

UNFPA SUPPLIES

Annual Report 2014 Executive Summary



Delivering
reproductive health
solutions globally

THE UNFPA FLAGSHIP PROGRAMME FOR FAMILY PLANNING

UNFPA Supplies is the new name of the UNFPA Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS).

This strategic and catalytic programme harnesses political and financial will to meet the reproductive health needs of millions. We work with countries to procure essential reproductive health supplies, deliver them through a functional supply chain, and ensure their use by all who need them, particularly poor and marginalized women and girls — for more family planning access, better maternal health and less HIV.

UNFPA established UNFPA Supplies as a thematic fund, a performance-based and flexible mechanism that provides donors the opportunity to target their commitment to a particular thematic priority — in this case progress towards reproductive health commodity security. Reproductive health commodity security is achieved when all individuals can obtain and use the modern contraceptives that they choose or the maternal health medicines they need, whenever they are required. But there are multiple, complex impediments to achieving secure and consistent supply and related reproductive health services. To overcome them, 46 developing countries are partnering with UNFPA Supplies.

UNFPA Supplies pools multi-year funding and ensures more timely and flexible use of resources to address specific country needs. The results are due to the partnership and support of donor and developing country governments, United Nations agencies, non-governmental organizations, social marketing organizations, civil society, the private sector and individuals. While there is much to be done, progress is measurable. Our Performance Monitoring Framework tracks progress against a goal, outcome and five output areas with corresponding indicators, baselines, milestones and targets. All partner countries complete an annual questionnaire and conduct annual country surveys of stocks at service delivery points.

REACHING UNDERSERVED WOMEN & GIRLS

The programme supports national action to reach poor and marginalized women and girls in countries with high unmet need for family planning and high rates of maternal death. Expenses and payments totalled \$185,179,110 in 2014 — the highest amount since the programme began in 2007, and 13 per cent higher compared with 2013.

In 2014, contraceptives procured by UNFPA Supplies had the potential to reach an estimated 33 million users and avert an estimated:

- 7.8 million unintended pregnancies;
- 24,000 maternal deaths;
- 138,000 child deaths; and
- 2.8 million abortions (including 2.5 million 'unsafe').*

These supplies potentially saved recipient countries over \$380 million in direct health care costs such as the cost of antenatal care, delivery, post-abortion care and treatment of complications.

The year saw a rising trend in use of modern family planning in many countries, yet challenging humanitarian situations affected nearly half of UNFPA Supplies implementing countries — including the Ebola outbreak, which devastated health systems in Guinea, Liberia and Sierra Leone.

Effective and often innovative initiatives gained better access for young people through mobile phones and e-vouchers, expanded training to meet demand for long-acting reversible contraceptives, mobilized public-private partnerships and introduced the total market approach, and advocated for rights-based family planning as a priority in national planning and budget allocations. Countries gained not only funds for supplies and services needed now, but also a programme to set a course for stronger health strategies and systems into the future. And at the global level, UNFPA joined partners in advocating the strategic positioning of indicators related to sexual and reproductive health, including family planning, in the proposed Sustainable Development Goals.

*Estimates calculated using MSI Impact 2.3.

Key results 2014 for UNFPA Supplies

1 PROCURED AND DELIVERED \$111.4M IN ESSENTIAL SUPPLIES

Support for **commodity procurement** of \$111.4 million accounted for 60 per cent of UNFPA Supplies programme expenses in 2014. **This crucial support saves lives: contraceptives that allow couples to plan and space their pregnancies; condoms for protection from HIV and other sexually transmitted infections; and basic inexpensive medicines keep women from bleeding to death during childbirth.**

2 INVESTED \$62.5M IN HEALTH SYSTEM & SERVICE CAPACITY

Support for **capacity development** of \$62.5 million accounted for 34 per cent of UNFPA Supplies programme expenses in 2014. **Supply chains are stronger, more countries are using computerized logistics management information systems (LMIS), and more health workers are promoting & delivering quality family planning services.**

3 USE OF MODERN FAMILY PLANNING CONTINUES TO INCREASE

Use of modern methods of family planning has continued its positive upward trend. The **contraceptive prevalence rate** for modern methods (mCPR) has **increased** by 13.1 percentage points in Ethiopia over three years; by 15.2 percentage points in Malawi, 9.2 in Zimbabwe and 8.2 in Senegal over four years; by 18.1 percentage points in Kenya, 10.2 in Togo, and 8.8 in Liberia over six years; and by 12.1 percentage points in Zambia over seven years (as measured between national surveys).

Demand for modern family planning is high in many programme countries, measured in unmet need for family planning and CPR. The percentage of demand satisfied is highest in Honduras (85.6 per cent) followed by Zimbabwe (79.7 per cent) and Kenya (75.2 per cent) and lowest in Guinea (16.3 per cent) followed by Benin (19.5 per cent) and Democratic Republic of Congo (22.0 per cent).

4 UNFPA SUPPLIES SUPPORTS FP2020

All 46 implementing countries in the UNFPA Supplies programme are among the 69 focus countries of FP2020, the global partnership for expanding access to contraception to **an additional 120 million women and girls** in the poorest countries of the world by 2020.

In many countries, UNFPA Supplies is the only or one of very few external sources procurement support for contraceptives. Our supplies supported some 28 per cent of all women using contraceptives in the 69 FP2020 countries in 2013 (Clinton Health Access Initiative, November 2014). This proportion is estimated to grow annually to around 31 per cent of the total by 2020.

Proportionally more new users of contraception are found in countries that participate in UNFPA Supplies. Focus countries of UNFPA Supplies are home to 41 per cent (10.1 million) of the additional users gained in 2015, yet these focus countries account for only 29 per cent of the population across FP2020 countries. The gain in new users is attributed to the scaled up efforts of all FP2020 partners.

5 AVAILABILITY & CHOICE ARE INCREASING WHERE SUPPORT IS SUBSTANTIAL & SUSTAINED

In 2014, three **modern methods of contraception** were available at more than 85 per cent of **primary** service delivery points (SDPs) – the clinics and health workers who first serve clients – in 22 countries, a notable increase of 15 countries from 2013. This includes 16 countries with primary SDPs in rural areas, indicating that the urban/rural gap is narrowing. Five methods were available at more than 85 per cent of **secondary** SDPs in 13 countries, an increase of six countries from 2013. Five methods were available at more than 85 per cent of **tertiary** SDPs in 19 countries, an increase of eight countries from 2013. Exit surveys of clients conducted as part of SDP surveys in 20 countries show that on average 93.8 per cent of clients received contraceptives of their choice.

UNFPA Supplies is a cost-effective catalyst for positive change. Every dollar invested yields \$2 in benefits, growing over time. Our support can almost double the rate of increase in use of modern contraception, and improve access and equity for rural, poor and marginalized women & girls.

Value for Money Study, 2014

6 STEADY ACCESS TO MATERNAL HEALTH SUPPLIES SAVES MOTHER'S LIVES.

In 2014, the availability of seven life-saving maternal medicines and reproductive health supplies increased significantly in Republic of Congo, Côte d'Ivoire, Lao PDR and Togo, and also increased in Burkina Faso, Djibouti, Ethiopia and Niger. The UNFPA Supplies programme procures essential supplies that save lives before, during and after pregnancy – notably contraceptives, magnesium sulfate, misoprostol and oxytocin.

7 PROCUREMENT EFFICIENCY AND BETTER PRICING ARE BEING ACHIEVED.

UNFPA **reduced prices** for key contraceptives on 15 out of 24 items in 2014 (compared with prior year prices), with an average price decrease for all products of 2.4 per cent from 2013. UNFPA also continued to be an active participant in a 'volume guarantee' agreement with manufacturers that has reduced the price of contraceptive implants by up to 50 per cent in recent years – effectively doubling the quantity of implants provided.

AccessRH is the UNFPA procurement and information service for reproductive health commodities, census supplies and humanitarian response supplies. It has **reduced lead time** by 87 per cent for obstetric fistula kits and for male condoms by 75 per cent compared with non-AccessRH sources. In 2014, UNFPA delivered **quality-assured generic medicines**, typically sourced at a lower unit price when compared with the originator products, thus increasing the quantity of products made available for the same amount of money, to ministries of health, NGOs and UNFPA country offices in 18 countries.

8 FORECASTING AND COMPUTERIZED LMIS TRANSFORM SUPPLY CHAIN MANAGEMENT.

In-country skills in forecasting prevent dangerous shortfalls. In 2014, governments in all 46 UNFPA Supplies countries participated in demand forecasting. Demand forecasting was led by the government with technical support from partners in 40 countries (87 per cent), up from 36 countries in 2013. In 43 countries the government had in place trained national staff in demand forecasting, and in 29 of them the trained national staff was leading and coordinating the demand forecasting process.

Essential items were in stock when needed: 65 per cent of programme countries (30 of 46) made **no ad hoc request** for contraceptives. Computerized supply management is a cornerstone of improved supply availability: 85 per cent (39 of 46) used CHANNEL or another **information tool for monitoring supplies**, up two countries from 2013.

Most countries **improved their stock situations** in 2014 compared with 2013, and nine countries achieved the benchmark of 'no stock-out' of any modern contraceptive in the last six months in at least 60 per cent of SDPs (Burkina Faso, Ethiopia, Gambia, Madagascar, Nepal, Niger, Nigeria, Sudan and Yemen), compared with five countries in 2013. The stock situation also improved in rural areas.

9 TRAINING IS BUILDING CAPACITY FOR STRONGER HEALTH SYSTEMS

Training for health care providers facilitates the increased availability of a full method mix of modern contraceptives. Given the increasing demand for long-acting reversible contraceptive methods (LARCS), especially implants, training of service providers increased. In 2014, more than 17,200 health care providers in 41 countries received training for insertion and removal of IUDs and/or contraceptive implants. Nearly all (97 per cent) received training for the insertion and removal of implants. This is a substantial increase from 2013, when training on LARCS reached around 7,000 service providers in 33 countries.

More institutions received support to conduct training, up from 35 institutions in 2013 to 53 in 2014.

10 SUPPORT IN HUMANITARIAN SETTINGS IS INCREASING.

Through support provided to partners, UNFPA Supplies helped reach 2.2 million women and girls with reproductive health kits and reproductive health services.

GRPHCS supported the deployment of 38 senior technical humanitarian advisers, an increase of 16 more than in 2013; also, a new surge roster was created for sexual and reproductive health with specialists sent on short notice to Liberia during the Ebola crisis.

To bolster disaster preparedness, 2,880 people received training (basic and comprehensive) to implement the Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations, 12 per cent more than in 2013. Beneficiary countries included Central African Republic, Ethiopia, Ghana, Honduras, Kenya, Myanmar, Nepal, Nigeria, South Sudan, Sudan and Timor-Leste.

In 2014, UNFPA Supplies provided financial and technical support to 46 focus countries, with some additional ad hoc support provided on request to other countries, including humanitarian situations and regional clusters.

In line with past trends, 77% of the total expenses of \$185 million were spent in Africa, with East and Southern Africa receiving 37% of the funding, and West and Central Africa receiving 40%.

The implementation rate was 88%, in line with the decision of the UNFPA Supplies Steering Committee to maximize savings in 2014 and carry the funds forward in order to ensure sufficient funding in 2015.

11 COUNTRIES ARE INCREASING EFFORTS TO REACH UNDERSERVED POPULATIONS.

- 87 per cent (40 of 46) of programme countries have national guidelines and protocols that include a **rights-based approach** to reproductive health commodity security and family planning;
- 54 per cent (25 of 46) had policies in place that take into consideration **total market approaches** to family planning, an increase of two countries from 2013;
- 89 per cent (41 of 46) supported integrated interventions to **reach young people**, an increase of eight countries;
- 83 per cent (38 of 46) implemented integrated interventions to reach the hard-to-reach in **rural areas**; an increase of nine countries;
- 26 per cent (12 of 46) implemented integrated interventions to reach persons with **disabilities**, a 100 per cent increase compared with 2013.

12 DEMAND GENERATION IS REACHING NEW USERS OF FAMILY PLANNING.

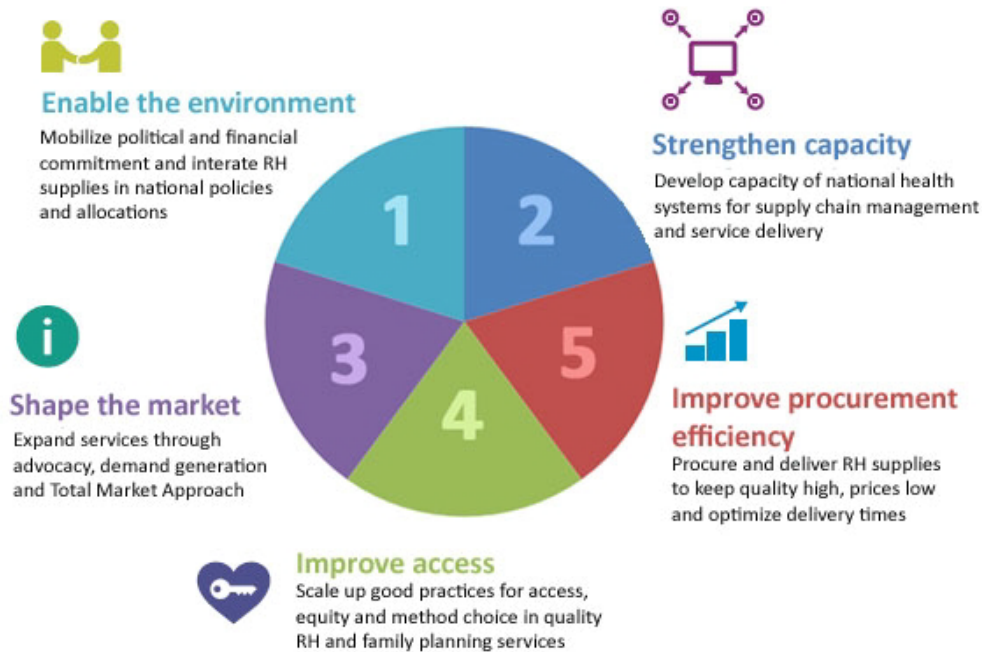
While facing financial constraints that limited the focus on demand generation, the programme increased awareness and acceptance of modern contraception.

- 96 per cent (44 of 46) of programme countries implemented at least five demand generation activities to **build understanding** with information about family planning, working with community health/extension workers, and contributing to national efforts to meet FP2020 goals;
- 91 per cent (42 of 44) carried out **resourced action plans** to reach at least three underserved groups, an increase of five countries from 2013;
- 83 per cent (38 of 46) carried out **integration** of family planning with other sexual and reproductive health services, expanding to reach marginalized groups in a more effective and efficient manner.

HOW WE WORK: FIVE STEPS TO SUPPLY SECURITY IN 46 DEVELOPING COUNTRIES

Too often, effective and inexpensive reproductive health supplies do not reach the people who need them. These supplies have the power to change lives – and to save them.

UNFPA Supplies catalyses action in five strategic areas.



EXAMPLES: COUNTRY-DRIVEN STRATEGIC ACTIVITIES TO ADVANCE NATIONAL PRIORITIES

Supporting an enabling environment

Ministers of six Sahel countries signed a declaration supporting efforts to harness the demographic dividend. Burkina Faso, Côte d'Ivoire, Mali, Mauritania, Niger and Chad reaffirmed commitments to action for women and girls, including budget lines for reproductive health. The Ministers met in July 2014 in Dakar and pledged support to implement the Sahel Women's Empowerment and Demographic Dividend Project. In September, the World Bank Group and UNFPA convened a high-level event at the United Nations General Assembly to reinforce this leadership by Sahelian governments.

Religious leaders shared learning on Islam and family planning in Afghanistan. Most Afghans seek permission from religious leaders on decisions about contraceptives for birth spacing. Study visits to Indonesia and Egypt introduced Ulama High Council members and Mullahs to

interpretations confirming Islam's support for family planning. Conferences, three regional and one national, shared this learning. More than 600 religious leaders signed a declaration in support of family planning and birth spacing, now integrated in sermons and prayers and widely posted in health facilities.

Bolivia's revolving fund financed RH supplies and improved supply security. The contraceptive revolving fund under the Central Depository for Health Supplies (CEASS) supported its first purchase of contraceptives at the end of 2014. The bank account was opened as a revolving fund dedicated for contraceptive procurement. It became possible with the monetization of supplies through SUMI (Universal Maternal and Child insurance). UNFPA strengthens technical and administrative aspects as well as logistics management information systems.

Improving access, equity and choice of modern methods of contraception

Microcredit projects earned income used for family planning services in Côte d'Ivoire. Contraceptive use doubled in one year after income from selling chickens enabled women and youth to afford health centre fees. In Côte d'Ivoire, a 'social franchise' initiative is benefiting 19 groups of women and youth with the support of health and administrative authorities. Use of contraceptives increased from 18 per cent in 2012 to 37 per cent in 2013 among the group members in Toumodi and Yamoussoukro districts.

Sign language and Braille increased access in Burkina Faso. Translated into sign language and Braille, health communications materials on reproductive health and family planning are at heart of training workshops in Burkina Faso. Partnering with ABBEF, UNFPA helped reach people living with disabilities in all 13 regions of the country, working through 46 counselling centres, 10 health centres and three youth centres. Information is followed with referrals to services.

Humanitarian response included provision of RH kits, dignity kits, contact tracer training and more. Women and girls fleeing Boko Haram attacks received reproductive health care at refugee camps in Niger, and supplies were pre-positioned in three Northern States in Nigeria for 450,000 people affected by the Boko Haram insurgency.

Response to Ebola in West Africa included provision of hygiene kits, safe birth kits, soap, disinfectant, gloves, buckets and other supplies – including condoms to prevent the spread of Ebola during recovery. In Guinea, with many health clinics closed, UNFPA also provided support for two mobile clinics covering some 435,340 people and trained community-based distribution agents to serve as Ebola contact tracers and use smartphones loaded with the 'CommCare' app to collect real-time health data. In Sierra Leone, UNFPA provided training to 68 Community Advocacy Groups to mitigate the impact of Ebola Virus Disease on sexual and reproductive health through village-to-village community mobilization.

Expanding services through advocacy and demand generation

Village chiefs in Lao PDR received training to counsel young couples who want to marry. Before the marriage license is granted, village chiefs in Savannkhet province counsel young couples on the benefits of family planning and the dangers of early pregnancy. Couples in 40 remote communities are encouraged to visit their health centres before they marry. Village leaders receive special training in reproductive health, provided through Village Health Committees; the initiative is scaling up based on success.

1,000 Husband's Schools reached 10,000 men in Niger, and more in other countries. Community-level Husband's School (*Ecole de Maris*) have become popular, with 1,026 schools hosting 10,388 men operating across Niger in 2014. Health workers organized some 10,000 meetings that mobilized the men to promote family planning. More than 2,000 of the men then carried out sensitization activities in nearby villages and hamlets, reaching 78,000 men. Community radio featured Husband's School member in 120 broadcasts on family planning topics.

Côte d'Ivoire launched a national campaign called 'Zero pregnancy in school'. It aims to educate youth about sexual and reproductive health and increase access to services, with UNFPA support. The campaign is part of the accelerated pregnancies reduction plan adopted in 2014 by the Government, which reports family planning and HIV are part of 88 per cent of 163 school and university health structures, with an increase in contraceptive use by students from 262 in 2012 to 81,272 in 2014.

Peer educators distribute e-vouchers and condoms in Mozambique: From March to September 2014, 350 peer educators delivered 97,258 health promotion sessions for adolescents and youth (10-24 years), at the same time distributing condoms and vouchers redeemable for contraceptive services and supplies. Working in Maputo City and Quelimane, they are part of MoBIZ, a new project using social marketing techniques and Movercado, an integrated platform developed by PSI.

The Condomize! Campaign expanded in 2014, part of condom programming. In Botswana, the campaign ran at the 2nd African Youth Games, reaching 20,000 young people and distributing half a million condoms. Swaziland's youth served as leaders, trainers and ambassadors at seven urban and three rural events, including a trade fair and music concert, distributing 300,000 condoms. In Togo, volunteers took the campaign to the popular Bier Festival, while moto taxi drivers distributed condoms to fares – distributing 1.6 million condoms in one month. Ethiopia, Malawi and Zambia dramatically expanded their coverage to over 10 sites, expanded the female condom focus and welcomed new campaign partners.

Improving procurement efficiency

E-learning courses in and multiple languages enhanced procurement training. UNFPA Procurement Services Branch continued to expand the range of e-learning programmes for individuals, institutions and government divisions. New and expanded offerings included a module on 'Quality Assurance of Medicines' (two languages), 'Introduction to Procurement' (seven languages) and 'Ethics in Procurement' (five languages).

Village Health Workers in Uganda were trained to provide injectable contraceptives. Uganda is participating in the Sayana Press Initiative pilot introduction and evaluation project to support Uganda's FP2020 goals, address persistently high total fertility rate and unmet need for contraceptives and to offer an injectable contraceptive method that can be used easily by Uganda's community health workers in the Village Health Team system.



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Strengthening capacity and systems for supply chain management

The Push Model in Togo does distribution first, without waiting for orders. The Government of Togo is taking a proactive approach and has contracted a private operator to check stock levels, replenish as needed, and distribute a basket of health supplies, including contraceptives. Tested in 2014, this 'push' model will expand nationwide in 2015.

Nepal worked through a public-private partnership to bypass barriers to procurement. In two districts, a local NGO was contracted to quantify need, package and transport supplies, coordinating quarterly LMIS reporting, and monitor with supervisory visits every four months to each health facility. LMIS reporting increased to 100 per cent, while stock-outs decreased by 36 per cent compared with 2013.

SMS systems improved forecasting in Cameroon and Kenya through public-private partnership. When stock data were collected by hand, shortages were common in Cameroon. What used to take months takes only days. The programme 'SMS for Life' monitors the availability of contraceptives and maternal health medicines in the 22 health districts where UNFPA works. In Kenya, mobile technology was piloted in Migori and Kilifi districts with an SMS systems monitoring stocks in facilities and districts, enabling immediate responses to identified gaps.

For more information about commodity procurement and capacity development supported by UNFPA Supplies visit <http://www.unfpa.org/unfpa-supplies>

The complete annual report (259 pp) is available on request.