



UNFPA Supplies Annual Report 2020

Part II: Reporting on the Performance Monitoring Framework

This section of the UNFPA Supplies Annual Report presents results for the indicators that comprise the UNFPA Supplies Monitoring Framework and includes the at-a-glance Scorecard of progress in 2020. It complements the annual narrative report available from www.unfpa.org/publication/unfpa-supplies-annual-report-2020.

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Launched in 2007, the UNFPA Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) entered a new programming period in 2013 with a major scaling up. From this point, all 46 countries would be considered ready to make strategic use of the sustained, multi-year support given the 12 countries of the former Stream One category. This phase ran from 2013 through to 2020, concluding in a year shaped by two forces: the COVID-19 pandemic and development of programming for the next decade.

The present report looks at progress in 2020 against the UNFPA Supplies Monitoring Framework, indicator by indicator. The results are summarized in a Scorecard that showcases the continued impact of the UNFPA Supplies programme in 2020 and present data over the past five years.

CONTRACEPTIVE USE INDICATORS

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

The global-level goal for the UNFPA Supplies programme for 2013 to 2020 is “increased contraceptive use especially by poor and marginalized women and girls”. The goal level is also known as the “impact” level and represents the shared contributions of many actors, not the programme alone. Goal-level figures are primarily sourced from FP2020 core indicator reporting.¹

G1 Unmet need for family planning

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

- As of 2020, 21 countries in the UNFPA Supplies programme have an unmet need below 26 per cent and 16 countries have met the 2020 target of an unmet need below 24 per cent among women married or in-union.
- Average unmet need for family planning decreased from 27.5 per cent in 2019 to 26.5 per cent in 2020 among the 46 countries in the UNFPA Supplies programme.
- The highest level of unmet need was in the Democratic Republic of the Congo (40.2 per cent) and lowest in Zimbabwe (10 per cent). Data in the 46 countries are consistent with overall trends for this indicator, which show that on the aggregated level unmet need has slowly and steadily declined, with an average decrease of 0.3 per cent across the regions since 2012, even as populations have grown.

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

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

Although the general trend since 2013 has been a declining gap between unmet need for family planning at rural and urban service delivery points, from available data the 2020 gap between the two 2.8 percentage points(44 countries) compared with 2.0 percentage points in 2019 (37 countries).

- In 2020, unmet need for family planning was lower in rural areas compared with urban areas in 11 countries (Benin, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Guinea-Bissau, Lao PDR, Nigeria, Sao Tome and Principe, Sierra Leone and Timor-Leste).
- Even in countries where unmet need for family planning is higher in rural areas than urban (a more common situation), the gap is now less than 2 per cent in seven countries (Cameroon, Gambia, Guinea, Honduras, Rwanda, Togo and Zimbabwe).

Figure G1: Percentage of women with an unmet need for any method of contraception (married or in-union) disaggregated by AGE in UNFPA Supplies programme countries for which survey data are available, 2020

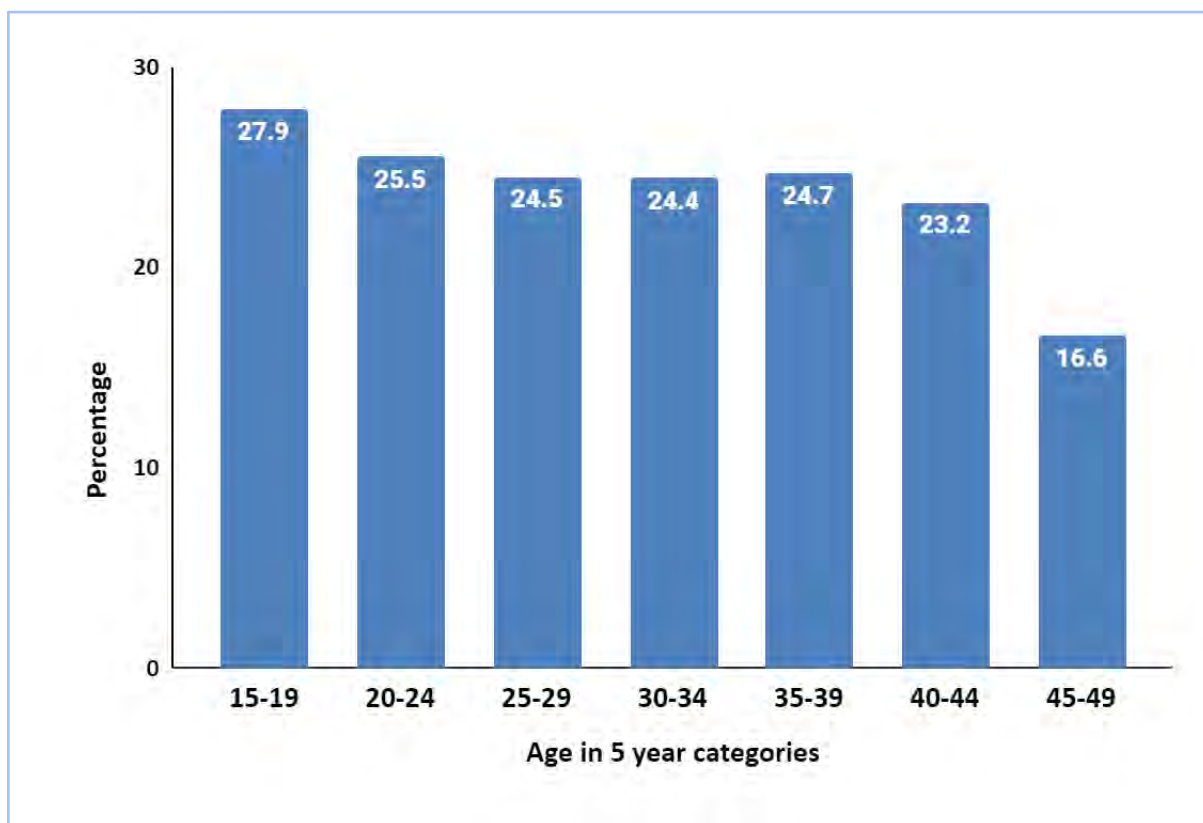
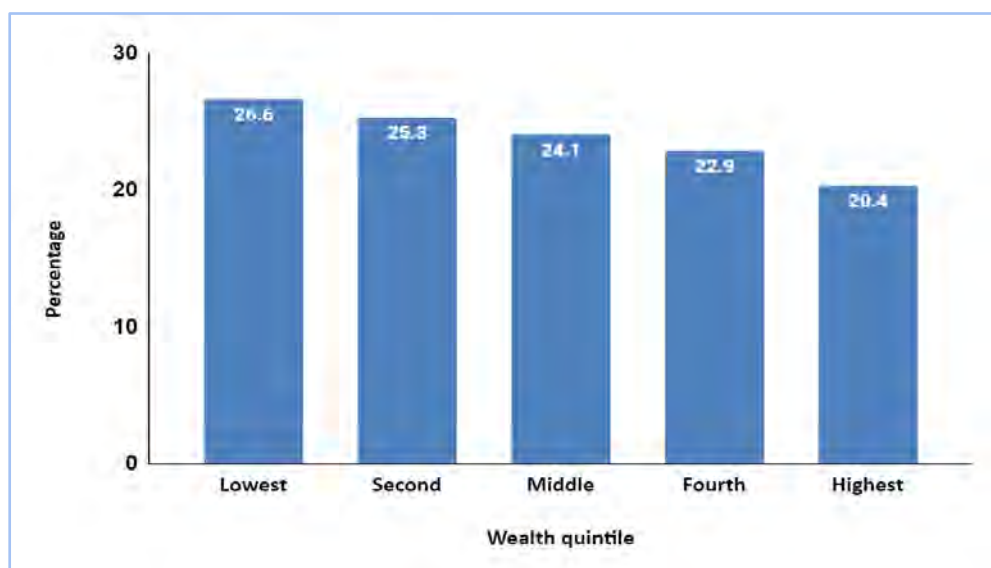


Figure G2: percentage of women with an unmet need for any method of contraception (married or in-union women) disaggregated by WEALTH QUINTILE for UNFPA Supplies programme countries for which survey data are available, 2020



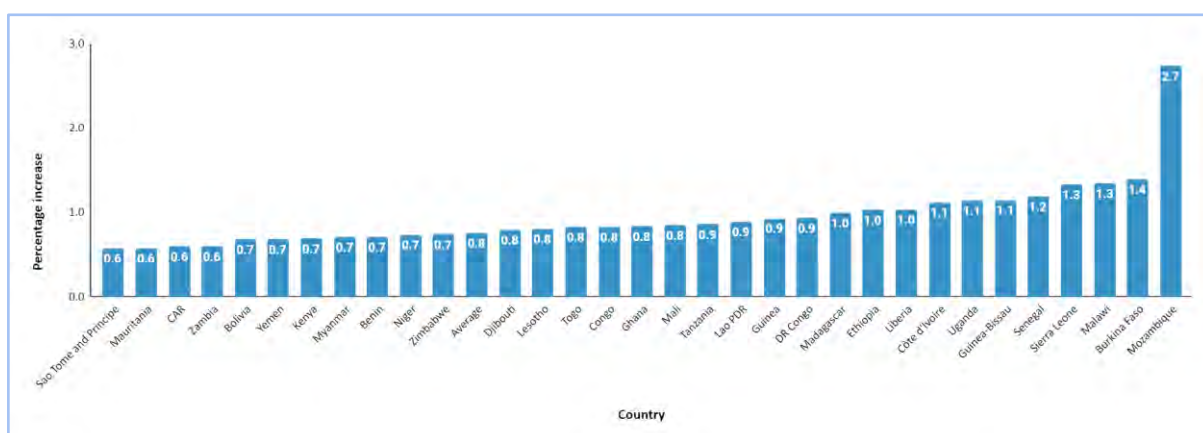
G2 Modern contraceptive prevalence rate

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

- The average modern contraceptive prevalence rate (mCPR) for all women of reproductive age in the 46 countries was 25.2 per cent in 2020 – an increase from 25.1 in 2019 (up from 23.2 per cent in 2016).

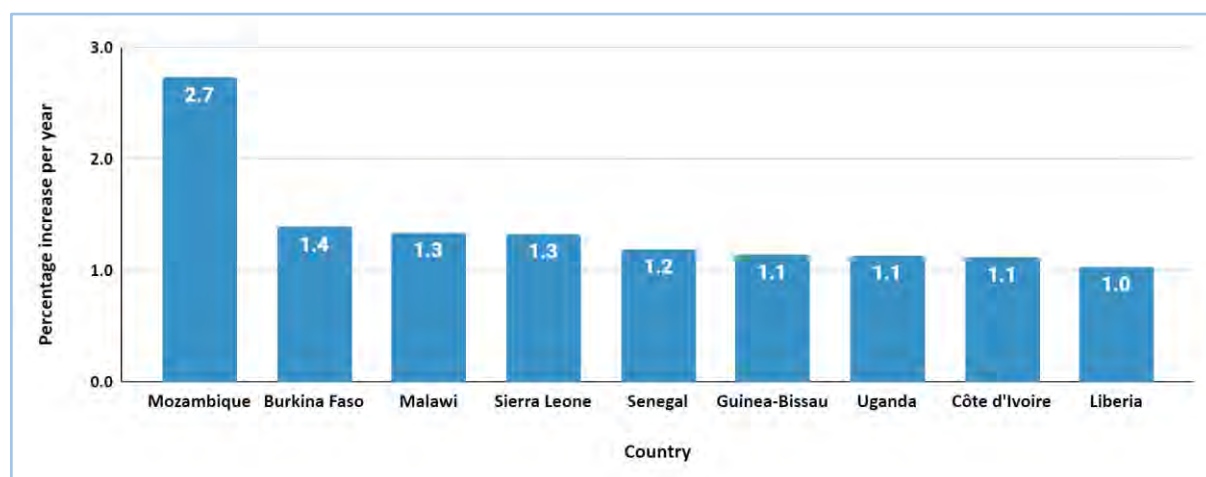
All 46 countries of the UNFPA Supplies programme continued to make progress in their modern contraceptive prevalence rate (mCPR). Lesotho had the highest mCPR in 2020 (51 per cent), followed by Zimbabwe (50.2 per cent). South Sudan had the lowest mCPR (3.2 per cent). The rate of increase in mCPR continued to rise from 2012 to 2020 across the 46 UNFPA Supplies countries (Figure 3).

Figure G3: UNFPA Supplies countries with more than 0.5 annual percentage point increase in mCPR (among all women) over the 2012–2020 period



Growth greater than 1 per cent in contraceptive use (among all women of reproductive age) was recorded in 10 countries in UNFPA Supplies during 2020 – nearly one fourth of the programme. An additional 23 countries had mCPR growth between 0.5 and 1 percentage point during the same period. In total, 33 out of 46 UNFPA Supplies countries had more than a 0.5 annual percentage point increase in mCPR. Mozambique has had the highest mCPR growth over the past three years followed by Burkina Faso and Malawi. The majority of countries are in the middle part of the “S curve” with the possibility of growth.²

Figure G4: UNFPA Supplies countries with the highest annual percentage point increase in mCPR (among all women) over the 2012–2020 period (Source: FP2020)



Disaggregated data for mCPR are collated from national surveys. Data reported below (for married and in-union women only) are for countries for which survey data are available for both 2019 and 2020. It should be noted that this indicator, like all at goal level, has scope beyond the programme.

Urban and rural mCPR

The gap between urban and rural mCPR increased slightly in 2020, though previous years show a decreasing gap. On average, the mCPR in urban and rural areas was 33 per cent and 25.6 per cent, respectively, in 2020 compared with 32.3 per cent and 25.6 per cent in 2019.

National data show that most UNFPA Supplies programme countries have higher mCPR in urban areas than in rural areas, with four exceptions in 2020, same as in 2019. **Rural areas** have higher mCPR in Ghana, Lao-PDR, Sao Tome and Principe and Timor-Leste.

Age and wealth

Adult women are almost twice as likely to use contraceptives compared with adolescent girls across the 25 UNFPA Supplies countries for which disaggregated data on mCPR (married or in-union women) is available.

- The mCPR for girls aged 15–19 years (17.7 per cent) is almost half that of women aged 30–34 years (31.8 per cent).

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

² Growth in use of modern contraception in a country follows an S-shaped curve, with growth starting off slow at low levels of contraceptive prevalence, entering a period of more rapid acceleration and then levelling off as a high mCPR is reached. The exact shape of the curve will differ by country. Though all countries will experience a period where growth rates increase, the exact rate of annual change during this period varies by country.

There is still a gap between the lower (21.5 per cent) and the higher wealth quintiles (32.6 per cent) across the 44 UNFPA Supplies countries for which disaggregated data on mCPR (married or in-union women) are available. Rights-based family planning means ensuring all adolescent girls and women have equal and equitable access to family planning services.

Figure G5: Distribution of mCPR among married/in-union women by AGE for countries for which survey data are available, 2020

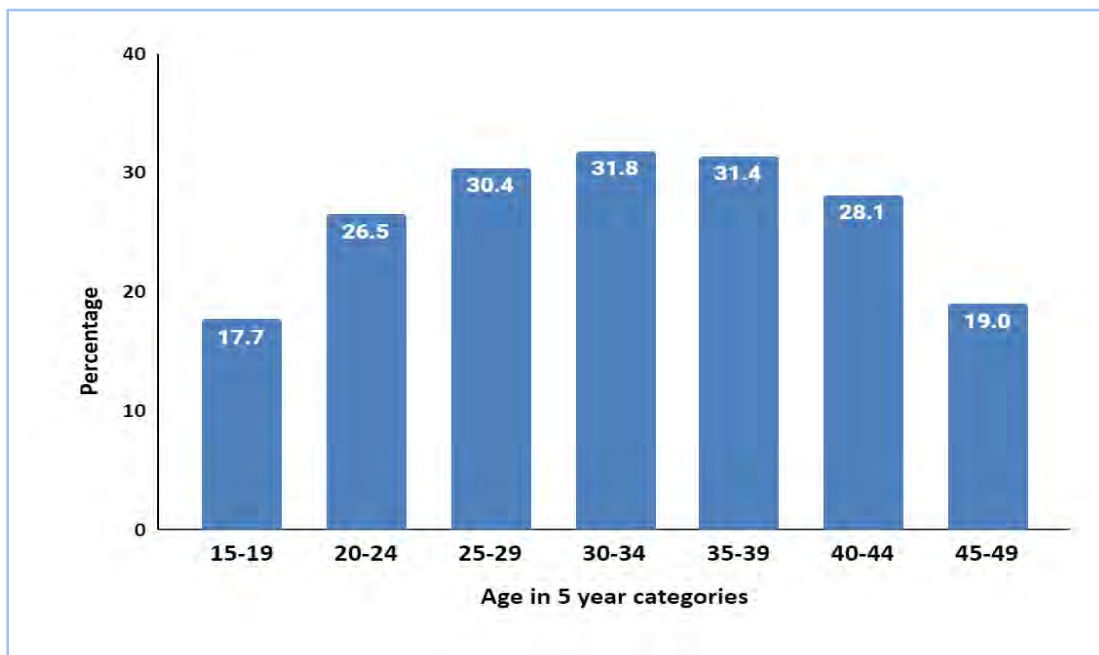


Figure G6: Distribution of mCPR among married/in-union women by WEALTH QUINTILE for countries for which survey data are available, 2020

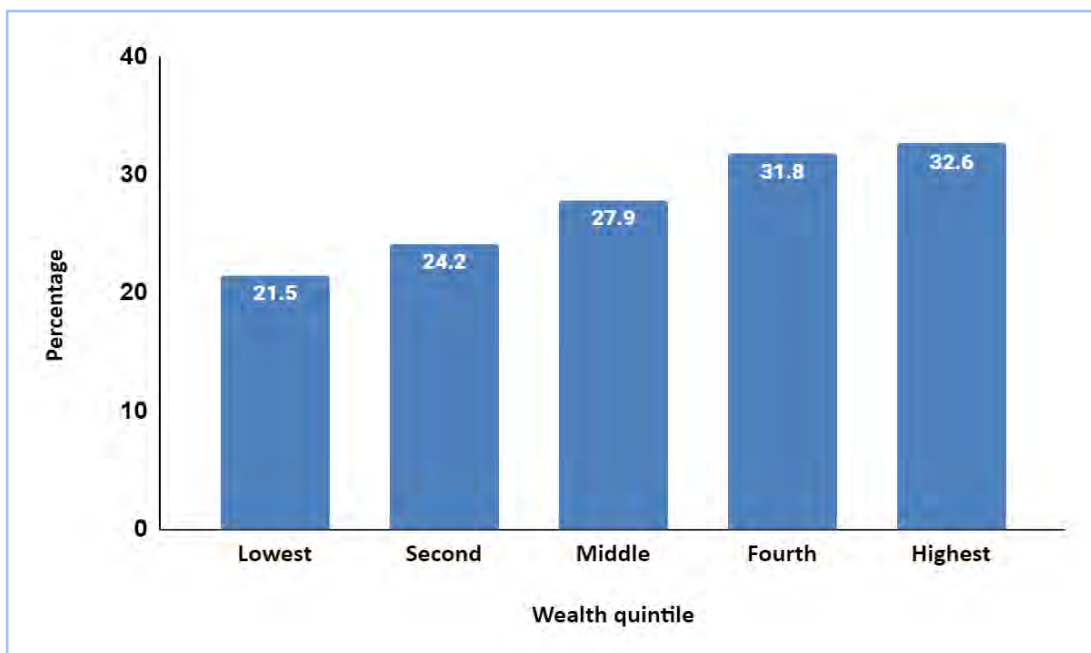
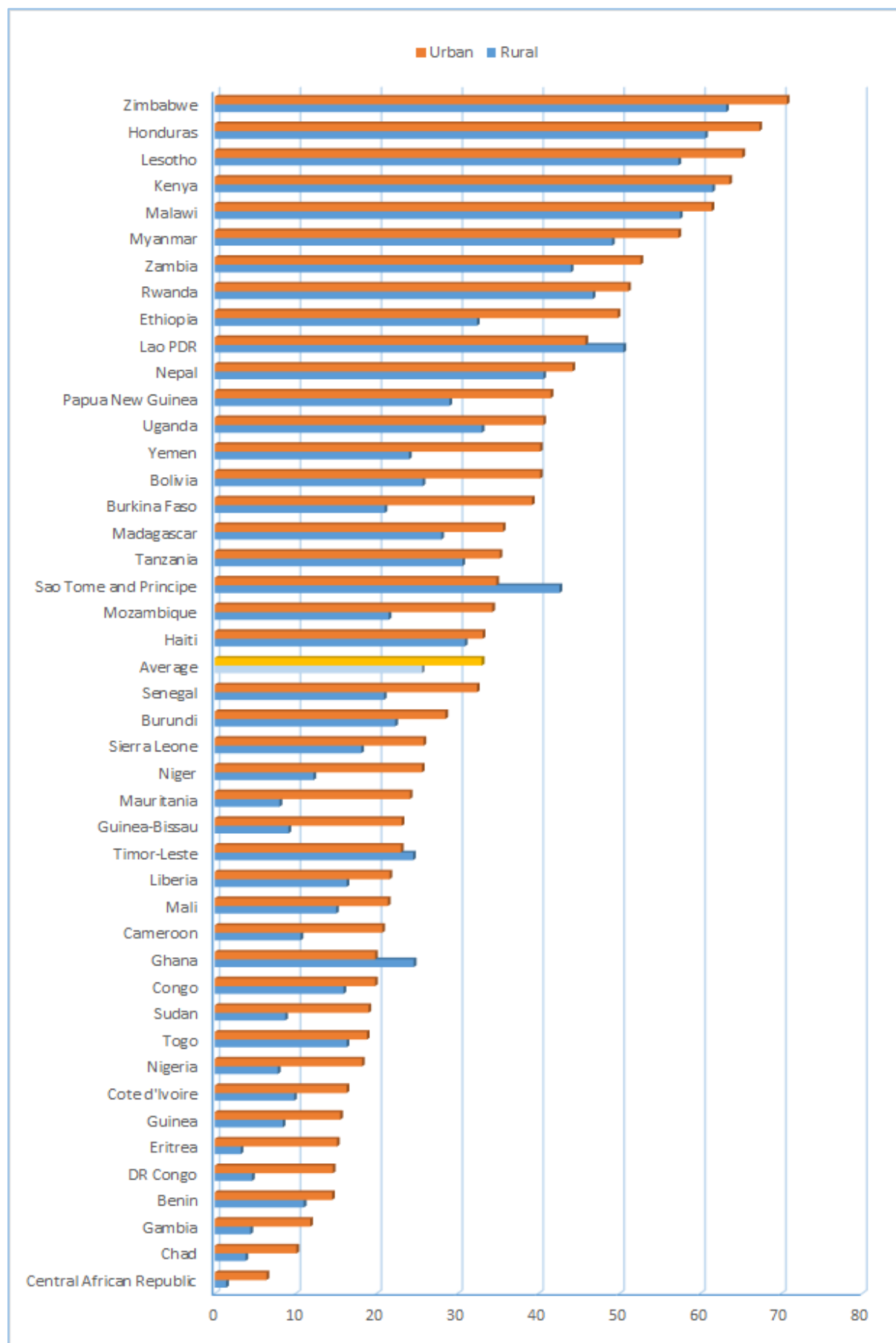


Figure G7: Distribution of mCPR among married/in-union women in rural and urban areas per country in 2020 (44 UNFPA Supplies countries for which survey data are available), 2020



G3 Demand for family planning satisfied with modern methods

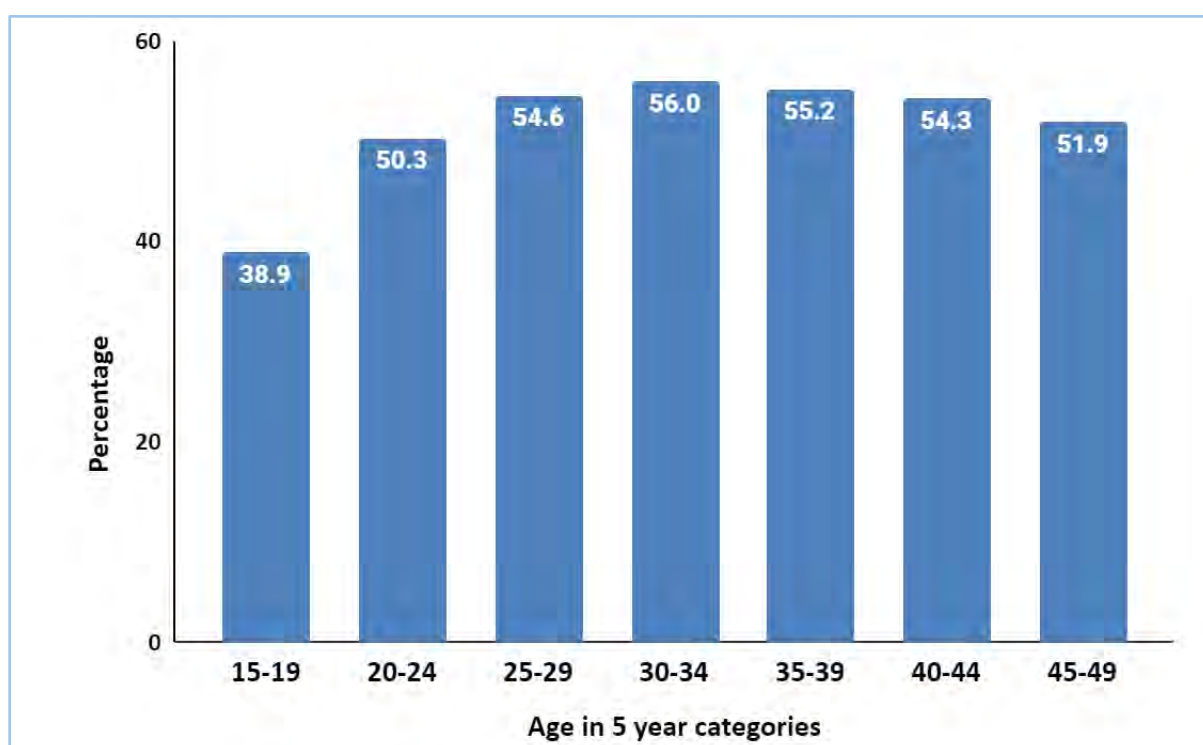
- Average demand for family planning satisfied with modern methods rose from 49.4 per cent³ in 2019 to 50.8 per cent in 2020 in the 46 UNFPA Supplies countries based on the updated FP2020 database.

Zimbabwe had the highest percentage of women whose demand was satisfied with modern contraceptives in 2020 with 87.4 per cent, and South Sudan had the lowest at 12.5 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.

Countries such as Ethiopia and Mozambique continued their notable upward trends in demand satisfied since 2012. In Ethiopia this increase was 1.6 per cent, from 64 per cent in 2019 to 65.6 per cent in 2019.

Demand satisfied for family planning is fairly even across age groups, but still significantly lower among girls aged 15-19 across the 44 UNFPA Supplies countries for which disaggregated data on married or in-union women is available for 2020.

Figure G8: Demand satisfied all methods of contraception for married or in-union women disaggregated by AGE for countries for which survey data are available, 2020



In Eritrea, Nigeria and Yemen for example, there are gaps of more than 40 percentage points between demand satisfaction among women in the poorest wealth quintile and the richest quintile, the highest is in Yemen with 48 per cent difference. In Republic of Congo the demand satisfied is almost the same for the lowest (63.2 per cent) and the highest wealth quintile (63.1 per cent).

³ When comparing current and past reports, please note that the value for the past year may change based on the modelling process of “rolling baselines” adopted by FP2020.

Figure G9: Demand satisfied all methods of contraception for married or in-union women disaggregated by WEALTH QUINTILE for countries for which survey data are available, 2020

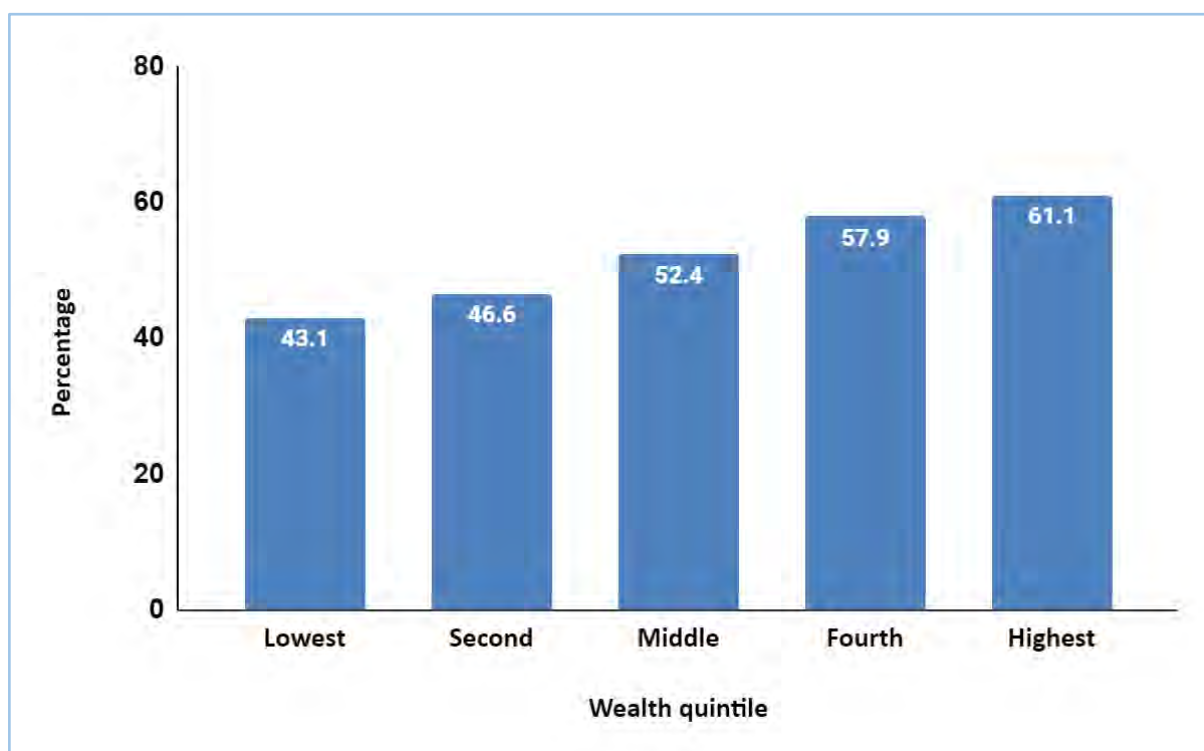
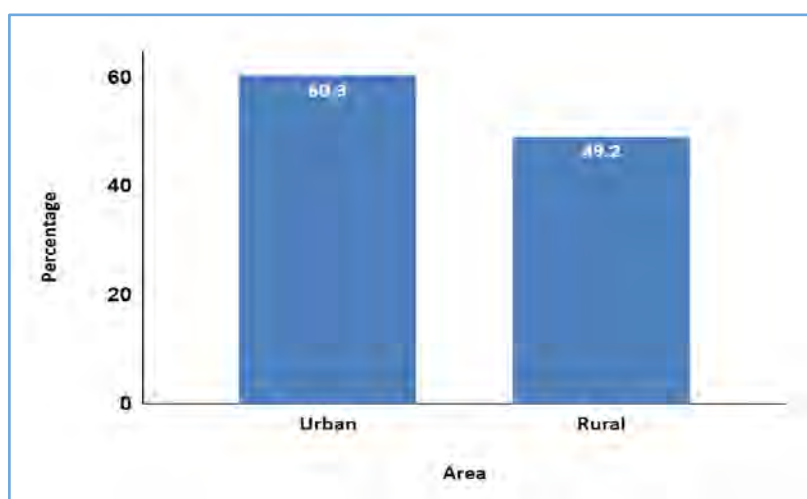


Figure G10: Demand satisfied for all methods of contraception for married or in-union women disaggregated by residence (urban & rural) for countries for which survey data are available, 2020



G4 Contraceptive method mix

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

available in a country is not solely a reflection of UNFPA Supplies procurement. However, the programme tracks method use 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.⁴

- The most-used methods across UNFPA Supplies countries are injectable contraceptives (intramuscular and subcutaneous) (39.8 per cent of users), oral contraceptive pills (17.5 per cent of users) and implants (16.3 per cent of users).
- Use of male sterilization is extremely limited, with just 0.8 per cent of all users, and no data are recorded on prevalence in the majority of the 46 programme countries. However, there is an increase of 0.3 percentage points from 2019 to 2020 (0.5 per cent of all users).
- Use of IUDs is also relatively limited at 4.4 per cent of users, with the exception of Benin, Bolivia, Guinea-Bissau, Honduras and Yemen with more than 10 per cent of users.
- The prevalence for contraceptive implants increased by 3 per cent in 2020, an improvement from 1.8 percentage point in 2019.
- The use of long-acting reversible contraceptive (LARC) methods increased to 20.8 per cent in 2020, up from 17.5 per cent in 2019.

Injectable contraceptives: Training to provide DMPA-SC in these countries reached 45,135 health care providers and 35,295 community-based distributors (CBDs), with support from UNFPA Supplies. The training also provided instruction on self-injection of DMPA-SC, which falls under World Health Organization guidance on self-care interventions. Self-injection programming has been approved or allowed in 26 countries as of 2020. In addition, a number of countries are strengthening their systems to capture data on users of injectable contraceptives, and to include the method in the national logistics management information system (LMIS) and health management information system (HMIS).

- 42 countries (including some non-UNFPA Supplies countries) included the subcutaneous injectable contraceptive (DMPA-SC) as part of the variety of methods offered in their method mix in 2020.

Permanent methods: In 2020, Burundi requested and received support from UNFPA Supplies to provide medical equipment and supplies used for 179 voluntary non-scalpel vasectomy services and also 1,108 tubal ligation procedures. Though the need for demand creation and capacity building of health service providers presented limitations, the Ministry of Health is leading discussions on scaling up in 2021. In Papua New Guinea, 51 vasectomy procedures were provided, along with three training sessions for 27 health service providers, though more supportive supervision is required. With the addition of Burundi, a total of four number of countries are offering permanent methods for men and women through support from the Programme (Burundi, Nepal, Papua New Guinea and Rwanda).

IUDs: To increase access to copper IUDs, 1.64 million sets of IUDs were procured for 31 countries including supplies for training on the insertion and removal (Benin, Bolivia, Burkina Faso, Burundi, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Nepal, Niger, Nigeria, Papua New Guinea, Rwanda, Sierra Leone, South Sudan, Sudan, Tanzania, Uganda, Zambia and Zimbabwe).

Implants: Registration of the 2-rod levonorgestrel implant with a duration of use of three years increased from 23 countries in 2019 to 24 countries in 2020 and in addition, regulatory submissions

⁴ 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

are pending review outcomes in 6 countries. Registration is an important step for countries that want to expand the method options available for women.

Among UNFPA Supplies countries in 2020 a single modern method was dominant in 16 countries (35 per cent) in 2020, compared with 17 countries (37 per cent) in 2019.

Three contraceptive methods were found to be dominant:

- Injectable methods in 8 countries (Ethiopia, Haiti, Liberia, Madagascar, Myanmar, Rwanda, Uganda and Zambia);
- Oral contraceptive pills in 6 countries (Central African Republic, Djibouti, Lao PDR, Mauritania, Sudan and Zimbabwe); and
- Male condoms in two countries (Cameroon and Republic of Congo).

Injectable contraceptives continue to be the method with the highest use (39.8 per cent) on average. This is followed by oral contraceptive pills (17.5 per cent) and implants (16.3 per cent). Also, injectable methods and pills continue to be the two contraceptive methods that together account for at least 50 per cent of users in UNFPA Supplies-supported countries.

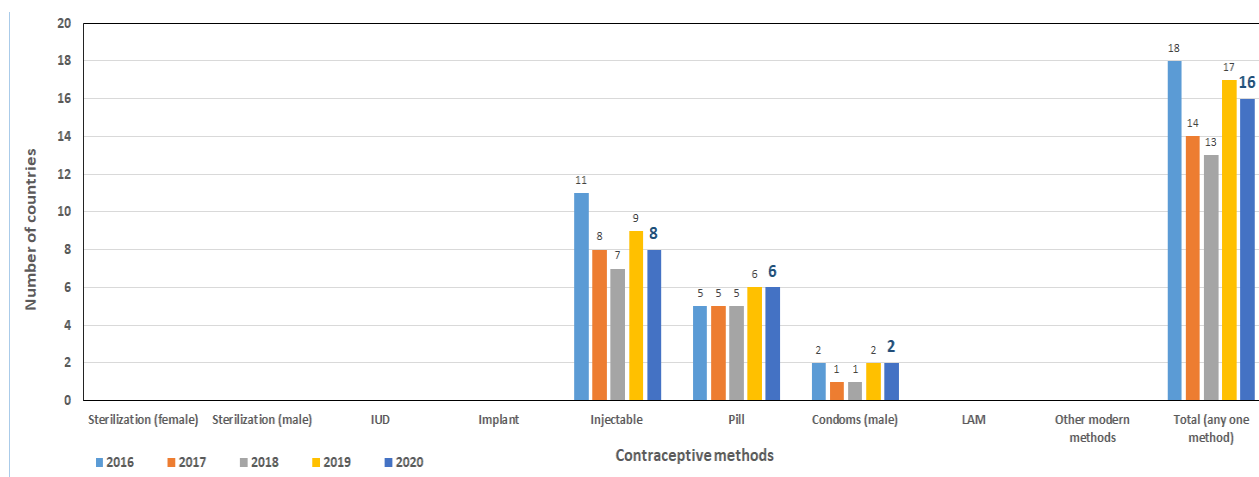
METHOD MIX SCORE AND METHOD SKEW

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

- **The average method mix score, on a ten-point scale, for the 46 countries increased from 8.1 in 2019 to 9.3 in 2020. This means a higher concentration of users on a few methods.**

The method skew is a measurement that is used to assess the dominance of a single method in a country. 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: 16 countries had a method skew in 2020. For example, in 2020, injectable contraceptives became the dominant method in 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.

Figure G11: Number of UNFPA Supplies implementing countries where one method is used by at least half of all users of modern contraceptives, 2016–2020

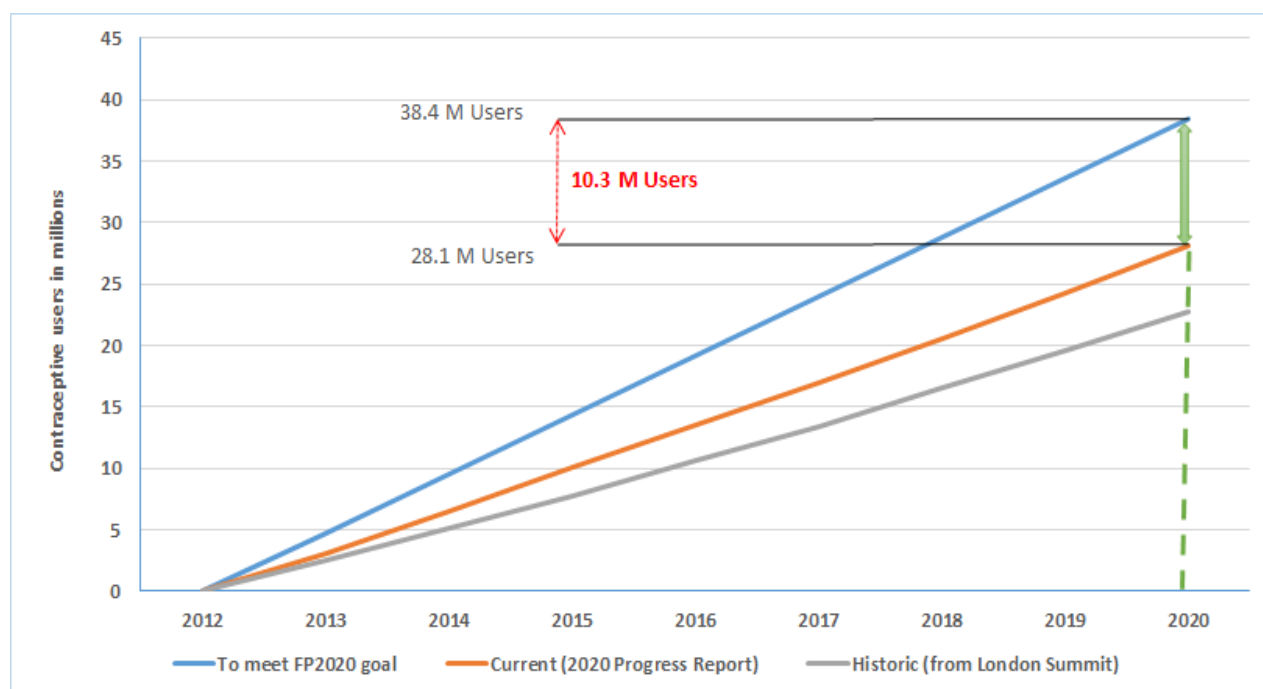


G5 Additional modern contraceptive users

- An additional 28.1 million women and girls (aged 15–49) are using modern contraception in the 46 UNFPA Supplies countries in 2020, compared with 24.5 million additional users in 2019. This brings the total number of users in these countries to 70.3 million since 2012.

Of the 60.1 million additional users in FP2020 countries in 2020, 46.8 per cent or 28.1 million, are in UNFPA Supplies countries. Although the FP2020 goal will not be met this year, the pace of growth since the 2012 London Summit on Family Planning has increased – an important step towards achieving the 2030 Agenda for Sustainable Development.

Figure G12: Current trends for the 46 countries towards the FP2020 goal: modern contraceptive users in millions, 2020



AVAILABILITY INDICATORS

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

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

Facility-based surveys are conducted in collaboration with governments in each programme country at least every two years. These large-scale national surveys provide point-in-time stock measurements. Nineteen countries submitted survey results for 2020.⁵ However, not all 19 countries reported on the same set of data so all results do not appear in all indicators. The number of countries with available data is specified as needed.

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

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

Annual country reporting questionnaires are the second source of country-specific information collected each year by the UNFPA Supplies programme. All countries in the programme (46 of 46) provided information through the annual country reporting questionnaire in 2020.

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

M1 Availability of reproductive health commodities

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

⁵ Facility-based surveys were conducted in 2020 in 19 countries: Bolivia, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea, Guinea Bissau, Haiti, Liberia, Mauritania, Myanmar, Rwanda, Sudan, Togo, Uganda and Zambia.

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

Access to a range of contraceptive methods helps ensure method mix for choice and quality of care. Nineteen countries provided survey data on this indicator in 2020.

- In 2020, availability of broader method choice decreased compared with 2019 at the service delivery level: 79 per cent (15 countries) had available at least three modern contraceptive methods at 85 per cent or more primary-level SDPs (83 per cent in 2019). Availability is higher in urban areas (84 per cent) compared with rural areas (68 per cent).

Across primary, secondary and tertiary levels:

- On average, availability of three modern methods decreased in 2020 (88 per cent) compared with 2019 (92 per cent).
- The three most widely available methods in 2020 were injectable methods (available at 92 per cent of SDPs) contraceptive pills (89 per cent) and male condoms (87 per cent).

A decrease of the availability of three contraceptive methods was observed: in 2020 compared with 2019; contraceptive pills were available at 96 per cent of SDPs in 2019 but 89 per cent in 2020; injectable methods were available at 93 per cent of SDPs in 2019 but 92 per cent in 2020; and male condoms were available at 92 per cent of SDPs in 2019 but 87 per cent in 2020. For example, some decrease in the availability of injectable methods was observed between 2019 and 2020 in two of the four countries for which survey data is available, down from 94 to 91 per cent in Guinea-Bissau and from 91 to 76 per cent in Myanmar.

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

- Of the 19 countries with survey data in 2020, 58 per cent (11 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 (62 per cent). Availability of five modern methods is the same in tertiary (53 per cent) and secondary level (53 per cent) levels.

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

- "Low or no client demand for contraceptives" (Chad, Ethiopia, Ghana, Guinea Bissau, Guinea, Haiti, Rwanda, Togo and Zambia).
- "Supplies delayed from their main source" (Bolivia, Gambia, Guinea Bissau, Guinea, Haiti, Liberia, Togo, Rwanda and Zambia).
- "No trained staff for the method" mainly for IUDs and implants and permanent methods (female or male sterilization) (Ethiopia, Gambia, Guinea, Mauritania, Rwanda, Togo and Zambia).
- "Lack of equipment for provision of the implants/IUDs and sterilization" (Gambia and Guinea).
- "The contraceptive is not available in the market for the SDP to procure" (Chad, Ethiopia, Haiti), in particular for emergency contraceptives in Chad and female condoms in Ethiopia.

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

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

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

- As of 2020, there are 36 WHO prequalified hormonal contraceptives, of which 26 are generics.

There was no new ERP recommended medicine in 2020. However, a number of initiatives are in progress to improve the number of registered contraceptives that are WHO prequalified or ERP approved in the UNFPA Supplies programme countries.

- The 2-rod levonorgestrel implant that was prequalified in 2017 was registered in 24 countries as of 2020 with pending outcomes in 6 others, compared with registration in 23 countries in 2019.

New/additional family planning commodities were registered in seven countries in 2020: Bolivia, Central African Republic, Honduras, Lesotho, Mozambique, Nepal and Sao Tome.

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

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

In the 19 countries where survey data was completed in 2020, availability varies at the different levels: 74 per cent (14 countries) at tertiary level, 63 per cent (12 countries) at secondary level and 26 per cent (5 countries) satisfied the indicator at primary level. Availability also varies by type of product: 84 per cent (16 countries) have oxytocin and 68 per cent (13 countries) have magnesium sulfate. Four countries (21 per cent) have misoprostol available at 85 per cent or more service delivery points.

Rural SDPs are less likely than urban SDPs to have the three maternal health medicines available. Three maternal health medicines were available at 82 per cent of urban SDPs compared with 74 per cent of rural SDPs, consistent with past results.

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

- “Delays by the SDPs to request for supply of the medicine” (Bolivia, Burkina Faso⁶, Ethiopia, Gambia).

⁶ For oxytocin: The COVID-19 pandemic caused delay in the implementation of activities due to the reduction in the movements of actors in cities under quarantine, the requisition of health care teams and vehicles/trucks

- “Delays on the part of main source institution/warehouse to re-supply the SDP with this medicine” (Bolivia, Chad, Ethiopia, Gambia, Ghana and Liberia).
- “Lack of trained staff to provide the medicine at the SDP” (Chad, Gambia and Togo).
- “Low or demand/need for the medicine at the SDP” (Burkina Faso).
- “No cold chain in the facility, especially for oxytocin” (Ethiopia⁷).

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

The prevalence of stock-outs within any one country is one of many indicators that can help to understand the maturity of the national supply chain. This indicator encompasses supplies procured through UNFPA Supplies as well as all other sources, for a view of the country situation. Results for this indicator are obtained through facility-based surveys conducted by governments with support from UNFPA Supplies. In 2020, 19 countries reported against this indicator, compared with 22 in 2019.

- **21 per cent of countries (4 out of 19 countries) reported they had “no contraceptive stock-out” in 60 per cent or more SDPs in the last three months before the day of the survey visit. This was a decrease compared with 2019, when 27 per cent (6 out of 22 countries) reported no stock-out.**

Countries experiencing “no stock-outs in 60 per cent or more of SDPs” in 2020 included Guinea, Haiti, Liberia and Sudan. Countries that satisfied the criteria in 2019 included Burundi, Guinea-Bissau, Mali, Nigeria, Sao Tome and Principe and Sudan.

To monitor stock levels, UNFPA Supplies reviews national supply plans on a quarterly basis for the 46 programme countries. The Commodity Quarterly Review, which was introduced in 2019, proved instrumental in the response to COVID-19 in 2020.

The 15 countries reporting stock-outs in 2020 were Bolivia, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Mauritania, Myanmar, Rwanda, Togo, Uganda and Zambia.

Reasons for stock-outs varied from country to country. The most common reasons were as follows:

- “Delays on the part of the warehouse to re-supply the SDP with the specific contraceptive” (13 countries).
- “Low or no client demand for the specific contraceptive” (12 countries).
- “The contraceptive is not available in the market for the SDP to procure” (8 countries).
- “Delays by this SDP to request for supply of the contraceptive (6 countries).
- “Lack of trained staff to provide specific commodities” (3 countries).
- Two countries reported an issue with the lack of equipment for provision of the contraceptives, e.g. for implant or IUDs.

Regarding urban and rural locations, 26 per cent (5 of 19 countries) reported no contraceptive stock-out in at least 60 per cent of urban SDPs in the last three months before the survey, and 21 per cent of rural SDPs (4 of 19 countries).

used at the health districts. All of the measures had an impact on the supply of the commodities to the service delivery points.

⁷ Ethiopia has requested support for tranexamic acid for facilities that are not cold chain supported.

M2 Reproductive health in humanitarian settings

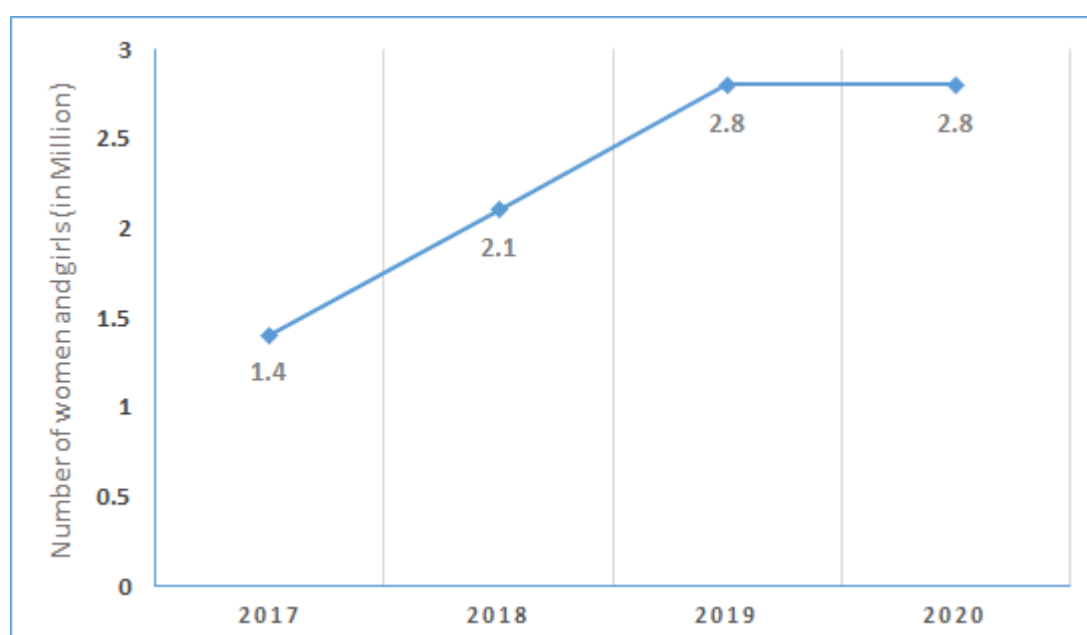
M2.1 Number of women and girls reached in humanitarian settings through RH kits, services utilization and dissemination

The provision of contraceptives and other supplies in humanitarian settings is often accomplished as part of Inter-Agency Reproductive Health Kits for Crisis Situations (IARH kits). More girls and women received the supplies and services they need in situations of disaster and conflict. (See also Output 3.)

- The IARH kits dispatched with support from UNFPA Supplies were sufficient to reach 2.76 million women and adolescent girls in 2020, similar to 2019.
- The IARH kits provided with support from UNFPA Supplies were sufficient to cover at least 246,315 lifesaving sexual and reproductive health (MISP) services including safe delivery, clinical management of rape, family planning and STI treatment.
- In 2020, the UNFPA Supplies Programme supported the procurement and international freight of 1,844 IARH kits, valued at \$1.8 million for humanitarian operations in 24 countries, in coordination with the UNFPA emergency fund. This includes 12 UNFPA Supplies countries as well as 12 non-programme countries.

In **South Sudan**, UNFPA provided RH Kits to 14 government (MOH) health facilities, the International Organization for Migration (IOM) and NGO partners. In **Mozambique**, UNFPA supported MoH by providing RH kits to equip 10 Health Facilities in 11 districts to reach displaced women and girls due to Cyclones. In **Liberia**, RH Kits were distributed to MOH health facilities, with some distributed through MOH regular quarterly distribution and others through UNFPA support. UNFPA provided RH Kits in the Borno and Adamawa State Governments in **Nigeria**, through its relevant Ministries Departments and Agencies, to support vulnerable women and girls in camps for internally displaced persons and in host communities through private health facilities, safe spaces and outreach services. UNFPA also provided RH Kits to the Nigeria Red Cross Society, CARE International and Royal Heritage Health Foundation to reach women and girls in remote locations in Borno, Adamawa and Yobe states. In **Papua New Guinea**, UNFPA supported distribution of RH kits to Birth Attendants and Village Health Volunteers to support deliveries at the community level and at sub-health centers as part of the United Nations' response to COVID-19, working with implementing partners the Catholic Church Health Services Daru-Kiunga Diocese and Evangelical Church of Papua New Guinea, North Fly District.

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



M3 National budget allocations for contraceptives

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

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

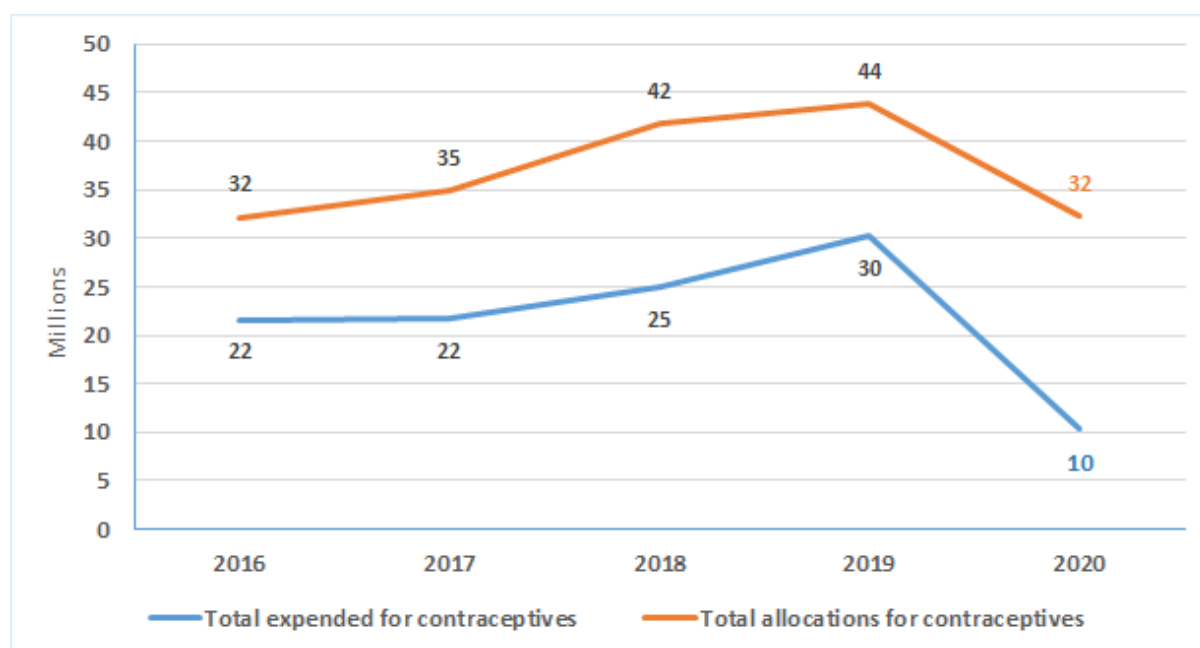
- 28 countries allocated funds through national budget lines for contraceptives and 14 countries for maternal health medicines.

More countries allocated more resources for procurement of contraceptives, with 15 countries in 2020 compared with 8 in 2019, and spent at least 80 per cent of the resources allocated: Benin, Bolivia, Burkina Faso, Burundi, Chad, Ethiopia, Guinea, Honduras, Lao PDR, Malawi, Mali, Mauritania, Mozambique, Niger and Rwanda. However, the allocated amounts in 2020 were less than in 2019.

Allocations for procurement of contraceptives in the UNFPA Supplies programme countries decreased in 2020. Allocations in national budgets totaled \$32.2 million in 2020. Prior to 2020, the trend in allocations had increased from \$32.2 million in 2016, \$34.9 in 2017, \$41.8 million in 2018 to \$43.8 million in 2019.

Total **expenditures** were also lower at \$10.4 million in 2020 compared with \$30.2 million in 2019 among countries in the UNFPA Supplies programme.

Figure M2: Total amount allocated and amount expended (US\$) in national budgets of UNFPA Supplies implementing countries for procurement of contraceptives, 2017–2020



M4 Procurement and logistics management

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

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

- 42 countries had an automated (computerized system) in 2020 compared with 40 in 2019.

The two additional countries that progressed in eLMIS are Cameroon and Mauritania. UNFPA Supplies has directly supported capacity building and functioning of the systems in these countries. Mauritania has computerized systems at central level that can track which facilities use the lesser-used methods (especially IUDs and implants) in order to take corrective measures if needed and adjust the focus of training. For its eLMIS, Cameroon uses SAGE I7 100 at its central warehouse and is testing OpenLMIS, a platform developed in 2020 and tested in some peripheral areas in 2021.

The indicator identifies eLMIS systems with at least **five of six functional attributes**: (1) information on contraceptives; (2) information on maternal health medicines; (3) inventory and monthly consumption data; (4) stock information at all levels at national subnational levels; (5) expiry dates of all products; and (6) number of users for each product. When five out of the six attributes are taken together, it is considered that a country has a “fully functional eLMIS”.

- Of the 42 countries with eLMIS, 31 countries had a fully functional eLMIS in 2020, the same number of countries as in 2019.

Figure M3: Number of countries by national distribution levels at which the eLMIS is operational, 2020

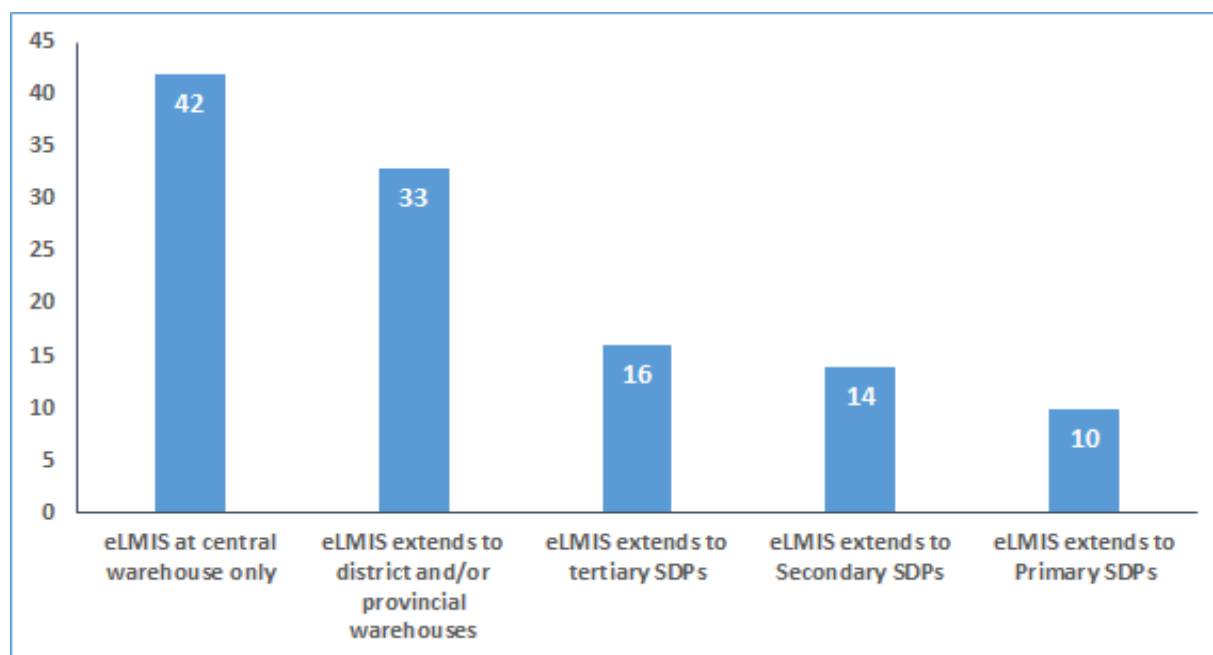
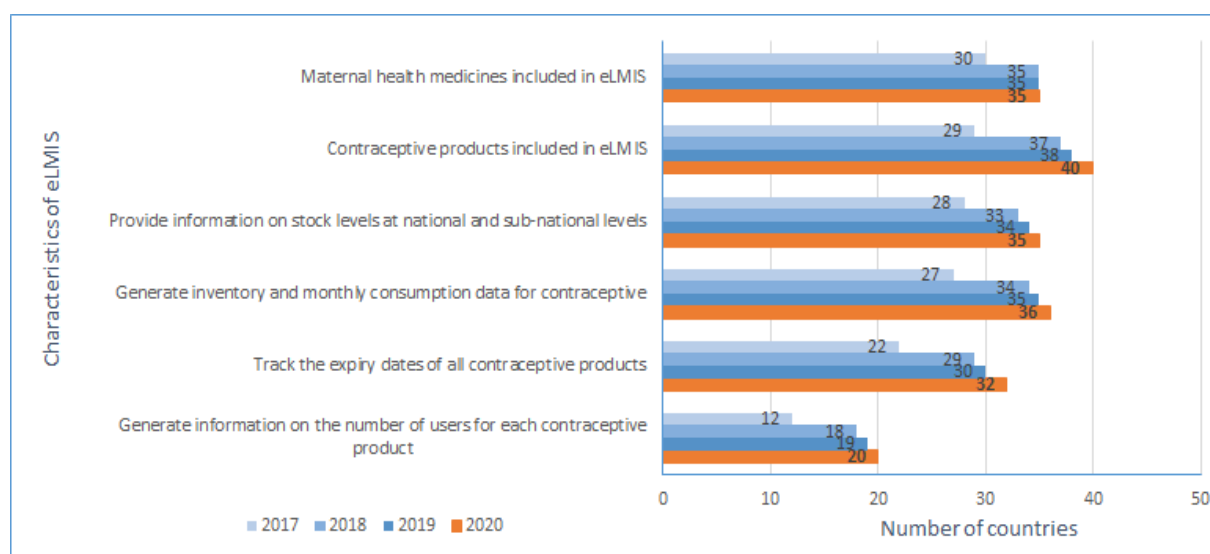


Figure M4: Number of countries where the eLMIS has specific characteristics or functionalities



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

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

- 70 per cent of countries have staff trained in LMIS in at least 85 per cent of SDPs, compared with 74 per cent in 2019.

Staff trained in SDPs in urban areas decreased from 78.1 per cent in 2019 to 70 per cent in 2020, while it decreased for SDPs in rural locations from 68.1 per cent in 2019 to 66 per cent in 2020. The percentage is higher for tertiary level (81 per cent) than for secondary (78 per cent) and primary (65 per cent) levels.

Figure M5: Percentage of countries where 85 per cent of service delivery points have staff trained in logistics management information systems, 2020

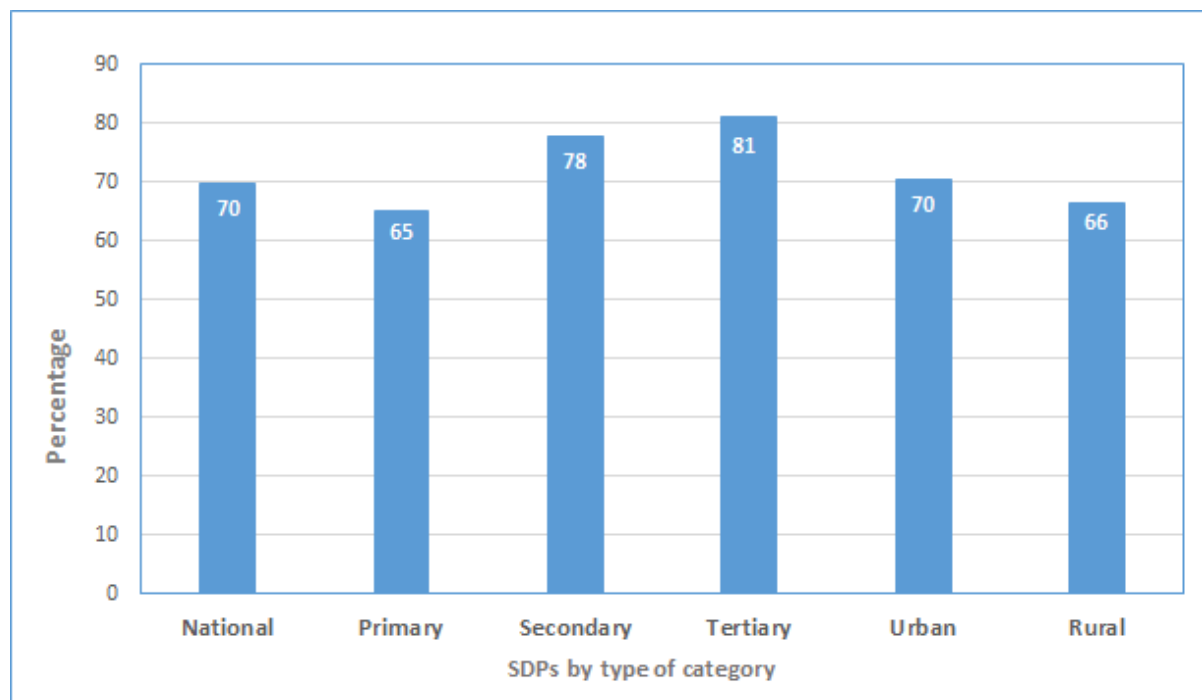
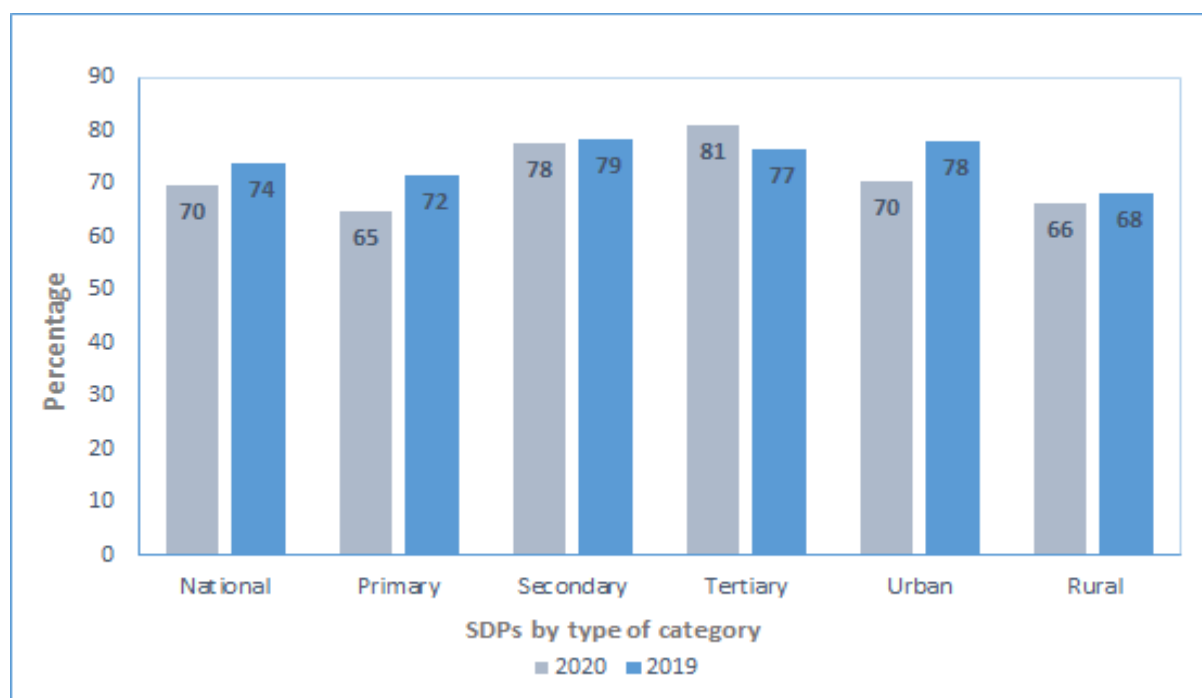


Figure M6: percentage of countries that have staff trained in logistics management information systems in 2019 and 2020, per SDP level and per urban/rural areas



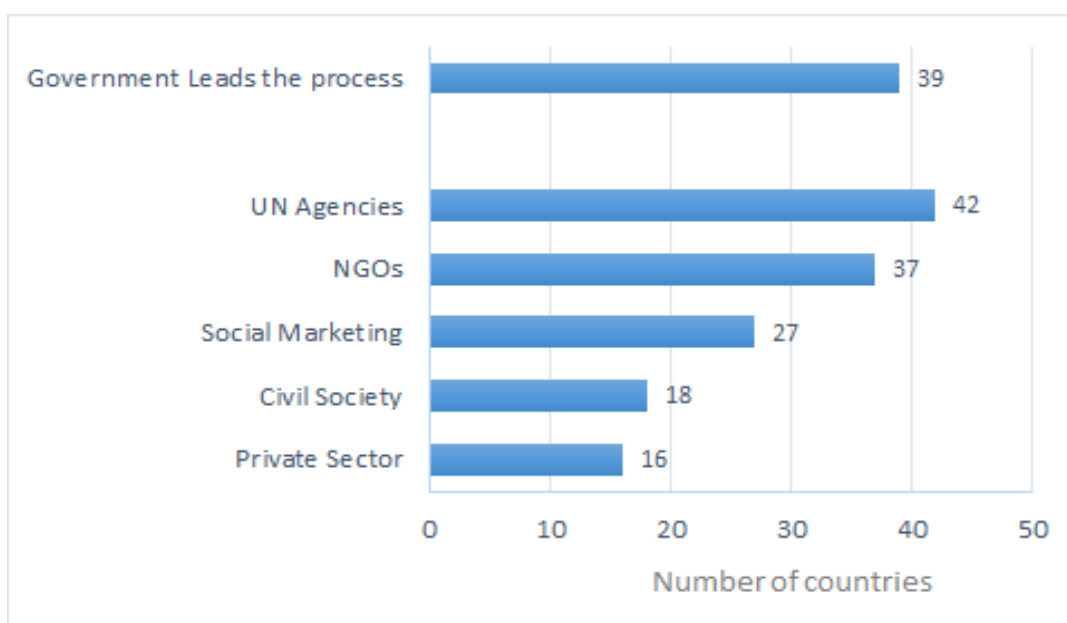
M4.3 Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives

This indicator is a measure of government leadership to convene relevant partners in demand forecasting, data generation, needs assessment, quantification and estimation of needs, and preparation of forecast plans. At least five types of partners, under the leadership of the government, were involved in forecasting contraceptive needs in 39 countries in 2020, the same as in 2019.

Key partners in 2020 included UNFPA, USAID, Marie Stopes International (MSI), IPPF and IPPF Member Associations (affiliate NGOs in countries), Care International, Chemonics/GHSC-PSM Project, Clinton Health Access Initiative (CHAI), DKT, PSI, JSI, FHI360, World Health Organization, UNICEF, iPlus Solutions, Merck, Pathfinder, Global Fund, International Medical Corps and local civil society organization, Zenith TRI.

Despite the impact of COVID-19, in most countries under leadership of the Ministry of Health, UNFPA ensured a high level of coordination among supply chain personnel, program staff, commodity coordinating committees, and other relevant stakeholders to promote best forecasting practices, showing progress toward improving health commodity supply chains. For example, in Sierra Leone, Uganda, Nigeria, Nepal data abstraction and reconciliation from LMIS/HMIS and joint desk review processes improved for forecast accuracy, in DRC Logistics managers in 26 provinces trained on commodity quantification and forecasting, and in Rwanda private sector engagement improved.

Figure M7: Partners involved in forecasting of contraceptives



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

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

The ratio of the value of Third Party Procurement (TPP) versus UNFPA Supplies procurement for the UNFPA Supplies Category C countries (those approaching sustainability) was 1:5.5 in 2020, a similar ratio as in 2019. To prevent major stock-outs in Category C countries, UNFPA Supplies has continued to support the commodity gaps including unfulfilled commitments from other partners beyond the country allocated ceilings. The total value of contraceptives procured, using UNFPA Supplies resources, for the Category C countries was \$25,526,479, while the total amount for TPP was \$4,642,402.

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

- Of the 438 orders for contraceptive commodities (with UNFPA Supplies resources) that contained information for 2020, suppliers shipped on the agreed date for 27 orders, or about 6 per cent in 2020 compared with 43 per cent in 2019.
- 184 orders were delayed for various reasons, such as lack of containers, production delays, price increases and other factors.

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

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

- Of the 432 orders that were made in 2020, all of them (100 per cent) were fulfilled in agreed quantity by the supplier, compared with 375 orders in 2019.

ENABLED ENVIRONMENT INDICATORS

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

A strong enabling environment for family planning requires commitment and collaboration across multiple sectors. In 2020, UNFPA Supplies engaged with valued partners to strengthen family planning policies, build capacity for supply chain management, expand the method mix, prevent dangerous contraceptive stock-outs, and advocate for greater efforts to reach remote and marginalized populations. The programme tracked last mile delivery and uptake of donated contraceptives, and ensured supplies reach women and girls in humanitarian settings.

1.1 Global and regional partnerships (support to global partners)

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

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

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

Advocacy for RH Supplies during and after the COVID-19 pandemic

In the early phase of the pandemic, as part of efforts to mitigate the supply chain impact on family planning supplies and orders, UNFPA collaborated with partners in the Reproductive Health Supplies Coalition (RHSC) to issue a [Joint Statement on the Importance of Continued Family Planning Data Sharing and Collaboration](#) highlighting the need to continue to share critical supply chain data and coordinate action. Also with the RHSC Advocacy and Accountability Working Group, a [Call to Action for Uninterrupted Access to Reproductive Health Supplies during and after the COVID-19 Crisis](#) called upon governments, donors and all partners to prioritize actions in three areas: policy, supply chains and financing to mitigate short and long-term impacts of COVID-19 on access to RH supplies.

An article [Applications of the High Impact Practices in Family Planning during COVID-19](#) was developed and published in *Sexual and Reproductive Health Matters*, outlining applications of the High Impact Practices in Family Planning (HIPs) towards COVID-19 response efforts outlining situations where specific HIPs may assist family planning programme managers in developing context-specific and evidence-based responses to COVID-19-related impacts on reproductive health, with the ultimate goal of ensuring the accessibility, availability and continuity of voluntary family planning services across the world.

In [webinars](#) (held in English, French, Spanish and Portuguese) hosted by the IBP Network and in partnership with WHO, IPPF and Jhpiego, UNFPA Supplies drew attention to how COVID-19 has impacted commodities and supply chain.

Fostering an enabling environment for family planning

UNFPA Supplies partnered actively with the FP2020 Secretariat and other core convening agencies in 2020 to shape the direction and future vision of the global family planning partnership towards 2030 (to be called FP2030). This included participation in a process learning activity (PLA, funded by USAID) to capture the lessons learned from the past eight years of the partnership and to identify key aspects to carry forward into FP2030. The PLA noted UNFPA as a critical dependency for the success of the FP2020 partnership to date and moving forward. It highlighted that through the partnership, USAID and UNFPA field officers have worked together more closely in countries to direct resources that aligned with the governments' FP2020 goals, and at the headquarters level for strategy development, coordination and information-sharing about family planning more broadly. Through the collaboration with FP2020 in 2020, UNFPA has been able to articulate the complementarities of the next iterations of both FP2020 and UNFPA Supplies in fostering an enabling environment for family planning.

UNFPA worked with FP2020 to advocate for the inclusion of family planning in the package of essential services during the COVID-19 pandemic and to track the situation in commitment-making countries. UNFPA also contributed to the development of high impact practices (HIPs). UNFPA staff continued to serve as FP2020 focal points at country-level in all 47 commitment-making countries. At the regional level, UNFPA provided technical assistance during regional focal point workshops. At global level, UNFPA's Executive Director Co-Chaired the FP2020 Reference Group and the team engaged in core conveners' group activities.

In a significant contribution to global guidance, UNFPA finalized the first UNFPA Humanitarian Supplies Strategy in 2020. Also in 2020, FP2020 and UNFPA launched two publications on family planning in humanitarian settings: "Family Planning in Humanitarian Settings: A Strategic Planning Guide" and an SRH Preparedness Toolkit with IAWG, IPPF, JSI and WRC entitled "Ready to Save Lives: Sexual and Reproductive Health Care in Emergencies." The Reproductive Health Supplies Coalition (RHSC) developed, with the Inter-Agency Working Group (IAWG), prepared an advocacy brief on recommendations to build resilient supply chains through collaboration in the humanitarian-development nexus.

UNFPA partnered with European Parliamentary Forum for Sexual and Reproductive Rights (EPF) to develop an advocacy tool for parliamentarians: the [Contraceptive Policy Atlas for Africa](#) highlights government funding and donor reliance by benchmarking the performance of countries' political leadership on access to contraception, national and international policies and funding. Launched on World Contraception Day 2020, this first iteration of the tool will be refined further in consultation with parliamentarians and national partners.

A series of 12 factsheets developed using Miplan, a tool developed by Forolac and UNFPA, were translated into English in 2020, including "Performance and optimization of investments in Sexual and Reproductive Health In Honduras".

Addressing in-country supply issues

In 2020, the Consensus Planning Group (CPG) identified a commodity funding gap. To avert and mitigate critical supply shortages, the CPG helped mobilize \$9.9 million, resulting in placement of 31 new orders for 11 products across 13 countries, providing an additional 3.2 million couple years of protection (CYP). CPG saved some \$2 million for four countries by cancelling and postponing orders to prevent overstock and potential expiry. It also delayed orders for five countries to accommodate

more urgent needs for other countries, and expedited 33 orders for 17 countries to avert and mitigate critical supply shortages. The UNFPA Supplies programme conducted a joint commodity review with CPG members for 2021 procurement and supply planning. This review resulted in reduction of funding requirements due to duplicate orders, data entry errors and reduction/removal of requests to mitigate risk surplus stock situation in countries. The reduction in requests for constrained products facilitated better alignment with expected production capacities and in some cases shifting demand to a product that was not supply constrained.

UNFPA has continued its efforts to deepen UNFPA's collaboration with partners and ensure reproductive health commodity security by harnessing digital technology and real-time monitoring of reproductive supplies to reduce wastage and avoid stock-outs. A key part of this work has been the support for the Global Family Planning Visibility and Analytics Network (Global FP VAN) – a commitment made at the 2017 London Summit on Family Planning by UNFPA, The Bill & Melinda Gates Foundation, DFID (now the Foreign, Commonwealth & Development Office or FCDO), USAID and the Reproductive Health Supplies Coalition (RHSC). Launched in 2019, the Global FP VAN includes provisions for central governance of a collaborative network of supply chain professionals; a virtual technology platform where supply chain professionals can see the same data and execute supply decisions; agreements for global data sharing and governance; and expanded coordination of supply and demand planning processes. In 2020, four countries – Ghana, Ethiopia, Malawi and Nigeria – integrated the Global FP VAN into their supply chain work.

Previously siloed tools and groups (RHI, CARhs, CSP, PPMR) were formally consolidated under the Global FP VAN, facilitating collaborative prevention of stock-outs under one single umbrella. Through the use of the VAN, \$878.3 million worth of RH products against country data was tracked in 2020, which helped to mobilize additional funds for commodity procurement and facilitated cancelling/postponing orders to prevent overstock and potential expiry. Other key achievements for 2020 include the translation of the platform into French; onboarding of suppliers that began to share data; development of a membership strategy to achieve overall cost-neutrality by 2025; and the launch of a new tool, D-RISC, to aggregate public data and allow for improved decision-making around shipment disruption "risk" due to potential impact of COVID-19 manufacturing and/or shipment delays. As of January 2021, the VAN includes 140+ individual registered users from 17 organizations and covers 11 contraceptive methods and 33 products. It is also tracking over 4,000 orders and 5,000 shipments across 136 countries while leveraging simultaneous order and shipment tracking against inventory from 38 countries and supply plans from 12 countries.

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

UNFPA Supplies worked with the What Works Association to develop a "Programme Assessment Tool for a Human Rights-based Approach to Voluntary Family Planning" developed to strengthen UNFPA's approach to rights-based family planning. Its focus is to provide practical guidance for assessing family planning programmes through a human rights lens as a foundation for designing or improving client-centered family planning programmes that apply human rights standards and principles at all levels of the health-care system. The tool will be rolled out to UNFPA country offices and with key stakeholders in 2021.

UNFPA is a key partner in the Training Resource Package for Family Planning, a platform that provides training materials on family planning and reproductive health for pre-service and in-service training: <http://www.fptraining.org>. The materials cover all contraceptive methods and crosscutting areas such as the benefits of family planning and family planning counselling. The platform is led by USAID, the World Health Organization and UNFPA with participation and technical expertise from partners including the following: United States Centers for Disease Control and Prevention (CDC), International Planned Parenthood Federation (IPPF), and USAID implementing partners EngenderHealth, FHI 360, the Institute for Reproductive Health, IntraHealth, Jhpiego, the Johns

Hopkins Center for Communication Programs, Management Sciences for Health and Pathfinder International.

The Implant Access Programme Operations Group and the Global Implant Removal Task Force continued to collaborate on expanding access to implants including safe insertion and removals. The purpose of the groups is to identify, troubleshoot and monitor barriers to product introduction and scale-up specific to country-level issues related to training, service delivery, quality of care. Membership includes UNFPA, WHO, USAID, Jhpiego and The Bill and Melinda Gates Foundation. In 2020, the work centred around difficult implant removals.

The DMPA-SC Operations Group, which includes UNFPA, USAID, PATH, CIFF, FCDO, The Bill & Melinda Gates Foundation and JSI focused on self-injection in line with the WHO guidelines on self-care interventions for sexual and reproductive health and rights. Tools on advocacy and policy dialogue were developed and disseminated to countries to provide support and guidance on self-injection.

With WHO, UNFPA developed a practical guide [Digital Implementation Investment Guide \(DIIG\): Integrating Digital Interventions into Health Programmes](#) that provides a systematic process for countries to develop a costed implementation plan for digital health within one or more health programme areas, including sexual and reproductive health providing direction to ensure investments are needs-based and contribute effective and interoperable systems aligned with national digital architecture, country readiness, health system and policy goals.

The High Impact Practices in Family Planning brief on Family Planning Vouchers: a tool to boost contraceptive method access and choice was revised and updated. It describes how vouchers can be used to address specific barriers to accessing and using contraception. It also discusses the potential contributions of vouchers to enhancing the quality and voluntary use of contraceptive services, outlines key issues for planning and implementation, and identifies knowledge gaps.

The ACCESS project

UNFPA and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) formed the Prevention of Unsafe Abortion (PUA) Partners Group, a cross-organizational collaboration that brings together eleven multilateral agencies, international non-governmental organizations and coalitions to align and coordinate work on this topic during the COVID-19 pandemic. After identifying key priorities, the group formed four working groups focused on critical issues emerging from the pandemic: data and indicators, guidelines and recommendations, mitigation of compromised access to care, and procurement funding flow. The group meets regularly to advance these bodies of work, promote synergy and increase collaboration.

1.2 Country-level coordination and partnership

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

Coordination continued to be a priority in 2020 in all 46 programme countries, where creating a positive policy and effective programming environment includes a range of activities:

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

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

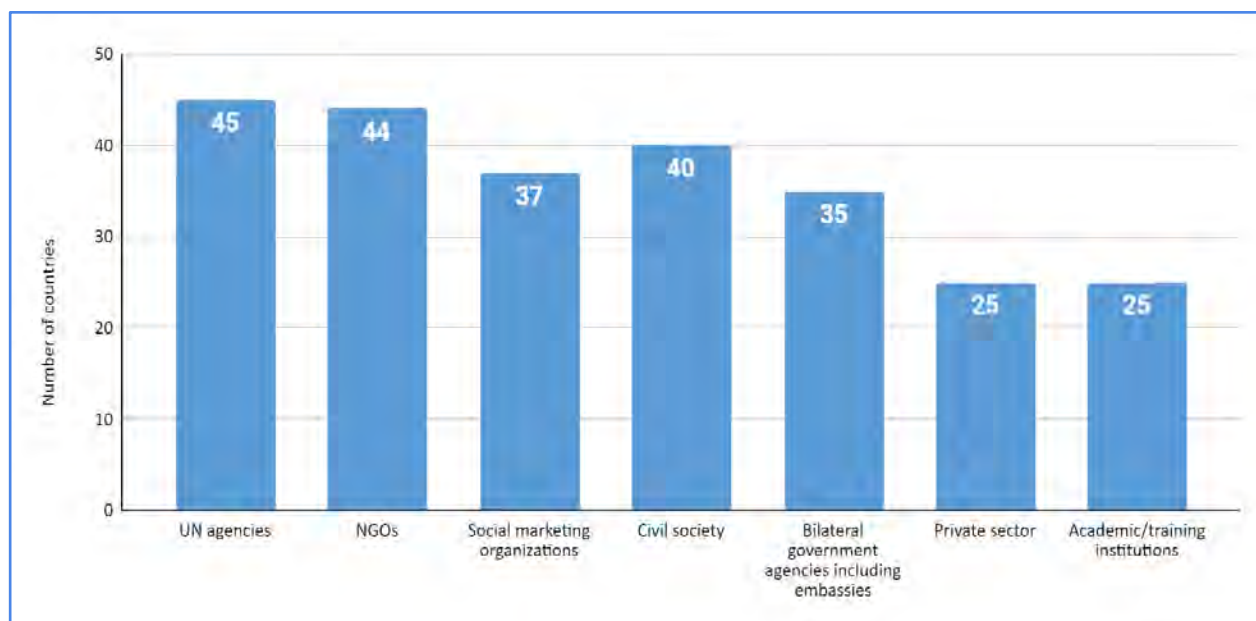
- In 30 countries there was broad-based partnership under the leadership of the government, through national government agencies and ministries, especially ministries of health. UNFPA country offices in many countries provide coordination and funding for country-led initiatives under the leadership of local government that support the UNFPA Supplies programme.
- 40 countries worked with civil society organizations in 2020 community mobilization for family planning service delivery.
- 37 countries collaborated with social marketing organizations in 2020. In some countries these activities are carried out in association with international organizations such as PSI and DKT; however, in many countries national NGOs have social marketing activities within their programmes. Partnerships differ widely.
- 45 countries (except Eritrea) benefited from the programme's coordination with other United Nations organizations including UNICEF, UNHCR, World Food Programme (WFP), the International Organization for Migration (IOM), UNAIDS, UNDP and the World Health Organization.
- 25 countries engaged with the private sector to expand access to supplies and services.
- Bilateral agencies participated in coordinating mechanisms, notably the Netherlands Development Assistance in Yemen; the United Kingdom (FCDO) in Nepal; GIZ in Cameroon, USAID in the Democratic Republic of the Congo, Guinea, Madagascar, Malawi, Nepal, Tanzania and Uganda; Korean International Cooperation Agency (KOICA) in Timor Leste, Global Fund in Cameroon, Democratic Republic of the Congo, Eritrea, Ghana, Lesotho and Agence Française de Développement (AFD) in Chad.

Partners in coordinating mechanisms also included the following:

- Marie Stopes International (MSI) affiliates, e.g. in Bolivia, Burkina Faso, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Myanmar, Nepal, Nigeria, Senegal, Papua New Guinea, Sierra Leone, Tanzania, Timor-Leste, Uganda, Yemen and Zambia;
- Affiliates of IPPF, e.g. in Benin, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Ethiopia, Ghana, Gambia, Guinea-Bissau, Myanmar, Madagascar, Mali, Mozambique, Nepal, Papua New Guinea, Rwanda, Senegal, Sierra Leone, South Sudan, Sudan, Togo and Zambia;
- Chemonics in Benin, Lesotho, Liberia, Nigeria, Senegal, South Sudan, Uganda and Zambia;
- Universities such as the Universidad Mayor de San Andrés of Bolivia, University of Malawi College of Medicine, Tulane in the Democratic Republic of the Congo, International Centre for Reproductive Health (ICRH) in Kenya, University of Rwanda/School of Public Health and the Medial University in Sana'a, Yemen;
- CHAI in Cameroon, Ethiopia, Ghana, Kenya, Lao PDR and Uganda.

In 2020, UNFPA worked with numerous partners in support of humanitarian response. Annex 5 details UNFPA Supplies-supported country-level partnerships in 2020.

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



1.3 Product availability

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

In 2020, the Commodity Requirement Tool (CRT) and commodity review and validation process were used to identify risks of stock-out and surplus, funding gaps and duplication of orders, and to recommend action to resolve these issues. The CRT, a tool for annual commodity planning and management, was introduced in 2018 to assist the programme in monitoring stock levels.

In addition to the CRT, UNFPA Supplies also utilized the Quarterly Review Tool (QRT) for programme countries, as part of the Commodity Quarterly Review process. The QRT was introduced in 2019 to capture data on stock levels, consumption rates, pipeline orders, geographical distribution as well as service coverage for each of the commodities - disaggregated by the implementing partners.

By using the CRT and QRT tools and commodity review process, UNFPA was able to identify the potential risk of overstock of the two-rod implant in Tanzania and Malawi, for example, based on the average monthly consumption rates, the stock on hand and the pipeline orders for one of the implementing partners. This process also forestalled the risks associated with implant stock-outs in the COVID-19 constrained supply environment in the Democratic Republic of the Congo (DRC) and Tanzania. As an outcome of the review process, 22,000 sets of two-rod implants transferred from Tanzania to the DRC and 10,000 sets from Malawi to Zambia to alleviate stock-out/overstock, resulting in a savings of approximately \$220,800 by mitigating the risk of expiration. This helped UNFPA to advocate with key partners to focus on scaling up programming initiatives to expand product uptake, increase geographical coverage and address delays in shipping in the pipeline orders. This review of stocks in all 46 UNFPA Supplies countries is an ongoing exercise with key partners in the Consensus Planning Group (CPG).

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

During the quarterly commodity review and validation exercise, Niger and Nigeria were identified as holding an overstock of the three-month subcutaneous injectable (DMPA-SC). With national counterparts, UNFPA has been monitoring the scale of DMPA-SC in those countries in order to mitigate the potential risk of wastage of the stock due to expiration. In Niger, UNFPA with the engagement of key stakeholders who are focused on scaling up the programming, several initiatives to expand product uptake and increase geographical product coverage resulted in an increasing trend in consumption - up from 11,000 to 25,000 vials - to mitigate the risk of product expiration. Nigeria transferred 250,000 vials of DMPA-SC to Zambia to alleviate stock-out /overstock, resulting in a savings of approximately \$212,500 by mitigating expiration risk.

SUPPLY EFFICIENCY INDICATORS

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

2.1 Quality of products

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

Manufacturing sites in 2020 included 21 sites for prequalified male condoms; 4 sites for prequalified female condoms; and 6 sites for prequalified IUDs. The total was 31 sites in 2020.

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

36 hormonal contraceptives in 2020 were pre-qualified in 2020 compared with 29 in 2019; and 14 maternal health medicines.

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

In 2020, no new quality-assured hormonal contraceptive products were prequalified by WHO. One product had its ERP opinion extended. For maternal health medicines, there was also no additional product receiving positive ERP opinion in 2019, as compared with 10 products in 2020.

2.2 Procurement efficiency

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

UNFPA was able to reduce prices for key contraceptives in 5 out of 7 product categories in 2020, compared with prior year prices.

Table 2.1: Actual average price for 2019 and 2020 (US\$)

Year	Male condoms	Female condoms	IUDs	Oral contraception	Injectable methods	Implants (two rods)	Emergency contraception
2019	3.39	0.46	0.30	0.26	0.76	8.36	0.42
2020	3.31	0.44	0.37	0.25	0.81	7.92	0.25

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

- In 2020, UNFPA Supplies was able to generate a total of \$4.46 million in the value of price reductions through price negotiations for specific orders and/or products with manufacturers, and through efforts to bring to the market lower-cost generic products that meet international standards. This is an increase from \$3.4 million in 2019.
- A total of \$4.31 million was saved by UNFPA Supplies in 2020 through procurement of generic contraceptives, compared with \$3.1 million in 2019.
- The total value of price reductions through price negotiations was negligible, compared with \$0.22 million in 2019.

The total value of price reductions through procurement of generic contraceptives by product category is listed below. The value generated (savings) is in comparison with procurement of an innovator product.⁸

The **\$4.31 million in the value of price reductions** had the potential to provide more than **1.5 million women** with generic injectable contraceptives for one full year. In other words, UNFPA could procure additional contraceptives with the funds received by donors.

The UNFPA catalogue includes a total of five manufacturers of generic hormonal contraceptives. UNFPA can offer at least one generic option under each product category (combined low dose pills, emergency contraceptives, implants, injectables and progestin only pills).

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

Procurement of a generic	Quantity procured of generic product	Value of price reductions (US\$)
LNG.15_EE.03MG_FE	4,470,480	\$773,393
LNG_0.03MG	1,810,404	\$184,661
LNG_IMPL_75MG	1,588,900	\$2,561,307
DMPA_150	12,690,045	\$361,248
LNG_1.5MG	581,122	\$215,811
Total value of price reductions generated for hormonal methods		\$4,096,420
Total value generated for generic versus innovator – female condoms		\$219,343
Total value generated		\$4,315,763

⁸ Per WHO, an innovator product is that which was first authorized for marketing, on the basis of documentation of quality, safety and efficacy.

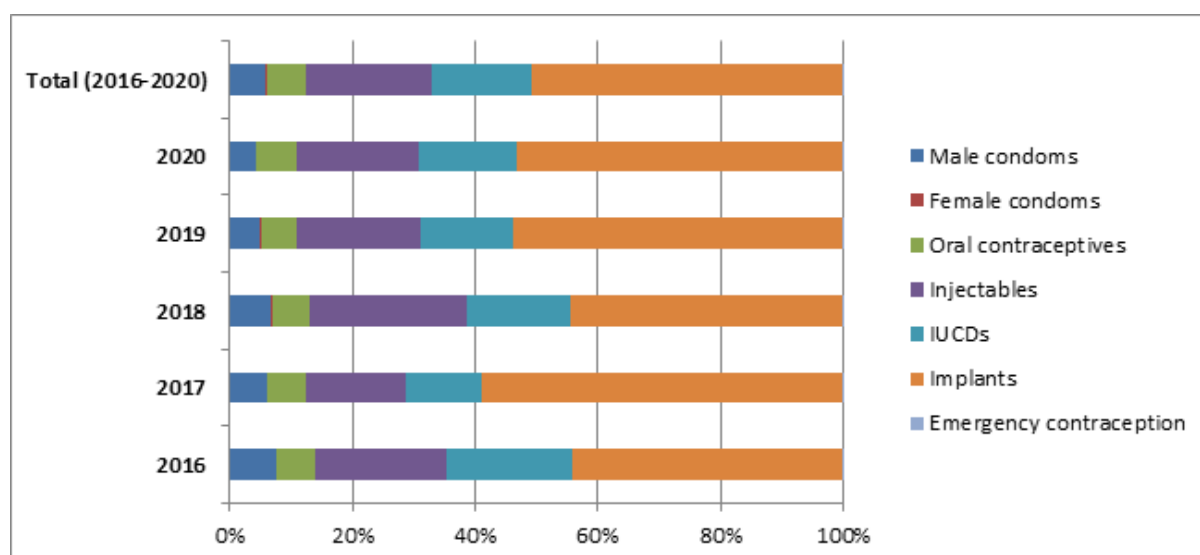
2.2.3 Cost per CYP of contraceptives procured by UNFPA Supplies (disaggregated by commodity)

The average cost per CYP was reduced to \$2.43 in 2020 compared with \$2.51 in 2019.

Table 2.3: Cost per CYP by contraceptives procured, 2020

Commodity	Quantity	Total cost	CYP	Cost per CYP
Male condoms (gross)	1,727,502.00	\$5,910,317.40	2,073,002	\$2.85
Female condoms (pieces)	2,719,240.00	\$1,154,532.30	22,660	\$50.95
Oral contraceptives (cycles)	47,203,947.00	\$ 11,738,779.80	3,146,930	\$3.73
Injectables (vials)	40,144,445.00	\$ 32,518,535.58	9,748,328	\$3.34
IUDs (pieces)	1,694,859.00	\$ 735,625.57	7,796,351	\$0.09
Implants (sets)	8,063,361.00	\$ 65,996,328.50	25,803,863	\$2.56
Emergency contraception	1,463,362.00	\$395,063.52	73,168	\$5.40
Total		\$118,449,182.67	48,664,302	\$2.43

Figure 2.1: CYP provided per method, 2016-2020



2.2.4 Cost per unintended pregnancy averted based on contraceptives procured

The average cost per unintended pregnancy averted was \$8.45 in 2020 compared with \$8.71 in 2019.

Contraceptives provided through UNFPA Supplies in 2020 (worth \$115 million) had potential to avert:

- 9.4 million unintended pregnancies
- 197,411 maternal and child deaths
- 2.68 million unsafe abortions

These contraceptives had potential to save families and health systems \$536 million in direct health care costs (costs of care during pregnancy and childbirth).

Calculated using MSI Impact 2.4.

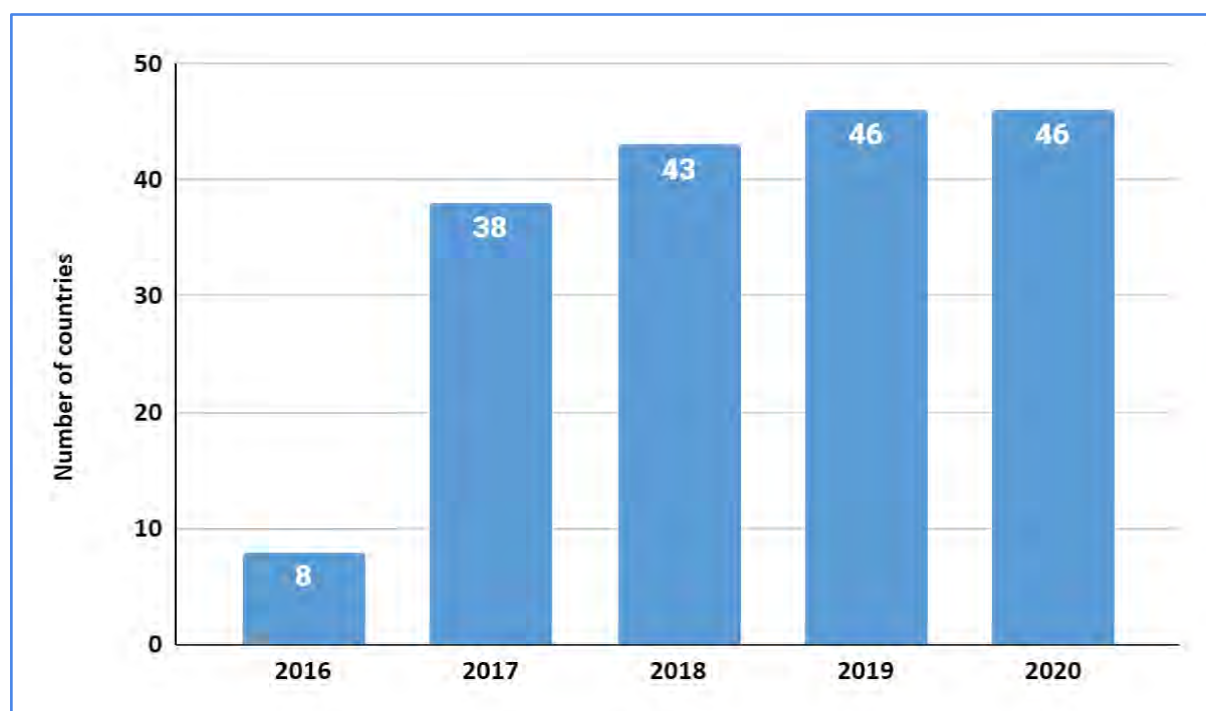
2.3 Environmental risk mitigation

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

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

In 2020, all 46 UNFPA Supplies countries took into consideration UNFPA's recommendations for environmental risk mitigation in their national guidelines for safe disposal of medical waste and contraceptives, the same as in 2019. More specifically, 24 had all the elements and 22 had some elements of UNFPA's recommendations.

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



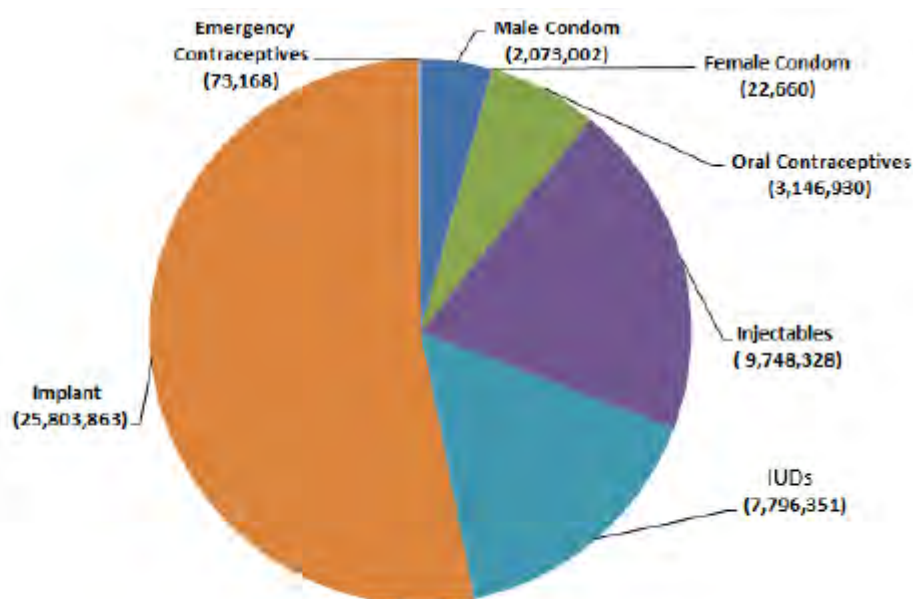
2.4 Quantity and mix for commodities procured

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

Contraceptives supplied through UNFPA Supplies in 2020 were sufficient to provide 48.7 million couple-years of contraceptive protection (CYP) from unintended pregnancy, compared with 41.9 million in 2019. The increase was influenced by a number of factors:

- Trend towards declining country requests for IUDs and increased requests for implants and injectable contraceptives.
- Slightly higher cost of subcutaneous injectable DMPA-SC (\$3.40 versus \$2.97 for intramuscular DMPA-IM) but potential for longer-term savings in cost of service provision (+convenience for women through self-care).
- UNFPA Supplies also supported provision of permanent methods in Burundi, Papua New Guinea and Rwanda: 588 vasectomy and 3,598 tubal ligation procedures for a total of 39,080 CYP in 2020.

Figure 2.3: Couple-years of protection (CYP) per method provided (total 48.66 million CYP), 2020



2.4.2 Percentage of contraceptives procured that are generic products

In 2020, of the total amount spent on contraceptives using UNFPA Supplies resources, 32 per cent was used to purchase generic products. All procurement of IUDs, male condoms and emergency contraceptive pills by UNFPA is generic (under long-term agreements with manufacturers). Approximately, 53 per cent of combined and progesterone-only contraceptive pills available for UNFPA procurement are generic versions of innovator products. All except one of the emergency contraception pills are generic, and multiple generic options for DMPA-IM are also available for procurement by countries

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

Almost two thirds of countries in the UNFPA Supplies programme – 29 of 46 countries – were caught in situations of fragility, conflict, natural disasters and other emergencies in 2020. UNFPA Supplies is one of the major funding sources for emergency reproductive health kits that UNFPA dispatches in emergencies. UNFPA Supplies supports countries in the preparedness, response and recovery phases to develop strong supply chains for contraceptives and key maternal health medicines. (See also section M2.)

3.1 Humanitarian settings

UNFPA is the global custodian of the Inter-Agency Reproductive Health Kits for Crisis Situations (RH kits) and maintains a stock of different RH kits ready to ship for urgent and emergency requests to countries and partners around the world. The kits support different levels of healthcare and are designed to respond to the urgent sexual and reproductive health needs during the acute phase of an emergency (first three months) taking into account the size of population affected including women of reproductive age to provide lifesaving sexual and reproductive health clinical services. The 5th Edition list, shown at right, was updated in 2020, with Kit 7 divided into 7A and 7B to create a new kit for contraceptive implants. Use of the [6th Edition](#) will begin in March 2021.

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

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

- In 2020, RH kits were dispatched to 24 countries with UNFPA Supplies funding, compared with 18 countries in 2019.
- In 2020, the UNFPA Supplies Programme supported the procurement and international freight of 1,844 IARH kits, valued at \$1.8 million for humanitarian operations in 24 countries, in coordination with the UNFPA emergency fund. This includes 12 UNFPA Supplies countries as well as 12 non-programme countries (see M2.1).

Emergency Reproductive Health Kits

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

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

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

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

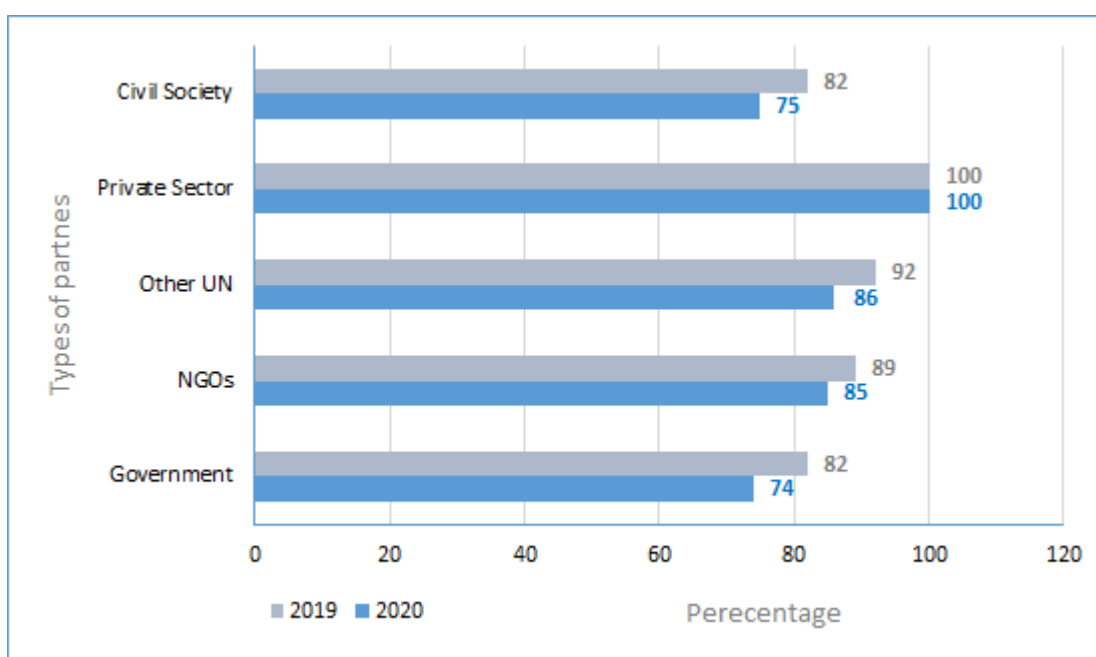
Block 3. Kits serving the needs of 150,000 people for 3 months

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

The UNFPA Supplies programme supported implementing partners such as national governments, NGOs, other United Nations agencies, civil society organizations and the private sector.

- Stock-outs in humanitarian settings are monitored. Nearly three-quarters of countries that received RH kits from any UNFPA funding source experienced no stock-out of contraceptives. This represents 20 of 27 countries, including 24 supported through the UNFPA Supplies programme and three covered by other UNFPA sources.

Figure 3.1: Percentage of countries where given partners experienced "no stock-out" of RH kits, 2019 and 2020



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

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

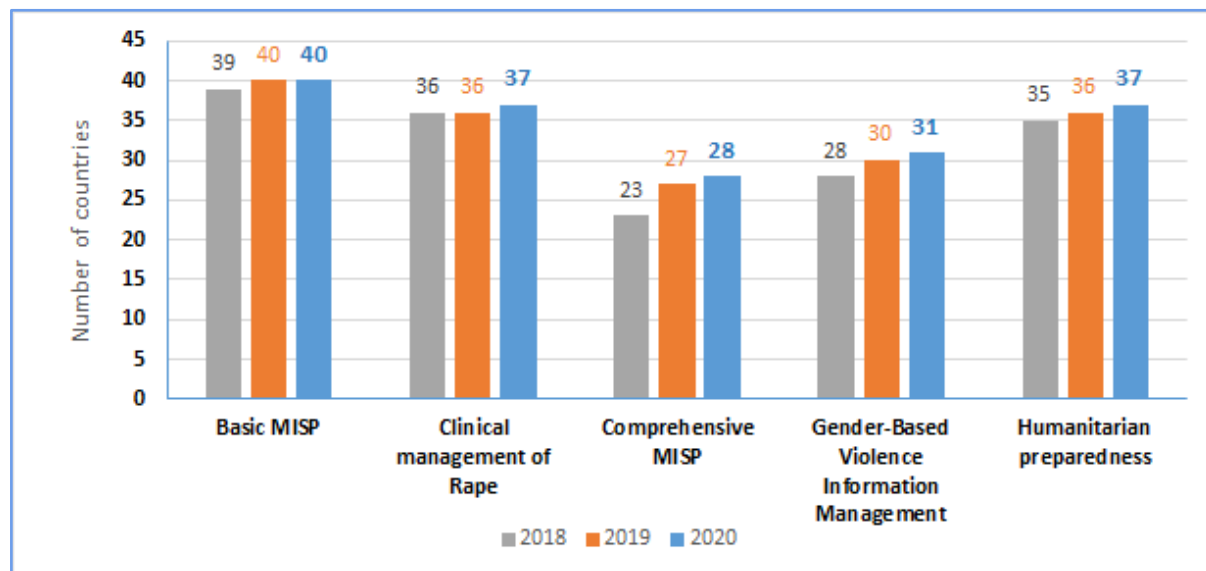
- **28 countries (62 per cent) confirmed they have built their capacity to conduct comprehensive MISP training, compared with 27 countries in 2019.**
- 21 countries have capacity for all five aspects of the MISP (basic, comprehensive, clinical management of rape, gender-based violence and preparedness), compared with 18 countries in 2019.
- 40 countries have the capacity to offer Basic MISP, the same as in 2019.

MISP training to health service providers was undertaken in 2020 in Burundi, Chad, Democratic Republic of Congo, Ghana, Honduras, Madagascar, Mozambique, Senegal and Zimbabwe. In Ghana, for example, MISP training took place to build capacity for sexual and reproductive health and gender-based violence in humanitarian settings, including during the ongoing pandemic. In Honduras, a sexual and reproductive health induction process was carried out with the support of the Regional Office.

Training on Gender-Based Violence Information Management System (GBVIMS) was also supported in 2020. In Madagascar, training was provided to partners on clinical management of

rape and humanitarian preparedness. In Mozambique, the Government, AMODEFA (an NGO) and UNFPA staff involved in humanitarian response participated in MISP training. In Zimbabwe, UNFPA successfully engaged the Ministry of Health to include MISP capacity building in the national strategic documents.

Figure 3.2: Number of countries where national capacity has been built to conduct MISP training, 2018–2020



3.2 Capacity-building

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

- In 2020, UNFPA Supplies supported family planning training for 12,652 health service providers in 42 countries on long-acting reversible contraceptive methods in addition 45,135 nurses and 35,295 community health workers trained on DMPA-SC (injectable). This well surpasses the target of 10,000 providers trained.

Chad, Honduras, Sao Tome and Principe and Zimbabwe did not seek UNFPA Supplies funding for family planning capacity building in 2020. Various cadres of health workers including doctors, nurses, midwives and community health workers/distributors were trained. The training focused on insertion and removal of implants and IUDs, provision of DMPA-SC, other short term contraceptive methods, and family planning communication and counselling.

Output 4 Strengthened supply chain management and data generation systems

4.1 Supply chain

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

- Out of 17 countries for which facility surveys data were available, only one (Guinea) reported that 80 per cent or more of their primary SDPs received the quantity of contraceptive products that they ordered during the three months before the survey, compared with 2 countries in 2019.

On average (across tertiary, secondary and primary SDPs), **47 per cent of SDPs received the full quantity of contraceptive products** that they ordered in the three-month period before the survey (compared with 53 per cent in 2019). The main reason for not receiving the full order is because of decisions taken by warehouses or institutes responsible for supplying SDPs on quantities of products they send out. Disruption of the supply side due to the impact of COVID-19, including lockdowns and restriction of movement, has been mentioned by Burkina Faso, Haiti and other countries. Insecurity has also affected the supply of district warehouses and, subsequently, the service delivery points.

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

- Tertiary: 56 per cent
- Secondary: 45 per cent
- Primary: 47 per cent
- Urban: 47 per cent
- Rural: 46 per cent

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

- 15 countries in 2020 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 is compared with 12 countries in 2019.

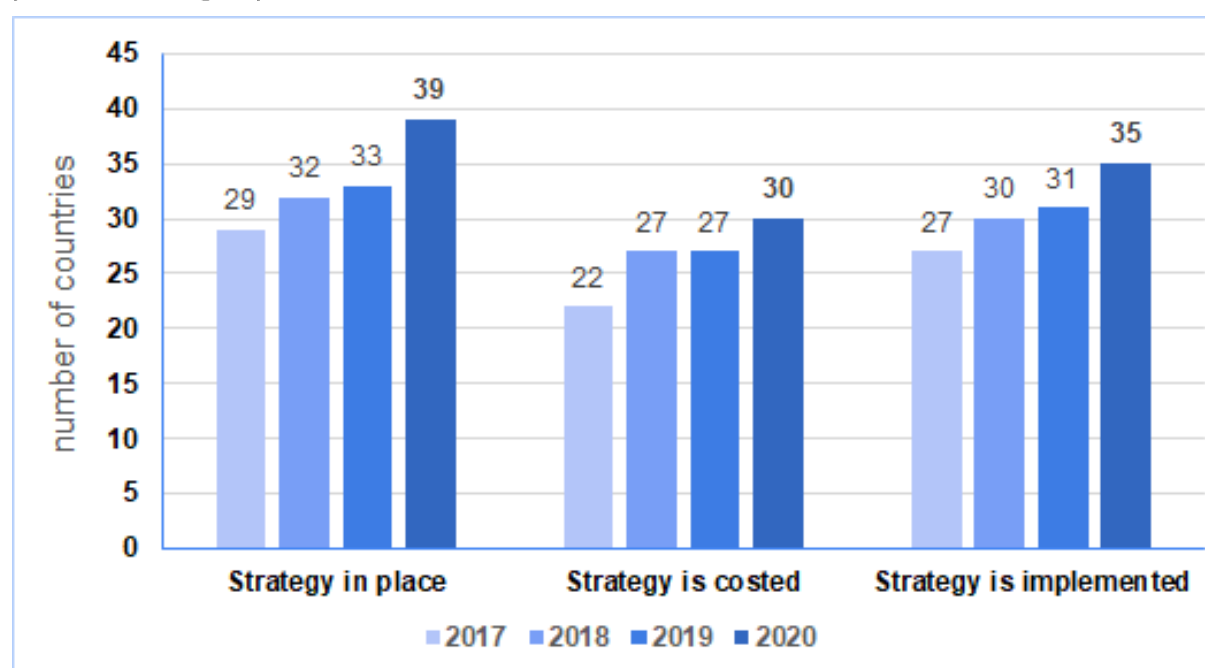
Satisfying this indicator can be a challenge given its many elements, and the total number of countries that meet its more advanced criteria is not expected to increase significantly year upon year. The elements that countries need to have in place are as follows: (a) have in place a supply chain management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

1. Inclusion of all contraceptives commodities in the national Essential Medicines List (EML)
2. No restriction on the provision of any modern contraceptive method

3. Broad-based partnership involved in quantification and estimation of needs
4. Capacity-building on LMIS
5. National resource mobilization focused on government budget allocation and use for procurement of contraceptives
6. Contraceptive distribution mechanism that involves NGOs, civil society and/or the private sector
7. Use of technology for improvement in LMIS

It is expected that countries will continue to add aspects as they progress towards the goal of achieving all seven points. In addition to the many elements addressed in the previous indicator, progress is tracked for several other aspects of the supply chain, e.g. whether a strategy is in place, if it is costed and is it being implemented. Many more countries meet the criteria. The upward trend is shown in figure 4.1.

Figure 4.1: Number of countries where a costed supply chain management strategy is in place and being implemented, 2017 to 2020



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

- In 2020, various non-public sector partners were engaged to support last mile distribution of commodities to the service delivery points in 41 countries, the same number as in 2019.

The most active category of non-public sector actors are NGOs, which supported the distribution of commodities in 36 countries. Private sector organizations were involved to support the distribution of contraceptives to the last mile in 16 countries. Other non-public sector partners involved in last mile distribution in 2020 included: IPPF Member associations (15 countries), MSI (17 countries) and PSI (15 countries).

In recent years, UNFPA has formalized its last mile approach. UNFPA applies a Last Mile Assurance (LMA) process to audit the supplies it provides, the bulk of which are distributed through the UNFPA Supplies programme. The LMA process follows products from their handover to implementing partners all the way to the service delivery points where women have access to them. The LMA mapping, assessments and reports point to weak supply chain management, logistics information systems and commodity quantification errors which can then be addressed.

In 2020, UNFPA completed its first full year of the LMA process. UNFPA implemented its LMA process in 73 countries (including all 46 UNFPA Supplies programme countries). LMA tools and guidance notes were issued, staff capacity was built through webinars, and there was an improved staff buy-in of the process. Appropriate agreements were in place with all implementing partners (IPs) outlining terms and conditions under which supplies are managed, safeguarded and distributed. The risk profile was assessed for the vast majority of the IPs, with the remaining assessments scheduled to be completed in the first quarter of 2021. Evidence was provided to confirm the traceability of products along the supply chain, from the point of their receipt upon delivery by UNFPA to their distribution to service delivery points. Conditions of storage were assessed at a large number of central IP warehouses, and assessments of conditions at service delivery points scheduled to be completed in the first half of 2021. Findings are used to inform design of work plan interventions aimed at progressively strengthening supply chain systems, and enhancing accountability for donated commodities.

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

Trained staff were in place in 12 of 19 countries (63 per cent) where data was available and at 85 per cent of primary-level service delivery points. Cameroon, Chad, Gambia, Haiti, Mauritania, Sudan and Togo had trained staff at less than 85 per cent of primary SDPs. This range from 41 per cent to 83 per cent.

Based on the average for the 19 countries for which data are available:

- 86 per cent of SDPs have trained staff for the provision of modern contraceptives. Of these, 83 per cent are at primary level and 88 per cent are at secondary and 93 per cent at tertiary level.
- 74 per cent of the facilities also have trained staff for the provision of the insertion and removal of implants.
- 83 per cent of SDPs in rural areas have trained staff for the provision of any modern method. Of these, 68 per cent provide services for the insertion and removal of implants.
- 89 per cent of SDPs in urban areas have trained staff for the provision of any modern method. Of these, 79 per cent provide services for the insertion and removal of implants.

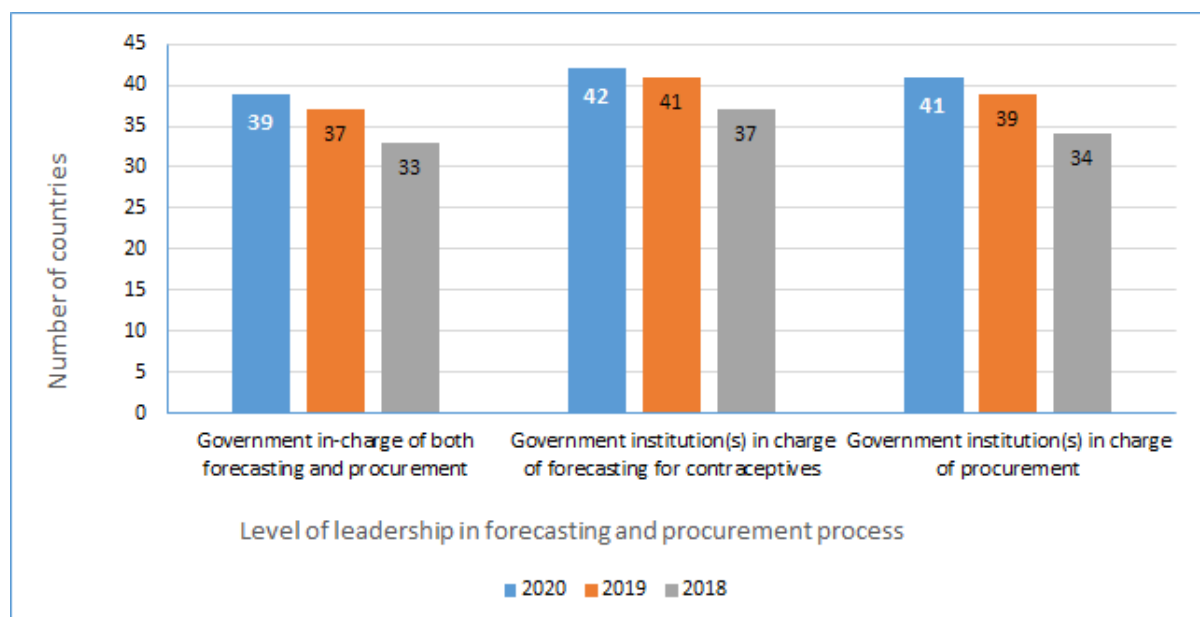
4.2 Demand forecasting and procurement

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

- A system exists for forecasting and procurement in 43 of 46 countries, the same as in 2019.

The government institution(s) are in charge of forecasting for contraceptive needs in 42 countries. Among them are government institutions in 39 countries that are in charge of both contraceptive demand forecasting and procurement processes. Country offices undertake initiatives in strengthening forecasting, quantifications and supporting the procurement processes under the leadership of the government.

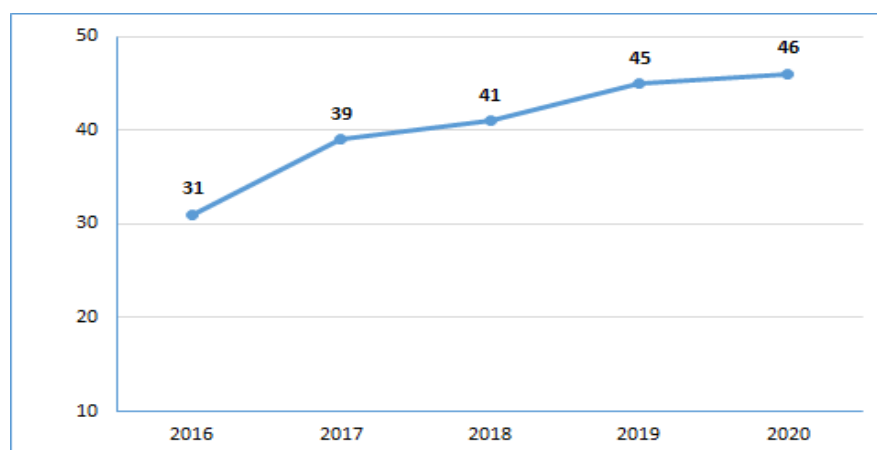
Figure 4.2: Number of countries where government institutions demonstrate capacity and leadership on contraceptive demand forecasting and procurement processes



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

- All 46 countries made no ad hoc requests to UNFPA Supplies for commodities (except in humanitarian contexts) in 2020, compared with 45 countries in 2019.

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



4.3 Support for data generation

4.3.1 Number of countries where facility survey reports are available

In 2020, UNFPA Supplies facility survey data were available for 19 countries. Findings of the surveys have been disseminated to partners and are being used for programming. In addition to providing information for UNFPA Supplies indicators, the survey data provides data for global reporting through FP2020. UNFPA Supplies also supports in-country family planning resources tracking surveys by the Netherlands Interdisciplinary Demographic Institute (NIDI) to collect information on financial resources allocated and, in particular, those spent on family planning. In 2020, 31 countries, including those supported by the UNFPA Supplies programme, undertook this survey compared with 48 in 2019.

Output 5 Improved programme coordination and management

5.1 Resource mobilization and allocation

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

- Donor contributions to UNFPA Supplies have increased steadily since 2015; however, owing to the shifting priorities tied to the global health crisis, in 2020 the amount mobilized from partners for the UNFPA Supplies programme decreased by 67 per cent compared with the previous year to \$73.3 million in 2020 against a target of \$232 million.
- In 2020, the following 16 donors (13 public sector and 3 private sector) contributed to the programme: Australia, Belgium, The Bill & Melinda Gates Foundation, Canada, Children's Investment Fund Foundation (CIFF), Denmark, Germany, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, United Kingdom and Winslow Foundation, along with private contributions and an anonymous donor.
- Two donors doubled their contributions (Spain and Winslow Foundation); one new donor joined (Germany) and three donors made additional COVID-related contributions (Canada, Denmark, Norway).

Considering the 2020 volatility, that 2019 was a record year for sexual and reproductive health and rights funding, and that many multi-year agreements came to an end, the Programme was well supported.

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

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

- Spending on family planning amounted to some \$451.6 million, including \$76.6 million from core resources. This amounts to 42.3 per cent of UNFPA's total programme expenses, compared with 41.7 per cent in 2019.

Spending includes \$297.6 million (27.9 per cent of UNFPA's total programme expenses) directly related to family planning activities such as creation of enabling environments for family planning, supply, provision of services and family planning systems strengthening, which are captured by UNFPA systems under the "family planning" thematic area. In addition, activities with an impact on family planning results were conducted in other areas of work under the UNFPA mandate. These activities accounted for an additional \$154 million (14.4 per cent of UNFPA's total programme expenses).

5.2 Commodity procurement

5.2.1 Proportion of planned procurement of contraceptives initiated and fulfilled

- In 2020, 100 per cent of the 46 programme countries were given funding ceilings on time and were able to plan their commodities requests according to available funds.

The indicator focuses on planning within the terms of the programme and does not capture other gaps or needs. Procurement plans for 46 programme countries were monitored and executed on time.

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

The mode of shipping, i.e. air or sea, typically has a significant impact on the time lap between departure and arrival of supplies following the requisition as well as on the cost of the transportation: a careful balance is needed to ensure cost and time optimization. Disruptions due to COVID-19 were reported at many points in the supply chain.

- Between the time when a requisition is budget checked and goods are handed over to the first carrier was 192 days in 2020 compared with 148 days in 2019.

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

5.3 Programme steering

5.3.1 Degree to which Steering Committee (SC) recommendations are implemented and follow-ups made

Three Steering Committee meetings were held in 2020. All of the recommendations made by the Steering Committee were implemented. Ongoing activities include the following:

- Refining the programme design and vision statement and programme document, including the M&E framework, capacity assurance and other areas;
- Monitoring programme performance to strengthen the financial model over time in order to balance short and long-term needs and to make the model more resilient to budget shortages or delays in the receipt of donor contributions;
- Prepare a “budget paper” with financial principles and most current budget numbers.

5.4 Human resources

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

- 100 per cent of the posts that were filled in 2020 had someone enter into the role within six months.

In total, nine positions were filled in 2020. Six, including the Programme Leader for Phase III, were recruited at headquarters for the management of the programme and three were at country offices for programme delivery.

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

- 213 staff were dedicated to family planning and reproductive health commodity security across country and regional offices and at headquarters in 2020.

These staff, funded from various parts of the organization, contribute to the success of the UNFPA Supplies programme. Of these individuals, 173 (84 per cent) are deemed to have at least three years' experience in supply chain management, compared with 166 in 2019.

5.5 Work planning and review process

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

- By 15 January 2020, 45 of 46 countries had concluded their work planning and fund allocation processes. This is an increase of one country over the previous year.

The UNFPA Supplies team has demonstrated significant improvement in the finalization of countries' annual workplans and the release of the first tranche of funds for the next year. In response to the COVID-19 pandemic, 31 countries submitted requests to reprogramme their 2020 work plan resources. Of the \$2.5 million amount reprogrammed, 63 per cent (\$1.57 million) was for procurement of Personal Protective Equipment (PPE). UNFPA worked with other United Nations agencies to leverage purchasing power together, helping supply PPE for all United Nations organizations.

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

- Of 45 countries assessed in 2020 for the workplan technical assessment score, all countries achieved the Grade A score. Myanmar is the only country without technical assessment due to the political situation in the country.

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

- 44 of the 46 countries assessed in 2020 had an annual workplan effective implementation score of 80 per cent or above.

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

5.5.4 Average financial implementation rate of countries

Most country offices demonstrated a satisfactory implementation rate against programme funds allocated. Focusing only on country offices, the overall financial implementation rate for country offices in 2020 was 86 per cent, compared with 90 per cent in 2019. The corresponding rate for the entire programme is higher, as discussed below. Among factors is receiving multiple funds at the end of Q4, which will be used for programming in 2021.

5.6 Funding modality for country segmentation

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

- Utilization on Category C countries increased by 35.3 per cent from \$21.8 million in 2019 to \$29.5 million in 2020.

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

As shown in Table 5.1, there were some deviations for the outputs compared with the milestones but the primary target of utilizing a minimum of 75 per cent of the funds for output 2 on procurement efficiency was achieved.

Table 5.1: percentage deviation across programme outputs

Outputs	2020 Utilization (\$)	2020 Utilization (%)	Planned Utilization milestone for 2020 (%)	Deviation from planned Utilization milestone for 2020 (percentage point)
Output 1: Enabling environment	7,813,841	4.4%	5.0%	-0.6%
Output 2: Procurement efficiency	142,550,049	79.8%	75.0%	+4.8%
Output 3: Improved Access	6,596,803	3.7%	5.0%	-1.3%
Output 4: Supply chain	9,865,573	5.5%	10.0%	-4.5%
Output 5: Programme management	11,781,545	6.6%	5.0%	+1.6%
Total	178,607,811	100%	100%	0

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

5.7 Programme evaluation

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

The aim of the Midterm Evaluation of the UNFPA Supplies⁹ was to identify the contribution that the programme has made to improving results in key areas of reproductive health and family planning (RH/FP), including commodity security. The Mid-Term Evaluation made seven recommendations focused on the following areas: asserting leadership, sustainable financing, adequate attention to demand generation, human rights-based family planning services, shaping global markets and reducing the opacity of processes, coordinated risk-based approach to supply chain management and responding to variations in national contexts.

The implementation of these recommendations was most visible in 2020 in the dynamic process of revising the UNFPA Supplies programme in preparation for the launch of Phase III in 2021.

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

Not applicable (NA)

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

Nine countries undertook additional studies to ensure learning takes place during the programme (Burundi, Chad, Djibouti, Gambia, Honduras, Papua New Guinea, Sao Tome, Tanzania and Zambia). Burundi undertook a study to assess changes in the adoption of family planning and related services

⁹ UNFPA (2018) Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020) Volume I, www.unfpa.org/sites/default/files/admin-resource/UNFPA_Mid-Term_Evaluation_Report_20181005_web_pages.pdf

before and during the COVID-19 pandemic in 2020. Gambia has contributed to the data analysis and validation of the Demographic Health Survey. Honduras conducted a diagnostic study of the MoH supply chain where recommendations to strengthen the entire logistics cycle and to ensure the delivery of contraceptives to the SDPs in a timely manner were provided to address bottlenecks. Papua New Guinea undertook a study on understanding decision making, barriers and opportunities to family planning products and services; as well as community knowledge and attitudes towards family planning.

5.8 Quarterly programme management process

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

The Quarterly Programme Management (QPM) process continued in terms of delivering on quarterly milestones for countries. The data and information were gathered through the work plan progress reporting on the milestones on a quarterly basis. The tool was updated to allow the programme to collect data related to the impact of COVID-19 to the overall programme and the possible challenges and issues then the corrective measures on the implementation of the work plans during the year. This has led for instance the assessment and review of the requests from countries to reprogram their work plans during the first and second quarter of 2020.

5.9 Satisfactory technical assistance

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

In 2020, 43 countries reported receiving various forms of technical assistance from either headquarters or regional offices, with some countries receiving technical assistance from both levels. Among them 81 per cent (35 countries) indicated they were satisfied or very satisfied with respect to quality, timeliness and responsiveness to need; this is a six points increase compared to 2019 (75 per cent). None of the countries rated the technical assistance received as poor.

5.10 Convening and coordinating role of UNFPA

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

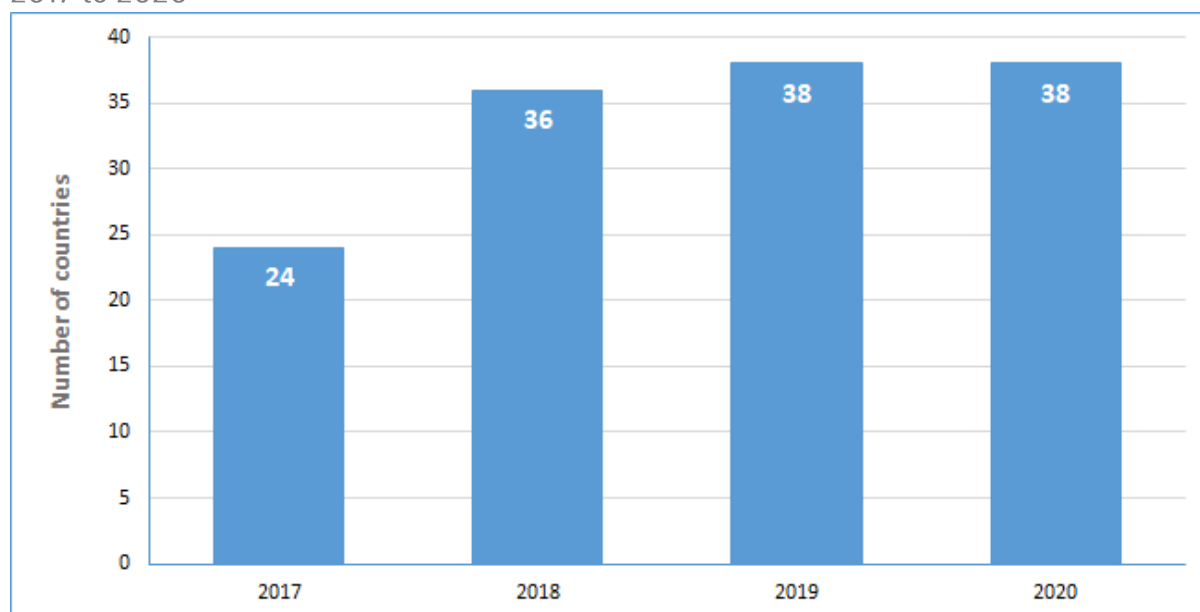
The UNFPA Country Office in all 46 UNFPA Supplies implementing countries took steps in 2020 aimed at convening partners and coordinating RHCS and family planning interventions. The interventions included:

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

According to the annual country questionnaires submitted by programme countries, 43 countries (93 per cent) provided leadership in identifying critical capacity gaps in RHCS and family planning interventions and supported the government and partners with tools, guidance and necessary skills needed to address the challenges. In 40 countries (87 per cent), steps were taken to facilitate the introduction of new family planning methods.

In 2020, UNFPA played leading roles in any of the two FP2020 key functions as well as any other five of the other **convening and coordinating roles in 38 countries**, the same as in 2019.

Figure 5.1: Countries where UNFPA played an extensive convening and coordinating role, 2017 to 2020



5.11 Dissemination of programme results

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

UNFPA Supplies programme results were disseminated across media channels - including Twitter, UNFPA.org, dedicated Google Sites and at numerous high-level events. The advocacy narrative report for UNFPA Supplies for 2019 was one of the most downloaded publications from the UNFPA website in 2020 (646 downloads).

UNFPA Supplies developed a communication strategy from September 2020 to June 2021 to support transition of the programme to its new phase, which identified key messages and communications objectives for specific audiences, communications channels and tools, opportunities for events, and collateral materials.

2020 Website Metrics

<i>UNFPA Supplies</i>	<i>Family Planning</i>	<i>2020 myUNFPA engagement</i>
4,832 Visits	30,660 Visits	Voices Article on Phase III
2m39s Average Time Spent	3m01s Average Time Spent	Announcement - 206 views
11 Publications viewed	11 Publications viewed	
96 Resources viewed		

Collateral Development and Dissemination

The following communications tools and resources were developed and disseminated to support the roll-out of Phase III in anticipation of the global launch event. These products are available in English and French.

- [Welcome to the UNFPA Supplies Partnership](#) (a 20-page introductory document)
- [At a Glance: UNFPA Supplies Partnership 2021-2030](#) (a four-page overview document)
- [Key Messages](#)
- [Question and Answer Guide](#)
- [The Case for Investment: UNFPA Supplies Partnership 2021-2030](#)
- [External 101 Deck](#)
- [Social media content and graphics](#)

The Global Launch of the UNFPA Supplies Partnership

The virtual launch event for the programme represented the apex for external communications activities. The event offered strong visibility and galvanized commitments and declarations of support from donors and partners. With over 700 participants from 90 countries registered to attend, the high-level event featured a variety of Partnership stakeholders, including fresh and diverse voices, as well as video content.

Media Coverage

In a first for the Partnership, a [media advisory](#) and [press release](#) were issued to members of the media to promote the launch. Journalists who attended included those from UN news, AFP and the Guardian. Media coverage included:

- [Avert 'dire consequences' for women's health, UNFPA urges in appeal to prevent maternal deaths](#) - UN News
- [El Fondo de Población busca 2500 millones de dólares para prevenir 140 millones de embarazos no deseados](#) - UN News
- [UNFPA urges to prioritize women's health globally to avoid 'dire consequences'](#) - Global Village Space

Video Content

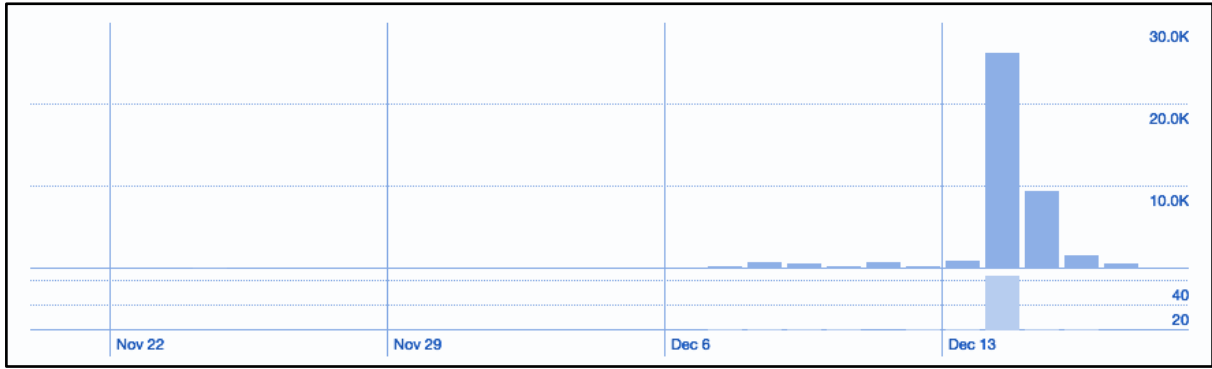
In total, five videos were produced to support the launch of the Partnership:

1. *Animated explainer video*: This short animation, produced in [English](#) and [French](#), outlines the key programmatic shifts in the programme.
2. *Client impact video*: This [video](#) showcases testimony from clients and highlights the impact of the UNFPA Supplies Partnership at the individual level.
3. *Partner Statement Videos*: These two videos demonstrate the collective will and enthusiasm of stakeholders represented in the Partnership. [Video 1](#) and [Video 2](#).
4. *Launch Highlights*: In case you missed the event, catch up with this [highlights reel](#).

Digital media for the UNFPA Supplies Partnership

To support the programme launch, social media messaging and graphics were developed in English and French. The social toolkit lives on the [UNFPA Trello account](#) and was disseminated to key partners and regional and country communications staff ahead of the launch.

The UNFPA Supplies Partnership Twitter account was active in promoting the event, sharing important information and graphics about the Partnership in the lead-up, and live-tweeting coverage. This activity led to a remarkable spike in engagement for the account, with day of the event garnering the most activity for the month of December, as shown below:



Key engagement stats for the month of December, including all global launch activity, include:

- **Tweet impressions:** 42,000, which is an increase of 2,672 per cent from November.
- **Profile visits:** Month-over-month profile visits increased by 1,848.5 per cent
- **Mentions:** 93
- **New followers:** 52
- **Key profiles that engaged with the event include:** Development Canada; Permanent Mission of Denmark to the UN; Ministry of Health Rwanda; Wendy Morton MP (UK); Kamal Khera (Canada); UN News; Ouagadougou Partnership; IPPF Global; MSI Reproductive Choices; and others.

In addition to Twitter, in a first for the UNFPA Supplies Partnership, the event was simultaneously live streamed on the main UNFPA YouTube channel.

The UNFPA Supplies Partnership [webpage](#) was updated with the latest resources and materials.

FINANCE AND RESOURCES

As in previous years, it was agreed with the donor community that 75 per cent of the total resources should be used for provision of reproductive health supplies, primarily contraceptives. By the end of 2020, 80 per cent of the total resources had been utilized for provision of reproductive health commodities and 20 per cent had been used for technical assistance activities, human resources and stock surveys.¹⁰

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

Funds available and income

The UNFPA Supplies programme had \$180,813,891 available for new allocations in 2020. It was \$23 million (11 per cent) less than in 2019 but \$28 million more than estimated based on confirmed donor commitments at the beginning of the year. The original budget estimate of \$152.6 million was allocated for commodity procurement and technical assistance in accordance with the Resource Allocation System (RAS). The allocated funds were distributed to country offices, regional offices and HQ departments based on the score for the six key indicators¹² in the RAS.

Table F1: Allocated funds

Original 2020 Spending Plan	Planned (USD)	Percentage
Reproductive health commodities procurement	114,393,664	75%
Technical assistance, excluding human resources	27,006,050	18%
Human resources	11,220,324	7%
Total	152,620,038	100%

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

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

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

Spending

Annual expenses totalled \$165.7 million (\$165,734,891) in 2020 and is up by \$28 million or 20 per cent from 2019.

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

Utilization rate

The utilization rate was 99 (98.8) per cent in 2020, compared with 78 per cent in 2019. A 99 per cent utilization rate is very high and was achieved because the higher than expected income in 2020 was used for procurement of reproductive health commodities as a response to the unmet needs in programme countries.

The utilization rate is calculated based on the annual spending as well as additional commitments in purchase orders (POs) and inventory level. The total utilization¹³ was \$178,607,811, which corresponds to a utilization rate of 98.8 per cent against the available programme budget of \$180.8 million (excluding the fourth quarter donor contributions). The utilization rate was 78 per cent in 2019, 98 per cent in 2018, 88 per cent in 2017, 92 per cent in 2016 and 87 per cent in 2015.

Table F2: Programme utilization – cash flow 2020

Beginning adjusted fund balance (as per certified financial statement)	217,661,914
Purchase order commitments 1 Jan 2020 (ongoing POs)	(-) 72,345,865
Beginning cash balance¹⁴	145,316,049
Donor contributions Q1, Q2, Q3, 2020	35,497,842
Available for programming in 2020	180,813,891
Donor contributions Q4-2020 - received for programming in 2021	32,338,408
Expenses	165,734,971
Increase in inventory, PPE, OFA ¹⁵	5,396,100
Increase in purchase order commitments ¹⁶	7,476,740
Total utilization	178,607,811
Utilization rate	98.8%
Non-allocated by the end of 2020	2,206,081

¹³ Utilization = Expenses + Commitments

¹⁴ Beginning Cash Balance = Beginning Balance (\$217.6m - ongoing POs (\$72.3m))

¹⁵ Inventory by 31 Dec 2019 = 32,207,484. Inventory by 31 Dec 2020 = \$37,614,778. Increase = \$5,407,294. Decrease in PPE+OFA= (-)\$11,194. PPE = "Property, plant and equipment". OFA = "Operating Fund Account" = Advances issued to implementing partners.

¹⁶ POs by 31 Dec 2019 = \$72,345,865. POs by 31 Dec 2020 = \$79,822,605. Increase = \$7,476,740

By the end of the fiscal year 2020, the total unspent balance of \$2.2 million from the programme budget was carried forward to 2021 together with Q4 donor contributions of \$32.3 million. The carry-over funds are being used in the regular 2021 UNFPA Supplies budget for placing commodity procurement orders in accordance with countries' requests.

Table F2: Utilization rate, UNFPA Supplies 2020 (US\$)

Available budget, excluding Q4 contributions	Expenses, increase in inventory and purchase order (PO) commitments	Utilization rate (programming budget)
180,813,891	178,607,811	98.8%

Funds utilization and breakdown

Total expenses for the programme in 2020 were \$165.7 million (\$165,734,971). Additionally, by the end of the year there were ongoing purchase orders worth \$79.8 million compared with \$72.3 million in open POs by the end of 2019. Similarly, the commodity inventory level was \$37.6 million by the end of 2020 compared with \$32.2 million by the end of 2019.

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

The programme spent \$24.6 million (14.9 per cent) for technical assistance and management costs (excl. human resources). This is compared with 29.1 million (21 per cent) in 2019.

Human resource costs constituted \$11.9 million (7.2 per cent) of the total expenses, which is an increase of \$0.5 million compared with 2019 where HR costs accounted for \$11.4 million or 8.3 per cent of the expenses.¹⁷

The largest portion of the programme budget was spent on commodity procurement, which constituted \$129.2 million (\$129,238,502) or 78 per cent of the total expenses in 2020; this includes the procurement of all contraceptives and maternal health supplies and their shipping costs and procurement fees. It is an increase of \$32.2 million compared with 2019 where \$97 million (70.6 per cent) of total expenses were used for procurement of commodities.

To assess the amount of resources utilized for procurement of commodities, it is however necessary to consider the amounts committed in purchase orders and inventory in addition to the resources which were spent. By the end of 2020, \$79.8 million were committed in ongoing POs compared with \$72.3 million by the end of 2019. That is an increase of \$7.5 million allocated for commodity procurement. Similarly, 2020 saw an increase of \$5.4 million in the inventory level. When adjusting the expense figures with these additional commodity allocations, the resources utilized for procurement of reproductive health commodities came to \$142.1 or 79.6 per cent of the total resource utilization of \$178.6 million.¹⁸

¹⁷ HR expenses constituted 7.6% of total expenses in 2017.

¹⁸ Calculation: Commodity Expenses = \$97.1m. Difference between open PO amount by the end of 2019 and 2018=\$7.0m. Difference in inventory level in 2019 vs. 2018 = \$12.6m. Total increase in commitment (POs+inventory) = \$19.6m or \$21m when including 7% indirect cost. => Commodity Utilization: 97.1+21.0= \$118.1m. Total allocated amount in 2019 (expenses+PO&Inventory increase): \$137.5m + \$21.0m = \$158.5m. Commodity percentage: 118.1m/158.5 = 74.5%.

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

Type of costs – Total budget	Expenses	Expense percentage	Utilization (PO & inventory adjusted)	Utilization percentage
Commodities	129,238,502	78.0%	142,111,341	79.6%
Technical assistance	24,635,464	14.9%	24,635,464	13.8%
Human resources	11,861,005	7.2%	11,861,005	6.6%
Total	165,734,971	100%	178,607,811	100%

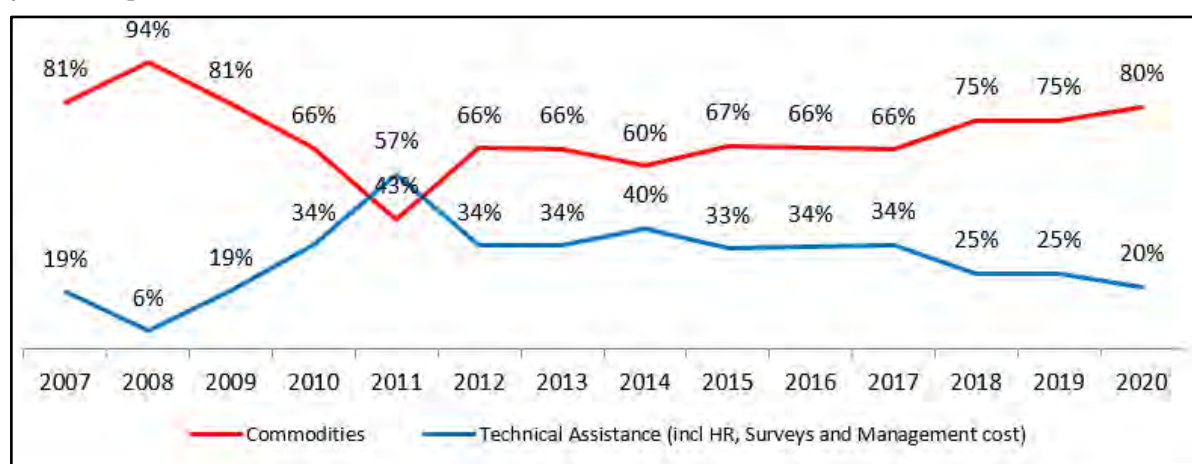
The table shows the expenses as per certified financial statement, as well as the utilization figures when adjusting for inventory and purchase order levels. The utilization figures have not been adjusted for the special earmarked funds received for the DFAT and ACCESS project. The resource distribution for these two projects is specified in the donor agreements for the contributions and is different from UNFPA Supplies' other pooled resources. It was however considered that it would only have minimal significance to adjust for these special earmarked funds.

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

Use of funds – commodities versus capacity-building

The distribution of resources between supplies and technical assistance in 2020 saw an increase in commodities compared with 2019: 80 per cent of the total resources were used for provision of reproductive health commodities and 20 per cent for technical assistance activities, human resources and stock surveys.

Figure F1: Commodity versus capacity-building resource utilization, 2007–2020, by percentage



Use of funds by output

The distribution per output presented below is based on the results framework. Figure F2 shows how the funds were used by programme output¹⁹:

- \$7.8 million (4.4 per cent) spent on Output 1 (enabled environment for RHCS); compared with a planned milestone expenditure of 5 per cent
- \$142.5 million (79.8 per cent) spent on Output 2 (improved efficiency for procurement); compared with a planned milestone expenditure of 75 per cent. In addition to the procurement costs of reproductive health commodities, this output also includes costs for associated procurement activities.
- \$6.6 million (3.7 per cent) spent on Output 3 (Improved access to RHCS/FP services); compared with a planned milestone expenditure of 5 per cent
- \$9.9 million (5.5 per cent) spent on Output 4 (strengthened supply chain management); compared with a planned milestone expenditure of 10 per cent
- \$11.8 million (6.6 per cent) spent on Output 5 (Programme Coordination and Management); compared with a planned milestone expenditure of 5 per cent

Expenses categorized by intervention level

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

Table F4: Breakdown by interventions, UNFPA Supplies 2020 total resource utilization

Intervention areas	2020 Utilization (US\$)	2020 Utilization (%)
Output 1: Enabled environment for RHCS		
1.1 Global partnerships (support to global partners)	1,366,259	0.8%
1.2 Country-level coordination and partnership	3,115,282	1.7%
1.3 Product availability	3,332,299	1.9%
Total Output 1	7,813,841	4.4%
Output 2: Improved efficiency for procurement and supply of RH commodities		
2.1 Quality of products	187,900	0.1%
2.2 Procurement efficiency	200,315	0.1%
2.3 Environmental risk mitigation	50,492	0.0%
2.4 Quantity and mix for commodities procured	142,111,341	79.6%
Total Output 2	142,550,049	79.8%

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

Output 3: Improved access		
3.1 Humanitarian setting	1,377,599	0.8%
3.2 Capacity-building	5,219,204	2.9%
Total Output 3	6,596,803	3.7%
Output 4: Strengthened capacity and systems for supply chain management		
4.1 Supply chain	7,337,935	4.1%
4.2 Demand forecasting and procurement	349,961	0.2%
4.3 Support for data generation	2,177,677	1.2%
Total Output 4	9,865,573	5.5%
Output 5: Programme management		
5.01 Resource mobilization and allocation	399,734	0.2%
5.02 Commodity procurement	2,365,426	1.3%
5.03 Programme steering	433,345	0.2%
5.04 Human resources	8,029,819	4.5%
5.05 Work planning and review process	162,410	0.1%
5.06 Funding modality for country segmentation	66,652	0.0%
5.07 Programme evaluation	77,860	0.0%
5.08 Quarterly programme management process	82,972	0.0%
5.09 Satisfactory technical assistance	61,873	0.0%
5.10 Convening and coordinating role of UNFPA	100,111	0.1%
5.11 Dissemination of programme results	1,344	0.0%
Total Output 5	11,781,545	6.6%
Grand total		100%

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

Donor contributions

Since its inception in 2007, the UNFPA Supplies programme has mobilized more than \$1.8 billion from donors. We are grateful for support from governments, foundations and individual donors that totalled **\$73,308,892** in 2020.

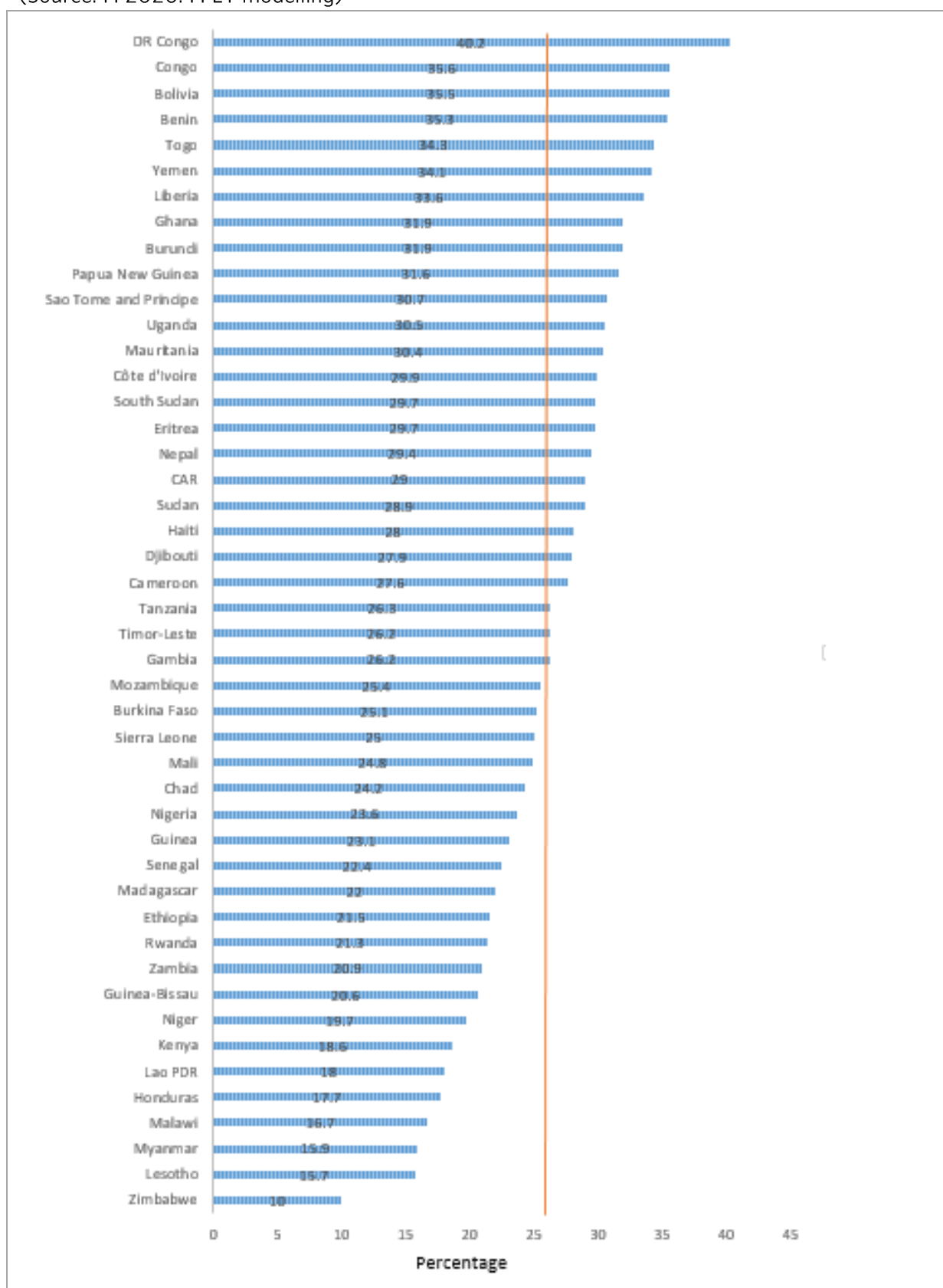
Table F5: Cash contributions to UNFPA Supplies received in 2020, by donor in alphabetical order

Partner	Contribution 2020 US \$	RMB US \$
Anonymous	10,961,000	7,902,100
Australia	2,347,418	2,347,418
Belgium	2,389,486	2,389,486
The Bill & Melinda Gates Foundation	6,600,000	6,600,000
Canada	3,819,710	3,819,710
Denmark	19,918,319	19,918,319
Germany	2,434,924	2,434,924
Individual contributions	49,315	49,315
Liechtenstein	15,940	15,940
Luxembourg	873,362	873,362
Netherlands	14,055,637	14,055,637
Norway	6,348,674	6,348,674
Portugal	20,569	20,569
Spain	469,484	469,484
United Kingdom	5,971,474	5,971,474
Winslow Foundation	113,050	113,050
Interest/Corrections	2,327,679	
TOTAL	78,684,956	

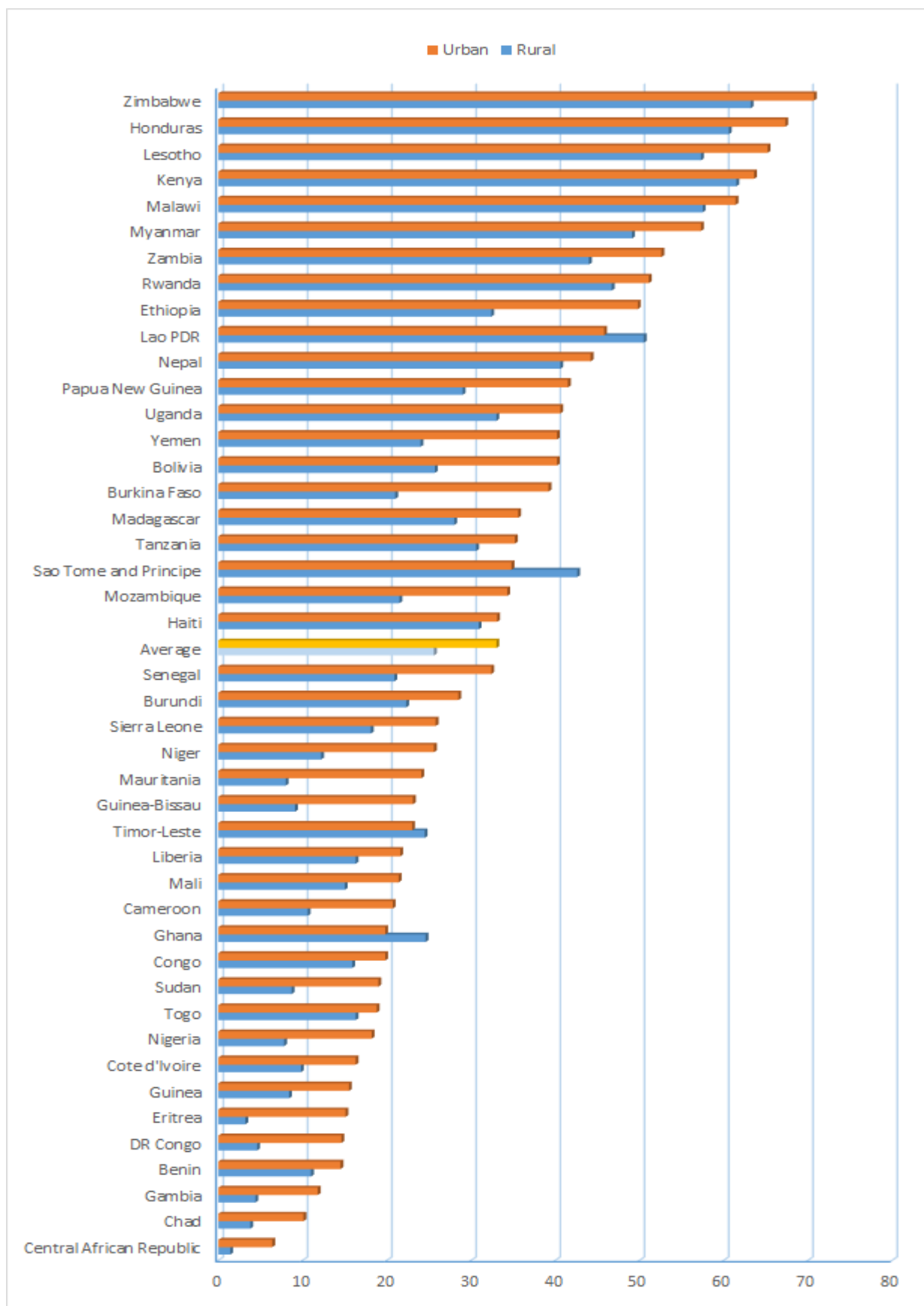
Contributions (\$43,187,123) received in the last quarter of 2020 were not programmed in 2020 but used to place commodity orders at the beginning of 2021.

Annex 1: Unmet need for family planning (married or in-union women) for UNFPA Supplies implementing countries, compared with programme target (26%), 2020

(Source: FP2020: FPET modelling)



Annex 2: Distribution of mCPR among married/in-union women in rural and urban areas per country in 2020 (44 UNFPA Supplies for which survey data are available)



Annex 3: List of UNFPA Supplies implementing countries conducting facility surveys in last five years

Programme countries		Survey report available				
		2016	2017	2018	2019	2020
1	Benin		Yes		Yes	
2	Bolivia		Yes	Yes		Yes
3	Burkina Faso	Yes	Yes		Yes	Yes
4	Burundi		Yes		Yes	
5	Cameroon	Yes				Yes
6	Central African Republic				Yes	
7	Chad					Yes
8	Congo (Republic of the)	Yes			Yes	
9	Côte d'Ivoire	Yes	Yes	Yes		Yes
10	Djibouti			Yes	Yes	
11	Democratic Republic of the Congo	Yes		Yes	Yes	
12	Eritrea					
13	Ethiopia	Yes	Yes		Yes	Yes
14	Gambia	Yes		Yes		Yes
15	Ghana		Yes			Yes
16	Guinea	Yes	Yes			Yes
17	Guinea-Bissau		Yes	Yes	Yes	Yes
18	Haiti	Yes	Yes			Yes
19	Honduras	Yes	Yes	Yes		
20	Kenya					
21	Lao PDR	Yes	Yes	Yes		
22	Lesotho		Yes		Yes	
23	Liberia		Yes			Yes
24	Madagascar		Yes	Yes	Yes	
25	Malawi	Yes		Yes	Yes	
26	Mali				Yes	
27	Mauritania		Yes			Yes
28	Mozambique		Yes		Yes	
29	Myanmar	Yes	Yes	Yes	Yes	Yes
30	Nepal	Yes	Yes	Yes		

31	Niger	Yes	Yes	Yes		
32	Nigeria	Yes	Yes	Yes	Yes	
33	Papua New Guinea	Yes			Yes	
34	Rwanda	Yes		Yes		Yes
35	Sao Tome and Principe	Yes	Yes	Yes	Yes	
36	Senegal	Yes			Yes	
37	Sierra Leone	Yes		Yes	Yes	
38	South Sudan		Yes	Yes		
39	Sudan	Yes			Yes	Yes
40	Tanzania	Yes		Yes	Yes	
41	Timor-Leste	Yes		Yes		
42	Togo	Yes	Yes	Yes		Yes
43	Uganda			Yes		Yes
44	Yemen					
45	Zambia	Yes	Yes	Yes		Yes
46	Zimbabwe	Yes			Yes	
	TOTAL	27	25	23	23	19

Annex 4: National budget amounts allocated and spent on reproductive health commodities, 2020

SN	Country	Amount allocated (in US\$)	Amount spent (in US\$)
		Contraceptives	Contraceptives
1	Benin	500,000	400,000
2	Bolivia	1,317,095	1,317,095
3	Burkina Faso	1,800,000	1,789,999
4	Burundi	66,667	66,667
5	Cameroon		
6	Central Africa Republic		
7	Chad	60,000	60,000
8	Congo, Republic of the		
9	Côte d'Ivoire	800,000	
10	Democratic Republic of the Congo		
11	Djibouti		
12	Eritrea		
13	Ethiopia	914,285	914,285
14	Gambia		
15	Ghana		
16	Guinea	1,300,000	1,300,000
17	Guinea-Bissau		
18	Haiti		
19	Honduras	619,227	619,227
20	Kenya	875,000	
21	Lao PDR	200,000	200,000
22	Lesotho	375,000	111,060
23	Liberia		
24	Madagascar	216,216	
25	Malawi	248,000	248,000
26	Mali	225,835	225,835
27	Mauritania	18,031	18,031
28	Mozambique	35,195	35,195

29	Myanmar	2,000,000	546,546
30	Nepal	1,890,598	
31	Niger	484,000	448,000
32	Nigeria	4,000,000	1,656,586
33	Papua New Guinea	2,000,000	
34	Rwanda	127,273	103,333
35	Sao Tome and Principe		
36	Senegal		
37	Sierra Leone		
38	South Sudan		
39	Sudan		
40	Tanzania	6,300,000	
41	Timor-Leste		
42	Togo	300,000	228,750
43	Uganda	4,200,000	
44	Yemen		
45	Zambia	1,100,000	
46	Zimbabwe	270,000	150,000
Total		32,242,422	10,438,609

Annex 5: UNFPA Supplies country-level partnerships in 2020

UNFPA Supplies programme country	Partner name	Key activities in 2020
1. Academic research institutes		
Bolivia	Instituto de Investigaciones Sociológicas "Mauricio Lefebvre" (IDIS), Universidad Mayor de San Andrés	Develop research KAP in SRH in students of the university
Bolivia	Universidad Mayor de San Andrés	SRH research
Democratic Republic of the Congo	FONAREED/ PROMIS-PF	Procurement of contraceptives through UNFPA
Democratic Republic of the Congo	Tulane International	Capacity development of health service providers and Community Health Workers (CHW) for FP service delivery, also through mobile clinics
Honduras	Netherlands Interdisciplinary Demographic Institute (NIDI)	Coordination of the UNFPA-NIDI FP resource flows survey 2018
Kenya	East European Institute for Reproductive Health (EEIRH)	ICT technical support for SRH information training platform
Kenya	International Centre for Reproductive Health (ICRH)	Capacity building in supply chain management
Nepal	Center for Research on Environment, Health and Population Activities (CREPHA)	Study on the effectiveness of ASRH interventions
Nepal	Harvard University and Oxford Policy Management	FP Sustainability Roadmap work
Rwanda	Rwanda Society of Obstetricians and Gynecologists (RSOG)	Review of FP training module to include PAC
Rwanda	University of Rwanda/School of Public Health	Mentorship on FP and EmONC
Rwanda	University of Rwanda/School of Public Health	Research in FP
2. Donor/multilateral/bilateral agencies		
Burkina Faso	USAID	Advocacy for resource mobilization towards free FP and implementation of the national FP plan, and financing for RH/FP activities, women's empowerment and environmental protection
Cameroon	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ)	Partnership to support regional warehouse coordination for the supply chain strengthening
Cameroon	Global Fund	Partnership for health system strengthening, mainly eLMIS
Chad	Agence Française de Développement (AFD)	Supply of RH commodities

Chad	SWEDD project	FP2020 coordination and monitoring
Democratic Republic of the Congo	Global Fund	Strengthening the LMIS in joint intervention with UNFPA
Democratic Republic of the Congo	USAID and Chemonics	<ul style="list-style-type: none"> - Collaboration with FP2020 focal points - Data collection and analysis for PPMR - Support to the RHCS technical working group for quantification
Democratic Republic of the Congo	World Bank Health Systems Strengthening for Better Maternal and Child Health Results Project	<ul style="list-style-type: none"> - Procurement of contraceptive (TPP) - UNFPA RHCS Survey in partnership with UNFPA - Last Mile Assurance conducted jointly with UNFPA
Eritrea	Global Fund	Support in strengthening the LMIS system
Ghana	Global Fund	Integrated distribution of health commodities
Ghana	USAID	Forecasting, quantification and procurement
Lesotho	Global Fund	Engaged in national forecasting and quantification of commodities exercise
Madagascar	USAID	Quantification
Mali	HELP	FP services and gender-based violence care
Nepal	USAID	<ul style="list-style-type: none"> - FP2020 focal point - Collaboration at the national level, supply chain management donor - GHSC-PSM project (Chemonics)
Nigeria	USAID GHSC-PSM	<ul style="list-style-type: none"> - National Health eLMIS development and maintenance - National FP quantification
Rwanda	USAID	FP2020 coordination
Rwanda	USAID GHSC-PSM	Quantification and forecasting
Timor-Leste	Korean International Cooperation Agency (KOICA)	FP training in Ainaro District
Yemen	European Civil Protection and Humanitarian Aid Operations (DG ECHO)	Funding RH service delivery including reproductive health commodity security
Yemen	The Netherlands	Funding for RH commodity security
Zambia	USAID GHSC-PSM	<ul style="list-style-type: none"> - Development of National Supply Chain Strategy - Revision of Pharmacy Internship Curriculum - Manual to include supply chain management components

3. Faith-based organizations

Cameroon	Cameroon Baptist Convention Health Services (CBCHS)	- DMPA-SC training (service providers, CBD, self- injection) and introduction at community level - Supply of contraceptives
Chad	Chadian Supreme Council for Islamic Affairs (CSAI)	Working with religious organizations in improving the environment to achieve the three UNFPA transformative results
Ghana	Muslim Family Counselling Services (MFCS)	FP outreach to Muslim men in Zongo communities
Madagascar	Sampan' Asa Loterana momban'ny FAhasalaman (SALFA), health department of the Lutheran Church	Provision of FP supplies and services
Nepal	ADRA Nepal	- Mobilization of Visiting Service Providers for LARC - FP and supply chain management training - Strengthening SCM/LMIS
South Sudan	Adventist Development and Relief Agency International (ADRA)	Conducting peer education and community mobilization
Uganda	Inter-Religious Council of Uganda (IRCU)	Integration of SRH/FP/GBV services
Uganda	Lutheran World Federation (LWF)	MISP training, clinical management of rape, EmONC, post-abortion care, condom distribution, safe spaces for women and girls, maternity care, FP, pregnancy mapping, ambulance services and integrated SRH/FP outreach services
Yemen	ADRA Yemen	Implementing reproductive health service delivery
4. International non-governmental organizations		
Benin	ABPF Association Béninoise pour la Promotion de la Famille - IPPF Affiliate	FP campaigns
Benin	PSI	Distribution of FP supplies
Benin	CHEMONICS	Build capacity to provide quality SRH information and services
Bolivia	Marie Stopes International (MSI)	Improve personal health capacities for adolescent care services
Bolivia	PRISMA	- Develop a capacity and skills strengthening programme for CEASS personnel in the technical, operational and management fields - Strengthening management teams
Bolivia	Asociación Médicos del Mundo	Develop capacities of communities and local authorities around social issue and improve local health management

Burkina Faso	MSI	Support to national family planning week
Central African Republic	Médecins Sans Frontières	Distribution of FP supplies
Central African Republic	Médecins d'Afrique (MDA)	Distribution of FP supplies
Democratic Republic of the Congo	Care International (CARE)	FP service delivery through community health workers and mobile clinics
Democratic Republic of the Congo	DKT International	- Capacity development of health service providers and CHW in FP service delivery - Promotion of FP service delivery through social marketing
Democratic Republic of the Congo	Ipas	FP service delivery through community health workers and mobile clinics
Democratic Republic of the Congo	Médecins du Monde (MDM)	FP service delivery to adolescents and youth through community health workers and mobile clinics
Democratic Republic of the Congo	Pathfinder International	FP service delivery to adolescents and youth through community health workers and mobile clinics
Democratic Republic of the Congo	Save the Children	FP service delivery through community health workers and mobile clinics
Democratic Republic of the Congo	Villagereach	Implementation monitoring
Ethiopia	MSI	Provision of commodities, Provide Technical support to Forecasting and quantification: provides issue/consumption data as related to the private sector, contributes in validating forecast data
Ghana	Ipas	Forecasting and quantification, procurement, advocacy, outreach and service delivery
Ghana	MSI	Forecasting and quantification, procurement, advocacy, outreach and service delivery
Ghana	Population Council	Forecasting and quantification, procurement, advocacy, outreach and service delivery
Ghana	Willows International	Forecasting and quantification, procurement, advocacy, outreach and service delivery
Ghana	Planned Parenthood Association of Ghana (IPPF)	Service delivery
Ghana	Clinton Health Access Initiative	Technical support: Improve uptake of contraceptives by introducing a new family planning product to the

		government's national family planning mix.
Honduras	Pan American Social Marketing Organization (PASMO)	Coordination of activities in adolescent care and prevention and care of GBV
Lesotho	Elizabeth Glaser Pediatric AIDS Foundation	Engaged in national forecasting and procurement exercises
Madagascar	DMPA-SC Access Collaborative (JSI & PATH)	Introduction and scaling-up of the injectable contraceptive DMPA-SC
Madagascar	MSI	Service delivery
Madagascar	PSI	Provision of injectable DMPA-SC
Malawi	MSI	Provision of commodities in rural and underserved communities through outreach services
Malawi	Organized Network of Services for Everyone's (ONSE) Health Activity	Capacity building for nurses and midwives in LARCs
Malawi	PSI Malawi	Provision of commodities in rural and underserved communities through outreach
Mali	International Medical Corps - UK	Youth and adolescent FP access
Mali	Jhpiego International	Scale-up of postpartum family planning
Mali	Management Sciences for Health (MSH)	Equipment provision
Mali	MSI	Support for procurement of products and consumables
Mozambique	PSI	Service provision of FP
Mozambique	AMODEFA (Associação Moçambicana para Desenvolvimento da Família)- IPPF affiliate	Service provision of FP
Mozambique	DKT	Information and Service provision
Mozambique	Pathfinder	Information and Service provision
Myanmar	MSI	Family planning training for service providers, including insertion and removal of IUDs
Myanmar	PSI	FP training for service providers, including insertion and removal of implants and IUDs
Nepal	Jhpiego International	Update National Medical Standards and RH Protocol
Nepal	Jhpiego International	Development of guideline on RH
Nepal	MSI	- Commodity support on FP - Scaling up DMPA-SC injectable contraceptive

Nigeria	MSI	Capacity building of health workers on LARC in humanitarian and fragile contexts
Papua New Guinea	MSI	FP capacity development and outreach
Papua New Guinea	Population Services International (PSI)	FP barriers study using the total market approach
Senegal	MSI	Implementation of activities at the decentralized community level
Timor-Leste	Marie Stopes International Timor-Leste (MSTL)	Provide FP counselling and services in both government clinics and the MSTL centre in Dili
Uganda	MSI	Organization of National Family Planning Conference
Uganda	PATH	Training in self-injection with DMPA-SC
Yemen	MSI	Coordination for advocacy for RH
Yemen	Relief International	Implementing RH service delivery
Yemen	Save the Children	Coordination for advocacy for RH.
5. Non-governmental organizations		
Benin	Groupe de Recherche, d'Action et de Formation en Épidémiologie et en Développement (GRAFED)	FP campaigns
Benin	Organisation pour Service et Vie	Improving availability of FP
Benin	Plan International Bénin (PIB)	FP campaigns
Burkina Faso	Association Burkinabè pour le Bien-être familial (ABBEF)	Community-based distribution and task shifting Provision of RH services through mobile teams and school infirmaries
Burkina Faso	Association TIN TUA	Support the Ma Copine strategy in the eastern region and in the Sahel
Burkina Faso	Plan International Burkina Faso	Support the Ma Copine strategy in the Cascades, South-West and South-Central regions
Burundi	Red Cross Burundi	Humanitarian support
Cameroon	Association Camerounaise pour le Marketing Social (ACMS)	Training on DMPA-SC injectable contraception, and contraceptive supplies
Cameroon	Cameroon National Planning Association for Family Welfare (CAMNAFAW)	- DMPA-SC training for service providers, community-based distribution agents and self-injection - Supply of contraceptives - DMPA-SC introduction at community level
Chad	CARE Chad	FP service provision through outreach strategy

Congo	Association Congolaise Pour FP	SRH service provision
Congo	Médecins d'Afrique (MDA)	Contribution to support costs
Côte d'Ivoire	Agence Ivoirienne de Marketing Social	Community outreach
Côte d'Ivoire	Association Ivoirienne pour le Bien-Etre Familial (AIBEF)	Community outreach
Côte d'Ivoire	Sauvons 2 vies	FP service provision
Democratic Republic of the Congo	Association des Scouts du Sud-Kivu (ASSK)	FP service delivery through community health workers and mobile clinics
Democratic Republic of the Congo	Association pour le Bien-Etre Familial/Naissances Désirables (ABEF-ND)	Capacity development of health service providers and Community Health Workers (CHW) in FP service delivery FP service delivery through community health workers, mobile clinics
Ethiopia	Consortium of Reproductive Health Associations (CORHA)	Advocacy
Ethiopia	Ethiopian Midwifery Association (EMWA)	Training of providers and improving access to LARCs
Ethiopia	DKT Ethiopia	Administrative support cost
Gambia	Family Planning Association of Gambia	Build capacity to provide quality SRH information and services
Guinea	Fond. Sante Developpement	Community outreach
Guinea	Health and Sustainable Development Foundation (FOSAD)	Community-based RH and FP services for adolescents and youth
Guinea-Bissau	Guinean Association for Family Welfare (AGUIBEF)	Community-based distribution and FP mobile service delivery
Guinea-Bissau	National Forum of Youth and Population of Guinea-Bissau	Mass distribution of condoms to young people and adults during popular festivities such as the national carnival
Guinea-Bissau	Association Guinéenne pour le Bien-Etre Familial (AGUIBEF), filiale d'IPPF	- Awareness raising among community leaders, women, young people and people with disabilities on FP/RH/HIV and FGM - Offering mobile FP services for disabled people - FP services for adolescents and young people, women and sex workers
Guinea-Bissau	Fórum Nacional da Juventude e População (FNJP)	Condom distribution at events such as carnivals
Haiti	Centres de Développement et de la Santé (CDS)	Logistics support to maternity facilities, for prenatal and postpartum care

Haiti	Fondation pour la Santé Reproductrice et l'Éducation Familiale (FOSREF)	Logistics for prenatal and postnatal maternity care
Haiti	Société Haïtienne d'Obstétrique et de Gynécologie (FIGO)	Community outreach
Honduras	Asociación Benefica PRISMA	Implementing Partner of UNFPA Supplies workplan.
Honduras	Asociación Hondureña Mujer y Familia (Honduras Association Women and Family)	Contraceptive procurement through TPP
India	Parivar Seva Sanstha	Capacity-building and quality assurance monitoring
India	State Institute of Health & Family Welfare (SIHFW)	Strengthening roll out of injectables
Indonesia	Fakultas Kesehatan Masy UI (FKM UI)	Capacity building on FP
Indonesia	Pusat Kesehatan Reproduksi (Center for Reproductive Health)	Support of knowledge hub on FP
Kenya	Africa Gender & Media Initiative (GEM)	Engagement in Nairobi Summit on ICPD25
Kenya	Family Health Options Kenya (FHOK)	ASRH and capacity building on voluntary surgical contraception (VSC) and service delivery
Kenya	Family Planning Association of Kenya	Capacity building on voluntary female surgical sterilization
Kenya	I Choose Life-Africa (ICL), youth-focused Kenyan NGO	Mentorship of adolescent girls
Kenya	Kenya Red Cross Society (KRCS)	Increasing access to SRH information and services in humanitarian context
Kenya	World Vision Kenya	Launch and implement the FP costed implementation plan
Liberia	Liberia Prevention of Maternal Mortality	- Training nurses, midwives, supply chain officers, and Community Health Assistants for DMPA-SC - Construct and maintain market kiosks as FP service provision sites to reach vulnerable women and girls
Liberia	Medical Teams International	Support to FP services
Madagascar	Jeunes Ambassadeurs SR/PF Madagascar	Sensitization and distribution of condoms
Madagascar	Fianakaviana Sambatra - Madagascar Association	Supplies and services for RH
Madagascar	Marie Stopes Madagascar	Provision of FP services and supplies

Malawi	Family Planning Association of Malawi	Community mobilization and CONDOMIZE! Campaigns in universities
Mali	Association Malienne pour la Protection et la Promotion de la Famille (AMPPF)	Mobile outreach
Mali	Association for Development of Production and Training Activities	Activities for harnessing demographic dividend
Mali	Hilfe zur selbsthilfe (Helping People Help Themselves)	Mobile services
Mali	International Emergency and Development Aid (IEDA Relief)	Services for FP and gender-based violence
Mali	ONG AGIR	FP service provision
Mauritania	African Youth and Adolescents Network (AfriYAN) Mauritanie	Organize free FP counselling days
Mauritania	Association des Sages Femmes de Mauritanie (ASFM)	Organizing special FP days
Mauritania	Association Mauritanienne pour la Promotion de la Famille (AMPF)	Provision of FP supplies and services at the Mberra refugee camp
Mozambique	Associação Moçambicana para Desenvolvimento da Família (AMODEFA)	Community outreach services and mobile brigades for SRH services provision, including FP, in Sofala province within humanitarian response
Mozambique	Associação Moçambicana para Desenvolvimento da Família (AMODEFA) and DKT International	Community outreach services and mobile brigades for SRH services provision, including FP, in Sofala province within humanitarian response in the context of My Choice programme implementation in Tete province
Myanmar	Myanmar Medical Association (MMA)	Family planning training for service providers including DMPA-SC
Myanmar	Zenith Technical Resource Initiative (Zenith TRI)	Capacity building on LMIS
Nepal	Central Department of Population Studies (CDPS) Tribhuvan University	Conducted UNFPA/NIDI FP resource flows survey
Nepal	Family Planning Association of Nepal	Knowledge management
Nepal	Family Planning Association of Nepal	Commodity support, service delivery, and provision of LARC training to health service providers
Nepal	Forum for Awareness and Youth Activity (FAYA)	Advocacy on RH
Nepal	Siddhartha Social Development Centre (SSDC)	Advocacy on RH

Nepal	The President and Fellows of Harvard College	Advocacy on FP policy
Nepal	Women Empowerment Mission (WEM)	Advocacy on RH
Niger	Pathfinder International	Joint family planning project
Nigeria	Action Health Incorporated (AHI)	DMPA-SC roll-out and self-injection pilot in Cross River and Imo states
Nigeria	Association for Reproductive and Family Health (ARFH)	Capacity-building interventions for FP and scale up of DMPA-SC interventions in Gombe and Akwa Ibom
Nigeria	Planned Parenthood Foundation of Nigeria (PPFN)	Capacity-building interventions for family planning, scale up of DMPA-SC interventions in humanitarian and fragile contexts and 72 hour facility make-over
Nigeria	Sultan Foundation for Peace and Development (SFPD)	Contribution to programme support cost
Nigeria	Youthhub Africa - Nigeria	Advocacy for FP and SRH
Pakistan	Population Council	UNFPA/NIDI FP resource flows survey
Papua New Guinea	Papua New Guinea Family Health Association	Youth campaigns, school health programme, and integrated outreach services
Regional Office/Panama City	Asociación Benefica PRISMA	Contribution towards NGO support costs
Regional Office/Panama City	Reprolatina Soluções Inovadoras em Saúde Sexual e Reprodutiva	Project on implants
Rwanda	Rwandese Association for Family Welfare (ARBEF)	Provision of Family Planning/SRH services and reaching people with SRHR messages in the target area of Karongi and Rusizi clinics
Rwanda	Society for Family Health (SFH) Rwanda	Social marketing of health products including contraceptives, and IEC/BCC
Rwanda	Africa Humanitarian Action (AHA)	Procurement of RH kits, medical equipment and dignity kits
Rwanda	Imbuto Foundation	ASRH, iAccelerator, m4RH, First Time Young Mothers (FTYM)
Rwanda	INGObyi Activity	Capacity building of health providers in FP
Rwanda	Urunana Development Communication	Social behaviour change
Senegal	Enda Santé	Implementation of activities at the community level

Sierra Leone	Planned Parenthood Association of Sierra Leone (PPASL)	Provision of integrated SRH including FP services through outreach activities
South Sudan	African Medical and Research Foundation (AMREF)	Facilitate the Boma Health Initiative
South Sudan	Impact Health Organization (IHO)	Health worker capacity building
South Sudan	Reproductive Health Association of South Sudan (RHASS)	Capacity building for health workers on family planning
Sudan	Sudanese People Living with HIV/AIDS Care Association (SPLWHACA)	- Provision of FP through peer intervention using positive health dignity and prevention guidelines - Outreach to deliver comprehensive SRH and positive prevention packages in monthly sessions
Sudan	Asnyan for Development and Research	Integrated HIV/FP/SRH services
Sudan	CAFA Development Organization	Provision of integrated HIV/FP/SRH services including HIV testing and counselling and promotion of FP in Blue Nile, Gazira, Kassala, North Kordofan and White Nile States.
Sudan	Friends of Peace & Development Organization (FDPO)	Integrated FP/HIV/SRH services
Sudan	National Initiative Development Organization (NIDO)	Integrated HIV/FP/SRH services
Sudan	Patients Helping Fund	- Provision of SRH services in IDP camps in Darfur states through mobile clinics - Training on provision of FP services
Sudan	Sudan Family Planning Association (SFPA)	Integrated SRH services
Sudan	Sudanese Red Crescent Society (IFRC)	Integrated FP/HIV/ SRH
Togo	Association d'appui aux Activités de Santé Communautaire (3ASC)	Training on injectable contraception (DMPA-SC) for community health workers
Togo	Association Togolaise pour le Bien-Être Familial	Community-based distribution and mobile clinics
Togo	Plateforme des Organisations de la Société Civile	Integrated services for adolescent sexual and reproductive health
Togo	Association d'Appui aux Activités de Santé Communautaire (3ASC)	Community-based distribution and mobile teams
Uganda	Acord Uganda	Capacity building, warehousing through the sub IP-Joint Medical Stores and documentation of good

		practice and conducting maturity model assessment
Uganda	Makerere University School of Public Health (MakSPH)	Facility-based survey
Uganda	Reproductive Health Uganda (RHU)	Training health workers, carrying out integrated outreach services and providing training on eLMIS
Yemen	All Girls Foundation (AGF)	Implementing RH service delivery
Yemen	Building Foundation for Development (BFS)	Implementing RH service delivery
Yemen	Charitable Society for Social Welfare	Implementing RH service delivery
Yemen	Field Medical Foundation	Implementing RH service delivery
Yemen	National Yemeni Midwives Association (NYMA)	Contribute to RH service delivery
Yemen	Yamaan	Coordination for advocacy for RH
Yemen	Yemen Family Care Association (YFCA)	Implementing RH service delivery
Yemen	Yemeni Association for Reproductive Health (YARH)	Coordination for advocacy for RH
Zambia	Planned Parenthood Association of Zambia (PPAZ)	- Revision of Pharmacy Internship Curricular to incorporate supply chain management and eLMIS, including training of initial tutors - Convening of FP Annual Review Meeting
6. Private sector		
Burkina Faso	Private offices and clinics	Provided a range of FP methods, including DMPA-SC injectable contraception
Burkina Faso	Private offices and clinics	Supported the Ma Copine strategy in the Center-East region
Burundi	Chemonics	Supply chain support
Lesotho	Chemonics	National forecasting and quantification of commodities exercise
Madagascar	Association des Pharmaciens	Advocacy for zero taxation of contraceptives
Madagascar	ATW Consultants	Research on the available of RH supplies at service delivery points
Malawi	Chemonics	Capacity building and co-financing as part of quantification and forecasting exercises
Myanmar	John Snow, Inc. (JSI)	Strengthening supply chain management
Nigeria	John Snow, Inc. (JSI)	IMPACT team model for last mile distribution, facilitation of UNFPA Supplies survey and analysis

Sub-Regional Office/Suva	John Snow, Inc. (JSI)	Strengthening supply chain management
Tanzania	John Snow, Inc. (JSI)	Strengthening supply chain management
Tanzania	T-MARC	Technical support
Timor-Leste	John Snow, Inc. (JSI)	Orientation Postpartum FP for midwives FP training for healthcare personnel
Yemen	Al-Nada Center for General Services (NCGS)	Warehousing, transportation and custom clearance
7. United Nations agencies		
Burkina Faso	UNICEF	Advocacy, training and financing for activities
Burkina Faso	UNCDF	Finance inclusive
Burkina Faso	WHO	Advocacy, training and funding of activities for inclusive finance
Burundi	UNDP	Support for interventions to strengthen resilience and social cohesion in Mayengo village in Kigwena commune
Democratic Republic of the Congo	UNESCO	Implementation of complementary interventions for Kitumaini Initiatives to support adolescents and youth
Democratic Republic of the Congo	UNHCR	UNFPA provides support for customs clearance
Democratic Republic of the Congo	UNICEF	UNFPA provides support for customs clearance
Democratic Republic of the Congo	WFP	Storage and transportation of commodities
Eritrea	WHO	Development of strategic plans
Nepal	UNICEF	Coordination and engagement of supply chain management group
Nepal	WHO	Coordination and engagement of supply chain management group
Rwanda	WHO	ECHO trial - MEC wheel
Timor-Leste	WHO	District-level advocacy around FP benefits to communities
Yemen	OCHA	Funding RH service delivery including RHCS
Yemen	WHO	Funding and collaboration for RH service delivery including RH commodity security

Annex 6: Ouagadougou Partnership Matching Fund Grant

Nine francophone West African countries participate in the Ouagadougou Partnership, which includes a number of financial and technical partners: the country governments of Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo; donors including the U.S. Agency for International Development, the French Ministry of Foreign Affairs and Agency for Development, The Bill & Melinda Gates Foundation, and the William and Flora Hewlett Foundation; key partners such as the West African Health Organization, UNFPA, World Health Organization, and FP2020; and civil society and private sector representatives.

Within this group is an innovative initiative that aims to boost national investment and spending on family planning commodities: the **Ouagadougou Partnership Matching Fund Grant**. The 2:1 matching fund mechanism allocates \$2 for every additional dollar of domestic funding from the previous year, delivered as contraceptives up to \$15 million in value through the UNFPA Supplies programme. It also offers another \$3 million in technical assistance support for family planning uptake and sustainable finance.

The Initiative has catalyzed the mobilization of domestic resources for contraceptive procurement. This constitutes a high impact practice for family planning programme implementation. The Matching Fund Grant has enabled countries such as Burkina Faso, Guinea and Niger to make tangible efforts in mobilizing domestic resources for the purchase of contraceptive products but situations not always under the control of the country such as competition of priorities impulse by the worsening of security issues and COVID-19 pandemic have had a delaying effect on those encouraging trends. Key decision makers in Ouagadougou Partnership countries are more and more mindful of the value of family planning as the best investment for reducing maternal and neonatal deaths, empowering women and girls, and harnessing the demographic dividend, thanks to awareness-raising and advocacy actions carried out under the Matching Fund Grant initiative. The evolution of Ouagadougou Partnership countries national expenditures for contraceptives procurement varies from country to country, but in general it could be advanced that the trend is encouraging.

After two years of implementation, the initiative has enabled member countries to catalyze the mobilization of \$10,556,102 for contraceptive procurement despite constraints related to insecurity and COVID-19 pandemic which, to some extent, resulted in budget reallocation away from family planning programmes.

- 9 countries mobilized domestic resources of \$5,118,517 in 2019 and \$5,437,585 in 2020.
- 9 countries executed 95.8 per cent of the budget in 2019 (\$4,904,517) and 91.3 per cent in 2020 (\$4,965,734).
- 7 countries have benefitted from the initiative's "product component" for a total of \$4,399,052 dollars in 2019 and \$5,161,099 in 2020 (Mauritania and Senegal have not yet used this component).

Key activities in 2019 and 2020, carried out with support from the UNFPA Regional Office, include:

- advocacy actions;
- evidence collection and development of family planning business cases for Burkina Faso, Mali and Senegal;
- data collection for a family planning business case for Togo was completed in December 2020;
- production of 21 policy briefs (three on cost-benefits of family planning, nine health demo-economic profiles and nine on budgeting sensitive to reproductive health, including family planning);
- training for civil society organizations constituents and mayors received on budgeting responsive to family planning, for more effective integration of family planning into the national budget and local budgets.

At the end of the third year, 2021, it is expected that the \$15 million matching fund will have generated enough incentives for the governments of the nine Ouagadougou Partnership countries to increase their funding for family planning commodities to at least \$7.5 million and reach their FP2020 targets for domestic funding.

Annex 7: ACCESS Project Update

The ACCESS project aims to improve reproductive health commodity security for comprehensive sexual and reproductive health supplies in the new and lesser-used commodities component of the UNFPA Supplies programme. It supports quantification of needs, procurement and management. The two-year project completed its first year in 2020, addressing needs in the 46 programme countries with a focus on Benin, Mozambique and Zambia. This collaborative UNFPA initiative sits within the frameworks of its two large trust funds: the UNFPA Supplies Partnership and the UNFPA Maternal and Newborn Health Trust Fund.

The ACCESS projects has achieved a number of key results:

- Supported the procurement of nearly \$1 million worth of comprehensive reproductive health commodities across eight countries;
- Advocated with ministries to include the combination pack of mifepristone and misoprostol on essential medicine lists;
- Integrated a module to build capacity of health service providers into Emergency Obstetric and Newborn Care (EmONC) needs assessments and monitoring tools to be piloted in Rwanda and Ghana;
- Supported capacity building of health service providers including midwives;
- Developed a mentorship toolkit and refresher training with the Liverpool School of Tropical Medicine (LSTM) to support sustainable skills development, beyond one-off trainings for providers;
- Integrated the ACCESS project within broader, ongoing sexual and reproductive health regional initiatives in the East and Southern Africa region

In 2020, UNFPA supported the procurement of \$977,731 worth of comprehensive sexual and reproductive health commodities, including 89,500 combination packs of mifepristone and misoprostol, 10,835 MVA kits and 60,920 misoprostol packets. The project supported eight countries with quantification of needs, procurement, and capacity building around these processes, including the management of stock. These countries were: Benin, Cambodia, Côte d'Ivoire, Lao People's Democratic Republic, Mozambique, Nepal, Rwanda and Zambia.

UNFPA country teams in Benin, Mozambique and Zambia have worked closely with MoH and other national stakeholders to build understanding of the need for an expanded range of reproductive health commodities, including the combination regimen, and to advocate for its inclusion on the EML. In Mozambique, the national procurement plan for 2021 includes the combination pack for all 11 provinces.





In Benin, UNFPA worked with local authorities to assess the combination regimen-related needs of the 37 EmONC facilities targeted through the project and quantified them through a workshop in September 2020. With a focus on three districts (Atlantique, Littoral, Ouémé), partners developed plans to ensure smooth distribution of the combination pack, e.g. through a web-based supply chain early warning system and support to governments seeking to expand the range of available reproductive commodities.

In Mozambique, UNFPA's advocacy for the inclusion of the combination regimen on the EML is gaining traction. The national procurement plan for 2021 includes combipack for all 11 provinces.






In Zambia, the work was led by the MoH and fully integrated within national quantification processes for essential medicines. The commodities are now included within the essential medicines list (EML), the national standards and treatment guidelines and the national formulary- critical documents used in service provision and procurement throughout the country. UNFPA also supported capacity building for supply chain managers.

At the global level, technical guidance was published by UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) titled Technical Brief on Prevention of Unintended Pregnancies and Unsafe Abortion in the context of COVID-19. UNFPA and HRP formed a group to address COVID-19 concerns comprised of 11 multilateral agencies, international NGOs and coalitions.



Scorecard 2020



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





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





	2016	2017		2018		2019		2020		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Score
		Contraceptive use								
G1. Average unmet need for family planning (46 target countries)	28	27	27.6	26	27.4	26	27.5	24	26.5	
G2. Average mCPR (46 target countries) (disaggregated by age, residence and wealth quintile)	22.7	23.5	23.9	25	24.5	25	25.1	27	25.2	
G3. Average demand for family planning satisfied with modern methods (46 target countries) (disaggregated by age, residence and wealth quintile)	46.8	47.3	47.6	49	49.1	50	49.4	51	49.4	
G4. Contraceptive method mix (including information on method mix score and method skew)	8	8	7.9	7	7.5	7	8.1	7	9.3	
G5. Number of additional modern contraceptives users (46 target countries)	14.2 M	17 M	17.9 M	22 M	21.2 M	24 M	24.5 M	26 M	28.1 M	

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

	2016	2017		2018		2019		2020		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Score
		M1 Availability of reproductive health commodities								
M1.1 Percentage of countries with 85 per cent of primary service delivery points (SDPs) that have at least 3 modern FP methods on the day of visit or assessment (disaggregated for urban/rural)	81	83	80 Urban: 88 Rural: 72	85	87 Urban: 96 Rural: 83	87.5	83 Urban: 83 Rural: 74	90	79	
M1.2 Percentage of countries with 85 per cent of secondary and tertiary SDPs that have at least 5 modern FP methods available on the day of visit or assessment (disaggregated for urban/rural and SDP type)	57	65	46 Urban: 44 Rural: 32	75	57 Urban: 43 Rural: 22	77	61 Urban: 80 Rural: 71.5	80	58 Urban: 73 Rural: 62	





M1.3 Percentage of countries where WHO prequalified/ ERP approved hormonal contraceptives are registered (disaggregated for generic contraceptives)	15% Innovators 0% Generics	30% Innovators 3% Generics	15% Innovators 17% Generics	35% Innovators 6% Generics	11% Innovators 7% Generics	40% Innovators 8% Generics	N/A	50% (Innovators) 12% (Generics)	N/A	
M1.4 Percentage of countries with 85 per cent of service delivery points (SDPs) where magnesium sulfate, misoprostol and oxytocin are available (disaggregated for urban/rural and SDP type)	32	39	20 Primary: 16 Secondary: 40 Tertiary: 54 Urban: 30 Rural: 22	46	22 Primary: 17 Secondary: 65 Tertiary: 78 Urban: 35 Rural: 17	48	20 Primary: 5 Secondary: 60 Tertiary: 65 Urban: 50 Rural: 15	50	32 Primary: 26 Secondary: 63 Tertiary: 74 Urban: 68 Rural: 16	
M1.5 Percentage of countries reporting no contraceptive stock-out in at least 60 per cent of service delivery points (SDPs) in the last three months before survey (disaggregated for urban/rural and SDP type)	48	50	24 Primary: 18 Secondary: 31 Tertiary: 21 Urban: 18 Rural: 12	52	36 Primary: 32 Secondary: 32 Tertiary: 33 Urban: 41 Rural: 40	57	27 Primary: 27 Secondary: 29 Tertiary: 47 Urban: 41 Rural: 33	60	21 Primary: 21 Secondary: 26 Tertiary: 18 Urban: 41 Rural: 21	

M2 Reproductive health in humanitarian settings										
M 2.1 Number of women and girls reached in humanitarian settings through RH kits, services utilization and dissemination	1.3 M	1.3 M	1.4 M	1.5 M	2.1 M	1.5 M	2.8 M	1.8 M	2.8 M	
M3 National budget allocations for contraceptives										
M 3.1 Number of countries sustaining over time increased national budget line for the procurement of contraceptive commodities	15	18	9	20	11	23	8	25	15	
M4 Procurement and logistics management										
M4.1 Number of countries with a functional electronic logistics management information system (eLMIS)	17	18	22	22	30	25	31	28	31	
M4.2 Percentage of countries where 85 per cent of service delivery points have staff trained in logistics management information systems	NA	35	68	50	71	62	74	75	70	




M4.3 Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives	NA	23	25	30	39	34	39	36	39	
M4.4 Ratio of TPP versus UNFPA Supplies procurement amount spent on contraceptives for Category C countries	1:13	1.5:10	1:3	2:1	1:2	3:10	1:5.49	3:10	1:5.5	
M4.5 Percentage of UNFPA Supplies contraceptive orders in which the supplier was in compliance with the agreed delivery time	59	65	40	70	38	70	43	75	6	
M4.6 Percentage of UNFPA Supplies contraceptive orders fulfilled in agreed quantity by the supplier	NA	100	100	100	100	100	100	100	100	









*This includes the SDPs in primary levels






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


	2016	2017		2018		2019		2020		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Score
	1.1 Global partnerships (support to global partners)									
1.1.1 Evidence of collaboration with (and support to) partners at global and regional on family planning and commodity security	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	1.2 Country-level coordination and partnership									
1.2.1 Number of countries where UNFPA collaborates with (and supports) partners in strengthening coordination on family planning and commodity security	NA	NA	18	25	27	27	27	28	30	
	1.3 Product availability									
1.3.1 Percentage of requests for procurement of implants that are identified as having the potential of creating overstock, and for which the goods were shifted to other countries where stock-out is about to occur	NA	NA	0.1%	NA	0	NA	0	NA	0	
1.3.2 Percentage of requests for procurement of 3-month injectables that are identified as having the potential of creating overstock, and for which the goods were shifted to other countries where stock-out is about to occur	NA	NA	0	NA	0	NA	0	NA	0	




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

	2016	2017		2018		2019		2020		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Score
		2.1 Quality of products								
2.1.1 Number of manufacturing sites for condoms and IUDs that are WHO prequalified	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 42 Male condoms (31) Female condoms (4) IUDs (7)	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 41 Male condoms (30) Female condoms (5) IUDs (6)	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 33 Male condoms (23) Female condoms (4) IUDs (6)	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 31 Male condoms (21) Female condoms (4) IUDs (6)	
2.1.2 Number of hormonal contraceptives and three priority maternal health medicines (oxytocin, magnesium sulfate and misoprostol) that are WHO prequalified	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 39 Hormonal contraceptives (29) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 41 Hormonal contraceptives (30) Maternal health (11)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 42 Hormonal contraceptives (29) Maternal health (13)	Total (37) Hormonal contraceptives (27) Maternal health (10)	Total (50) Hormonal contraceptives (36) Maternal health (14)	
2.1.3 Number of hormonal contraceptives and three priority maternal health medicines (oxytocin, magnesium sulfate and misoprostol) that have positive ERP opinion	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 38 Hormonal contraceptives (28) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 39 Hormonal contraceptive (29) Maternal health (10)	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total 40 Hormonal contraceptive (30) Maternal health (10)	Total (37) Hormonal contraceptives (27) Maternal health (10)	Total 40 Hormonal contraceptive (30) Maternal health (10)	






2.2 Procurement efficiency										
2.2.1 Average contraceptive prices for UNFPA Supplies procurement for the year (per commodity type) in comparison with the previous year	\$1.99		\$1.94		\$1.95		\$1.99		1.91	
Female condoms	\$0.49		\$0.42		\$0.37		\$0.46		\$0.44	
Male condoms	\$3.64	UNFPA's prices for each contraceptive category will not be higher than the baseline	\$3.24	UNFPA's prices for each contraceptive category will not be higher than the baseline	\$3.41	UNFPA's prices for each contraceptive category will not be higher than the baseline	\$3.39	UNFPA's prices for each contraceptive category will not be higher than the baseline	\$3.31	
Implantable contraceptives	\$8.05		\$8.00		\$7.96		\$8.36		\$7.92	
Injectable contraceptives	\$0.82		\$0.90		\$0.87		\$0.76		\$0.81	
IUDs	\$0.30		\$0.30		\$0.30		\$0.30		\$0.37	
Oral contraceptives	\$0.30		\$0.37		\$0.43		\$0.26		\$0.25	
Oral contraceptives, emergency	\$0.35		\$0.30		\$0.32		\$0.42		\$0.25	


2.2.2 Total amount (US\$) saved through procurement of generic products	\$566,564	\$1,482,875	\$933,026.80	\$1,550,000	\$1,376,011	\$1,800,000	\$3,191,008	\$2.50 M	\$4.31 M	
2.2.3 Cost per CYP of contraceptives procured by UNFPA Supplies (disaggregated by commodity)	\$2.78	\$2.78	\$2.68	\$2.76	\$2.53	\$2.74	\$2.51	\$2.70	\$2.43	
2.2.4 Cost per unintended pregnancy averted based on contraceptives procured	\$8.11	\$8.11	\$8.60	\$8.08	\$8.71	\$8.06	\$8.71	\$8.00	\$8.45	
2.3 Environmental risk mitigation										
2.3.1 Number of countries where national guidelines and protocols on disposal of medical waste and contraceptives take into consideration the recommendations of the UNFPA Guideline on Safe Disposal and Management of Unused, Unwanted Contraceptives	8	15	38 (18 all, 20 partial)	25	43 (21 all, 22 partial)	35	46 (24 all, 22 partial)	46	46 (24 all, 22 partial)	
2.4 Quantity and mix for commodities procured										
2.4.1 CYP provided by contraceptives and condoms through UNFPA Supplies procurement (disaggregated by commodities including for generics)	22.4 M	22.4 M	24.1 M	24.5 M	38.2 M	25M	41.9 M	25 M	48.6 M	





2.4.2 Percentage of contraceptives procured that are generic products	17	17	46	17	13	17	Forthcoming	30	32	
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Output 3: Improved capacity for family planning service delivery including in humanitarian contexts										
	2016	2017		2018		2019		2020		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Score
3.1 Humanitarian settings										
3.1.1 Percentage of countries, in humanitarian and fragile contexts, where implementing partners did not experience stock-out of RH kits during the year	74	80	74	85	89	90	84	90	74	
3.1.2 Number of countries where national capacity has been built to conduct Minimum Initial Service Package (MISP) training	NA	10	18	18	23	22	27	25	28	
3.2 Capacity building										
3.2.1 Total number of persons trained to provide FP services, including long-term contraceptive methods, to clients	10,663	10,000	17,793	10,000	17,964	10,000	15,596	10,000	12,652	

Output 4: Strengthened supply chain management and data generation systems




	2016	2017		2018		2019		2020		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Score
4.1 Supply chain										
4.1.1 Number of countries where 80 per cent of primary-level facilities receive the quantity of products that they ordered during the past quarter	N/A	NA	3	8	3	11	2	23	1	
4.1.2 Number of countries where a costed supply chain management strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide on 'Ensuring human rights within contraceptive service delivery'	NA	NA	10	15	11	20	12	25	15	
4.1.3 Number of countries where non-public sector partners (private sector, NGOs, CSOs) are engaged in last mile commodity distribution	NA	NA	33	34	41	36	41	39	41	
4.1.4 Percentage of countries where 85 per cent of primary SDPs have trained staff in place for provision of modern contraceptives	NA	NA	33.3	45	40.9	50	90.5	65	63	
4.2 Demand forecasting and procurement										
4.2.1 Number of countries where government institutions demonstrate capacity and leadership on contraceptive demand forecasting and procurement process	34 (for both forecasting and procurement)	38	23 (for both forecasting and procurement)	25	33 (for forecasting and procurement)	27	37 (for forecasting and procurement)	29	39	
4.2.2 Number of countries making 'no ad hoc requests' to UNFPA Supplies for commodities (except in humanitarian contexts)	31	35	39	40	41	43	45	46	46	




4.3 Support for data generation										
Number of countries where facility survey reports are available	27	23	27	23	23	23	23	23	19	

Output 5: Improved programme coordination and management										
	2016	2017		2018		2019		2020		
Indicators	Baseline	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Score
5.1 Resource mobilization and allocation										
5.1.1 Amount mobilized from partners for UNFPA Supplies against set resource mobilization targets	\$113.0 million	\$216.0 million	\$146.5 million	\$233.0 million	\$170.2 million	\$252 million	\$219.8 million	\$273 million	\$73.3 million	
5.1.2 Evidence of UNFPA meeting its FP2020 commitment of at least 40 per cent of resources (from core and non-core) being used to support family planning	41% (\$318 million)	40%	40.2%	40%	40.8%	40%	41.7%	40	42.3%	
5.2 Commodity procurement										
5.2.1 Proportion of planned procurement of contraceptives initiated and fulfilled	100	100	100	100	100	100	100	100	100	
5.2.2 Average number of days between the time when the requisitions approved and the commodities depart for their destinations	NA	NA	107	107	155	107	148	107	192	
5.3 Programme steering										

5.3.1 Degree to which Steering Committee (SC) and Donor Accountability Council (DAC) recommendations are implemented and follow-ups made	100	100	100	100	100	100	100	100	100	
5.4 Human resources										
5.4.1 Percentage of vacancies filled within six months of decision taken to fill the position	44	60	40	80	23	90	100	100	100	
5.4.2 Percentage of staff (by location) dedicated to RHCS/FP with at least three years' experience in supply chain management	NA	NA	73	78	74	82	82	85	84	
5.5 Workplanning and review process										
5.5.1 Number of countries that concluded work planning and fund allocation processes by 15 January	42	46	42	46	44	46	45	46	45	
5.5.2 Number of countries with a Grade A workplan technical assessment score of at least 80 per cent	NA		37	45	46	45	46	45	45	
5.5.3 Number of countries with a workplan technical implementation rate of at least 80 per cent	18 (2017)	18	24	30	32	40	32	46	44	
5.5.4 Average financial implementation rate of countries	93	94	88	96	88	99	90	100	86	
5.6 Funding modality for country segmentation										
5.6.1 Percentage reduction in funding spent on countries for procurement of commodities in UNFPA Supplies Category C ²⁰	NA	NA	28%	26%	175% increase	NA	3 % reduction	N/A	35.3% increase	

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

5.6.2 UNFPA Supplies expenditure per each output area is in accordance with budget benchmark (Updated to align with new UNFPA Supplies outputs)	Output 1: 5% Output 2: 75% Output 3: 5% Output 4: 10% Output 5: 5%	Output 1: 5% Output 2: 75% Output 3: 5% Output 4: 10% Output 5: 5%	Output 1: 4% Output 2: 68% Output 3: 7% Output 4: 11% Output 5: 10%	Output 1: 5% Output 2: 75% Output 3: 5% Output 4: 10% Output 5: 5%	Output1: 5% Output 2: 75% Output 3: 7% Output 4: 8% Output 5: 5%	Output 1: 5% Output 2: 75% Output 3: 5% Output 4: 10% Output 5: 5%	Output 1: 5.3% Output 2: 78.8% Output 3: 4.7% Output 4: 4.8% Output 5: 6.4%	Output 1: 5%, Output 2: 75%, Output 3: 5%, Output 4: 10%, Output 5: 5%	Output1:4 .4% Output 2: 79.8%, Output 3:3.7%, Output 4:5.5%, Output 5:6.6%	
5.7 Programme evaluation										
5.7.1 Programme Midterm Evaluation results and recommendations published, disseminated and implemented	NA	Preparation for the Midterm Evaluation is an advanced stage	Midterm Evaluation data-collection completed	Results available and recommendations being implemented	Results available and recommendations being implemented	Results available and recommendations being implemented	Results available and recommendations being implemented	Results available and recommendations being implemented	Results available and recommendations being implemented	
5.7.2 Programme end-term evaluation results and recommendations published, disseminated and implemented	NA	NA	NA	NA	NA	NA	NA	NA	NA	
5.7.3 Special evaluation-related studies carried out to ensure learning takes place during the programme	NA	1 study completed and disseminated	4	1 study completed and disseminated	5	1 study completed and disseminated	5	1 study completed and disseminated	9	
5.8 Quarterly programme management process										
5.8.1 Percentage of UNFPA Supplies Quarterly Programme Management recommendations that are implemented in full	NA	75	100	75	100	75	100	75	NA	

5.9 Satisfactory technical assistance										
5.9.1 Percentage of countries where the quality of technical support received (from CSB, RO and local) are rated as satisfactory (with respect to quality, timeliness and responsiveness to need)	NA	75	77	85	85	90	75	90	81	
5.10 Convening and coordinating role of UNFPA										
5.10.1 Number of countries where UNFPA plays an [extensive] convening and coordinating role in the area of family planning	24 (2017)	24	24	35	36	40	38	46	38	
5.11 Dissemination of programme results										
5.11.1 Evidence of dissemination of analysis of programme results in various media	NA	50	579	100	983	150	707	200	646	



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New York, NY
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