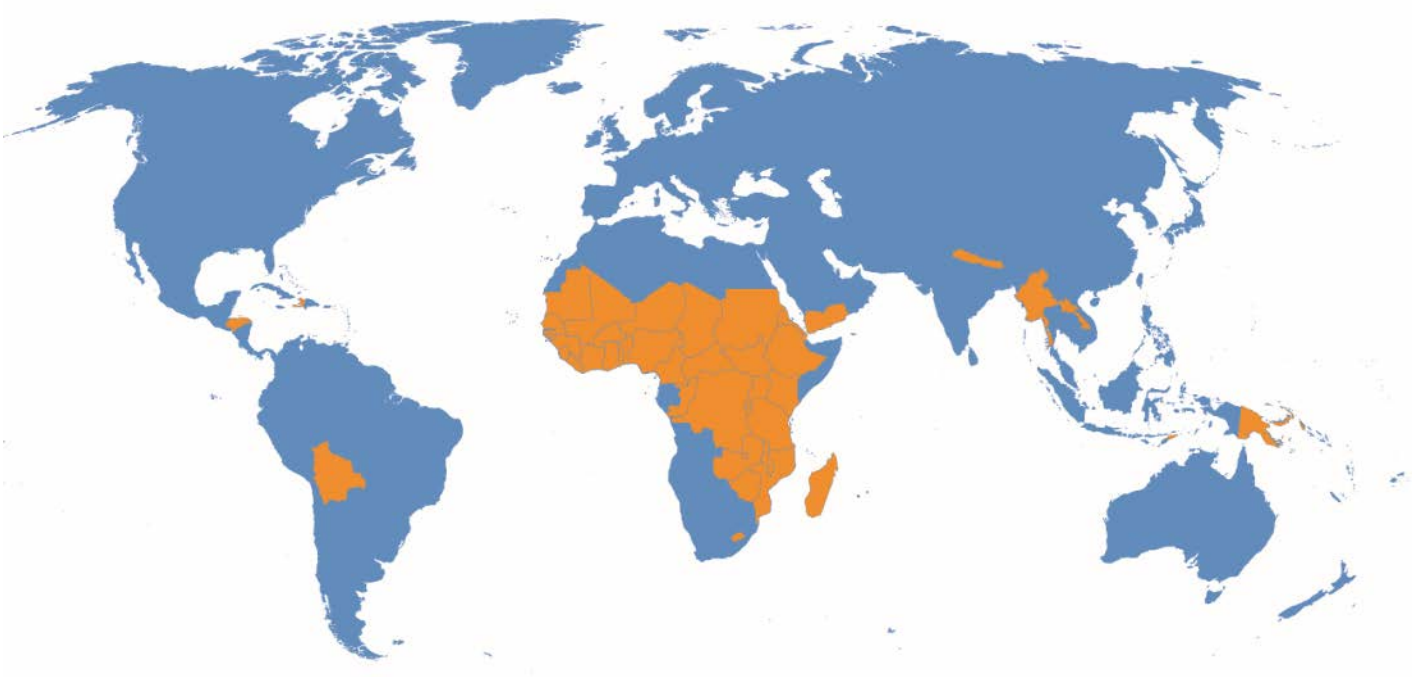
UNFPA supplies

UNFPA Supplies Annual Report 2016



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Cover photo: Phoo Ngun, her husband Zaw Moe and their two daughters in the flood-devastated Ayayawady Region, Myanmar. Reproductive health kits provided through UNFPA Supplies helped flood-affected women have continued access to family planning and maternal health supplies for safe pregnancies and births. © UNFPA Myanmar/Yenny Gamming.

Dedicated to Dr. Babatunde Osotimehin, 1949–2017

Dr Osotimehin and a health worker discuss the range of family planning methods on offer at a health clinic in Rwamegana, Rwanda, thanks to support from UNFPA Supplies. Photo: UNFPA Rwanda.

Foreword

When women can plan their families, they can plan their futures. They have greater opportunities for education, for employment, and brighter prospects for themselves, their families and their communities. Family planning fights poverty and accelerates women's empowerment and gender equality.

Family planning is a critical investment for delivering on the Programme of Action of the International Conference on Population and Development and for achieving the Sustainable Development Agenda, directly contributing to achieving universal access to sexual and reproductive health services by 2030.

Established in 2007, UNFPA Supplies is the key vehicle for delivering on the UNFPA Family Planning Strategy 2012–2020, and the programme's efforts underpin nearly every aspect of UNFPA's mission to ensure that every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. By supporting countries to strengthen their health systems, UNFPA Supplies is helping reach millions of women and girls with supplies and services that protect their sexual and reproductive health and reproductive rights.

UNFPA Supplies is pivotal to achieving the Family Planning 2020 goal of reaching an additional 120 million women and girls with access to voluntary family planning by 2020. About a third of women using modern contraceptives in the 69 FP2020 countries get commodities through UNFPA Supplies. Without these products, there can be no progress.

The programme also supports UNFPA's work to integrate sexual and reproductive health services into emergency response. In 2016, UNFPA Supplies provided reproductive health kits to 24 countries experiencing humanitarian crises — enough to reach 1.3 million women and adolescent girls.

Among the goals championed by Dr. Babatunde Osotimehin, the late Executive Director of UNFPA, is to achieve zero unmet demand for family planning by 2030. This aim is now embedded in UNFPA's Strategic Plan 2018–2021.

As we move forward to achieve his vision, let us work harder, strengthen collaboration, spend limited financial resources wisely, and continue to focus on human rights and equity across all interventions. There is great promise in using innovation to ensure that family planning is delivered to the last mile so that a choice of quality, affordable contraceptives reaches women, men and adolescent girls — no matter where they live.

With these efforts in mind, and as part UNFPA's commitment to partnership with countries, Dr. Osotimehin championed a change management process for UNFPA Supplies in 2016. The result is a new country support model that will help countries develop family planning programmes that are the cornerstones of sustainable development and lay the groundwork for the demographic dividend.

This 2016 UNFPA Supplies Annual Report shows that considerable progress is being made. It also highlights areas where challenges remain, and where efforts must be strengthened. This report is therefore dedicated to Dr. Osotimehin, who believed that "until every girl, every woman, everybody wherever they may be, can access reproductive health services, especially family planning, the work is not done."

Dr. Natalia Kanem
Executive Director, UNFPA

Message from the Chief, Commodity Security Branch

It is with sadness but also with pride that we dedicate this annual report to Dr. Babatunde Osotimehin, the Executive Director who helped UNFPA to clearly define and articulate our leadership for family planning.

About one point in particular Dr. Osotimehin was unequivocal: family planning is a human right. He was unequivocal and unapologetic. In our work – where comprehensive sexual and reproductive health and rights covers so many critical areas – his bold belief stood out from the start.

His dedication to family planning was put into action through the UNFPA Strategy for Family Planning *Choices not Chance*. Through his guidance, we linked the strategy to the goals of FP2020 (which he proudly co-chaired), and shaped and sharpened UNFPA Supplies to become the main mechanism for delivering UNFPA support for family planning. We would focus our efforts not everywhere but where the needs were greatest.

Now as Chief of the Commodity Security Branch, I appreciate more than ever how he expanded the ownership of the UNFPA thematic fund, the Global Programme to Enhance Reproductive Commodity Security, beyond one branch to the whole of UNFPA, and even encouraged us to take a new, shorter and more targeted name: UNFPA Supplies.

Dr. Osotimehin always inspired us to push harder to reach those left furthest behind. With his encouragement, UNFPA Supplies expanded its scope in 2013 to reaching 46 focus countries. And in 2016, he championed the change management strategy for the Programme ensuring it can better deliver on its objectives.

It is his strong advocacy, his collaboration and his passion that have driven the activities we report here. We must continue to follow his example, and build on the progress we have made, focusing UNFPA Supplies efforts where they have the most impact. Above all, we at UNFPA are dedicated to continuing his vision of ensuring universal access to comprehensive sexual and reproductive health, especially family planning, for every women, man, adolescent girl and young person.

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

Acknowledgements

UNFPA expresses its deep gratitude to the many donors to UNFPA Supplies for their generous support, which is an important contribution towards global efforts to expand access to sexual and reproductive health information and services for women and girls, especially those in the 46 countries supported by the UNFPA Supplies programme.

We thank the national governments of the Programme's focus countries as well as our many global, regional and local partners for their leadership, stewardship and ownership in championing and delivering greater access to voluntary family planning.

Finally, we recognize the hard work of health-care providers, community leaders and community members who make possible this impactful, transformative and catalytic programming.

UNFPA Supplies donors 2016

In 2016, UNFPA Supplies was funded through support from:

Australian Government
Department of Foreign Affairs and Trade

Bill & Melinda Gates foundation

CIFF Children's Investment Fund Foundation

The Government of the Grand Duchy of Luxembourg
Ministry of Foreign and European Affairs
Directorate for Development Cooperation and Humanitarian Affairs

European Commission

Government Principality of Liechtenstein

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cooperación española

Camões Instituto da Cooperação e da Língua Portugal
Ministério dos Negócios Estrangeiros

UKaid from the British people

The Winslow Foundation

Since the Programme was established in 2007, the Programme has also received funding support from:

THE BELGIAN DEVELOPMENT COOPERATION .be

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ACCD Agència Catalana de Cooperació al Desenvolupament

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treehouse investments

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Executive Summary

UNFPA Supplies is the United Nations main programme to support the rights of women and girls to decide freely and for themselves, whether, when and how many children they want to have.

Background

Since 2008, UNFPA Supplies has helped countries build stronger health systems and expand access to family planning to vulnerable and hard-to-reach women and girls, often in humanitarian crises. The contraceptives and maternal health medicines we procure and provide are saving and improving lives. Our progress, results and impact are the results of ongoing collaboration with governments, civil society, donors, the private sector and many other partners. The programme is one of the United Nations' key interventions for Sustainable Development Goals 3 and 5 – health and well-being for all and gender equality. The key is universal access to sexual and reproductive health and rights, in particular to family planning with its transformative social and economic benefits.

UNFPA Supplies is a key part of the FP2020 movement to enable 120 million more women and girls to use contraceptives by 2020. We focus on 46 countries where maternal death rates are high, use of modern contraception is low and bottlenecks weaken supply chains. UNFPA Supplies offers country presence and technical expertise to contribute to the family planning strategies of governments, and help them go the last mile to deliver supplies and services to women and girls who need them most.

Strategic directions for 2016 and beyond

This was a year of programmatic change for UNFPA Supplies. As a top priority, we refreshed our value proposition and strategy to increase efficiency and effectiveness. We sought changes to make the support model for countries more robust, to invest resources more strategically, and to measure and manage our performance in ways that are more rigorous and systematic. A refined, impact-driven operating and governance model resulted, and was promptly initiated. The new model:

- Prioritizes support to countries with greatest need where the programme's contribution is unique;
- Catalyses country-led, rights-based and sustainable pathways to reproductive health supply security; and
- Scales up proven interventions.

The new operating model necessitated revision of the programme's Performance Monitoring Framework, which now features new and modified indicators. For some, reporting will begin in 2017.

EXECUTIVE SUMMARY

Finance and resources

The programme achieved a high implementation rate of 92 per cent, and expanded its donor base to include more private sector entities. The total available budget in 2016 was $152 million, excluding the set-aside reserve and donor contributions received in the fourth quarter. The total of 2016 payments of $125 million was 15 per cent lower than in 2015.

Donor contributions to the programme increased by 10 per cent from $103 million in 2015 to $113 million in 2016. Funds received in the last quarter are scheduled to be disbursed in 2017. The United Kingdom and the Netherlands continued to be the programme's main donors, and Liechtenstein and Spain also continued their support. Australia, the European Union, Luxembourg and Portugal returned as donors. Two new private sector partners – the Bill & Melinda Gates Foundation, and the Children's Investment Fund Foundation – and one returning private sector partner – Winslow Foundation – made direct contributions to the programme.

How we measure impact and results

The overarching goal of UNFPA Supplies, to increase contraceptive use especially by poor and marginalized women and girls, has been met in 2016. Progress towards this goal is measured on the global level against five indicators: (1) average family planning unmet need; (2) average modern contraceptive prevalence rate (mCPR); (3) average demand for family planning satisfied with modern methods; (4) contraceptive method mix; and (5) number of additional modern contraceptive users. The programme does not operate in isolation and does not claim exclusive credit for the achievements presented.

UNFPA Supplies continued to provide critical support for increasing availability of reproductive health commodities in support of sexual and reproductive health services including family planning, especially for marginalized women and girls. Progress towards this outcome is measured by indicators in five key output areas: (1) an enabled environment and strengthened partnership for reproductive health and family planning; (2) improved efficiency for procurement and supply of reproductive health commodities; (3) improved access to quality reproductive health/family planning (RH/FP) services for poor and marginalized women and girls; (4) strengthened capacity and systems for supply chain management and data generation; and (5) as a management output, improved programme coordination and management.

Highlights

Good progress was made in increased collaboration with partners, more efficient procurement processes, strengthening supply chains, training of health workers in voluntary family planning service provision, support for sexual and reproductive health services in humanitarian contexts, and improved programme management. The Programme continued to face challenges in advocating for increased domestic financing for commodities, preventing stock-outs at primary service delivery points, and in raising sufficient resources to fully support countries with commodities and technical assistance.

EXECUTIVE SUMMARY

1. More than 30 million additional users of modern methods of contraception have been added since 2013. By July 2016, there were 30.2 million additional users of modern methods of contraception in FP2020 countries compared with July 2012, the FP2020 baseline year. Out of these additional users, 46 per cent or 14.2 million, are in UNFPA Supplies countries. Although there is progress, it is 19.2 million users short of the pace needed to reach the goal of 120 million additional users by 2020.
2. Family planning is making progress in Eastern, South and West Africa. More than 30 per cent of women and girls in Eastern and Southern Africa are now using modern contraception. The Ouagadougou Partnership on family planning in nine West African countries surpassed its 2016 goal of reaching 1 million additional users.
3. Prices for contraceptives were reduced by 94 per cent. UNFPA Supplies contributed over 40 per cent of all donated reproductive health commodities, and was able to reduce prices for approximately 94 per cent of the contraceptives it procured in 2016.
4. The programme provided nearly 22.4 million contraceptive years of protection (CYP). UNFPA Supplies purchased contraceptives in 2016 worth $57.6 million and provided nearly 22.4 million couple years of protection. Compared with the previous year, however, a reduced programme budget led to lower spending and CYP.
5. Modern contraceptive prevalence increased alongside a reduction in unmet need. UNFPA Supplies contributed to an average 0.7 percentage point increase in modern contraceptive prevalence (mCPR) for all women of reproductive age, and an average 0.8 percentage point reduction in unmet need for modern methods of contraception for married and in-union women. The demand satisfied increased by an average of 1 percentage point. The most-used methods in the 46 focus countries are injectable contraceptives (35.6 per cent), followed by oral pills (25 per cent), male condoms (14.3 per cent) and implants (9.5 per cent).
6. More service delivery points (SDPs) are offering three modern contraceptive methods, regardless of location. On average, more than 85 per cent of primary service delivery points in countries that have conducted facility-based surveys offered three modern contraceptive methods. Also, the availability of these methods, on average, was similar between rural and urban SDPs.
7. The number of countries taking the lead in procurement remained steady. In 2016, 38 countries had the capacity to lead the forecasting of contraceptives, 35 had the capacity to lead the procurement of contraceptives, and 34 countries had the capacity to lead both processes. Compared with previous years these numbers appear to be stagnating. Product registration and lengthy customs clearance procedures continued to hinder access to supplies.

8. Shortages of reproductive health supplies (stock-outs) continued to be an issue. While more than 50 per cent of service delivery points had no stock-outs, the probability of stock-outs was higher at primary level SDPs (44 per cent) than at secondary and tertiary levels (59 per cent).

9. Supply chain bottlenecks were assessed at country and global level. The Democratic Republic of the Congo, Kenya, Nigeria and Sierra Leone were assessed to identify what hinders national systems in implementing evidence-based supply chain systems and processes. The findings show that: (1) donor and government procurement need better coordination; (2) better national leadership is needed to convene partners in a unified countrywide procurement plan and process; and (3) supply planning is hindered by the lack of diversified long-term commodity financing strategies as well as the lack of enabling socioeconomic and political ecosystems.

10. Service delivery points provide life-saving maternal health and family planning supplies and services. At least three life-saving maternal health medicines were available at 60.8 per cent of SDPs on average in 2016, in the 19 countries surveyed, and up to 86.6 per cent at tertiary level. Some 83.3 per cent of SDPs had trained staff available to provide family planning services. Approximately 67 per cent of SDPs provided implant insertion and removal services. Services were more available at tertiary than primary SDPs, and in urban locations compared with rural.

11. In humanitarian situations, the programme reached 1.3 million women and girls with reproductive health kits. In 2016, UNFPA Supplies supported the dispatch of reproductive health kits to 24 countries sufficient to reach 1.3 million women and adolescent girls.

12. Amounts allocated by programme countries for procurement of commodities in national budgets decreased in 2016. The total amount allocated for the procurement of reproductive health commodities decreased from $92.8 million in 2015 to $90.1 million in 2016. Although 16 countries had an active budget line for the procurement of contraceptives for 2016, up from 14 countries in 2015, the total amount expended on contraceptives decreased from $25.4 million in 2015 to $21.6 million in 2016.

13. Partnerships are growing. In 2016, UNFPA engaged with numerous global partners, regional and subregional partners, universities, research institutes and private sector companies to strengthen family planning policies and supply chains and to expand the method mix.

14. Advocacy in programme countries helped ensure marginalized populations were reached. The programme continued efforts towards creating a positive policy and effective programming environment including developing, updating and enacting policies and strategies, protocols and tools around family planning.

15. Partnerships helped prevent stock-outs. Efforts by the UNFPA- and USAID-led Coordinated Supply Planning Group improved visibility along supply chains

through data collection, and identified countries with under- and overstocks, facilitating corrective action.

16. Innovation and improvement of supply chain management and procurement were priorities in 2016. The programme launched several initiatives to improve procurement and supply chain efficiencies. UNFPA started developing a Supply Chain Management Strategy and with partners embarked on the development of a supportive tool to create the Global Visibility Analytics Network (VAN), a collaborative space where existing supply chain teams can simultaneously see the same data and execute supply decisions.

17. Performance improved through the adoption of a systematic management approach. The change management process undertaken by UNFPA Supplies resulted in a new country support model anchored in an improved resource allocation strategy that ensures efficient utilization of available resources through harmonization with countries' interventions. It also includes adoption of a more rigorous and systematic approach to managing the performance of the programme.

18. A new categorization of countries was applied. As part of the change management process, UNFPA Supplies made two significant strategic shifts: (1) differentiating the approach to country support by varying the type and intensity of activities according to each country's needs and the maturity of their family planning programme; and (2) focusing resources on those countries with the greatest need and on the activities where the programme can add distinctive value. The 46 focus countries of UNFPA Supplies have been identified as Category A: countries requiring long-term donor support; Category B: countries already laying the groundwork for sustainability; or Category C: countries approaching sustainability.

19. The programme's implementation rate and planning at country level improved. Based on this differentiated approach and country categorization, all 46 programme countries were given funding ceilings on time and were able to plan their commodities requests according to available funds. The implementation rate was 92 per cent.

20. Delays in delivery of reproductive health commodities remain a challenge. The programme faced delays in the delivery of approved reproductive health commodities as marked by an average lag time of 118 days between the date that a purchase requisition was approved and the date commodities were delivered to their country destination.

21. Studies and analysis were conducted. UNFPA Supplies released three evaluation studies in 2016: an analysis on strengthening UNFPA Supplies, a thematic evaluation on UNFPA support to family planning 2008–2013 and an audit of the governance and strategic management programme.

22. A Quarterly Programme Management process was introduced. The UNFPA Supplies management team launched the Quarterly Programme Management process (QPM), which will improve programme delivery in 2017.

23. Media and communications activities supported fundraising and advocacy. A significant number of media and communications activities were carried out in 2016 to support visibility and resource mobilization efforts for family planning and UNFPA Supplies. Coverage emerged from the International Conference on Family Planning in January, and around joint missions to Kenya, Rwanda and Nigeria and a media field mission to Benin.

Next steps

We look forward to seeing further benefits from the implementation of the change management process and the increased efficiency and effectiveness of UNFPA Supplies. The Family Planning Summit in London in July 2017 is another critical moment for the international community to create momentum and draw attention to the importance of family planning and reproductive health for a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

INTRODUCTION

UNFPA Supplies is the United Nations Population Fund thematic programme dedicated to expanding access to voluntary family planning.

UNFPA supports countries with the greatest need to strengthen their supply chains so that women and adolescent girls can access a choice of contraceptives no matter where they live. Its thematic fund programme, UNFPA Supplies, has a particular focus on 46 countries as well as providing support for reproductive health services in humanitarian crises.

About the programme

UNFPA Supplies ensures a secure, steady and reliable supply of quality contraceptives and maternal health medicines and improves access and use by strengthening national health systems and services. We generate rights-based growth in use of contraceptives, especially among vulnerable and hard-to-reach women and girls, by focusing UNFPA Supplies resources where need is greatest and increasing country-directed funding for family planning.

The programme is anchored in human rights and is based on the guiding principles of the International Conference on Population and Development's Programme of Action (Cairo 1994), the leaving no one behind theme of the Sustainable Development Goals, the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. It contributes to delivery of the Global Strategy for Women's, Children's and Adolescents' Health, and is a key part of UNFPA's efforts to support the Family Planning 2020 partnership.

INTRODUCTION

Improves access to and use of modern contraceptives by scaling up proven

Mobilizes political and financial commitment to enable the environment

Integrates reproductive health supplies into national policies and allocations

Strengthens capacity for supply chain management and quality reproductive health services

Procures and delivers RH supplies to keep quality high and prices low and optimize delivery times and related activities with impact

We shifted our strategy in 2016

Launched in 2007, from 2008 through 2012 the programme prioritized multi-year funding for 12 countries (Stream One) as well as other funding for 34 countries (Stream Two). The programme was scaled up to provide priority support to 46 countries (of the FP2020 69 focus countries) from 2013.

In 2016, the programme shifted its efforts to accelerate progress towards an equitable and sustainable supply security pathway. Under the refreshed UNFPA Supplies strategy, the programme will build on success and accelerate progress with a focus on three strategic action areas.

Strategic direction 2016

1. PRIORITIZE support to countries with greatest need where our contribution is unique

   Concentrating UNFPA resources on countries with the greatest need and on activities where UNFPA Supplies can uniquely contribute.

2. CATALYSE country-led, rights-based and sustainable pathways to reproductive health supply security

   Taking a differentiated approach to promote sustainability. We will vary the nature and intensity of support according to how far each country is on the path to sustainability and support countries to bring in new and additional resources to, over time, graduate from heavy dependence on donor-funded supplies.

3. SCALE UP proven interventions

   Scaling up proven interventions, and strengthening core functions of the programme through knowledge and good practice sharing, seeking continuous improvement.

INTRODUCTION

We are using a new results framework

This report presents the impact of the programme in 2016, depicting the extent to which it achieved its outputs and contributed to its overall goal and outcome. The report presents data for indicators of the revised UNFPA Supplies Performance Monitoring Framework, which was approved by the UNFPA Supplies Steering Committee in March 2017. We have attempted to report on the new indicators using available results, noting that some were not introduced until after the end of 2016. For a few new indicators, it was not possible to provide results for 2016: results will be provided from 2017 onwards. For indicators that have not changed from the 2013 GPRHCS Performance Monitoring Framework, we report trends and scorecard results.

Governance structure

UNFPA Supplies is structured as a thematic trust fund, a performance-based and flexible mechanism that provides donors the opportunity to target their commitment to a particular thematic priority, allows for pooled multi-year funding and ensures more timely and flexible use of resources to address specific country needs. The strategic direction of, support to and oversight over the programme is provided by the UNFPA Executive Director. The Commodity Security Branch, which is part of the UNFPA Technical Division, is responsible for programme coordination and management. Regional offices are responsible for regional level coordination, providing technical and programmatic support to the programme's priority countries, and assisting in monitoring and reporting on results achieved by these countries. A Steering Committee serves as a key programme governance body, supporting the programme in achieving its strategic goals.

Performance is measured at three levels of reporting:

GOAL

The goal level is also known as the "impact" level. Data are primarily sourced from the FP2020 core indicator reporting.

OUTCOME

We measure progress with specific indicators on programme achievements. Our major source of outcome-level data is a facility-based reproductive health commodity security survey, which is supplemented by several other sources. These surveys of service delivery points (SDPs) are countrywide and supported by UNFPA. In 2016, 27 countries conducted facility-based RHCS surveys.

The recommendation is that each country conduct a facility-based RHCS survey at least once every 24 months. Each country hires a consultant to conduct the survey under the leadership of the national government, with the support of country coordinating committees. This is how we determine if shelves are stocked, among many other findings. In the past, an annual survey was recommended but this placed a financial burden on a resource-constrained programme and an administrative burden on UNFPA country offices. It should be noted that not every report for 2016 includes all data for all indicators that are new this year.

INTRODUCTION

OUTPUTS 1 2 3 4 5

Many of the "outputs" or "results" are captured through annual country reporting questionnaires that summarize what was achieved during the year. In 2016, 46 countries completed the annual country reporting questionnaires.

These self-reporting questionnaires are completed by UNFPA country offices, regional offices and headquarters and by other units such as the UNFPA Procurement Services Branch and the Humanitarian and Fragile Context Branch. The outputs or "results" measured by the programme cover many indicators in five key output areas: (1) enabling environment; (2) procurement efficiency; (3) access; (4) capacity and systems for supply chain management; and (5) programme management.

GOAL

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

Providing access to family planning information and services is central to the vision and goals of UNFPA, making real the fundamental right of individuals to decide, freely and for themselves, whether, when and how often to have children. Increased access to family planning results in fewer unintended pregnancies and fewer women and girls dying in pregnancy and childbirth.

Family planning is an intervention with tremendous impact

Enabling women and girls to use contraceptives is absolutely critical to meeting Sustainable Development Goals 3 and 5, which call for universal access to sexual and reproductive health and rights and gender equality. Family planning also accelerates progress across all other SDGs and the five overarching themes of People, Planet, Prosperity, Peace and Partnership. Family planning is an essential cross-sectoral intervention with a tremendous impact on the global community's ability to reach sustainable development and leave no one behind.

Country-driven results supported by UNFPA Supplies are a contribution to the global effort to meet sexual and reproductive health needs of women and girls, especially the poor and marginalized, and support efforts to meet UNFPA's goal to achieve universal access to sexual and reproductive health (including family planning), realize reproductive rights and reduce maternal mortality to accelerate progress in the ICPD agenda.

Global-level indicators track shared progress and align with FP2020

In this section, progress is represented at the global level for the 46 UNFPA Supplies implementing countries and towards the programme's overarching goal of increased contraceptive use. While this section of the report presents the goal and impact level of UNFPA Supplies, the programme does not claim exclusive responsibility or full credit to the achievements presented. It rather contributes to such progress through a broad range of interventions and networks from the global to the local level. Five indicators measure progress towards the programme's goal of "increased contraceptive use especially by poor and marginalized women and girls":

- average family planning unmet need
- average modern contraceptive prevalence rate
- average demand for family planning satisfied with modern methods

- contraceptive method mix
- number of additional modern contraceptives users

This year, for the first time, much of the data is taken from the FP2020 core indicator estimates. Our indicators align with Family Planning 2020 core indicators 1, 2, 3, 4 and 9 (see below). The aim is to align with FP2020 reporting for comparability among FP2020 partners and, where possible, to account for modern contraceptive use among all women of reproductive age, rather than only those married or in-union as has been reported in previous annual reports. FP2020 produces internationally comparable estimates on 17 different family planning indicators (many of which are estimated annually) for the 69 FP2020 countries, which includes the 46 UNFPA Supplies focus countries.

2016 Goal Scorecard

Score	Status	If the average per cent achievement of the milestone is
Green	**Achieved** (achieved or exceeded)	Equal to or above 100%
Yellow	**Progressing well towards target** (nearly achieved)	Between 80% and 90%
Orange	**Making limited progress** (achievement is about average)	Between 60% and 79%
Red	**Insufficient progress made** (achievement is below average)	Below 60%

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

	Indicators	Baseline	Milestones						
			2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
1	Average family planning unmet need (46 target countries)	28.9	24.3	28.5	23.6	28.3	22.1	28%	NA*
2	Average mCPR (46 target countries)	20.4	21.7	21.2	23.2	22.0	24.7	22.7%	NA*
3	Average demand for family planning satisfied with modern methods (46 target countries)	43.1	47.1	44.5	49.6	45.7	52.7	46.8%	NA*
4	Contraceptive method mix (including information on method mix score and method skew)	8.8	9.0		9.1	6.9	9.2	8.0	
5	Number of additional modern contraceptive users (46 target countries)	3.2 million in 46 UNFPA Supplies countries (8.4 million in all 69 FP2020 countries)	21.2		34.5		52	14.2 million in 46 UNFPA Supplies countries (30.6 million all 69 FP2020 countries)	

*Data for 2016 are not comparable with previously reported data as the data sources have changed: no scorecard values have therefore been calculated. Data trends are noted in the narrative text below.

GOAL

Average unmet need for family planning

Women with unmet need for family planning are those who want to avoid a pregnancy but are currently using no method or a traditional contraceptive method. More than 214 million women in developing countries who want to avoid pregnancy are still not using modern contraceptives.[1] There is far to go but progress is seen even in national-level numbers: the average unmet need for modern methods of contraception for married or in-union women has decreased by 0.8 percentage points over four years (2013–2016) in the 46 UNFPA Supplies countries. Measuring the unmet need for family planning is an important element in reporting on the overall goal of increased contraceptive use.

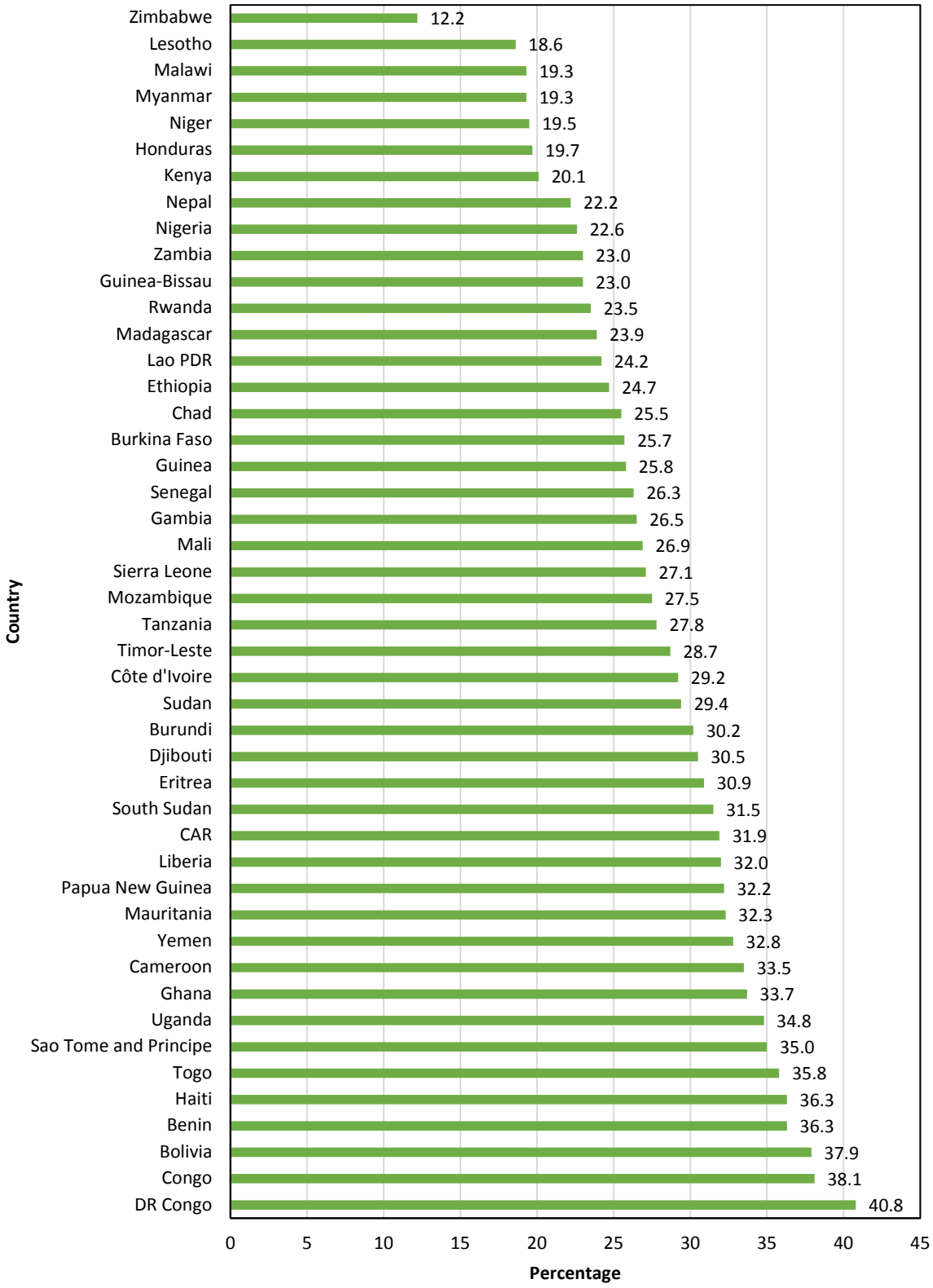
Unmet need describes the gap between women's reproductive intention and their contraceptive behaviour but is not the same as unmet demand for modern contraception. A woman may not want to become pregnant but may not want or be able to use modern contraception for a variety of reasons, such as fear of side effects, opposition from family members or lack of access to services. These reasons can be more acute for poor and marginalized women and girls. Data disaggregated by age, wealth and location are critical for analysing specific challenges for groups such as young people or women living in rural settings.

Data highlights

- Unmet need for modern methods contraception is highest in the Democratic Republic of the Congo (40.8 per cent) and lowest in Zimbabwe (12.2 per cent).
- Progress in nine countries includes a decrease in family planning unmet need of 0.5 percentage points (or more) between 2015 and 2016: Bolivia, Burundi, Ethiopia, Haiti, Malawi, Nepal, Rwanda, Uganda and Zambia.
- Nepal reports the most progress, with a decrease in family planning unmet need of 1.9 percentage points.
- Increases in family planning unmet need are recorded in 16 countries, with the highest increase of 0.3 percentage points found in Chad, Guinea and Niger.
- Wealth has an impact: 26.2 per cent of women in the lowest wealth quintile have an unmet need for modern methods of contraception compared with 20.1 per cent of women in the highest wealth quintile.
- Young people have the greatest need: The family planning unmet need is highest for young people aged 15–19 years (27.8 per cent).
- Unmet need for modern contraception is generally higher in rural settings (25.1 per cent) compared with urban settings (22.4 per cent).

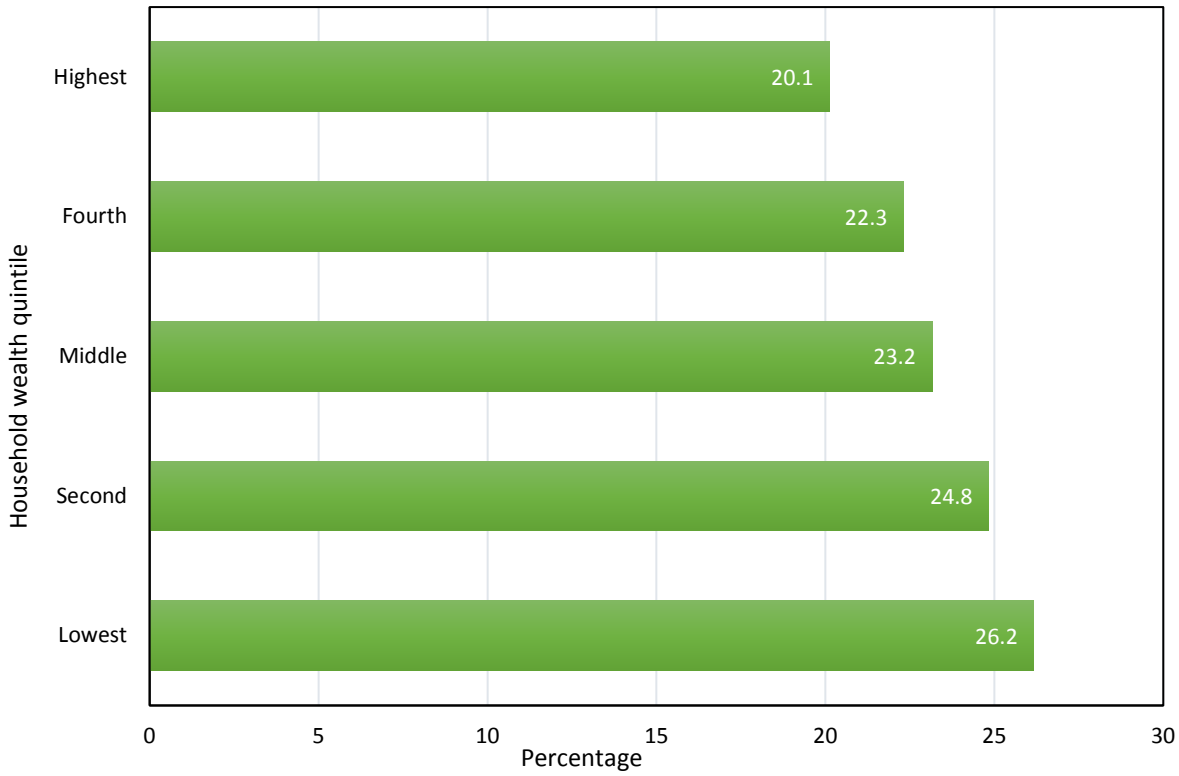
[1] Guttmacher Institute; ADDING IT UP: Investing in Contraception and Maternal and Newborn Health, 2017; https://www.guttmacher.org/sites/default/files/factsheet/adding-it-up-contraception-mnh-2017.pdf

Figure 1: Unmet need for modern family planning methods in 46 UNFPA Supplies implementing countries, 2016



Source: http://www.familyplanning2020.org/entities;
FP2020 2016 Complete Estimate Tables (Unmet need for modern methods of contraception)

Figure 2: Unmet need for modern contraception by household wealth quintile based on most recent survey for married or in-union women, 2016



Source: http://www.familyplanning2020.org/entities;
FP2020 2016 Complete Estimate Tables (Unmet need disaggregated)

Average modern contraceptive prevalence rate

The modern contraceptive prevalence rate (mCPR) represents the percentage of women of reproductive age who are currently using (or whose partner is currently using) a modern contraceptive method. It is one of the core indicators for measuring progress towards the goal of achieving universal access to reproductive health and the impact of family planning interventions. It can also be used more broadly to measure progress on health, development, women's empowerment and to analyse population dynamics. Increases in mCPR naturally reflect improvements in the provision of and access to family planning supplies and services.

All women, regardless of marital status, should have access to the high-quality family planning services of their choice. Therefore, it is important to monitor modern contraceptive use among all women, rather than only those married or in-union. For this reason, in UNFPA Supplies annual reporting we are using the FP2020 core indicator measure of mCPR, which uses data from surveys such as the DHS, MICS, PMA2020, RHS and other nationally representative surveys, but also applies modelling using surveys and service statistics to provide annual estimates that include modern contraceptive use for all women of reproductive age (rather than only those married or in-union). When looking at mCPR data, it is important to note which population is being measured because in most countries, mCPR for married or in-union women will be higher than mCPR for all women.

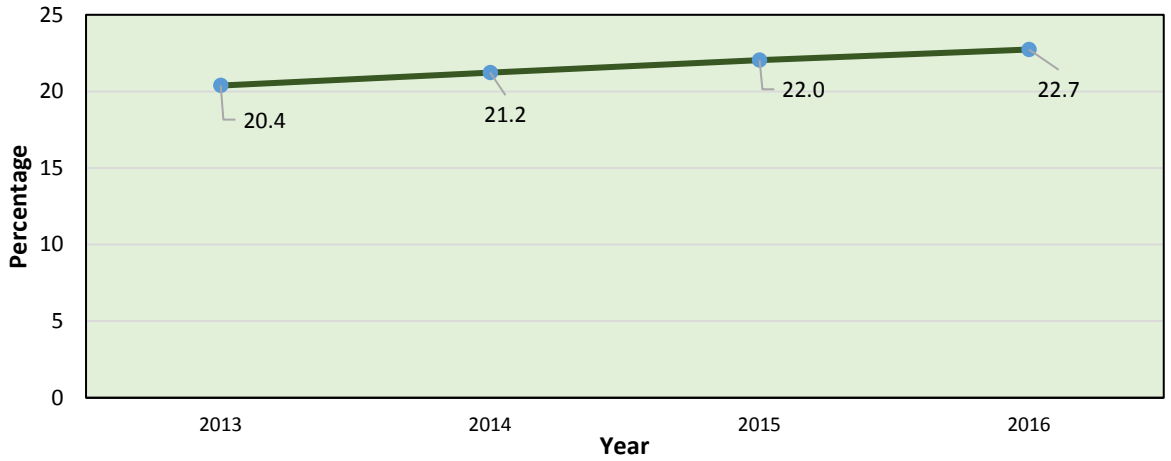
"All women" or "married or in-union women"

In this report, "all women" estimates are presented whenever possible. In some cases, however, information is only available for married or in-union women. To mark this distinction, we have added a qualifier "all women" or "married or in-union women" next to the estimates to indicate which population was surveyed.

Data highlights

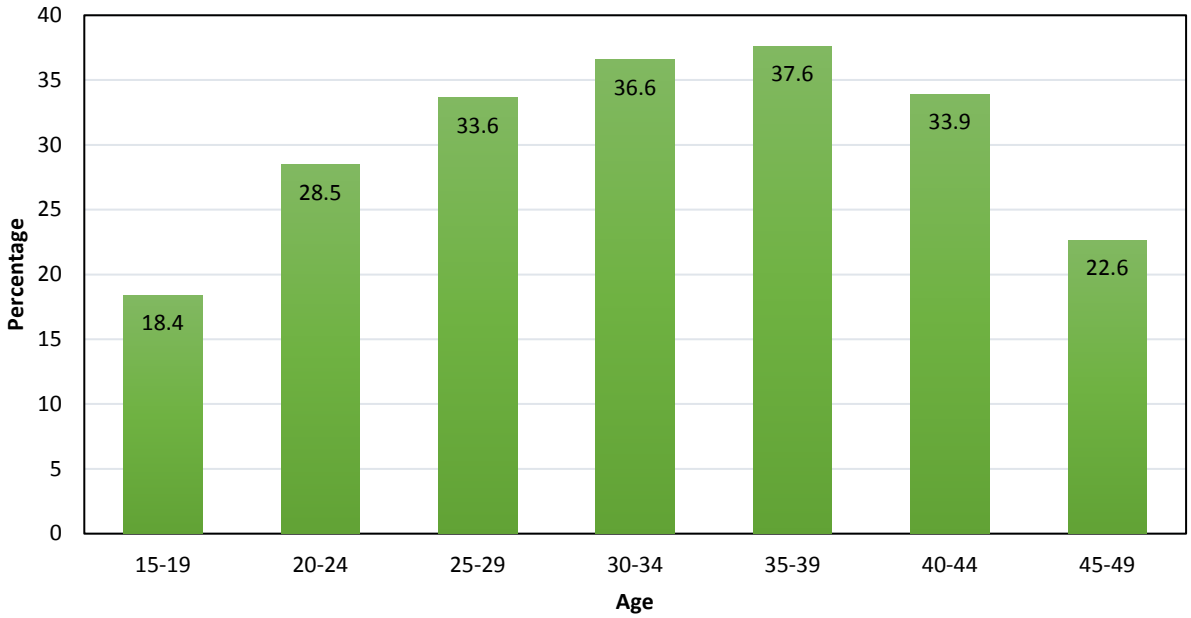
- There is an increase in the average mCPR for "all women" from 22.0 per cent in 2015 to 22.7 per cent in 2016.
- Only slight improvement is seen in Chad, Honduras, South Sudan and Zimbabwe, with mCPR increases of less than 0.3 percentage points from 2015 to 2016.
- The largest increases of 1.0 percentage points or more are found in Burkina Faso, Congo, Ethiopia, Mozambique and Uganda. Of these, Burkina Faso has the highest increase with 1.7 percentage points from 2015 to 2016.
- An average of 18.4 per cent of women aged 15–19 years are using modern contraception compared with 33.6 per cent of women aged 25–29 years.
- Women in the lowest wealth quintile have a significantly lower mCPR than women in the highest wealth quintile, only 26.9 per cent compared with 37.5 per cent.
- The average mCPR is 6 percentage points higher in urban areas (36.6 per cent) compared with rural settings (30.6 per cent).

Figure 3: Modern contraceptive prevalence rate (mCPR) for 'all women' in 46 UNFPA Supplies countries, 2012-2016



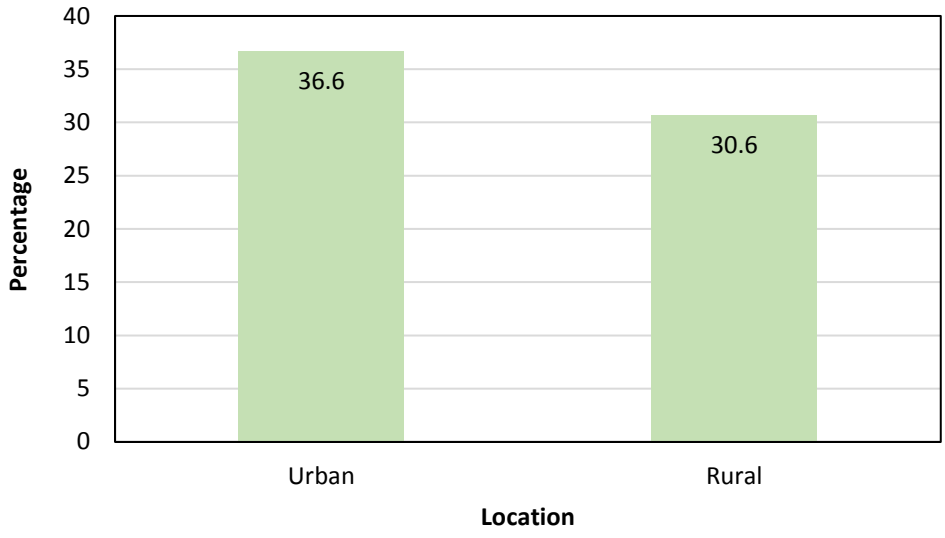
Source: http://www.familyplanning2020.org/entities;
FP2020 2016 Complete Estimate Tables (Indicator 2, mCPR)

Figure 4: Modern contraceptive prevalence rate by age, based on most recent survey (married or in-union women), 2016



Source: http://www.familyplanning2020.org/entities;
FP2020 2016 Complete Estimate Tables (mCPR disaggregated)

Figure 5: Modern contraceptive prevalence rate by location (urban rural), based on most recent survey (married or in-union women), 2016

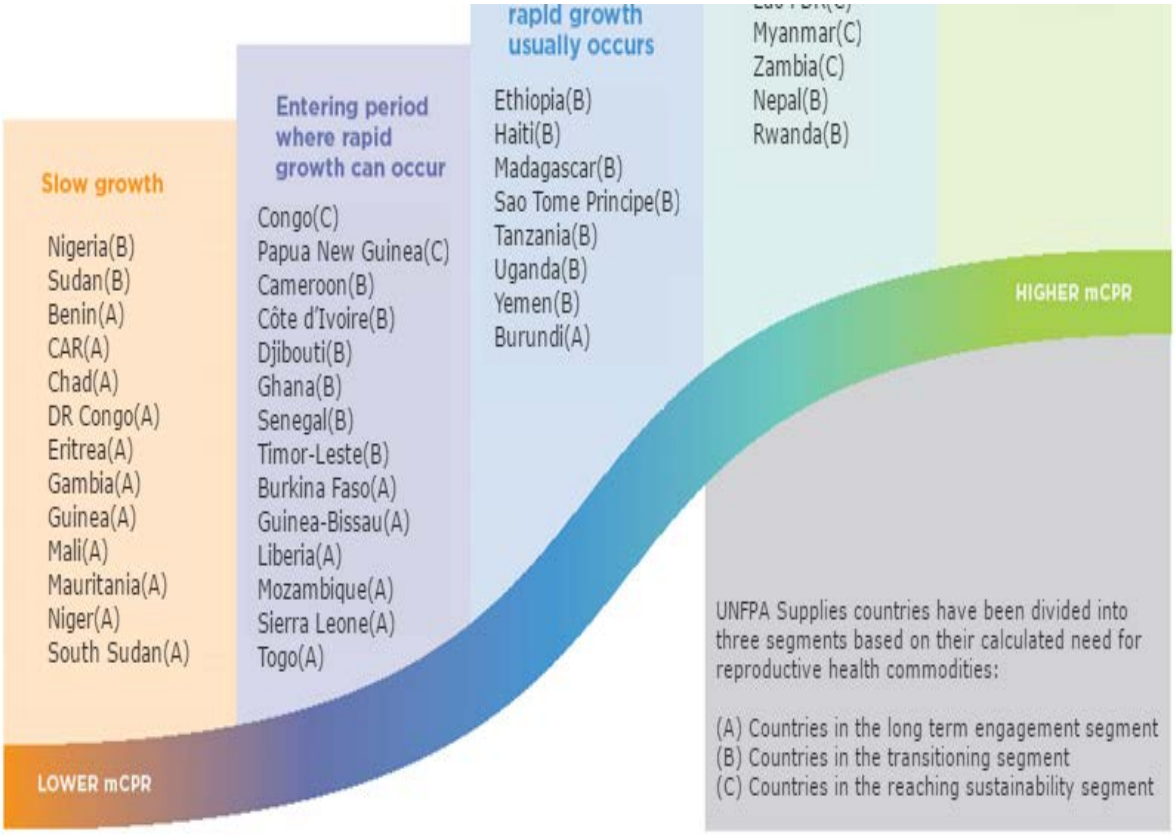


Source: http://www.familyplanning2020.org/entities;
FP2020 2016 Complete Estimate Tables (mCPR disaggregated)

GOAL

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. Although all countries will experience a period where growth rates increase, the exact rate of annual change during this period varies by country.

Figure 6: Putting growth in context: the S-Curve for 46 UNFPA Supplies implementing countries



As part of the UNFPA Supplies change management process, we have made strategic shifts in how the programme works. We are focusing resources on countries with the greatest need and on activities where UNFPA Supplies can uniquely contribute (e.g. adding distinctive value in commodities and closely related supply chain activities). Also, we are taking a differentiated approach to catalyse country-led, rights-based and sustainable pathways to reproductive health commodity security. We will vary the nature and intensity of support according to each country's needs and the maturity of their family planning programme and support countries to bring in new and additional resources to, over time, graduate from heavy dependence on donor-funded supplies. We will also seek to reduce funding spent on countries approaching sustainability, and increase the investment of resources in countries needing long-term donor support. We will be scaling up proven interventions and strengthening core functions of the programme through sharing of knowledge and good practices, seeking continuous improvement. The 46 focus countries fall into three categories (as noted in the S-curve graph above).

Three categories of UNFPA Supplies implementing countries

Countries in the long-term engagement segment
Category "A" countries require long-term donor support, ongoing procurement of commodities through UNFPA Supplies and capacity building across interventions on the supply-side and demand-side. These countries generally have a low mCPR and will need demand generation activities and work to change social norms on desired family size for growth in mCPR. Importantly, some countries in category A are moving into a period for potential rapid growth that can be realized providing that commodities and services are made available. Contraceptives are critical in countries that want to harness a demographic dividend.

(A) Countries in the transitioning segment
Category "B" countries are already laying the groundwork for sustainability. They need procurement of commodities, but the percentage funded by UNFPA Supplies will decrease and national financing will increase over time. They continue to benefit from capacity building across interventions on the supply-side and demand-side, as well as advocacy and technical assistance from UNFPA on country financing and total market approaches. In general, category B countries are entering or are already in a period of rapid growth in mCPR. For these countries, a secure supplies of commodities is vital to meet growing demand for contraceptives.

(B) Countries in the reaching sustainability segment
Category "C" countries are approaching sustainability. They need reduced support for supply of commodities but continued technical support. In these countries, generally, growth in mCPR will be starting to slow or slowing. To spur continued growth in use of modern contraception, key activities focus on ensuring that all populations are reached, and for continuous improvement in quality of care in family planning services.

Average demand for family planning satisfied with modern methods

Demand satisfied for family planning is an indicator in the Sustainable Development Goals. This indicator was proposed to improve monitoring of family planning because it measures use of modern methods of contraception and because it limits the population measured to women who have a demand for family planning.

Goal 3: Ensure healthy lives and promote well-being for all at all ages
Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
Indicator 3.7.1: Proportion of women of reproductive age (aged 15–49 years) who have their needs for family planning satisfied with modern methods. Source: unstats.un.org

The proposed 75 per cent benchmark was established because many OECD countries have surpassed this level in recent years. It was also considered:

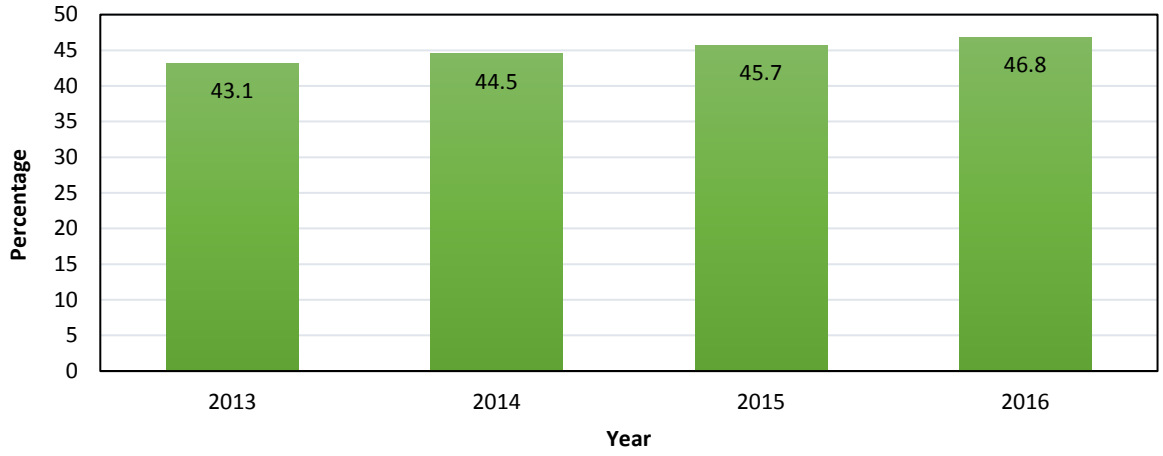
- Ambitious and achievable, if progress towards meeting demand for modern contraceptive methods is accelerated, especially in low-income countries. Achieving global goals, such as those of FP2020, are important milestones on the path to meeting the SDG target by 2030.
- In line with high-performing countries and presents an opportunity for both developed and developing countries to achieve the same level of progress.
- Easily disaggregated because it can be analysed by geographic region, age, wealth, and educational attainment, enabling efforts to understand equity among different groups within a country.

Demand satisfied with a modern contraceptive method is calculated by dividing the number of women 15–49 years old who are using modern contraceptive methods by the total number of women 15–49 years old with a demand for family planning. Demand satisfied can increase if women who are not using family planning (but wish to delay or avoid pregnancy) begin using a modern method or women using traditional methods switch to a more effective modern method. Demand satisfied can decrease if the population of women who want to use modern methods increases but family planning programmes cannot meet the increased demand.

Data highlights

- Demand satisfied increased by an average of 1.0 percentage points for the 46 countries from 45.7 per cent in 2015 to 46.8 per cent in 2016 (figure 7).
- Seven countries recorded 1.5 percentage points or more increase in demand satisfied in 2016: Burkina Faso, Burundi, Djibouti, Ethiopia, Mozambique, Nepal and Uganda.
- Demand satisfied increased by less than 0.5 percentage points in Senegal, Zimbabwe and Honduras.

Figure 7: Percentage of women in UNFPA Supplies implementing countries whose demand is satisfied with a modern method of contraception (married or in-union), 2013–2016



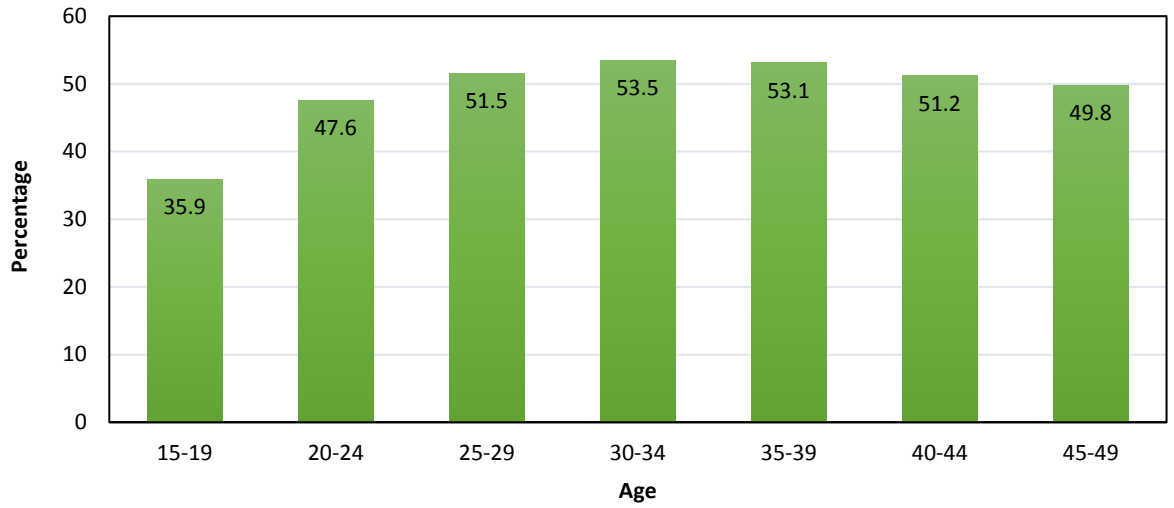
Source: http://www.familyplanning2020.org/entities; FP2020 2016 Complete Estimate Tables (demand satisfied)

Despite improvements in mCPR there are disparities in contraceptive use among women when disaggregated by education level, household income and urban–rural location. Use of modern methods of contraception (mCPR) is disproportionately higher among married women in the highest wealth quintile than those in lower wealth quintiles. Total demand for contraception satisfied by modern contraceptive use among women in the poorest households is far lower than among women in the richest households. In countries such as Bolivia, Cameroon, Ethiopia and Nigeria, there are gaps of more than 40 percentage points between demand satisfaction among women in the poorest wealth quintile and the richest wealth quintile.

Data highlights

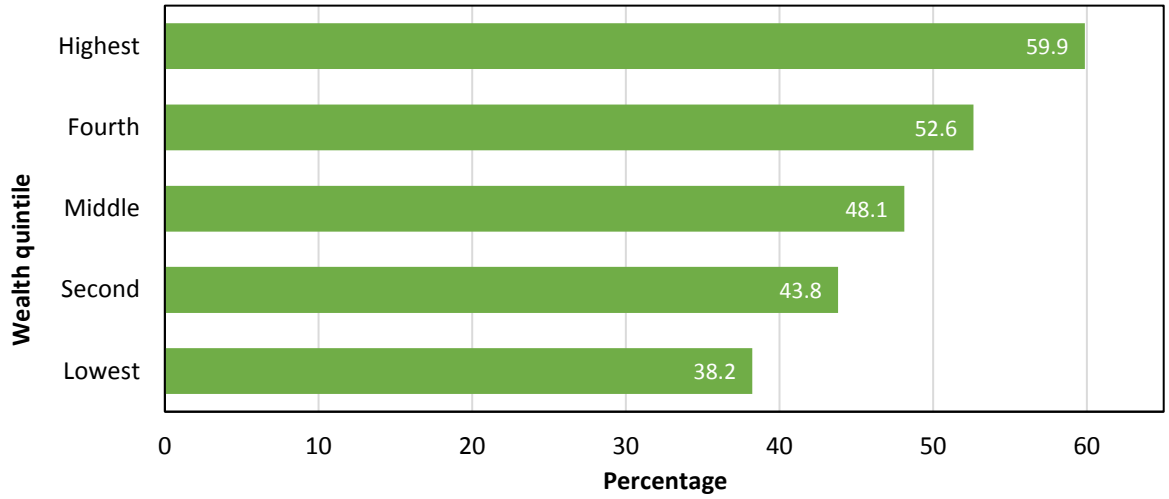
- Demand satisfied with modern methods of contraception is about 36 per cent for young women aged 15–19 years compared with more than 50 per cent for women over 25.
- Demand satisfied with modern methods of contraception for women in the lowest wealth quintile is about 38.2 per cent, which is far lower than the 59.9 per cent for women in the highest wealth quintile.

Figure 8: Percentage of women whose demand is satisfied with any method of contraception (married or in-union women) by age, 2016



Source: http://www.familyplanning2020.org/entities;
FP2020 2016 Complete Estimate Tables (demand satisfied disaggregated)

Figure 9: Percentage of women whose demand is satisfied with any method of contraception (married or in-union women) based on most recent survey by wealth quintile, 2016



Source: http://www.familyplanning2020.org/entities;
FP2020 2016 Complete Estimate Tables (demand satisfied disaggregated)

Contraceptive method mix

The contraceptive method mix presents the distribution of modern contraceptive users by the method they use, based on the most recent survey data available. Patterns of contraceptive method mix are complex and reflect preferences affected by societal and cultural norms. Patterns may also reflect issues affecting availability and accessibility, including policies, cost, infrastructure, and provider training.

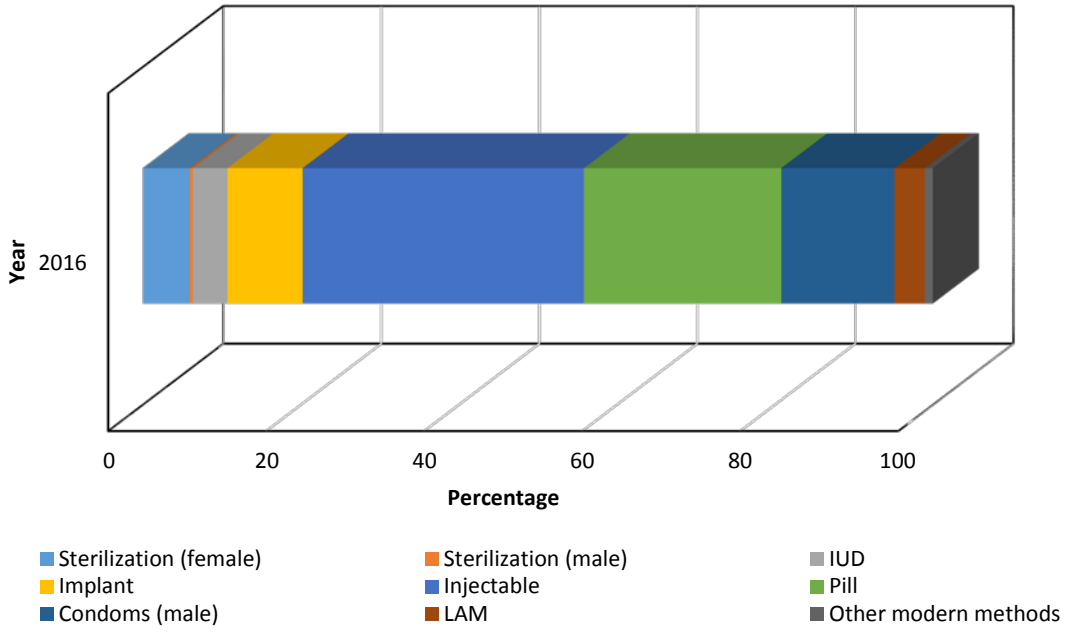
While there is no "best" method mix or "best" method, there is general agreement that providing access to a wide variety of methods is both a component of quality of care as well as an important principle of rights-based family planning. Availability of a range of options makes it more likely that women can choose a method that best suits their needs and preferences, and as a result, increases contraceptive use and satisfaction with the method and reduce discontinuation. A more diverse method mix also provides women with access to longer acting and more effective methods of contraception, reducing the risk of unintended pregnancy. The contraceptive method mix is discussed using two different measures: the method mix score and method skew.

The method mix score is calculated by using the difference between the highest most prevalent method and the third highest most prevalent method divided by the average mCPR for that country converted to a 10-point scale. With 8 points on a 10 points scale, the average score for the 46 UNFPA Supplies countries signifies a fairly high concentration of users on a limited number of methods.

The method skew is a measurement that is used to assess the dominance of a single method in a country. If a single method accounts for more than 50 per cent of the contraceptive use (more than half) a country is categorized as having a method skew.

The graph shows that the three most dominant methods (injectable contraceptives, pills and male condoms) account for approximately 75 per cent of the average mCPR for the 46 countries. This means these three methods are being used by three out of every four users of modern contraception in the 46 countries.

Figure 10: Average contraceptive prevalence by method for 46 UNFPA Supplies implementing countries

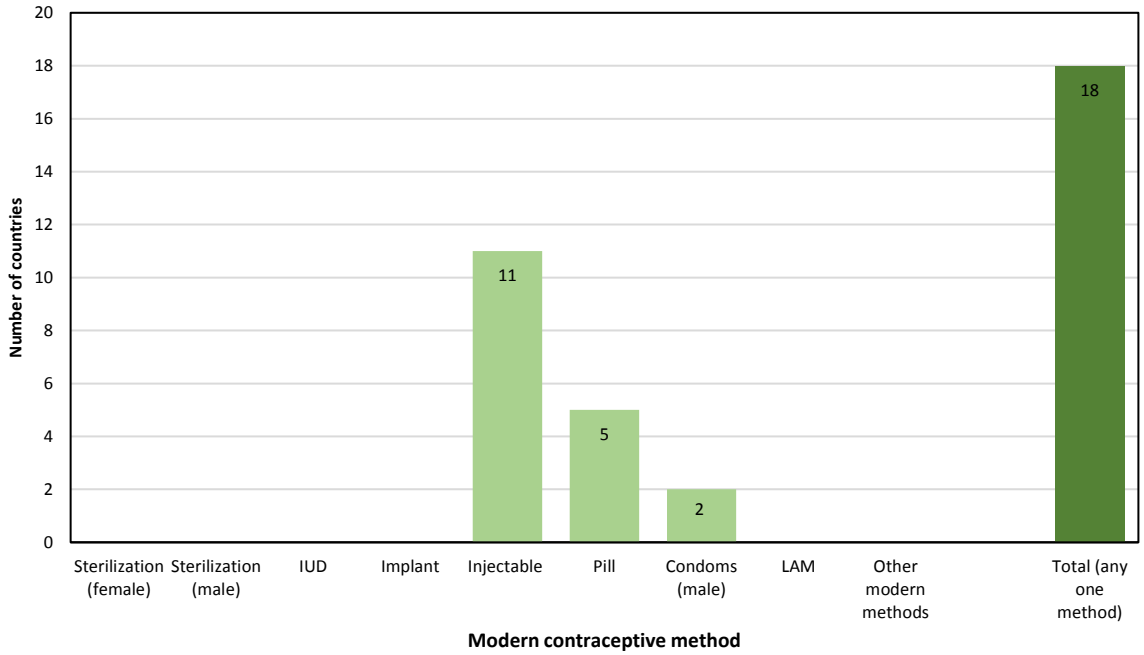


Source: http://www.familyplanning2020.org/entities;
FP2020 2016 Complete Estimate Tables (% using each method)

Data highlights

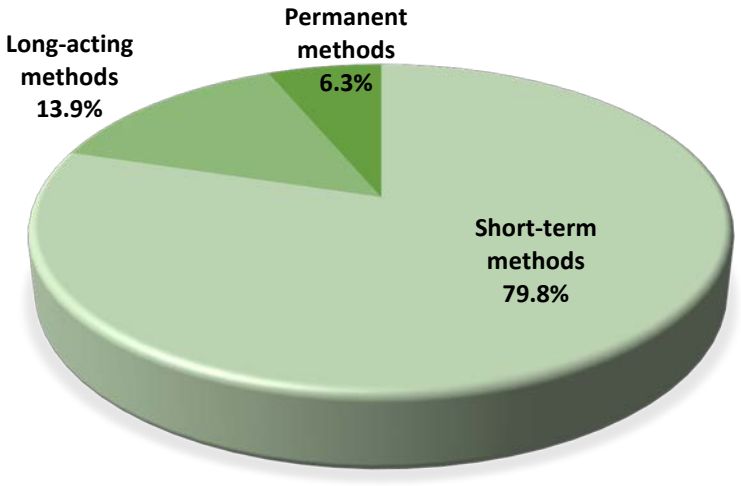
- The most-used methods in the 46 countries are injectable methods (35.6 per cent), followed by oral pills (25 per cent), male condoms (14.3 per cent) and implants (9.5 per cent).
- The three most dominant methods (injectable methods, pills and male condoms) account for approximately 75 per cent of the average mCPR for the 46 countries.
- In 39 per cent of UNFPA Supplies countries (18 out of 46) a single method was dominant, accounting for at least half of all users of modern contraceptives.
- Injectable contraceptives are the most dominant method in 11 countries (Burundi, Chad, Ethiopia, Haiti, Liberia, Madagascar, Malawi, Myanmar, Rwanda, Timor-Leste and Uganda), followed by the pill in five countries (Central African Republic, Djibouti, Mauritania, Sudan and Zimbabwe) and male condoms in two countries (Congo and the Democratic Republic of the Congo).
- About 8 out of every 10 users of modern contraception in the 46 countries are using a short-term method.

Figure 11: Number of UNFPA Supplies implementing countries where one method is used by at least half of all users of modern contraceptives



Source: Calculated using data from http://www.familyplanning2020.org/entities; FP2020 2016 Complete Estimate Tables (mCPR disaggregated)

Figure 12: Percentage of women using each type of modern method of contraception in the 46 UNFPA Supplies implementing countries



Source: Calculated using data from http://www.familyplanning2020.org/entities; FP2020 2016 Complete Estimate Tables (mCPR disaggregated)

GOAL

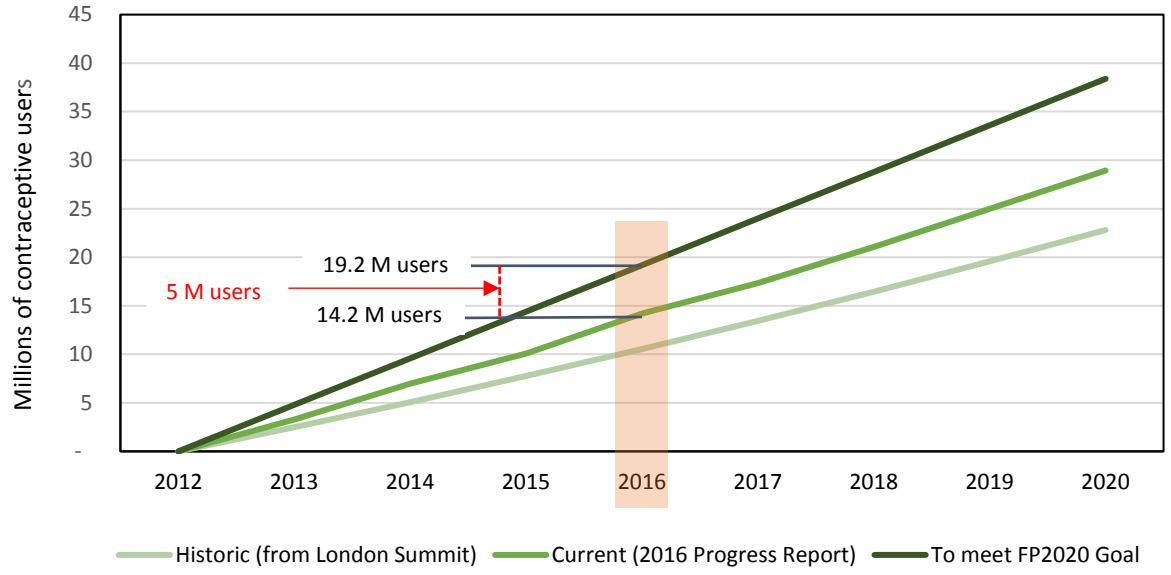
Number of additional modern contraceptives users

The number of additional users of modern methods of contraception is calculated using the prevalence of modern contraception use among all women and the total number of women of reproductive age in each country. The FP2020 goal is to reach 120 million additional users by the year 2020 compared with 2012 when the FP2020 movement was launched. By July 2016 there were 30.2 million additional users of modern methods of contraception in FP2020 countries compared with July 2012, the FP2020 baseline year. Of the 30.2 million additional users in FP2020 countries, 46 per cent or 14.2 million, are in UNFPA Supplies countries. Yet, this progress, while considered a significant acceleration compared with previous decades, still falls behind the goal set in 2012 and is 5 million users short of the pace needed to reach the goal of 120 million additional users by 2020.

Data highlights

- In Eastern and Southern Africa, for the first time ever, more than 30 per cent of women and girls are using a modern method of contraception.[2]
- In West Africa, where contraceptive use has been historically low, the Ouagadougou Partnership has surpassed its 2015 goal of reaching 1 million additional users, and is now aiming to reach 2.2 million additional users by 2020.

Figure 13: Modern contraceptive users in millions for the 46 UNFPA Supplies countries



Source: FP2020. Momentum at the Midpoint. Progress Report 2015–2016. http://progress.familyplanning2020.org/

[2] FP2020. Momentum at the Midpoint. Progress Report 2015–2016. http://progress.familyplanning2020.org/

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

Outcome indicators in the UNFPA Supplies Performance Monitoring Framework aim to measure whether the programme is meeting its aims to increase availability of sexual and reproductive health services, and support the efforts of partners, including the FP2020 partnership and the Reproductive Health Supplies Coalition. The outcome indicators are associated with medium-term consequences of UNFPA Supplies' interventions measured in the programme's outputs.

Through UNFPA Supplies, UNFPA works with governments to address unmet demand for family planning. This is done through the broader framework of sexual and reproductive health but specifically in the context of commodity security. Specific actions include the provision of commodities including in humanitarian settings, advocacy for an enabling environment for family planning (particularly for national budget allocation and expenditure for reproductive health commodities), strengthening supply chains, and training of staff in forecasting and procurement, in logistics management and in service provision.

2016 Outcome Scorecard

Score	Status	If the average per cent achievement of the milestone is
Green	**Achieved** (achieved or exceeded)	Equal to or above 100%
Yellow	**Progressing well towards target** (nearly achieved)	Between 80% and 90%
Orange	**Making limited progress** (achievement is about average)	Between 60% and 79%
Red	**Insufficient progress made** (achievement is below average)	Below 60%

OUTCOME: INCREASED AVAILABILITY

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

Indicators		Baseline	Milestones						
			2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
1	Availability of reproductive health commodities								
1.1	Percentage of countries where primary service delivery points (SDPs) that have at least 3 modern FP methods on the day of visit or assessment (disaggregated for urban–rural)	15.22	32.61	47.83	41.3	43.48	52.17	80.95*	NA[3]
1.2	Percentage of countries with 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)	23.91	36.96	23.91	41.3	34.78	52.17	57.14*	NA[3]
1.3	Percentage of countries where WHO prequalified/ERP approved hormonal contraceptives are registered (disaggregated for generic contraceptives)	New indicator						Innovator products: 11–61% Generic products: 0–28%	NA
1.4	Percentage of countries with SDPs where magnesium sulfate, misoprostol and oxytocin are available (disaggregated for urban–rural and SDP type)	New indicator						31.58	NA
1.5	Percentage of countries reporting no contraceptive stock-out in at least 60 per cent of SDPs in the last three months (disaggregated for urban–rural and SDP type)	17.39	23.91	17.39	30.43	15.22	39.13	47.62*	NA[3]
2	RH in humanitarian settings								
2.1	Number of women and girls reached in humanitarian settings through RH kits, services utilization and dissemination	2.1 million	2.5 million	Additional 2.2 million; total of 4.3 million	2.9 million	1.4 million; total of 5.7 million	3.3 million	Additional 1.3 million; total 7.0 million	●

[3] No score is given for 2016 data as the percentage is calculated for 22 countries with available data (i.e. not all 46 UNFPA Supplies countries). The data are not comparable with previous years.

OUTCOME: INCREASED AVAILABILITY

Indicators		Baseline	Milestones						
			2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
3	National budget allocations for contraceptives								
3.1	Number of countries with active budget line for the procurement of reproductive health commodities	15	20	18	25	14	30	15	
4	Procurement and logistics management								
4.1	Number of countries with functional logistics management information system (LMIS)	Modified indicator	25	19	30	33	–	17	NA
4.2	Percentage of service delivery points with staff trained in logistics management information system	New indicator							NA
4.3	Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives	New indicator							NA
4.4	Ratio of TPP versus UNFPA Supplies procurement amount spend for contraceptives for "category C countries"	New indicator						1:13	NA
4.5	Percentage of UNFPA Supplies orders fulfilled in agreed quantities and delivered on time by the supplier	New indicator							NA

* Data are not comparable with previous year.

Availability of reproductive health commodities

UNFPA Supplies supports surveys to assess the percentage of facilities that have specific family planning methods offered at that service delivery point. These surveys measure availability of reproductive health commodities. They are point-in-time stock measurements, based on the stock situation on the day of the assessment visit.

Data are tracked at service delivery points 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.

UNFPA Supplies tracks the percentage of primary level service delivery points that offer at least three modern methods on the day of assessment, and secondary and tertiary SDPs that have at least five modern methods available on the day of visit or assessment.

In the new UNFPA Supplies Performance Monitoring Framework, the two previously used indicators on availability of contraceptive methods at service deliver points have been updated to align fully with FP2020 Core Indicators 11a and 11b. For this reason, it is not possible to compare data for the indicator with previous years of UNFPA Supplies reporting.

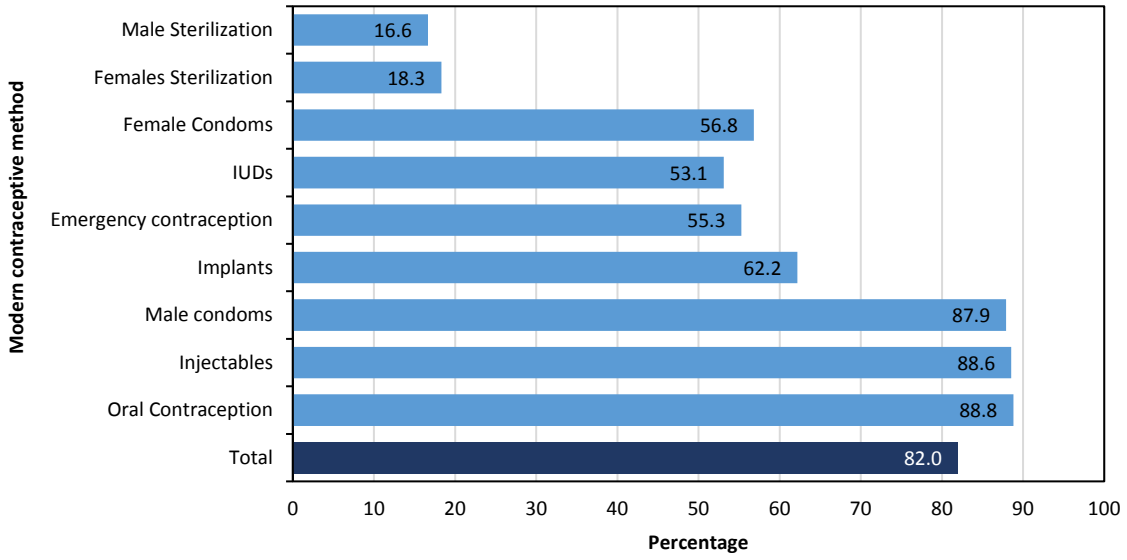
At the primary level

The percentage of SDPs offering three modern contraceptive methods at primary-level SDPs is 85.9 per cent for the 22 countries for which facility survey data are available. In eight countries, three methods are available in at least 95 per cent of their SDPs: Burkina Faso, Ethiopia, Nepal, Niger, Rwanda, Sao Tome and Principe, Senegal and Zambia. Availability is lower in Timor-Leste (38 per cent of SDPs), South Sudan (61.9 per cent) and Myanmar (81.4 per cent).

Regarding rural and urban areas, on average, availability of three methods is similar between rural SDPs (88.4 per cent) and urban SDPs (84.6 per cent). Availability is higher in rural facilities in nine countries (Burkina Faso, Gambia, Guinea, Haiti, Myanmar, Nigeria, Papua New Guinea, Senegal and Sierra Leone). In contrast, availability is higher in urban facilities in seven countries (Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Lao People's Democratic Republic, Nepal, Timor-Leste and Zambia). In Papua New Guinea, 72 per cent of rural SDPs and only 28 per cent of urban SDPs have three methods available. Likewise, in Haiti, 77.3 per cent of rural SDPs and only 22.7 per cent of urban SDPs have three methods available.

At the primary level, 89 per cent of SDPs offer oral contraception, injectable methods and male condoms – making them the most-offered methods, followed by implants at 62 per cent.

Figure 14: Percentage of primary-level SDPs offering at least three modern methods of contraception, total and by method, 2016 (n=22 countries)



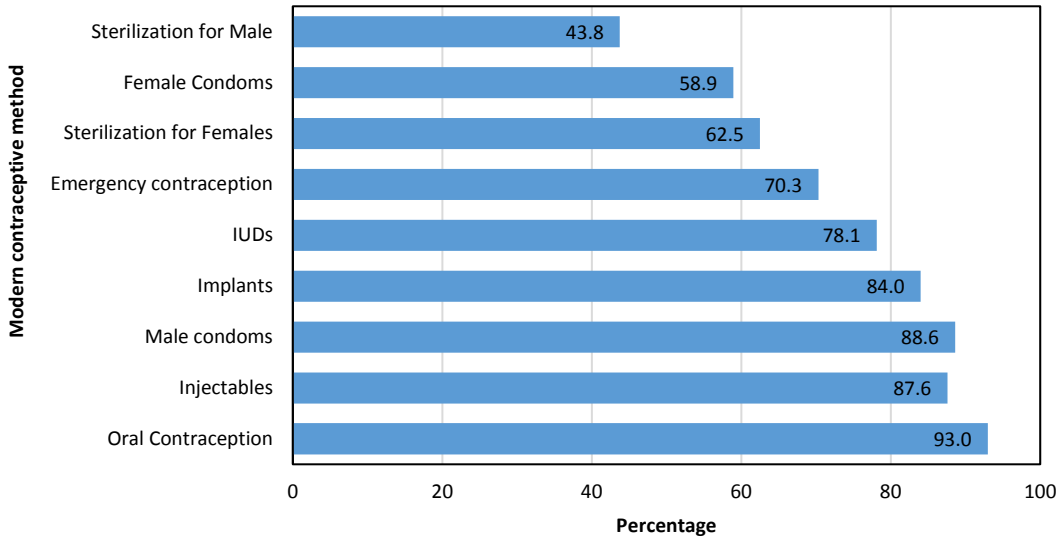
At the secondary and tertiary levels

The percentage of secondary- and tertiary-level SDPs offering at least five modern methods of contraception is 79.2 per cent, averaged for the 22 countries with survey data in 2016. As expected, availability of five modern methods was higher in tertiary SDPs (86.8 per cent) than secondary SDPs (79.3 per cent).

Regarding rural and urban areas, a higher percentage of tertiary or secondary SDPs located in urban areas (80 per cent) than those located in rural areas (62 per cent) offered at least five modern contraceptive methods.

On average, oral contraceptives are the most common modern method available from secondary and tertiary SDPs (93 per cent) followed by injectable contraceptives (87.6 per cent) and male condoms (88.6 per cent) and implants (84.0 per cent). This aligns with the contraceptive prevalence for modern methods for the 46 countries (see Goal Section G4); however the facility surveys show higher availability of implants (84 per cent) at tertiary and secondary levels, which suggests that prevalence of this method is likely to increase.

Figure 15: Percentage of secondary and tertiary SDPs offering at least five modern methods of contraception, total and by method, 2016 (n=*22 countries)*



Reasons for non-availability

The general reasons for non-availability of contraceptives include low or lack of demand for some contraceptives (e.g. female condoms in Burkina Faso, Ethiopia, Honduras Rwanda, Senegal and Sierra Leone). For the long-acting reversible and permanent methods, a key factor is the lack of trained staff with competencies to provide the method. This is so for Burkina Faso, Niger, Nigeria, Lao People's Democratic Republic, Timor-Leste and South Sudan. In almost all the countries, challenges of the supply chain system manifest themselves as reasons for low availability of the methods. These include contraceptives not being available from suppliers (e.g. Democratic Republic of Congo) and delays in the main supply of commodities from source or warehouse as in Ethiopia, Haiti and Nepal.

Registration remains an obstacle despite prequalification

All hormonal contraceptives supplied through UNFPA Supplies are WHO prequalified to ensure quality standards are met. UNFPA also manages the WHO Expert Review Panel (ERP) process for RH medicines, which has played a significant role in speeding up the process and chances of successfully completing the WHO prequalification process and attaining prequalification.

Despite achieving WHO prequalification status or ERP recommendation for procurement, other obstacles have an impact. Registration is one of the biggest challenges with product entry in some countries, either the absence of in-country registration for the product or the lengthy registration procedures that can delay access to the product in the country. National Medicines Regulatory Authorities (NMRAs) are responsible for the regulation and control of medical products to protect public health. However, limited regulatory capacities have resulted in lengthy registration processes that can take two to three years in some countries. In collaboration with WHO, UNFPA has been engaging and providing support NMRAs to prioritize registration of RH medicines especially generic products. The goal is to focus on WHO prequalified RH medicines and the aim is to shorten the registration process to 90 days,

which will facilitate earlier access to the quality-assured product. As part of supplier management, UNFPA tracks in-country registration status of each product that is procured by UNFPA. Each product category has various product options to promote a broad base for procurement choices with competitive prices and to increase access and availability.

The percentage of countries where WHO prequalified/ERP approved hormonal contraceptives are registered is disaggregated: registration of generic hormonal contraceptives across the product categories ranges from 0 to 28 per cent. Registration of innovator products ranges from 11 to 61 per cent. With continued support of the WHO Collaborative procedures programme, the aim is to increase the number of registered generic products in the programme countries.

Table 1: Registration of generic and innovator products

Product category	Procurement catalogue (WHO prequalified/ERP approved)	Percentage of countries where registered
Emergency contraception	7 generics	0–20%
Progestogen pills	1 generic and 2 innovators	Generic = 0% Innovators = 24–30%
Combined oral pills	11 generics and 1 innovator	Generics = 0–28% Innovator = 11%
Injectable contraceptives	4 innovator products	20–32%
Implants	2 innovators; 1 generic	Generic = 28% Innovators = 46–61%

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

The fewer the shortages, the stronger the system: no stock-outs

Stock-outs are shortages or shortfalls in essential reproductive health supplies. Having "no stock-out" is a sign that a country's supply chain is functional. The impact of stock-outs of contraceptives is serious, and means leaving current users of contraceptives and condoms at risk of unintended pregnancies or sexually transmitted infections including HIV. Stock-outs of essential RH medicines can be life-threatening. At the programmatic level, stock-outs seriously hinder the scaling up of reproductive health interventions and their sustainability.

In 2016, 53.2 per cent of SDPs had no contraceptive stock-out in the last three months before the day of the survey assessment visit, for 21 countries reporting. Stock-outs are higher at primary-level SDPs (54.1 per cent) than at secondary (50.7 per cent) and tertiary levels (50.6 per cent).

Among the methods least likely to be out of stock, first are oral contraceptives (74.3 per cent no stock-out), followed by injectable methods (72.8 per cent no stock-out), male condoms (70.5 per cent no stock-out), IUDs (66.6 per cent no stock-out) and implants (66.3 per cent no stock-out). Female condoms are most likely to be out of stock (47.5 per cent no stock-out).

In 11 countries, at least 60 per cent of their SDPs had no stock-out in the last three months before the day of the survey (Burkina Faso, Guinea, Lao People's Democratic Republic, Nepal, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Timor-Leste and Zambia). Data for this indicator ranges from 100 per cent in Sao Tome and Principe to 62.3 per cent in Rwanda. In the case of Rwanda, the numbers improve dramatically when female condoms are omitted; the percentage of no stock-outs increases from 62.3 per cent to 93 per cent.

OUTCOME: INCREASED AVAILABILITY

Shortages are evident in some countries. The percentage of SDPs reporting no contraceptive stock-out in the last three months is low: 2.6 per cent in Côte d'Ivoire; 8.5 per cent for Gambia; 17 per cent for Sierra Leone; and 39 per cent for Haiti, Honduras and South Sudan. Low percentages are also recorded in the Democratic Republic of the Congo, Malawi, Myanmar and Papua New Guinea.

The reasons most often cited for stock-outs of modern contraceptives are delays in re-supplying the facility, absence of trained staff to provide the contraceptives, and low demand for specific methods.

In the new UNFPA Supplies Performance Monitoring Framework, this indicator will also be reported on using the FP2020 core indicator 10 definition, measuring stock-outs on the day of survey (as shown in figure 16(b).

Figure 16 (a) Percentage of SDPs reporting no contraceptive stock-out in the last three months, total and by method, 2016 (n=21 countries)

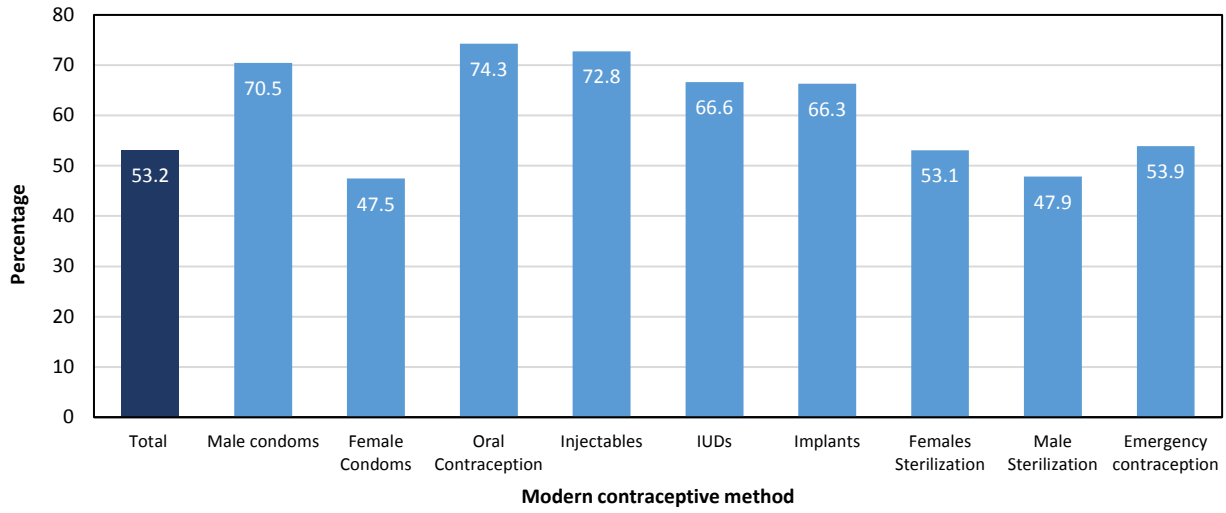
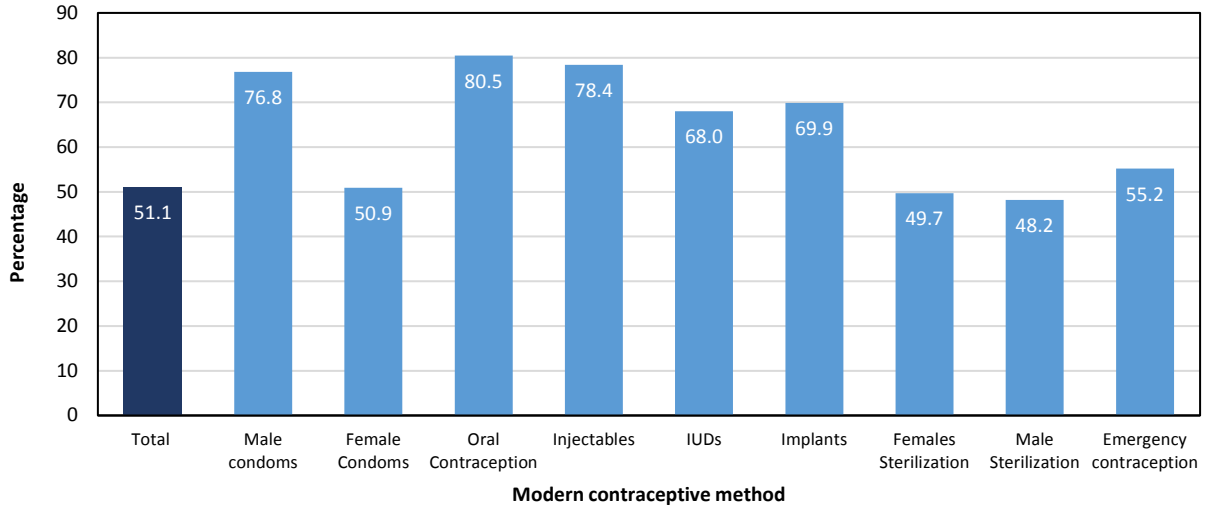


Figure 16 (b) Percentage of SDPs reporting no contraceptive stock-out on the day of the survey, total and by method; 2016 (n=21 countries)



OUTCOME: INCREASED AVAILABILITY

Availability of maternal health medicines

Some 65 per cent of the global maternal deaths in 2015 occurred in UNFPA Supplies focus countries. Complications of pregnancy are the leading cause of death for girls under 15 years old in these and other developing countries. Over 60 per cent of maternal deaths are from preventable causes including post-partum haemorrhage and hypertensive disorders. These conditions can be treated as part of adequate antenatal and postnatal care with the three maternal health medicines recommended by the UN Commission on Life-Saving Commodities for Women's and Children's Health: magnesium sulfate, misoprostol and oxytocin. This is why we measure availability of these medicines.

The percentage of SDPs offering all three of these life-saving maternal health medicines is 60.8 per cent. Data are available for 19 countries in 2016; of these countries, six have the three medicines available at 80 per cent or more of their SDPs. As expected, a higher percentage of tertiary-level SDPs (86.6 per cent) have these medicines available than secondary-level SDPs (76.8 per cent). An average of 45.7 per cent of primary-level SDPs have all the three medicines available.

Regarding urban and rural areas, rural service delivery points are less likely than urban ones to have maternal health medicines available. Availability of the three medicines is 65.1 per cent for urban SDPs and 48.6 per cent for rural SDPs. Oxytocin is available in a higher percentage of SDPs (90.5 per cent) than magnesium sulfate (79.3 per cent) and misoprostol (51.8 per cent).

As per WHO guidelines and UNCoLSC recommendations, availability of these medicines at service delivery points is guided by programme managers choosing products that are appropriate for the specific setting and programme needs. Selection may be guided by the capacity of the supply system to maintain product quality particularly for medicines requiring a cold chain, such as oxytocin; whether identified products are registered for use in the given setting; whether standard treatment guidelines are in place for the chosen medicine; and the availability of skilled providers to administer the medicines. Strong supply chains are needed to support programme managers' decision-making.

Reproductive health in humanitarian settings

In 2016, reproductive (RH) kits were dispatched to 24 countries sufficient to reach 1.3 million women and adolescent girls, slightly fewer than in 2015. (See Output 3 for more details on UNFPA Supplies support in humanitarian settings.)

National budget allocations for contraceptives

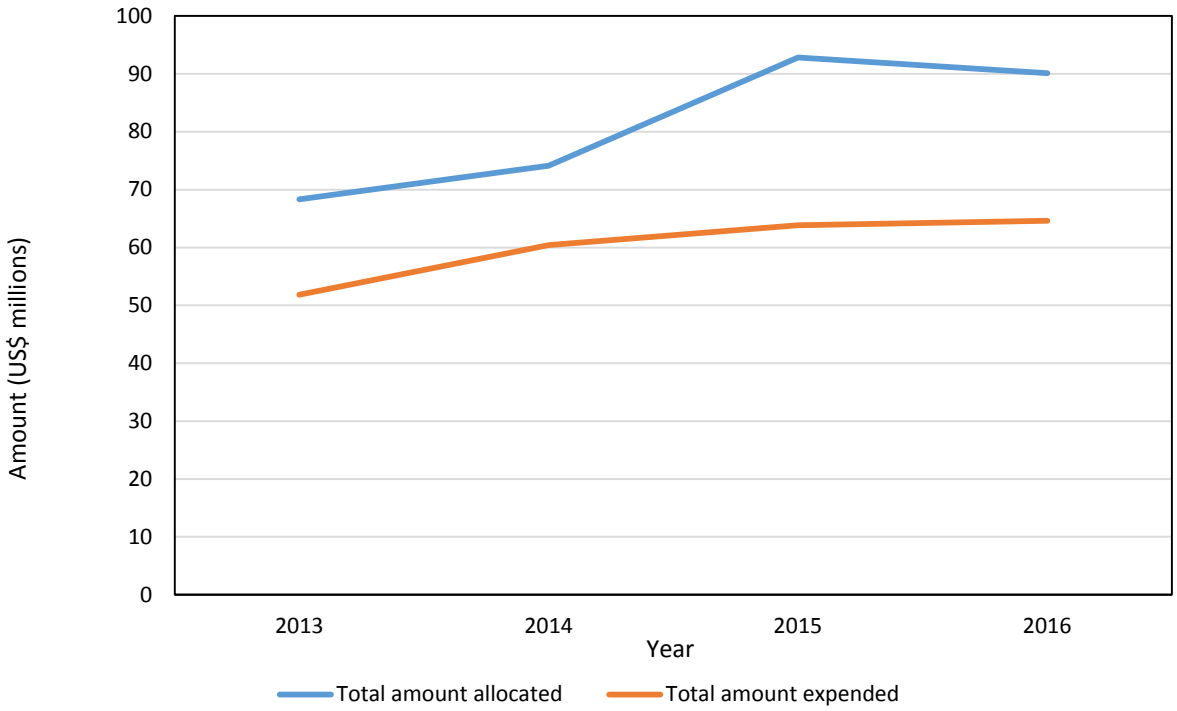
Domestic financing is essential for family planning programmes to be sustainable and to meet the needs of populations. UNFPA Supplies tracks whether countries have allocated funds for procurement of reproductive health commodities (both maternal health medicines and contraceptives) and whether the allocated budget has been spent. This outcome is supported by activities under Output 1 for an enabled environment.

OUTCOME: INCREASED AVAILABILITY

Sixteen countries have an active budget line for the procurement of contraceptives as of 2016, up from 14 countries in 2015. These countries allocate resources and spend at least 80 per cent of the amounts allocated for the procurement of RH commodities.

Seven countries allocated funds but expenditures were less than 80 per cent; 11 countries made allocations but no expenditures data were available; and 12 countries did not make allocations. (See Annex 1 for more details.)

Figure 17: Total amount allocated and amount expended (in US$) in national budgets of UNFPA Supplies implementing countries for procurement of RH commodities, 2013-2016



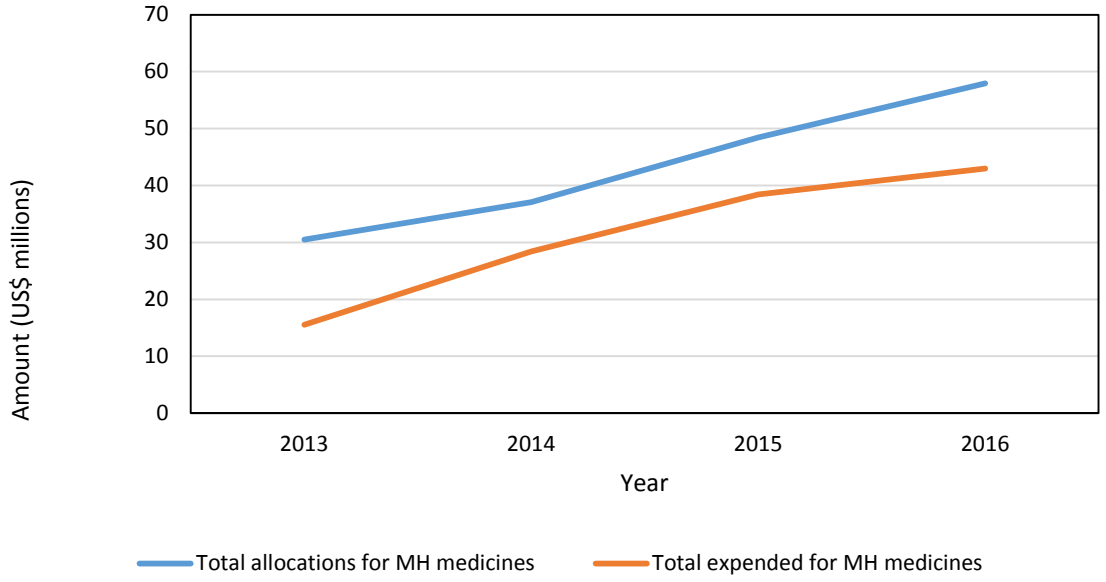
A decrease from $92.8 million in 2015 to $90.1 million in 2016 is seen in the total amount allocated in national budgets for the procurement of RH commodities (contraceptives and maternal health medicines) by UNFPA Supplies implementing countries. Though allocations decreased, spending increased. The total amount expended on RH commodities increased from $63.8 million in 2015 to $64.6 million in 2016, due to more spending on maternal health medicines.

Regarding contraceptives, the amount allocated in national budgets for procurement decreased from $44.4 million in 2015 $32.2 million in 2016. The total amount expended decreased from $25.4 million in 2015 to $21.6 million in 2016.

Regarding maternal health medicines, the amount allocated in national budgets for procurement increased from $48.4 million in 2015 to $57.9 million in 2016, while the total amount expended also increased from $38.4 million in 2015 to $43.0 million in 2016.

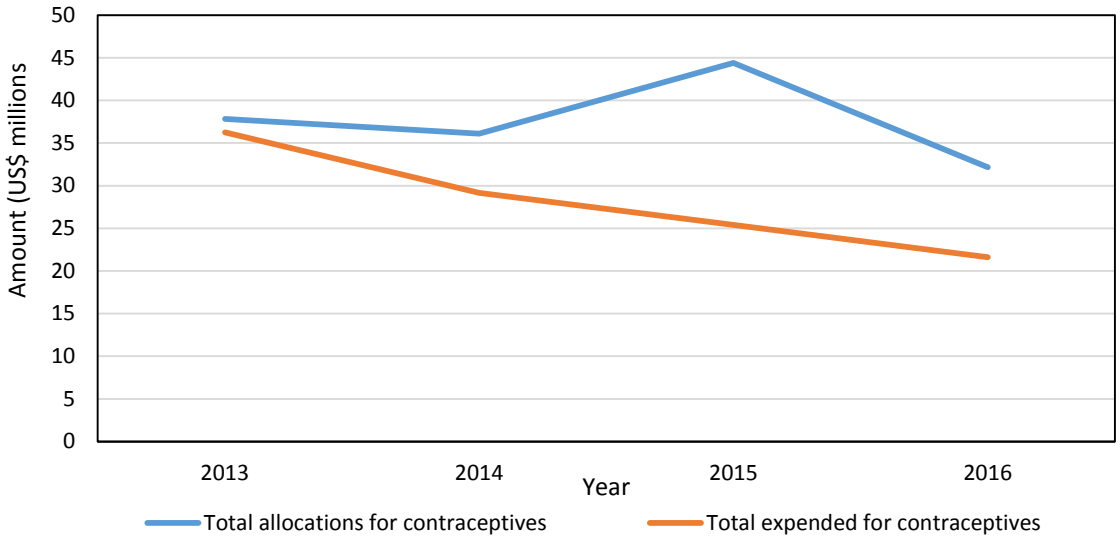
OUTCOME: INCREASED AVAILABILITY

Figure 18: Total amount allocated and amount expended (in US$) in national budgets of UNFPA Supplies implementing countries for procurement of maternal health medicines, 2013-2016



Source: Compiled from UNFPA Supplies country reporting in UNFPA myResult, 2016

Figure 19: Total amount allocated and amount expended (in US$) in national budgets of UNFPA Supplies implementing countries for procurement of contraceptives, 2013-2016



Source: Compiled from UNFPA Supplies country reporting in UNFPA myResult, 2016

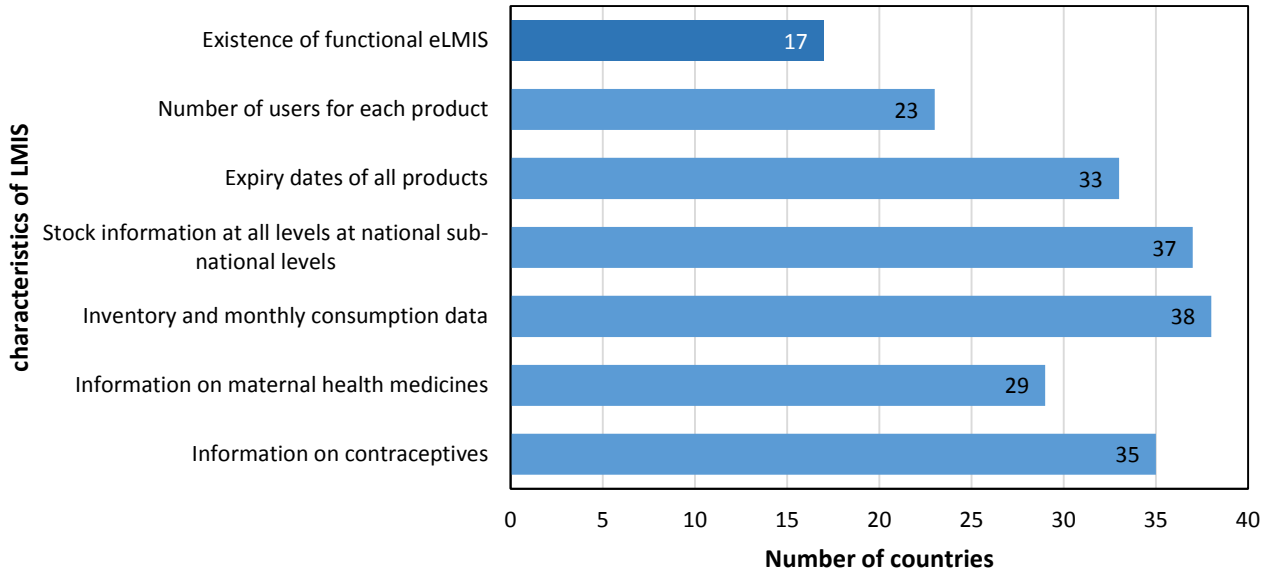
OUTCOME: INCREASED AVAILABILITY

Procurement and logistics management

Number of countries with functional electronic logistics management information system (eLMIS)

An electronic logistics management information system (eLMIS) is an automated platform for real time logistics data management and with linkages between warehouses at national and subnational levels as well as with major health facilities. We therefore assess whether a country has a "functional" electronics logistics management information system (eLMIS) by the first ascertaining whether the platform is automated (computerized) and is being used for real time logistics data management with [some level of virtual (Internet)] linkages to warehouses and major health facilities. Additionally, the system must have the following functional attributes: (1) information on contraceptives; (2) information on maternal health medicines; (2) inventory and monthly consumption data; (4) stock information at all levels at national subnational levels; (5) expiry dates of all products; (6) number of users for each product. When all six attributes are taken together, 17 countries can be said to have a fully functional eLMIS. Many others meet some but not all of criteria. For example, 35 countries can obtain information on contraceptives in their eLMIS and 29 countries have information on maternal health medicines in their eLMIS. This is a stronger indicator in the updated results framework. The 2016 value for the indicator will form the new baseline.

Figure 20: Existence and characteristics of functional logistics management information system in UNFPA Supplies implementing countries, 2016



OUTCOME: INCREASED AVAILABILITY

Indicators in this area have been modified or newly added and are now as follows:

Percentage of SDPs with staff trained LMIS. This is a new indicator in the framework for which data were not collected for 2016.

Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives. This indicator looks for a broad range of stakeholders (e.g. NGOs, CSOs, UN agencies and SMOs) actively taking part in the forecasting of commodity needs for each country. This is a new indicator in the framework for which data were not collected for 2016.

Ratio of TPP versus UNFPA Supplies procurement amount spend for contraceptives for "category C countries". This indicator aims to measure increasing national ownership of commodity procurement by countries transitioning away from UNFPA Supplies support for procurement. In 2016, the programme spent $53,233,625 on procurement of reproductive health commodities for Category C countries (those approaching sustainability). Spending on third party procurement (TPP) by these countries was $4,197,138 – giving a ratio of 1:13. This ratio will form the baseline for reporting on this new indicator in future years.

Percentage of UNFPA Supplies orders fulfilled in agreed quantities and delivered on time by the supplier. This is a new indicator for which data were not collected for 2016.

Data highlights

- 85.9 per cent of primary-level SDPs offer three modern contraceptive methods.
- In 8 of 22 countries surveyed, 95 per cent of primary-level SDPs offer three modern methods.
- Rural and urban SDPs offer three modern methods at nearly the same level (88.4 per cent rural and 84.6 per cent urban).
- 53.2 per cent of SDPs had no contraceptive stock-out in the last three months.
- 1.3 million women and adolescent girls were reached in humanitarian settings through emergency provision of reproductive health kits and services.
- 16 countries have an active budget line for the procurement of contraceptives as of 2016
- 17 countries have a "fully functional" LMIS (against a more robust new indicator) and 35 countries can obtain information on contraceptives in their LMIS.

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

Results for indicators that speak to political and financial commitment to reproductive health commodity security are presented in this section. These results demonstrate the effectiveness of UNFPA's convening power and partnerships to improve the overall family planning policy environment, strengthen supply chains performance and prevent stock-outs and increase availability of reproductive health commodities.

UNFPA works with partners to mainstream family planning and RHCS in development agendas. This strategic focus includes strengthening coordination mechanisms at all levels.

2016 Output 1 scorecard

Score	Status	If the average per cent achievement of the milestone is
Green	**Achieved** (achieved or exceeded)	Equal to or above 100%
Yellow	**Progressing well towards target** (nearly achieved)	Between 80% and 90%
Orange	**Making limited progress** (achievement is about average)	Between 60% and 79%
Red	**Insufficient progress made** (achievement is below average)	Below 60%

Output 1: An enabled environment and strengthened partnership for reproductive health commodity security and family planning

Indicators		Baseline	Milestones						
			2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
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	8	12	15	15	21	20	46	●
1.2	Country-level coordination and partnership								
1.2.1	Evidence of collaboration with (and support to) partners at country level on family planning and commodity security	New indicator						41	NA

OUTPUT 1: ENABLED ENVIRONMENT

Indicators		Baseline	Milestones						
			2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
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.	New indicator						0%	NA
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.	New indicator						0%	NA

1.1 Global and regional partnerships

UNFPA works to create an enabling environment for family planning and reproductive health commodity security through partnerships that leverage UNFPA's convening power and that build on the strengths of the UNFPA Supplies programme. In 2016, through support from UNFPA Supplies, UNFPA engaged with 31 global partners, 28 regional and subregional partners and organizations, five universities, two research institutes and three private sector companies. We are highly grateful to all our partners who are a vital support to UNFPA Supplies activities in Outputs 1 to 4, including through:

1. Partnerships to strengthen policy and to support sustainable family planning financing
2. Partnerships to strengthen supply chains and expand method mix
3. Partnerships to reach marginalized populations, adolescents and youth

Partnerships to support humanitarian response are detailed in Output 3.

Partnerships to strengthen policy and to support sustainable family planning financing

As co-chair of the FP2020 Reference Group and through engagement with FP2020 working groups, UNFPA furthered efforts to ensure that voluntary family planning is a priority for developing countries and resources are available to scale up rights-based family planning.

In April 2016, UNFPA Supplies hosted a consultation in New York attended by more than 40 participants from 20 organizations to discuss family planning in the context of universal health coverage (UHC) and sustainable health financing and also to examine how to coordinate and align related efforts of stakeholders represented at the consultation. As a result of this meeting, in early 2017, an FP Financing Reference Team was set up to further address these challenges, build consensus and alignment among the broader community and define and begin carrying out initial priority steps as identified. UNFPA and

USAID are co-chairing this effort. As a result of this collaboration, USAID through funding the Health Policy Plus (HP+) project is defining a family planning benefits package and determining how it can be applied to health insurance schemes.

A side meeting of the FP-UHC Reference Team (since renamed the FP Financing Reference Team) took place at the Reproductive Health Supplies Coalition Annual Meeting (Seattle, October 2016), followed by a broader meeting of the team for a progress update and definition of next steps. Also in late November, the USAID-funded project "Strengthening Health Outcomes through the Private Sector (SHOPS+)" organized a meeting that aligned closely with and complemented the evolving collaboration of the FP-UHC Reference Team. As a result it was proposed that a single, broader collaborative effort would be established to provide a mechanism/forum for coordination, identification of synergies, alignment, collaboration, information repository and exchange. The working name of this evolving collaboration is the USAID–UNFPA co-chaired FP Financing Reference Team (other workstreams include: "Provider-client interaction: how to finance provider-client interaction to maximize FP service access, choice, quality, coverage and equity" and "Transitioning from donor funding, including an exploration of domestic resource mobilization issues".

UNFPA, in collaboration with other key partners such as JSI, Avenir Health and The Guttmacher Institute, collaborated under leadership from the RH Supplies Coalition to develop a Global Contraceptive Commodity Gap Analysis that estimated the funding gap for commodities needed for 135 low- and middle-income countries to meet their family planning goals, including as a subset the 69 FP2020 focus countries. With a long history of extensive monitoring and evaluation in the field of family planning, UNFPA Supplies data were key to this analysis, including those extracted from the *UNFPA External Procurement Support Report*; the UNFPA–NIDI external resource flows for family planning surveys; and from UNFPA Supplies country questionnaire responses on country spending and allocation. Findings of the commodity gap analysis are being used extensively in advocacy and fundraising for family planning – particularly resulting in a call to action launched by CSO members of the Reproductive Health Supplies Coalition during the UN General Assembly in September 2016.

In the West and Central Africa Region, as part of UNFPA's efforts to support regional initiatives that support national efforts and have the added value of economies of scale, spillover and cross-border learning, UNFPA is supporting the Sahel Women's Empowerment and Demographic Dividend (SWEDD) initiative. This project, initiated together with the World Bank, and the governments of six countries (Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger) is tackling the demographic challenges in the Sahel. In 2016, UNFPA brought together two significant gatherings of leaders and stakeholders from the Region to discuss how the approach could be optimized and reproduced in other countries and subregions.

In the Latin American and Caribbean Region, UNFPA, the Inter-American Development Bank (and its Health Initiative for Meso-America), USAID, the Reproductive Health Supplies Coalition (and particularly the ForoLAC), the FP2020 and the Colombian Family Welfare Association (Profamilia), organized the First Conference of Latin America and the Caribbean on the Reduction of Inequalities in Sexual and Reproductive Health, 6–

8 September 2016, in Cartagena de Indias, Colombia. The Conference led to a call to action to renew commitments and unite efforts to address and overcome the challenges that are faced across the region with practical solutions to translate commitments into concrete action to increase access to family planning for all.

In East and Southern Africa, a multi-country (Kenya, Madagascar, Uganda and Zimbabwe) Total Market Approach study identified methodologies of expanding access to all RH services and supplies, especially for young people. This will inform sustainability strategies and inform which countries will be supported to be self-reliant and graduated out of depending on donor support for contraceptives. A review of determinants and other factors that would contribute to attaining FP2020 goals was carried out with two teams from New York University.

Partnerships to strengthen supply chains and expand method mix

UNFPA and the Global Fund to Fight AIDS, Tuberculosis and Malaria signed a procurement agreement for UNFPA to provide procurement services to GFATM Principal Recipients. Integration of the UNFPA and GFATM platform was successful and as a result GFATM procurement requests are now channelled to UNFPA.

UNFPA Supplies continued to participate in the Implant Access Programme, bringing together a group of public and private organizations to make contraceptive implants available to women in the world's poorest countries at reduced prices (approximately 50 per cent price reduction) through 2018. Proper subcutaneous insertion in the upper arm as well as the safe removal of contraceptive implants require trained health-care providers. The Implant Access Programme members are also collaborating with other organizations to train health workers, reduce supply chain disruptions, increase service delivery quality and availability, and raise awareness about implants at the community level.

The East and Southern Africa Region was particularly active on regional partnership efforts to strengthen supply chains. UNFPA worked with regional economic commissions – COMESA, EAC, IGAD and SADC – on an initiative to manufacture condoms and other commodities in the Region. As a result, condom manufacturing companies are pursuing the set-up of plants in one or more countries selected from Botswana, Kenya, Namibia, Zambia and Zimbabwe.

Furthermore, UNFPA, in collaboration with WHO, the RH Supplies Coalition and two universities in the East and Southern Africa Region worked on institutionalization of country procurement systems. This collaboration contributed to an increase in use of WHO prequalified (i.e. quality assured) generic products in selected countries.

UNFPA also collaborated with the EAC Supply Chain Center of Excellence on a Regional Supply Chain Solution, including private sector engagement. This aim is to expedite response time in humanitarian crises and to facilitate cross-border stock-replenishment to forestall stock-outs within the East African Community.

Through support from the East and Southern Africa UNFPA Regional Office, in collaboration with KPMG, the Central Medical Stores of Botswana assessed the feasibility of a track and trace barcode solution for end-to-end visibility of the supply value chain.

The recommendations will be used to inform the design a solution for Botswana that will be shared with other countries in the Region.

UNFPA Supplies supports the institutionalization of training activities for reproductive health commodity security and family planning. The aim is to strengthen training institutions to ensure that skilled human resources are available at all levels of health systems. UNFPA continued to collaborate with the East Africa Community (EAC) Supply Chain Center of Excellence in Kigali, Rwanda to support work with universities in different countries in the Region to conduct Supply Chain Management training courses. The University of Nairobi has already commenced a Master's programme in Supply Chain Management as a result of this partnership.

In the Asia and Pacific Region, UNFPA collaborated with the IIHMR University of Jaipur, India, for development and conduct of a course on RH Commodity Security for the programme and management staff of UNFPA and partners particularly from ministries of health of the countries in the Region. Based on the country needs, the training programme was designed to strengthen supply chain management including family planning programming. The course also covered RHCS in humanitarian situations. In 2016, 26 candidates from eight countries received training through the programme.

Also in East and Southern Africa, UNFPA in partnership with WHO, the University of Sussex, the University of the Western Cape and the Reproductive Health Supplies Coalition, capacity building efforts were undertaken to institutionalize the practice of procuring generic commodities within country procurement systems and by medicines regulatory authorities, which has resulted in an increase in procurement of generics in all regional countries.

Partnerships to reach marginalized populations, adolescents and youth

UNFPA Supplies collaborated with Planned Parenthood Federation of America (PPFA) on a project called "Global Mobile" to increase access to sexual and reproductive health information that is accurate, culturally sensitive, context specific and appropriate. The project uses mobile phone technology and provides links to high-quality sexual and reproductive health service centres for youth in Ecuador and Nigeria. The project proved effectiveness in these two diverse cultures, and is considered to be scalable for introduction in other countries in Africa and Latin America.

In the Dominican Republic, and in collaboration with IconMobile, a leading German technology company, UNFPA's Regional Office in Latin America and the Caribbean implemented the "mchoices" health initiative. This initiative aims at increasing adolescents' access to family planning information and services in addition to providing them with information and links to youth-friendly services. The mchoices programme equips health providers and counsellors with up-to-date information and communication aid tools.

The Latin America Regional Office also supported the creation of a Nucleus of International Training Center in SRH at the University of Chile, with an emphasis on contraception and adolescents health. Eight countries such as Argentina, Bolivia, Chile, Ecuador, Mexico, Paraguay, Peru and Uruguay have already benefited from the training offered by the Training Center.

In the Eastern Europe and Central Asia Region, a Regional Multi-sectoral consultation for Universal Access to Contraception aimed at advancing coordinated response to unmet needs was conducted in collaboration with East European Institute for Reproductive Health (EEIRH). A regional learning platform was also developed in collaboration with EEIRH, with a package on human rights and contraceptive services developed by UNFPA and WHO. In 2016, out of a total of 249 users who had registered for the course, 228 participants from three countries in the region have fully completed their course (92% completion rate).

1.2 Country-level coordination and partnership

At country level, 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, total market approaches and promoting the environmentally sound disposal of supplies);
- engaging in advocacy for increased resource allocation especially by governments;
- strengthening processes to increase the availability of quality products at country level.

Country-level partnerships are vital for the success of these efforts.

Partnerships with programme country governments

Government leadership and ownership is essential to progress in sexual and reproductive health, including family planning. UNFPA assistance in a particular country is prepared and agreed jointly by the government and UNFPA every three to five years through a Country Programme Document (CPD). In addition, an annual the country programme action plan (CPAP) is developed that elaborates and refines the programme design, strategies and management modalities outlined in the CPD. It provides a detailed description of the programme, its processes, major results expected and strategies for achieving those results.

Every year, like CPAP, UNFPA Supplies also develops a workplan in consultation with the Ministry of Health and other country partners to support the national family planning programme. UNFPA does not implement the agreed workplan but provides technical assistance to its partners, primarily the government and other implementing partners. UNFPA Supplies, in collaboration with the Procurement Services Branch of UNFPA, also support governments' requests for procurement of RH commodities irrespective of funding source.

At country level, UNFPA Supplies often plays a convening and coordinating role on reproductive issues including family planning on behalf of the Ministry of Health.

Partnerships with NGOs

In 2016, 41 of 46 UNFPA Supplies implementing countries worked with national and international NGOs to expand the provision of reproductive health commodities and family planning services. The number of partnerships varied according to each country context. For example in South Sudan, UNFPA worked with 27 NGOs to provide support in

the humanitarian situation, whereas in Ethiopia and Kenya, UNFPA engaged with one well-established NGO in each country that had whole-country programmes.

Throughout the year, UNFPA Supplies continued collaborating with Marie Stopes International (in 10 countries), PSI (in eight countries) and with IPPF and its affiliates and DKT, who contribute to expanding the delivery of modern contraceptive services and family planning information.

Partnerships with civil society organizations

Thirty-one UNFPA Supplies countries worked with civil society organizations in their respective countries for community mobilization for family planning service delivery. In Nepal, partnership with two CSOs resulted in advocacy programmes in 17 out of 75 districts. In Ghana, a partnership with two organizations reached over 80,000 women and adolescent girls with family planning information and services.

Partnerships with social marketing organizations

In UNFPA Supplies countries, presence and activities of social marketing organizations varied greatly. In 2016, 24 UNFPA Supplies countries collaborated with social marketing organizations. 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 such as Animus Sutura a Niger NGO.

Partnerships with United Nations agencies

At country level, UNFPA Supplies coordinated with other United Nations organizations – UNICEF, WHO, UNHCR, WFP, IOM, UNAIDS and UNDP – particularly for provision of RH kits and RH services. For example, UNFPA collaborated with UNHCR in Ghana to provide RH information and services including family planning to refugees in three camps.

Partnerships with the private sector

UNFPA Supplies engaged with the private sector in nine countries. For example, in Uganda, UNFPA Supplies provided commodities to foundations and medical facilities as part of an alternative distribution channel to reach vulnerable populations and adolescents.

1.3 Product availability

The Coordinated Assistance for Reproductive Health Supplies (CARhs) partnership between UNFPA, USAID and, among others, WAHO continues to be strong and effective in dealing with under and over stock situations. When required, shipments are redirected and rescheduled to the countries in immediate need. In-country coordination between key actors is constantly encouraged and supported.

The UNFPA- and USAID-led Coordinated Supply Planning group (CSP) continued efforts to use data to improve allocation of commodities and to foresee and address potential stock imbalances before they become emergency issues. UNFPA and USAID took an end-to-end approach (from manufacturer to end user) and improved and standardized data-collection on consumption, stock levels and shipments of various contraceptives. This

served to improve visibility along the supply chains and identified countries with under- and overstocks, facilitating corrective action.

Two new indicators in the Performance Monitoring Framework assess product availability, which the programme will be able to report on from 2017:

> 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; and
>
> Percentage of requests for procurement of three-month injectable contraceptives that are identified as having the potential of creating overstock, and for which the goods were shifted to other countries where a stock-out is about to occur.

Data highlights

- In 2016, through support from UNFPA Supplies, UNFPA engaged with 31 global partners, 28 regional and subregional partners and organizations, five universities, two research institutes and three private sector companies.
- 41 UNFPA Supplies implementing countries worked with national and international NGOs to expand the provision of reproductive health commodities and family planning services.
- 31 countries worked with civil society organizations in their respective countries for community mobilization for family planning service delivery.
- 24 countries collaborated with social marketing organizations.
- Two new indicators to assess product availability will track procurement requests for implants and 3-month injectable contraceptives.
- Partnerships to strengthen policy and to support sustainable family planning financing included engagement with FP2020, establishing an FP Financing Reference Team, helping develop a Global Contraceptive Commodity Gap Analysis, supporting the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project, participating in the First Conference of Latin America and the Caribbean on the Reduction of Inequalities in Sexual and Reproductive Health, conducting in East and Southern Africa a multi-country Total Market Approach study.
- Partnerships to strengthen supply chains and expand method mix including signing a procurement agreement for UNFPA to provide procurement services to GFATM Principal Recipients and participating in the Implant Access Programme. In the East and Southern Africa Region, an active year included working with regional economic commissions, collaborating with partners to expand generic products and introduce a regional supply chain solution, as well as institutionalizing training courses on supply chain management and RHCS.
- Partnerships to reach marginalized populations, adolescents and youth included a mobile phone project with Planned Parenthood Federation of America in Ecuador and Nigeria, support to UNFPA's Regional Office for Latin America and the Caribbean for "mchoices" and training in sexual and reproductive health at the

University of Chile. Partnership with the East European Institute for Reproductive Health contributed to a regional consultation on unmet need and a learning platform on human rights and contraceptive services.

HUMAN RIGHTS IN FAMILY PLANNING PROGRAMMES

UNFPA works to make human rights principles and norms integral to family planning programmes. Such efforts focus on empowerment of girls and women and ensuring that contraceptive use is based on full, free and informed choice as part of voluntary family planning programmes. For family planning as for all health care, governments are obliged to make health care available, accessible, acceptable, and of the highest possible quality. Family Planning 2020 (FP2020) has provided momentum for promoting rights and empowerment principles.

UNFPA-supported activities such as the examples below are advancing family planning as a human right. The featured countries participated in a regional workshop on "Strengthening Family Planning Services in Accordance with Quality of Care and Human Rights Standards".

Helping youth access services

Ethiopia has finalized its National Adolescent and Youth Health Strategy (2016–2020). Among the guiding principles of this strategy are: rights-based approach, adolescent and youth ownership, equity and inclusion, life-course approach, comprehensive care, adolescent- and youth-centred services, integration and affordability. The strategy expands access through out-of-school platforms such as youth centres and health care facilities (public and private). It also identifies schools and higher education institutions as service delivery platforms for comprehensive sexuality and life skills education, as well as for counselling, treatment and referral services. In addition, Ethiopia has completed a national survey on factors affecting family planning utilization among adolescents aged 15–19. To help overcome the many challenges facing provision of youth-friendly services, steps are being taken to build a youth-responsive health workforce.

Evidence-based policy development

In Malawi, National Human Rights Institutions (NHRI) have conducted a country assessment, national inquiry and public inquiry on human rights and sexual and reproductive health, including family planning. To support evidence-based policy development. A knowledge-sharing platform developed by the Ministry of Health has contributed to a policy brief for dialogue on increasing conceptive uptake among adolescents. Malawi has upgraded the reproductive health unit to a directory in the Ministry of Health; established a budget line for reproductive health; increased its contraceptive prevalence rate; and integrated issues of demographic divided in sectoral plans. Family planning is essential to harnessing the demographic dividend to achieve socioeconomic development in Malawi, where development challenges include rapid population growth, low use of modern contraceptives, a high number of women who want family planning but are not using it, early childbearing and low secondary school enrollment.

OUTPUT 1: ENABLED ENVIRONMENT

Access, availability and quality

In Uganda, a UNFPA-supported pilot project has succeeded in integrating human rights-based approaches (HRBA) within family planning and maternal health in the China Uganda Friendship Hospital—Naguru. The result is a dramatic increase in the number of clients seeking these services. The hospital credits the improved customer care, which followed health workers' participation in HRBA orientation along with capacity building that increased knowledge on post-partum family planning and how to recommend a choice of safe and effective modern contraceptive methods. The Ministry of Health's involvement is strong, as reflected in its procurement of equipment (e.g. screens, couches and curtains) that has helped ensure privacy, confidentiality, dignity and respect of clients and also conducive working environment for health workers. In related activities, the Uganda Human Rights Commission carried an assessment of health facilities, shared the findings with the administration and agreed on priority areas of interventions, including creation of an HRBA taskforce.

In Zanzibar (Tanzania), access to quality services is advancing the right to health. Initiatives to integrate family planning in HIV care and treatment have resulted in double the number of facilities offering such services, up from 5 to 10. One youth centre has also added services, two more clinics also provide cervical cancer screening, and seven health facilities now offer post-partum family planning. This integrated approach was promoted by the Zanzibar AIDS Commission, Ministry of Health and civil service organizations. Related work includes training of service providers, development of family planning guidelines and creation of an integration technical committee.

Commodity security

Even where family planning services are in place, rights are not realized unless contraceptive methods are available at the time the client needs them. For women who want to limit the number of children they have, long-acting reversible contraceptives are more effective than short-term methods. Post-partum contraception helps reduce unintended pregnancies and space births to increase maternal and child health. UNFPA supports a pilot project operating in three provinces in Zimbabwe to expand access to methods such as the IUD. An assessment shows high user satisfaction but need for more information for demand generation, more counselling for clients to address complications, more trained health service providers, and access at more facilities as four of the six are referral sites.

UNFPA Supplies supports country-led effort to improve knowledge, skills and tools to integrate human rights into their work on family planning and the delivery of contraceptive information and services. Its focus on the contraceptive supply chain and method mix are key to realizing the right to family planning.

Output 2: Improved efficiency for procurement and supply of reproductive health commodities

Indicators under this Output aim to measure strategic efforts by UNFPA Supplies at the global level to improve the quality of products, make procurement processes more efficient, cost-effective and environmentally friendly, and to deliver an appropriate method mix of commodities to countries based on their needs. The ultimate aim of these activities is to help ensure that all people can choose, access and use high-quality reproductive health products.

Key 2016 initiatives in improving procurement and supply efficiencies

UNFPA Supplies began work to develop a UNFPA Supply Chain Management Strategy, one focus of which will be on global level strategic interventions to improve up-stream supply of quality-assured RH commodities. This effort will reinforce the UNFPA procurement practice to manage risks efficiently and to maintain partners' and countries' confidence in the global procurement processes and systems established and undertaken by UNFPA.

Building on UNFPA and USAID's experience and progress in putting in place the people, processes, policies and tools to promote supply chain visibility and collaborative decision-making between governments and donors, a need was identified to develop a supportive tool to create a virtual collaborative space where the existing teams can simultaneously see the same data and execute supply decisions – a Global Visibility Analytics Network (VAN). UNFPA and USAID are providing key staff to design, test and use the platform. Other key members of the RH community are providing important technical assistance in terms of data analysis. A steering committee with UNFPA representation was established in 2016, and work to select an IT system in conjunction with the wider health community in 2017. These are important first steps of the journey towards the longer-term Global VAN vision of: (a) more timely and cost-effective delivery of commodities to countries; (b) more women reached with the right product at the right time; and (c) agreement among the broader health community on how best to allocate limited health resources.

In late 2015, UNFPA and USAID collaborated to call upon suppliers of contraceptives, to provide expert advice on implementation of standards for product identification to further efforts towards ensuring contraceptive security and patient safety through "track and

trace" capabilities. As a result, a Reproductive Health Global Traceability Advisory Group (RH-GTAG) was established, co-chaired by UNFPA and USAID. Membership of the group includes suppliers of hormonal implants, injectable contraceptives and oral contraceptives; trade organizations; and other organizations whose work focuses on contraceptive commodity security. The group came together monthly throughout 2016 to discuss the benefits, opportunities and challenges with implementing standardized product identification and establishing traceability systems. The group shares developments in global and in-country efforts towards this and provides recommendations for the best path forward for procuring agencies and donors such as UNFPA and USAID in this area. The major output of the group was a set of recommendations for suppliers for barcode labelling of packages to be implemented over a five-year period beginning in mid-2017, titled the "Identification Guidelines for Reproductive Health Products". The aims of adopting these standards among procurers is to identify and implement supply chain efficiencies; enable end-to-end data visibility; ensure supply chain security; and increase patient safety.

As part of efforts towards Ethiopia's five-year strategy for implementation of standards and technologies to improve mechanisms to control counterfeit products and improve supply chain visibility, UNFPA finalized its second proof-of-concept work with Ethiopia Ministry of Health in partnership with USAID by successfully transmitting data from UNFPA's order tracking system to Ethiopia Ministry of Health system electronically. The aim of this "end-to-end visibility" work is to improve patient safety, supply chain security and supply chain efficiency through product traceability.

2016 Output 2 Scorecard

Score	Status	If the average per cent achievement of the milestone is
Green	**Achieved** (achieved or exceeded)	Equal to or above 100%
Yellow	**Progressing well towards target** (nearly achieved)	Between 80% and 90%
Orange	**Making limited progress** (achievement is about average)	Between 60% and 79%
Red	**Insufficient progress made** (achievement is below average)	Below 60%

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

Indicator		Baseline	Milestones						
			2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
2.1	Quality of products								
2.1.1	Number of manufacturing sites for condoms and IUDs that are WHO prequalified	New indicator	MC 25 FC 2 IUD 7	Male condoms (25) Female condoms (2) IUDs (5)	MC 25 FC 2 IUD 7	Male condoms (27) Female condoms (2) IUDs (6)	MC 25 FC 2 IUD 7	Male condoms (30) Female condoms (4) IUDs (7)	NA

OUTPUT 2: PROCUREMENT EFFICIENCY

Indicator		Baseline	Milestones						
			2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
2.1.2	Number of hormonal contraceptives and the three priority maternal health medicines [oxytocin, magnesium sulfate and misoprostol] that are WHO prequalified	New indicator	HC 23	Hormonal contraceptives (24) Maternal health (3)	HC 25	Hormonal contraceptives (26) Maternal health (4)	HC26	Hormonal contraceptives (27) Maternal health (10)	Numbers increasing since 2014
2.1.3	Number of hormonal contraceptives and three priority maternal health medicines [oxytocin, magnesium sulfate and misoprostol] that have positive Expert Review Panel (ERP) opinion	New indicator		Hormonal contraceptives (16) Maternal health (3)		Hormonal contraceptives (17) Maternal health (6)		Hormonal contraceptives (18) Maternal health (10)	Numbers increasing since 2014
2.2	Procurement efficiency								
2.2.1	Trends in average annual contraceptive prices for UNFPA	New indicator				69% reduced prices from 2014		94% reduced prices from 2015	Trend is year-on-year price reduction
2.2.2	Total amount (US$) saved through procurement of generic products	New indicator					$166,000	$566,564	
2.2.3	Cost per CYP based on contraceptives procured by UNFPA Supplies (disaggregated by commodity)	$2.24	$2.22	$2.91	$2.20	$2.80	$2.18	$2.78	
2.2.4	Cost per unintended pregnancies averted based on contraceptives procured	$8.27	$8.27	$10.65	$8.00	$9.80	$7.80	$8.11	
2.3	Environmental risk mitigation								
2.3.1	Number of countries where guidelines and protocols on disposal of MH medicines are update in line with contents of UNFPA Guidance Note	0	2	1	5	9	10	8	
2.4	Quantity and mix for commodities procured								
2.4.1	Total couple years of protection (CYP) (in millions) for contraceptives and condoms for UNFPA Supplies procurement (disaggregated by commodities including for generics)	35.1	35.3	28.4	35.9	31.5	36.4	22.4	
2.4.2	Percentage of contraceptives procured that are generic products	New indicator							NA

2.1 Quality of products

Through UNFPA's work to procure international-standard quality-assured products, including lower unit-cost generic products are made available to UNFPA Supplies focus countries. In 2016, UNFPA continued to advance efforts to improve the quality of products it provides, and to educate a range of manufacturers, testing facilities and government agencies on improving their products and services.

UNFPA Supplies benefits from quality assurance processes within UNFPA Procurement Services that ensure efficiency and value for money. UNFPA's Procurement Services Branch was the first UN organization to achieve ISO9001 certification. This independent certification publicly recognizes quality management principles including customer focus, management motivation and continual improvement – all of which are utilized in delivering the commodities and services to UNFPA Supplies programme countries. In addition, procurement staff have attained professional certification through the Chartered Institute

of Purchasing and Supply. These certifications help to ensure the efficient and effective planning and execution of procurement and supply.

One key to quality is the WHO Prequalification of Medicines Programme (PQP) and the UNFPA–WHO Prequalification Programme for male condoms, female condoms and copper IUDs, which provides an assessment of the quality of hormonal contraceptives and contraceptive devices from manufacturers. UNFPA manages the prequalification process for male and female condoms and IUDs on behalf of and in conjunction with WHO, while WHO is responsible for the prequalification of medicines programme. All manufacturers of contraceptives and reproductive health medicines, supplied through UNFPA Supplies, including hormonal contraceptives, are UNFPA–WHO prequalified.

UNFPA's ongoing work to help increase the number of WHO prequalified manufacturers for contraceptives and maternal health medicines is helping drive down contraceptive prices (as shown in the table below).

Table 2: Increasing numbers of prequalified manufacturers and impact on contraceptive prices

	Numbers of WHO prequalified manufacturers (average price in parentheses)				
2015	Male condoms: 27 ($4.04 gross)	Female condoms: 2 ($0.55)	IUD: 6 ($0.32)	Hormonal contraceptives: 26 (injectables $0.86; implants $8.66; oral $0.32; ECP $0.43)	Maternal health medicines: 4
2016	Male condoms: 30 ($3.64 gross) ↓10% price decrease	Female condoms: 4 ($0.49) ↓11% price decrease	IUD: 7 ($0.30) ↓6% price decrease	Hormonal contraceptives: 27 (injectables $0.82; ↓5% implants $8.05; ↓7% oral $0.30; ↓6% ECP $0.35 ↓19%)	Maternal health medicines: 9

In addition, UNFPA manages an Expert Review Panel (ERP) process that indirectly supports manufacturers to submit applications to the WHO prequalification process (PQP) by providing them an alternative entry into the supply chain while the WHO PQP process is ongoing, provided the product meets certain quality, efficacy and safety criteria. The ERP also provides technical guidance from WHO experts that enables the manufacturers to act on potential weaknesses to prevent delays during WHO PQP assessment.

Meeting the necessary standards for hormonal contraceptives containing minute doses of active hormone requires precise manufacturing processes. In 2016, UNFPA

UNFPA enters strategic partnership with Global Fund

In 2016, UNFPA and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), entered into a strategic partnership to improve access to quality-assured condoms. UNFPA will support the Global Fund mission of ending the HIV epidemic, by providing its implementing partners with quality-assured condoms at competitive prices, and with swift delivery.

This partnership will further enhance market shaping efforts thereby increasing value for money. By working together to ensure the quality of contraceptives, we can better provide access to safe and reliable disease prevention tools, helping to save the lives of millions.

supported one additional manufacturer of hormonal contraceptives to receive positive Expert Review Panel (ERP) opinion (increasing the total with ERP opinion to 18 manufacturers). In addition, four more manufacturers of priority maternal health medicines – oxytocin, magnesium sulfate and misoprostol – also gained positive ERP opinion, bringing the total to 10 manufacturers.

2.2 Procurement efficiency

UNFPA Supplies leverages UNFPA's comparative advantage in procurement as high-volume buyer and pooler of significant donor resources. UNFPA works with many partners and their clients to improve on order cycles and reduce lead time, establish long-term agreements (LTAs) for procurement of quality contraceptives, and better pricing mechanisms for sexual and reproductive health commodities.

Through UNFPA Procurement Services (www.unfpaprocurement.org), UNFPA partners with government ministries and institutions, NGOs and financial institutions such as the World Bank and the Global Fund to access UNFPA's knowledge and purchasing capacity so that they can make the best use of their own financial resources and donor funds to procure RH supplies. This not-for-profit partnership with UNFPA offers convenient access to high-quality, affordable reproductive health products, as well as up-to-date information on various contraceptive orders and several tools for planning and ordering purposes.

UNFPA supports over about 40 per cent of all donated reproductive health commodities. This purchasing power enables significant cost reductions that benefit UNFPA Supplies programme countries. Through its market shaping efforts and its improved commodity forecasting and planning procedures, UNFPA was able to reduce prices of approximately 94 per cent of its key contraceptives procured in 2016.

UNFPA was able to reduce prices for key contraceptives on 16 out of 17 items in 2016 (compared with prior year prices), and maintains 100% lower prices than public sector procurer USAID, and compared with the median MSH International Medical Products Price Guide listings. See the UNFPA contraceptive price indicator 2016.

Table 3: Actual average 2015 price and average 2016 price (US$)

Year	Male condoms	Female condoms	IUDs	Oral contraception	Injectables	Implant	Emergency contraception
2015	4.04	0.55	0.32	0.32	0.86	8.66	0.43
2016	3.64	0.49	0.30	0.30	0.82	8.05	0.35

UNFPA is an active participant in the Implant Access Guarantee, which has reduced the price of contraceptive implants by up to 50 per cent compared with 2012 – effectively doubling the quantity of implants provided.

OUTPUT 2: PROCUREMENT EFFICIENCY

UNFPA maintains stock of key contraceptives and RH kits in order to expedite delivery in emergency situations or in cases of potential stock-outs. This helps improves programme delivery, since the contraceptives and RH kits are provided more quickly. (See Output 3 for further details on UNFPA Supplies support in emergency situations.)

The main goal of supporting a mix of contraceptive methods is to make the right to family planning real by providing women with a personal choice of the method that they find most desirable and are most likely to be able to stick with and continue over time. Through UNFPA Supplies, countries decide which methods their populations prefer with the donor funds we can make available.

Funds approved[4] through UNFPA Supplies in 2016:

- $57.6 million for the purchase of contraceptives (this includes $1.4 million worth of implant consumables and syringes for intramuscular injectable contraceptives)[5]
- $1.8 million for reproductive health kits in emergencies
- $6.8 million for maternal health medicines.

Expenditure:

- $77.6 million spent on RH commodities in 2016, down from $99 million in 2015, reflecting reduced programme funds available.

Couple years of protection:

- Nearly 22.4 million CYP were provided by the contraceptives and condoms procured through UNFPA Supplies in 2016, compared with 31.5 million in 2015, reflecting reduced programme funds available.
- The average cost per CYP remained similar at $2.78 in 2016 compared with $2.80 in 2015.

The cost per CYP is a function of the method mix and the individual prices of the commodities. The method mix is determined by the choices made by the women in the countries we support. The prices UNFPA pays for its RH commodities are the lowest available.

When evaluating and comparing the costs of various methods and whether this represents value for money, there are several components to consider in addition to basic product cost, including costs related to service delivery. For example, the insertion of an implant or IUD is more expensive than the dispensing of condoms to an individual. When comparing couple years of protection (CYP) provided by various methods, it is also important to keep in mind that only male and female condoms provide dual protection from unintended pregnancy and HIV and STIs so there is additional value to be attributed to these methods.

[4] This is the amount approved in the UNFPA Supplies workplan – the actual expenditure will differ for a variety of reasons.

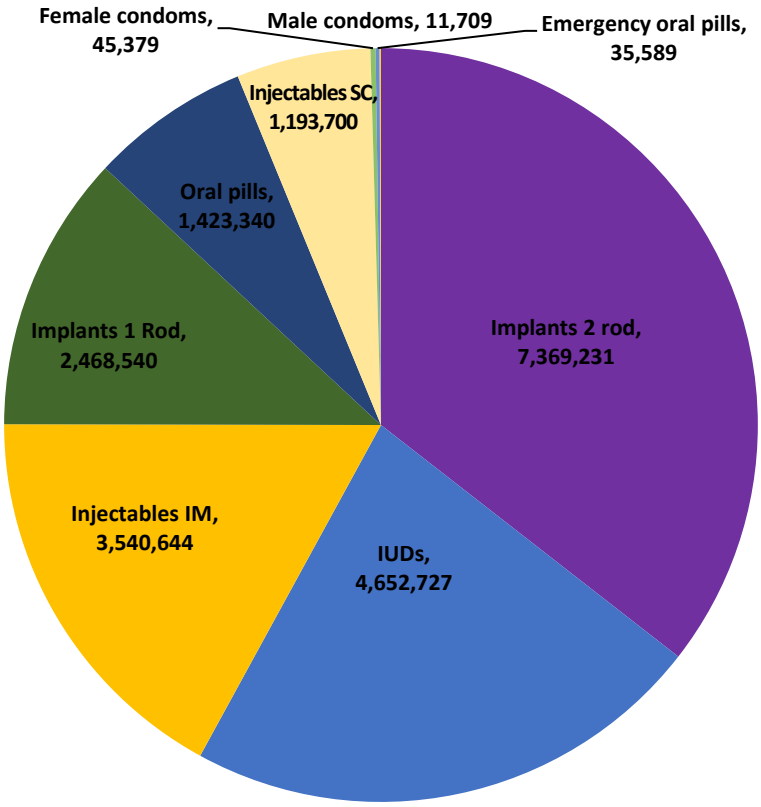
[5] Intramuscular injectable contraceptives require the provision of a needle, at a cost of $0.09 each. Some countries request a set of consumables for the provision of implants: the cost of this kit is approximately $1.00 per implant.

OUTPUT 2: PROCUREMENT EFFICIENCY

As in 2015, contraceptive implants accounted for the largest proportion of CYPs delivered, followed by injectable contraceptives. Notably, more CYPs were provided through IUDs and fewer from male condoms in 2016 than in the previous two years. Country requests to UNFPA Supplies for particular methods varies from year to year for reasons such as special investment in a method, the level of existing stocks and a re-stocking time frame longer than one year.

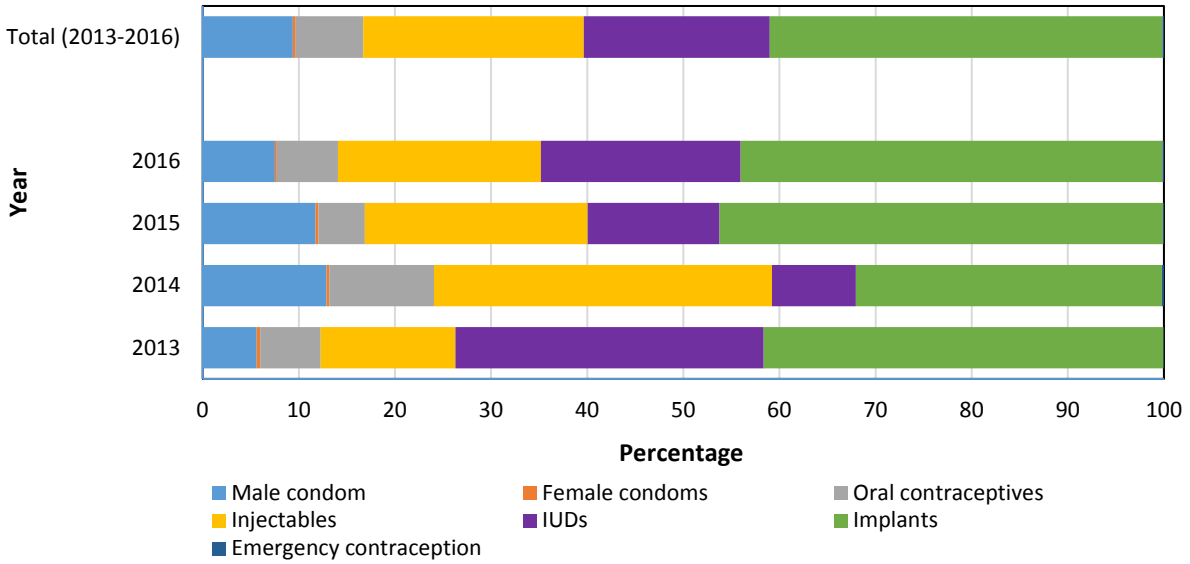
Contraceptives provided in 2016 had potential to avert an estimated 7.1 million unintended pregnancies (calculated using MSI Impact 2.4). In 2016, the average estimated cost per pregnancy averted was $8.11 which is notably lower than $9.80 in 2015: this decrease is primarily owing to an increase in the requests for IUDs from countries, particularly from Tanzania, which accounted for 43 per cent of IUDs of all the country requests approved.

Figure 21: Couple years of protection per method provided in 2016 (total 22.4 million CYP)



100% of IUDs, male condoms and emergency contraceptive pills and 5% of oral pills are generic.

Figure 22: CYPs provided per method, 2013-2016



Positive impact of generic products

UNFPA continues to advocate for the use of prequalified generic products in order to increase access to RH medicines and demonstrate true value for money. In 2016, the amount saved through procurement of generic products was $566,564.

Currently 100 per cent of male condoms and IUDs and 99 per cent of emergency oral pills procured with UNFPA support are generic products not innovator brands.[6] Regarding female condoms, as of 2016, UNFPA provides four different types that are made from different materials and look different; and, while they might not be considered generic, the price of the original product from the Female Health Company has come down in price by 28 per cent.

As of 2016 there were no WHO prequalified generic suppliers for implants[7], injectable contraceptives, progestin-only oral contraceptive pills or female condoms. Additional savings would therefore be primarily from procurement of generic oral contraceptives over innovator brands. However, as UNFPA has long-term discounts with innovator manufacturers, potential additional savings would be relatively small. For example, for combined oral contraceptives, the price difference is minimal at $0.26 per cycle for an innovator product compared with $0.23 per cycle for a generic product. Given this small price difference, the maximum additional saving that UNFPA Supplies could have made in 2016 by buying only generic rather than innovator oral pills was $44,887.

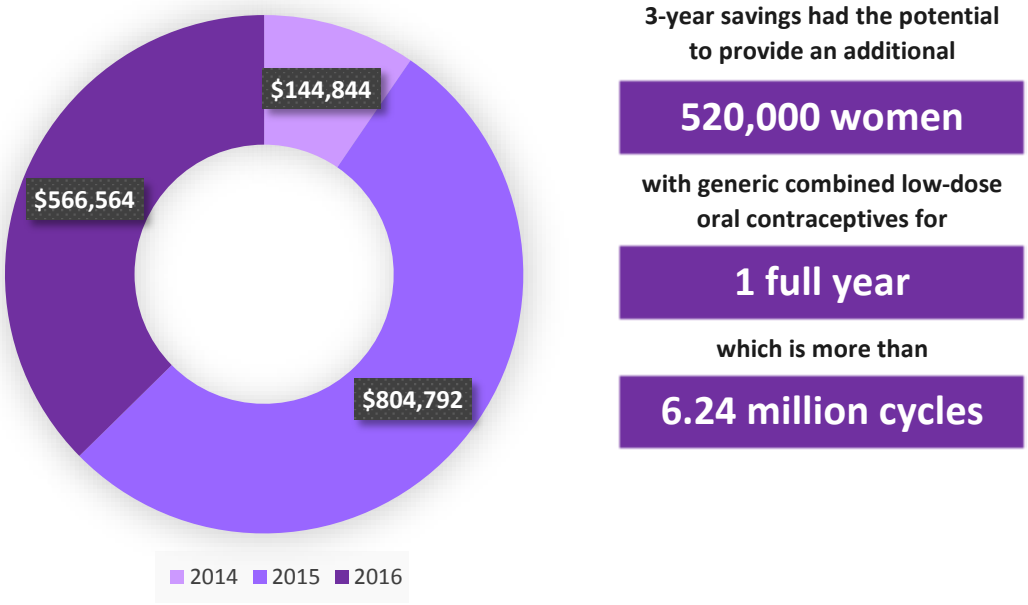
[6] Per WHO, an innovator product is that which was first authorized for marketing, on the basis of documentation of quality, safety and efficacy.

[7] A generic manufacturer of implants was pre-qualified in May 2017.

OUTPUT 2: PROCUREMENT EFFICIENCY

Generic products for family planning have improved in quality and quantity in recent years. Throughout this time, the UNFPA Expert Review Panel has played an important role in the development of the WHO prequalified base of reproductive health medicines. The increase in the number of generic RH medicines complying with internationally recognized quality standards has had a positive impact on price reduction, resulting in a three-year savings of over $1.5 million. It has also had a positive impact on access: between 2014 and 2016, UNFPA delivered quality generic hormonal contraceptives to 40 countries.

Figure 23: More than $1.5 million in savings over three years due to use of lower-cost generic contraceptives



2016 data are provisional.

2.3 Environmental risk mitigation

UNFPA, through the Procurement Services Branch, works with suppliers to address environmental issues and policy provisions related to procurement. The aim is to ensure that manufacturers know about and conform to these provisions. In 2016, UNFPA furthered its commitment to promote suppliers' adherence to environmental policy provisions related to procurement by including ISO14001 certification as a bidding requirement, meaning that only factories with ISO14001 certification can qualify in a UNFPA public bid. After a year of implementing these requirements, all UNFPA male condom manufacturers are now ISO14001 certified – the internationally recognized standard for the environmental management of businesses, and which prescribes controls for those activities that have an effect on the environment.

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*

OUTPUT 2: PROCUREMENT EFFICIENCY

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. It is intended to build awareness and capacity in managing contraceptive waste, and also to guide countries in developing or updating country-specific policies and guidelines that include disposal of contraceptive wastes.

UNFPA Supplies tracks the extent to which guidelines are being implemented. This detailed process reviews the various steps towards full implementation; specifically, the number of countries where a study has been conducted to assess national guidelines and protocols in line with this Guidance Note, whether recommendations of the study are available, and whether the national guidelines and protocols have been updated in line with the study's findings and recommendations. Lao People's Democratic Republic and Zimbabwe updated their national guidelines and protocols in line with the Guidance Note in 2016, bringing the total to 11 countries that have fully met this indicator. Other programme countries are at various stages of conducting assessments and updating national guidelines.

Output 3: Improved access to quality RH/FP services for poor and marginalized women and girls

Output 3 is about ensuring effective achievement of programme goals and objectives and guiding resource utilization towards equitable access of quality family planning services and contraceptives. Indicators under this output aim to measure the extent to which the programme prioritizes access to and the delivery of services to underserved population segments that have relatively higher unmet need in family planning when compared with countries' national averages. We measure the capacity of programmes for quality of care and a choice of methods (through trained family planning providers) and the programme's capabilities for providing reproductive health in emergency situations.

UNFPA supports the efforts of governments and other partners to strengthen the delivery of youth-friendly family planning services and information. UNFPA enhances community-based services, and provides services to communities facing challenging and post-disaster, post-conflict humanitarian situations. Also among our key efforts is integration of services for sexual and reproductive health and family planning, and institutionalization of training to further sustain gains. We partner with NGOs, CSOs, faith-based organizations, youth groups and the private sector to improve access to services especially for hard-to-reach and marginalized populations, and population segments deprived from access to services and information due to sociocultural and perceived religious norms and barriers.

OUTPUT 3: IMPROVED ACCESS

2016 Output 3 Scorecard

Score	Status	If the average per cent achievement of the milestone is
Green	**Achieved** (achieved or exceeded)	Equal to or above 100%
Yellow	**Progressing well towards target** (nearly achieved)	Between 80% and 90%
Orange	**Making limited progress** (achievement is about average)	Between 60% and 79%
Red	**Insufficient progress made** (achievement is below average)	Below 60%

Output 3: Improved capacity for FP service delivery including in humanitarian context

Indicators		Baseline	Milestones						
			2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
3.1	Humanitarian settings								
3.1.1	Percentage of countries, in humanitarian and fragile context, where implementing partners did not experience stock-out of RH kits during the year	New indicator						74%	NA
3.1.2	Number of countries where national capacity has been built to conduct the Minimum Initial Service Package (MISP) training	New indicator						55	NA
3.2	Capacity building								
5.4.1	Total number of persons trained, for the year, to provide FP services including long-term contraceptive methods to clients	7,025	7,075	17,212	7,100	18,589	7,150	19,989 (long-term methods)	

3.1 Humanitarian settings

Among the 46 priority countries of UNFPA Supplies, almost 50 per cent have recently experienced humanitarian situations. These natural or human-made disasters called for immediate and concerted action to ensure the delivery of family planning and reproductive health services and information to families living in these challenging enviornments. UNFPA is one of the main providers of reproductive health kits in humanitarian emergencies and the UN's lead technical agency for their provision in humanitarian settings. UNFPA Supplies provides support to countries beyond the 46 focus countries of the programme, as part of our commitment to leaving no one behind, even in emergencies.

OUTPUT 3: IMPROVED ACCESS

Specific interventions include:

- ensuring access to RH kits, to family planning, maternal health life-saving medicines, and dignity kits;
- providing leadership, coordination and capacity for humanitarian response (through the internal and external Surge Rosters);
- providing strategic guidance for resilient supply chain management (Logistics Global Coordinator, Supply Chain Management Reviews);
- providing guidance for most effective strategies to reach adolescent girls in humanitarian setting with RH kits; and
- developing tools and methodologies for forecasting supply, demand and use of RH kits in humanitarian settings.

Reproductive health needs often become acute and are usually overlooked during emergencies. The support provided by UNFPA Supplies focuses on strengthening systems for delivery of reproductive health commodities and services in countries experiencing humanitarian crisis and emergency situations. This support ensures health care providers continue to attend to pregnant women and safely deliver babies even in emergencies.

Provision of RH kits

Reproductive health kits include equipment for safe deliveries, essential newborn care, a choice of contraceptives, HIV prevention, clinical management of rape and treatment of sexually transmitted infections – as well as dignity kits with items for personal hygiene.

In 2016, reproductive health kits were dispatched to 24 countries sufficient to reach 1.3 million women and adolescent girls. This is similar to the 1.4 million women and adolescent girls reached in 2015, and is lower than the 2.15 million in 2014 when greater support was provided in response to the Ebola crisis in West Africa.

The programme is placing more emphasis on expanding reach to young adolescent girls and young women living in distressed settings after disaster or conflict. Compared with women 20 years and older, the percentage of 10–14 year old young adolescent girls reached with RH kits increased from 4.9 per cent in 2015 to 14.2 per cent in 2016. The percentage of 15–19 year old adolescent girls and women reached with RH kits increased from 4.6 per cent in 2015 to 15.9 per cent in 2016.

Meeting the reproductive health needs of 50,000 refugees in Niger

Although Boko Haram's campaign of violence began in Nigeria, their assaults transcend borders. In Niger, some 50,000 refugees have fled to camps at Abalak, Ayorou, Mangaizé and Tchiro-zérine. UNFPA and partners continued to deliver reproductive health information and services.

In the refugee camps, awareness-raising has reached nearly 60,000 women on maternal health, family planning and gender-based violence, and 66 youth educators have reached peers. Some 1,300 dignity kits for personal hygiene have been distributed. Boko Haram attacks in the Diffa region of Niger have also caused major disruptions. With its partner, Red Cross Diffa, UNFPA is providing reproductive health care, including family planning and psychosocial services for survivors of gender-based violence.

OUTPUT 3: IMPROVED ACCESS

Figure 24: Total number of women and/or girls reached in humanitarian settings with RH kits and services, 2014-2016

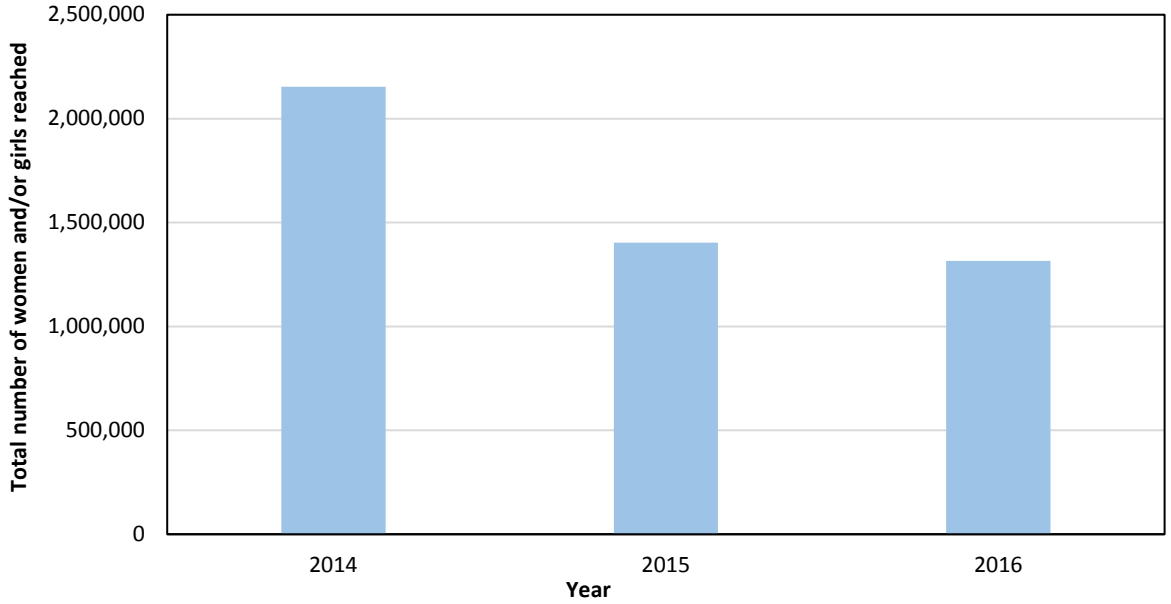
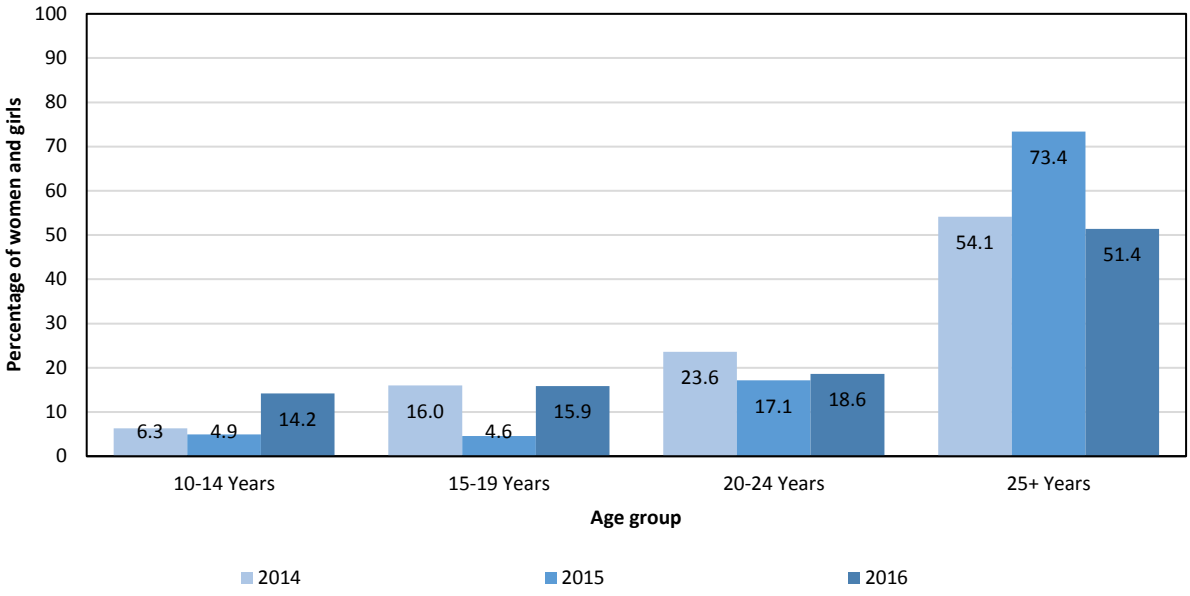


Figure 25: Percentage of women and/or girls, by broad age groups, reached in humanitarian settings with RH kits and services, 2014-2016



UNFPA is working to improve partnerships between governments, the private sector, civil societies, NGOs and direct implementation for the provision of reproductive health kits in emergencies.

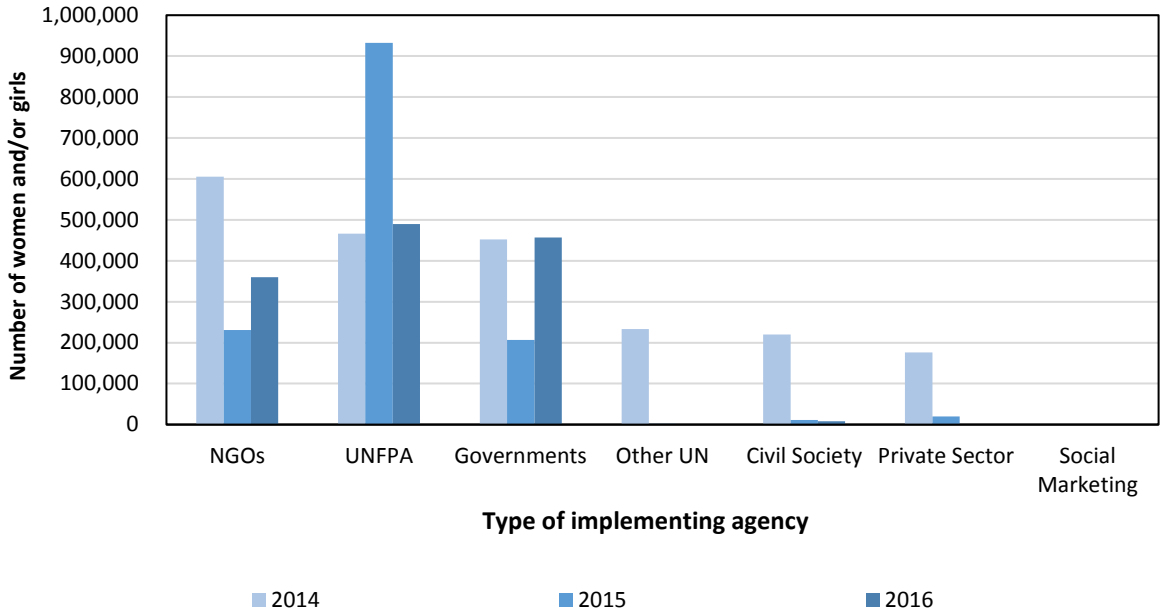
In figure 26, the overall trend looks similar over the past three years. The notable exception is the tall red bar in 2015, during the Ebola crisis when UNFPA support accounted for over

OUTPUT 3: IMPROVED ACCESS

85 per cent of women and girls reached in humanitarian settings through provision of RH kits and services utilization and dissemination.

UNFPA works with different partners in different countries, responding to the context of the need (e.g. policy, logistics, capacities, etc.). In South Sudan, RH kits were supplied to more than 20 different INGOs and NGOs. In Nigeria, UNFPA is working with the Northeast (Borno and Yobe) States Governments, as well an NGO, the Nigerian Red Cross. Such partnership reflects the increasing ownership of governments with establishment of National Agencies for Disaster Risk Reduction and Emergencies Management as in the case of Lake Chad countries for Boko Haram; Mano River countries after the Ebola epidemics; and Haiti, Nepal and the Philippines for earthquakes and tsunami). Moving forwards, UNFPA Supplies will document provision of emergency reproductive health kits to NGOs and stock-outs in RH kits with the NGOs in humanitarian settings.

Figure 26. Number of women and/or girls reached in humanitarian settings through RH kits and services utilization and dissemination, by type of partners, 2014-2016



Surge capacity: leadership, coordination and capacity for humanitarian preparedness and response

As part of the Fund's commitment to being "fit for purpose", UNFPA Supplies provided catalytic funding to the UNFPA Humanitarian and Fragile Contexts Branch for training to strengthen the surge roster to support UNFPA leadership, coordination and response in the field. In addition, UNFPA Supplies has deployed two senior emergency coordinators in Yemen and South Sudan. These coordinators have not only strengthened our responses but also provided opportunities for learning about how to enhance the response to humanitarian situations in UNFPA priority countries.

OUTPUT 3: IMPROVED ACCESS

No stock-out of RH kits and a new tool for forecasting in humanitarian settings

A global tool for forecasting demand for and supply of RH kits will enable the UNFPA Procurement Services Branch to identify the global need and avoid stock-outs. JSI developed the global-level tool in 2016 and will test and adapt it for use at country-level in 2017, working in Jordan and Kenya.

A new indicator UNFPA Supplies Performance Monitoring Framework measures the percentage of countries, in humanitarian and fragile contexts, where implementing partners did not experience stock-out of RH kits during the year. In 74 per cent of countries in humanitarian and fragile settings, implementing partners did not experience stock-out of RH kits during 2016.

This can be considered somewhat of a proxy indicator: If there are no stock-outs of RH kits among implementing partners in these contexts, then there is a greater chance that the needs of women and girls in humanitarian situations are being met. In 2016, out of 33 countries with humanitarian crisis situations, 23 UNFPA country offices provided stock-outs data for their implementing partners (including governments); of these, 17 countries (74 per cent) reported no stock-outs. This is a major achievement given the supply chain and logistics challenges in most of the focus countries. Only six out of the 23 countries (26 per cent) reported that their implementing partners (IPs) experienced stock-outs during 2016 (Democratic Republic of the Congo, Kenya, Nigeria, Somalia, South Sudan and Tanzania).

Overall, the low number of countries that reported stock-outs with their IPs is encouraging, and UNFPA Supplies will work with the concerned countries to address and prevent stock-outs and to use the new guidance on pre-positioning RH commodities. However, these data should be interpreted with caution. First, they originate outside UNFPA from other organizations. Also, UNFPA receives requests for RH kits not only from IPs but also from a variety of partners, including governments and international and local NGOs. Further, UNFPA Supplies contributes to but is not the sole provider of commodities in these countries. Finally, the needs are often so large that the orders have to be split between different manufacturers, which causes delays with distribution bottlenecks and challenges in humanitarian settings. As a result, and given the sudden onset of some crisis, some stock-outs may occur.

Minimum Initial Service Package for reproductive health

The *Minimum Initial Service Package for Reproductive Health in Crisis Situations* (MISP) is a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. The MISP prevents excess neonatal and maternal morbidity and mortality, reduces HIV transmission, prevents and manages the consequences of sexual violence, and includes planning for the provision of comprehensive reproductive health services integrated into the primary health programme in place, including the provision of RH equipment and supplies. As of 2016, national capacity has been built to conduct MISP training in 55 countries.

OUTPUT 3: IMPROVED ACCESS

Adolescent Girls in Disaster & Conflict: Interventions for Improving Access to Sexual and Reproductive Health Services

Recognizing the importance of documenting its experiences with efforts to improve the access of girls (and all youth) to sexual and reproductive health in humanitarian settings, UNFPA developed this collection of case studies in order to support others to duplicate them in other contexts.

This collection showcases a number of UNFPA-supported initiatives reaching adolescent girls in crisis-affected settings. Documentation of progress to date in humanitarian settings has been insufficient, including a lack of reporting on programmes that effectively integrate sexual and reproductive health services for adolescent girls. UNFPA recognizes that millions of adolescent girls are in need of humanitarian assistance. A crisis heightens their vulnerability to gender-based violence, unwanted pregnancy, HIV infection, maternal death and disability, early and forced marriage, rape, trafficking and sexual exploitation and abuse. In emergencies, adolescent girls need tailored programming to increase their access to sexual and reproductive health services, including family planning, and to protect them from all types of gender-based violence.

From safe spaces to mobile clinics to youth participation, UNFPA uses different approaches to reach displaced, uprooted, crisis-affected adolescents girls at a critical time in their young lives. This UNFPA publication features new case studies on reaching adolescent girls in humanitarian situations from programmes in Malawi, Myanmar, Nepal, Nigeria, Pakistan, the Philippines and Somalia.

3.2 Capacity building

UNFPA Supplies supports the institutionalization of training activities for sexual and reproductive health, including family planning. The aim is to strengthen national training institutions and work with other partners to ensure that skilled human resources are available at all levels to scale up family planning interventions. Support includes financing, technical guidance, provision of training materials and trainers, facilitating training arrangements including travel, and provision of policy and regulatory frameworks.

Table 4: Total number of persons trained, in 2016, to provide long-term contraceptive methods to clients

Number of persons trained	Male	Female	Total
Insertion and removal of implants	1,888	4,357	6,245
Insertion and removal of IUDs	1,332	3,176	4,508
Insertion and removal of both implants and IUDs	2,455	6,781	9,236
Total	5,675	14,314	19,989

OUTPUT 3: IMPROVED ACCESS

The total number of service providers trained is a proxy indicator to monitor capacity building interventions at the country level. It looks at UNFPA Supplies support to partner institutions in the 46 countries (including government, universities and NGOs) for training in long-term contraceptive methods. From 2017, the numbers of persons trained to provide all methods of contraception will be measured.

In 2016, the positive trend in training continued, with an increase in the number of trainees:

- The number of service providers receiving training for the provision of long-term contraceptive methods increased by 7.5 per cent from 18,589 in 2015 to 19,989 in 2016.
- As in other years, more than 70 per cent of trainees are female.

The growing number of trainees reflects positive trends in investments in service provider capacity and quality of care. UNFPA Supplies, as it gradually transitions towards a more quality-focused approach, will set and reinforce quality standards to ensure that training interventions contribute to improved competency among those who provide client-sensitive services and information.

Output 4: Strengthened capacity and systems for supply chain management and data generation

UNFPA Supplies continues to support governments to strengthen national capacity and national supply chain management to ensure the consistent, reliable supply of a broad mix of contraceptives and other RH commodities ensuring efficient and transparent use of domestic resources and adequate national funding. UNFPA Supplies also works to ensure that quality data are generated throughout the supply chain and are used for decision-making, forecasting, planning and programme improvement.

This output includes a new set of systems strengthening indicators. They will monitor the degree to which UNFPA Supplies strengthens national efforts to build supply chains that are sustainable and provide equitable delivery of modern contraceptive commodities and family planning services. Collectively, these indicators measure the increase in availability of essential supplies as well as the reduced probability of stock-outs and ad hoc requests. An indicator also measures support for data generation.

OUTPUT 4: SUPPLY CHAIN

2016 Output 4 Scorecard

Score	Status	If the average per cent achievement of the milestone is
Green	**Achieved** (achieved or exceeded)	Equal to or above 100%
Yellow	**Progressing well towards target** (nearly achieved)	Between 80% and 90%
Orange	**Making limited progress** (achievement is about average)	Between 60% and 79%
Red	**Insufficient progress made** (achievement is below average)	Below 60%

Output 4: Strengthened capacity and systems for supply chain management and data generation

Results, interventions and indicators		Baseline	Milestones						
			2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
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	New indicator						–	NA
4.1.2	Number of countries where a supply chain management strategy is in place and is being implemented	New indicator						29	NA
4.1.3	Number of countries where non-public sector partners (private sector, NGOs, CSOs) are engaged for last mile commodity distribution	New indicator						–	NA
4.1.4	Percentage of primary SDPs with staff trained on the provision of modern contraceptives (measured on the day facility survey is conducted)	New indicator						83.3 (FP services)	NA
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	New indicator					36	34 (both forecast & procure)	
4.2.2	Number of countries making 'no ad hoc requests' to UNFPA Supplies for commodities (except in humanitarian contexts)	32	35	32	38	40	40	31	
4.3	Support for data generation								
4.3.1	Number of countries where facility survey reports are available	20	40	27	46	32	46	27	

OUTPUT 4: SUPPLY CHAIN

4.1 Supply chain

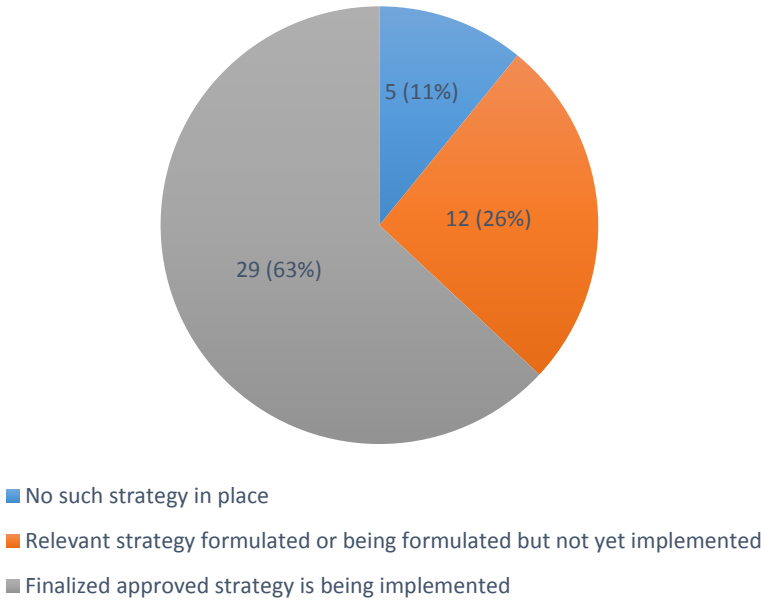
UNFPA Supplies is a major global contributor to the delivery of contraceptives and RH commodities and serves a multitude of customers, including host country governments, donor agencies, implementing partners and, ultimately, women and girls receiving and benefiting from services. The programme is adopting a more aligned, customer-focused management approach that focuses on commodity financing and procurement, improved country-level commodity coordination and security, and strengthened supply chain distribution and delivery systems.

Four new indicators look at the programme's approach to strengthening supply chains: number of countries where 80 per cent of primary facilities receive quantities of products ordered in during past quarter (a measure of planning and supply chain efficiency); number of countries where a supply chain management strategy is in place (a measure of strategic focus, institutional capacity and sustainability); number of countries were non-public sector partners engage in last mile commodity distribution (a measure of private sector partnerships, last mile distribution and delivery measure); and the percentage of primary SDPs with staff trained on the provision of modern contraceptives.

Supply chain management strategy is in place and being implemented

As of 2016, 29 countries have finalized, approved and are currently implementing national supply chain management strategies. In 2017, country and regional teams will continue to support the remainder of the 46 programme countries in their efforts to develop national supply chain strategies and enact policies that guide implementation.

Figure 27: Number of countries where a supply chain management strategy is in place and being implemented



OUTPUT 4: SUPPLY CHAIN

Primary SDPs with staff trained on the provision of modern contraceptives

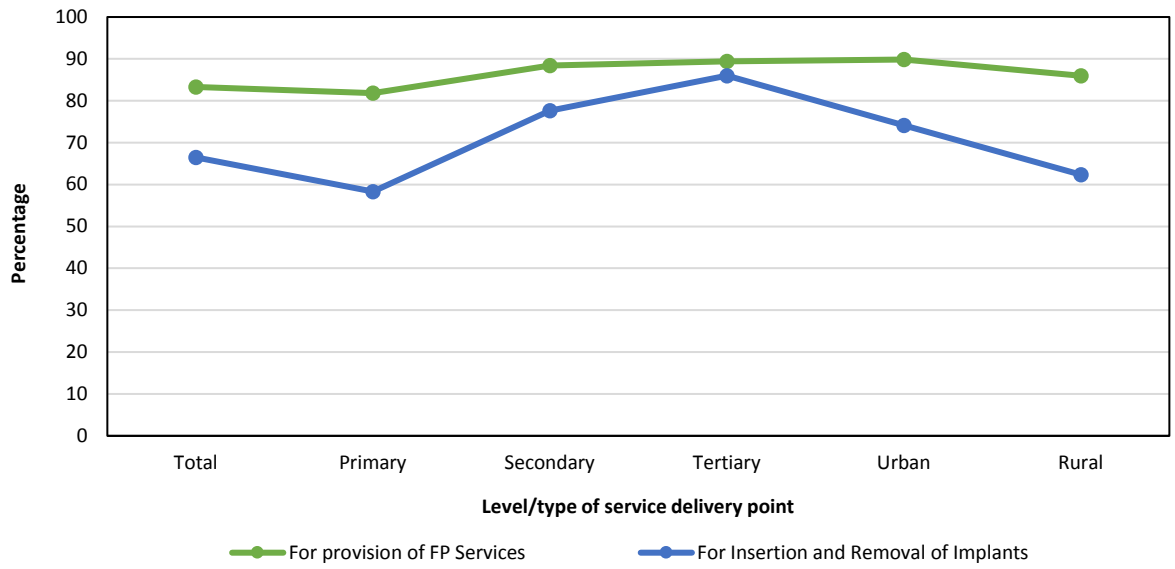
Results for this indicator are obtained in facility-based surveys conducted with support from the programme. In 2016, 20 countries reported on this indicator.

Some 83.3 per cent of service delivery points offering family planning services have trained staff available to provide family planning services (of the 20 countries with survey data). The percentage of trained staff in SDPs at primary level is 81.8 per cent, with higher percentages at secondary (88.4 per cent) and tertiary (89.9 per cent) facilities. The percentage of trained staff at urban SDPs (89.9 per cent) is higher than at rural SDPs (85.9 per cent).

Approximately 67 per cent of service delivery points provide implant insertion and removal services. These services are more available at tertiary-level SDPs (86 per cent) than at primary level SDPs (58 per cent) and are more available in urban SDPs (74 per cent) compared with rural SDPs (62 per cent).

The gap between SDPs with staff available for the provision of family planning services generally and for the provision of implants in particular is also measured. The gap is much smaller for tertiary-level SDPs (3.4 per cent difference), as expected. The difference is higher for rural SDPs (23.6 per cent) and primary SDPs (23.5 per cent). (See also Annex 2.)

Figure 28: Percentage distribution of SDPs with staff trained for provision of family planning services and for the insertion and removal of implants, 2016 (n=20)



Primary-level facilities receive the quantity of products that they ordered

This is a new indicator for which reporting will begin in 2017: Number of countries where 80 per cent of primary level facilities receive the quantity of products that they ordered during the past quarter. In some countries data are already being collected. In Nigeria, for example, this is monitored using the fill rate indicator in the USAID LIAT Survey. It is also

tracked using routine data at subnational level, for which there is a fill rate by commodity and an average fill rate.

Engagement of partners in last mile distribution of supplies

Another new indicator measures the number of countries where non-public sector partners (private sector, NGOs, CSOs) are engaged for last mile commodity distribution. In 2016, UNFPA Supplies provided $2 million worth of reproductive health supplies to MSI's centrally-allocated stock to enable them to quickly respond to country shortages throughout the year.

Twenty-five countries provided RH commodities to NGOs, with eight countries providing 50 per cent or more of their UNFPA Supplies commodity funding allocation to support NGOs. In Madagascar, 100 per cent of their ceiling went to an NGO. The overall percentage provided to NGOs is 16 per cent.

Additionally, some countries report that even though all of the supplies furnished by UNFPA Supplies are delivered directly to the Ministry of Health, they will subsequently be provided to NGOs for further distribution. This approach is to allow the Ministry of Health to have management control of the reproductive health supply status within the country.

Nine countries reported working with the private sector. For example, In Uganda, UNFPA provided commodities to foundations and medical facilities as part of an alternative distribution channel in order to reach vulnerable groups and adolescents.

4.2 Demand forecasting and procurement

At the country level, UNFPA Supplies strengthens demand forecasting and long-term procurement planning to improve the delivery of reproductive health supplies to the people who need them. In order to achieve sustainable impact, the programme has a particular focus to build host-governments' technical and institutional capabilities to lead this process while taking active consideration of available resources and the roles of donor and implementing partners.

Government leadership on forecasting and procurement

To monitor its effectiveness against country capacity building planned interventions, the programme measures the number of countries where government institutions demonstrate capacity and leadership on contraceptive demand forecasting and procurement processes. We look at where government agencies have available trained national staff working in government institutions. We also look at the extent to which these staff members and institutions take the lead in bringing in-country partners together, carry out demand forecasting and undertake procurement planning.

Government has capacity to lead the forecasting of contraceptives in 38 countries and to lead their procurement in 35 countries; it can do both in 34 countries. Compared with previous years these 2016 numbers appear to be stagnating. Under the refreshed UNFPA Supplies strategy, the programme will focus on strengthening countries' demand forecasting and procurement capacities which will help address this issue (e.g. the assessment conducted by JSI).

OUTPUT 4: SUPPLY CHAIN

Monitoring 'ad hoc requests' for commodities

The number of countries making ad-hoc commodity requests rose from 11 in 2015 to 14 in 2016. The rise could be partially justified as a result of the introduction and/or scale up of particular methods. In Benin, Cameroon and Niger, ad hoc requests were made for the introduction, piloting and scaling up of subcutaneous DMPA injections. In Lao People's Democratic Republic, the ad hoc request was due to a shortfall of funding in 2016 for procurement of implants for the newly launched implant initiative. In Uganda, an ad hoc request was made for a new type of one-rod implants following a scale-up plan to consume the existing type and transition to a new one (actions taken after a new applicator for insertion was introduced).

Support from UNFPA Supplies was requested when the government or other partners could no longer support planned procurement, or when products procured from other sources were of poor quality. In Kenya, the ad hoc request was made when it was apparent that the Government allocation was inadequate and some partners ceased to provide support or drastically reduced their budget for commodities procurement. In Nepal, additional funds were used to procure implants to prevent imminent stock-outs because there were significant delays in the Government's procurement and processes. In Ethiopia, the ad hoc request was made for condoms because government-procured condoms were found to be defective.

In only two countries were the ad hoc requests directly linked to inefficiencies in the supply chain. In Djibouti, the Government made an urgent request for oral pills, as a result of poor distribution mechanisms that caused overstocks at many peripheral health centres and apparent shortages at secondary levels. In Madagascar, the ad-hoc request was made because of expressed need from PSI and MSI, which suggests that the national procurement planning did not meet service needs.

An assessment of supply chain bottlenecks by JSI was commissioned by UNFPA to assess global and country-level supply chain bottlenecks for the purpose of identifying future investments required for the programme to maximize its impact in supply chains. In the last quarter of 2016, JSI studied four countries (DRC, Kenya, Nigeria and Sierra Leone) and identified some common issues that hinder national systems in their efforts to implement evidence-based supply chain systems and processes. The assessment process focused on four main areas (data, mandate, coordination and supply chains) and found many concerns that could be generalized across UNFPA Supplies implementing countries.

The assessment found, for example, that donor and government procurements are not always well-coordinated and governments lack strong leadership to convene partners into a unified countrywide procurement plan and process. Another example is that countries often lack a diversified long-term commodity financing strategy, along with lacking a socioeconomic and political ecosystem that ensures a supply planning process that is effective and coordinated.

Also in 2016, UNFPA began the development of an integrated supply chain management strategy. It will enhance SCM elements in the UNFPA Supplies programme and also in the wider context of UNFPA's work. Developed in response to feedback from several reviews and evaluations, the strategy seeks to maximize appreciation of the full

range of activities covered by SCM throughout UNFPA. At country level, the strategy will focus on strengthening supply chain management in terms of supply chain functional areas such as regulatory policies and procedures including quantification, forecasting and supply planning, in-country procurement capacity, warehousing and inventory management, distribution, service delivery and utilization, and logistics management information systems.

4.3 Support for data generation

In 2016, 27 countries carried out countrywide facility surveys of service delivery points in 2016, with support from UNFPA Supplies. Findings of the surveys have been disseminated to partners and are being used for programming. A more in-depth analysis of the large amount of data these surveys contain will be conducted in the third quarter of 2017 and shared with partners. In addition to providing information for UNFPA Supplies indicators, the survey data will provide data for global reporting through FP2020.

BUILDING A STRONG SUPPLY CHAIN IN ETHIOPIA WITH BETTER DATA

Participants at the National Consultative Workshop on Global Health Care Standards for Track and Trace. Photo: UNFPA Ethiopia 2016.

Good data will make a difference in Ethiopia where, despite real progress in reproductive health, regional disparity persists and unmet need for family planning remains high at 22 per cent nationally (DHS, 2016) and is much higher in rural areas and among adolescents, those with no education and those who are poor.

Leadership and ownership by the Government has ensured the adoption of global data standards for health supply chains. As part of its plan to transform the health sector, the country has rolled out an integrated pharmaceutical logistics system (IPLS) in most public health facilities. This system uses paper and computer-based (electronic) logistics management information systems (LMIS) and applies standardized inventory control system and storage for health commodities, including contraceptives and life-saving medicines for reproductive health. UNFPA Supplies supports these systems through

developing the capacity of supply managers, equipping storage facilities, providing LMIS tools and providing technical assistance such as monitoring and supportive supervision.

UNFPA Supplies supports a data initiative that promotes the Government's priorities. AIDSFree, JSI, UNFPA and Ethiopia's Pharmaceuticals Fund and Supply Agency (PFSA) are working together to increase data visibility for improved availability of medicines in Ethiopia. By including procurement and shipping data in their Health Commodity Management Information System (HCMIS) dashboards, PFSA can make better decisions and improve medicine availability and reduce waste. HCMIS is the PFSA's logistics management information system developed and implemented by JSI under the USAID DELIVER PROJECT and now continuing under AIDSFree.

A significant milestone in this work was reached recently: AIDSFree, PFSA and UNFPA worked together so that UNFPA procurement data from their information system is automatically synced with HCMIS. UNFPA is a significant supplier of contraceptives and maternal health medicines to PFSA. Now, when UNFPA places an order for Ethiopia, the information is updated automatically on HCMIS so PFSA knows ahead of time what is coming from UNFPA. And because it is captured automatically, there are no errors from "manual" data entry. This work brings PFSA a step closer to a goal of end-to-end supply chain visibility, meaning data visibility from the manufacturer all the way down to the point of use.

To implement global standards for the health-care supply chain, USAID and UNFPA have partnered with GS1 and Ethiopia's Food Medicine and Healthcare Administration and Control Authority (FMHACA). Ethiopia's government has shown commitment to adoption of global standards, which is a demonstrated solution to ensure patient safety and improve supply chain efficiency.

Commendable progress has been made on reproductive health in Ethiopia. The contraceptive prevalence rate increased from 8 per cent to 36 per cent from 2000 to 2016 among currently married women and fertility decreased from 5.5 to 4.6 births per woman during the same period (DHS). As part of FP2020, Ethiopia has added close to 2 million new users of modern contraception since 2012. In 2016 alone, use of modern contraceptive methods averted 1,846,000 unintended pregnancies, 549,000 unsafe abortions and 5,000 maternal deaths (Track 20 report). In a critical test of access and availability, shelves are stocked at nearly all health facilities according to the 2016 country facility survey supported by UNFPA Supplies: at least three modern contraceptive methods at primary level and at least five at secondary and tertiary level are available at 95 per cent of SDPs.

Output 5: Improved programme coordination and management (Management Output)

The programme management indicators of the UNFPA Supplies Performance Monitoring Framework are used to assess the timely completion of tasks and key programming events. These indicators are useful in tracking and reporting on the adherence to guidelines and completion of tasks at country, regional and headquarters levels which underpin the smooth running and management of the programme during the year.

Value proposition, strategy and operating model

UNFPA leadership gave high priority in 2016 to refreshing the UNFPA Supplies value proposition and strategy, and strengthening its operating model. This effort recognizes the importance of the UNFPA Supplies programme to the global family planning movement and meeting the FP2020 goal. The programme underwent a change management process that resulted in a new country support model. The model is anchored on: (1) an improved resource allocation strategy that ensures effective utilization of available resources through harmonization with countries' interventions; and (2) adoption of a more rigorous and systematic approach to managing the performance of the programme and measuring its overall impact

Programme management activities throughout 2016 focused on implementing these reforms and building the structure and capabilities needed to execute the refreshed strategy. A revised governance model is under discussion with key partners. The new model will give donors and partners more oversight and increased visibility into use of programme resources.

OUTPUT 5: MANAGEMENT

2016 Output 5 Scorecard

Score	Status	If the average per cent achievement of the milestone is
Green	**Achieved** (achieved or exceeded)	Equal to or above 100%
Yellow	**Progressing well towards target** (nearly achieved)	Between 80% and 90%
Orange	**Making limited progress** (achievement is about average)	Between 60% and 79%
Red	**Insufficient progress made** (achievement is below average)	Below 60%

Management Output: Improved programme coordination and management									
Indicators		Baseline	Milestones						
		2013	Planned 2014	Actual 2014	Planned 2015	Actual 2015	Planned 2016	Actual 2016	Scorecard
5.1	Resource mobilization and allocation								
5.1.1	Amount mobilized from partners for UNFPA Supplies against set resource mobilization targets	$164 million	$225 million	$249 million	$274 million	$103 million	$216 million	$113 million	Red
5.1.2	Evidence of UNFPA meeting FP2020 commitments, including at least $54m from core resources being used to support FP	40% allocation to FP, and playing a leading role in FP2020 (reference group, task team and working groups)	40%	$212.8 million	42.7%	$341 million	40%	41.7% ($318 million)	Green
5.2	Commodity procurement								
5.2.1	Proportion of planned procurement of contraceptives initiated and fulfilled	New indicator						100%	NA
5.2.2	Average number of days between the time when requisition is approved and when the commodities arrive at country of destination (ATA) - contraceptives in UNFPA Supplies countries	New indicator						118 days	NA
5.3	Programme steering								
5.3.1	Degree to which Steering Committee recommendations are implemented and follow-ups made	New indicator						100%	NA
5.4	Human resources								
5.4.1	Proportion of vacancies filled within six months of decision taken to fill the position	New indicator						44%	NA
5.4.2	Number of staff dedicated to RHCS/FP with at least three years of experience in supply chain management by location	New indicator						To be measured from 2017	NA
5.5	Workplanning and review process								
5.5.1	Number of countries for which work planning and fund allocation processes are concluded by 15 January						85%	91%	Green
5.5.2	Number of countries with workplan technical assessment score is rated as grade A	New indicator						To be measured from 2017	NA

OUTPUT 5: MANAGEMENT

Indicators		Baseline	Milestones						
		2013	Planned 2014	Actual 2014	Planned 2015	Actual 2015	Planned 2016	Actual 2016	Scorecard
5.5.3	Number of countries with workplan technical implementation rate of at least 80 per cent	New indicator						To be measured from 2017	NA
5.5.4	Countries financial implementation rate		84%		87%		85%	93%	●
5.6	Funding modality for country segmentation								
5.6.1	Percentage reduction in funding spent on countries, for the procurement of commodities, in the UNFPA Supplies "approaching sustainability category"	New indicator						To be measured from 2017	NA
5.6.2	UNFPA Supplies budget expenditure per each output area is not more than agreed percentage benchmark	New indicator						–3.3% (Output 1) to 4.3% (Output 3)	●
5.7	Programme evaluation								
5.7.1	Mid-term evaluation results and recommendations published and disseminated and implemented	N/A	N/A	NA	N/A	Preparatory activities for MTR undertaken	N/A	Preparation for MTR	NA
5.7.2	Programme end-term evaluation results and recommendations published and disseminated and implemented	N/A	N/A	NA	N/A	N/A e	N/A	N/A	NA
5.7.3	Special evaluation related studies carried out to ensure learning takes place during the programme	No evaluation plan, budget and questions available	Evaluability assessment completed	No evaluation related studies undertaken	First 2 special studies commissioned	Special studies not carried out; Country case studies planned as part of the midterm		Three major studies undertaken	NA
5.8	Quarterly programme management process								
5.8.1	Number of UNFPA Supplies Quarterly Programme Management recommendations that are implemented in full	New indicator							NA
5.9	Satisfactory technical assistance								
5.9.1	Number of countries where the quality of technical support received (from CSB, RO and local) are rated as satisfaction (with respect to quality, timeliness and responsiveness to need)	New indicator							NA

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Indicators		Baseline	Milestones						
		2013	Planned 2014	Actual 2014	Planned 2015	Actual 2015	Planned 2016	Actual 2016	Scorecard
5.10	Convening and coordinating role of UNFPA								
5.10.1	Number of countries where UNFPA plays a convening and coordinating role in the area of family planning	New indicator							NA
5.11	Dissemination of programme results								
5.11.1	Evidence of dissemination of analysis of programme results in various media (e.g. audio, video, photos) in hard-copy and web-based	1	1	2	2	3 videos; 3 web stories; 6 info-graphics; 3 brochures or flyers; 2 advocacy reports or publica-tions; 6 banners for high-level events	2	1 video; 18 web stories; 1 infographic; 4 brochures, flyers; 1 advocacy report; 1 banner for high-level events	

5.1 Resource mobilization and allocation

UNFPA Supplies faces an uncertain donor funding environment. Funding flows vary significantly by year, which makes planning a challenge.

Amount mobilized from partners

In 2016, the amount mobilized from partners for the UNFPA Supplies programme increased by 10 per cent compared with the previous year to $112,970,058, but this was still lower than the target of $201,000,000 – leaving a funding gap of $88,029,942. The current estimated funding gap for UNFPA Supplies, to be able to support UNFPA's contribution to the FP2020 goal, is $700 million (2017–2020). This gap includes funds needed to cover all programmatic activities (commodity procurement, capacity building, management and human resources).

Faced with this funding situation, UNFPA engaged in an aggressive strategy to mobilize resources for UNFPA Supplies, engaging with traditional and non-traditional partners. A comprehensive roadmap for donor engagement was been developed for engagement with current and potential donors. In 2016, the United Kingdom and the Netherlands continued to be the programme's main donors, and Australia, Luxembourg and Portugal returned as donors. In addition to the Winslow Foundation, two new private sector partners – Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation (CIFF) – made direct contributions to the programme. (See Finance and Resource chapter for more details.)

UNFPA Supplies strengthened its engagement with CSO partners present in donor countries, and engaged with parliamentarian groups to influence budget decisions towards reproductive health and in particular family planning.

In the last quarter of 2016, we stepped up our efforts in order to access end-of-year left-over funding. This resulted in scheduled contributions to be disbursed in 2017.

Commitment to FP2020

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

In 2016, UNFPA successfully met this commitment to allocating more resources to family planning. UNFPA spent approximately $318 million (41.7 per cent) of its total programme expenses on family planning. This number includes $202.9 million captured under Strategic Plan Output 2 on Family Planning, plus an additional $115.7 million within other Strategic Plan outputs.

Of the total $318 million spent on family planning, $75.6 million came from core resources (notably above the Fund's FP2020 commitment). This represents 29.3 per cent of total expenses from core resources. (See Output 1 for more on support the FP2020 initiative.)

5.2 Commodity procurement

Planned procurement of contraceptives initiated and fulfilled

In 2016, 100 per cent of the 46 programme countries were given funding ceilings on time and were able to plan their commodities requests according to available funds. This meant that all requests received could be fulfilled; however, it does not indicate whether there was a greater need in country that could not be met through UNFPA Supplies or other partners.

Days between time of requisition and arrival of supplies

The programme continued to face delays in the delivery of approved RH commodities as marked by an average lag time of 118 days between the date on which a purchase requisition was approved and the date commodities were actually delivered to the country destination. Multiple factors contributed to this lag time, some within control and others beyond control of the programme. Some delays occurred in the processing of approved purchase requests. Much of the lag time between requisition approval and arrival at destination country was a factor of supplier capacity, production and testing time, shipping time and customs clearance. Lag time does not include shipment of commodities from inventory: UNFPA has increased its purchasing from stock, which helps ensure that commodities are received more rapidly by countries.

5.3 Programme steering

Three Steering Committee meetings were held in 2016, of which two were in person (3 March in London and 4 November Luxembourg) and one (23 June) via videoconference. UNFPA Supplies leveraged the opportunity of engaging with Steering Committee

members in 2016 to strengthen the programme's governance, organizational structure and programming as a part of the overall change management process undertaken in 2016.

5.4 Human resources

Two new indicators will monitor the extent to which human resources have the appropriate relevant skills sets and recruitment is efficiently implemented. The aim is to ensure that staff with the appropriate skills set are aligned to strengthen host county supply chains and equitable delivery of family planning services and commodities.

Vacancies filled within six months

In 2016, 44 per cent of the posts that were advertised in 2016 had someone enter into the role within six months. Specifically, 18 positions were filled in the programme. The majority of positions filled were at country-level (15 positions, four of which were service contracts) with one at regional level and two at headquarters.

Staff with at least three years of experience in SCM

The UNFPA Supplies team will conduct a capacity mapping exercise in 2017 intended to inform human resource planning and ensure better alignment of human resources skills with the programme's objectives. A capacity development plan will be developed to build the skills and capabilities of UNFPA staff on supply chain management. In the interim, staff in UNFPA country offices, regional offices and headquarters will undertake an e-learning certificate course offered by JSI: Lessons in Logistics Management for Health Commodities.

5.5 Work planning and review process

Workplans and fund allocation conclude on time

All 46 countries were able to finalize their annual workplans and receive their funds and initiate activities by 15 January 2017. The UNFPA Supplies team demonstrated significant improvement in the finalization of countries' annual workplans and the release of the first tranche for the new year. This is considered as a significant improvement compared the previous year, when only Nepal was able to receive its first tranche of funding in January and all other countries received their first allocations between February and March.

Workplans earn an "A" grade

A new indicator measures the number of countries with workplan technical assessment score rated as grade A. It will be measured from 2017 onwards. The purpose of adding this indicator to the results framework is to ensure that not only that annual workplans are submitted on time, but that they are (1) good quality workplans that reflect the needs of the country programmes; and (2) workplans are properly vetted by country offices and regional advisers prior to finalization and release of funds.

Good technical implementation rate

The number of countries with a workplan technical implementation rate of at least 80 per cent will be measured through Quarterly Programme Monitoring in 2017. This indicator has been added to ensure that resource allocation is matched with an accurate implementation process that contributes to the plan's expected end-of-year results. Following the implementation rate on a quarterly basis will enable the UNFPA Supplies team to identify implementation challenges and guide technical and financial resources towards continued programme efficiency, effective implementation and value for money.

Financial implementation rate

The overall implementation rate for country offices in 2016 was 93 per cent. Most country offices demonstrated a satisfactory implementation rate against programme funds allocated. This good implementation rate, however, does not reflect the actual effectiveness of country offices in achieving their end-of-year outputs. During the upcoming year, the programme will analyse financial spending against programme progress thus identifying implementation bottlenecks and opportunities to improve cost allocation and efficiency.

5.6 Funding modality for country segmentation

Reduced funding when countries approach sustainability

Among the new indicators starting in 2015 is 5.6.1 on the percentage reduction in funding spent on countries, for the procurement of commodities, in the UNFPA Supplies "approaching sustainability category". This is in line with the refreshed strategy and results framework. As part of the UNFPA Supplies change management process, we have made strategic shifts to how the programme works, among these are:

- Differentiating the approach to country support by varying the type/intensity of activities according to each country's needs and the maturity of their family planning programme.
- Focusing resources on those countries with the greatest need and on the activities where the programme can add distinctive value (commodities and closely related supply chain management activities).

The aim is to reduce funding directed to countries approaching sustainability, and increase the investment of resources in countries needing long-term donor support. To support this aim, we have created three categories to describe each of the 46 focus countries, as described earlier in the report (see the box in the Goal section, G2):

> (A) Category "A" countries require long-term donor support, ongoing procurement of commodities (fully funded by UNFPA Supplies) and holistic capacity building across interventions on the supply-side and demand-side;
>
> (B) Category "B" countries are already laying the groundwork for sustainability. They need procurement of commodities, but the percentage funded by UNFPA Supplies will decrease and national financing will increase over time. They continue to benefit from capacity building across interventions on the supply-side and

demand-side, as well as advocacy and technical assistance from UNFPA on country financing and total market approaches

(C) Category "C" countries are approaching sustainability, needing reduced support for supply of commodities but continued technical support.

This approach is being rolled out starting in 2017 as this work moves forwards it will be possible to report against the funding modality indicators.

Spending per output is not more than agreed

In 2016, UNFPA Supplies expenditures against allocated budget demonstrated that country offices spent effectively per the output allocated amounts. Across programme outcomes, the percentage deviation ranged from -3.27 per cent for Output 1 (enabling environment) to approximately 4.3 per for Output 3 (procurement).

Table 5: UNFPA Supplies expenditures against allocated budget, 2016 (US$)

	Budget utilization $	%	Planned budget for 2016* $	%	% Deviation from planned budget
Output 1: Enabling environment	8,871,783	7.08	11,080,000	3.81	–3.27
Output 2: Demand generation	5,258,457	4.19	7,600,000	2.61	–1.58
Output 3 Procurement	77,576,853	61.88	192,494,880	66.16	4.29
Output 4: Improved access	11,586,195	9.24	37,095,000	12.75	3.51
Output 5: Supply chain	4,955,641	3.95	3,121,000	1.07	–2.88
Management Output	8,923,257	7.12	20,302,000	6.98	–0.14
7% IC for UNFPA	8,202,053	6.54	19,240,402	6.61	0.07
Total	**125,374,240**	**100.00**	**290,933,282**	**100.00**	**0.00**

5.7 Programme evaluation

Mid-term evaluation results shared

The year under review (2016) marked the midpoint of programme implementation. The mid-term evaluation is managed independently by the UNFPA Evaluation Unit. The process was postponed due to delays in the procurement process around several factors: complexity of the terms of reference; associated high investment of resources in preparing the proposals; and the highly specialized profiles required for the team. Two rounds of bids were solicited, including the second with a revised terms of reference, but no bids received passed the full evaluation. Euro Health Group (a Copenhagen-based consulting firm) was selected and approved in April 2017. The evaluation findings will support learning among key stakeholders to inform the implementation of the remainder of the programme. In addition to the mid-term evaluation, several other research and studies including audits have been undertaken as part of efforts to ensure accountability, take stock of the progress accomplished and inform learning.

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Studies carried out to ensure learning during the programme

Three major studies released in 2016 informed learning for the programme: (1) an analysis on Strengthening the UNFPA Supplies programme undertaken by McKinsey and Company made possible by an offer of in-kind support from the Bill & Melinda Gates Foundation; (2) a thematic evaluation on UNFPA support to family planning 2008–2013; and (3) an audit of the governance and strategic management of the UNFPA Supplies programme.

The study on strengthening the programme by McKinsey and Company was undertaken in two parts that analysed the strategy and value proposition of the programme and the operating and governance model. The overall objective of the analysis was to learn from the experience of the programme in its second phase.

The thematic evaluation on UNFPA support to family planning 2008–2013, released in 2016, provided an independent assessment of UNFPA interventions in the area of family planning and identified key lessons learned for the current and future strategies. The particular emphasis was on learning with a view to inform the implementation of the UNFPA family planning strategy *Choices not Chance, 2012–2020*, as well as other related interventions and programmes.

The major finding is that UNFPA has been effectively engaged in global efforts to raise the profile of family planning as a development priority. The report notes that UNFPA contributes to increased government ownership and sustainability by promoting national investment and the use of explicit budget lines for family planning commodities and programmes at national and subnational level. The report highlights that through its flagship programme, UNFPA Supplies, UNFPA supply-side work has grown and contributes to expanding method mix, advocates for sustainable financing for family planning, and includes support to training. There were three major areas of recommendations:

- strengthen alignment of family planning programming with ICPD commitments to integration and a human rights-based approach;
- further refine and tap into the potential of UNFPA comparative advantage as the key partner with national governments; and
- strengthen documentation of and accountability for results, and organizational learning.

The audit of the governance and strategic management of the UNFPA Supplies programme was conducted by the Office of Audit and Investigation Services (OAIS) for the period 1 January 2014 to 31 August 2015. The audit assessed the design and operating effectiveness of key programme governance and strategic management processes and whether they can be relied upon to provide reasonable assurance of achieving the objectives of the programme. The audit included the following governance and strategic management areas: programme initiation, programme governance, strategic programme management, workforce management, and programme reporting and systems.

Overall, the audit report included 15 high priority recommendations designed to help UNFPA Supplies improve its governance and strategic programme management processes. Of the 15 recommendations, 13 are of strategic nature and two are operational.

The recommendations from the auditors complemented and reinforced the analysis undertaken in parallel with support from the Bill & Melinda Gates Foundation through McKinsey and Company for learning and programme strengthening over the course of 2016.

- Good practices identified by the audit team contribute to a more effective governance and strategic management of the programme, delivery of its expected results, and to learning and experience-sharing for programme staff.
- Programme fundamentals are reflected in clear goals and outcomes, which are aligned to its mission and to the UNFPA Strategic Plan goals.
- The monitoring framework design is robust and has a well set-up structure for monitoring progress.
- A Steering Committee oversees and provides strategic guidance to the programme.
- Many of the UNFPA Supplies target countries have formed National Coordinating Committees to oversee and support forecasting and programming activities.
- The audit team notes the effective assistance from the UNFPA Zambia Country Office to the Government of Zambia in establishing a multi-year national reproductive health plan and a multi-year reproductive commodities supply chain programme.
- Several global-level coordination mechanisms are in place that involve many stakeholders that play a key role in reproductive health commodity security, to ensure alignment of country and regional strategies, foster coordination and prevent duplication of effort.

The findings of the McKinsey study, thematic evaluation and audit were built into the change management process that was undertaken to roll out the strategic shifts for UNFPA Supplies in 2016. These learning elements were the topic of sustained discussion and internalization over the course of the year, cumulating in the UNFPA Supplies planning meeting held in November 2016, which brought together country, regional and headquarters staff implementing the programme to enact the changes recommended to programme design. The meeting had dedicated sessions on the thematic evaluation and change management processes that reinforced webinar learning held throughout the year. The sessions allowed for cross-fertilization of country experiences and better absorption on what the strategic shifts in the UNFPA Supplies programme mean to staff in their day-to-day work.

5.8 Quarterly programme management process

The UNFPA Supplies management team introduced the Quarterly Programme Management process (QPM) in 2016 as part of improving the programme's management and oversight. This process is designed to improve programme implementation, ensure the effective and efficient alignment of programme resources and facilitate the timely resolution of any emerging implementation issues. The QPM provides a management platform to accomplish a variety of tasks:

- review overall programme progress against its mandate;
- review work progress against approved workplans;

- review country-level partnerships and the extent to which country programmes are leveraging their convening capability to improve partnerships with international and local NGOs around achieving last mile delivery of family planning and other reproductive health supplies and services;
- review progress against the programme's results framework indicators; and
- review expenditures to date against approved budget.

Among the new indicators for 2017 is the number of QPM recommendations that are implemented in full. This will monitor the effectiveness of the QPM process in (1) identifying management issues and bottlenecks and (2) in adopting effective measures to troubleshoot these issues to improve programme performance. The programme monitoring and evaluation team developed and tested the QPM tools in preparation for 2017.

5.9 Satisfactory technical assistance

A key aspect of the programme is the provision of technical assistance to programme countries. A tool is currently being developed to survey the number of countries where the quality of technical support received (from UNFPA's Commodity Security Branch, and regional and country offices) is rated as satisfactory with respect to quality, timeliness and responsiveness to need. This is part of the reform process and will be reported in 2017.

5.10 Partners' opinion

One of the programme priorities is to increase our focus on working interdependently with host country governments, donors and the private sector. A new indicator has been added to assess the quality of collaboration and the degree to which these partnerships are effective in contributing to achieving global and country-level programme outcomes.

5.11 Dissemination of programme results

A significant number of media and communications activities were carried out in 2016 to support visibility and resource mobilization efforts for family planning and the UNFPA Supplies programme. In line with the *UNFPA One Voice Corporate Communications Strategy* adopted in 2012, these activities aimed at communicating across earned, owned and social media platforms and to secure coverage in influential and agenda-setting media in donor nations.

Media engagement

The International Conference on Family Planning (ICFP), held in January in Nusa Dua, Indonesia, provided an opportunity to position and promote UNFPA, including UNFPA Supplies, as a thought and action leader in family planning, and to give visibility and prominence to its work at the global level. UNFPA work was promoted in two ICFP official press releases, including quotes from the Executive Director and senior management relaying messages on the value of family planning and UNFPA Supplies. The Fund was also featured prominently on the digital hub of the conference through interviews with spokespersons, stories, pictures and other assets distributed via UNFPA social media channels before and during the conference. The UNFPA booth also attracted many visitors

and conference participants, thanks to an interactive engagement tool to support family planning, relayed on social media.

Several joint field missions of the UNFPA Executive Director and key donors and partners to developing countries also provided opportunities for media outreach on family planning and highlighted results achieved by UNFPA, with a strong focus on UNFPA Supplies, at the local, regional and international levels in 2016. These joint missions occurred in Rwanda, with Lilianne Ploumen, Minister for Foreign Trade and Development Cooperation of the Netherlands; in Kenya, with Melinda Gates, co-chair of the Bill & Melinda Gates Foundation; and in Nigeria, with Mark Lowcock, Permanent Secretary for the United Kingdom's Department for International Development (DFID).

In October, UNFPA organized a media field mission to Benin, with several journalists from top-tier media of several donor countries – Canada, France and the United Kingdom. The journalists covered family planning and showcased the work of UNFPA Supplies, particularly a family planning boat clinic that carries services to remote underserved populations in the south of the country.

In addition to these field missions, UNFPA proactively pitched top-tier media in donor countries on family planning and UNFPA Supplies throughout the year, organizing interviews with the Executive Director and other senior spokespersons to promote and establish UNFPA's thought and action leadership. Various UNFPA Supplies and partner-led initiatives at ICFP, the Women Deliver conference, FP2020 events, in the margins of the Executive Board or around the World Contraception Day were also used to raise awareness of family planning issues, including the funding gap for UNFPA Supplies, among key audiences through media professionals and social media users. A broad social media communications push was also launched by UNFPA ahead of the UNFPA Supplies partners meeting in Luxembourg in November to increase awareness of the risks of not filling the family planning funding gap for millions of women and girls, and to support resource mobilization efforts for UNFPA Supplies.

Traditional media

More than 120 stories referring to UNFPA and its thought and action leadership in family planning, including in providing contraceptives to countries that most need them, were published or broadcast globally in various media around the ICFP conference. This coverage included agenda-setting media outlets in strategic donor countries such as *The Guardian*, *The Wall Street Journal*, Thomson Reuters, *Christian Science Monitor* and *Los Angeles Times*, among others. Coverage also included several articles on the family planning and UNFPA Supplies funding gap crisis in various media outlets. *The Guardian* and *The Wall Street Journal* are among the top five most influential newspapers in the world. They are also the most sources used by decision makers for policy information.

Joint field visits of the UNFPA Executive Director on family planning in Kenya, Nigeria and Rwanda, with a focus on UNFPA Supplies, received blanket coverage in local and regional media, as well as some on major media in donor countries, such as the BBC, which reaches a weekly audience of 348 million people around the world.

A powerful story was published, as a result of the media field mission in Benin, in *Marie-Claire* magazine (UK edition). Stories were also aired in French and English on *TV5 Monde*, also from this media field mission. Other stories in Canada's most influential newspaper, *Globe and Mail,* and other media outlets are expected in 2017.

One-on-one interviews organized throughout the year with the Executive Director and other UNFPA senior spokespersons on family planning, including innovative initiatives and the impact of the funding gap, led to the publication of several stories in strategic media outlets such as NPR, *The Guardian* (with UNFPA Executive Director, Dr. Babatunde Osotimehin and former Chief, UNFPA Commodity Security Branch, Jagdish Upadhyay) and Devex, among others.

Online communications

In 2016, 18 stories were published on the UNFPA website, highlighting the work of the Fund and its UNFPA Supplies programme on family planning and commodity security, and its contribution to the world's development goals in this area. They included 7 with direct references to UNFPA Supplies and 11 with links to the UNFPA Supplies page. (Web stories published on the UNFPA website are collated in a Flipboard magazine: http://flip.it/u9H51_).

Stories were promoted via UNFPA social media platforms, from the corporate account, the Executive Director's account and the UNFPA Supplies account, as well as through partners' platforms and networks. Partner-led initiatives, such as the call for action to close the family planning funding gap, launched by the Reproductive Health Supplies Coalition, were relayed on UNFPA's accounts and website for broader dissemination, including through a web story. In addition, content and visual assets on family planning, including UNFPA Supplies, were also provided for use on social media to leverage the visibility of the issue and the programme among target audiences.

The communications push for family planning ahead of the UNFPA Supplies partners meeting in Luxembourg also helped increase awareness of the UNFPA Supplies funding gap among key audiences through social media. Visual assets were developed and disseminated broadly. Thanks to widespread support from online audiences, support from UNFPA regional and country offices, as well as partners, including NGOs and other UN agencies, this communications blast was a remarkable success on social media. The 'Family Planning Funding Crisis' Thunderclap campaign, which raised awareness for the funding shortfall of nearly $1 billion facing UNFPA Supplies reached over 8.2 million people on social media, or 109 per cent of its goal.

Multimedia materials were also developed throughout the year to support communications and resource mobilization efforts. Professional photos and videos[8] (in English and French) were produced about the family planning boat clinic initiative in Benin, showcasing UNFPA Supplies-supported work in the country to provide voluntary family planning services to the last mile. Pictures produced by professional photographers on other field missions (Nigeria and Rwanda) or events were also shared with donors and partners.

[8] In English: https://www.youtube.com/watch?v=-CM-7DIj4pI
In French: https://www.youtube.com/watch?v=QyglVhHwSAw

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Internal communications

Internally, several initiatives and products were developed to increase understanding of and support for UNFPA Supplies work across the organization, including in terms of resource mobilization and communications. That included presentations during meetings involving UNFPA senior representatives of priority country offices, references to the work of the programme during media and communications webinars, and regular interaction with regional communications advisers.

Finance and resources

The programme achieved a high implementation rate[9] of 92 per cent. Overall payments were 2016 $125 million (down from $148 million in 2015 in 2016). The donor base was expanded to include more private sector entities. Donor contributions to the programme increased by 10 per cent (from $103 million in 2015 to $113 million in 2016).

Funds available and income

During 2016, the UNFPA Supplies programme had more than $165 million in the available budget of which it allocated $152 million for the annual budget for commodity procurement and activity (capacity building) implementation. This amount comprised unspent funds transferred from the previous year and contributions received from donors during the year 2016. The remaining funds are set aside in a special reserve of $10 million that can be used to procure implants to fulfil the minimum volume guarantee as per the Implant Access Programme.

Excluding the set-aside reserve and donor contributions received in the fourth quarter, the total available budget in 2016 was $152 million ($151,721,709).

Spending

Annual payments totalled $125 million in 2016 whereas expenditures totalled $132 million. Payments are recorded as soon as the supplier has been paid. Expenses are only recorded when the goods have been handed over to the implementing partner (e.g. to the Ministry of Health or a NGO).

Total payments in 2016 amounted to $125 million ($125,037,183), down 15 per cent from 2015.

It can take several months from when the goods have been paid and put on the ship until they have been received at the end destination and handed over to the implementing partner. When the goods have been paid they are recorded as inventory until they can be handed over to the implementing partner. UNFPA distinguishes between two types of inventory: inventory in transit and inventory in stock. Inventory in transit includes goods that are still on the way to the country of destination (typically via sea shipment). Inventory in stock includes goods that have been received at the end destination but still remain under UNFPA's control (i.e. the goods have not been handed over to the implementing partner yet).

The total inventory level decreased by $6.8 million from 2015 to 2016. This means that out of the $132 million in RH supplies that were handed over to implementing partners (expended) in 2016, $6.8 million of the RH supplies had been paid for in 2015. It was expected that inventory levels would go down as result of the reduction in overall budget

[9] Implementation rate = Payments and firm commitments)/available budget

from 2015 to 2016 and efforts were made to expedite the goods in the supply chain. The goods in inventory as of 31 December 2016 amounted to $17 million (compared with $24 million as of 31 December 2015) of which the majority ($15.2 million) comprised goods in transit (on the ship), with the remainder $1.8 million being inventory in stock (received at the end destination but not yet handed over to the implementing partner).

Utilization rate

In addition to the payments of $125 million, the programme placed $14 million in firm and binding purchase orders to be delivered in 2017. This gives a total commitment of $139 million, which corresponds to a utilization rate of 92 per cent against the total available budget of $152 million (excluding the $10 million set-aside reserve and fourth quarter contributions). The corresponding utilization rate was 87 per cent in 2015 and 88 per cent in 2014.

By the time fiscal year 2016 closed, a total unspent amount of $26,684,526 was carried over to 2017 and used for placing commodity procurement orders in accordance with countries' requests.

*Table 6: Cash flow summary, 2016 (in US$)**

Beginning cash balance	78,459,481
Special set-aside reserve	10,000,000
Donor contributions (Q1, Q2, Q3)	73,262,228
Donor contributions (Q4) – received for programming in 2017	36,193,700
Total available budget	**197,915,409**
Total available budget excl. Q4 income and $10m set-aside	**151,721,709**
Expenses (excl. inventory)	131,842,423
Increase/decrease in inventory*	(6,805,240)
Total payments	**125,037,183**
End balance	**72,878,226**
End balance, excluding December contributions and set-aside	26,684,526
Committed in Purchase Orders by the end of 2015	14,026,295
Non-allocated by the end of 2015	**12,658,231**

*Provisional data

Table 7: Utilization rate, UNFPA Supplies 2016 (US$)

Available budget, excluding Q4 and set-aside	Expenses and Purchase Order (PO) commitments	Utilization rate
US$ 151,721,709	US$ 139,063,478	92%

Expenditure classification and breakdown

Commodity procurement constituted $87.5 million (66 per cent) of the total programme expenditures for 2016; this includes the procurement of all contraceptives and maternal health supplies and their shipping costs. The programme used $36 million (27 per cent) for capacity-building and management costs as well as conducting the facility-based RHCS survey of service delivery points. Human resource costs constituted only $8.5 million (6 per cent) of the total annual budget of the programme.

The programme budget for 2016 was $118.5 million of which $87.5 million (74 per cent) was used for procurement of commodities. This budget allocation and distribution are in line with the Steering Committee decision to allocate 75 per cent of the programme budget for commodity procurement. The programme budget was calculated as the total available budget excluding human resources costs ($8.5 million) and the cost of facility-based RHCS surveys ($5 million).

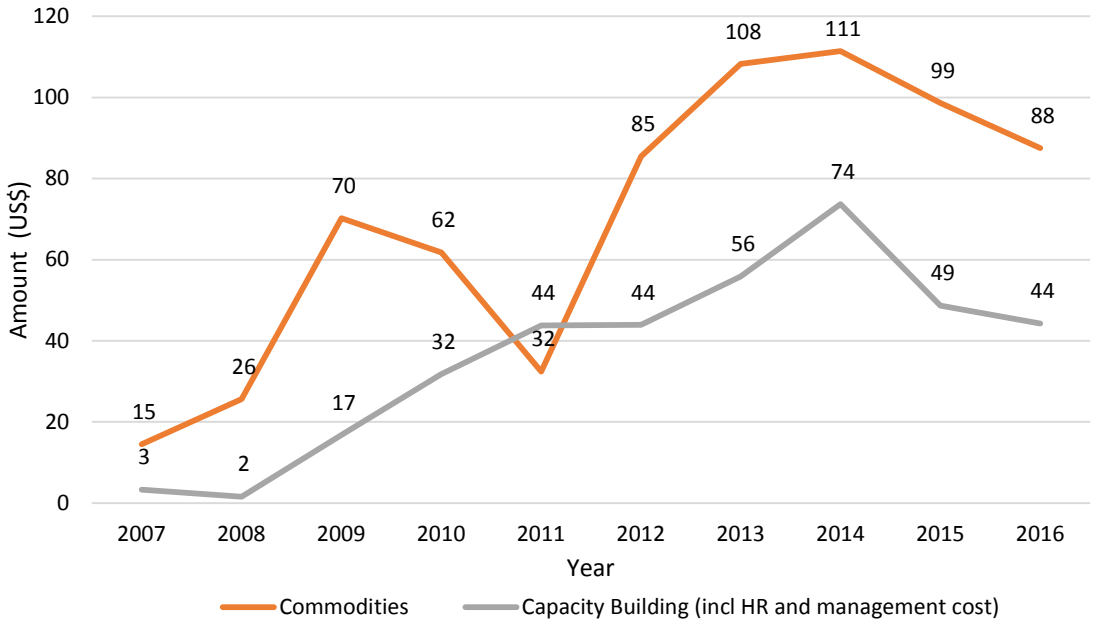
Table 8: Commodity procurement compared with capacity building expenses

Type of expense	Amount of expenses (US$)	Percentage of budget
Commodities (including 7% IC)	$87,536,637	66%
Capacity-building (including 7% IC)	$35,814,913	27%
Human resources (including 7% IC)	$8,490,873	6%
Total	$131,842,423	100%

Use of funds – commodities vs capacity-building

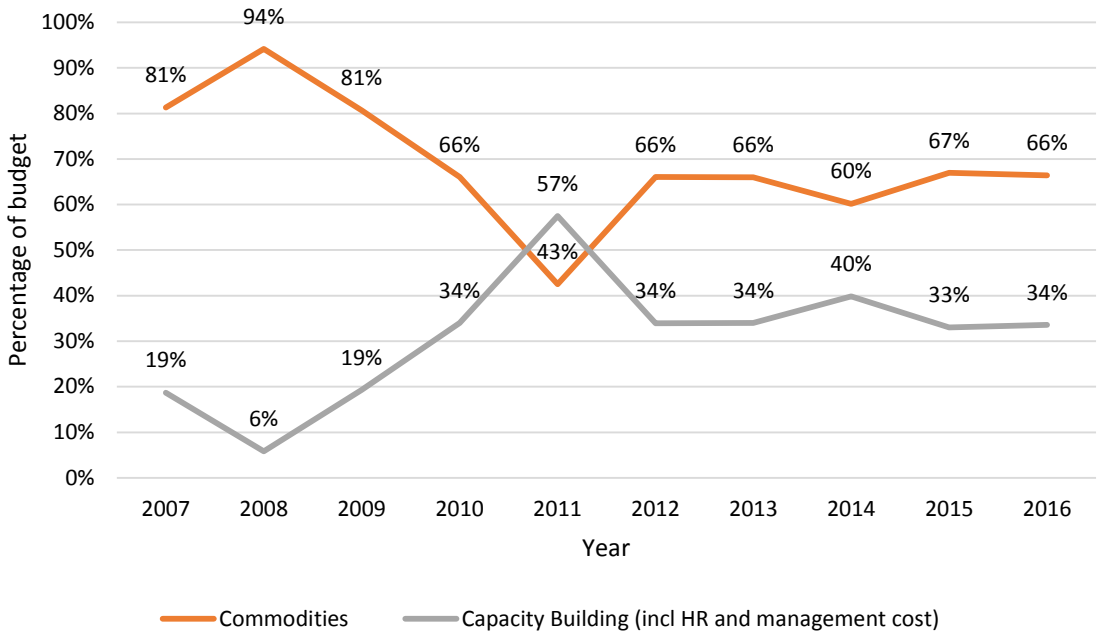
Spending on commodity procurement decreased by $11 million (12 per cent) compared with 2015. Spending on capacity building decreased by $1.8 million (5 per cent) compared with 2015.

Figure 29: Commodity vs. capacity-building expenses, 2007-2016, in US$ millions



Measured against the total budget, 66 per cent was spent on commodity procurement; but measured against the budget available for programming (excluding HR costs and survey costs), 74 per cent was spent on commodity procurement. The corresponding figures for 2015 are almost the same, at 67 per cent and 75 per cent, respectively.

Figure 30: Commodity vs. capacity-building expenses, 2007-2016, by percentage

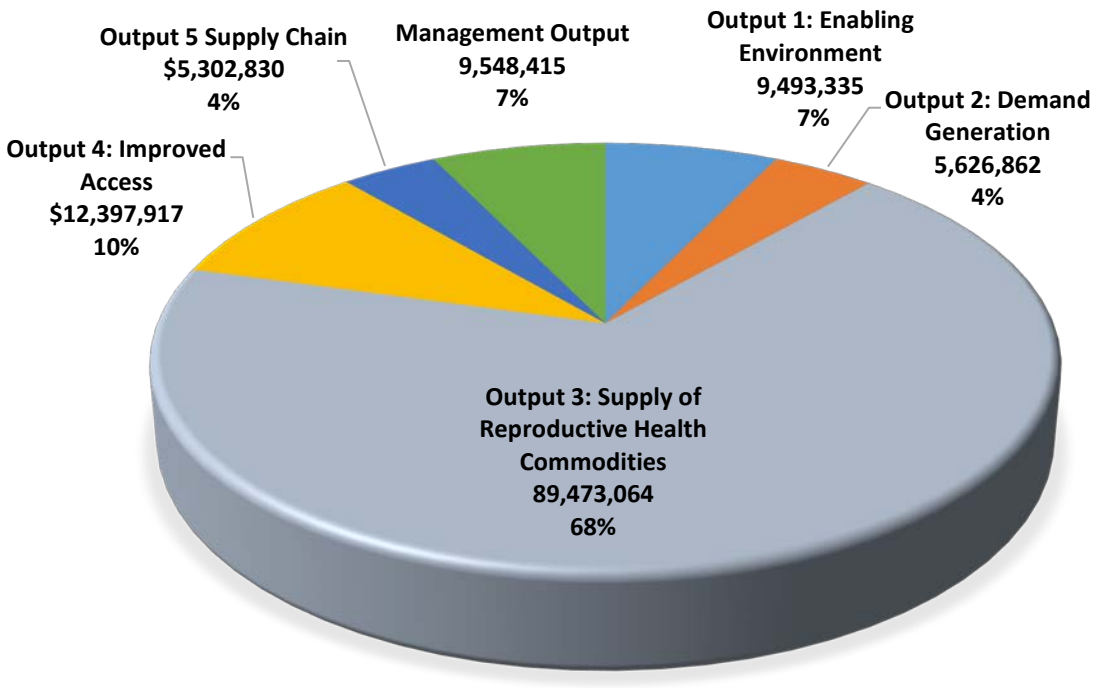


Use of funds by output

The overall distribution per output generally follows the overall estimates as anticipated in the programme document for UNFPA Supplies (previously UNFPA GPRHCS Phase II). Figure 31 shows how the funds were used by programme output:

- $89.5 million (68 per cent) spent on Output 3 on improved efficiency for procurement, reflecting the large commodity procurement component in the programme (66 per cent estimated in the original programme document);
- $12.5 million (10 per cent) spent on Output 4 on improved access to RHCS/FP services (13 per cent estimated in the original programme document);
- $9.5 million (7 per cent) spent on Output 1 on an enabled environment for RHCS (4 per cent estimated in the original programme document);
- $9.5 million (7 per cent) spent on the Management Output, which includes all salaries (also 7 per cent estimated in the original programme document); and
- $5.5 million (4 per cent) spent on Output 2 on increased demand for RH commodities and Output 5 on strengthened supply chain management (3 per cent estimated in the original programme document).

Figure 31: Breakdown by output, 2016 expense (percentage budget utilization for 2016)



Expenses categorized by intervention level

The table below shows the expenses categorized by intervention level (interventions are listed according to the previous monitoring and evaluation for the Programme, which was in place at the time of budget planning for 2016).

The categorization of expenses per output and intervention area generated from UNFPA's Global Programming System (GPS), which UNFPA started using in 2014. GPS has greatly simplified the data analysis and contributed to improved data quality. It is believed that the GPS data provides a good indication of expenditures but its reliability 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 are intended to help programme managers improve the reliability of the tagging and reduce the probability of activity miscategorization to a minimum.

FINANCE AND RESOURCES

Table 9: Breakdown by interventions, UNFPA Supplies 2016 total expenses

Intervention areas (expenses are shown including the 7% indirect costs)	2016 Expenses ($)	2016 Expenses (%)	GPRHCS II Framework budget (%)
Output 1: Enabled environment for RHCS			
(1.1) Improved policy environment and strategies for RHCS/FP	4,085,607	3.10%	0.6%
(1.2) Strengthened regional coordination and partnerships for RHCS/FP	736,551	0.56%	1.1%
(1.3) Strengthened global partnerships for RHCS/FP	1,096,688	0.83%	1.1%
(1.4) Improved country-level coordination and partnership for RHCS/FP	1,746,122	1.32%	0.8%
(1.5) Strengthened national frameworks for RH products availability	1,750,355	1.33%	0.1%
(1.6) Increased national budget allocations for contraceptives	59,465	0.05%	0.2%
(1.7) Environmental risk for RH commodities mitigated	18,546	0.01%	0.2%
Total Output 1	**9,493,335**	**7.20%**	4.1%
Output 2: Increased demand for RH commodities			
(2.1) Strengthened advocacy in support of FP for the marginalized	1,868,667	1.42%	0.8%
(2.2) Increase demand generated for FP	3,758,194	2.85%	1.6%
Total Output 2	**5,626,862**	**4.27%**	2.3%
Output 3: Improved efficiency for procurement and supply of RH commodities			
(3.1) Improved quality of RH commodities	1,283,520	0.97%	0.3%
(3.2) improved and efficient procurement system for RH commodities	652,169	0.49%	0.6%
(3.3) Increase compliance with green procurement standards	739	0.00%	0.0%
(3.4) Improved quantity and mix for RH commodities	87,536,637	66.39%	69.9%
Total Output 3	**89,473,064**	**67.86%**	70.9%
Output 4: Improved access			
(4.1) Increased availability of integrated RH/FP services	6,310,745	4.79%	9.8%
(4.2) Improved RHCS/FP service delivery in humanitarian setting	1,121,724	0.85%	2.6%
(4.3) Strengthened capacity for RHCS/FP service provision	4,965,448	3.77%	1.6%
Total Output 4	**12,397,917**	**9.40%**	14.0%
Output 5: Strengthened capacity and systems for supply chain management			
(5.1) Improved demand forecasting and procurement for RH commodities	1,979,270	1.50%	0.4%
(5.2) Strengthened stock monitoring	3,323,560	2.52%	0.4%
Total Output 5	**5,302,830**	**4.02%**	0.9%

Management Output			
(6.1) Improved capacity built for RHCS data generation and use	4,554,732	3.45%	3.5%
(6.2) Increased amount of resources mobilized for UNFPA Supplies	7,563	0.01%	0.0%
(6.3) Improved programme steering and guidance	450,232	0.34%	0.0%
(6.4) Improved human resource capacity	300,927	0.23%	3.6%
(6.5) Improved programme planning and review	1,020,090	0.77%	0.0%
(6.6) Improved capacity for UNFPA GPRHCS (now UNFPA Supplies) monitoring and evaluation	2,153,170	1.63%	0.1%
(6.7) Strengthened programme reporting	207,328	0.16%	0.0%
(6.8) Sustained forums for knowledge and information sharing	274,511	0.21%	0.4%
(6.9) Improved dissemination of programme results	579,861	0.44%	0.0%
Total Management Output	9,548,415	7.24%	7.7%
Total (including 7% indirect cost)	**131,842,423**	**100%**	**100%**

Donor contributions

Since its inception in 2007, the UNFPA Supplies programme has mobilized more than $1 billion from donors. We are grateful for support from government and foundation donors that totalled $112,970,058 in 2016.

Table 10: Contributions to UNFPA Supplies received in 2016, summarized by donor in alphabetical order

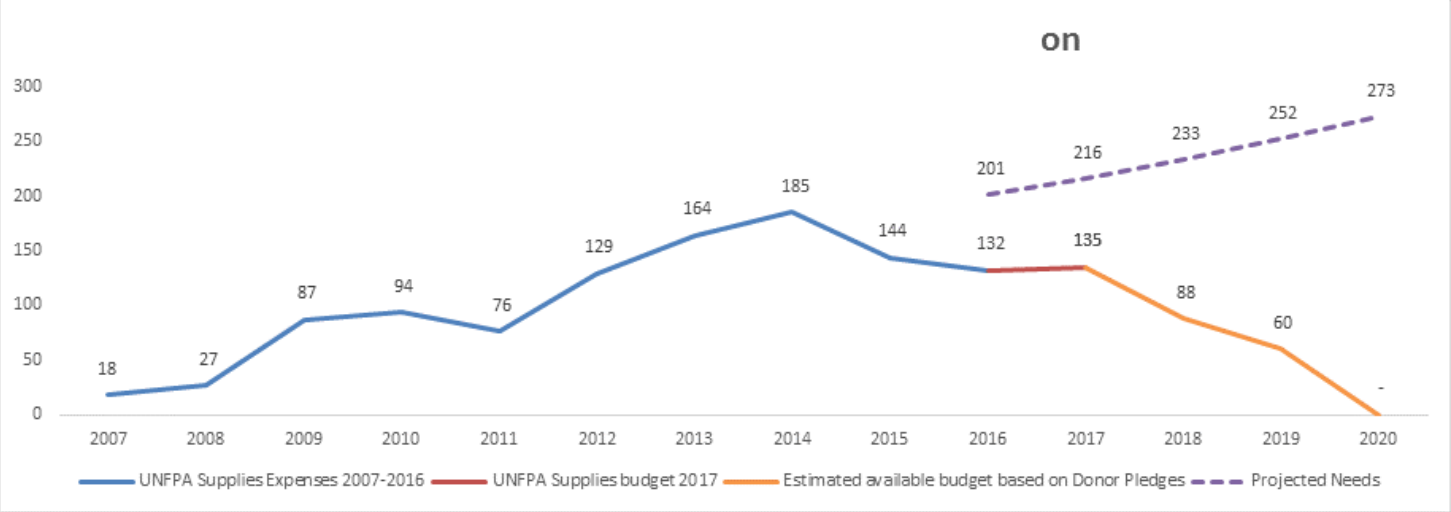
Donor	Amount (US$)
Australia	1,904,037
Bill & Melinda Gates Foundation	2,488,592
Children's Investment Fund Foundation	1,149,963
European Union	3,184,713
Liechtenstein	14,793
Luxembourg	434,783
Netherlands	36,316,408
Portugal	54,760
Spain	212,314
United Kingdom	67,109,695
Winslow Foundation	100,000
Total	**112,970,058**

Contributions received in the last quarter of 2016 were used to place commodity orders at the beginning of 2017.

Forward-looking financial situation

Increased donor pledges and contributions are required to ensure that UNFPA Supplies continues to provide much-needed support to developing countries.

Figure 32: UNFPA Supplies budget and projections, 2007–2020, US$ million



ANNEX 1

National allocation and expenditures for commodities

Amounts allocated and amounts spent for 2016

Country	Amount **allocated** in the national budget **for contraceptives** for the year (in USD)	Amount **allocated** in the national budget **for maternal health medicines** for the year (in USD)	Amount **spent** from amount allocated in the national budget **for contraceptives** for the year (in USD)	Amount **spent** from amount allocated in the national budget **for maternal health medicines** for the year (in USD)	**Total Amounts ALLOCATED**	**Total Amounts SPENT**
Benin	170,000	-	200,000	-	170,000	200,000
Bolivia	1,499,679	13,000,000	1,499,679	13,000,000	14,499,679	14,499,679
Burkina Faso	1,000,000	16,800,000	1,000,000	10,264,584	17,800,000	11,264,584
Burundi	67,500	-	67,500	-	67,500	67,500
Cameroon	300,000	-	0	-	300,000	0
Central African Republic	-	-	-	-	-	-
Chad	-	-	-	-	-	-
Congo	1,805,810	6,191,350	615,453	2,110,127	7,997,160	2,725,580
Côte d'Ivoire	666,667	1,000,000	0	1,000,000	1,666,667	1,000,000
Democratic Republic of the Congo	2,500,000	-	1,000,000	-	2,500,000	1,000,000
Djibouti	-	-	-	-	-	-
Eritrea	-	-	-	-	-	-
Ethiopia	11,462,658	3,734,751	11,462,658	3,734,751	15,197,409	15,197,409
Gambia	20,000	125,000	20,000	125,000	145,000	145,000
Ghana	1,472,747	-	0	-	1,472,747	0
Guinea	-	5,000,000	-	2,000,000	5,000,000	2,000,000
Guinea-Bissau	-	-	-	-	-	-
Haiti	-	-	-	-	-	-
Honduras	1,578,436	1,664,884	1,578,436	1,664,884	3,243,320	3,243,320
Kenya	500,000	-	0	-	500,000	0
Lao People's Democratic Republic	45,000	-	0	-	45,000	0
Lesotho	572,178	-	0	-	572,178	0
Liberia	40,000	-	0	-	40,000	0
Madagascar	31,125	-	31,125	-	31,125	31,125
Malawi	105,485	105,485	105,485	105,485	210,970	210,970
Mali	-	200,000	-	200,000	200,000	200,000
Mauritania	-	-	-	-	-	-
Mozambique	264,658	1,632,153	264,658	1,632,153	1,896,811	1,896,811
Myanmar	600,000	2,300,000	560,000	2,289,200	2,900,000	2,849,200
Nepal	1,775,037	-	0	-	1,775,037	0
Niger	118,328	173,058	118,326	94,340	291,386	212,666
Nigeria	3,000,000	-	914,195	-	3,000,000	914,195
Papua New Guinea	-	-	-	-	-	-

ANNEX 1

Rwanda	78,136	-	78,136	-	78,136	78,136
Sao Tome and Principe	28,552	-	0	-	28,552	0
Senegal	400,000	400,000	0	0	800,000	0
Sierra Leone	-	40,534	-	0	40,534	0
South Sudan	-	-	-	-	-	-
Sudan	-	2,000,000	-	1,193,871	2,000,000	1,193,871
Tanzania	731,595	-	731,595	-	731,595	731,595
Timor-Leste	-	-	-	-	-	-
Togo	208,333	1,700,000	208,333	1,700,000	1,908,333	1,908,333
Uganda	560,549	1,869,504	560,549	1,869,504	2,430,053	2,430,053
Yemen	-	-	-	-	-	-
Zambia	563,819	-	563,819	-	563,819	563,819
Zimbabwe	-	-	-	-	-	-
Total for 2016	32,166,292	57,936,719	21,611,947	42,983,898	90,103,011	64,595,846

- No amount allocated

ANNEX 2

Trends in government expenditures on RH commodities

AMOUNT ALLOCATED in national budgets of UNFPA Supplies implementing countries for the procurement of RH commodities, 2013-2016

		AMOUNT ALLOCATED (in US$)											
		Contraceptives				Maternal health medicines				Total			
	Country	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016
1	Benin	25,000	25,000	400,000	170,000	-	-	16,400	-	25,000	25,000	416,400	170,000
2	Bolivia	2,936,320	2,936,320	1,444,633	1,499,679	6,500,000	7,500,000	8,000,000	13,000,000	9,436,320	10,436,320	9,444,633	14,499,679
3	Burkina Faso	1,000,000	1,000,000	750,000	1,000,000	-	-	975,000	16,800,000	1,000,000	1,000,000	1,725,000	17,800,000
4	Burundi	-	49,064	113,996	67,500	-	-	-	-	-	49,064	113,996	67,500
5	Cameroon	360,000	160,000	54,545	300,000	-	-	727,273	-	360,000	160,000	781,818	300,000
6	Central African Republic	-	-	-	-	-	-	-	-	-	-	-	-
7	Chad	-	-	-	-	-	1,663,208	1,663,208	-	-	1,663,208	1,663,208	-
8	Congo	130,000	-	1,805,810	1,805,810	-	-	6,191,350	6,191,350	130,000	500,000	7,997,160	7,997,160
9	Côte d'Ivoire	-	-	70,000	666,667	-	993,252	1,000,000	1,000,000	-	993,252	1,070,000	1,666,667
10	Democratic Republic of the Congo	460,000	1,000,000	-	2,500,000	-	-	-	-	460,000	1,000,000	-	2,500,000
11	Djibouti	-	-	-	-	-	-	-	-	-	-	-	-
12	Eritrea	-	-	-	-	-	-	-	-	-	-	-	-
13	Ethiopia	14,741,947	9,000,000	10,800,000	11,462,658	6,921,800	16,000,000	11,500,000	3,734,751	21,663,747	25,000,000	22,300,000	15,197,409
14	Gambia	26,316	-	-	20,000	26,316	-	25,000	125,000	52,632	-	25,000	145,000
15	Ghana	-	-	1,500,000	1,472,747	-	-	-	-	-	-	1,500,000	1,472,747
16	Guinea	-	-	-	-	200,000	-	2,239,685	5,000,000	200,000	-	2,239,685	5,000,000
17	Guinea-Bissau	-	-	-	-	-	-	-	-	-	-	-	-
18	Haiti	-	-	-	-	-	-	-	-	-	-	-	-
19	Honduras	1,123,103	405,551	1,675,361	1,578,436	-	-	-	1,664,884	1,123,103	405,551	1,675,361	3,243,320
20	Kenya	-	-	500,000	500,000	-	-	-	-	-	-	500,000	500,000
21	Lao People's Democratic Republic	25,000	38,000	-	45,000	-	-	-	-	25,000	38,000	-	45,000

ANNEX 2

22	Lesotho	300,000	783,840	442,317	572,178	2,000,000	-	-	-	2,300,000	783,840	442,317	572,178
23	Liberia	-	-	-	40,000	-	-	-	-	-	-	-	40,000
24	Madagascar	-	60,000	33,509	31,125	-	13,200	11,058	-	-	73,200	44,567	31,125
25	Malawi	-	132,000	107,000	105,485	-	-	107,000	105,485	-	132,000	214,000	210,970
26	Mali	745,384	-	-	-	2,116,000	-	3,593,958	200,000	2,861,384	-	3,593,958	200,000
27	Mauritania	-	-	50,000	-	-	50,000	-	-	-	50,000	50,000	-
28	Mozambique	449,835	270,721	270,721	264,658	-	-	-	1,632,153	449,835	270,721	270,721	1,896,811
29	Myanmar	1,200,000	3,270,000	2,000,000	600,000	-	400,000	3,150,000	2,300,000	1,200,000	3,670,000	5,150,000	2,900,000
30	Nepal	4,200,000	3,500,000	2,104,600	1,775,037	-	-	-	-	4,200,000	3,500,000	2,104,600	1,775,037
31	Niger	400,000	400,000	340,000	118,328	-	-	-	173,058	400,000	400,000	340,000	291,386
32	Nigeria	3,000,000	3,000,000	3,000,000	3,000,000	8,350,000	8,350,000	-	-	11,350,000	11,350,000	3,000,000	3,000,000
33	Papua New Guinea	-	863,797	8,680,000	-	-	56,631	1,790,000	-	-	920,428	10,470,000	-
34	Rwanda	650,000	365,350	729,713	78,136	-	-	-	-	650,000	813,337	729,713	78,136
35	Sao Tome and Principe	-	-	27,000	28,552	-	-	-	-	-	-	27,000	28,552
36	Senegal	200,000	200,000	200,000	400,000	-	-	-	400,000	200,000	200,000	200,000	800,000
37	Sierra Leone	-	45,977	-	-	-	34,483	76,730	40,534	-	80,460	76,730	40,534
38	South Sudan	-	-	-	-	-	-	-	-	-	-	-	-
39	Sudan	-	-	-	-	1,000,000	1,000,000	1,500,000	2,000,000	1,000,000	1,000,000	1,500,000	2,000,000
40	Tanzania	2,500,000	1,212,121	2,286,237	731,595	-	-	-	-	2,500,000	1,212,121	2,286,237	731,595
41	Timor-Leste	-	-	-	-	-	-	67,428	-	-	-	67,428	-
42	Togo	60,000	20,000	-	208,333	2,200,000	-	1,534,461	1,700,000	2,260,000	20,000	1,534,461	1,908,333
43	Uganda	3,300,000	5,900,000	3,800,000	560,549	-	1,000,000	3,800,000	1,869,504	3,300,000	6,900,000	7,600,000	2,430,053
44	Yemen	-	-	-	-	-	-	-	-	-	-	-	-
45	Zambia	-	1,468,419	1,206,455	563,819	1,200,000	-	467,501	-	1,200,000	1,468,419	1,673,956	563,819
46	Zimbabwe	-	-	-	-	-	-	-	-	-	-	-	-
	Total	**37,832,905**	**36,106,160**	**44,391,897**	**32,166,292**	**30,514,116**	**37,060,774**	**48,436,052**	**57,936,719**	**68,347,021**	**74,114,921**	**92,827,949**	**90,103,011**

Source: Information provided SIS myResults, by Country Offices of UNFPA Supplies Implementing countries.

ANNEX 2

AMOUNT EXPENDED in national budgets of UNFPA Supplies implementing countries for the procurement of RH Commodities, 2013–2016

		AMOUNT SPENT (in US$)											
		Contraceptives				Maternal health medicines				Total			
	Country	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016
1	Benin	25,000	25,000	200,000	200,000	-	-	14,625	-	25,000	25,000	214,625	200,000
2	Bolivia	936,000	754,280	1,298,807	1,499,679	3,066,020	4,066,020	5,000,000	13,000,000	4,002,020	4,820,300	6,298,807	14,499,679
3	Burkina Faso	1,000,000	1,000,000	750,000	1,000,000	-	-	975,000	10,264,584	1,000,000	1,000,000	1,725,000	11,264,584
4	Burundi	-	49,064	113,996	67,500	-	-	-	-	-	49,064	113,996	67,500
5	Cameroon	0	0	0	0	-	-	0	-	0	0	0	0
6	Central African Republic	-	-	-	-	-	-	-	-	-	-	-	-
7	Chad	-	-	-	-	-	1,663,208	1,663,208	-	-	1,663,208	1,663,208	-
8	Congo	130,000	-	683,837	615,453	-	-	2,344,585	2,110,127	130,000	500,000	3,028,422	2,725,580
9	Côte d'Ivoire	-	-	0	0	-	993,252	1,000,000	1,000,000	-	993,252	1,000,000	1,000,000
10	Democratic Republic of the Congo	0	300,500	-	1,000,000	-	-	-	-	0	300,500	-	1,000,000
11	Djibouti	-	-	-	-	-	-	-	-	-	-	-	-
12	Eritrea	-	-	-	-	-	-	-	-	-	-	-	-
13	Ethiopia	23,559,849	9,000,000	10,800,000	11,462,658	4,688,714	16,000,000	11,500,000	3,734,751	28,248,563	25,000,000	22,300,000	15,197,409
14	Gambia	26,316	-	-	20,000	26,316	-	25,000	125,000	52,632	-	25,000	145,000
15	Ghana	-	-	0	0	-	-	-	-	-	-	0	0
16	Guinea	-	-	-	-	0	-	3,907,820	2,000,000	0	-	3,907,820	2,000,000
17	Guinea-Bissau	-	-	-	-	-	-	-	-	-	-	-	-
18	Haiti	-	-	-	-	-	-	-	-	-	-	-	-
19	Honduras	0	405,551	1,594,540	1,578,436	-	-	-	1,664,884	0	405,551	1,594,540	3,243,320
20	Kenya	-	-	0	0	-	-	-	-	-	-	0	0
21	Lao People's Democratic Republic	25,000	38,000	-	0	-	-	-	-	25,000	38,000	-	0

ANNEX 2

22	Lesotho	200,000	286,503	523,149	0	1,500,000	-	-	-	1,700,000	286,503	523,149	0
23	Liberia	-	-	-	0	-	-	-	-	-	-	-	0
24	Madagascar	-	26,000	33,509	31,125	-	13,200	11,058	-	-	39,200	44,567	31,125
25	Malawi	-	132,000	107,000	105,485	-	-	107,000	105,485	-	132,000	214,000	210,970
26	Mali	0	-	-	-	0	-	3,593,358	200,000	0	-	3,593,358	200,000
27	Mauritania	-	-	0	-	-	50,000	-	-	-	50,000	0	-
28	Mozambique	449,835	0	0	264,658	-	-	-	1,632,153	449,835	1,512,137	0	1,896,811
29	Myanmar	1,200,000	3,270,000	1,957,000	560,000	-	400,000	3,131,500	2,289,200	1,200,000	3,670,000	5,088,500	2,849,200
30	Nepal	0	3,500,000	1,193,358	0	-	-	-	-	0	3,500,000	1,193,358	0
31	Niger	400,000	200,000	325,000	118,326	-	-	-	94,340	400,000	200,000	325,000	212,666
32	Nigeria	980,170	0	994,671	946,195	1,869,741	-	-	-	2,849,911	0	994,671	946,195
33	Papua New Guinea	-	1,964,219	0	-	-	127,737	0	-	-	2,091,956	0	-
34	Rwanda	650,000	0	729,713	78,136	-	-	-	-	650,000	813,337	729,713	78,136
35	Sao Tome and Principe	0	-	23,000	0	-	-	-	-	-	-	23,000	0
36	Senegal	0	80,000	162,094	0	-	-	124,861	0	0	80,000	286,955	0
37	Sierra Leone	-	0	-	-	-	-	30,999	0	-	0	30,999	0
38	South Sudan	-	-	-	-	-	-	-	-	-	-	-	-
39	Sudan	-	-	-	-	1,000,000	1,000,000	1,074,325	1,193,871	1,000,000	1,000,000	1,074,325	1,193,871
40	Tanzania	3,387,000	653,814	2,149,063	731,595	-	258,853	-	-	3,387,000	912,667	2,149,063	731,595
41	Timor-Leste	-	-	-	-	-	-	67,428	-	-	-	67,428	-
42	Togo	0	20,000	-	208,333	2,200,000	-	1,534,047	1,700,000	2,200,000	20,000	1,534,047	1,908,333
43	Uganda	3,300,000	6,000,000	560,549	560,549	-	3,830,000	1,869,504	1,869,504	3,300,000	9,830,000	2,430,053	2,430,053
44	Yemen	-	-	-	-	-	-	-	-	-	-	-	-
45	Zambia	-	1,468,419	1,206,455	563,819	1,200,000	-	467,501	-	1,200,000	1,468,419	1,673,956	563,819
46	Zimbabwe	-	-	-	-	-	-	-	-	-	-	-	-
	Total	**36,269,170**	**29,173,350**	**25,405,741**	**21,611,947**	**15,550,791**	**28,402,270**	**38,441,819**	**42,983,898**	**51,983,898**	**60,401,094**	**63,847,560**	**64,598,846**

Source: Information provided SIS myResults, by Country Offices of UNFPA Supplies implementing countries
- No amount allocated

ANNEX 2

Staff trained for family planning service provision

Percentage distribution of SDPs by staff trained for family planning service provision (measured on the day of facility survey)

Country	Total	Type of SDP			Location	
		Primary	Secondary	Tertiary	Urban	Rural
Benin	-	-	-	-	-	-
Bolivia	-	-	-	-	-	-
Burkina Faso	95.1	94.2	100	100	98.3	93.9
Burundi	-	-	-	-	-	-
Cameroon	-	-	-	-	-	-
Central African Republic	-	-	-	-	-	-
Chad	-	-	-	-	-	-
Congo	68.8	68.8	69.2	66.7	69.2	68.5
Côte d'Ivoire	81.4	80.8	85.2	100	86.4	76
Democratic Republic of the Congo	-	-	-	-	-	-
Djibouti	-	-	-	-	-	-
Eritrea	-	-	-	-	-	-
Ethiopia	97	97.3	97.4	95.7	96.5	97.8
Gambia	-	-	-	-	-	-
Ghana	-	-	-	-	-	-
Guinea	97.2	92.3	93	93.3	94.1	91.4
Guinea-Bissau	-	-	-	-	-	-
Haiti	92.6	93.3	91.5	100	90	95.1
Honduras	100	100	100	100	100	100
Kenya	94.1	93.7	100	100	91.6	95.4
Lao People's Democratic Republic	89.4	81.7	99.3	100	99.4	81.7
Lesotho	-	-	-	-	-	-
Liberia	-	-	-	-	-	-
Madagascar	-	-	-	-	-	-
Malawi	85	85.3	86.3	50	90.7	82.8
Mali	-	-	-	-	-	-
Mauritania	-	-	-	-	-	-
Mozambique						
Myanmar	55.3	69.2	40.6	60.9	NA	NA
Nepal	71.11	58.9	97.1	61.5	76.3	67.8
Niger	92.7	92.7	92.3	100	94.6	91
Nigeria	84.9	78.4	91.4	97.6	89.7	80
Papua New Guinea	-	-	-	-	-	-
Rwanda	94	93.4	95	100	95.5	93.5
Sao Tome and Principe	-	-	-	-	-	-
Senegal	93.3	-	-	-	-	-
Sierra Leone	86.2	93.2	71.1	100	79.3	93.1

ANNEX 2

South Sudan	-	-	-	-	-	-
Sudan	57	68.8	73.8	76.2	NA	NA
Tanzania	90	85.5	93.9	93.1	87.8	90.8
Timor-Leste	52	37	87	83	NA	NA
Togo	75	76	100	100	84.38	70.5
Uganda	-	-	-	-	-	-
Yemen	-	-	-	-	-	-
Zambia	-	-	-	-	-	-
Zimbabwe	80	77.9	92	100	93.5	77.7

Percentage distribution of SDPs by staff trained for the insertion and removal of implants

Country	Total	Type of SDP			Location	
		Primary	Secondary	Tertiary	Urban	Rural
Benin	-	-	-	-	-	-
Bolivia	-	-	-	-	-	-
Burkina Faso	80.1	77	96.6	91.7	93.2	74.9
Burundi	-	-	-	-	-	-
Cameroon	-	-	-	-	-	-
Central African Republic	-	-	-	-	-	-
Chad	-	-	-	-	-	-
Congo	52.2	49.1	66.7	100	52.7	51.6
Côte d'Ivoire	84.84	83.87	91.25	100	92.59	75.31
Democratic Republic of the Congo	-	-	-	-	-	-
Djibouti	-	-	-	-	-	-
Eritrea	-	-	-	-	-	-
Ethiopia	70	26.6	93.2	100	88	18
Gambia	-	-	-	-	-	-
Ghana	-	-	-	-	-	-
Guinea	91.1	95.5	86	93.3	96.5	91.4
Guinea-Bissau	-	-	-	-	-	-
Haiti	32.2	26.7	31	100	33.3	31.1
Honduras	66.3	61.3	95.7	100	69.1	53.1
Kenya	90.3	89.7	100	100	87.6	91.5
Lao People's Democratic Republic	67.1	36.4	99.3	100	95.5	40
Lesotho	-	-	-	-	-	-
Liberia	-	-	-	-	-	-
Madagascar	-	-	-	-	-	-
Malawi	18.5	18	13.7	50	9.3	17.2
Mali	-	-	-	-	-	-
Mauritania	-	-	-	-	-	-
Mozambique	-	-	-	-	-	-
Myanmar	15.6	5.8	15.6	52.2	NA	NA

ANNEX 2

Nepal	50.6	71.8	88.2	18.8	42.5	62.3
Niger	87.7	84.2	94.4	100	94.3	82
Nigeria	63.9	46	81.8	95.2	72	55.6
Papua New Guinea	78	71	89	100	89	70
Rwanda	97.1	97.7	97.4	83.3	97.6	96.9
Sao Tome and Principe	-	-	-	-	-	-
Senegal	87.8	86.5		96.6	88.1	87.4
Sierra Leone	63.8	56.2	73.7	100	70.7	56.9
South Sudan	-	-	-	-	-	-
Sudan	NA	14.8	58.9	87.8	NA	NA
Tanzania	74.4	60.6	86.5	89.7	79.7	71.3
Timor-Leste	98/32	26/20	81/57	83/67	NA	NA
Togo	66.9	69.4	83.3	66.7	79.2	61
Uganda	-	-	-	-	-	-
Yemen	-	-	-	-	-	-
Zambia	-	-	-	-	-	-
Zimbabwe	58	55	88.4	66.7	51	59.4

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