process of transition from Phase II (2013–2020) to Phase III (2021–2030). Reflecting its expanded and strengthened governance structure in this new phase, the programme was renamed the "UNFPA Supplies Partnership". The UNFPA Supplies Partnership 2021–2030 represents a new decade of commitment to advancing family planning and maternal health and accelerating progress towards the Sustainable Development Goals.

The new phase includes a several changes from the previous phase:

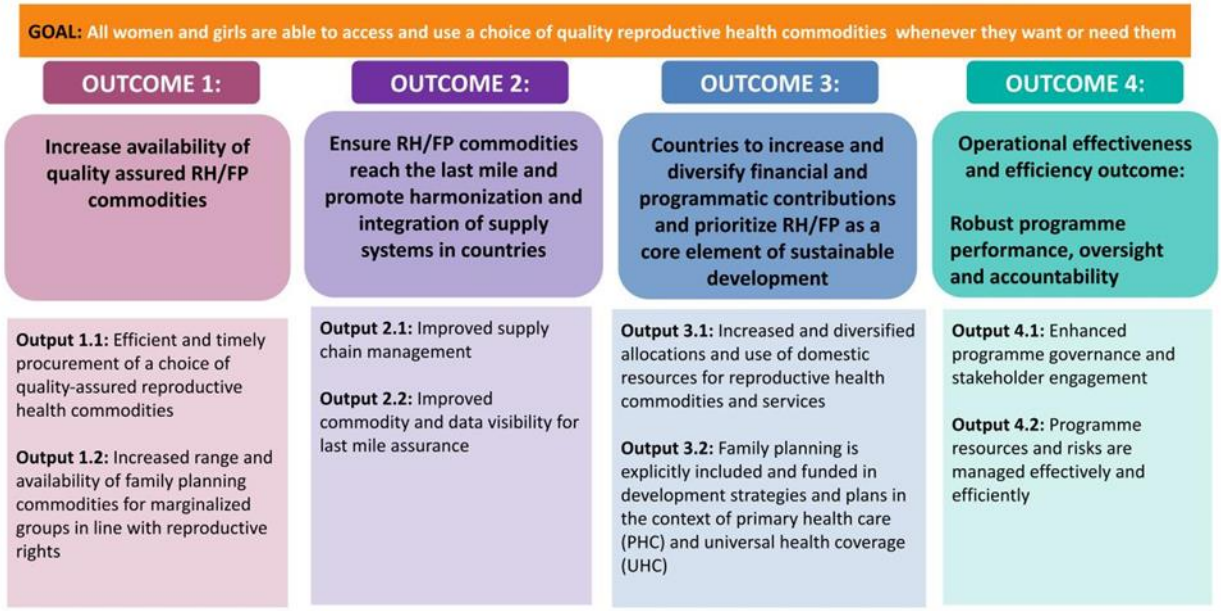
- Prioritizing a stronger focus on sustainable financing including domestic resources, following the principle that national capacity development is the overarching strategy of the UNFPA programme approach.
- Structuring the programme as a partnership with governments and other implementing partners, taking on more defined responsibilities and commitments through a country-level Compact.
- Implementing tailored and targeted approaches for Partnership countries, maximizing the impact of resources based on need and opportunity.
- Strengthening performance, accountability and assurance during last mile delivery by using processes to ensure visibility of commodities to the last mile.

How is the new reporting framework different?

The Phase III framework has four outcomes, compared with only one outcome for Phase II, which sharpens the focus on key strategic objectives and clearly defines outputs. Each output is associated with at least one output-level indicator by which performance is measured. For the previous phase of the programme performance under each output were measured by selected intervention-level indicators. In addition, the new framework brings together elements of other programming strategies, including the Risk Framework.

Regarding measurement, the performance monitoring framework is accompanied by indicator metadata. The metadata consists of definition; measurement and criteria; whether the indicator value is recorded as cumulative or not; units of measurement; category by which the indicator is disaggregated; frequency or periodicity of measurement; direction of the indicator, data source; responsible unit; rationale; and any limitations and exceptions. Data for performance monitoring will be derived from secondary and primary sources, including data generated by global partners such as FP2030, facility surveys and other programme implementation information and data. The baseline, milestones and targets have been set for the indicators using values from previous years (old indicators) and current year (new indicators).

Monitoring framework, UNFPA Supplies Partnership



The heightened emphasis on partnership is another difference. The partnership goal is that all women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them.

A successful partnership means…

For women and girls as end users:

- More women and girls are able to access and use modern family planning methods of their choice
- Maternal health commodities are used efficiently to save the lives of women and girls

National policy shifts:

- Family planning is considered a core national priority supporting economic development as well as women's empowerment and maternal mortality reduction
- Countries increase use of domestic resources for procurement of FP/SRH commodities and FP/SRH programming

Health systems improvements:

- Efficient, streamlined procurement by UNFPA resulting in timely availability of commodities to meet programme needs
- Reproductive health commodities are distributed and managed efficiently in an increasingly robust and reliable supply chain

UNFPA performance:

- Improved visibility into commodity flow at global and country levels
- UNFPA Country Office has the requisite skills among its staff to be a valuable partner to country governments and other implementing partners to fulfil the goals of the partnership
- UNFPA engages in effective, impact-driven partnership that leads to improved harmonization, integration and strengthening of supply chains.

The Partnership goal contributes directly to the Sustainable Development Goals:

- Goal 1: End poverty in all its forms everywhere
- Goal 3: Ensure healthy lives and promote well-being for all at all ages
- Goal 5: Achieve gender equality and empower all women and girls
- Goal 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

The Partnership goal also contributes directly to the UNFPA Strategic Plan and its three transformative results – ending the unmet need for family planning, ending preventable maternal death and ending gender-based violence and harmful practices – by increasing access to high-quality modern contraceptives and life-saving maternal health medicines.

Goal: All women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them

This global-level goal for 2021 to 2030 is also known as the "impact" level and represents the shared contributions of many actors. Goal-level figures are primarily sourced from FP2020 core indicator reporting.

G.1 Number of total modern contraceptives users

In the 48 UNFPA Supplies Partnership countries, **73.9 million** women are using modern methods of contraception. This is the total number of women, aged 15 to 49 years, who are currently using any modern method of contraception, regardless of when the method was received.

G.2 Unmet need for family planning

The UNFPA Supplies Partnership prioritizes countries with the highest unmet need for family planning. According to UN Population Division data, the countries making most progress in reducing unmet need are all UNFPA Supplies Partnership countries.

- As of 2021, the unmet need for family planning in 48 countries of the UNFPA Supplies Partnership is **25.4 per cent** (married women of reproductive age); however for all women of reproductive age it is 19.2 per cent.

This is the percentage of fecund women, aged 15 to 49, who do not want to have more children or who wish to postpone having the next child, but are not using any modern contraceptive method including those who are currently using a traditional method of family planning. Thus women using a traditional method are assumed to have an unmet need for modern contraception.

- The highest level of unmet need for family planning was in the Democratic Republic of the Congo (32.2 per cent) and lowest in Zimbabwe (8.4 per cent). Data in the 48 countries are consistent with overall trends for this indicator, which show that on the aggregated level unmet need has slowly and steadily declined, with an average decrease of 0.3 per cent across the regions since 2012, even as populations have grown.

- In 2021, unmet need for family planning was lower in rural areas compared with urban areas in 17 countries (Afghanistan, Benin, Cameroon, Chad, Congo, Ghana, Guinea-Bissau, Lao People's Democratic Republic, Lesotho, Liberia, Nepal, Nigeria, Rwanda, Sao Tome and Principe, Sierra Leone, Tanzania and Timor-Leste).

As in the previous UNFPA Strategic Plan (2018–2021), the UNFPA Strategic Plan, 2022–2025, places family planning as a high priority, with Outcome 1 as follows: "By 2025, the reduction in the unmet need for family planning has accelerated". This outcome directly contributes to achieving Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all at all ages) and Goal 5 (achieve gender equality and empower all women and girls).

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

Figure 1: 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

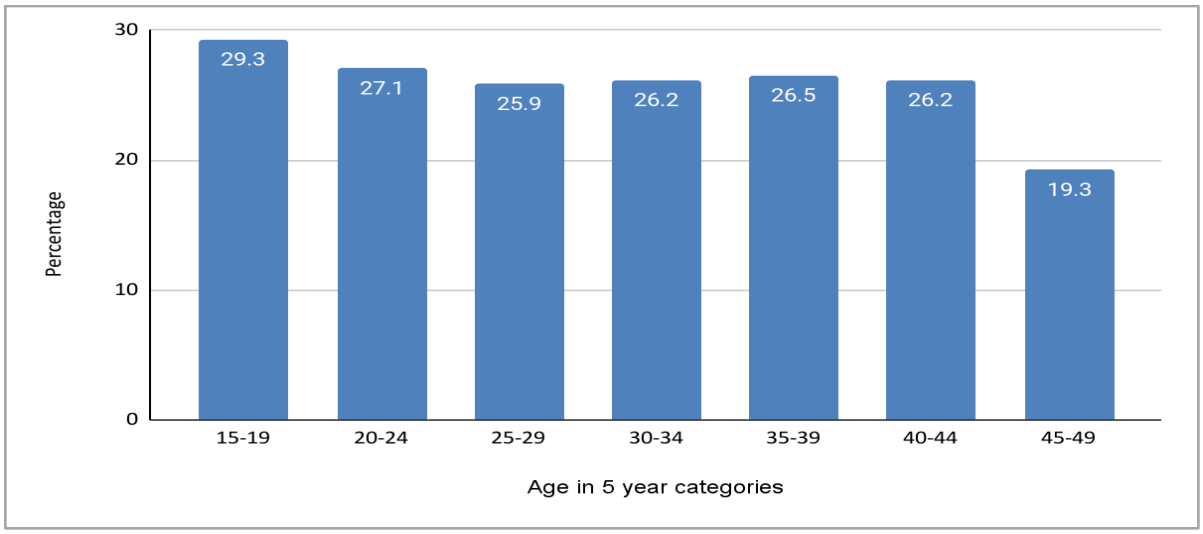
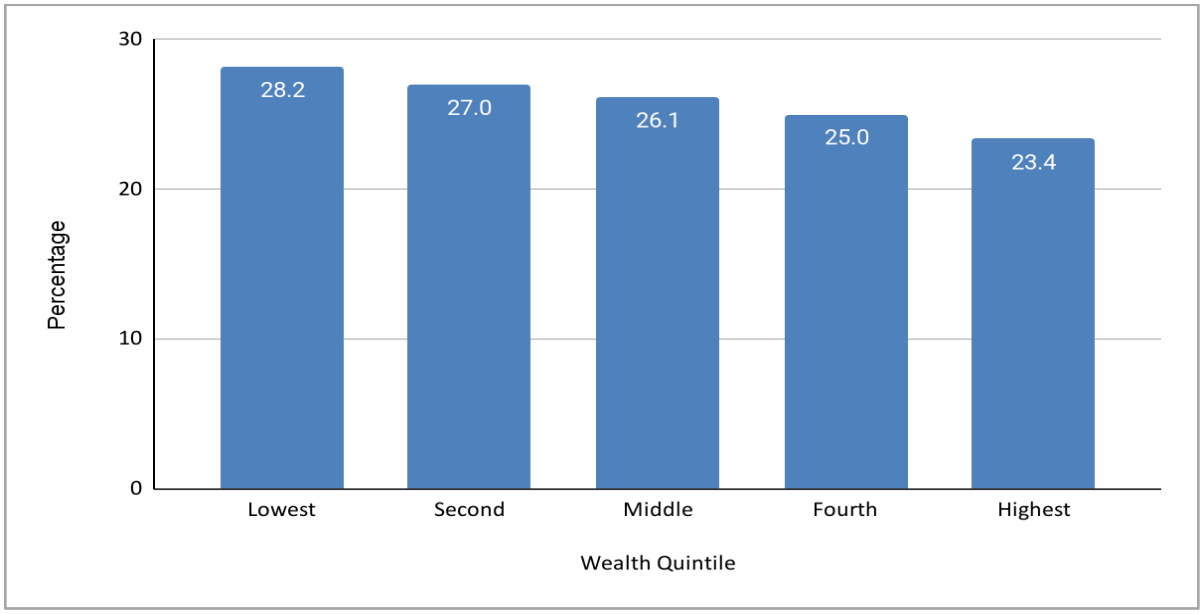


Figure 2: Percentage of women with an unmet need for any method of contraception (married or in-union) disaggregated by WEALTH QUINTILE in UNFPA Supplies Partnership countries for which survey data are available



G.3 Modern contraceptive prevalence rate

Rights-based family planning means ensuring all adolescent girls and women have equal and equitable access to family planning services. **The modern contraceptive prevalence rate (mCPR) for all women of reproductive age in the 48 countries was 24 per cent in 2021.** This is the percentage of all women of reproductive age (15–49 years) who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method.

All 48 countries of the UNFPA Supplies Partnership continued to make progress in their modern contraceptive prevalence rate (mCPR). Lesotho had the highest mCPR in 2021 (50.6 per cent), followed by Zimbabwe (48.6 per cent). Somalia (which joined the UNFPA Supplies Partnership in 2021)had the lowest mCPR (1.7 per cent) followed by South Sudan (3.9 per cent).

A notably significant growth of greater than 1 per cent in contraceptive use (among all women of reproductive age) was recorded in three countries (Ethiopia, Congo, Côte d'Ivoire) in the UNFPA Supplies Partnership during 2021. An additional 34 countries had mCPR growth between 0.5 and 1 percentage points during the same period. In total, 37 out of 48 UNFPA Supplies Partnership countries had more than or equal to a 0.5 annual percentage point increase in mCPR.

Age: The mCPR for girls aged 15–19 years (20.8 per cent) is almost half that of women aged 30–34 years (34.9 per cent).

Residence: On average, the mCPR in urban and rural areas was 35.2 and 28.9 per cent, respectively, in 2021. National data show that most UNFPA Supplies Partnership programme countries have higher mCPR in urban areas than in rural areas, with eight exceptions in 2021. Rural areas have higher mCPR in Ghana, Lao People's Democratic Republic, Liberia, Madagascar, Nepal, Rwanda, Sao Tome and Principe, and Timor-Leste.

Wealth quintile: There is still a gap between the lower (25.0 per cent) and the higher wealth quintiles (36.1 per cent) across the 48 UNFPA Supplies Partnership countries for which disaggregated data on mCPR (married or in-union women) are available.

Figure 3: Distribution of mCPR among married/in-union women by AGE for countries for which survey data are available, 2021

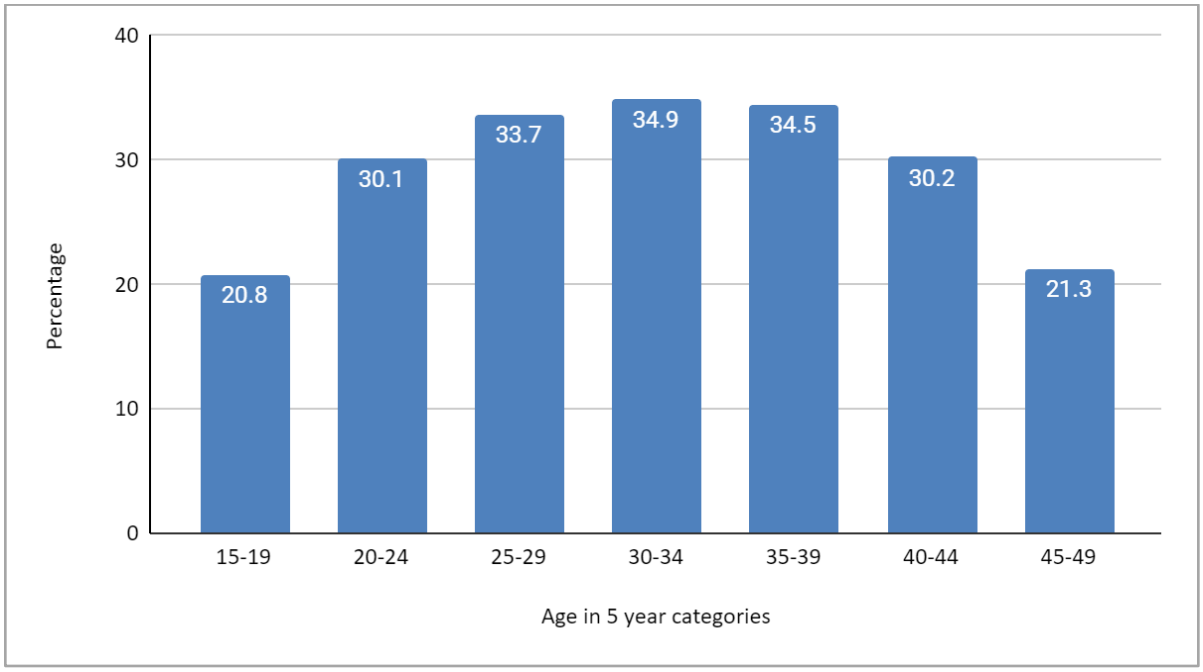


Figure 4: Distribution of mCPR among married/in-union women by WEALTH QUINTILE for countries for which survey data are available, 2021

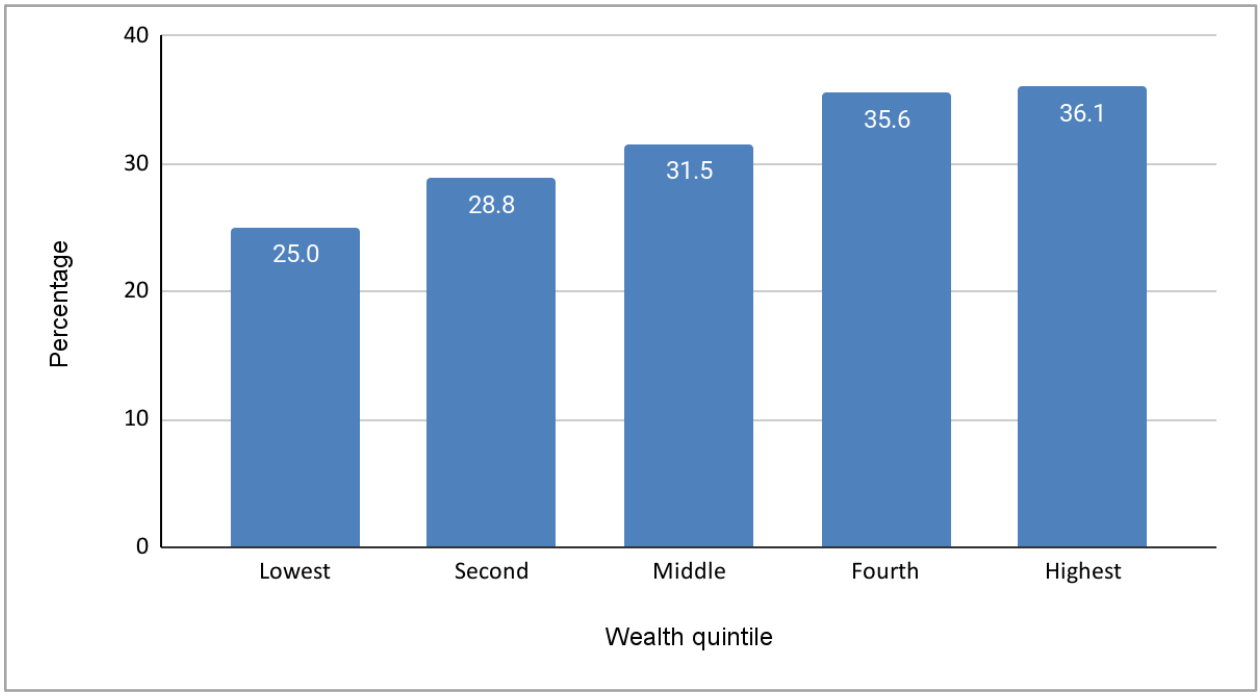
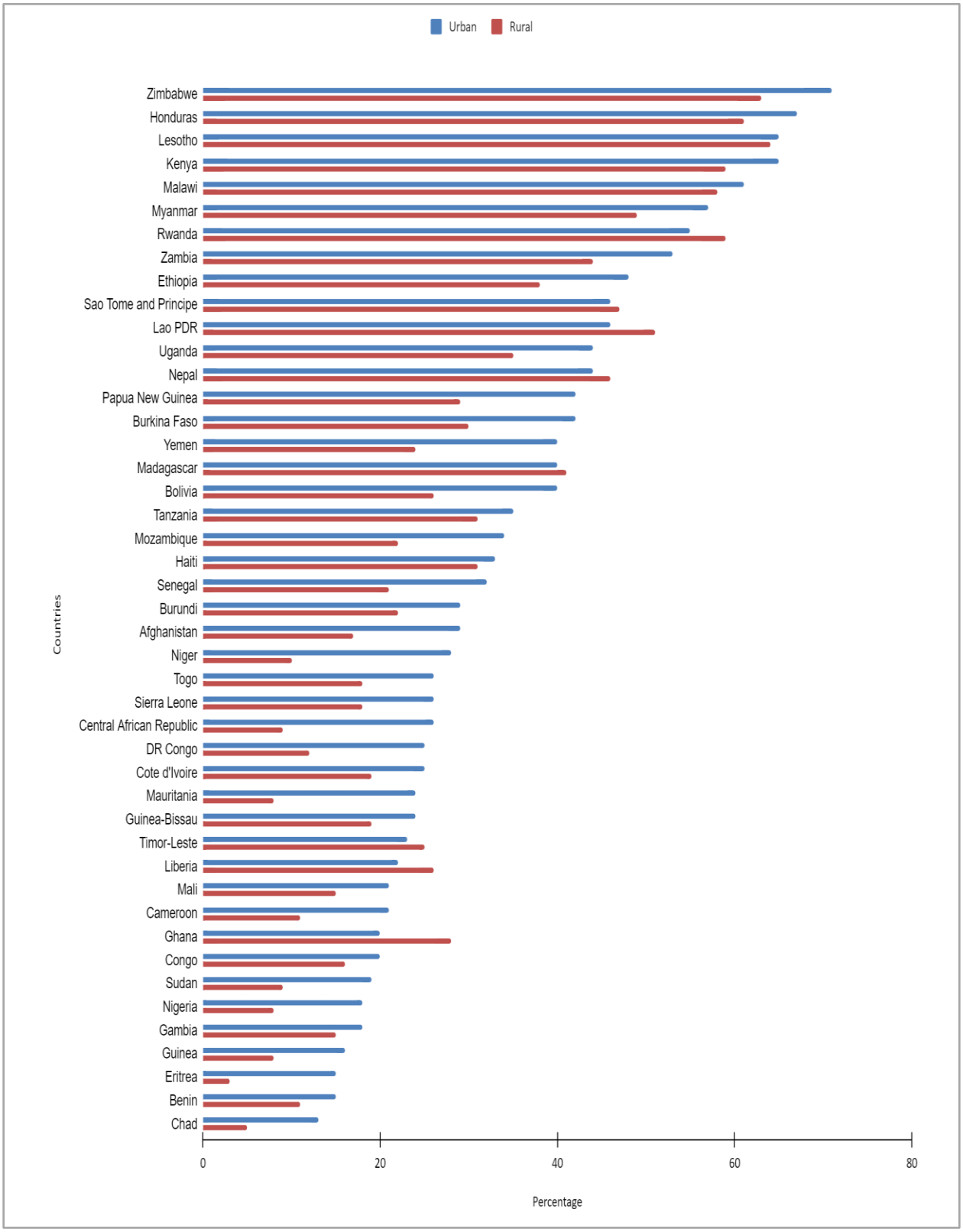


Figure 5: Distribution of mCPR among married/in-union women in rural and urban areas per country in 2021 (45 UNFPA Supplies Partnership countries for which survey data are available), 2021



G.4 Demand for family planning satisfied with modern methods

The demand for family planning satisfied with modern methods was 54.6 per cent in the 48 UNFPA Supplies Partnership countries, based on the updated FP2030 database. This is the percentage of sexually active women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods.

Zimbabwe had the highest percentage of women whose demand was satisfied with modern contraceptives in 2021 with 86.6 per cent, and Somalia had the lowest at 4.1 per cent. Like unmet need, progress on demand satisfied also varies in its pace and needs to be analysed against the backdrop of fertility desires and other dynamics in countries.

Demand satisfied for family planning is fairly even across age groups, but still significantly lower among girls aged 15–19 across the 48 UNFPA Supplies Partnership countries for which disaggregated data on married or in-union women is available for 2021.

Figure 6: Demand satisfied all methods of contraception for married or in-union women disaggregated by AGE for countries for which survey data are available, 2021

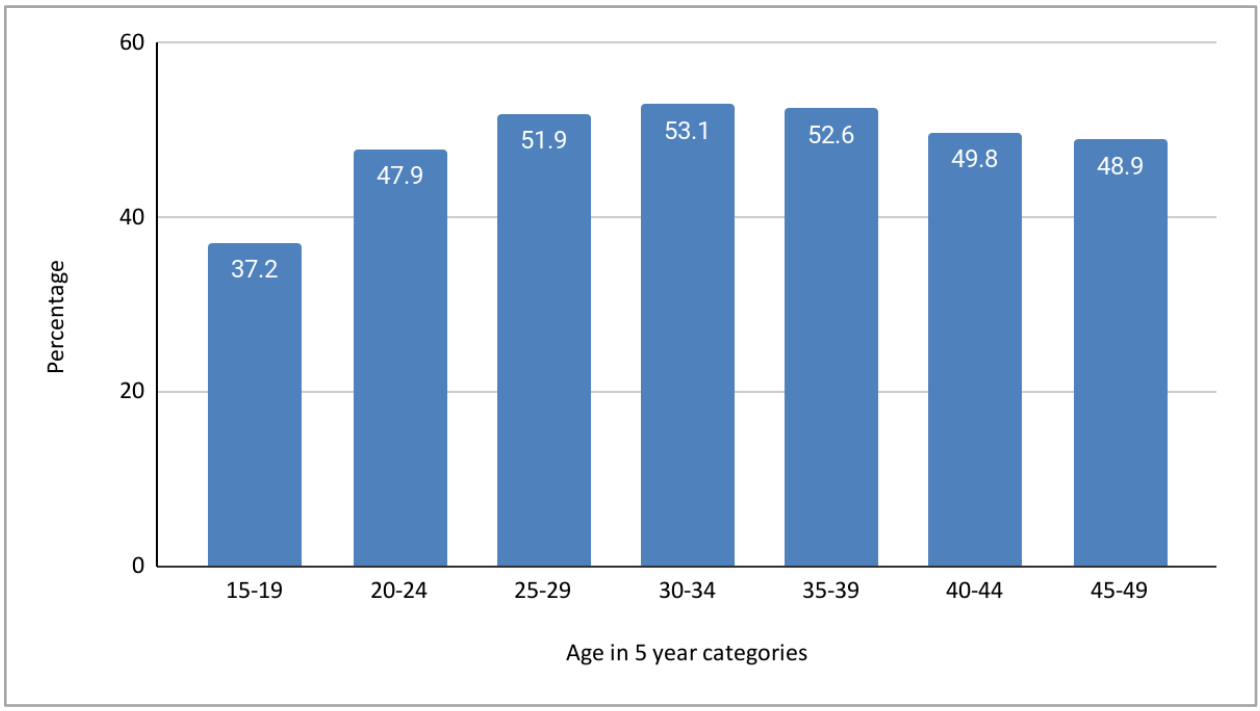


Figure 7: Demand satisfied all methods of contraception for married or in-union women **disaggregated by WEALTH QUINTILE** for countries for which survey data are available, 2021

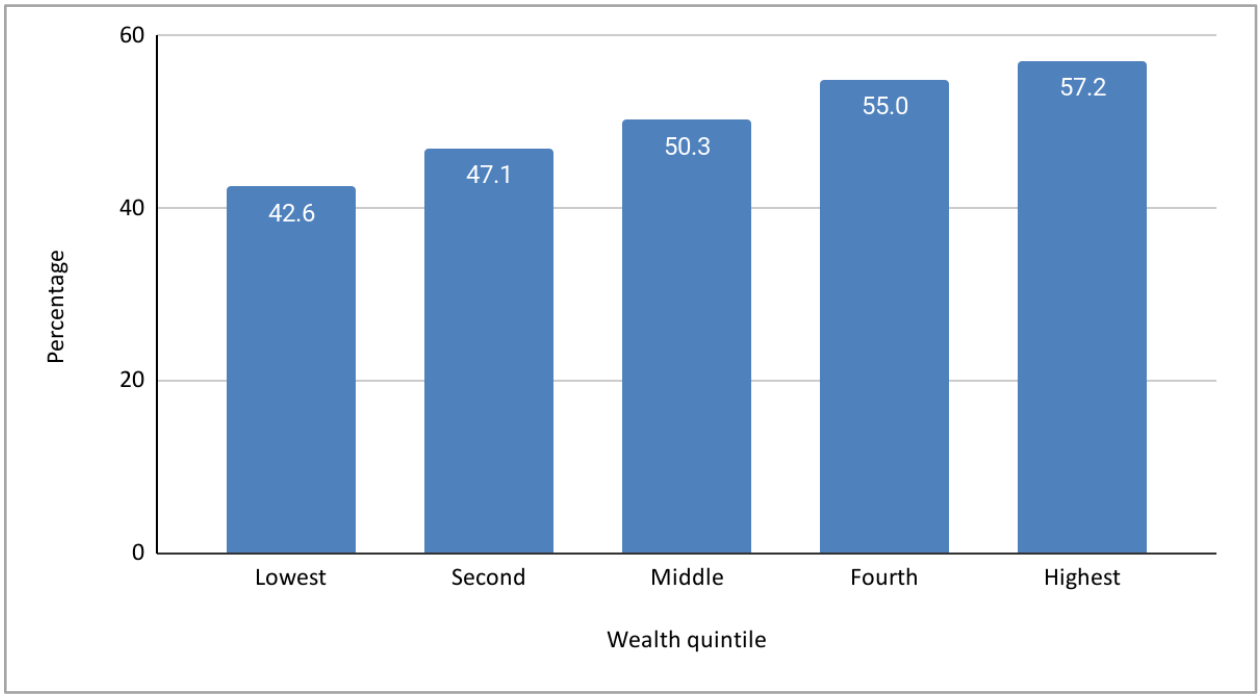
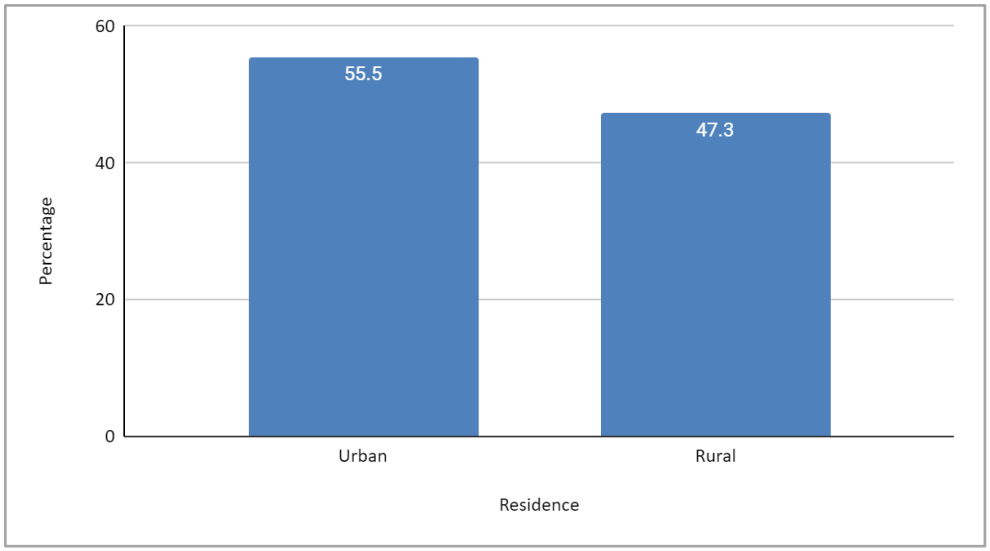


Figure 8: Demand satisfied for all methods of contraception for married or in-union women **disaggregated by RESIDENCE** (urban & rural) for countries for which survey data are available, 2021



G.5 Contraceptive method mix

Contraceptive method mix refers to the percentage distribution of contraceptive users in a given country, by method. The data can be used to calculate a method mix score or to indicate a method skew. Method mix score is presented on a 10 point scale, of the difference between the most prevalent method and the third most prevalent method as a proportion of the total modern method prevalence. Method skew for a country is assessed by considering whether a single method accounts for more than a given percentage threshold of the contraceptive users.

The range of methods available in a country is not solely a reflection of UNFPA Supplies Partnership procurement. However, the programme tracks method use and method mix in the programme countries. This assessment is based on World Contraceptive Use data from the Population Division at UN DESA, and reflects countries' most recent surveys.[1]

- **The most-used methods across UNFPA Supplies Partnership countries are injectable contraceptives (intramuscular and subcutaneous) (39 per cent of users), oral contraceptive pills (17.5 per cent of users) and implants (17.2 per cent of users**).
- Use of male sterilization is extremely limited, with just 0.6 per cent of all users, and no data are recorded on prevalence in the majority of the programme countries.
- Use of IUDs is also relatively limited at 4.7 per cent of users, with the exception of Benin, Bolivia, Guinea-Bissau, Honduras, Nepal and Yemen with more than 10 per cent of users.
- The prevalence for contraceptive implants increased almost by 1 per cent, up from 16.3 in 2020 to 17.2 in 2021.
- The use of long-acting reversible contraceptive (LARC) methods increased to 21.9 per cent in 2021, up from 20.7 per cent in 2020.

The programme assesses the range and types of contraceptive methods used as part of measuring progress towards ending the unmet need for family planning. Access to a wide variety of family planning methods increases contraceptive use and satisfaction and reduces discontinuation, as women are more likely to find a method that suits their needs. A diverse choice of methods also provides women with access to longer acting and more effective methods of contraception, reducing the risk of unintended pregnancy. A wide variety of methods is a component of quality of care as well as an important principle of rights-based family planning.

Method mix score and method skew

The average method mix score for the 48 programme countries was 8.8 in 2021 (on a ten-point scale). This means a higher concentration of users on a few methods. Contraceptive method mix is assessed using two measures: method mix score and method skew.

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

Method skew is a measurement that is used to assess the dominance of a single method in a country. A country is categorized as having a method skew if a single method accounts for more than 50 per cent (more than half) of the contraceptive use: **14 countries had a method skew in 2021**. For example, in 2021, injectable contraceptives became the dominant method in Chad, Ethiopia, Haiti, Liberia, Madagascar, Myanmar and Zambia, while condoms became the dominant method in Cameroon and Congo. In contrast, the Democratic Republic of the Congo and Sierra Leone did not have any single method to account for more than 50 per cent of contraceptive use in 2020.

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

Outcome 1: Increase availability of quality-assured reproductive health commodities

Some indicators were part of the previous monitoring and evaluation (M&E) framework, notably indicators O.C.1.1, O.C.1.2, O.C.1.3 and O.C.2.1, with a small change in terms of time period to be considered for the reporting year and data sources. Starting 2021, data are collected for a two-year period. Facility-based surveys supported by the UNFPA Supplies Partnership are conducted in countries every three years. In addition, data are also collected from HMIS, LMIS and other sources such as Service Availability and Readiness Assessment (SARA), Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) to obtain a broader picture of the availability of the contraceptive methods. Due to this change in methodology, in 2021 we will not compare the values of these indicators from previous years.

O.C.1.1 Percentage of countries where at least 85 per cent of primary service delivery points have at least three modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural)

This indicator is measured by calculating the percentage of UNFPA Supplies Partnership implementing countries (out of a total number of countries for which data are available from the survey or other sources. including HMIS and LMIS) where 85 per cent of the primary-level SDPs report that, on the day of the survey or on day of data collection, they offer/provide at least three modern contraceptive methods to clients. The methods included in the survey are as follows: male condoms, female condoms, oral contraceptive pills (combined hormonal and progestin-only), injectables, emergency contraception (including emergency contraceptive pills), IUDs (hormonal and copper), implants, sterilization for females and sterilization for males.

Access to a range of contraceptive methods helps ensure method mix for choice and quality of care. Thirty-three countries provided survey data on this indicator in 2021. Data has been collected from facility surveys in 27 countries, HMIS or LMIS from two countries and other surveys from two additional countries.

- **78.8 per cent (26 countries) had at least three modern contraceptive methods at 85 per cent or more primary-level SDPs. On average, availability is higher in urban areas (79 per cent) compared with rural areas (77 per cent).**

The main reasons for the non-availability of contraceptive methods are delays by the SDP to request for supply of the contraceptive (73 per cent of countries) and delays on the part of the main source institution/ warehouse to re-supply this SDP with this contraceptive (70 per cent of countries).

Countries faced a number of challenges in 2021. In Congo, access to contraceptives was limited due to restrictions related to the COVID-19 pandemic. In the Democratic Republic of the Congo, Malawi and Somalia, to increase availability of contraceptive methods improved storage capacity, overcoming supply chain issues and increased transportation of commodities to the last mile are needed. In Guinea-Bissau, the distribution system has suffered after health care providers went on strike. In Haiti, the distribution of reproductive health commodities was hampered due to security related issues, including roads blocked by gangs.

O.C.1.2 Percentage of countries where at least 85 per cent of secondary and tertiary service delivery points (SDPs)have at least five modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural)

This indicator is measured by calculating the percentage of UNFPA Supplies Partnership countries (out of a total number of countries for which data are available from the survey, including HMIS and LMIS) where 85 per cent of the secondary and tertiary SDPs report during a survey/data collection that, on the day of the survey or day of data collection, they offer/provide at least five modern contraceptive methods to clients. The methods included in the survey are: male condoms, female condoms, oral contraceptive pills (combined hormonal and progestin-only), injectables, emergency contraception (including emergency contraceptive pills), IUDs (hormonal and copper), implants, sterilization for females and sterilization for males.

- **Of the 33 countries where data are available in 2021, 52 per cent (17 countries) had at least five modern methods of contraception available at 85 per cent or more secondary- and tertiary-level SDPs.**

On average, availability is higher in urban areas (73 per cent) than rural areas (65 per cent). Availability of five modern methods is higher in tertiary level (83 per cent) than secondary level (79 per cent).

The main reasons given for not offering contraceptives were as follows:

- Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive in 22 counties (67 per cent)
- Delays by this SDP to request for supply of the contraceptive in 20 countries (61 per cent)
- Low or no client demand for the contraceptive in 17 countries (52 per cent)
- No train staff to provide this contraceptive at the SDP in 15 countries (45 per cent)
- Lack of equipment for the provision of this contraceptive in 12 countries (36 per cent)
- Other reasons account for 36 per cent of countries. They include but are not limited to: restrictions related to the COVID-19 pandemic (Congo), storage capacity and other supply chain issues, transportation of commodities to the last mile (Democratic Republic of Congo), decrease in resources in municipalities in charge of the procurement of reproductive health commodities (Bolivia).

O.C.1.3 Percentage of countries where at least 85 per cent of service delivery points (SDPs) have magnesium sulfate, misoprostol and oxytocin available on day of survey/day of data collection (disaggregated for urban/rural and SDP type)

This indicator is measured by calculating the percentage of UNFPA Supplies Partnership countries where, in line with national protocols, on average, 85 per cent of SDPs report that they offer/provide all of the following three maternal health medicines on the day of survey or day of data collection: magnesium sulfate, misoprostol and oxytocin.

- **34.5 per cent (10 of 29 countries with data available) had magnesium sulfate, misoprostol and oxytocin available at 85 per cent or more at SDP level.**

Availability varies at the different levels: 38 per cent (11 countries) of tertiary-level SDPs, 31 per cent (9 countries) of secondary-level SDPs and 17 per cent (5 countries) of primary-level SDPs have the three maternal health medicines available at 85 per cent or more service delivery points. Regarding

urban and rural SDPs, 24 per cent (7 countries) of urban SDPs compared with 10 per cent (3 countries) of rural SDPs have available at 85 per cent or more of the three maternal health medicines.

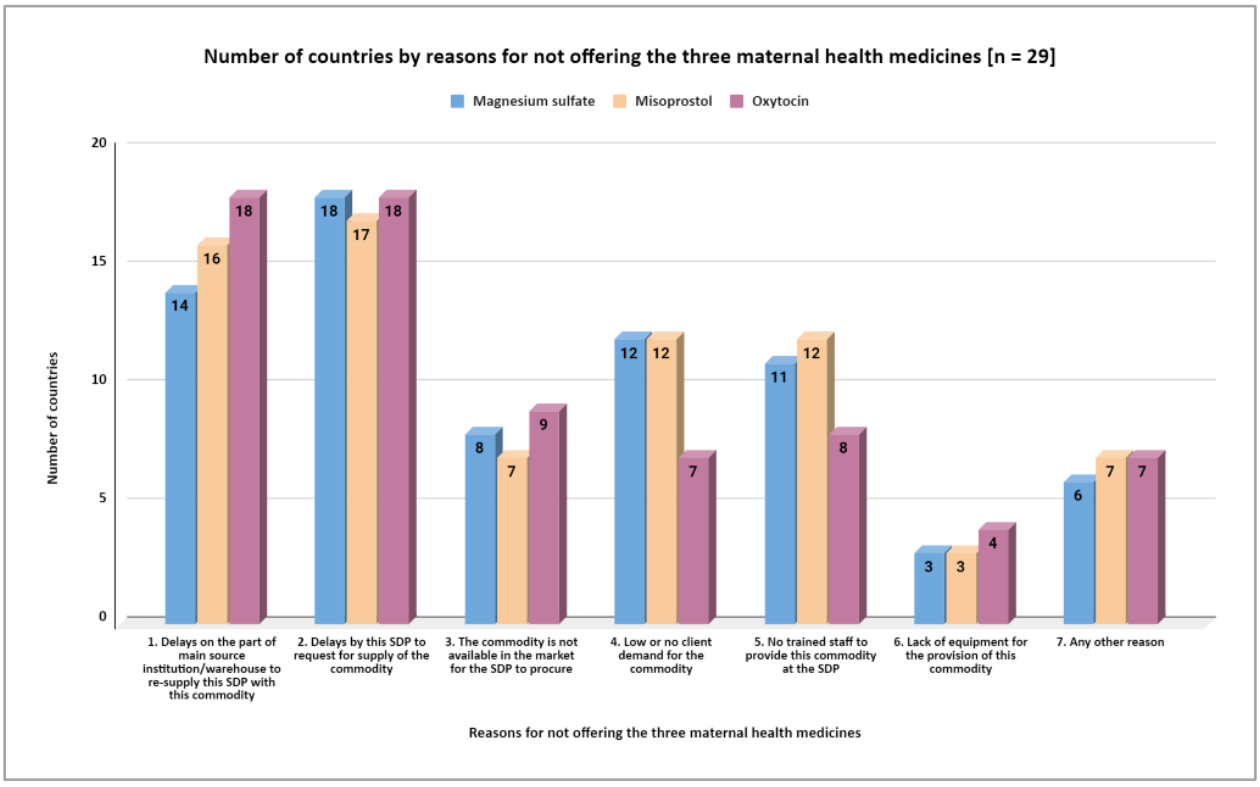
Availability also varies by type of product: 55 per cent (16 countries) have magnesium sulfate, 72 per cent (21 countries) have oxytocin, and s24 per cent (7 countries) have misoprostol available at 85 per cent or more service delivery points.

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

- Delays on the part of main source institution/warehouse to re-supply this SDP with this commodity
- Delays by this SDP to request for supply of the commodity
- The commodity is not available in the market for the SDP to procure
- Low or no client demand for the commodity
- No train staff to provide this commodity at the SDP
- Lack of equipment for the provision of this commodity
- Other reasons include but are not limited to: the medicines are not prioritized by the municipalities (Bolivia), restrictions related to the COVID-19 pandemic (Congo), storage capacity and other supply chain issues, transportation of commodities to the last mile (Democratic Republic of the Congo).

The figure below shows the number of countries by reasons for not offering magnesium sulfate, misoprostol and oxytocin.

Figure 9: Number of countries by reasons for not offering the three maternal health medicines (*n* = 29)



O.C.1.4 Number of countries that integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks

This indicator is defined as the number of countries that integrate **all six objectives** of the MISP into existing national health policies, emergency response strategies, disaster risk reduction strategies and action plans.

Of the 48 programme countries:

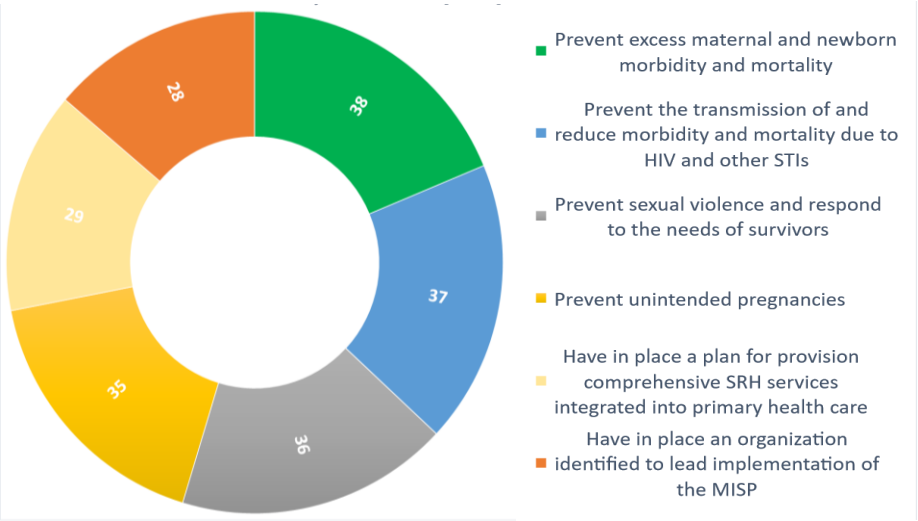
- National health and emergency frameworks exist in 43 countries (90 per cent).
- **21 countries integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks.**

The six objectives of the MISP are as follows: (i) have in place an organization that is identified to lead implementation of the MISP; (ii) prevent sexual violence and respond to the needs of survivors; (iii) prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs; (iv) prevent excess maternal and newborn morbidity and mortality; (v) prevent unintended pregnancies; and (vi) have in place a plan for provision comprehensive sexual and reproductive health services integrated into primary health care.

Among the countries that include five or more of these objectives, 27 countries include the four objectives in existing national health and emergency frameworks to prevent sexual violence, HIV and other STIs, maternal and newborn morbidity and mortality and unintended pregnancies.

The figure below provides the number of countries that include in their national health and emergency frameworks the objectives of the MISP and categorized by objective.

Figure 10: Number of countries that include in their national health and emergency frameworks the objectives of the MISP (*n* = 48)



In addition, 18 out of 33 countries that faced humanitarian crises had all six objectives of the MISP for sexual and reproductive health integrated into existing national health policies, emergency response strategies, disaster risk reduction strategies and action plans. And, although three countries (Rwanda, Senegal and Zambia), did not experience any humanitarian crises in 2021, they had all six objectives of the MISP included.

Output 1.1: Efficient and timely procurement of a choice of quality-assured reproductive health commodities

O.P.1.1.1 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered on time in countries

This refers to the number of countries where 75 per cent of the total number of orders for contraceptives that are made using UNFPA Supplies Partnership resources during the year for which the commodities were delivered by the supplier on the agreed date.

A total number of **304 commodity orders** were placed by the 48 UNFPA Supplies Partnership countries in 2021; of these orders, 245 (81 per cent) of them arrived on or before the expected date of arrival at the customs of the country.

- **In 39 countries, 75 per cent or more of UNFPA Supplies Partnership commodity orders are delivered on time.**

All commodity orders (100 per cent) were delivered on time in 11 countries: Djibouti, Guinea-Bissau, Honduras, Liberia, Malawi, Papua New Guinea, Rwanda, Sao Tome and Principe, Timor-Leste, Yemen and Zambia.

The main reasons for non-delivery were due to issues such as manufacturer delay, donor or domestic financial gap. Most of the delays (in 34 countries) were linked to supply constrained products (mainly implants and injectables), a long lead time from suppliers had implications on delivery schedules, mostly resulting in partial shipments. Injectable and one-rod implant orders were adjusted in 2022 as per the Consenus Planning Group (CPG)[2] recommendation by considering limited production capacity.

Other reasons included but not limited to the following. For Afghanistan, as a result of the in-country security situation, Quarter 2 and 3 orders were put on hold owing to the lack of functioning customs and import authorities. Some shipments were adjusted for 2022 delivery schedules accordingly. In Burundi, 2021 orders were adjusted to 2022 for shipments and delivery while specifications for vasectomy and tubal ligation kits were finalized with the Ministry of Health. In Kenya, due to biological contamination of one-rod implants in the country, KEMSA (the central warehouse) and the UNFPA quality assurance team were instructed to hold pipeline orders until warehouse quality assurance compliance for good storage practice was validated. In Myanmar, 2021 orders were rolled over to 2022, mainly due to the in-country situation, with an impact on order management.

[2] The CPG seeks to ensure better coordination between the two key institutional procurers of family planning commodities, USAID and UNFPA, and key supply chain partners. CPG members include representatives of UNFPA's Procurement Services and Commodity Security Branches, USAID, the Clinton Health Access Initiative (CHAI), John Snow, Inc. (JSI), the Global Health Supply Chain Program - Procurement and Supply Management project (GHSC-PSM), the West African Health Organization (WAHO) and the Reproductive Health Supplies Coalition.

O.P.1.1.2 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered in agreed quantities by the supplier

This value refers to the number of countries where 75 per cent of the total number of orders for contraceptives that are made using UNFPA Supplies Partnership resources during the year for which the commodities were delivered to countries by the supplier on the agreed quantity.

- **In 39 countries, 75 per cent or more of UNFPA Supplies Partnership commodity orders are delivered in agreed quantities.**

All commodity orders (100 per cent of commodity orders) were delivered on agreed quantity in 10 countries; Djibouti, Guinea-Bissau, Honduras, Liberia, Papua New Guinea, Rwanda, Sao Tome and Principe, Timor-Leste, Yemen and Zambia.

The main reasons for non-delivery were manufacturer delay and donor or domestic financial gaps. Most of the delays (in 34 countries) were linked to supply constrained products (mainly implants and injectables). A long lead time from suppliers had implications on delivery schedules,resulting in partial shipments. Injectable and one-rod implant orders were adjusted to 2022 as per CPG recommendation, considering limited production capacity.

Output 1.2: Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights

O.P.1.2.1 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

This is the number of UNFPA Supplies Partnership implementing countries for which reproductive health commodities that are classified as new and/or lesser-used are procured for use in the public sector. These commodities are DMPA-SC, hormonal IUD (also known as the hormonal intrauterine system), vaginal rings, carbetocin, tranexamic acid, non-scalpel vasectomy (NSV) kits, combi-pack misoprostol/mifepristone regimen, MVA kits and any other new reproductive health commodities. Carbetocin and tranexamic acid are heat-stable maternal health medicines for the prevention and treatment of post-partum hemorrhage (PPH).

- **In 2021, 15 countries procured new and lesser-used reproductive health commodities.**
- 42 countries procured DMPA-SC in 2021.
- 15 countries also procured other new and lesser-used reproductive health commodities (excluding DMPA-SC): Benin, Burundi, Cambodia, Democratic Republic of the Congo, Ethiopia, Lao People's Democratic Republic, Madagascar, Mozambique, Papua New Guinea, Nepal, Nigeria, Rwanda, South Sudan, Uganda and Zambia.

Table 1: New and lesser-used commodities procured for the public sector in 2021

Product	Number of countries	Country
Hormonal IUD	4	Rwanda, Madagascar, Nigeria and Zambia
DMPA-SC	42	List is provided in the annex
Non-scalpel vasectomy (NSV) kits	4	Burundi, Nepal, Papua New Guinea, Rwanda
Heat-stable carbetocin	2	Democratic Republic of the Congo, Madagascar
Tranexamic acid	3	Ethiopia, Madagascar, Zambia
Combi-pack misoprostol/ mifepristone regimen	6	Benin, Cambodia, Lao People's Democratic Republic, Mozambique, Nepal, Zambia
MVA kits	6	Burundi, Lao People's Democratic Republic, Rwanda, South Sudan, Uganda, Zambia

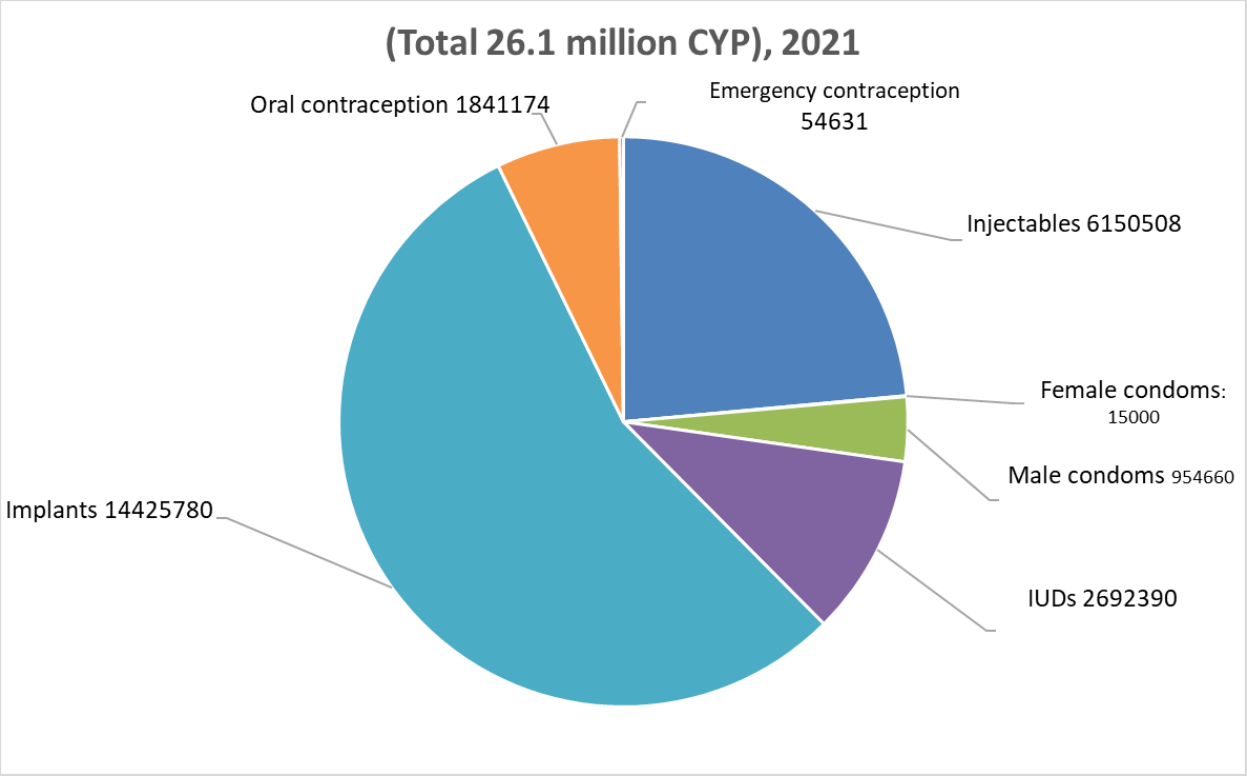
O.P.1.2.3 Total Couple-Years of Protection (CYPs) provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership

- **26.1 million couple-years of protection (CYPs) were provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership in 2021**.

This number is down from 48.6 million CYP in 2020. The drop in total CYP is due to the reduced budget available for the procurement of contraceptives due to funding cuts to the UNFPA Supplies Partnership in 2021.

This indicator refers to the total estimated protection from pregnancy that the volume of contraceptives and condoms procured using UNFPA Supplies Partnership resources would provide during one year period.

Figure 11: Couple-years of protection (CYP) per method provided in 2021



Outcome 2: Ensure reproductive health commodities reach the last mile and promote harmonization, integration and strengthening of supply systems in countries

O.C.2.1 Percentage of countries where 60 per cent of service delivery points report no stock-out of any contraceptive offered on day of survey/day of data collection

The prevalence of stock-outs within any one country is one of many indicators that can help to understand the maturity of the national supply chain. This indicator encompasses supplies procured through the UNFPA Supplies Partnership as well as all other sources, for a view of the country's situation. Results for this indicator are obtained through facility-based surveys, from HMIS and LMIS, and other sources such as SARA, MICS and DHS. Starting 2021, data used for this indicator is based on information collected for a two-year period.

In 2021, 34 countries reported against this indicator.

- **44 per cent of countries (15 out of 34 countries) reported they had "no contraceptive stock-out" in 60 per cent or more SDPs on the day of the survey or data collection.**

Countries experiencing “no stock-outs in 60 per cent or more of SDPs” in 2021 included Burundi, Chad, Democratic Republic of the Congo, Guinea, Honduras, Lesotho, Liberia, Madagascar, Malawi, Niger, Rwanda, Sao Tome and Principe, Senegal, Yemen and Zimbabwe.

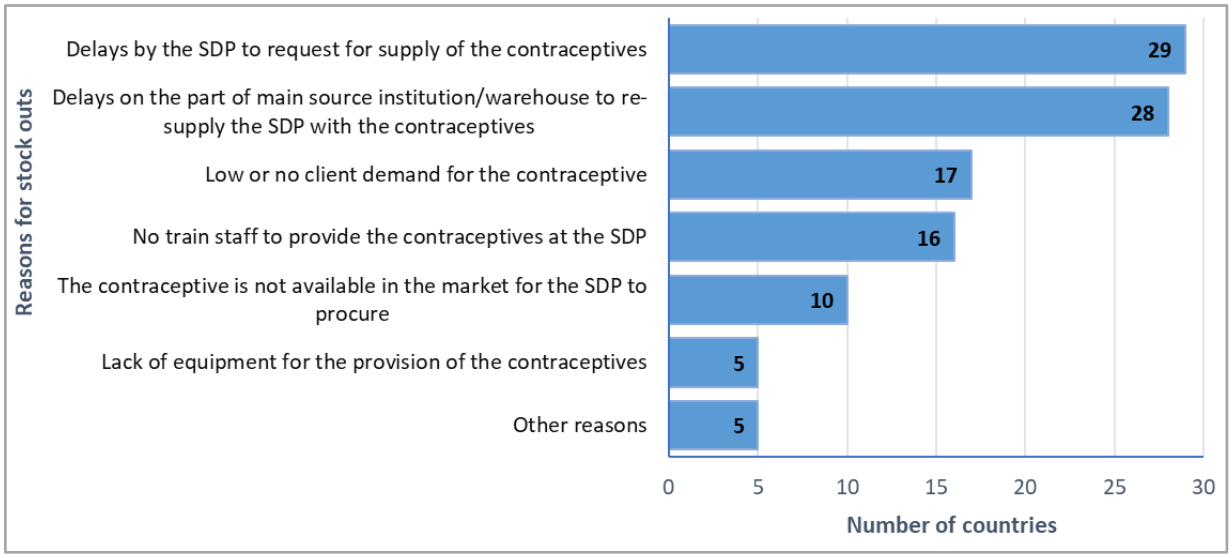
The 19 countries reporting stock-outs in 2021 were Burkina Faso, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Haiti, Lao People's Democratic Republic, Mauritania, Mozambique, Nigeria, Somalia, Tanzania (United Republic of), Uganda and Zambia.

Regarding urban and rural locations, 50 per cent of countries (17 of 34 countries) reported no contraceptive stock-out in at least 60 per cent of urban SDPs on the day of survey or data collection, and 53 per cent of rural SDPs (18 of 34 countries).

Reasons for stock-outs varied from country to country. The main reasons were delays on the part of the main source institution/warehouse to re-supply the SDP with the contraceptives (in 29 countries) and delays by the SDPs to request for supply of the contraceptives (in 28 countries).

The figure below describes the most common reasons for stock-outs at SDP level:

Figure 12: Reasons for stock-outs at the service delivery point levels (*n* = 34)



O.C.2.2 Number of countries with a functional electronic logistics management information system (eLMIS) up to service delivery points (SDPs) at the secondary level

This indicator refers to the number of UNFPA Supplies Partnership implementing countries that have an electronically automated platform for real time logistics data management with linkages between warehouses at national and subnational levels as well as with major health facilities. Countries will be counted if they report the existence of an eLMIS the system is extended to secondary-level SDPs and have at least five of the six functional attributes: (i) information on contraceptives; (ii) information on maternal health medicines; (iii) information on losses and adjustment data per commodity type at all levels of the supply chain; (iv) availability of stock-on-hand data; (v) availability of consumption or issuance data; and (vi) information on key product details such as unit of measure, pack size, batch number, expiry date.

In 2021, all 48 countries reported against this indicator.

- **10 countries reported they had a functional electronic logistics management information system (eLMIS) up to service delivery points (SDPs) at the secondary level.**

Countries that have eLMIS as per the assessment criteria: Burundi, Bolivia, Ethiopia, Honduras, Lao People's Democratic Republic, Lesotho, Nepal, Rwanda, Tanzania and Zambia.

- 43 countries have an automated (computerized/electronic) logistics management information system (eLMIS) at their central warehouses, or extended to district and/or provincial warehouses, or SDPs at tertiary, secondary or primary level (but the system does not meet all of the assessment criteria to be considered "functional").
- In 37 countries, the electronic logistics management information system (eLMIS) is functional but only at central warehouse level.

The number of countries that have a functional eLMIS decreases by SDP level. The following figure shows this decrease by level, from central to primary.

Figure 12: Number of countries having functional eLMIS per SDP level in 2021 (*n* = 48)

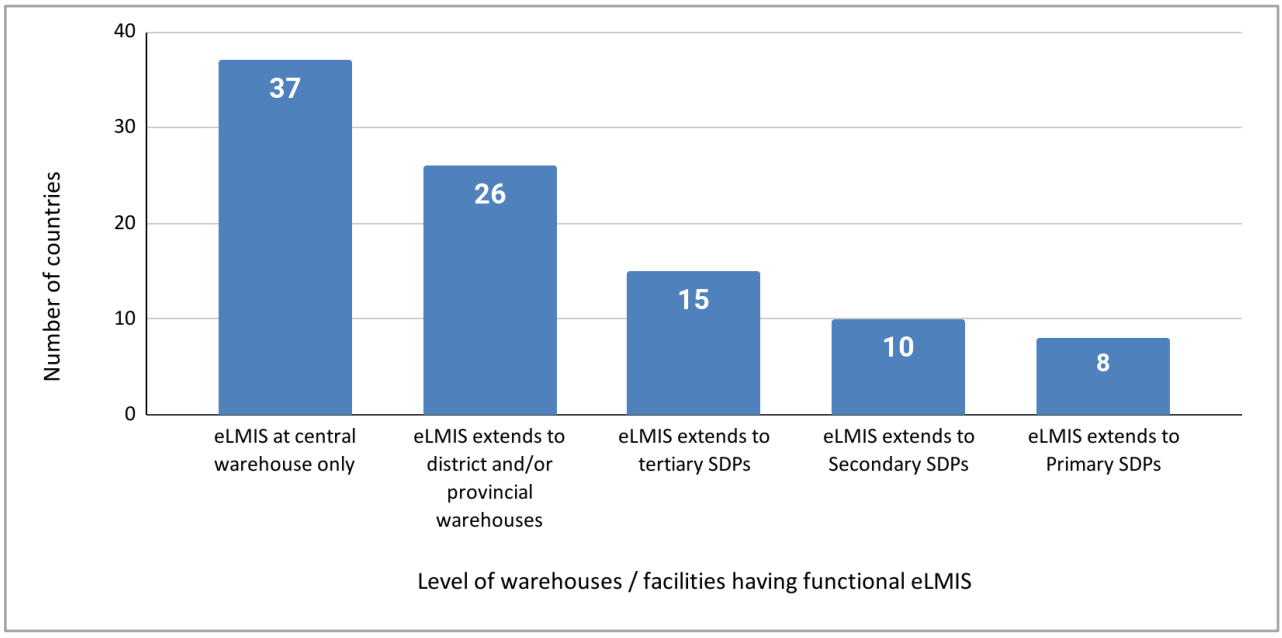
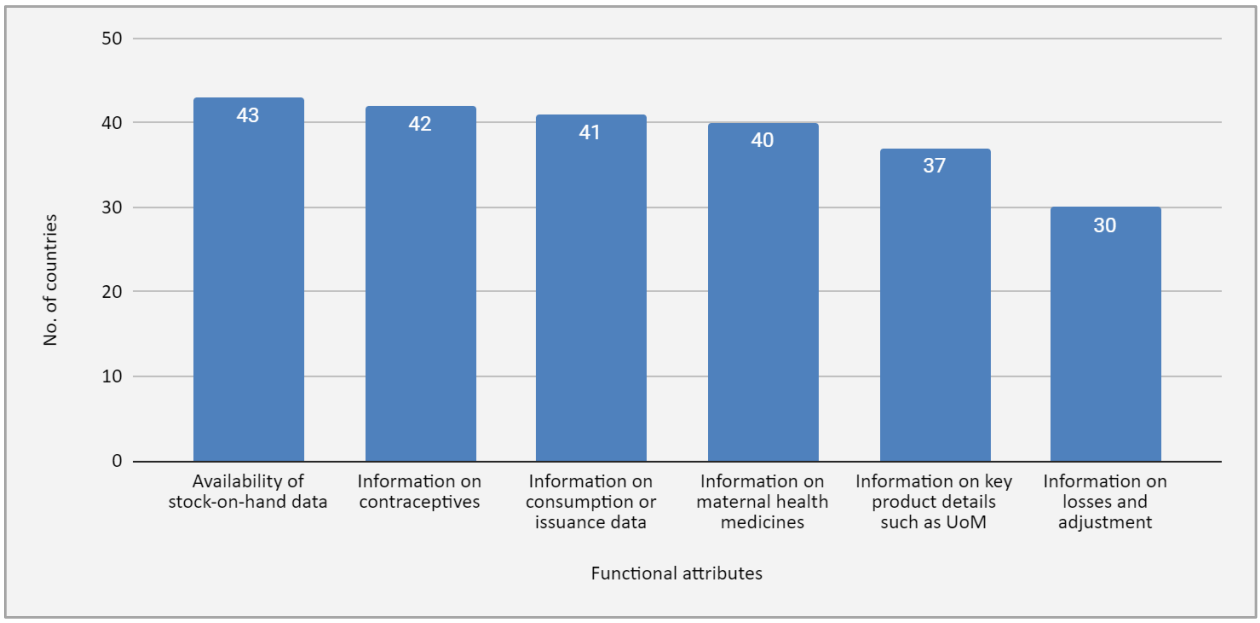


Figure 13: Functional attributes of the eLMIS present in the country



Output 2.1: Improved supply chain management

O.P.2.1.1 Number of countries where a costed supply chain management strategy that takes into account recommended actions of the UNFPA/WHO implementation guide *Ensuring Human Rights within Contraceptive Service Delivery* is being implemented

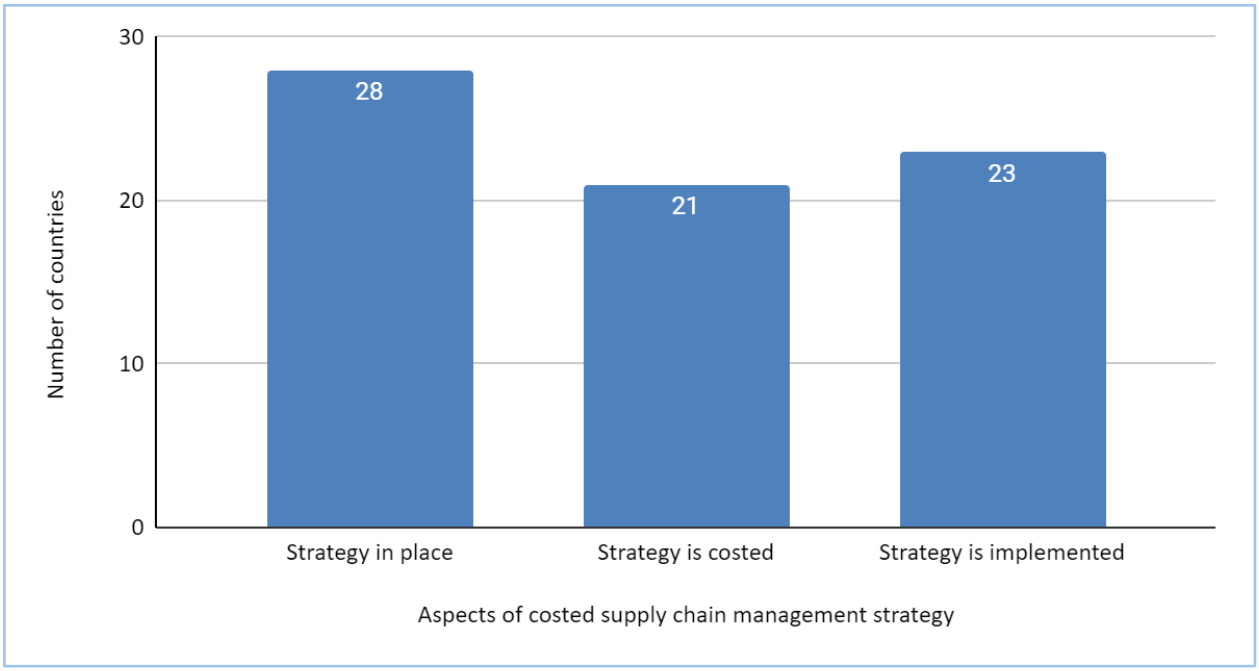
- 19 countries in 2021 had in place a supply chain management strategy with a costed implementation plan that addresses **all** elements of contraceptive commodities availability and accessibility in line with the UNFPA/WHO implementation guide.

This indicator is a count of the number of countries that have in existence a supply chain management strategy, with a costed implementation plan, that addresses elements of contraceptive commodities availability and accessibility. Satisfying this indicator can be a challenge given its many elements, and the total number of countries that meet its more advanced criteria is not expected to increase significantly year upon year. The elements that countries need to have in place are as follows: (a) have in place a supply chain management strategy with (b) a costed implementation plan that (c) addresses elements of contraceptive commodities availability and accessibility in line with the recommendations of the UNFPA/WHO implementation guide on *Ensuring Human Rights within Contraceptive Service Delivery*. The guide outlines the following action points related to commodities, logistics and procurement:

1. Inclusion in the national Essential Medicines List of the full range of contraceptives including male and female condoms, emergency contraception (including emergency contraceptive pills), short-acting hormonal methods (the pill, injectables, the vaginal ring), long-acting reversible methods (implants and IUDs), and permanent methods (male and female sterilization). Conducting regular monitoring of contraceptives distribution and stocks with attention to stock-outs and method mix at all levels of service delivery points.
2. Working towards putting in place a robust supply chain management system to ensure that at least five types of methods are available everywhere, taking into account provider capacity and facility quality.
3. Reviewing whether information, forecasting, procurement and supply chain for contraceptives have been created or updated to ensure a steady supply of methods, in both the private as well as the public sector. If not, initiate a process whereby this can be undertaken, including the establishment of an LMIS.
4. Support the establishment of coordination mechanisms with partners. Supporting capacity-building of logisticians, supply chain managers and specialists in forecasting and procurement.
5. Engaging civil society and the private sector in contraceptive supply, distribution and monitoring to strengthen the national supply chain management.
6. National resource mobilization focused on government budget allocation and use for procurement of contraceptives; political and financial commitment to contraceptive provision by the government in the national budget, transparency in budgets, and tracking of the flow of resources, in relation to contraceptives.

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

Figure 14: Number of countries where a costed supply chain management strategy is in place and being implemented, 2021

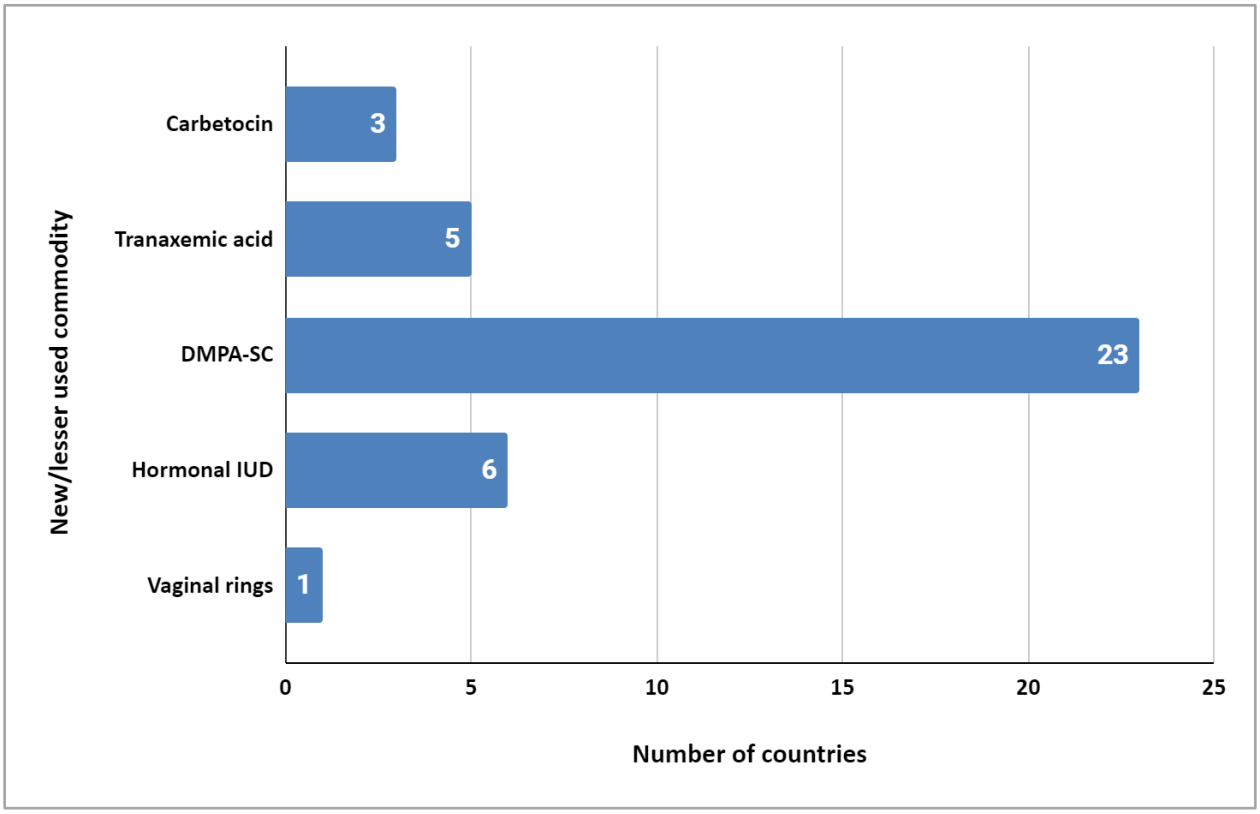


O.P.2.1.2 Percentage of countries introducing a new reproductive health commodity that successfully integrate the product into the health management information system (HMIS) and logistics management information system (LMIS)

- **86 per cent of the UNFPA Supplies Partnership countries (24 out of 28) that introduced a new reproductive health commodity successfully integrated the product into their HMIS/LMIS.**
- 34 countries included DMPA-SC in the HMIS/LMIS.
- 6 countries included hormonal IUDs in the HMIS/LMIS.

This indicator is defined as the percentage of countries where new RH commodities are included in the health management information system (HMIS) and logistics management information system (LMIS). New reproductive health commodities are as follows: DMPA-SC, hormonal IUD, vaginal rings, carbetocin, tranexamic acid and any other new reproductive health commodities added in subsequent years.

Figure 15: Number of countries where new and lesser-used commodities are integrated into the HMIS/LMIS in 2021, by type of commodity (*n* = 28)



As a new commodity, heat-stable carbetocin was introduced in four countries (Kenya, Madagascar, Senegal and Yemen) and heat-stable tranexamic acid was introduced in six countries (Ethiopia, Kenya, Madagascar, Senegal, Yemen and Zambia). One country (Yemen) was not able integrate them into the HMIS/LMIS system at this time.

Myanmar and Somalia recently included DMPA-SC in their LMIS systems and Guinea included DMPA-SC in its eLMIS. Zambia included DMPA-SC and tranexamic acid and DMPA-SC in both the HMIS and LMIS. Rwanda included DMPA-SC and hormonal IUDs in both the HMIS and LMIS.

Output 2.2: Improved commodity and data visibility for last mile assurance

O.P. 2.2.1 Percentage of countries where recommendations from the last mile assurance (LMA) process are implemented to improve on commodity data visibility

- 46 out of 48 UNFPA Supplies Partnership countries indicated that the country conducted LMA activity during 2021.
- **At least 85 per cent of countries (39 out of 46) implemented recommendations from the LMA process to improve commodity and data visibility.**

This indicator refers to the percentage of UNFPA Supplies Partnership implementing countries where LMA recommendations are implemented to improve commodity data visibility.

O.P.2.2.2 Percentage of countries where all implementing partners (IPs) have implemented adequate remedial actions relating to known fraud cases

Two countries out of 46 indicated that the LMA verification process uncovered the occurrence of fraud with respect to IPs and also reported that the IPs implemented remedial actions relating to the fraud cases.

- All IPs in 100 per cent (2 out of 2) of the countries have implemented adequate remedial actions relating to known fraud cases.

This indicator measures the percentage of UNFPA Supplies Partnership implementing countries where actions are being taken, in line with an agreed memorandum, to address any fraud cases that are uncovered including during previous last mile assurance verifications.

Outcome 3: Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development

O.C.3.1 Number of countries where governments sustain or increase the amounts allocated for procurement of contraceptives, and who spend more than 80 per cent of the allocated amount for the year

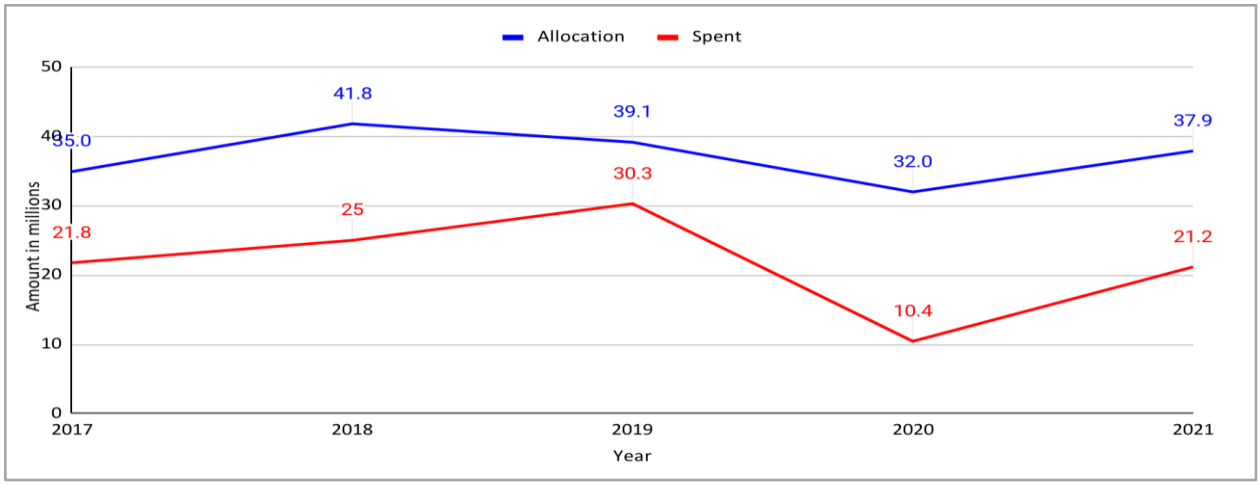
- **4 countries' governments sustained or increased the amount for the procurement of contraceptives, and spent more than 80 per cent of the allocated amount for the year.**
- 27 countries allocated funds through national budget lines for the procurement of contraceptives.
- 13 countries allocated and spent more than 80 per cent of their allocations for the procurement of contraceptives: Benin, Bolivia, Burkina Faso, Burundi, Côte d'Ivoire, Ethiopia, Honduras, Lao People's Democratic Republic, Lesotho, Mali, Nepal, Niger and Rwanda.

This indicator refers to the number of UNFPA Supplies Partnership implementing countries where governments either allocate the same amount as in the previous year or increase the amount allocated from government resources for the procurement of contraceptives and go on to spend at least 80 per cent of the allocated amount.

Allocations for procurement of contraceptives in the UNFPA Supplies Partnership programme countries increased in 2021. Allocations in national budgets totalled US$ 37.9 million compared with US$ 32.2 million in 2020.

Expenditure for the procurement of contraceptives was more at US$ 21.2 million in 2021 compared with US$ 10.4 million in 2020 among countries in the UNFPA Supplies Partnership countries.

Figure 16: Total amount allocated and spent (US$) in national budgets of UNFPA Supplies Partnership countries for procurements of contraceptives, 2017–2021



O.C.3.2 Percentage of countries where there has been an increase in the Sustainability Readiness Assessment (SRA) score compared with the previous year

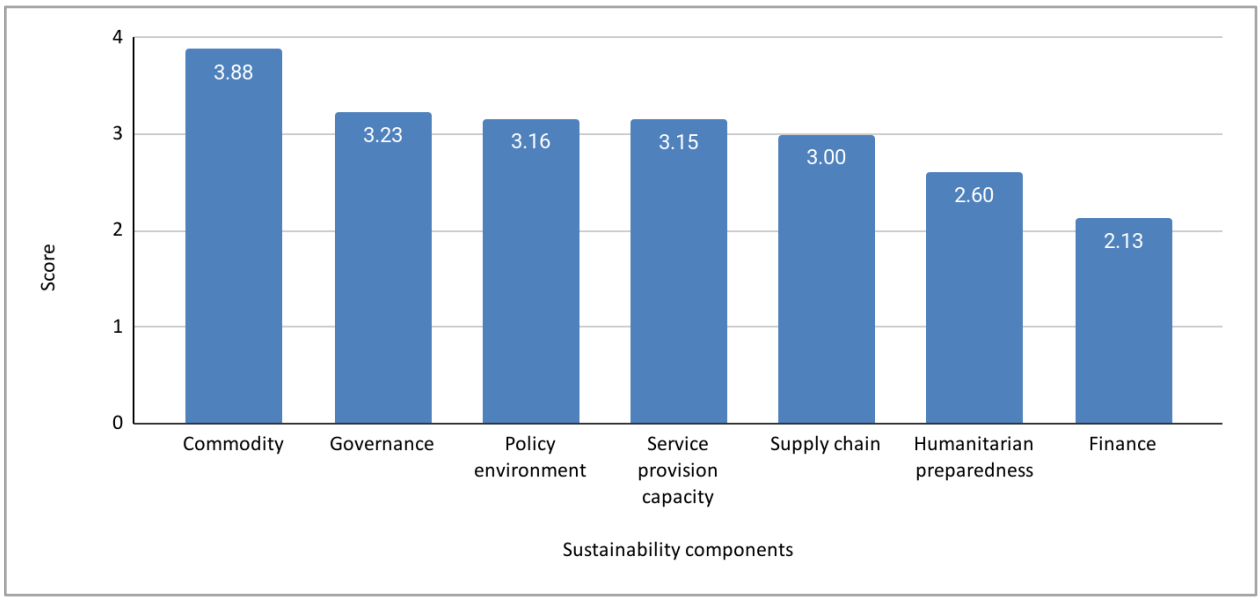
This indicator will be tracked starting 2022 as the Sustainability Readiness Assessment Tool (SRAT) was introduced in 2021.

In order to operationalize the family planning sustainability framework, the UNFPA Supplies Partnership designed the SRAT to promote results-driven programming and strengthen the accountability mechanisms of all partners.

The Sustainability Readiness Assessment Tool was implemented in 46 out of 48 UNFPA Supplies Partnership countries in 2021. Two countries (Myanmar and Timor-Leste) were not able to undertake and finalize the SRAT assessment due to various in-country challenges.

Financing is the area that received the lowest score, indicating a priority for action. Overall, the average score (out of a top score of 5.0) was 3.06, and for each sustainability component the scores were: commodity security: 3.88, governance: 3.23, policy environment: 3.16, services provision capacity: 3.15, supply chain: 3.00, humanitarian preparedness: 2.60, and financing: 2.13. Most of the countries prioritized financing, humanitarian response and supply chain as the most critical areas to strengthen.

Figure 17: Average score for each sustainability component, SRAT 2021

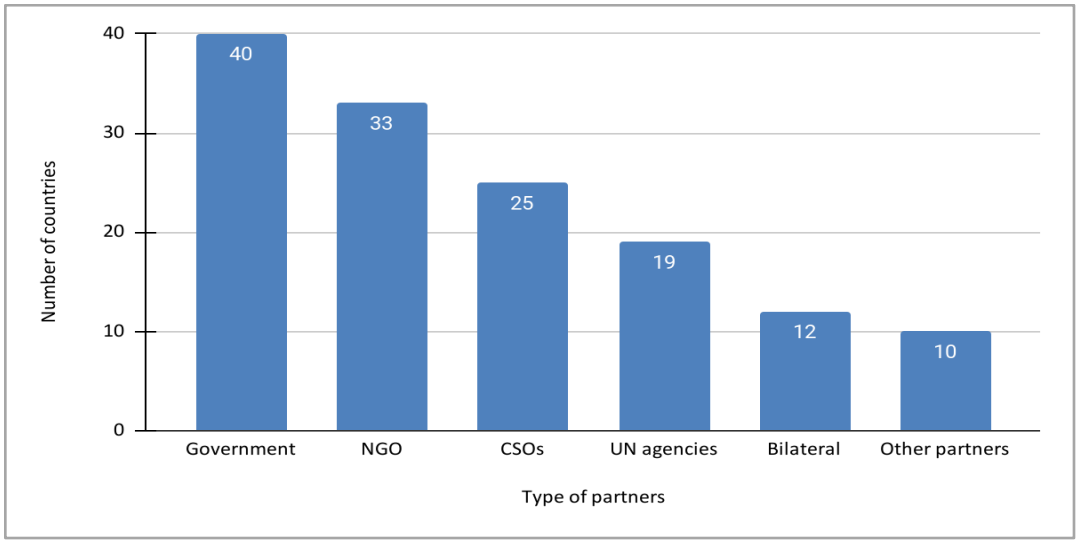


Each country established a panel of stakeholders for the SRAT process, including members of the Ministry of Health, UNFPA, non-governmental organizations (NGOs) and civil society organizations (CSOs). Participants in the assessment included: country government officials in 40 countries, bilateral partners in 12 countries, NGO partners in 33 countries, CSOs in 25 countries, UN agencies in 19 countries and other partners in 10 countries.

The implementation of the SRAT among the UNFPA Supplies Partnership countries contributed in a significant way to improving the quality and comprehensiveness of the programmatic interventions included in technical assistance support requests from countries to UNFPA Supplies through Transformative Action plans. Finally, the prioritization exercise based on the bottlenecks and weak

areas identified, allowed national stakeholders to align common interests towards common objectives and identify concrete results areas for improvement.

Figure 18: Number of countries by type of partners involved in the SRAT exercise (*n* = 46)



Output 3.1: Increased and diversified allocations and use of domestic resources for reproductive health commodities and services

O.P.3.1.1 Number of countries utilizing innovative financing approaches including co-financing and TPP for procurement of commodities as a result of UNFPA Supplies Partnership support

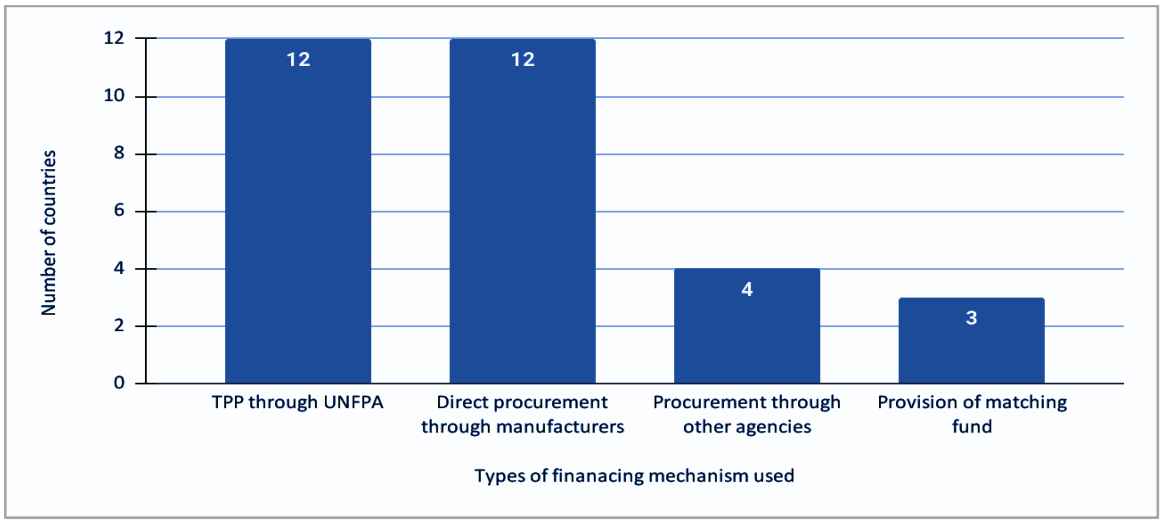
- **24 out of 48 countries reported that their country governments used different financing approaches including the third party procurement (TPP) for the procurement of commodities.**

The different mechanisms used for the procurement of contraceptives by the government were: third party procurement (TPP) through UNFPA, direct procurement from manufacturers, procurement through other agencies and procurement through the UNFPA Supplies Ouagadougou Partnership matching fund.

- 11 countries reported that their country's government spent US$ 11.9 million for the procurement of contraceptives using TPP through UNFPA and US$ 16.3 million through direct procurement from the manufacturers.

This indicator refers to the number of UNFPA Supplies Partnership implementing countries where a range of mechanisms are used to make government funding available for the procurement of contraceptives. The mechanisms will include co-financing and third party procurement (TPP) and the process supported by UNFPA Supplies Partnership.

Figure 19: Types of financing mechanisms used by the country government for the procurement of commodities



O.P.3.1.2 Percentage of countries where the government contribution towards funding of the National Supply Plan (NSP) is at the same or increased level compared to the previous year

This indicator refers to the amount covered by all government sources in the NSP as a percentage of the total amount committed by all contributors to the NSP for the UNFPA Supplies Partnership implementing countries. This measure takes into consideration the US dollar amount spent by the government to procure commodities as laid out in the National Supply Plan of the previous year. For any country to be included in the numerator, the amount spent by the government should either be the same or at an increased level compared to the previous year. The denominator is all countries for which a National Supply Plan exists for the year.

- **In 22 per cent of UNFPA Supplies Partnership countries, the government contributed towards the funding of the National Supply Plan at the same or increased level compared to the previous year.**
- 36 countries have National Supply Plans with needs of different procurers captured.
- 12 countries had UNFPA as the sole procurer for family planning commodities and used procurement plans to inform their requests.

Different types of in-country partners contributed to National Supply Plans, including the government, UNFPA, United States Agency for International Development (USAID), the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), Global Fund and other partners including the Netherlands, The Bill & Melinda Gates Foundation (BMGF), Global Financing Facility for Women, Children and Adolescents (GFF), World Bank and the Buffet Foundation. Around US$ 31.1 million was committed by the programme country governments in their NSPs for the procurement of contraceptives, of which approximately 50 per cent (US$ 16.5 million) was reported to be spent.

O.P. 3.1.3 Per cent of the National Supply Plan commitment budgets covered by the government sources for all UNFPA Supplies Partnership implementing countries

This indicator refers to the amount covered by all government sources in the NSP as a percentage of the total amount committed by all contributors to the NSP for the UNFPA Supplies Partnership implementing countries.

- **9.5 per cent of the National Supply Plan commitment budgets were covered by government sources.**

The total commitment in NSP was around US$ 173.7 million of which US$ 16.6 million was committed by the governments from their national sources.

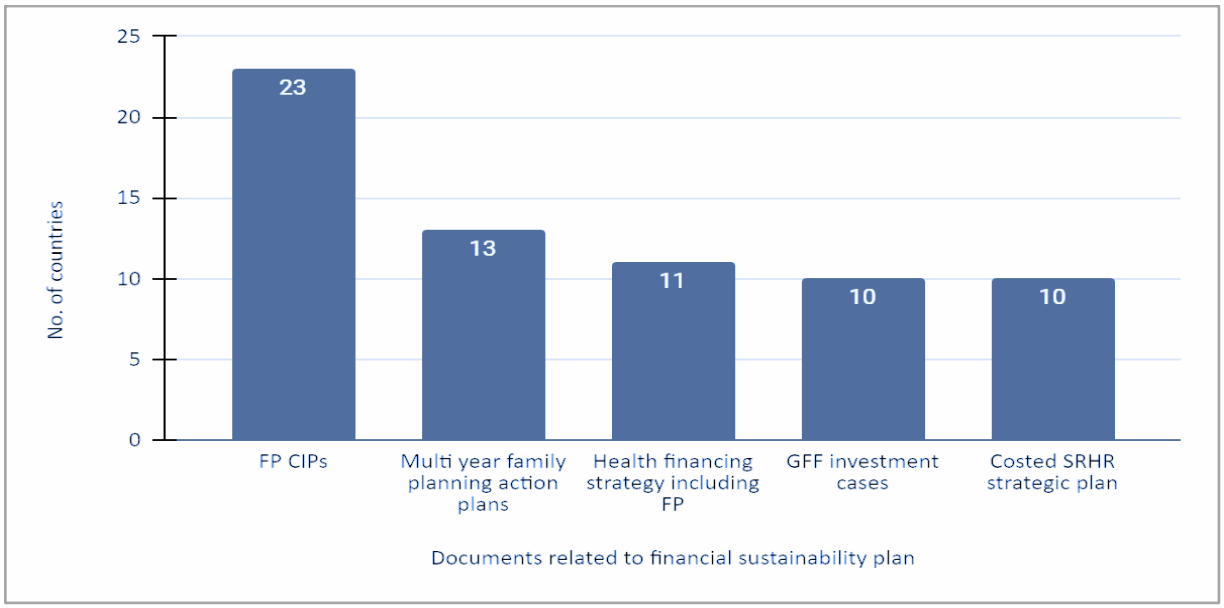
Output 3.2: Family planning is explicitly included and funded in development strategies and plans in the context of primary health care (PHC) and universal health coverage (UHC)

O.P.3.2.1 Number of countries with an existing multi-year financial sustainability plan for family planning

- **31 of 48 countries have an existing multi-year financial sustainability plan for family planning.**

This indicator is defined as the number of countries with multi-year financial sustainability plans for family planning. This may include plans or initiatives aimed at improving domestic resource mobilization for family planning. These multi-year financial sustainability plans for family planning include national plans and strategies such as costed implementation plans (CIPs) for family planning, health financing strategy including family planning, GFF investment cases and costed strategic plans for sexual and reproductive health.

Figure 20: Documents related to financial sustainability plan in the countries



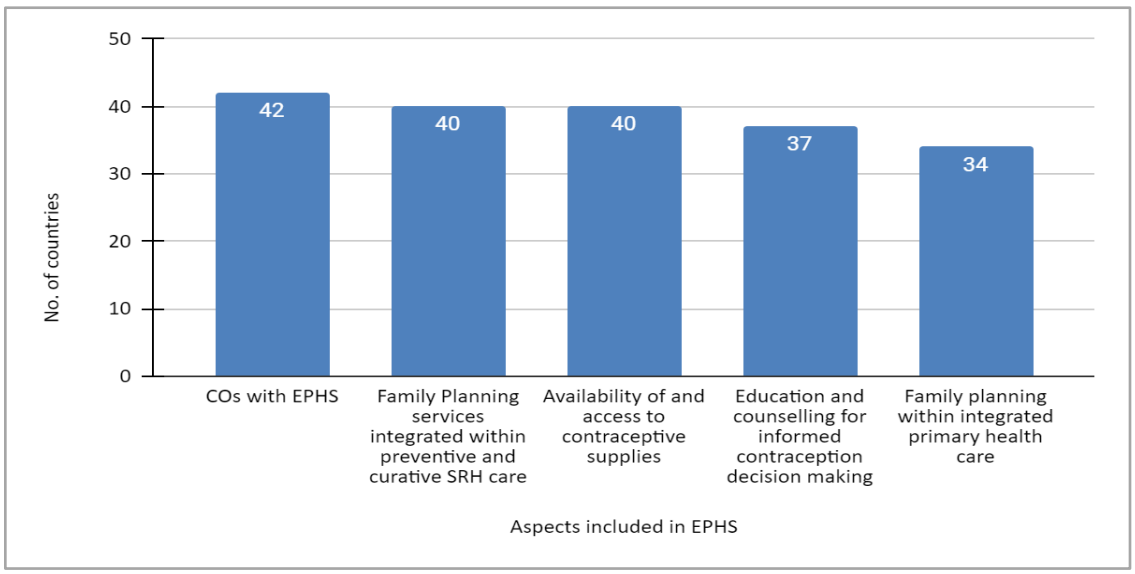
O.P.3.2.2 Number of countries where family planning is explicitly included in the Essential Package of Health Services

This refers to the number of countries where family planning is explicitly included in the Essential Package of Health Services (EPHS) or Essential Health Service Package (EHSP). Here "explicitly" means family planning must be clearly included/clearly mentioned in the EPHS/EHSP. Here "family planning" refers to family planning services for the provision of short-term, long-term and permanent methods of contraception. To achieve this indicator, a country must have EPHS and satisfy all the four criteria: (a) family planning services integrated within preventive and curative sexual and reproductive health care; (b) education and counselling for informed contraception decision-making; (c) availability of and access to contraceptive supplies; (d) family planning within integrated primary health care, including prevention and care for STIs (including HIV), and cancers of the cervix and breast.

- **In 29 UNFPA Supplies Partnership countries family planning is explicitly included in the Essential Package of Health Services.**

Forty-two out of 48 of the UNFPA Supplies Partnership countries have an Essential Package of Health Services (EPHS) that includes at least one family planning component.

Figure 21: Aspects of family planning included in the Essential Package of Health Services



Outcome 4: (Operational effectiveness and efficiency): Improved programme management with shared accountability for results

The Phase III transition planned for 2021 was extended by a year. Most notably, the deadline for Compact signature was moved from December 2021 to December 2022, in recognition of the fact that countries would need more time to grapple with the funding cut and COVID-19 pandemic response. Likewise, the minimum domestic financing contribution to reproductive health supplies that is part of the Compact was postponed to 2023 to provide countries lead time to mobilize resources.

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 and other reference documents to support programme implementation and to help UNFPA Country Offices to discuss the different modalities of the programme with external stakeholders.

O.C.4.1 Summary annual programme plan and budget endorsed by the Steering Committee

The summary annual programme plan and budget were endorsed by the Steering Committee during quarter four of 2021. **A total budget of US$ 127 million was endorsed by the Steering Committee for the year 2022 as per the recommendations from the Finance and Risk Committee**. The budgets were to be updated and revised during the first quarter of 2022, with additional contributions coming from the donors. The following components were included in the summary annual programme plan: programme elements for the Transformative Action envelope, budget for the commodities, programme budget for the coming year in four Transformative Action areas, and programme budget for monitoring accountability and visibility (MAV).

Some of the major programme priorities for 2021 included, but were not limited to, the following:

- adapting and extending the transition process from Phase II to Phase III following the funding cut, including a budget smoothing approach, establishment of reserve funds and piloting of the Match Fund to mitigate the impact of funding cuts;
- signing of country compacts and their successful negotiation in all countries;
- submission, review and award of Transformative Action applications in all four components (strengthening supply chain systems, creating an enabling environment for commodity security, sustainable financing for family planning, and bridging availability and access through seed fund);
- development of the National Supply Plans by the UNFPA Country Offices in coordination with the country governments and use of it for the commodity requests;
- holding annual review and planning meetings in countries to validate supply plans and identify goals linked to the Sustainability Readiness Assessment Tool and the Transformative Action applications;
- initiating the Match Fund pilot, and monitoring the process and its impact on mobilizing domestic resources;

O.C.4.2 Percentage of countries where UNFPA Supplies Partnership risk assessment is rated as "within appetite"

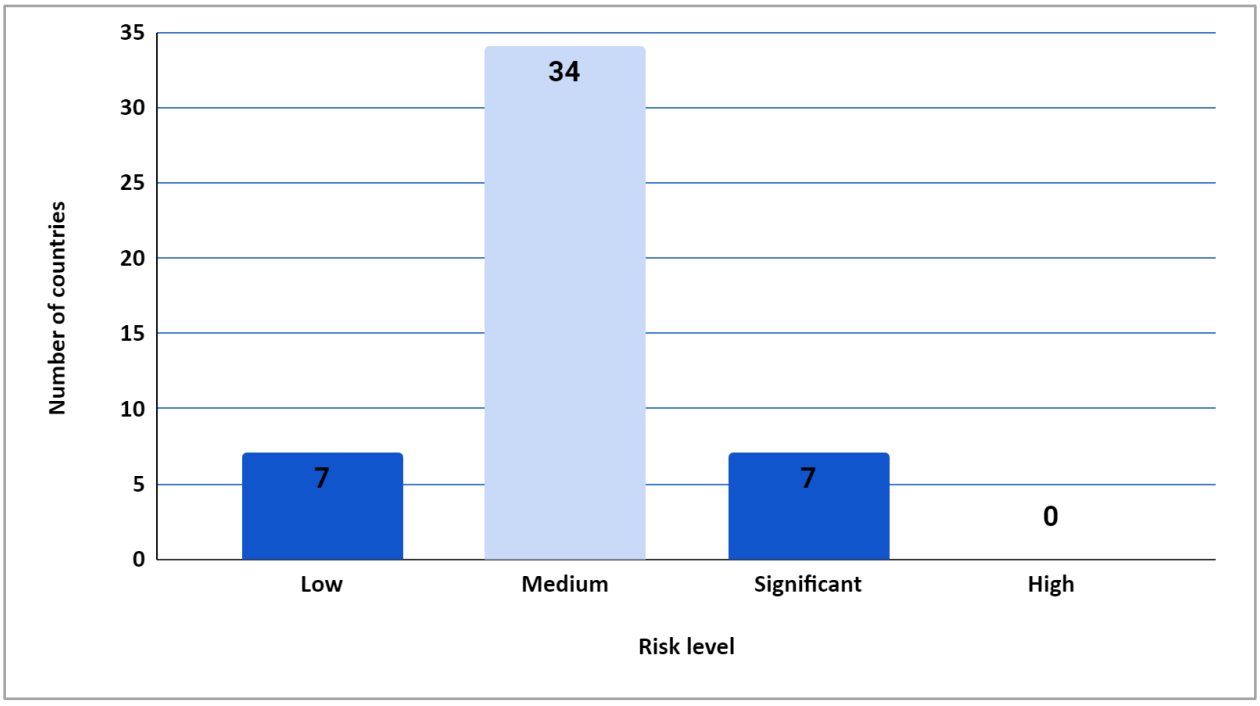
This value refers to the percentage of UNFPA Supplies Partnership implementing countries for which the risk assessments are rated as within acceptable limits; that is, the ratings are either “Low” or “Medium” as per the UNFPA Supplies Partnership Global Risk Matrix. The score has four scales: Low (from 100 to 150), Medium (151 to 200), Significant (201 to 250) and High (251 to 400).

The programme’s overall risk score is **Medium,** with a score of 177, meaning that the programme has moderate gaps and likelihood of adverse management and safeguarding issues occurring.

- **In 2021, the risk assessment in 85 per cent (41 out of 48) of countries was rated as “within appetite”. There were seven countries with low risk plus 34 countries with medium risk.**

The figure below shows the distribution of countries by risk level:

Figure 22: Number of countries by risk level (*n* = 48)



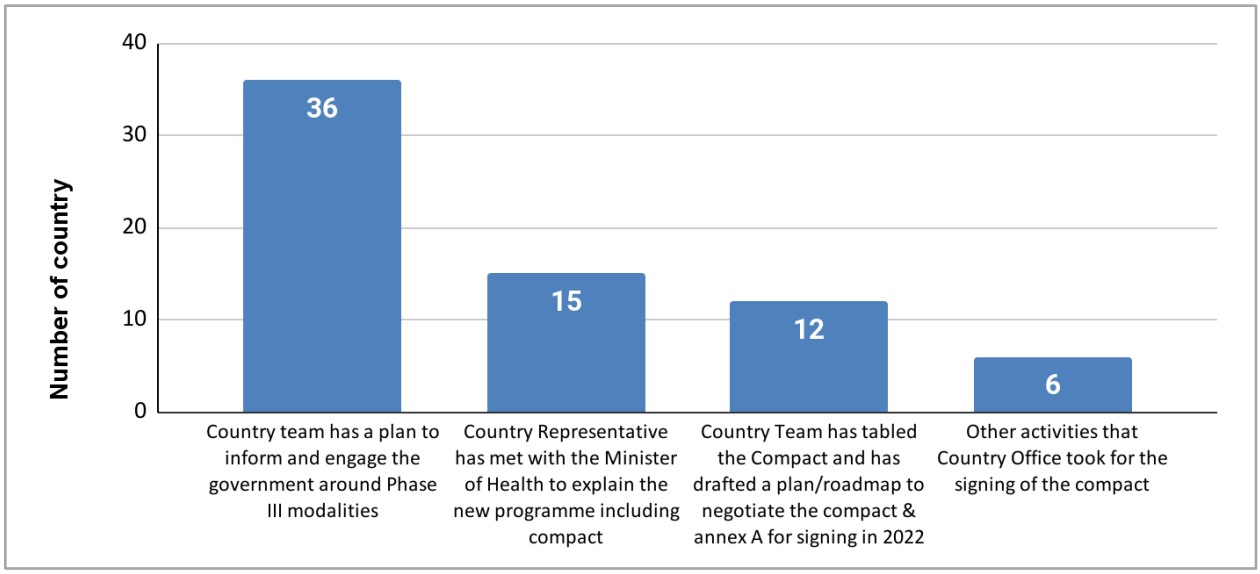
O.C.4.3 Number of countries with a signed UNFPA Supplies Partnership country Compact and a valid Annex A for the year in question

As per the elongated transition process, operationalization of compacts will be completed in 2022 for implementation in 2023. For 2021, UNFPA Country Offices reported on progress made towards the signing of the Compact in 2022. In particular, they noted the following actions: (i) Country team has a plan to inform and engage the government around Phase III modalities; (ii) Country Representative has met with Minister of Health to explain the new programme including the Compact; (iii) Country

team has tabled the Compact and has drafted a plan/roadmap to negotiate the Compact and Annex A for signing in 2022; and (iv) Any other activities taken by the Country Office for the signing of the Compact.

- **15 country offices have responded that their UNFPA Country Representatives have met with the Minister of Health to explain the new UNFPA Supplies Partnership programme including the Compact.**

Figure 23: Actions taken by country offices in preparation of the signing of the country Compact (*n* = 48)



Other activities were also conducted to introduce the Compact:

- Country team has engaged technical team to explain the new approach of UNFPA Supplies Partnership (Rwanda);
- Government and other stakeholders at expert level are introduced to UNFPA Supplies Partnership and the Compact (Sierra Leone);
- A letter explaining the Compact was sent to the Ministry of Health (Mauritania).

O.C.4.4 Percentage of annual programme budget needs met through resource mobilization, including in-kind contributions

This indicator measures the total monetized value of contributions available for the implementation of the programme in US dollars as a percentage of the programme budget for the year. A total of US$ 221,526,712 was generated in 2021 for the programme (US$ 217,334,012 direct contribution from donors and US$ 4,192,700 as in-kind contributions).

- **The total amount mobilized represents 88.6 per cent of the total resource mobilization budget need for 2021 (US$ 250 million) of which 86.9 per cent is from direct contributions and 1.7 per cent from in-kind contributions.**

Output 4.1: Enhanced programme governance and stakeholder engagement

O.P.4.1.1 Programme governance mechanisms rated as inclusive, functional and transparent

This indicator measures the extent to which the Steering Committee, its subcommittees and the Partners Assembly are effectively carrying out their oversight functions.

The third phase of the UNFPA Supplies Partnership governance structure is built on the principles of transparency and accountability, building from engagement with a broad base of partners across the five components of the governance structure: the Partners Assembly, the three thematic subcommittees (on finance and risk; strategy and planning; and leadership) and the Steering Committee, where decision-making authority sits.

The Steering Committee represents critical constituencies for the programme, who are convened to solve problems and approve programme strategy, key documents and budgets based on recommendations from the three subcommittees. The Steering Committee comprises 10 voting members drawn from programme country partner governments, donor governments, private sector foundations, a community-based implementing partner and global implementing partners. Three non-voting members are: UNFPA, the Reproductive Health Supplies Coalition (representing family planning coordinating bodies) and USAID as the largest bilateral funder to family planning globally. The Steering Committee is led by an Independent Chair and supported by the UNFPA Supplies Programme Leader, who acts as Secretary.

The inaugural UNFPA Supplies Partnership Steering Committee with constituency-based membership was held in April 2021 with the second regular meeting in October 2021. Ad hoc Steering Committee meetings were held in May and in August 2021 to discuss implications of and adaptations to the programme's funding cuts. The Committee made decisions and recommendations by consensus with follow-up actions and meeting reports shared with all parties.

As part of the newly established governance structure, the UNFPA Supplies Partners Assembly serves as the main forum for broad-based engagement on issues of advocacy, knowledge-sharing, programme implementation and resource mobilization. The inaugural meeting of the Partners Assembly will be held in 2022 after being postponed in light of the funding cuts and COVID-19 travel restrictions.

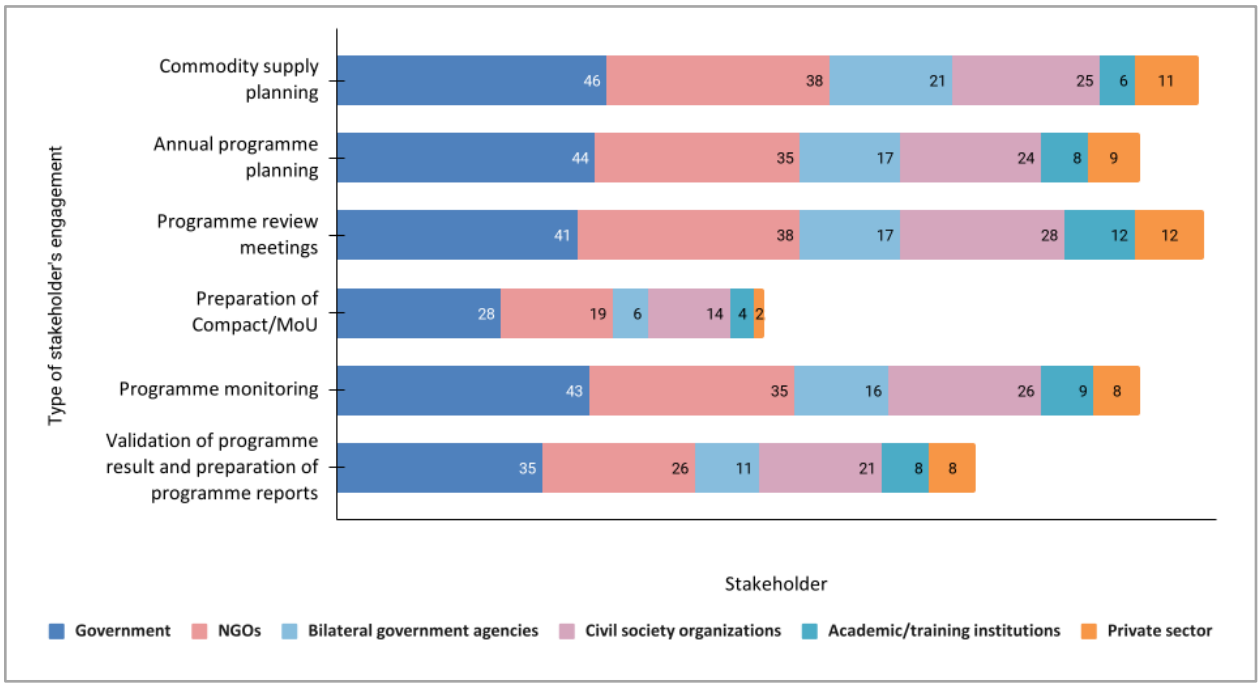
O.P. 4.1.2. Number of countries where stakeholders are engaged in programme planning, decision-making and monitoring processes

This indicator refers to the number of UNFPA Supplies Partnership countries where stakeholders (government, bilateral, multilateral, NGOs, civil society organizations, other United Nations agencies and other in-country partners including IPs) are engaged in the key programme design, implementation, meetings, decision-making review and reporting processes. In particular, this indicator looks at whether stakeholders participated in five out of the following six criteria: (i) they are engaged in commodity supply planning (including quantification and forecasting); (ii) they participate in annual programme planning including the preparation of the Transformative Action (TA) application; (iii) they attend programme review meetings; (iv) they are involved in the preparation of

the Compact and/or Annex A; (v) they contribute to programme monitoring; and (vi) they participate in the validation of programme results and preparation of programme reports.

- **36 countries (of the 48 countries) reported that stakeholders are engaged in programme planning, decision-making and monitoring processes.**
- 20 countries reported that stakeholders are engaged in all six key processes, e.g. supply planning, programme design, implementation, meetings, decision-making review and reporting processes.
- 44 countries indicate that commodity supply planning was under the leadership of the government.
- In 47 countries, the government participated in at least one of the key processes, e.g. supply planning, programme design, implementation, meetings, decision-making review and reporting processes. Myanmar was the only country where the government was not involved, due to the political context in the country.

Figure 23: Countries where stakeholders are engaged in programme planning, decision-making and monitoring processes (*n* = 48)



Output 4.2: Programme resources and risks are managed effectively and efficiently

O.P.4.2.1 Percentage of accepted audit and evaluation recommendations for which the actions due in the year have been completed

All (100 per cent) of the audit and evaluation recommendations for which the actions were due for the year were completed. This indicator is the percentage of audit and evaluation recommendations

accepted by programme management for which actions due in the year have been completed and submitted in Team Central (UNFPA's audit application).

O.P. 4.2.2 Existence of an updated UNFPA Supplies Partnership Global Risk Matrix

The UNFPA Supplies Partnership Global Risk Matrix was updated in 2021. All 48 programme implementation countries provided information to update the global risk matrix.
The matrix provides information on key risk elements of the programme with updated information on global and country-level indicators. An indicator on "Donors contribution shortfall to the UNFPA Supplies Partnership" was included in the matrix in 2021. Starting in 2022, two additional indicators will be added in the global risk matrix: (i) Government commitment to the financing of commodities for reproductive health, including family planning as agreed in the country Compact; and (b) Domestic resource mobilization for reproductive health, including family planning as agreed in the country Compact.

A four risk level system – low, medium, significant and high – measures the risk level for each risk indicator. This aligns directly with the UNFPA Enterprise Risk Management (ERM) approach and the Supply Chain Management Risk Assessment/Last Mile Assurance (LMA) approach. Together, the risk categories, risk indicators and risk-level system are used in the corresponding global risk matrix and the country-level UNFPA Supplies Partnership Risk Assessment Model to determine a "risk score". The risk score then corresponds to one of the four risk levels, which increases certain risks, as required, as well as the development and execution of appropriate mitigation plans.

Funding cut and COVID-19 impact

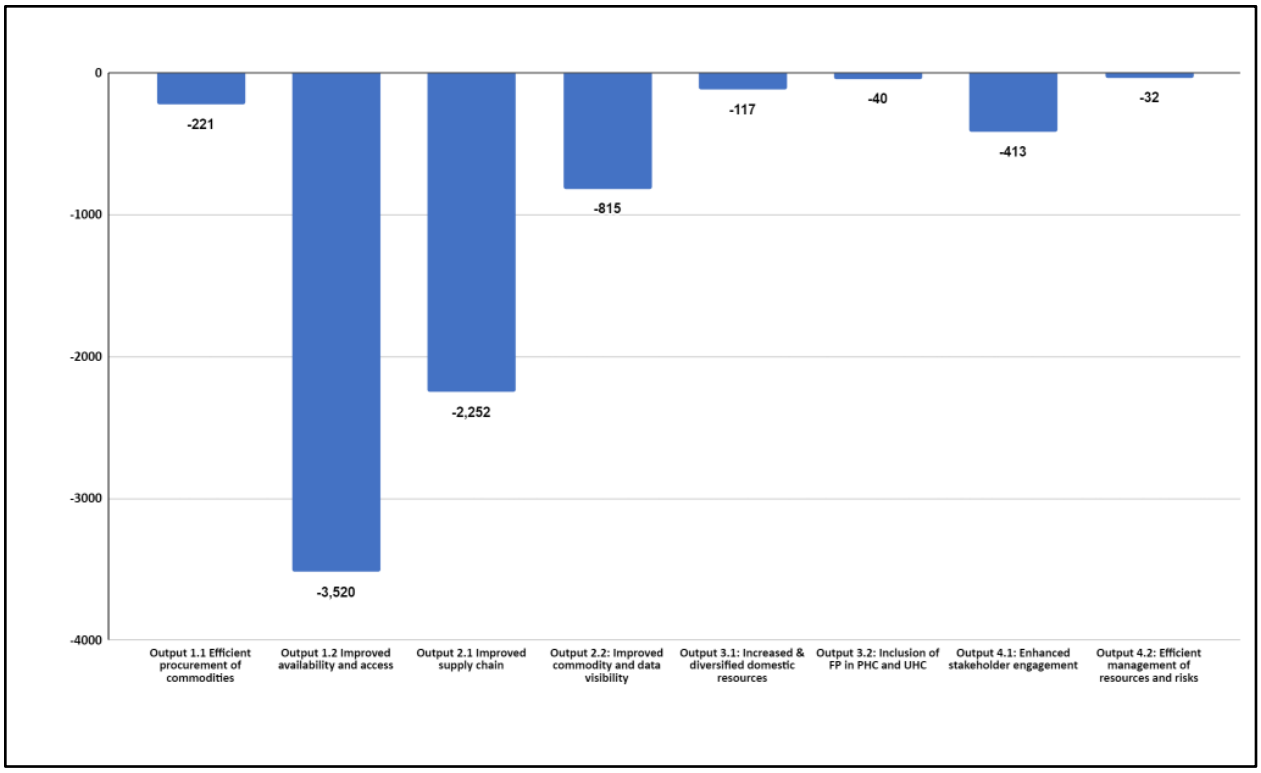
1. Effect on UNFPA Supplies Partnership support to countries
Around 52 per cent of the UNFPA Supplies country workplan milestones were cancelled due to the funding shortfall that occurred during the year 2021. A further 8 per cent of milestones were cancelled due to COVID-19 and other issues in the programme implementation countries. Other factors that contributed to the non-achievement of milestones were in-country conflicts and political instability in the country, delays in rolling-out transition-related interventions and other in-country challenges.

- As a result of the cancellation or scale back of the interventions, especially due to the funding cut an estimated:
    - 2,300 service providers, including community health workers were not trained on family planning service provision for long-acting reversible contraceptives (LARCs) including DMPA-SC;
    - 240,100 women and girls were not reached with family planning services in the following countries: Afghanistan, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea-Bissau, Lesotho, Mauritania, Mozambique, Niger, Sao Tome and Principe, Tanzania and Zambia.
- In Papua New Guinea, the pilot introduction of DMPA-SC in one province of the country was cancelled.
- Training of 590 staff on procurement and supply management, stock control management, and quantification and forecasting was cancelled in countries including, for example, Côte d'Ivoire, Eritrea, Malawi and Tanzania, among others.

- In Somalia, training planned by the Federal Ministry of Health on strengthening the LMIS in 80 health facilities was postponed.

- Some review-related interventions were postponed, e.g. reviews of national family planning standards and guidelines were postponed in Kenya and Lesotho, and an update of the family planning repositioning plan and a review of the family planning costed implementation plan were postponed in Congo and Sierra Leone.

Figure 24: Amount reduced per output during revision of annual workplans after the funding cut



- A total of US$ 20.6 million was originally allocated for the UNFPA Country Offices for activities; however, after the funding cut, the programme reduced the amount for the activities to US$ 13.6 million – a reduction of 35 per cent.

- The most severely-affected output with the funding cut was Output 1.2: Improved availability and access, with a 29 per cent reduction, and Output 2.1: Improved supply chain, with a 15 per cent reduction of that initially planned.

- Compared with other outputs, several were less affected by the funding cut: Output 3.1: Increased and diversified domestic resources, Output 3.2: Inclusion of family planning in UHC, and Output 4.2: Efficient management of resources and risk.

The UNFPA Supplies Partnership met commitments to the countries most in need despite a major funding cut. The United Kingdom implemented an approximate 85 per cent cut to UNFPA Supplies Partnership in April 2021, reducing the expected contribution of US$ 211 million for the 2021–2022 period to around US$ 32 million.

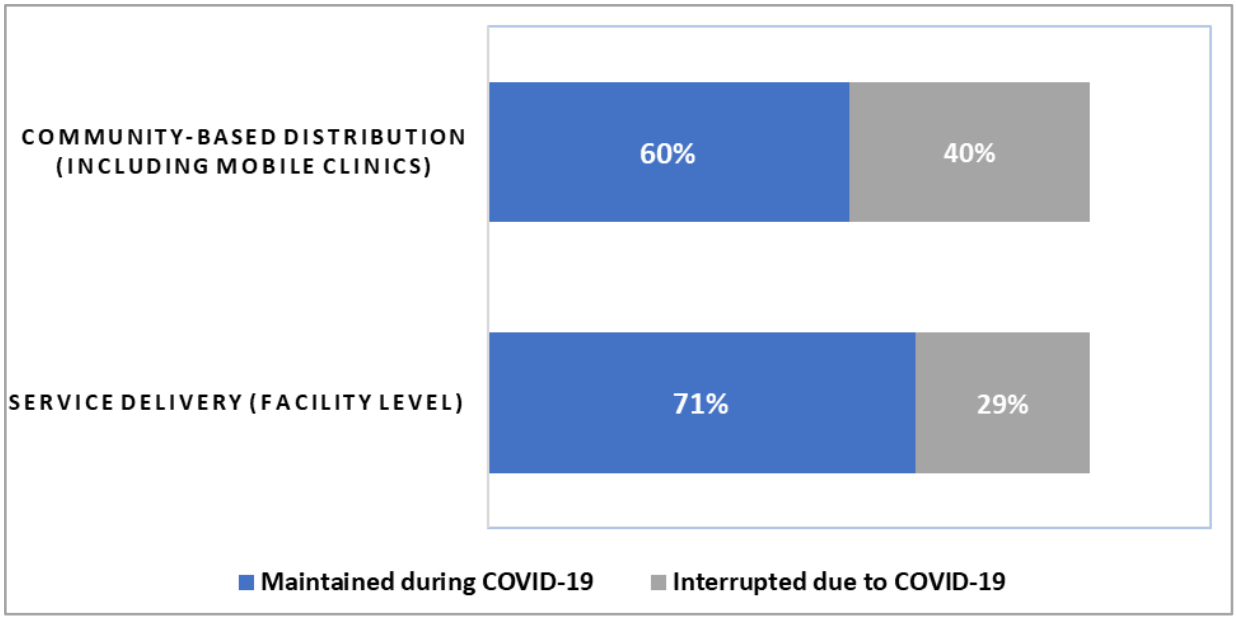
Due to the funding cut and uncertainty about future income, the total annual spending plan in 2021 was reduced from US$ 172 million to US$ 121 million. The 35 per cent reduction in the annual spending plan was necessary to ensure the long-term sustainability of the Partnership and reflect the new funding reality wherein the annual budget would be expected to be around US$ 100 million to US$ 120 million instead of more than US$ 170 million, which was expected when the Phase III programme was developed. Budget and spending reductions were carried out across all funding streams; commodity supply, technical assistance, and human resources and management.

When the funding cut was announced in April 2021, the expected pipeline income from donors came to a total of US$ 147 million for the year in confirmed and unconfirmed pipeline donor contributions. However, new and existing donors made generous contributions to help fill the gap at a critical time. As a result, the total contributions to the Partnership for 2021 reached US$ **222 million**. The spending plan was maintained at US$ 121 million, however, because most of the contributions came late in the year and as the Partnership adopted a **budget smoothening approach** aiming to avoid major budget fluctuations from one year to another. This approach means that before adopting any increase in budget, it should be clear that it could be maintained for a minimum of three years.

2. COVID-19 impact on family planning interventions in UNFPA Supplies Partnership countries

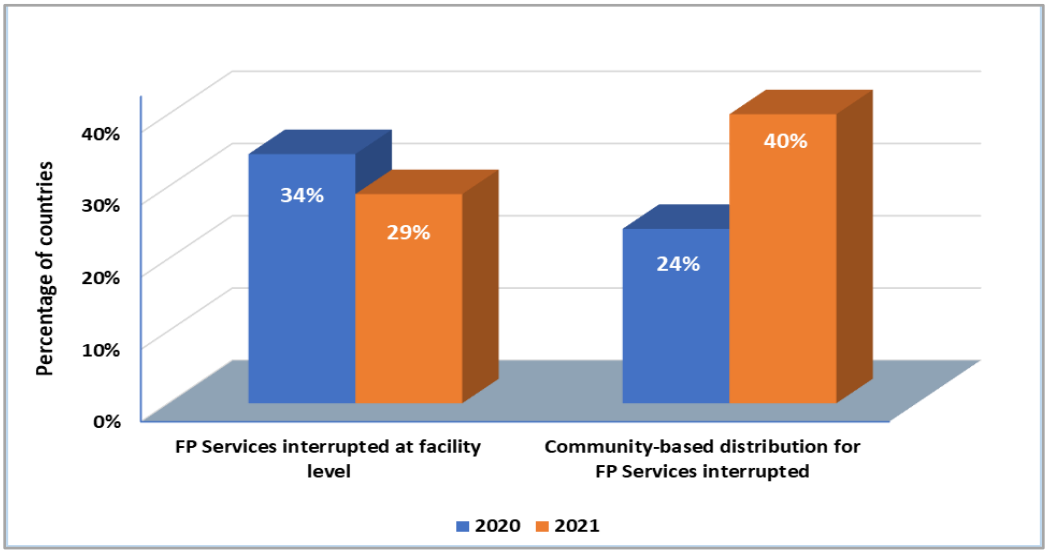
Thirty-eight UNFPA Supplies Partnership countries provided data on impact of family planning on COVID-19. Family planning/contraception services at service delivery points were either maintained or expanded in 71 per cent of these countries, while 29 per cent were interrupted by the COVID-19 pandemic. Community-based distribution (including mobile clinics) were either maintained or expanded in 60 per cent of the countries, while 40 per cent saw services interrupted by the COVID-19 pandemic.

Figure 25: Percentage of UNFPA Supplies Partnership countries where family planning services were maintained or interrupted during COVID-19 pandemic in 2021



At facility level, fewer countries experienced interruption to family planning services in 2021 (29 per cent of countries had interrupted services) than in 2020 (34 per cent of countries) as a result of the pandemic. In contrast, interruptions of community-based distribution notably increased: with 40 per cent of countries facing interruptions in 2021 compared with 24 per cent in 2020.

Figure 26: Percentage of UNFPA Supplies Partnership countries where family planning services were interrupted during the COVID-19 pandemic (2020–2021)



Financial reporting

Finance and resources

UNFPA Supplies Partnership funds are managed in accordance with the Resource Allocation System (RAS) agreed by the Steering Committee for the programme.

The original approved spending plan for 2021 was US$ 171.5 million. As mentioned above, there was a significant and unexpected reduction in funding from a key donor, which meant that the spending plan had to be revised midyear. The reduction in contributions lead to increased uncertainty and came at a point where the confirmed pipeline donor contributions was at a low level. In order to ensure sufficient funding for programme implementation in 2021 and subsequent years, the spending plan was therefore reduced to US$ 121.2 million in May 2021. Additional resources were contributed by other partners, which meant that the financial result for 2021 turned out much better by the end of 2021 than envisioned immediately after the budget reduction.

Available funds and utilization rate

The UNFPA Supplies Partnership started the year with a starting balance of US$ 125 million of which US$ 80 million was committed for ongoing purchase orders, i.e. the unrestricted start cash balance was US$ 45 million. During Q1 and Q3 in 2021, $105 million was received in donor contributions, which lead to an available programme budget for the year of $151 million. During Q4 in 2021, an additional US$ 117 million was received in donor contributions. This amount was carried forward for programming in 2022, as per usual procedure. The utilized amount comes to US$ 112,132,903. This gives a utilization rate of 74.4 per cent of the total available programme resources. **The approved programme budget for the year was intentionally reduced to US$ 121,153,524. The utilization rate measured against the programme budget was thus 93 per cent,** which is considered satisfactory considering the significant changes to the budget during the year.

Table F1: Utilization rate as per the approved spending plan

Approved spending plan – 2021	Total utilized amount	Utilization rate
121,153,524	112,134,835	93%

Table F2: Available programme budget 2021	US dollars
a) Beginning fund balance (adjusted)	125,261,699
b) Purchase order commitments (ongoing POs from 2020)	79,822,605
c) Beginning cash balance (a-c)	45,439,094
d) Donor contributions received Q1-Q3, 2021	105,343,093
e) Available for programming in 2021 (c+d)	**150,782,186**
f) Contributions and interest Q4-2021 - For programming in 2022	117,097,361

	a) Previous Inventory Recording	b) New Inventory Recording
Expenses*	**157,152,330**	**188,123,350**
g) Fluctuation in inventory value*	(6,643,758)	(37,614,778)
h) Fluctuation in open Purchase Order commitments*	(38,662,319)	(38,662,319)
i) Fluctuation in PPE and OFA value*	286,650	286,650
j) Total utilization (g+h+i)	**112,132,903**	**112,132,903**
k) Utilization rate (e/j)	74.4%	74.4%

l) Non-allocated by the end of 2021 (e-j)	38,649,283	38,649,283

Spending and inventory recording

Inventory recording

UNFPA changed inventory recording in 2021. Consequently, the inventory and expenses can be shown in two different ways. In both cases the utilization amount is the same but the stated expenses and inventory levels are different. UNFPA now reports inventory amounts under a corporate account instead of, as in previous years, under the account for the UNFPA Supplies Partnership. The inventory level was US$ 37.6 million by the end of 2020 and US$ 31.0 million by the end of 2021. On the 2021 Certified Financial Statement the fluctuation in inventory level is therefore listed as –US$ 37.6 million because the entire 2020 inventory value have been recorded under a different (corporate) account and a zero amount has been recorded under UNFPA Supplies Partnership account. In real terms, the 2021 inventory level was US$ 31.0 million, which means that the inventory fluctuation from 2020 to 2021 was US$ 6.6 million. This is the value which is being used in this annual report since it represents the real inventory levels and allows comparison with previous years. Consequently, the Certified Financial Statement shows an expense level that is US$ 31 million higher than the one used in this annual report. The reason is as mentioned because the entire inventory level is recorded as expenses in the Certified Financial Statement whereas the annual report here follows the previous standard, which does not recognize inventory as expenses since the commodities are still under the control of UNFPA and have not been handed over to the implementing partners.

Funds utilization and breakdown

The programme utilized US$ 20.3 million (18 per cent) for Transformative Action interventions and management costs (excluding human resources). Human resource costs constituted US$ 11.5 million (10 per cent) of the total costs.

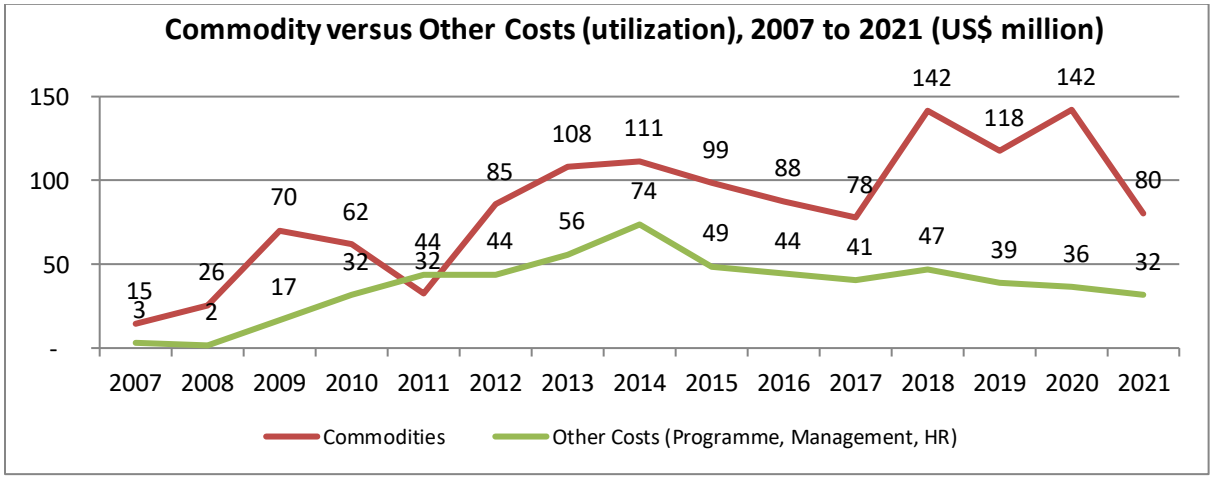
The largest portion was used for commodity procurement, which constituted US$ 80.4 million or 71.5 per cent of the total utilization in 2021. This includes the procurement of all contraceptives and maternal health supplies and their shipping costs and procurement fees.

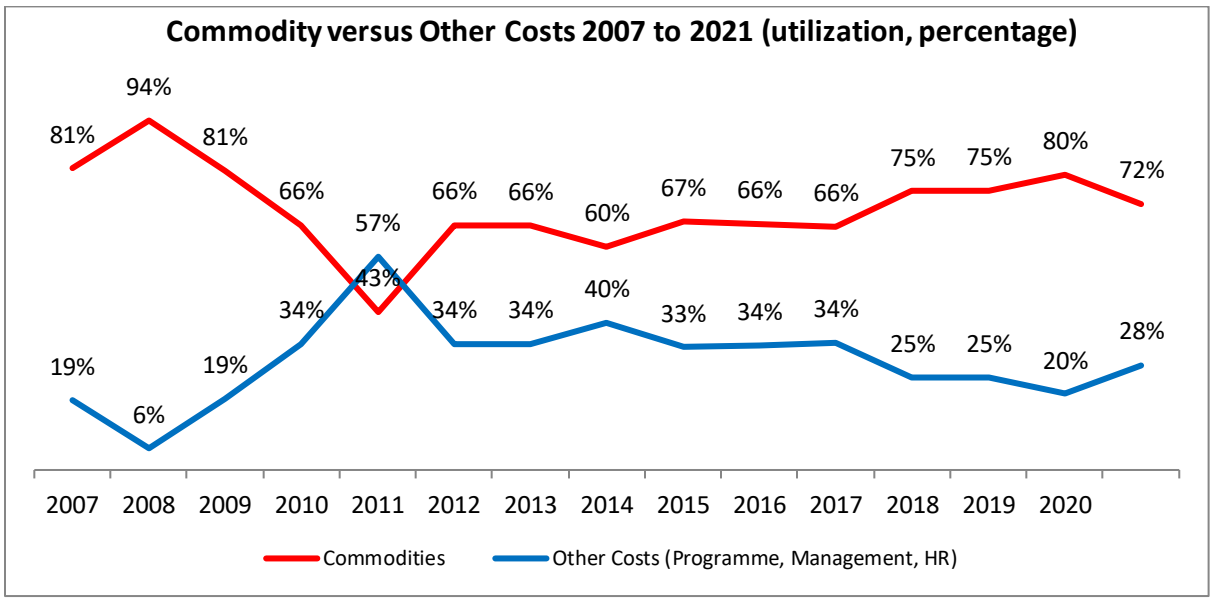
Table F3: Commodity procurement compared with other expenses (US dollars)

Type of costs — Total budget	Expenses	Percentage of Expenses	Utilization (Adjusted for fluctuations in inventory, PO, PPE & OFA)	Percentage of Utilization
Commodities	$125,387,787	80%	$80,368,242	71.5%
Transformative Action	$20,268,966	13%	$20,268,966	18%
Human resources and management	$11,495,695	7%	$11,495,695	10%
Total	**$157,152,330**	**100%**	**$112,132,903**	**100%**

Use of funds – commodities versus capacity-building

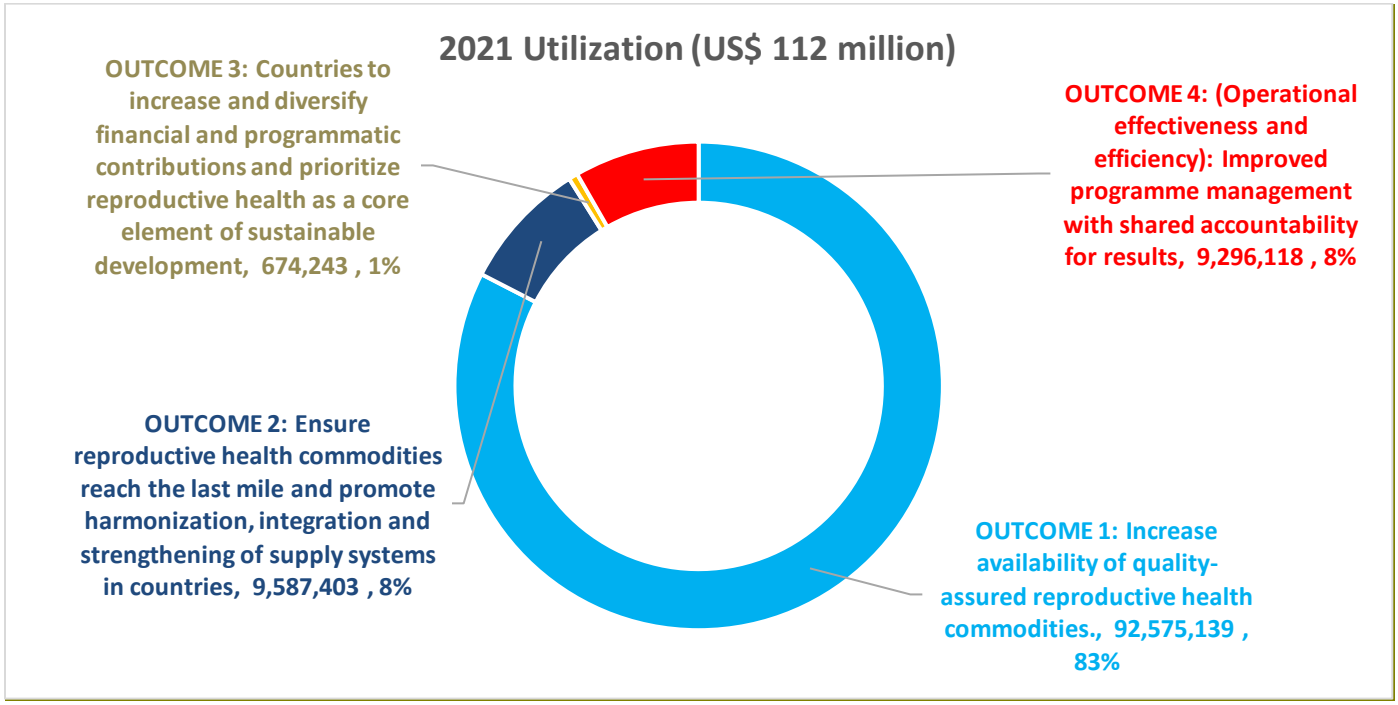
The resources utilized for commodity procurement decreased in 2021 due to the funding reduction. The programme budget was reduced for all categories but the non-commodity part of the budget involves more fixed costs which could not be immediately reduced.





Use of funds by output

The distribution per output presented below is based on the current results framework.



Expenses categorized by intervention level

The table shows the expenses categorized by programme intervention areas of each output for 2021.

Row Labels	Amount	Per cent
1.1 SRH, GBV Produced tools and guidelines	-	0%
1.1.1 Quality and broad range of commodities	80,369,851	72%
1.1.2 Strengthen National Supply Plan planning	3,154,190	3%
1.1.3 Efficient and timely procurement	422,318	0%
1.2.1 Enabling environment for RH/FP	4,322,532	4%
1.2.2 Improve in-country regulatory mechanisms	128,017	0%
1.2.3 Bridging availability and access	3,079,185	3%
1.2.4 Improve access to RH/FP commodities in Humanitarian settings	1,099,046	1%
2.1.1 Supply Chain Management policy and strategy development	4,222,934	4%
2.1.2 Logistics management	2,489,486	2%
2.2 Scale up integrated SRHR/HIV/SGBV services	534	0%
2.2.1 Last Mile Assurance and commodity visibility	2,874,449	3%
3.1.1 Sustainable Financing planning	152,732	0%
3.1.2 Implement FP Financing Mechanisms and tools	120,560	0%
3.2.1 Evidence generation on Family Planning Return on Investment (FP ROI)	270,401	0%
3.2.2 Advocacy for FP integration into Universal Health Coverage (UHC)	130,551	0%
3.2.3 Support multisectorial dialogue and policy reform	-	0%
4.1.1 Partnership and decision-making by governance mechanism	482,887	0%
4.1.2 Resource mobilization	71,519	0%
4.2.1 Programme planning and capacity	7,317,534	7%
4.2.2 Increased generation of evidence for programme improvement and learning	1,138,905	1%
4.2.3 Evaluation, audit and risk management	285,273	0%
Total	**112,132,903**	**100%**

Donor contributions

Contributions to UNFPA Supplies Partnership received in 2021, summarized by donor in alphabetical order

Donor	Cash contribution	In-kind	Total	Per cent
Interests and adjustments	918,352		918,352	0.41%
Australia	3,120,633		3,120,633	1.40%
Bayer AG	1,000,000	3,800,000	4,800,000	2.16%
Belgium	2,252,252		2,252,252	1.01%
BMGF	26,057,558		26,057,558	11.71%
Canada	15,094,355		15,094,355	6.79%
CIFF	10,000,000		10,000,000	4.50%
Denmark	21,565,361		21,565,361	9.69%
France	20,270,270		20,270,270	9.11%
Friends of UNFPA	42,193		42,193	0.02%
Germany	6,475,225		6,475,225	2.91%
HELP Logistics		392,700	392,700	0.18%
Large Anonymous Donor	18,000,000		18,000,000	8.09%
Luxembourg	2,337,698		2,337,698	1.05%
Netherlands	39,428,933		39,428,933	17.73%
Norway	9,615,385		9,615,385	4.32%
Portugal	16,892		16,892	0.01%
Spain	563,063		563,063	0.25%
United Kingdom	36,376,534		36,376,534	16.35%
US Dept. of State, Bureau of Population, Refugees, and Migration	5,000,000		5,000,000	2.25%
Winslow Foundation	113,050		113,050	0.05%
Total	218,247,753	4,192,700	222,440,453	100%

Contributions received in the last quarter of 2021 were used to place commodity orders at the beginning of 2022.

Annex 1: List of countries that procured DMPA-SC

Afghanistan
Angola
Bangladesh
Benin
Bolivia
Burkina Faso
Burundi
Cameroon
Chad
Congo
Côte d'Ivoire
Djibouti
Democratic Republic of the Congo
Ethiopia
Ghana
Guinea
Guinea-Bissau
Haiti
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique
Myanmar
Nepal
Niger
Nigeria
Pakistan
Rwanda
Senegal
Sierra Leone
Somalia
South Sudan
Togo
Uganda
Yemen
Zambia
Zimbabwe
Pacific Island Countries and Territories (PICTs): Fiji, Kiribati, Micronesia, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu

Annex 2: Scorecard of programme progress

Score	Status	If the average per cent achievement of the milestone is
Dark Green	Achieved (achieved or exceeded)	Equal to or above 100 per cent
Light Green	Achieved (achieved)	Between 90 and 99
Yellow	Progressing well towards target (nearly achieved)	Between 75 and 90 per cent
Orange	Making limited progress (achievement is about average)	Between 75 and 50 per cent
Red	Insufficient progress made (achievement is below average)	Below 50 per cent

Results

Indicator	Baseline	2021		Scorecard
		Planned	Achieved	
GOAL: All women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them				
G.1 Number of total modern contraceptives users (target countries, in millions)	71.8 million (2020)	75.4 million	73.9 million	
G.2 Unmet need for family planning (target countries)	25.8 (2020)	25.5	25.4	
G.3 Modern contraceptive prevalence rate (mCPR-all women) (target countries; disaggregated by age, residence and wealth quintile)	23.9 (2020)	24.5	24.0	
G.4 Demand for family planning satisfied with modern methods (target countries; disaggregated by age, residence and wealth quintile)	54.0 (2020)	55.0	54.6	

G.5 Contraceptive method mix (including information on method mix score and method skew)	7.4 (2020)	7.4	8.8	
OUTCOME 1: Increase availability of quality-assured reproductive health commodities				
O.C.1.1 Percentage of countries where at least 85 per cent of primary service delivery points have at least three modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural)	79.0% (2020)	82.4%	78.8%	
O.C.1.2 Percentage of countries where at least 85 per cent of secondary and tertiary service delivery points (SDPs)have at least five modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural)	58.0% (2020)	56.7%	51.5%	
O.C.1.3 Percentage of countries where at least 85 per cent of service delivery points (SDPs) have magnesium sulfate, misoprostol and oxytocin available on day of survey/day of data collection (disaggregated for urban/rural and SDP type)	20% (2019)	21.1%	34.5%	
O.C.1.4 Number of countries that integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks	24 (2020)	21	21	
Output 1.1: Efficient and timely procurement of a choice of quality-assured reproductive health commodities				
O.P.1.1.1 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered on time in countries	26 (2020)	30	39	
O.P.1.1.2 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered in agreed quantities by the supplier	30 (2020)	31	39	
Output 1.2: Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights				
O.P.1.2.1 Number of countries where new and lesser-used reproductive health commodities are	7 (2020)	8	15	

procured for use in the public sector in line with government-led introduction plans and women's reproductive rights				
O.P.1.2.2 Number of countries in humanitarian and fragile contexts that accessed Emergency Funds for procuring Inter-Agency Reproductive Health (IARH) kits at the onset of a crisis	10 (2020)	10	17	
O.P.1.2.3 Total Couple-Years of Protection (CYPs) provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership	41.9 million (2019)	42.0 million	26.1 million	
O.P. 1.2.4 Percentage of UNFPA Supplies Partnership implementing countries that have implemented strategies to strengthen humanitarian preparedness and resilience	New indicator (not Applicable)	20.0%	21.1%	
OUTCOME 2: Ensure reproductive health commodities reach the last mile and promote harmonization, integration and strengthening of supply systems in countries				
O.C.2.1 Percentage of countries where 60 per cent of service delivery points report no stock-out of any contraceptive offered on day of survey/day of data collection (no stock-out rate for any method at SDPs)	27% (2020)	40.7%	44.1%	
O.C.2.2 Number of countries with a functional electronic logistics management information system (eLMIS) up to service delivery points (SDPs) at the secondary level	11 (2020)	11	10	
Output 2.1: Improved supply chain management				
O.P.2.1.1 Number of countries where a costed supply chain management strategy that takes into account recommended actions of the UNFPA/WHO implementation guide *Ensuring Human Rights within Contraceptive Service Delivery* is being implemented	12 (2019)	12	19	
O.P.2.1.2 Percentage of countries introducing a new reproductive health commodity that successfully integrate the product into the health management information system (HMIS) and/or logistics management information system (LMIS)	New Indicator	5.0%	86%	

Output 2.2: Improved commodity and data visibility for last mile assurance				
O.P. 2.2.1 Percentage of countries where recommendations from the last mile assurance (LMA) process are implemented to improve on commodity data visibility	New Indicator	25% (cumulative)	85%	
O.P.2.2.2 Percentage of countries where all implementing partners (IPs) have implemented adequate remedial actions relating to known fraud cases	New Indicator	50% (cumulative)	100%	
OUTCOME 3: Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development				
O.C.3.1 Number of countries where governments sustain or increase the amounts allocated for procurement of contraceptives, and who spend more than 80 per cent of the allocated amount for the year	8 (2019)	9	4	
O.C.3.2 Percentage of countries where there has been an increase in the Sustainability Readiness Assessment (SRA) score compared with the previous year	New Indicator	N/A	N/A	N/A
Output 3.1: Increased and diversified allocations and use of domestic resources for reproductive health commodities and services				
O.P.3.1.1 Number of countries utilizing innovative financing approaches including co-financing and TPP for procurement of commodities as a result of UNFPA Supplies Partnership support	22 (2020)	22	24	
O.P.3.1.2 Percentage of countries where the government contribution towards funding of the National Supply Plan (NSP) is at the same or increased level compared to the previous year	27.0% (2020)	28.0%	22.0%	
O.P. 3.1.3 Per cent of the National Supply Plan commitment budgets covered by the government sources for all UNFPA Supplies Partnership implementing countries	10.0% (2020)	10.0%	9.5%	
Output 3.2: Family planning is explicitly included and funded in development strategies and plans in the context of primary health care (PHC) and universal health coverage (UHC)				
O.P.3.2.1 Number of countries with an existing multiyear financial sustainability plan for family planning	19 (2020)	19	31	

O.P.3.2.2 Number of countries where family planning is explicitly included in the Essential Package of Health Services	29 (2020)	29	29	
OUTCOME 4: (Operational effectiveness and efficiency): Improved programme management with shared accountability for results				
O.C.4.1 Summary annual programme plan and budget endorsed by the Steering Committee	New Indicator	Yes	Yes	
O.C.4.2 Percentage of countries where UNFPA Supplies Partnership risk assessment is rated as "within appetite"	New Indicator	78.0%	81.3%	
O.C.4.3 Number of countries with a signed UNFPA Supplies Partnership Country Compact and a valid Annex A for the year in question	New Indicator	35	NA	NA
O.C.4.4 Percentage of annual programme budget needs met through resource mobilization, including in-kind contributions	New Indicator	70%	88.6 %	
Output 4.1: Enhanced programme governance and stakeholder engagement				
O.P.4.1.1 Programme governance mechanisms rated as inclusive, functional and transparent	New Indicator	Yes	Yes	
O.P. 4.1.2. Number of countries where stakeholders are engaged in programme planning, decision-making and monitoring processes	New Indicator	48	36	
Output 4.2: Programme resources and risks are managed effectively and efficiently				
O.P.4.2.1 Percentage of accepted audit and evaluation recommendations for which the actions due in the year have been completed	60% (2020)	70%	100%	
O.P. 4.2.2 Existence of an updated UNFPA Supplies Partnership Global Risk Matrix	New Indicator	Yes	Yes