



Performance Measurement Framework Report

**UNFPA SUPPLIES PARTNERSHIP
ANNUAL REPORT 2022**



48 UNFPA Supplies Partnership countries in 2022

Afghanistan
Benin
Bolivia
Burkina Faso
Burundi
Cameroon
Central African Republic
Chad
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Djibouti
Eritrea
Ethiopia
Gambia
Ghana
Guinea
Guinea-Bissau
Haiti
Honduras
Kenya
Lao People's Democratic Republic
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique
Myanmar

Nepal
Niger
Nigeria
Papua New Guinea
Rwanda
Sao Tome and Principe
Senegal
Sierra Leone
Somalia
South Sudan
Sudan
Timor-Leste
Togo
Uganda
United Republic of Tanzania
Yemen
Zambia
Zimbabwe

Joining in 2023

Angola
Cambodia
Comoros
Kyrgyz Republic
Pakistan
Tajikistan

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

Acronyms and abbreviations

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

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Introduction

The UNFPA Supplies Partnership provided financial and technical support to 48 countries in 2022, including 34 facing humanitarian and fragile contexts. The Partnership is a UNFPA thematic fund that strengthens health systems through improving supply chains, advancing policy, diversifying financing and expanding access to quality-assured contraceptives and maternal health medicines.

The programme extended the transition to Phase III (2021–2030) for a second year, from 2021 to 2022, to allow countries to make adjustments around COVID-19 and unforeseen fluctuations in donor funding from the previous year. This new phase represents a new decade of commitment to advancing family planning and maternal health, and accelerating progress towards the Sustainable Development Goals.

About Phase III

This phase places greater emphasis on several areas:

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

About this report

This document is Part II of the UNFPA Supplies Partnership Annual Report. It presents results for the indicators that comprise the monitoring framework and concludes with a scorecard of programme progress. Part I is available at:

www.unfpa.org/publication/unfpa-supplies-annual-report-2022

The Goal section places the programme in context, describing the family planning situation in the 48 programme countries. The collective annual impact is reported by outcome: availability and choice; strengthened supply systems; increased government commitment; and operational effectiveness and efficiency. The report concludes with a financial overview.

The Goal and Outcome sections each begin with “at a glance” of progress in 2022 against the milestone set. The text details progress for each indicator, trends where there are data available for three or more years, relevant country examples, challenges and UNFPA

Supplies Partnership efforts. Indicator definitions are provided in boxes for reference. A scorecard of progress for each indicator with baseline, 2021 and 2022 data and milestones is provided in Annex 2.

Sources of data for reporting

Data for performance monitoring for the 48 countries that were part of the UNFPA Supplies Partnership in 2022 are derived from secondary and primary sources, including:

- data generated through global partnerships such as FP2030
- Multiple Indicator Cluster Survey (MICS) and Demographic and Health Survey (DHS)
- facility-based surveys supported by the UNFPA Supplies Partnership and conducted in countries every three years
- other programme implementation information and data, e.g. annual questionnaires, results of the Service Availability and Readiness Assessment (SARA).

Performance monitoring framework

The Phase III performance monitoring framework has four outcomes. Each outcome is associated with at least one output-level indicator by which performance is measured. It also brings together elements of other programming strategies, including the Risk Framework. The performance monitoring framework is accompanied by indicator metadata. The metadata consists of definition; measurement and criteria; whether the indicator value is recorded as cumulative or not; units of measurement; category by which each indicator is disaggregated; frequency or periodicity of measurement; direction of the indicator, data source; responsible unit; rationale; and any limitations and exceptions.



The programme's top-level goal is that **all women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them**. This goal contributes directly to the Sustainable Development Goals:

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

The goal also contributes directly to the UNFPA Strategic Plan, 2021-2025 and its three transformative results – ending the unmet need for family planning, ending preventable maternal death and ending gender-based violence and harmful practices – by increasing access to high-quality modern contraceptives and life-saving maternal health medicines.

Finally, the UNFPA Supplies Partnership is a key mechanism for operationalizing the UNFPA Strategy for Family Planning, which was launched in November 2022 at the International Conference on Family Planning in Pattaya, Thailand. The strategy calls for building decisive leadership for family planning as the foundation of sexual and reproductive health and rights, fostering a shift from the reliance of countries on external funding to sustainable financing, and revitalizing family planning programming to be effective and efficient. The programme has key roles to play in this call to action, starting with procuring quality-assured reproductive health commodities for quality services, along with health systems strengthening and leveraging partnership, coordination and collaboration to accelerate family planning access.

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

This global-level goal represents the shared contributions of many actors. Goal-level figures are primarily sourced from FP2020 core indicator reporting.

AT A GLANCE

Progress towards the milestone in the 48 countries of the UNFPA Supplies Partnership in 2022

✳ The total number of modern contraceptives users reached 77.5 million, exceeding the 75.4 million milestone for the year.

Unmet need for family planning of 25.3 per cent matched the milestone of 25.3 per cent.

The modern contraceptive prevalence rate (mCPR–all women) of 24.3 per cent did not meet the 24.5 per cent milestone; however, the rate of growth is faster in the 48 countries compared with lower-middle income and least developed countries not supported by the Partnership.

Demand for family planning satisfied with modern methods of 55.1 per cent did not meet the 55.6 per cent milestone.

The contraceptive method mix of 8.2 did not meet the milestone of 7.4 on a 10-point scale, although the variety of methods used improved from 2021 to 2022.

G.1 Number of total modern contraceptives users

This indicator measures the total number of women, aged 15 to 49 years, who are currently using any modern method of contraception, regardless of when the method was received.

In the 48 UNFPA Supplies Partnership countries:

- **77.5 million** women are using modern methods of contraception as of 2022, up from 73.9 million in 2021.
- **3.6 million more women** were using modern methods of contraception in 2022 compared with 2021.

G.2 Unmet need for family planning

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

As of 2022, unmet need for family planning in the 48 countries of the UNFPA Supplies Partnership is **25.3 per cent** (married women of reproductive age). This is down from 25.4 per cent in 2021. A similar decline was observed for all women of reproductive age from 19.3 to 19.2 per cent from 2021 to 2022.

A gradual decline in the unmet need for family planning is an observed trend. Data in the 48 countries are consistent with overall trends for this indicator, which show that on the aggregated level unmet need has slowly and steadily declined, with an average decrease of 0.3 per cent across the regions since 2012, even as populations have grown.

- The **highest** level of unmet need for family planning in 2022 was in the Democratic Republic of the Congo (31.8 per cent, all women) and **lowest** in Zimbabwe (8.4 per cent, all women).
- In 2022, unmet need for family planning was lower in **rural** areas compared with urban areas in 17 countries (Afghanistan, Benin, Cameroon, Chad, Congo, Ghana, Guinea-Bissau, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Nepal, Rwanda, Sierra Leone, Tanzania and Timor-Leste).

Data by age and wealth quintile in the following figures describe aspects of unmet need for all modern methods of contraception for women who are married or in-union. The findings for 2022 are similar to those for 2021. The numbers come from national surveys, conducted in different years: Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), PMA2020 and other sources. They are not modelled estimates.

Figure 1: Percentage of women with an unmet need for any method of contraception (married or in-union) disaggregated by AGE in UNFPA Supplies Partnership countries for which survey data are available, 2022

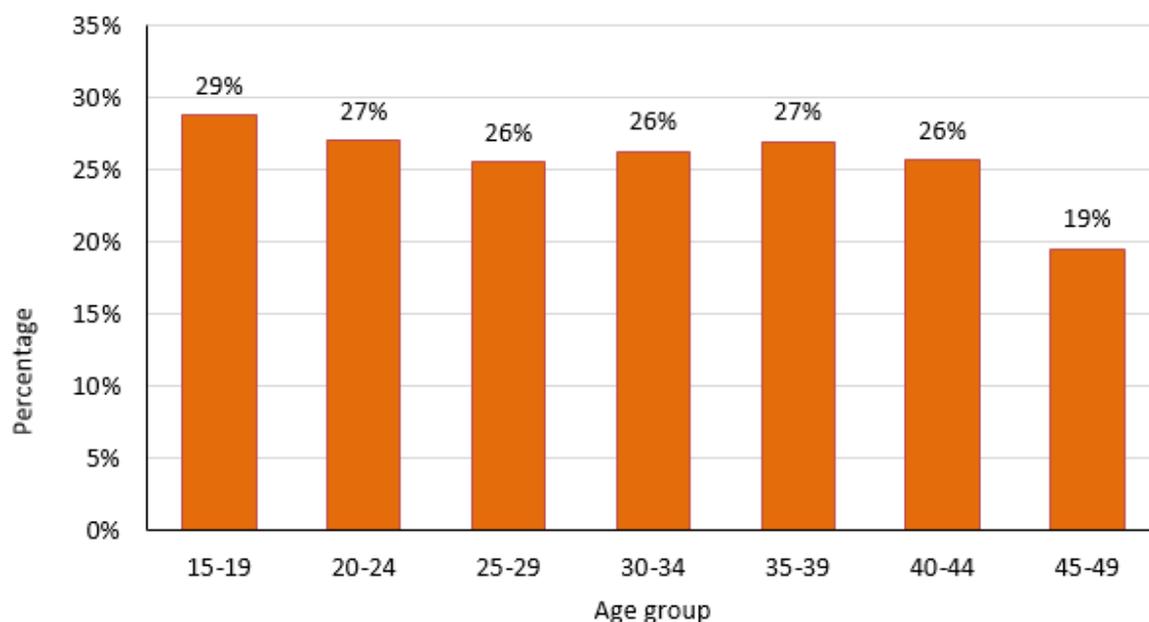
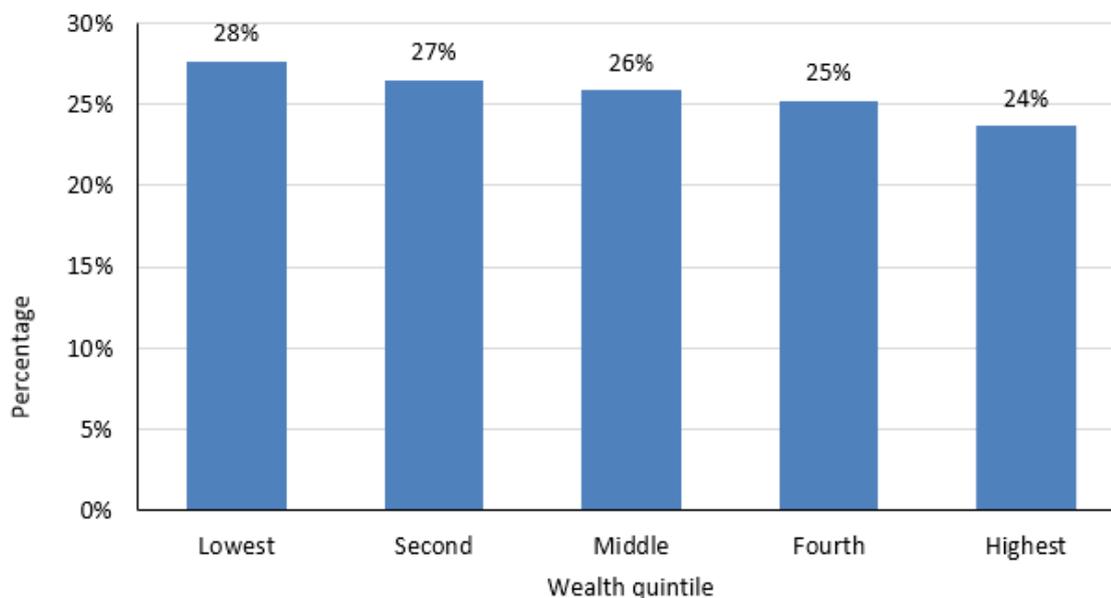


Figure 2: Percentage of women with an unmet need for any method of contraception (married or in-union) disaggregated by WEALTH QUINTILE in UNFPA Supplies Partnership countries for which survey data are available



The UNFPA Strategic Plan, 2022–2025, places family planning as a priority outcome: “By 2025, the reduction in the **unmet need for family planning** has accelerated”. This outcome directly contributes to achieving Sustainable Development Goal 3 to ensure healthy lives and promote well-being for all at all ages, and Goal 5 to achieve gender equality and empower all women and girls. Ending the unmet need for family planning, one of the UNFPA transformative results, also contributes to achievement of the transformative results on ending preventable maternal mortality and ending harmful practices including gender-based violence.

The trend is for a gradual decline in unmet need for family planning. The pace needs to be accelerated, however, if we are to achieve the Sustainable Development Goals. This will take effort by all partners. Through its scale and dedicated support to 48 countries with high unmet need for family planning, the UNFPA Supplies Partnership is well positioned to provide the support needed to step up progress. The programme starts fully implementing its new phase in 2023.

G.3 Modern contraceptive prevalence rate

Rights-based family planning means ensuring all adolescent girls and women have equal and equitable access to family planning services.

- **The modern contraceptive prevalence rate (mCPR) for all women of reproductive age in the 48 countries was 24.3 per cent in 2022, a slight increase from 24.0 per cent in 2021.** This is the percentage of all women of reproductive age (15–49 years) who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method.
- **All 48 countries of the UNFPA Supplies Partnership continued to make progress in their mCPR.** Malawi had the highest mCPR in 2022 (51.4 per cent), followed by Lesotho (50.7 per cent). Somalia, which joined the UNFPA Supplies Partnership in 2021, had the lowest mCPR (1.5 per cent) followed by South Sudan (4.0 per cent).

Significant growth of greater than 1 per cent in contraceptive use (among all women of reproductive age) was recorded in one country (Côte d'Ivoire) in the UNFPA Supplies Partnership during 2022. In addition, 33 countries had mCPR growth between 0.5 and 1 percentage points during the same period. Therefore, in total, 34 out of 48 UNFPA Supplies Partnership countries had more than or equal to a 0.5 annual percentage point increase in mCPR. In contrast, the average rate of growth from 2021 to 2022 in mCPR across all lower-middle income and least developed countries was 0.4 percentage points). The growth rate in contraceptive use is higher in the UNFPA Supplies Partnership-supported countries.

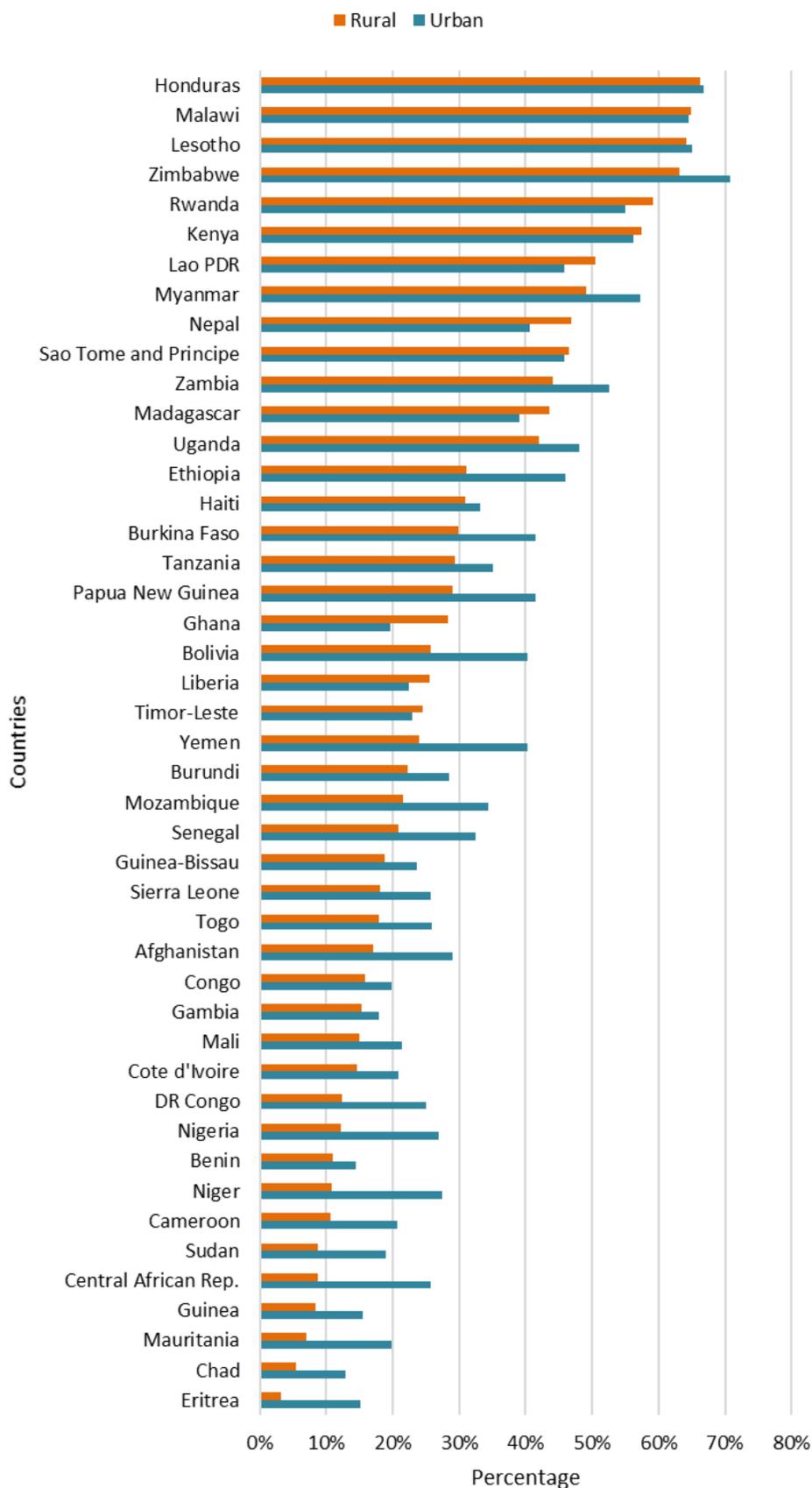
Residence: More countries show growth in rural mCPR

The mCPR in urban and rural areas was 34.5 and 28.3 per cent, respectively, in 2022. National data show that most UNFPA Supplies Partnership programme countries have higher mCPR in urban areas than in rural areas. There are exceptions to this rule, however.

Ten countries show **higher mCPR in rural areas** than urban areas in 2022: Ghana, Kenya, Lao People's Democratic Republic, Liberia, Madagascar, Malawi, Nepal, Rwanda, Sao Tome and Principe, and Timor-Leste. This number increased from 8 to 10 countries from 2021 to 2022 as new survey data became available, adding Kenya and Malawi to the list.

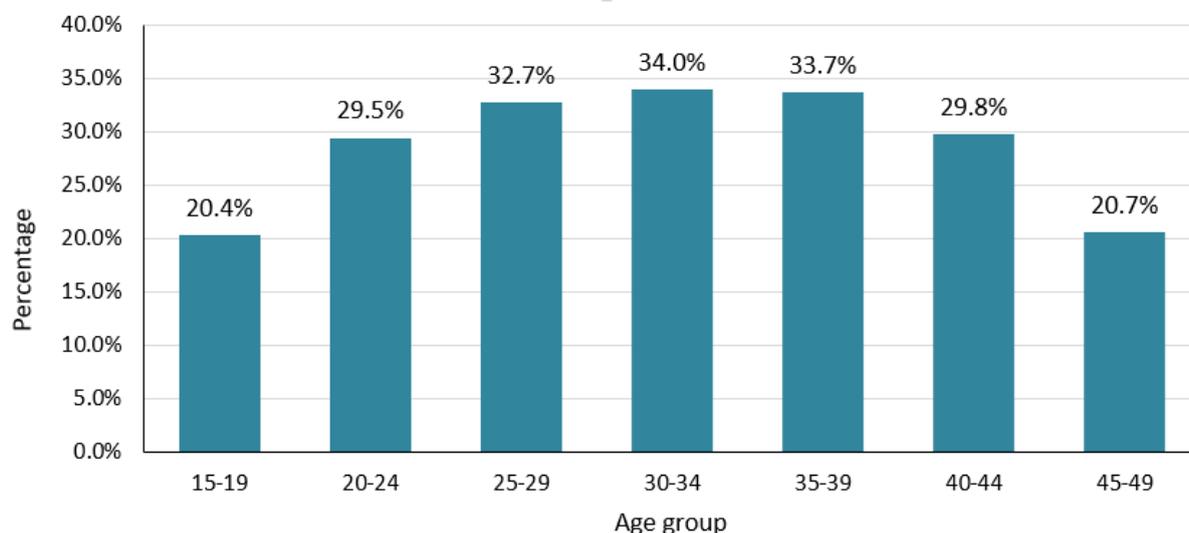
Further, **rural mCPR increased** in eight countries: Honduras, Kenya, Madagascar, Malawi, Nepal, Niger, Nigeria and Uganda compared with the previous. More specifically, from 2021 to 2022, mCPR in rural areas increased notably in Malawi from 58 to 65 per cent, Uganda from 35 to 42 per cent, Kenya from 49 to 57 per cent and Honduras from 61 to 66 per cent.

Figure 3: Distribution of mCPR among married/in-union women in rural and urban areas per country in 2022 (45 programme countries for which survey data are available), 2022



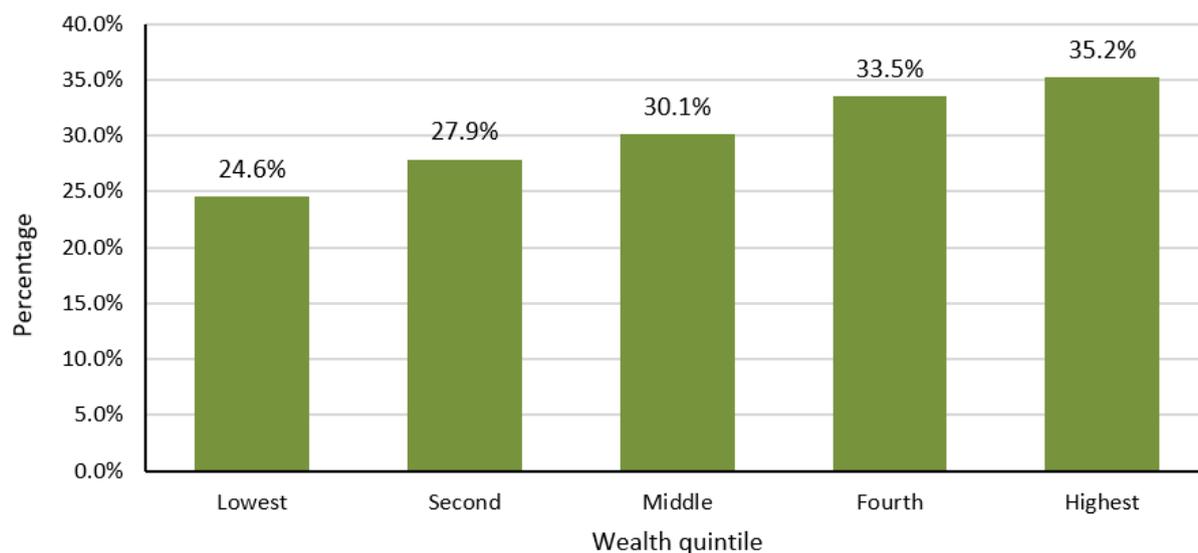
Age: The mCPR for girls aged 15-19 years (20.4 per cent) remains considerably lower than for women aged 30-34 years (34.0 per cent).

Figure 4: Distribution of mCPR among married/in-union women by AGE for countries for which survey data are available, 2022



Wealth quintile: There is still a gap between the lower (24.6 per cent) and the higher wealth quintiles (35.2 per cent) across the UNFPA Supplies Partnership countries for which disaggregated data on mCPR (married or in-union women) are available.

Figure 5: Distribution of mCPR among married/in-union women by WEALTH QUINTILE for countries for which survey data are available, 2022



G.4 Demand for family planning satisfied with modern methods

This indicator is the percentage of sexually active women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods.

In the 48 UNFPA Supplies Partnership countries:

- The demand for family planning satisfied with modern methods was 55.1 per cent in 2022, an increase of 0.5 per cent from 54.6 per cent in 2021.

Zimbabwe had the highest percentage of women whose demand was satisfied with modern contraceptives in 2022 with 87.7 per cent, and Somalia had the lowest at 3.2 per cent. Like unmet need, progress on demand satisfied also varies in its pace and needs to be analysed against the backdrop of fertility desires and other dynamics in countries.

Demand satisfied for family planning is fairly even across age groups, but still significantly lower among girls aged 15–19 across the 48 UNFPA Supplies Partnership countries for which disaggregated data on married or in-union women is available for 2022.

Figure 6: Demand satisfied all methods of contraception for married or in-union women disaggregated by AGE for countries for which survey data are available, 2022

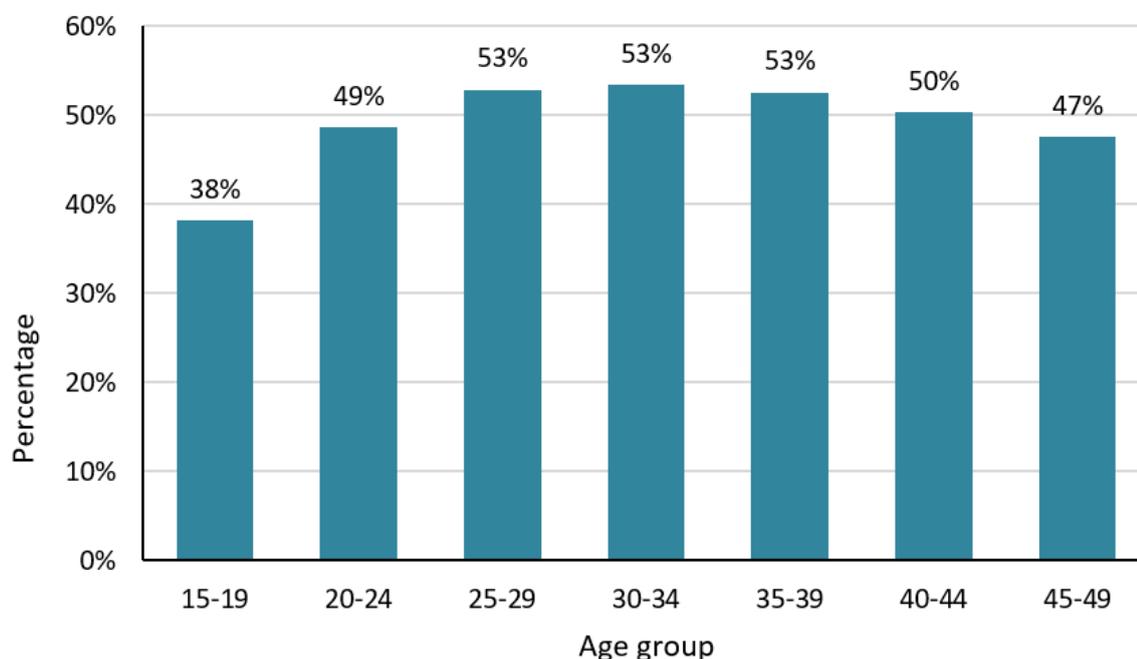


Figure 7: Demand satisfied all methods of contraception for married or in-union women disaggregated by WEALTH QUINTILE for countries for which survey data are available, 2022

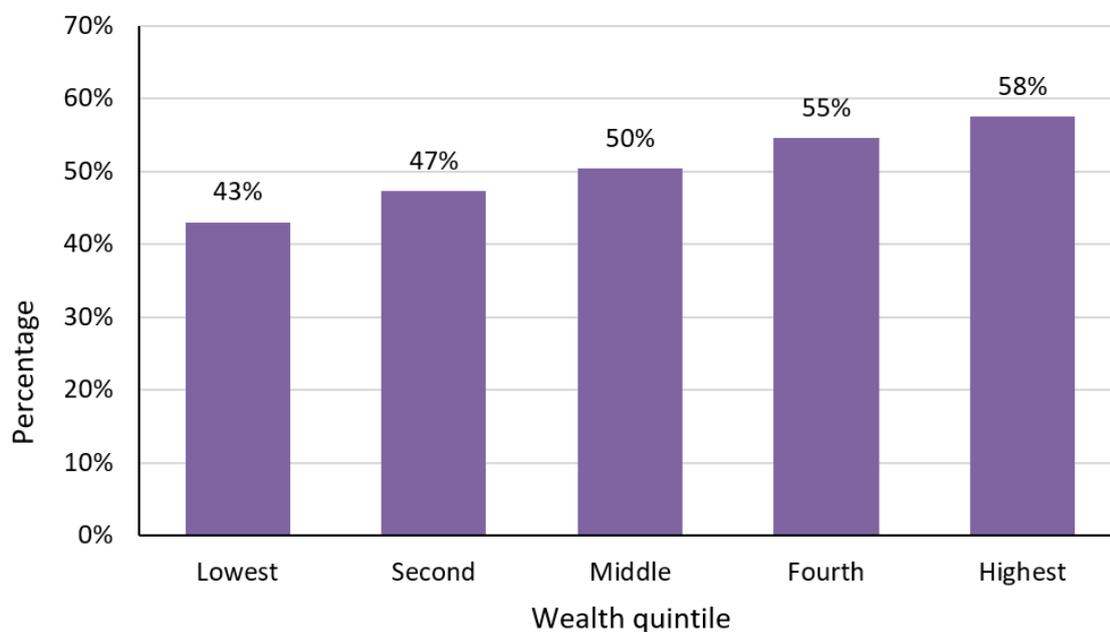
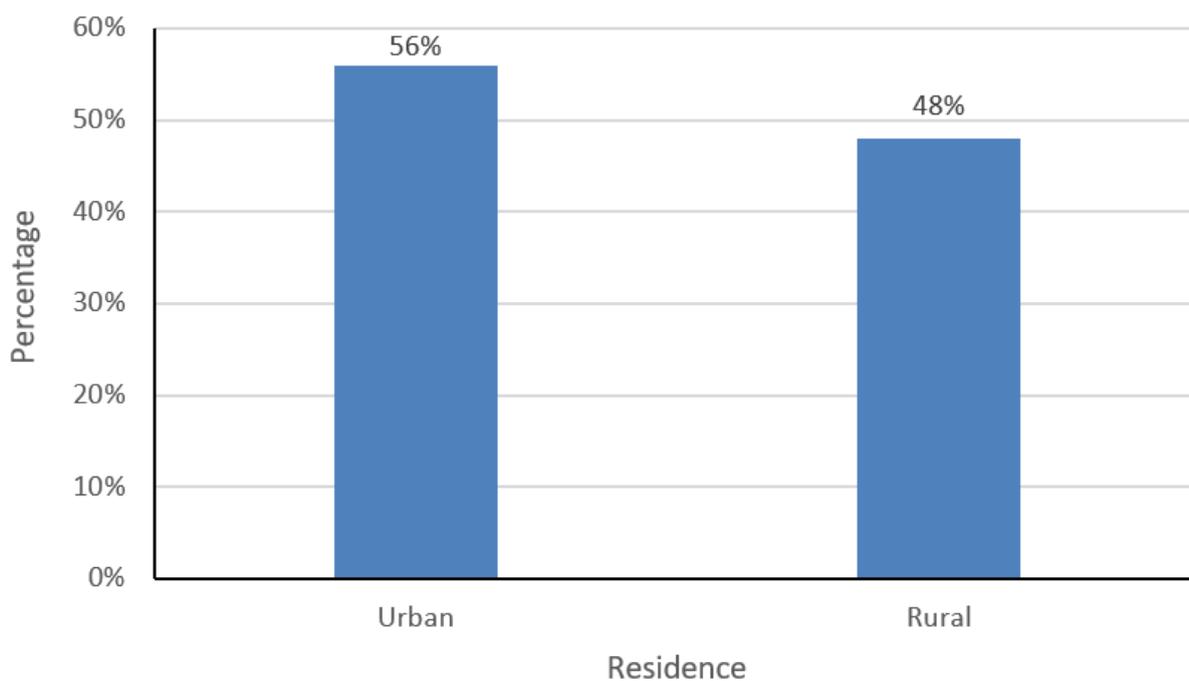


Figure 8: Demand satisfied for all methods of contraception for married or in-union women disaggregated by RESIDENCE (urban & rural) for countries for which survey data are available, 2022



G.5 Contraceptive method mix

Contraceptive method mix is defined as the per cent distribution of modern contraceptive users by the method they use. Contraceptive method mix is assessed using two measures: method mix score and method skew.

The range and types of contraceptive methods used in the 48 programme countries in 2022 are as follows:

- The most-used methods across UNFPA Supplies Partnership countries are injectable contraceptives (intramuscular and subcutaneous) (36.8 per cent of users), implants (18.7 per cent of users) and oral contraceptive pills (16.4 per cent of users). This is consistent with 2021.
- Use of male sterilization is still extremely limited, with just 0.5 per cent of all users, and no data are recorded on prevalence in the majority of the programme countries.
- Use of IUDs is relatively limited yet increased by almost one per cent from 4.7 per cent of users in 2021 to 5.6 per cent in 2022. This method is more widely used in Benin, Bolivia, Guinea-Bissau, Nepal, Yemen and Zimbabwe, with more than 10 per cent of contraceptive users choosing IUDs.
- The trend in increasing use of contraceptive implants continued, increasing by 1.5 per cent, up from 17.2 in 2021 to 18.7 in 2022.
- Overall, the use of long-acting reversible contraceptive (LARC) methods (implants and IUDs) increased from 21.9 per cent in 2021 to 24.3 per cent in 2022.

Measuring contraceptive method use is part of measuring progress towards ending the unmet need for family planning. The assessment is based on the World Contraceptive Use data from the Population Division at UN DESA and reflects countries' most recent surveys.¹

Method mix score and method skew

The **method mix score** is presented on a 10 point scale showing the difference between the most prevalent method and the third-most prevalent method as a proportion of the total modern method prevalence (the higher the score, the less likely there is a wide variety of methods being used). The **method skew** for a country is assessed by considering whether a single method accounts for more than 50 per cent of the contraceptive users.

- The average method mix score for the 48 programme countries decreased from 8.8 in 2021 to 8.2 in 2022 (on a 10-point scale) indicating a wider variety of methods are being used.

There has been a steady improvement on the method mix score in the last few years mainly because the method mix score relies on the most recent DHS survey data and therefore takes time to see a shift. The programme is gaining momentum on efforts to increase choice and expand the method mix in countries, with the goal to address method skew. This momentum is suggested by national-level data trends as well as increasing

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

procurement volumes of new and existing methods. One example is the shift in method mix in Mauritania where the percentage for oral pills contraceptive use has reduced from 64 per cent in 2014 to 52 per cent in 2018 as access to other methods such as implants and injectable contraceptives expands.

Method skew or dominant use of a single method by more than half of the contraceptive users in a country can signify limited choice in the number of contraceptive options available:

- **14 countries had a method skew in 2022, meaning that a single method accounted for more than 50 per cent (more than half) of the contraceptive use, which is similar to 14 countries that had method skew in 2021.**

In 2022, injectable contraceptives were the dominant method in eight countries: Chad, Ethiopia, Haiti, Liberia, Madagascar, Myanmar, Malawi and Zambia. The introduction of DMPA-SC in some settings has increased the number of injectable users. For example, the number of injectable users in Malawi and Zambia has more than doubled in the years following expanded coverage and community distribution of DMPA-SC. Other countries, such as Rwanda and Uganda, made efforts to reduce over reliance on injectables by also adding other methods into programmes and scaling up those methods. Oral pills were dominant in Djibouti, Lao People's Democratic Republic, Mauritania and Sudan. In Central Africa Republic and Zimbabwe, a method skew for oral pills has been successfully addressed through efforts to make other methods more accessible.

Countries in the UNFPA Supplies Partnership are broadening contraceptive options, addressing causes of method skew, and ensuring a diversified method mix that is driven by informed choice and human rights-based principles. The programme supports country-led action to improve access to a wide variety of family planning methods, which increases contraceptive use and satisfaction and reduces discontinuation, as women are more likely to find a method that suits their needs. A diverse choice of methods also provides options for women with access ranging from short-acting to longer-acting methods, depending on their suitability and life stage preference, reducing the risk of unintended pregnancy. A wide variety of methods is a component of quality of care as well as an important principle of rights-based family planning.

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

AT A GLANCE

Progress towards the milestone

80 per cent of countries have at least three modern contraceptive methods available in at least 85 per cent of points of care, less than the 82.9 per cent milestone.

★ 60 per cent of countries have at least five modern contraceptive methods available in at least 85 per cent of secondary and tertiary points of care, exceeding the milestone of 56.8 per cent.

★★ 45 per cent of countries have magnesium sulfate, misoprostol and oxytocin available in at least 85 per cent of points of care, exceeding the milestone of 21.6 per cent.

23 countries integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks, meeting the milestone of 23.

A note on data sources for Outcome Indicators 1.1, 1.2, 1.3 and 2.1:

The main source of information for these indicators (O.C.1.1, O.C.1.2, O.C.1.3 and O.C.2.1) has been the UNFPA Supplies supported health facility surveys which were previously conducted annually in programme implementing countries. Starting in 2021, as a result of the increase in the number of countries included in the Phase III of the programme and the limited availability of resources, the frequency of the surveys have been reduced to once every three years. To augment for data availability and to obtain a broader picture of the availability and stock-out of the contraceptive methods at SDPs, data available from HMIS, LMIS and other sources such as Service Availability and Readiness Assessment (SARA), Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) are also included.

A key decision was made for reporting on these indicators for UNFPA Supplies Phase III programme beyond 2020. It was decided to report on the most recent result available in the past two years only.

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

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

Thirty countries provided survey data on this indicator in 2022. Data were collected from: facility surveys (26 countries), HMIS or LMIS (3 countries); other surveys (1 country).

- **80 per cent (24 of 26 countries) had at least three modern contraceptive methods at 85 per cent or more primary-level SDPs.** On average, availability was higher in rural areas (76 per cent) compared with urban areas (73 per cent).
- Availability increased by 1.2 percentage points, up from 78.8 per cent in 2021 to 80 per cent in 2022.

The main reasons for the non-availability of contraceptive methods are: delays in resupply of a method from the main source institution (occurring in 20 countries); and delays by the SDP in requesting resupply (occurring in 19 countries). The Transformative Action component of UNFPA Supplies Partnership is helping address these issues through supply chain management strengthening, including logistic management information systems for better stock visibility and building capacity of supply chain personnel on good inventory management practices.

Countries faced a number of challenges in 2022. For example, in Mozambique, high turnover of staff results in the need to continually train new or other staff. In Ghana and Sierra Leone, there is low client demand for emergency contraceptives and female condoms. Although the UNFPA Supplies Partnership does not support demand generation activities, UNFPA is partnering with civil society to support these efforts. In Ghana, for example, the country office is partnering with Society for Family Health, DKT International, MSI, PPAG (Planned Parenthood Association of Ghana) and Care Continuum on demand generation.

In addition, in Liberia, although faith-based facilities are included in the facility surveys, they do not provide family planning services only referral to other private or public facilities. They are therefore recorded as having stock-outs for all methods.

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

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

Thirty countries provided survey data on this indicator in 2022.

- 60 per cent (18 of 30 countries) had at least five modern methods of contraception available at 85 per cent or more secondary- and tertiary-level SDPs. This is an increase of 8 percentage points compared with 52 per cent in 2021.
- On average, availability is higher in urban areas (79 per cent) than rural areas (64 per cent). Availability of five modern methods is higher at the secondary level (82 per cent) than at the tertiary level (79 per cent).

A number of reasons were given for not offering contraceptives:

- Delays on the part of main source institution/warehouse to resupply this SDP with this contraceptive in 21 countries (70 per cent).
- Delays by this SDP in requesting resupply of the contraceptive, in 18 countries each (60 per cent).
- No trained staff to provide contraceptives at the SDP in 18 countries each (60 per cent).
- Low or no client demand for the contraceptive in 17 countries (57 per cent).
- Lack of equipment for the provision of a particular contraceptive in 13 countries (43 per cent), e.g. lack of equipment for insertion and removal of implants in Cameroon, Ethiopia, Malawi and for provision of IUDs in Nepal.
- Other reasons account for 20 per cent of countries. They include but are not limited to: problem of limited supply for contraceptives (Lesotho); faith-based facilities do not provide family planning services, but rather refer to other private or public facilities (Liberia); decrease in resources in municipalities in charge of the procurement of reproductive health commodities (Bolivia).

The findings of these surveys will inform development of UNFPA Supplies Transformative Action applications.

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

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

Twenty-nine countries provided survey data on this indicator in 2022.

- **45 per cent (13 of 29 countries with data available) had magnesium sulfate, misoprostol and oxytocin available at 85 per cent or more service delivery points.** This is up from 35 per cent in 2021.
- Availability by level: 52 per cent (15 countries) of tertiary-level SDPs, 45 per cent (13 countries) of secondary-level SDPs and 10 per cent (3 countries) of primary-level SDPs had the three maternal health medicines available at 85 per cent or more SDPs.
- Urban versus rural availability: 24 per cent (7 countries) of urban SDPs compared with 7 per cent (2 countries) of rural SDPs had the three maternal health medicines available at 85 per cent or more SDPs.
- Availability by product: 76 per cent (22 countries) had oxytocin, 52 per cent (15 countries) had magnesium sulfate, and 24 per cent (7 countries) had misoprostol available at 85 per cent or more SDPs.

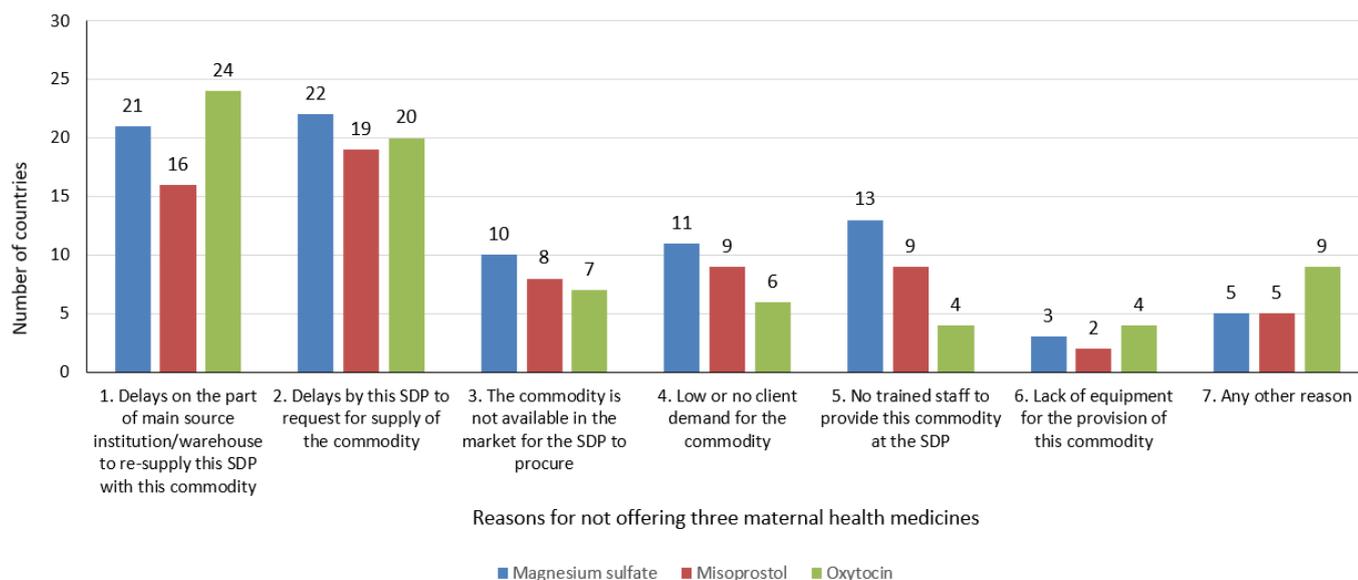
UNFPA Supplies Partnership efforts in Phase III are contributing to the increased availability of maternal health medicines. Quarterly outreach with countries is emphasizing the need to reduce unmet need for family planning and reduce preventable maternal deaths, and supporting countries to access all products the programme offers, not only contraceptives.

Countries reported several reasons why some SDPs did not have maternal health medicines:

- Delays on the part of the main source institution/warehouse to resupply the SDPs with the commodity.
- Delays by the SDPs to request for supply of the commodity (70 per cent of countries).
- Low or no client demand for the commodity, and no trained staff to provide the commodity at the SDPs (30 per cent of countries).

Countries are encouraged to strengthen their LMIS to improve end-to-end visibility to detect low stock levels early and hence initiate actions to replenish before being stocked out. Capacity building for storekeepers and logisticians is also recommended to promote proactive resolution of logistics issues.

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



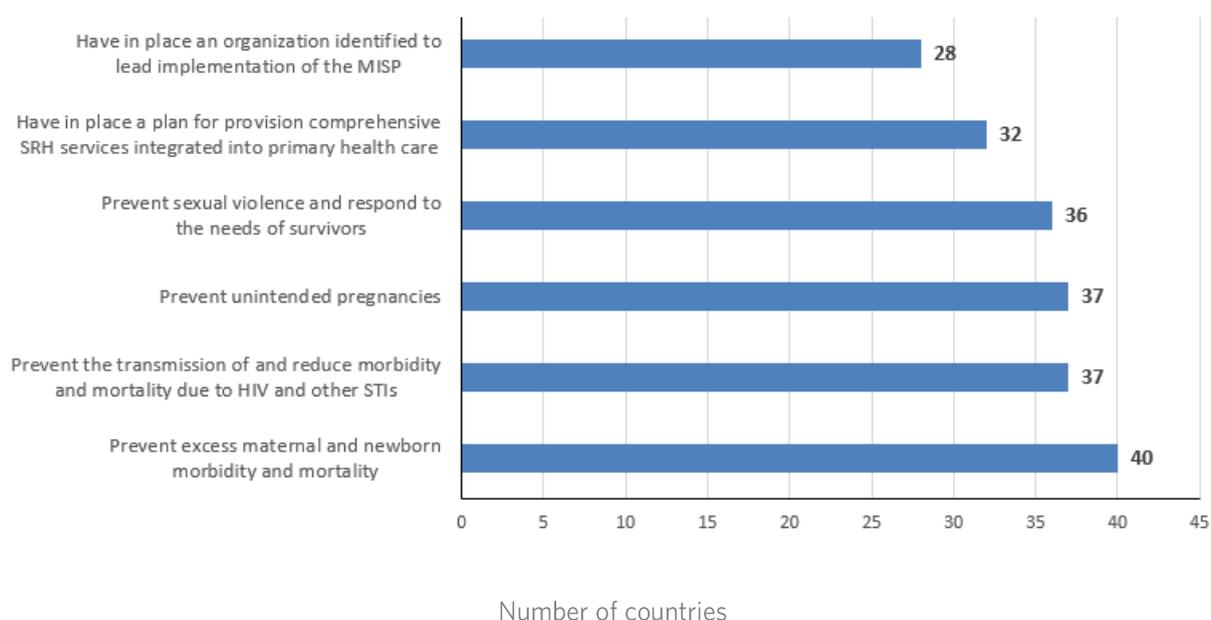
O.C.1.4 Number of countries that integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks

This indicator is defined as the number of countries that integrate all six objectives of the MISP into existing national health policies, emergency response strategies, disaster risk reduction strategies and action plans. The MISP has six objectives: (i) have in place an organization that is identified to lead implementation of the MISP; (ii) prevent sexual violence and respond to the needs of survivors; (iii) prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs; (iv) prevent excess maternal and newborn morbidity and mortality; (v) prevent unintended pregnancies; and (vi) have in place a plan for provision comprehensive sexual and reproductive health services integrated into primary health care.

In the 48 programme countries:

- National health and emergency frameworks exist in 45 countries (94 per cent).
- 23 countries integrated **all six objectives** of the MISP for sexual and reproductive health into existing national health and emergency frameworks, up from 21 in 2021. The two new countries are Cameroon and Mali.
- 30 countries include **five or more** objectives in existing national health and emergency frameworks to prevent sexual violence, HIV and other STIs, maternal and newborn morbidity and mortality, and unintended pregnancies.
- 18 countries that faced humanitarian crises had **all six objectives** of the MISP for sexual and reproductive health integrated into existing national health policies, emergency response strategies, disaster risk reduction strategies and action plans. Four countries (Gambia, Rwanda, Senegal and Zambia) did not experience any humanitarian crises in 2022 but included all six MISP objectives.

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



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

AT A GLANCE

Progress towards the milestone

★ In 41 countries, UNFPA Supplies Partnership commodity orders were delivered **on time**, exceeding the milestone of 36.

★★ In 41 countries, UNFPA Supplies Partnership commodity orders were delivered in **agreed quantities** by the supplier, exceeding the milestone of 33.

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

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

A total number of 375 commodity orders were placed by the 47 UNFPA Supplies Partnership countries (all countries except Myanmar) in 2022; of these orders, 302 (80.5 per cent) arrived on or before the expected date of arrival at the customs of the country.

- In 41 countries, 75 per cent or more of UNFPA Supplies Partnership commodity orders were delivered on time. This is an improvement from 39 countries in 2021.

All commodity orders (100 per cent) were delivered on time in seven countries: Burundi, Cameroon, Djibouti, Honduras, Liberia, Sao Tome and Principe, and Togo.

UNFPA Supplies supported efforts are contributing to improved supply planning, timely issuance of approval notices, aligning supplier selection with lead times and concerted follow-up with SCMU and country office focal points.

The main reasons for non-delivery in 2022 were issues such as manufacturer delay and donor or domestic financial gap (in 37 countries). Long lead times from suppliers had implications for delivery schedules, mostly resulting in partial shipments. In general, the first commodity approvals are based on UNFPA commitments and orders are placed in Q1, utilizing up to 70 per cent of funding for RH commodities for the year. Approvals later in the year address gaps and mitigate stock-outs and projected risk. In 2022, orders for second (29 countries) and third (26 countries) tranches were placed in Q3 and Q4 to address commodity-validated gaps, including those anticipated for supply-constrained products such as implants and injectables. For example, in Yemen, orders for new and lesser-used commodities (tranexamic acid and heat-stable carbetocin) were adjusted based on programme readiness. In Sierra Leone, some orders were subject to issuance of waivers from the national drug regulatory authority for non-registered products. In Nepal, some orders were rolled over to 2023 as per recommendations from the Ministry of Health and key stakeholders, based on inventory reconciliation to avoid any surplus stock situation at different levels. In Ghana, some orders were impacted due to expiration of the registration of products in-country, where issuance of waivers was not possible.

It should be noted that a waiver is a fragile temporary authorization for receiving a donation. To build a rights-based and sustainable approach to family planning product registration is needed. UNFPA is in discussion with manufacturers and our focal point networks to promote and facilitate reproductive health product registration including, where feasible, regional or subregional harmonization of registration.

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

This indicator refers to the number of countries for which 75 per cent of orders for contraceptives and maternal health medicines that are made using UNFPA Supplies Partnership resources were delivered to countries by the supplier in the agreed quantity.

- **In 41 countries, 75 per cent or more of UNFPA Supplies Partnership commodity orders were delivered in agreed quantities.** This is an improvement compared to 2021 (39 countries) with two additional countries.
- All commodity orders (100 per cent) were delivered on time in seven countries: Burundi, Cameroon, Djibouti, Honduras, Liberia, Sao Tome and Principe, and Togo.

Orders from Myanmar were put on hold and then cancelled due to in-country security situations and supply chain decisions. The main reasons for non-delivery were manufacturer delay and donor or domestic financial gaps. Most of the delays (in 37 countries) were linked to supply-constrained products (mainly implants and injectables). A long lead time from suppliers had implications on delivery schedules, resulting in partial shipments.

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

AT A GLANCE

Progress towards the milestone

- * In 16 countries, new and lesser-used reproductive health commodities were procured for use in the public sector in line with government-led introduction plans and women's reproductive rights, exceeding the milestone of 11 countries.
- * 18 countries in humanitarian and fragile contexts accessed Emergency Funds for procuring Inter-Agency Reproductive Health (IARH) kits at the onset of a crisis, exceeding the milestone of 10 countries.
- * 39.6 million couple-years of protection (CYP) were provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership, exceeding the milestone of 35 million.
- ** 54 per cent of UNFPA Supplies Partnership implementing countries have implemented strategies to strengthen humanitarian preparedness and resilience, exceeding the milestone of 40 per cent.

O.P.1.2.1 Number of countries where new and lesser-used reproductive health commodities are procured for use in the public sector in line with government-led introduction plans and women's reproductive rights

New and lesser-used commodities include DMPA-SC (injectable contraception), hormonal IUD (also known as the hormonal intrauterine system), vaginal rings, carbetocin, tranexamic acid, non-scalpel vasectomy (NSV) kits, combi-pack misoprostol/mifepristone regimen, MVA kits and any other new reproductive health commodities. Carbetocin and tranexamic acid are heat-stable maternal health medicines for the prevention and treatment of post-partum haemorrhage (PPH).

- **16 countries procured new and lesser-used reproductive health commodities (excluding DMPA-SC) in 2022.** This is up from 15 in 2021.
- 29 UNFPA Supplies Partnership countries procured DMPA-SC in 2022. Countries may not order every year if supplies are sufficient. Scale up of the method continues, however, through the catalytic support of Transformative Action (TA) funds.
- 43 countries in total have procured DMPA-SC with support from the UNFPA Supplies Partnership. The total includes the 38 UNFPA Supplies Partnership countries shown in Table 1 plus the PICTs (which are counted as one unit) as well as several non-programme countries (supported on request to avoid shortfalls). Please see the full list in Annex 1.

Table 1: New and lesser-used commodities procured for the public sector by UNFPA Supplies Partnership countries, 2022

| Product | TOTAL (cumulative) Procured by country in the UNFPA Supplies Partnership | | ANNUAL (2022) Procured by country in the UNFPA Supplies Partnership | |
|---|--|--|---|--|
| | No. of countries | Countries | No. of countries | Countries |
| Hormonal IUD | 8 | Democratic Republic of the Congo, Kenya, Madagascar, Nigeria, Rwanda, Uganda, Yemen, Zambia | 7 | Democratic Republic of the Congo, Kenya, Madagascar, Rwanda, Uganda, Yemen, Zambia |
| DMPA-SC | 38 | Afghanistan, Benin, Bolivia, Burkina Faso, Burundi, Cameroon, Chad, Congo, Côte d'Ivoire, Djibouti, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Haiti, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Togo, Uganda, Yemen, Zambia, Zimbabwe | 29 | Afghanistan, Bolivia, Burkina Faso, Chad, Congo, Côte d'Ivoire, Djibouti, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Haiti, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Somalia, South Sudan, Uganda, Zambia, Zimbabwe |
| Non-scalpel vasectomy (NSV) kits | 3 | Burundi, Rwanda, Papua New Guinea (NSV only) | 0 | No additional request submitted in 2022 |
| Heat-stable carbetocin | 4 | Democratic Republic of the Congo, Madagascar, South Sudan, Yemen | 4 | Democratic Republic of the Congo, Madagascar, South Sudan, Yemen |
| Tranexamic acid | 5 | Ethiopia, Madagascar, South Sudan, Yemen, Zambia | 4 | Ethiopia, Madagascar, South Sudan, Yemen |
| Combi-pack misoprostol/mifepristone regimen | 6 | Benin, Lao People's Democratic Republic, Mozambique, Nepal, Rwanda, Zambia | 5 | Benin, Lao People's Democratic Republic, Nepal, Rwanda, Zambia |
| MVA kits | 7 | Burundi, Ethiopia, Lao People's Democratic Republic, Rwanda, South Sudan, Uganda, Zambia | 3 | Ethiopia, Lao People's Democratic Republic, Zambia |

In 2022, DMPA-SC was procured for Venezuela (to cover a shortfall) and the Pacific Island Countries and Territories (PICTs): Fiji, Kiribati, Micronesia, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu. In addition, new and lesser-used commodities were procured for Angola, which becomes a UNFPA Supplies Partnership programme country as of 2023.

Overall, new and lesser-used commodities have been procured since 2017 for non-programme countries (outside the UNFPA Supplies Partnership) including Angola, Bangladesh (DMPA-SC), Cambodia (combi-pack misoprostol/mifepristone regimen), Pakistan, Venezuela and the PICTs.

O.P.1.2.2 Number of countries in humanitarian and fragile contexts that accessed Emergency Funds for procuring Inter-Agency Reproductive Health (IARH) kits at the onset of a crisis

- 18 countries in humanitarian crises were able to access emergency funds for the procurement of IARH kits. This is up from 17 in 2021.
- 34 out of 48 UNFPA Supplies Partnership countries experienced a humanitarian crisis during 2022. The various types of humanitarian crises faced by the countries were earthquakes, flooding and emergencies from armed conflict.

The total amount the countries accessed through the emergency fund totalled US\$ 36.8 million, of which almost 50 per cent (US\$ 18.4 million) was used to procure IARH kits.

Examples of programme countries in humanitarian situations

Ethiopia is one of Africa's largest refugee-hosting countries. It hosts more than 890,000 refugees and asylum seekers from some 26 countries (UNHCR data as of 30 April 2023), predominantly from South Sudan, Somalia and Eritrea. The majority are women and children who need special care and attention, living in 24 refugee camps established across five regional states.

The United Republic of Tanzania hosts approximately 250,000 refugees (51 per cent female and 49 per cent male) and asylum seekers from Burundi and the Democratic Republic of the Congo. It is one of the protracted refugee situations whereby refugees have remained fully dependent on local and international aid. Funding is progressively declining, affecting the provision of services to refugees. In addition, voluntary return is low due to high insecurity in their areas of return, especially with the recent fighting in the Democratic Republic of the Congo.

In Sudan, UNFPA support to the Ethiopian refugees continued throughout 2022. In Kassala and Gedarif states, the support was through provision of IARH kits and supplies to partners in the camps and in transient areas and deployment of medical cadre to support the functionality of health facilities. UNFPA also supported services through the field hospital in Tunydhiba camp where a total of 568 sexual and reproductive health (SRH) consultations were provided and 107 deliveries were supported. A total of 7,132 SRH consultations including 6,602 family planning services were provided through other service outlets and 897 deliveries were supported in the clinics.

Torrential rains and flash floods continue to wreak havoc across Sudan affecting tens of thousands of people. In Kassala state, UNFPA supported the provision of life-saving SRH services to the most affected population in rural Aroma through the deployment of mobile clinics that provided 3,980 medical consultations and 1,113 SRH consultations including 212 family planning services. A total of 452 clean delivery kits were distributed to visibly pregnant women and 60 referred cases to secondary care were supported. In South

Kordofan, services were provided to reach refugees and host communities in Abu Jubaiha locality who were affected by flooding and rain. A total of 10,143 medical consultations and 1,885 SRH consultations including 937 family planning services were provided.

O.P.1.2.3 Total couple-years of protection (CYP) provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership

This indicator refers to the years of protection from pregnancy that the contraceptives and condoms procured using UNFPA Supplies Partnership resources would provide. Through the programme, countries are supported to provide a wide range of contraceptive methods through rights-based family planning services including counselling.

- 39.6 million couple-years of contraceptive protection (CYP) were provided for the year through the procurement of contraceptives by UNFPA Supplies Partnership in 2022.
- This number is up from 26.1 million CYP in 2021. The increase in total CYP is due to the increased budget available for the procurement of contraceptives from donors to the UNFPA Supplies Partnership in 2022.

Figure 11: Couple-years of contraceptive protection (CYP) per method provided in 2022 through the procurement of contraceptives

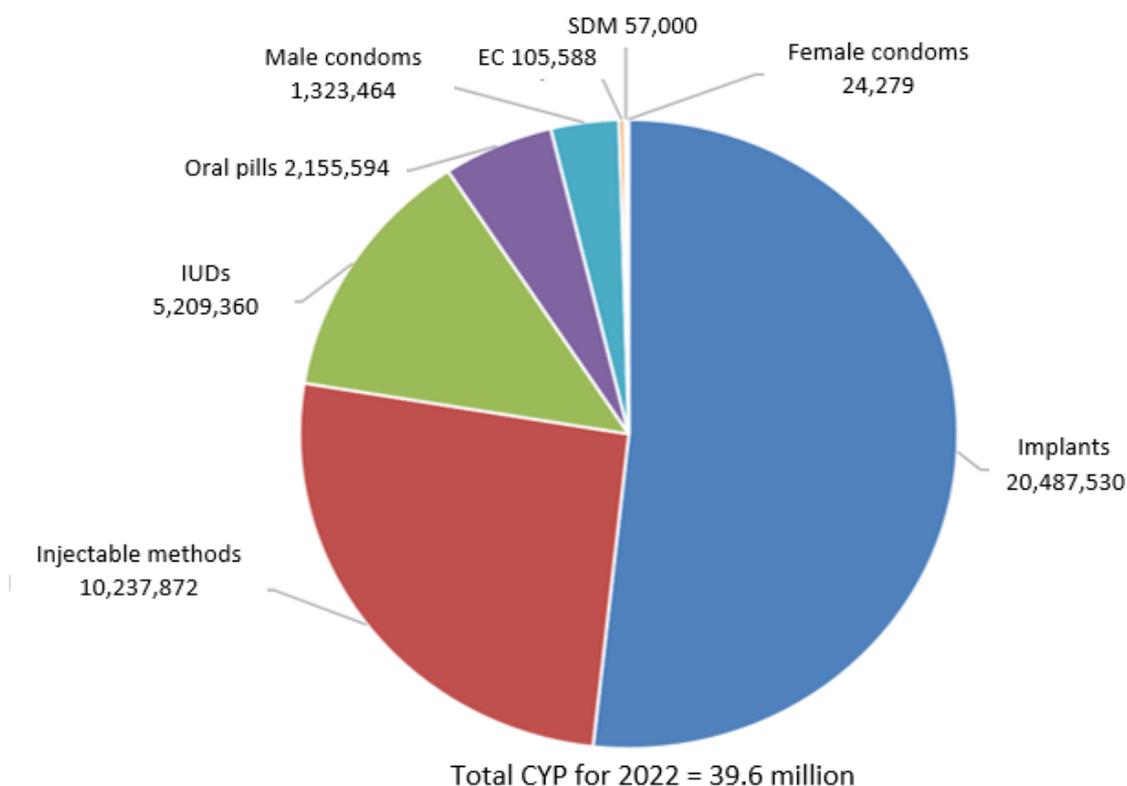


Table 2: Examples of CYP for permanent methods provided with support from the programme

| Burundi 19,502 CYP in collaboration with the Ministry of Health 2,097 surgical contraception procedures | | | |
|---|----------------------|--------------|--------------|
| Method type | Number of procedures | CYP per unit | CYP achieved |
| Tubal ligation | 1,560 | 9.3 | 14,508 |
| Vasectomy | 537 | 9.3 | 4,994 |
| CYP achieved | | | 19,502 |
| Rwanda 283,780 CYP in collaboration with the Ministry of Health and USAID 30,514 surgical contraception procedures | | | |
| Method type | Number of procedures | CYP per unit | CYP achieved |
| Tubal ligation | 26,285 | 9.3 | 244,451 |
| Vasectomy | 4,229 | 9.3 | 39,329 |
| CYP achieved | | | 283,780 |
| Papua New Guinea 33,269 CYP in collaboration with the Ministry of Health 3,230 surgical contraception procedures | | | |
| Method type | Number of procedures | CYP per unit | CYP achieved |
| Vasectomy | 587 | 10.3 | 6,046 |
| Tubal ligation | 2,643 | 10.3 | 27,223 |
| CYP achieved | | | 33,269 |
| Total estimated CYP achieved by performing surgical contraception procedures | | | 336,551 |

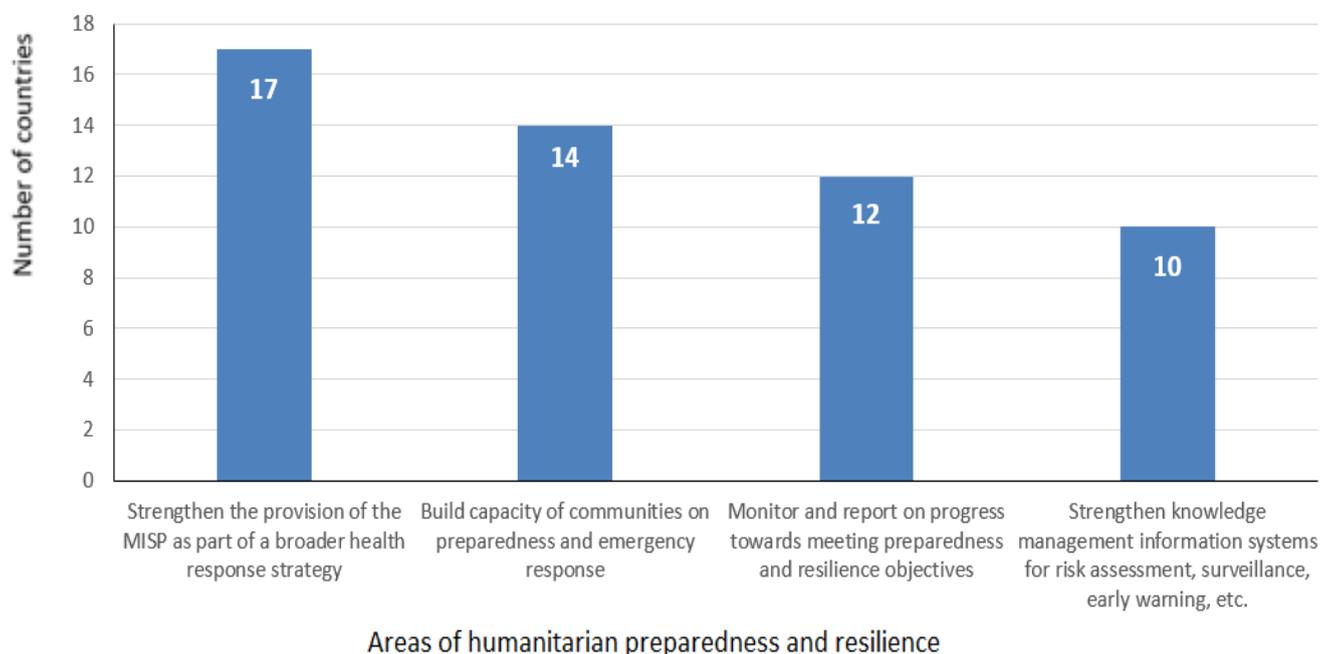
O.P.1.2.4 Percentage of UNFPA Supplies Partnership implementing countries that have implemented strategies to strengthen humanitarian preparedness and resilience

This is the percentage of UNFPA Supplies Partnership implementing countries in humanitarian context, classified as having “high” or “very high” INFORM Risk Index, that are implementing resilience and preparedness strategies with the support of UNFPA Supplies Partnership in line with the WHO Health Emergency and Disaster Risk Management Framework.

- 54 per cent of the countries (14 out of 26) reported the implementation of strategies to strengthen humanitarian preparedness and resilience. This is up from 21 per cent in 2021.

The large increase might reflect action taken following the Sustainability Readiness Assessments conducted in 2021, in which countries identified “humanitarian preparedness” as one of the critical areas to strengthen. Countries focused on various strategies to build humanitarian preparedness and resilience actions including capacity building and strengthening the provision of MISP as part of a broader health response strategy, building capacity of communities on preparedness and emergency response, and strengthening capacities on reporting and surveillance.

Figure 12: Number of countries strengthening various aspects of humanitarian preparedness and resilience



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

AT A GLANCE

Progress towards the milestone

★★ 67 per cent of countries report no stock-out of any contraceptive method at 60 per cent of points of care, exceeding the milestone of 43 per cent.

* 12 countries have a functional eLMIS up to points of care at the secondary level, one more than the milestone of 11 countries.

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

This indicator encompasses supplies procured through the UNFPA Supplies Partnership as well as all other sources, for a view of the country's situation. Results for this indicator are obtained through facility-based surveys, from HMIS and LMIS, and other sources such as SARA, MICS and DHS. A key decision was made for reporting on these indicators for UNFPA Supplies Phase III programme beyond 2020. It was decided to report on the most recent result available in the past two years only. Please see note under Outcome 1 above.

The prevalence of stock-outs within any one country is one of many indicators that can help to understand the maturity of the national supply chain. In 2022, 27 countries reported against this indicator:

- 67 per cent of countries (18 countries) reported they had “no contraceptive stock-out” in 60 per cent or more SDPs on the day of the survey or data collection. This is an increase from 44 per cent in 2021.
- Countries experiencing “no stock-outs in 60 per cent or more of SDPs” in 2022 included Afghanistan, Burundi, Gambia, Guinea, Honduras, Lesotho, Liberia, Madagascar, Malawi, Nepal, Niger, Rwanda, Sao Tome and Principe, Sierra Leone, Somalia, South Sudan, Timor-Leste and Yemen.

The nine countries reporting stock-outs in 2022 were Bolivia, Cameroon, Chad, Djibouti, Ethiopia, Ghana, Mozambique, Papua New Guinea and Senegal.

Regarding urban and rural locations, 67 per cent of countries (18 of 27 countries) reported no contraceptive stock-out in at least 60 per cent of urban SDPs on the day of survey or data collection, and 63 per cent of rural SDPs (17 of 27 countries).

Reasons for stock-outs varied from country to country. The main reasons were delays on the part of the main source institution/warehouse to resupply the SDP with the contraceptives (in 23 countries) and delays by the SDPs to request for supply of the contraceptives (in 21 countries). See Output 2.2. for recommendations from UNFPA Supplies Partnership in-country assessments, which are part of the last mile assurance process.

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

Figure 13: Reasons for stock-outs of contraceptives at the service delivery point levels

(n = 27)



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

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

In 2022, all 48 countries reported against this indicator.

- 12 countries reported they had a functional electronic logistics management information system (eLMIS) up to service delivery points (SDPs) at the secondary level. This is an increase from 10 countries in 2021, with the addition of Mali and Mozambique.

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

- 44 countries have an eLMIS (automated computerized/electronic logistics management information system) at their central warehouses, or extended to district and/or provincial warehouses, or SDPs at tertiary, secondary or primary level. However, the system does not meet all of the assessment criteria to be considered "functional".
- In 36 countries, the eLMIS is functional but only at the central warehouse level.

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

Figure 14: Number of countries with a functional eLMIS per SDP level, 2022 (n = 48)

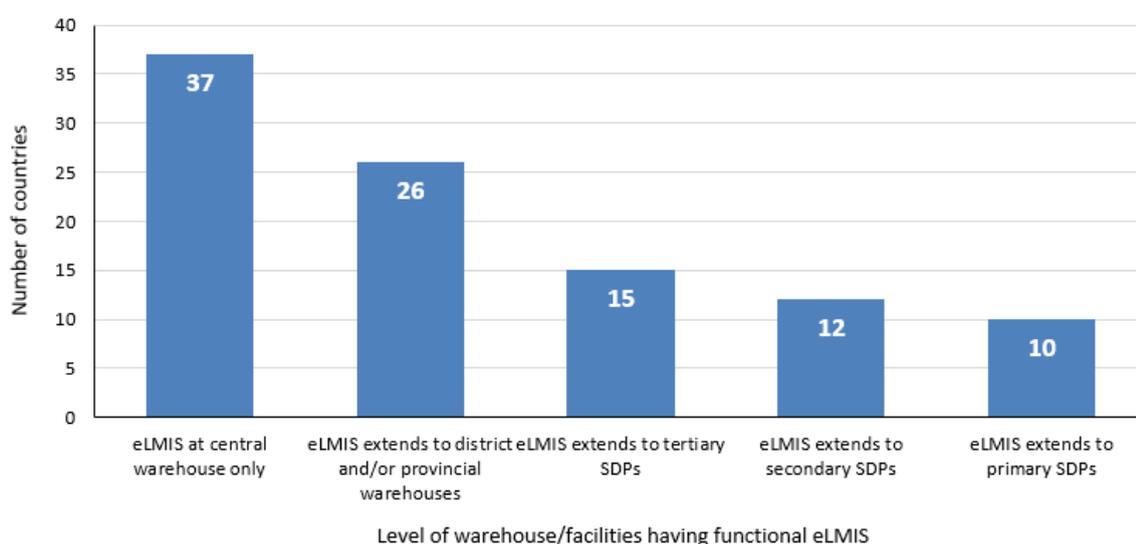
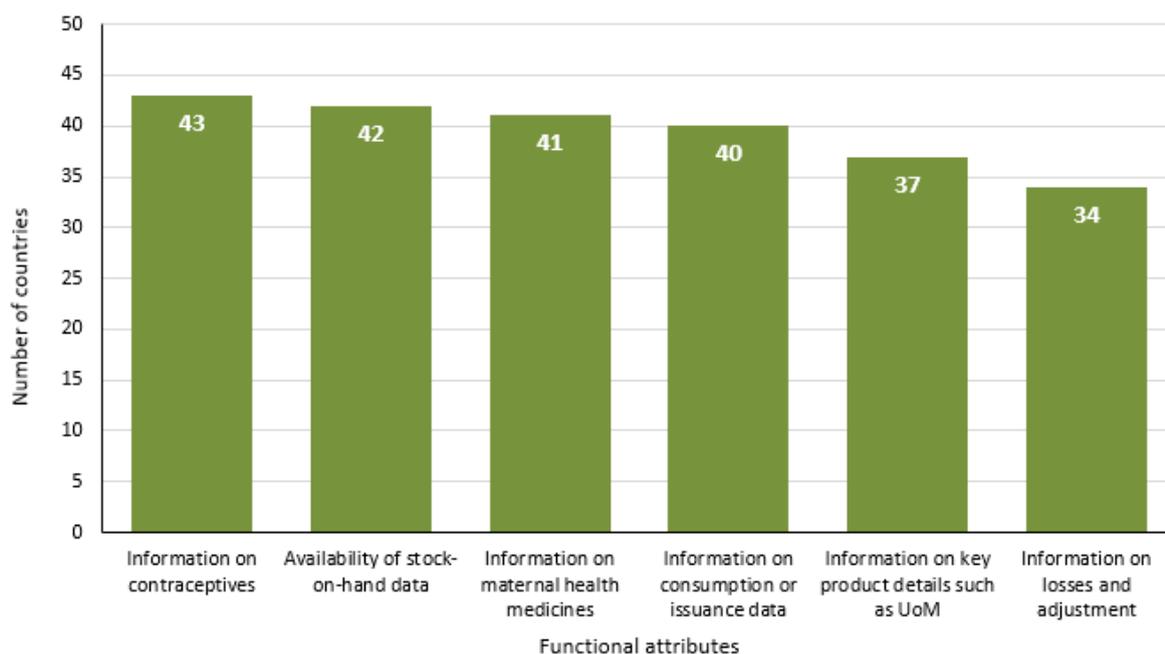


Figure 15: Functional attributes of the eLMIS present in the country



Output 2.1: Improved supply chain management

AT A GLANCE

Progress towards the milestone

* 20 countries are implementing a costed supply chain management strategy that takes into account recommended actions of the UNFPA/WHO implementation guide, exceeding the milestone of 13 countries.

** 50 per cent of countries are introducing a new reproductive health commodity and integrating the product into the HMIS and/or LMIS, exceeding the milestone of 10 per cent.

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

This indicator is a count of the number of countries that have in existence a supply chain management strategy, with a costed implementation plan, that addresses elements of contraceptive commodities availability and accessibility. Satisfying this indicator can be a challenge given its many elements, and the total number of countries that meet its more advanced criteria is not expected to increase significantly year upon year. The elements that countries need to have in place are as follows:

The achievement will be ascertained by adding up all the countries for which:

1. A supply chain management strategy exists²
2. The strategy is costed (has a costed action plan or a costed implementation plan)
3. The strategy is being implemented
4. The strategy takes into consideration all of the following elements of contraceptive commodities availability and accessibility in line with the recommendations of the UNFPA/WHO implementation guide on “Ensuring human rights within contraceptive service delivery”:
 - 4.1 The inclusion of all contraceptives commodities (male condom, female condom, oral contraception, injectable, emergency contraception, IUD and implant) in the national Essential Medicines List (EML)
 - 4.2 No restriction on the provision of any modern contraceptive method (male condom, female condom, oral contraception, injectable, emergency contraception, IUD, implant, female sterilization and male sterilization)
 - 4.3 Broad-based partnership involved in quantification and estimation of needs
 - 4.4 Capacity building on logistics management information system
 - 4.5 National resource mobilization focused on government budget allocation and use for procurement of contraceptives
 - 4.6 Contraceptive distribution mechanism that involves NGOs, civil society and/or the private sector
 - 4.7 Use of technology for improvement in LMIS

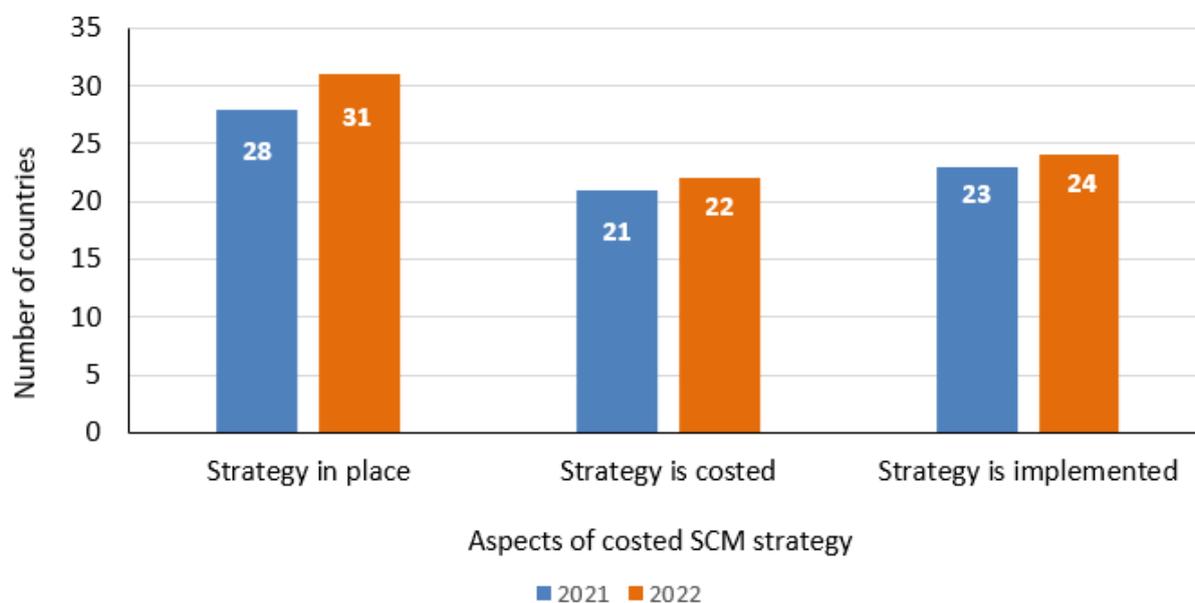
It is expected that countries will add aspects of these action points as they progress towards the goal of achieving all seven points.

² Existence of the supply chain management strategy for each country will be judged by a “Yes” response for all the characteristics [1; 2; 3; and any five (5) of the characteristics under 4].

- 20 countries in 2022 had in place a supply chain management strategy with a costed implementation plan that addresses **all** elements of contraceptive commodities availability and accessibility in line with the UNFPA/WHO implementation guide, up from 19 in 2021 with the addition of Chad.

In 2022, three additional countries reported having a supply chain management strategy in place: Chad, Djibouti and Eritrea. In Chad, the strategy is both costed and implemented. Seven countries reported having a costed SCM strategy in place but report that it is not yet being implemented: Côte d'Ivoire, Djibouti, Eritrea, Guinea-Bissau, Haiti, Sudan and Togo.

Figure 16: Number of countries where a supply chain management strategy is in place, strategy is costed and being implemented, 2021 and 2022



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

This indicator is defined as the percentage of countries where new RH commodities are both introduced into the country's service delivery system and have gone on to include the commodity in the country's health management information system (HMIS) and/or logistics management information system (LMIS). The numerator consists of those countries which have ever introduced and integrated at least one method. There is no double counting for countries who work on additional commodities. It is a cumulative number, year-on-year. The denominator is the total number of UNFPA Supplies Partnership countries in Phase III of the programme (54 countries).

New and lesser-used reproductive health commodities are considered to be: non-scalpel vasectomy kits/tubal ligation supplies, mifepristone/misoprostol combined pack regimen, manual vacuum aspirator (MVA) kits, heat-stable carbetocin, tranexamic acid, DMPA-SC and hormonal IUD. Other new RH commodities may be added in subsequent years.

- 50 per cent of the UNFPA Supplies Partnership countries that introduced new reproductive health commodities successfully integrated the product into their HMIS and/or LMIS.
- 38 countries have introduced and 27 of them integrated new reproductive health commodities into their HMIS and/or LMIS.

DMPA-SC was included in the HMIS and LMIS in Afghanistan, Djibouti, Ghana, Madagascar, Malawi, Mozambique, Nepal and Somalia. Mifepristone/misoprostol combined pack regimen was included in the HMIS and LMIS in Djibouti and Mozambique. The hormonal IUD was included in the HMIS and LMIS in Djibouti. Heat-stable carbetocin and tranexamic acid were included in the HMIS and LMIS in Madagascar.

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

AT A GLANCE

Progress towards the milestone

★★ 81 per cent of countries are implementing recommendations from the last mile assurance (LMA) process to improve commodity data visibility, exceeding the milestone of 40 per cent.

* 100 per cent of countries report that all implementing partners (IPs) have implemented adequate remedial actions relating to known fraud cases (zero in 2022), exceeding the milestone of 75 per cent.

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

- All 48 UNFPA Supplies Partnership countries indicated that the country conducted LMA activities in 2022.
- **At least 81 per cent of countries (39 out of 48) implemented recommendations from the LMA process to improve commodity and data visibility.**
- As part of the LMA process, in-country assessments (spot-checks) were conducted in 27 UNFPA Supplies Partnership countries.

Recommendations of the in-country assessments include the following measures: scale up the eLMIS up to the SDP level; monitor distribution and delivery of supplies by implementing partners on a quarterly basis; train implementing partners on the use of the LMA process and tools; establish efficient systems of communication to SDPs on the availability of commodities at central and regional medical stores; implement a fully functioning eLMIS at the depot level to reduce inaccurate record keeping and subsequent stock-outs; reinforce the training of staff on record keeping; carry out regular stock counts at SDPs and regional medical stores and document the stock counts.

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

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

No fraud cases of theft or diversion of UNFPA products were reported in the in-country assessments. The in-country assessments highlighted possible red flag alerts that could signal fraud such as unavailability of bin cards, absence of documentation and approvals for any stock adjustments, and stock records not updated. Flag alerts were identified by in-country assessments in 11 of 27 countries, and in all 11 countries implementing Partners (IPs) implemented adequate remedial actions.

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

AT A GLANCE

Progress towards the milestone

★ 11 countries' governments sustained or increased allocations for contraceptives, and spent more than 80 per cent of the allocated amount for the year, exceeding the milestone of 10 countries.

This represents an increase of 26 per cent in domestic resource allocation; and 8 per cent in domestic expenditures for contraceptives compared with 2021.

★★ 50 per cent of countries increased their Sustainability Readiness Assessment (SRA) score compared with the previous year, exceeding the milestone of 20 per cent.

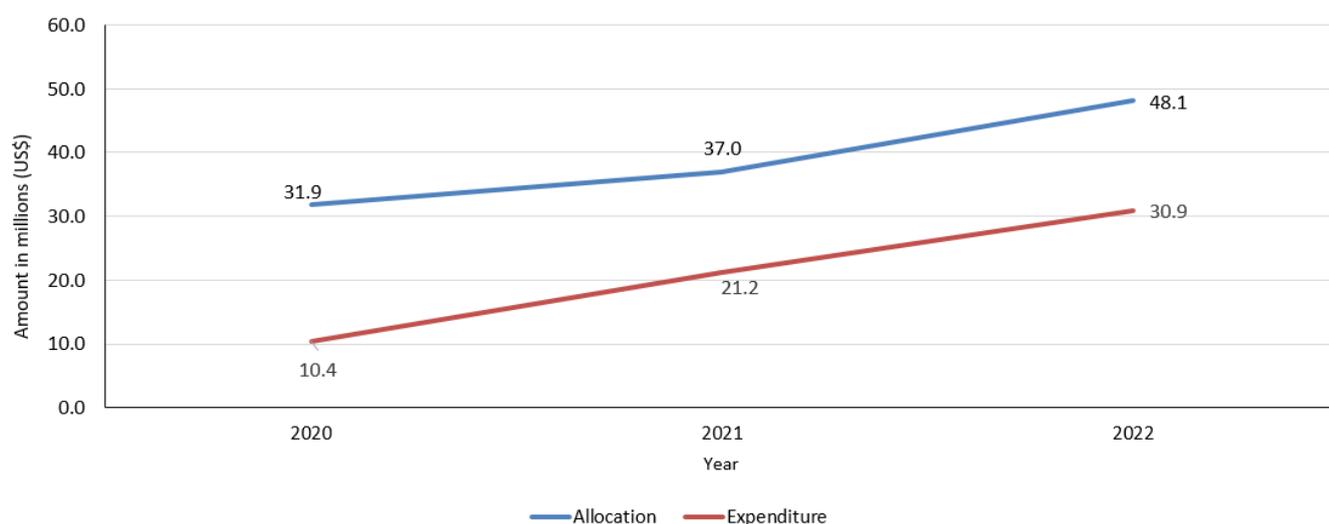
O.C.3.1 Number of countries where governments sustain or increase the amounts allocated for procurement of contraceptives, and who spend more than 80 per cent of the allocated amount for the year

This indicator refers to the number of UNFPA Supplies Partnership implementing countries where governments (i) allocate resources in the national budget for procurement of contraceptives; (ii) either allocate the same amount as in the previous year or increase the amount allocated from government resources for the procurement of contraceptives; and (iii) spend at least 80 per cent of the amount allocated for the year.

- 11 governments of programme countries sustained or increased the amount for the procurement of contraceptives, and spent more than 80 per cent of the allocated amount for the year compared with 4 countries in 2021. The countries included Benin, Bolivia, Burkina Faso, Burundi, Chad, Côte d'Ivoire, Ethiopia, Malawi, Rwanda, Timor-Leste and Zimbabwe.
- Allocations for procurement of contraceptives in the UNFPA Supplies Partnership programme countries increased in 2022. Allocations in national budgets totalled US\$ 48.1 million compared with US\$ 37.9 million in 2021.
- Expenditure for the procurement of contraceptives was higher at US\$ 30.9 million in 2022 compared with US\$ 21.2 million in 2021.

Both allocations and expenditures for procurement from government resources have now returned to levels before the start of the COVID-19 pandemic. The impact of increased national resource commitments as a result of UNFPA Supplies Partnership country compacts will be analysed in data collected from 2023 onwards.

Figure 17: Total amount allocated and spent (US\$) in national budgets of UNFPA Supplies Partnership countries for procurements of contraceptives, 2020–2022



Several countries made progress on domestic financing in 2022, though not meeting all criteria to satisfy the indicator. For example, first-time contributions of domestic resources were made by Central African Republic and Papua New Guinea, both of which accessed the Match Fund.

Launched in 2022, the UNFPA Supplies Match Fund played an important role in mobilizing domestic resources for contraceptives in several programme countries. By matching additional government contributions for quality-assured reproductive health commodities, including for family planning, the Match Fund has supported governments to increase their allocation and expenditure on RH commodities. The Match Fund is a two-year pilot initiative 2021 and 2022.

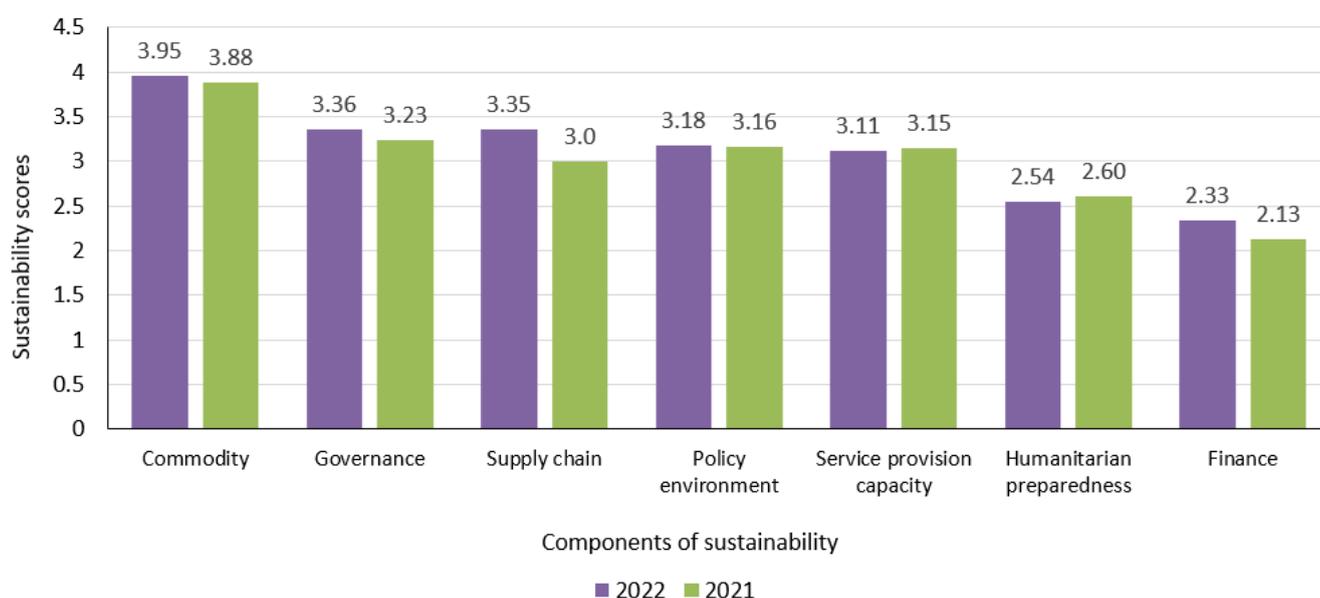
- In 2022, UNFPA awarded US\$ 3,446,852 to five countries (Chad, Democratic Republic of the Congo, Madagascar, Papua New Guinea and Zimbabwe), to match additional government contributions, thereby leveraging an additional US\$ 2,605,250 in domestic financing for quality-assured reproductive health commodities.

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

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

- 50 per cent of countries (24 out of 48) had an increase in the sustainability readiness assessment score when compared to the score in 2021.

Figure 18: Average score for each sustainability component, SRAT 2022 compared with 2021



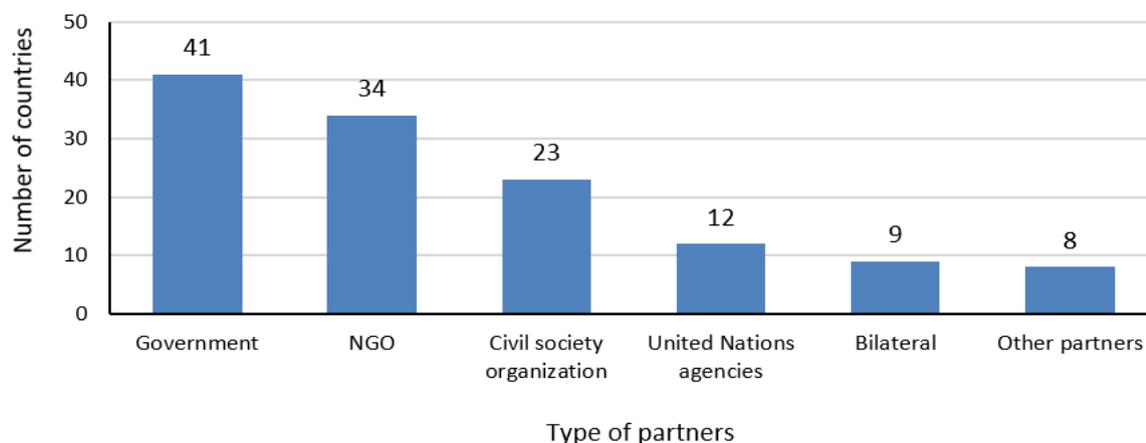
Each country established a panel of stakeholders for the SRAT process, including members of the Ministry of Health, UNFPA, non-governmental organizations (NGOs) and civil society organizations (CSOs). Participants in the assessment included: country government officials in 41 countries, NGO partners in 34 countries, CSOs in 23 countries, United Nations agencies in 12 countries, bilateral partners in 9 countries and other partners in 8 countries.

Financing is the area that received the lowest score, indicating a priority for action. Overall, the average score (out of a top score of 5.0) was 3.19, and for each sustainability component the scores were: commodity security: 3.95, governance: 3.36, policy environment: 3.18, services provision capacity: 3.11, supply chain: 3.35, humanitarian preparedness: 2.54 and financing: 2.33.

The implementation of the SRAT among the UNFPA Supplies Partnership countries contributed in a significant way to improving the quality and comprehensiveness of the programmatic interventions included in technical assistance support requests from countries to the UNFPA Supplies Partnership through Transformative Action plans. A prioritization exercise based on the bottlenecks and weak areas identified in the SRAT process supported the efforts of national stakeholders to align common interests towards

common objectives and identify concrete results and areas for improvement. Most of the countries prioritized financing, humanitarian response and supply chain as the most critical areas to strengthen.

Figure 19: Number of countries by type of partners involved in the SRAT exercise (*n* = 43) 2022



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

AT A GLANCE

Progress towards the milestone

- * 28 countries are utilizing innovative financing approaches including co-financing and TPP for procurement of commodities as a result of UNFPA Supplies Partnership support, exceeding the milestone of 22.
- * 39 per cent of countries' government contribution towards funding of the National Supply Plan (NSP) is at the same or increased level compared to the previous year, exceeding the milestone of 29 per cent.
- * 16.5 per cent of the National Supply Plan commitment budgets were covered by the government sources, exceeding the milestone of 10.5 per cent.

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

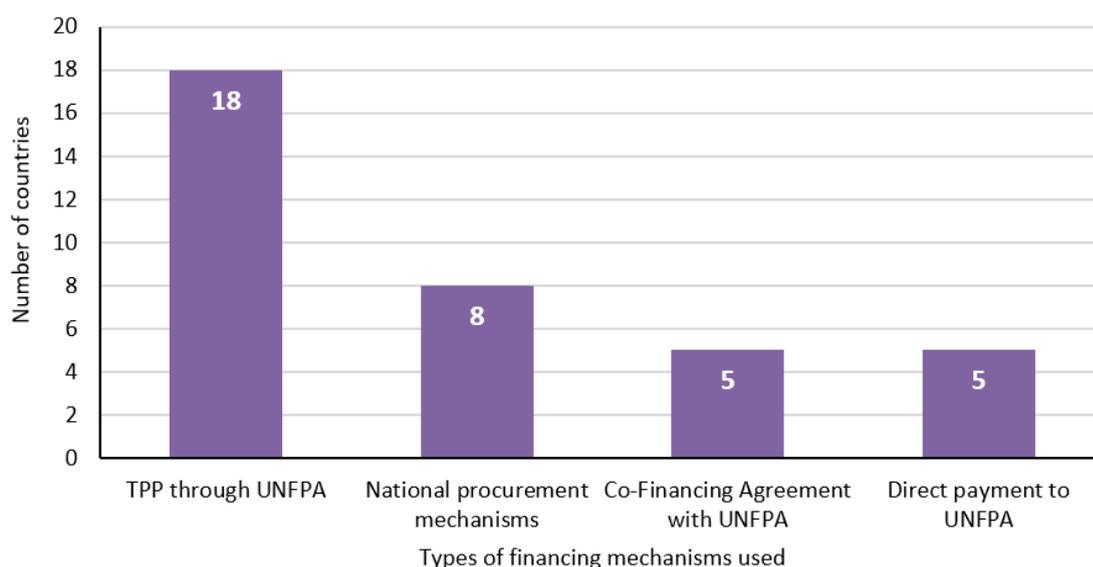
This indicator refers to the number of UNFPA Supplies Partnership implementing countries where a range of mechanisms are used to make government funding available for the procurement of contraceptives. The mechanisms will include co-financing and third party procurement (TPP) and the process supported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

- 28 out of 48 countries reported that their country governments used different financing approaches including third party procurement (TPP) for the procurement of commodities up from 24 in 2021.

The different mechanisms used for the procurement of contraceptives by the government were: third party procurement (TPP) through UNFPA, Co-Financing Agreement with UNFPA, procurement through national procurement mechanisms and direct payment to UNFPA.

- 18 countries reported that their country's government spent US\$ 34.1 million for the procurement of contraceptives using TPP through UNFPA and US\$ 10.8 million through national procurement mechanisms.

Figure 20: Types of financing mechanism used by the country government for the procurement of commodities in 2022



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

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

. For reporting on this indicator, 36 countries had NSPs the previous year.

- In 39 per cent of UNFPA Supplies Partnership countries, the government reported contributing towards funding of the National Supply Plan at the same or increased level compared to the previous year. This is an increase from 22 per cent in 2021.

- 37 countries have National Supply Plans with needs of different procurers captured, up from 36 in 2021.
- 11 countries had UNFPA as the sole procurer for family planning commodities and used procurement plans to inform their requests, down from 12 in 2021.

Different types of in-country partners contributed to National Supply Plans, including the government, UNFPA, the United States Agency for International Development (USAID), the United Kingdom Foreign, Commonwealth & Development Office (FCDO), the Global Fund and other partners including the Netherlands, Norway, Global Financing Facility for Women, Children and Adolescents (GFF), Global Affairs Canada, Irish Government, World Bank and KFW.

- Around US\$ 58.7 million was committed by the programme country governments in their NSPs for the procurement of contraceptives, of which 73 per cent (US\$ 43.0 million) was reported to be spent. This is more than the US\$ 16.5 million spent in 2021.

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

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

- **16.8 per cent of the National Supply Plan commitment budgets were covered by government sources compared with 9.5 per cent in 2021.**

The total commitment in NSP was around US\$ 245.4 million, of which US\$ 41.3 million was committed by the governments from their national sources. Both figures are higher than in 2021, up from a total commitment of US\$ 173.7 million in 2021 and a national sources commitment of US\$ 16.6 million.

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

AT A GLANCE

Progress towards the milestone

✪✪ 29 countries have an existing multi-year financial sustainability plan for family planning, exceeding the milestone of 19.

✪ 33 countries have family planning explicitly included in the Essential Package of Health Services, exceeding the milestone of 32.

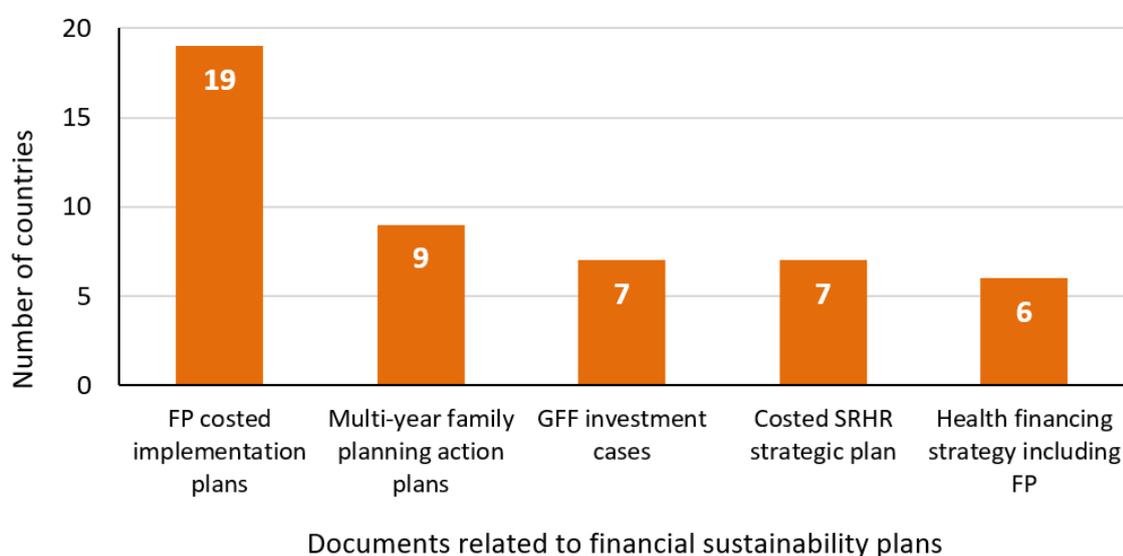
O.P.3.2.1 Number of countries with an existing multi-year financial sustainability plan for family planning

Multi-year financial sustainability plans for family planning include national plans and strategies such as costed implementation plans (CIPs) for family planning, health financing strategy including family planning, GFF investment cases and costed strategic plans for sexual and reproductive health.

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

Compared with 2021, the indicator value decreased by two countries, Chad and Ghana, due to the fact that the multi-year financial sustainability plans for family planning expired in 2022. In Chad, the process to update the plan is ongoing and UNFPA and other partners will support the government to develop a new CIP in 2023. In Ghana, the UNFPA Country Office along with other partners such as USAID also will support the development of a new family planning CIP in 2023.

Figure 21: Documents related to financial sustainability plan in the countries

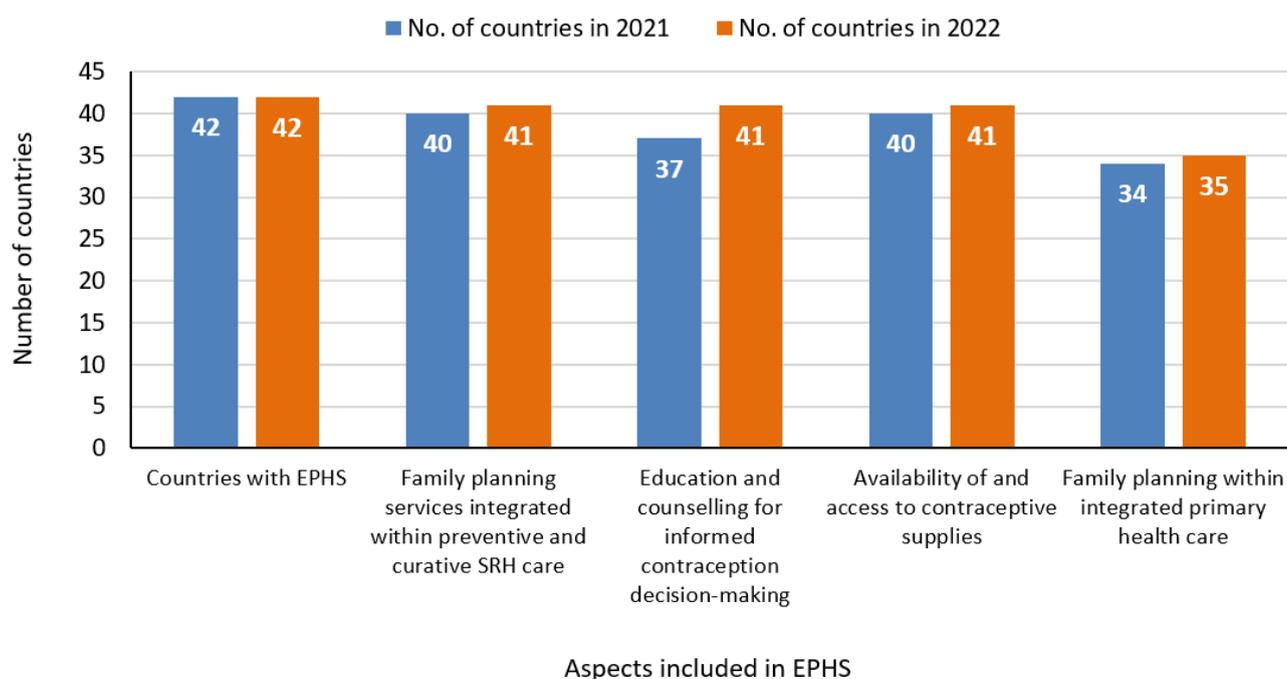


O.P.3.2.2 Number of countries where family planning is explicitly included in the Essential Package of Health Services

This indicator refers to the number of countries where family planning is explicitly included in the Essential Package of Health Services (EPHS) or Essential Health Service Package (EHSP). To achieve this indicator, a country must have an EPHS and satisfy all the four criteria: (i) family planning services integrated within preventive and curative sexual and reproductive health care; (ii) education and counselling for informed contraception decision-making; (iii) availability of and access to contraceptive supplies; (iv) family planning within integrated primary health care, including prevention and care for STIs (including HIV), and cancers of the cervix and breast.

- In 33 UNFPA Supplies Partnership countries family planning is explicitly included in the Essential Package of Health Services. This is up from 29 countries in 2021.
- 4 additional countries (Afghanistan, Eritrea, Gambia and Timor-Leste) have family planning explicitly included in the Package of Health Services (EPHS) in 2022 compared with 2021.
- 42 out of 48 of the UNFPA Supplies Partnership countries have an Essential Package of Health Services (EPHS) that includes at least one family planning component.

Figure 22: Aspects of family planning included in the Essential Package of Health Services in 2022 and 2021



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

AT A GLANCE

Progress towards the milestone

YES Summary annual programme plan and budget endorsed by the Steering Committee

★ 94 per cent of countries rated as "within appetite" in the UNFPA Supplies Partnership risk assessment, exceeding the milestone of 81 per cent.

24 countries have a signed UNFPA Supplies Partnership country Compact and a valid Annex A for 2022, less than the milestone of 40.

★★ 92.7 per cent of annual programme budget needs were met through resource mobilization, including in-kind contributions, exceeding the milestone of 80 per cent.

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

The original 2022 budget was for US\$ 127 million. It was subsequently increased to US\$ 185 million due to an increased availability of funds through donor support; this was approved by the Steering Committee in December 2021. The summary annual programme plan and budget for 2023 were endorsed by the Steering Committee during the fourth quarter of 2022. The following components were included in the summary annual programme plan: programme elements for the Transformative Action envelope, budget for the commodities, programme budget for the coming year in four Transformative Action areas, and programme budget for monitoring accountability and visibility (MAV).

Major programme priorities for 2022 included, but were not limited to, the following:

- Strengthening access to reproductive health services, including family planning, in humanitarian context (including making reproductive health commodities available and strengthening humanitarian preparedness).
- Supply chain strategy development and system strengthening (including for eLMIS).
- Signing of Compacts and their successful negotiation in all countries.
- Submission, review and award of Transformative Action applications in all four components (strengthening supply chain systems, creating an enabling environment for commodity security, sustainable financing for family planning, and bridging availability and access through seed funding).

- Development of National Supply Plans by the UNFPA Country Offices in coordination with the country governments and use of NSPs for commodity requests.
- Holding annual review and planning meetings in countries to validate supply plans and identify goals linked to the Sustainability Readiness Assessment Tool and the Transformative Action applications.
- Continuation of the Match Fund pilot, and monitoring the process and its impact on mobilizing domestic resources.

The Match Fund pilot will run from January 2022 to December 2023. In October 2023, a decision will be taken as to whether the Match Fund should become integrated into the UNFPA Supplies Partnership as a more permanent programme feature.

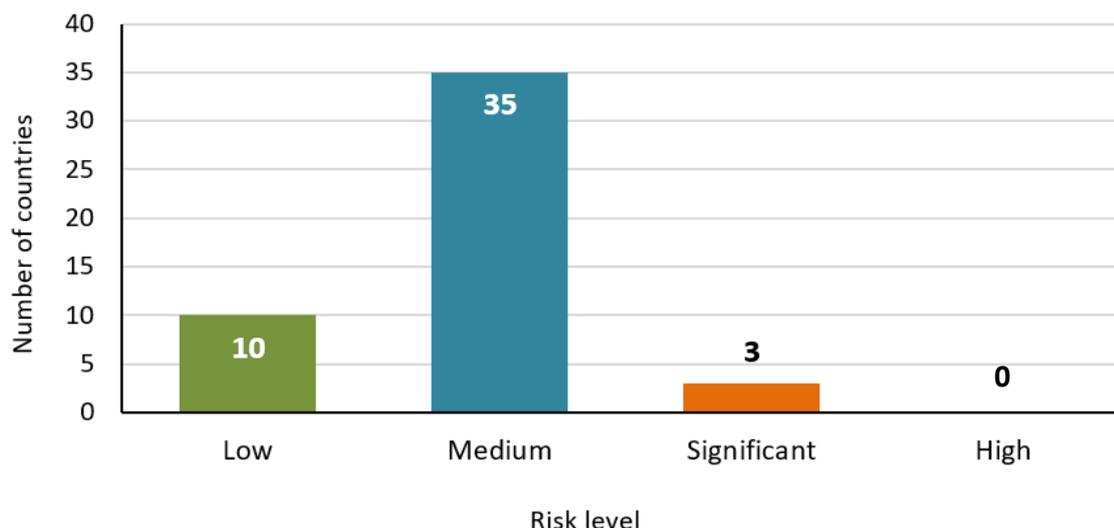
O.C.4.2 Percentage of countries where UNFPA Supplies Partnership risk assessment is rated as "within appetite"

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

- The programme's overall risk score is **Medium**, with a score of 164, meaning that the programme has moderate gaps and likelihood of adverse management and safeguarding issues occurring. The risk score was 177 in 2021 and 188 in 2020. The risk score improved by 7 per cent from 2021 to 2022 and 6 per cent from 2020 to 2021.
- The main drivers for the risk improvement score in 2022 are due to improvements in the Operational and Delivery risk categories. Specifically, the programme saw an improvement in the quality of TA interventions as well as a reduction in IP Supply Chain Gaps.
- In 2022, the risk assessment in 94 per cent (45 out of 48) of countries was rated as "within appetite". It is an improvement from 85 per cent in 2021. Ten countries were with low risk plus 35 countries with medium risk.

Three countries are classified as having "significant" risk in 2022: Cameroon, Djibouti and Haiti. The figure shows the distribution of countries by risk level:

Figure 23: Number of countries by risk level ($n = 48$)



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

Operationalization of Compacts was completed in 2022 for implementation in 2023.

- 24 partner governments signed UNFPA Supplies Compact agreements with UNFPA in 2022, committing to spend over US\$ 14 million on quality-assured reproductive health commodities in 2023.

Compacts were signed in 2022 in Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Ethiopia, Gambia, Guinea, Guinea-Bissau, Honduras, Liberia, Madagascar, Malawi, Mozambique, Nepal, Niger, Nigeria, Papua New Guinea, Rwanda, Sao Tome and Principe, Senegal, Tanzania and Togo.

The Government Domestic Financing Compact Commitment for 2023 amounts to a total US\$ 13,358,981. This amount is well above the minimum requirement commitment for 2023 of US\$ 1,051,456. UNFPA will continue engaging with governments for the signing of the Compact in 2023 and put in place mechanisms to track government expenditures towards commodity procurement.

The Central African Republic was the first country to sign the Compact in February 2022. The government subsequently transferred UNFPA approximately US\$ 80,000 in 2022 for the procurement of reproductive health commodities in 2023, representing a first-time government contribution for these commodities.

In 2022, three countries (Afghanistan, Myanmar and South Sudan) received Compact exemptions due to the humanitarian context. The United Nations Country Team in Afghanistan has limited engagement with the Taliban Government. The UNFPA Country Office in Myanmar can initiate signing of the Compact only when the political/armed conflicts situation is stable. In South Sudan, the complex and protracted humanitarian crisis after decades of war, frequent disease outbreaks, flooding and drought have undermined national capacity for provision of health services.

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

This indicator measures the total monetized value of contributions available for the implementation of the programme in US dollars as a percentage of the programme budget for the year.

A total of US\$ 231,790,244 was generated in 2022 for the programme through direct contributions from donors.

- **The total amount mobilized represents 92.7 per cent of the total resource mobilization budget need for 2022 (US\$ 250 million).** This is up from 88.6 per cent in 2021

In 2022, 20 donors contributed to the Partnership, matching the record-high of 20 in 2021. Three new donors making commitments include Spain (Justice and Social Affairs of the Basque government), Cartier Foundation and the European Commission. Five partners increased commitments: Germany, Luxembourg, the Netherlands, Portugal and Spain (Spanish Agency for International Development Cooperation (AECID)). Two donors provided in-kind support: HELP Logistics and the United Kingdom.

Although this increase in available resources and the diversification of the funding base are huge successes, there is still a programmatic funding gap for Phase III of US\$ 500 million (2023–2025) that needs to be met. To address this, we are strengthening our efforts to maintain and grow funding navigating the global economic situation. The pandemic as well as the war in Ukraine and subsequent economic, peace-and-security and geopolitical situation have led to cuts and budget diversions. There is a real financial risk for the programme to secure its total programmatic needs and continue its support including efforts towards sustainable financing. It will be important to strengthen the work with donors and partners to secure these funds.

Donors in 2022

| | |
|--|--|
| Australia | The Netherlands |
| Belgium | Norway |
| The Bill & Melinda Gates Foundation | Portugal |
| Canada | Spain (Spanish Agency for International Development Cooperation (AECID)) |
| Cartier Foundation | Spain (Justice and Social Affairs of the Basque government) |
| Denmark | United Kingdom |
| European Commission | UNFPA Individual Contributions |
| France | United States of America |
| Germany | Winslow Foundation |
| HELP Logistics (in-kind contributions) | |
| Luxembourg | |

Output 4.1: Enhanced programme governance and stakeholder engagement

AT A GLANCE

Progress towards the milestone

YES Programme governance mechanisms rated as inclusive, functional and transparent

44 countries have stakeholders are engaged in programme planning, decision-making and monitoring processes, less than the milestone of 48 countries.

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

This indicator measures the extent to which the Steering Committee, its subcommittees and the Partners Assembly are fully functional, inclusive, transparent and effectively carrying out their oversight functions. The third phase of the UNFPA Supplies Partnership governance structure is built on the principles of transparency and accountability. The programme engages with a broad base of partners across the five components of the governance structure: the Partners Assembly, the three thematic subcommittees (finance and risk; strategy and planning; and leadership) and the Steering Committee, where decision-making authority sits.

The UNFPA Supplies Partnership met the criteria for this indicator in 2022.

- The UNFPA Supplies Partnership Steering Committee held regular meetings in April and October 2022. An ad hoc Steering Committee meeting was held in July 2022 to discuss and endorse the revised programme budget for 2022. The Committee made decisions and recommendations by consensus with follow-up actions and meeting reports shared with all parties. All (100 per cent) of the decisions taken by the Steering Committee were implemented, including those based on the findings of the completed Human Resources Skills and Competency Review.
- Quarterly Strategy and Planning Committee and Finance and Risk Committee meetings were held in 2022 and action points/recommendations circulated and implemented. The Leadership Committee performed its annual review function.
- The inaugural meeting of the UNFPA Supplies Partners Assembly was held in November 2022 in the margins of the International Conference on Family Planning in Pattaya, Thailand. The forum engaged over 150 partners from international and national civil society, programme and donor country governments, international networks and private sector foundations in TED-style presentations followed by round-table discussions on strengthening sustainable financing, reaching the hardest to reach and strengthening partnerships.

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

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

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

In the 48 countries of the UNFPA Supplies Partnership:

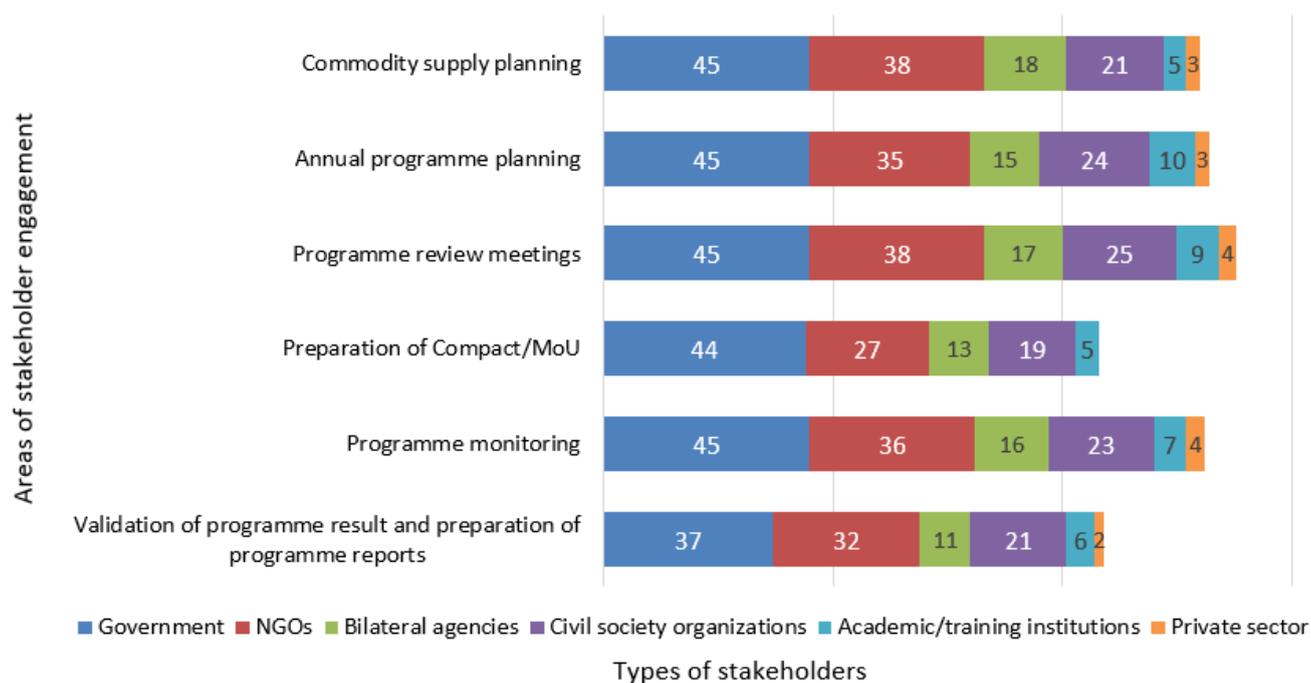
- 44 countries reported that stakeholders are engaged in programme planning, decision-making and monitoring processes as outlined in the criteria above. This is an increase from 36 countries in 2021.

The government participated in at least one of the key processes (e.g. supply planning, programme design, implementation, meetings, decision-making review and reporting processes) in 47 countries; Myanmar was the only country where the government was not involved, due to the political context in the country. The governments were engaged but no other stakeholders in Bolivia, Eritrea, Haiti and Yemen. Additionally,

- 45 countries indicate that the government provided technical assistance during the quantification and forecasting processes in the country;
- NGOs participated in at least one of the key processes in 41 countries. In 20 countries, the bilateral agencies participated in at least one of the key processes.
- Academics and private sectors were involved in at least one of the key processes respectively in 12 and 6 countries.

The figure below shows the number of countries where stakeholders participated in each type of engagement in the programme planning, decision-making and monitoring processes.

Figure 24: Countries where stakeholders are engaged in programme planning, decision-making and monitoring processes, 2022 (n = 48)



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

AT A GLANCE

Progress towards the milestone

✦ 100 per cent of accepted audit and evaluation recommendations for which the actions due in the year have been completed, exceeding the milestone of 80 per cent.

YES Existence of an updated UNFPA Supplies Partnership Global Risk Matrix.

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

This indicator is the percentage of audit and evaluation recommendations accepted by programme management for which actions due in the year have been completed and submitted in Team Central (UNFPA audit application).

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

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

- The UNFPA Supplies Partnership Global Risk Matrix was updated in 2022. All 48 programme implementation countries provided information into the updating of the global risk matrix.

The matrix provides information on key risk elements of the programme with updated information on global and country-level indicators. As of 2021, an indicator on “Donors contribution shortfall to the UNFPA Supplies Partnership” is included in the matrix. As of 2022, an additional indicator is added in the global risk matrix: “Government commitment to the financing of commodities for reproductive health, including family planning as agreed in the Compact”.

A four-level system measures the risk level for each risk indicator as low, medium, significant or high. This aligns directly with the UNFPA Enterprise Risk Management (ERM) approach and the Supply Chain Management Risk Assessment/Last Mile Assurance (LMA) approach. Together, the risk categories, risk indicators and risk-level system are used in the corresponding global risk matrix and the country-level UNFPA Supplies Partnership Risk Assessment Model to determine a “risk score”. The risk score then corresponds to one of the four risk levels, which increases certain risks, as required, as well as the development and execution of appropriate mitigation plans. For findings of the risk scoring, see O.C.4.2 above.

Financial reporting

Finance and resources

UNFPA Supplies Partnership funds are managed in accordance with the resource allocation system agreed by the Steering Committee for the programme.

The original approved spending plan for 2022 was US\$ 127 million but it was gradually augmented during the year due to increase in donor contributions. By the end of 2022 the approved spending plan was US\$ 185 million.

Available funds and implementation rate

The UNFPA Supplies Partnership started the year with a cash balance of US\$ 162 million. An additional US\$ 41 million was committed in ongoing purchase orders to be delivered in 2023. During the first three quarters of 2022, US\$ 116 million was received in donor contributions, which lead to an available programme budget for the year of US\$ 278 million. During Q4 in 2022, an additional US\$ 89 million was received in donor contributions. This amount was carried forward for programming in 2023, as per standard procedure. The approved spending plan for the year was kept at US\$ 185 million, in line with the budget smoothing approach adopted by the programme. This approach means that annual allocations should only be increased if they can be sustained for a three-year period, in order to strengthen the cash flow balance and enable the programme to operate at the same level in coming years.

Total expenses for 2022 came to US\$ 170,544,451. This gives an implementation rate of 92 per cent measured against the approved spending plan of US\$ 185 million. The amount committed in ongoing purchase orders increased however by US\$ 12.5 million from US\$ 41 million in December 2021 to US\$ 48.6 million by the end of 2022. Consequently, US\$ 163 million of the expenses can be said to have been utilized in 2022 whereas the ongoing purchase orders (POs) will be delivered in the subsequent year. This gives a utilization rate of 88 per cent against the approved spending plan. An amount of US\$ 50.6 million was set aside in so-called "Bulk POs" in order to secure sufficient production capacity with the manufacturers in 2023. This amount was used as a guarantee to the suppliers; it did not impact the expense or utilization level in 2022.

The utilization rate of 88 per cent measured against the programme budget is considered satisfactory since the spending plan intentionally was kept at a lower level than was financially possible. The spending plan was kept at a lower level in order to strengthen the financial resilience and cash balance for the coming years.

Table 3: Implementation rate and utilization rate as per approved spending plan

| | | |
|------------------------------------|-----------------------|---------------------|
| Approved spending plan 2022 (US\$) | Total expenses (US\$) | Implementation rate |
| 185 million | 171 million | 92% |

| | | |
|------------------------------------|---|------------------|
| Approved spending plan 2022 (US\$) | Total utilization (US\$) (expenses adjusted for inventory fluctuations) | Utilization rate |
| 185 million | 163 million | 88% |

Table 4: Available programme budget 2022

| | Amount (US\$) |
|--|--------------------|
| a) Beginning fund balance (adjusted) | 202,984,851 |
| b) Purchase order commitments (ongoing POs from 2021) | 41,160,286 |
| c) Beginning cash balance (a-c) | 161,824,565 |
| d) Donor contributions received Q1-Q3, 2022 | 116,465,148 |
| e) Available for programming in 2022 (c+d) | 278,289,712 |
| f) Contributions and interest Q4-2022, for programming in 2023 | 88,992,466 |

| | Amount (US\$) |
|--|--------------------|
| g) Expenses | 170,544,451 |
| h) Fluctuation in open purchase order commitments* | 7,601,647 |
| j) Total utilization (g-h) | 162,942,804 |
| | |
| k) Utilization rate measured against total available budget (j/e) | 59% |
| l) Utilization rate measured against spending plan (j/US\$ 185 million) | 88% |
| | |
| m) Bulk purchase order production guarantee | 50,694,667 |
| n) Non-allocated by the end of 2022 (f-g-m) | 57,050,594 |

Funds utilization and breakdown

The programme utilized US\$ 31 million (19 per cent) for Transformative Action interventions and management costs (excluding human resources). Human resource costs constituted US\$ 11.4 million (7 per cent) of the total costs.

The largest portion was used for commodity procurement, which constituted US\$ 120.3 million or 74 per cent of the total utilization in 2022. This includes the procurement of all contraceptives and maternal health supplies as well as their shipping costs and procurement fees.

Table 5: Commodity procurement compared with other expenses)

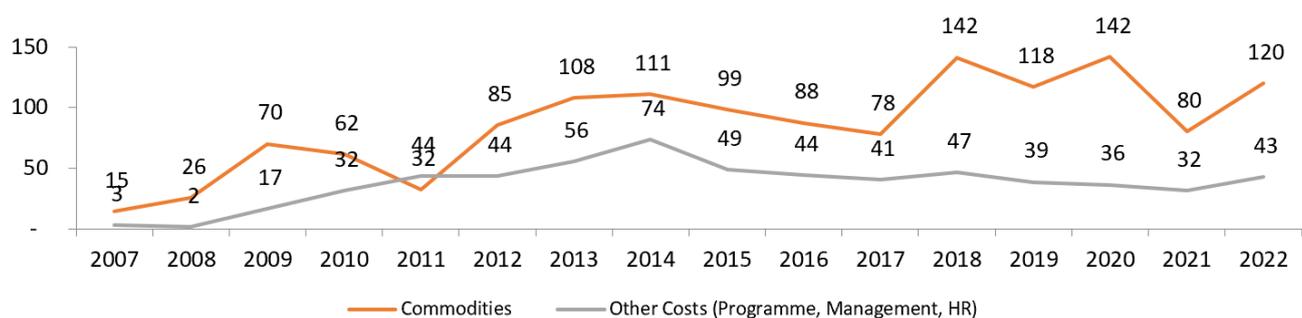
| Type of costs – total budget | Expenses (US\$) | Percentage of expenses | Utilization (adjusted for fluctuations in inventory, PO, PPE & OFA) (US\$) | Percentage of utilization |
|-----------------------------------|--------------------|------------------------|--|---------------------------|
| Commodities | 127,939,562 | 75% | 120,337,915 | 74% |
| Transformative Action and surveys | 31,172,397 | 18% | 31,172,397 | 19% |
| Human resources | 11,432,492 | 7% | 11,432,492 | 7% |
| Total | 170,544,451 | 100% | 162,942,804 | 100% |

Use of funds – commodities versus capacity-building

The resources utilized for commodity procurement increased in 2022. The Partnership experienced an unexpected contribution shortfall in 2021 that led to a significant midyear budget reduction. Since mid-2021, the Partnership has seen an increase in donors and donor contributions, which meant that the budget allocations could be normalized, including the usual 75 per cent utilization for commodities.

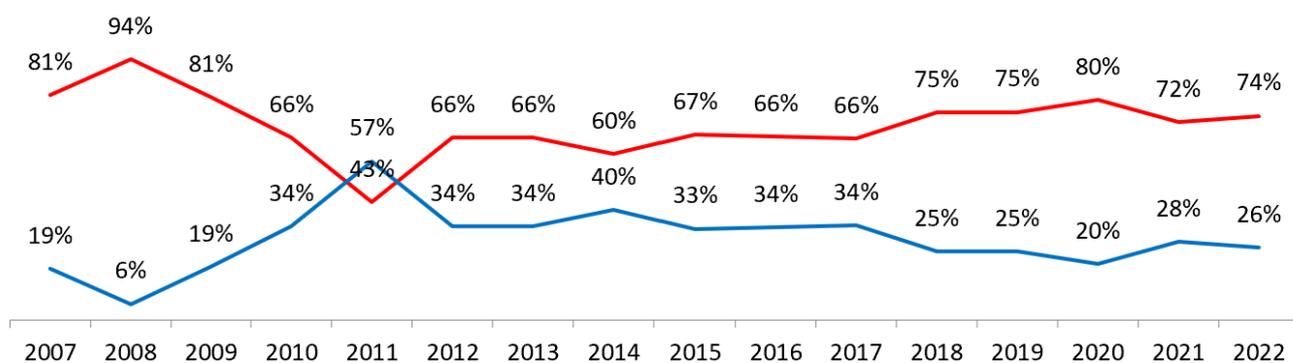
US\$ 12 million was used from special restricted funds. This covers expenses for projects that have been earmarked by the donor for a specific geographic area or purpose. Funds from special restricted funds are allocated and disbursed in accordance with the donor agreement for the respective projects. The allocations for commodities under the special restricted funds were slightly lower than for funds distributed via the regular resource allocation system of the partnership. That is the reason why the overall funds utilization for commodities ended up being 74 per cent, despite 75 per cent of the regular resources of the UNFPA Supplies Partnership having been allocated for commodities.

Figure 25: Commodity versus other costs (utilization*), 2007 to 2022 (US\$ million)



*Utilization includes special restricted funds of US\$ 11.7 million. They are allocated as per their donor agreements. Approximately 60 per cent of the special restricted funds are used for commodities - in contrast to 75 per cent of the regular Supplies Partnership resources.

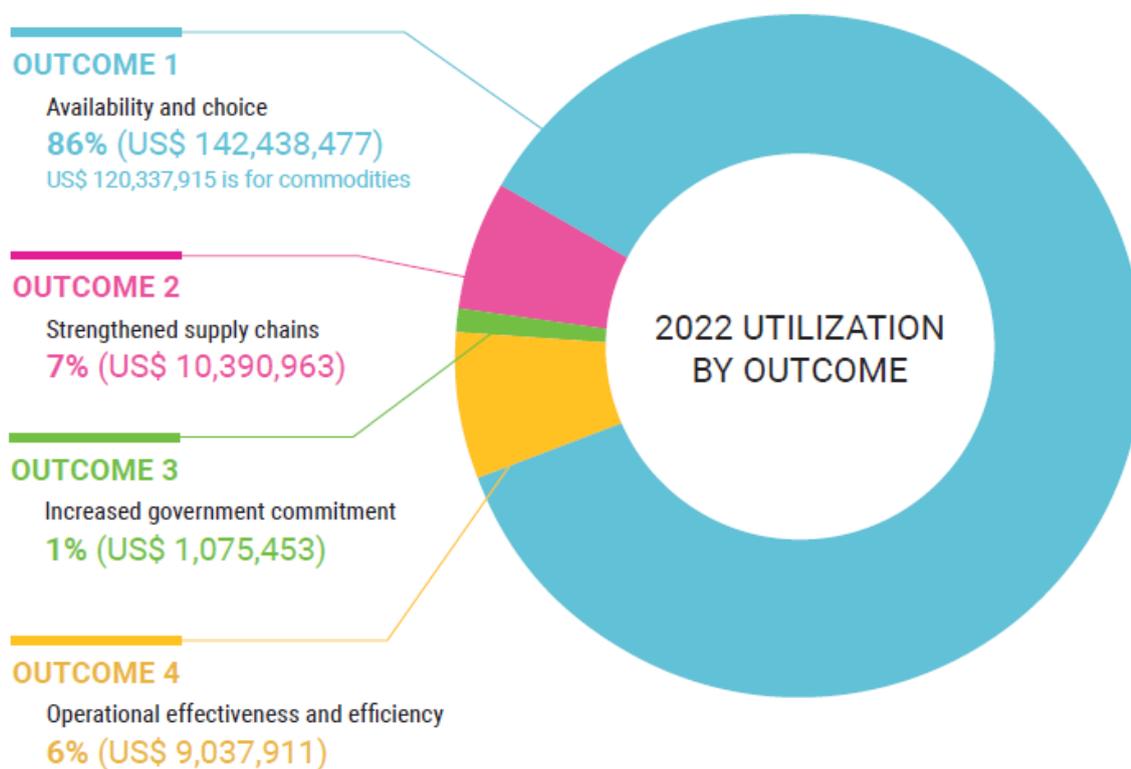
Figure 26: Commodity versus other costs, 2007 to 2022 (utilization*, percentage)



Use of funds by output

Figure 27: 2022 Utilization (US\$ 163 million)

2022 utilization by outcome



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

Expenses categorized by intervention level

Table 6: Expenses categorized by programme intervention areas of each output, 2022

| Programme intervention | Amount | Per cent |
|---|--------------------|-------------|
| 1.1.1 Quality and broad range of commodities | 2,055,504 | 1% |
| 1.1.2 Strengthen national supply planning | 5,721,974 | 4% |
| 1.1.3 Efficient and timely procurement | 120,337,915 | 74% |
| 1.2.1 Enabling environment for reproductive health/family planning | 6,785,724 | 4% |
| 1.2.2 Improve in-country regulatory mechanisms | 139,057 | 0% |
| 1.2.3 Bridging availability and access | 3,740,976 | 2% |
| 1.2.4 Improve access to for reproductive health/family planning commodities in humanitarian settings | 3,657,327 | 2% |
| 2.1.1 Supply chain management policy and strategy development | 4,178,803 | 3% |
| 2.1.2 Logistics management | 2,217,871 | 1% |
| 2.2 Scale up integrated services for sexual and reproductive health, HIV and sexual and gender-based violence | -247 | 0% |
| 2.2.1 Last mile assurance and commodity visibility | 3,994,537 | 2% |
| 3.1.1 Sustainable financing planning | 594,780 | 0% |
| 3.1.2 Implement family planning financing mechanisms and tools | 58,487 | 0% |
| 3.2.1 Evidence generation on family planning return on investment | 61,067 | 0% |
| 3.2.2 Advocacy for family planning integration into universal health coverage | 265,268 | 0% |
| 3.2.3 Support multi-sectoral dialogue and policy reform | 95,851 | 0% |
| 4.1.1 Partnership and decision-making by governance mechanism | 164,356 | 0% |
| 4.1.2 Resource mobilization | 229,290 | 0% |
| 4.2.1 Programme planning and capacity | 7,457,276 | 5% |
| 4.2.2 Increased generation of evidence for programme improvement and learning | 1,125,946 | 1% |
| 4.2.3 Evaluation, audit and risk management | 61,042 | 0% |
| Total | 162,942,804 | 100% |

Donor contributions

Table 7: Contributions to UNFPA Supplies Partnership received in 2022, summarized by donor in alphabetical order

| | Donor | Cash contribution (US\$) | Total (US\$) |
|----|--|--------------------------|--------------------|
| 1 | Australia | 3,084,648 | 3,084,648 |
| 2 | Belgium | 2,006,018 | 2,006,018 |
| 3 | The Bill & Melinda Gates Foundation | 350,000 | 350,000 |
| 4 | Canada | 3,863,988 | 3,863,988 |
| 5 | Cartier Foundation | 500,000 | 500,000 |
| 6 | Denmark | 18,732,204 | 18,732,204 |
| 7 | European Commission | 47,974,414 | 47,974,414 |
| 8 | France | 19,189,765 | 19,189,765 |
| 9 | Germany | 1,385,928 | 1,385,928 |
| 10 | Luxembourg | 885,688 | 885,688 |
| 11 | Netherlands | 38,532,412 | 38,532,412 |
| 12 | Norway | 11,168,118 | 11,168,118 |
| 13 | Portugal | 85,288 | 85,288 |
| 14 | Spain (Spanish Agency for International Development Cooperation (AECID)) | 639,659 | 639,659 |
| 15 | Spain (Justice and Social Affairs of the Basque government) | 31,052 | 31,052 |
| 16 | United Kingdom | 78,226,858 | 78,226,858 |
| 17 | UNFPA Individual Contributions | 21,154 | 21,154 |
| 18 | United States of America | 5,000,000 | 5,000,000 |
| 19 | Winslow Foundation | 113,050 | 113,050 |
| 20 | Two-year in-kind contribution recorded in 2021 for HELP Logistics | — | — |
| | Total | 231,790,244 | 231,790,244 |

The United Kingdom also provided in-kind support.

Annex 1: List of countries that procured DMPA-SC

1. Afghanistan
2. Angola
3. Bangladesh
4. Benin
5. Bolivia
6. Burkina Faso
7. Burundi
8. Cameroon
9. Chad
10. Congo
11. Côte d'Ivoire
12. Djibouti
13. Democratic Republic of the Congo
14. Ethiopia
15. Ghana
16. Guinea
17. Guinea-Bissau
18. Haiti
19. Kenya
20. Lesotho
21. Liberia
22. Madagascar
23. Malawi
24. Mali
25. Mauritania
26. Mozambique
27. Myanmar
28. Nepal
29. Niger
30. Nigeria
31. Pakistan
32. Rwanda
33. Senegal
34. Sierra Leone
35. Somalia
36. South Sudan
37. Togo
38. Uganda
39. Venezuela
40. Yemen
41. Zambia
42. Zimbabwe
43. Pacific Island Countries and Territories (PICTs):
Fiji, Kiribati, Micronesia,
Marshall Islands, Samoa,
Solomon Islands, Tonga
and Vanuatu

This list is a cumulative total of countries supported to procure DMPA-SC since its introduction by the programme in 2017. The total includes several countries outside of the UNFPA Supplies Partnership (non-programme countries) that requested support to avoid shortfalls.

Annex 2: Scorecard of programme progress

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

Results

| Indicator | Baseline | 2021 | | 2022 | | Scorecard |
|---|---------------------|--------------|--------------|--------------|--------------|---|
| | | Planned | Achieved | Planned | Achieved | |
| GOAL: All women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them | | | | | | |
| G.1 Number of total modern contraceptives users (target countries, in millions) | 71.8 million (2020) | 75.4 million | 73.9 million | 75.4 million | 77.5 million |  |
| G.2 Unmet need for family planning (target countries) | 25.8 (2020) | 25.5 | 25.4 | 25.3 | 25.3 |  |
| G.3 Modern contraceptive prevalence rate (mCPR-all women) (target countries; disaggregated by age, residence and wealth quintile) | 23.9 (2020) | 24.5 | 24.0 | 24.5 | 24.3 |  |

| | | | | | | |
|---|-----------------|-------|-------|--------|-------|---|
| G.4 Demand for family planning satisfied with modern methods (target countries; disaggregated by age, residence and wealth quintile) | 54.0 (2020) | 55.0 | 54.6 | 55.6 | 55.1 |  |
| G.5 Contraceptive method mix (including information on method mix score and method skew) | 7.4 (2020) | 7.4 | 8.8 | 7.4 | 8.2 |  |
| OUTCOME 1: Increase availability of quality-assured reproductive health commodities | | | | | | |
| O.C.1.1 Percentage of countries where at least 85 per cent of primary service delivery points have at least three modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural) | 79.0% (2020) | 82.4% | 78.8% | 82.9% | 80.0% |  |
| O.C.1.2 Percentage of countries where at least 85 per cent of secondary and tertiary service delivery points (SDPs) have at least five modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural) | 58.0% (2020) | 56.7% | 51.5% | 56.8 % | 60.0% |  |
| O.C.1.3 Percentage of countries where at least 85 per cent of service delivery points (SDPs) have magnesium sulfate, misoprostol and oxytocin available on day of survey/day of data collection (disaggregated for urban/rural and SDP type) | 20% (2019) | 21.1% | 34.5% | 21.6 % | 45.0% |  |
| O.C.1.4 Number of countries that integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks | 24 (2020) | 21 | 21 | 23 | 23 |  |

| Output 1.1: Efficient and timely procurement of a choice of quality-assured reproductive health commodities | | | | | | |
|--|------------------------------------|-----------------|-----------------|-----------------|-----------------|---|
| O.P.1.1.1 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered on time in countries | 26 (2020) | 30 | 39 | 36 | 41 |  |
| O.P.1.1.2 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered in agreed quantities by the supplier | 30 (2020) | 31 | 39 | 33 | 41 |  |
| Output 1.2: Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights | | | | | | |
| O.P.1.2.1 Number of countries where new and lesser-used reproductive health commodities are procured for use in the public sector in line with government-led introduction plans and women's reproductive rights | 7 (2020) | 8 | 15 | 11 | 16 |  |
| O.P.1.2.2 Number of countries in humanitarian and fragile contexts that accessed Emergency Funds for procuring Inter-Agency Reproductive Health (IARH) kits at the onset of a crisis | 10 (2020) | 10 | 17 | 10 | 18 |  |
| O.P.1.2.3 Total Couple-Years of Protection (CYP) provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership | 41.9 million (2019) | 42.0 million | 26.1 million | 35.0 million | 39.6 million |  |
| O.P. 1.2.4 Percentage of UNFPA Supplies Partnership implementing countries that have implemented strategies to strengthen humanitarian preparedness and resilience | 21.1 (Annual Report 2021) | 20.0% | 21.1% | 40 % | 54% |  |

| OUTCOME 2: Ensure reproductive health commodities reach the last mile and promote harmonization, integration and strengthening of supply systems in countries | | | | | | |
|---|---------------|---------------------|-------|---------------------|-------|---|
| O.C.2.1 Percentage of countries where 60 per cent of service delivery points report no stock-out of any contraceptive offered on day of survey/day of data collection (no stock-out rate for any method at SDPs) | 27% (2020) | 40.7% | 44.1% | 43.0% | 67.0% |  |
| O.C.2.2 Number of countries with a functional electronic logistics management information system (eLMIS) up to service delivery points (SDPs) at the secondary level | 11 (2020) | 11 | 10 | 11 | 12 |  |
| Output 2.1: Improved supply chain management | | | | | | |
| O.P.2.1.1 Number of countries where a costed supply chain management strategy that takes into account recommended actions of the UNFPA/WHO implementation guide <i>Ensuring Human Rights within Contraceptive Service Delivery</i> is being implemented | 12 (2019) | 12 | 19 | 13 | 20 |  |
| O.P.2.1.2 Percentage of countries introducing a new reproductive health commodity that successfully integrate the product into the health management information system (HMIS) and/or logistics management information system (LMIS) | New Indicator | 5.0% | 86% | 10% | 50% |  |
| Output 2.2: Improved commodity and data visibility for last mile assurance | | | | | | |
| O.P. 2.2.1 Percentage of countries where recommendations from the last mile assurance (LMA) process are implemented to improve on commodity data visibility | New Indicator | 25% (cumulative) | 85% | 40% | 81% |  |
| O.P.2.2.2 Percentage of countries where all implementing partners (IPs) have implemented adequate remedial actions relating to known fraud cases | New Indicator | 50% (cumulative) | 100% | 75% (cumulative) | 100% |  |

| OUTCOME 3: Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development | | | | | | |
|---|-----------------|-------|-------|-------|-------|---|
| O.C.3.1 Number of countries where governments sustain or increase the amounts allocated for procurement of contraceptives, and who spend more than 80 per cent of the allocated amount for the year | 8 (2019) | 9 | 4 | 10 | 11 |  |
| O.C.3.2 Percentage of countries where there has been an increase in the Sustainability Readiness Assessment (SRA) score compared with the previous year | New Indicator | N/A | N/A | 20% | 50% |  |
| Output 3.1: Increased and diversified allocations and use of domestic resources for reproductive health commodities and services | | | | | | |
| O.P.3.1.1 Number of countries utilizing innovative financing approaches including co-financing and TPP for procurement of commodities as a result of UNFPA Supplies Partnership support | 22 (2020) | 22 | 24 | 22 | 28 |  |
| O.P.3.1.2 Percentage of countries where the government contribution towards funding of the National Supply Plan (NSP) is at the same or increased level compared to the previous year | 27.0% (2020) | 28.0% | 22.0% | 29% | 39% |  |
| O.P.3.1.3 Per cent of the National Supply Plan commitment budgets covered by the government sources for all UNFPA Supplies Partnership implementing countries | 10.0% (2020) | 10.0% | 9.5% | 10.5% | 16.8% |  |
| Output 3.2: Family planning is explicitly included and funded in development strategies and plans in the context of primary health care (PHC) and universal health coverage (UHC) | | | | | | |
| O.P.3.2.1 Number of countries with an existing multi-year financial sustainability plan for family planning | 19 (2020) | 19 | 31 | 19 | 29 |  |
| O.P.3.2.2 Number of countries where family planning is explicitly included in the Essential Package of Health Services | 29 (2020) | 29 | 29 | 32 | 33 |  |

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

| | | | | | | |
|---|---------------|-------|--------|-----|-------|---|
| O.C.4.1 Summary annual programme plan and budget endorsed by the Steering Committee | New Indicator | Yes | Yes | Yes | Yes |  |
| O.C.4.2 Percentage of countries where UNFPA Supplies Partnership risk assessment is rated as "within appetite" | New Indicator | 78.0% | 85.4% | 81% | 94% |  |
| O.C.4.3 Number of countries with a signed UNFPA Supplies Partnership country Compact and a valid Annex A for the year in question | New Indicator | 35 | NA | 40 | 24 |  |
| O.C.4.4 Percentage of annual programme budget needs met through resource mobilization, including in-kind contributions | New Indicator | 70% | 88.6 % | 80% | 92.7% |  |
| Output 4.1: Enhanced programme governance and stakeholder engagement | | | | | | |
| O.P.4.1.1 Programme governance mechanisms rated as inclusive, functional and transparent | New Indicator | Yes | Yes | Yes | Yes |  |
| O.P.4.1.2 Number of countries where stakeholders are engaged in programme planning, decision-making and monitoring processes | New Indicator | 48 | 36 | 48 | 44 |  |
| Output 4.2: Programme resources and risks are managed effectively and efficiently | | | | | | |
| O.P.4.2.1 Percentage of accepted audit and evaluation recommendations for which the actions due in the year have been completed | 60% (2020) | 70% | 100% | 80% | 100% |  |
| O.P.4.2.2 Existence of an updated UNFPA Supplies Partnership Global Risk Matrix | New Indicator | Yes | Yes | Yes | Yes |  |

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United Nations Population Fund

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