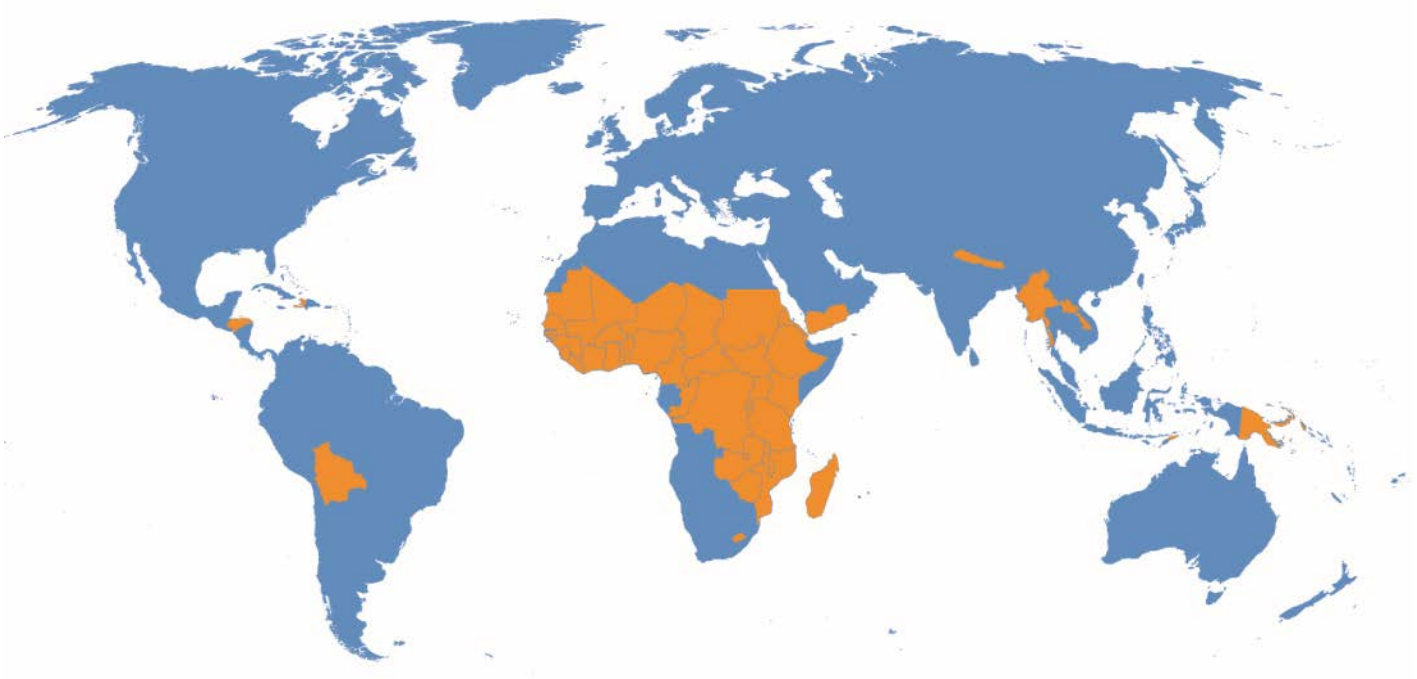
UNFPA Supplies Annual Report 2017



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Sudan
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Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Sao Tome and Principe
Senegal
Sierra Leone
Togo

UNFPA Supplies also provides strategic support to other countries in response to humanitarian crises, to support Family Planning 2020 commitments, and to implement the UNFPA Family Planning Strategy.

Cover photo: A young woman obtains family planning information and supplies at a youth centre in Punata, Cochabamba Department, Bolivia. © UNFPA Bolivia/2018/NOOR/Sanne De Wilde.

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Message from the Executive Director

The 2030 Agenda for Sustainable Development guides and inspires our strategies to expand access to and use of family planning by women and girls in some of the world's poorest countries. It is transformational, aspirational and creating a movement that embraces priorities with sustainable impact. One of these priorities is at the heart of our work at UNFPA: family planning.

Within the Sustainable Development Goals, family planning is part of Goal 3 on health and Goal 5 on gender equality and women's empowerment. The impact of family planning is much wider, however, because we will never end poverty and hunger (Goals 1 and 2), ensure quality education for all (Goal 4) or promote sustained economic growth (Goal 8) unless every woman and adolescent girl has access to quality, rights-based family planning services.

Yet, there are still more than 200 million women in developing countries who want to avoid or delay pregnancy but are not using modern contraception. Globally, the impact of fully meeting the need for family planning would be staggering: we could reduce maternal mortality by a quarter, and unintended pregnancies by three quarters. This is why we have made ending unmet need for family planning one of the three transformative results of the UNFPA Strategic Plan for the next four years, which will contribute to achieving Agenda 2030. Based on our experiences and successes in supporting countries over the past decade, I am confident that one of the best mechanisms we have to help achieve this result is our dedicated thematic fund for family planning, UNFPA Supplies.

Through UNFPA Supplies, 46 countries are working to achieve a secure, steady and reliable supply of contraceptives and life-saving maternal health medicines and to build much-needed capacity in the systems and services that sustain their access and use.

UNFPA Supplies focuses, in particular, on reaching those who face the greatest barriers to accessing reproductive health services, including family planning. Ensuring we reach the poorest women and young people, those living in rural areas and with lower levels of education, who often have the least access to services, is vital for attaining universal health coverage and a cornerstone of sustainable development that leaves no one behind.

The UNFPA Supplies Annual Report 2017 shows steady progress in the programme's efforts to sustain secure supplies of contraceptives so that every couple, every woman, and every young person can access a choice of affordable, quality products when and where they need them. It's their right, and it's the right thing to do – for individuals, societies and nations.

Dr. Natalia Kanem,
UNFPA Executive Director

Foreword

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

The world is reaching more women and girls than ever before with access to a choice of quality contraceptives, but more must be done to accelerate progress towards universal access to reproductive health. In 46 countries, the UNFPA Supplies programme is building capacity to meet the unmet need for family planning, ensure sustained financing for family planning, and go the last mile for hard-to-reach women and adolescent girls. In 2017, the programme provided technical assistance to build capacity in human resource for health and in supply chain management. In addition, contraceptives provided by UNFPA Supplies in 2017 had potential to avert an estimated 7.5 million unintended pregnancies; 18,000 maternal deaths; 114,000 child deaths; and 2.3 million unsafe abortions.

UNFPA Supplies plays a catalytic and supporting role in 46 of the world's lowest-income countries — all with high maternal mortality and high unmet need for family planning — helping to build stronger health systems to ensure that contraceptives and maternal health medicines are available to all who need them. The programme provides technical assistance for strengthening national reproductive health supply chains through analysis, strategic interventions, capacity-building and addressing bottlenecks.

UNFPA launched this mechanism (a thematic fund) in 2007 and 10 years later it is recognized worldwide as the main channel for assisting countries to achieve "reproductive health commodity security" so that every woman, adolescent girl or young person is able to choose from and use a range of quality family planning methods, no matter where they live. I would like to emphasize the added value of this programme as part of UNFPA's comprehensive support to developing countries. UNFPA has a physical presence in every programme country and leverages the organization's convening role to add value in our efforts to integrate family planning within broader initiatives such as ending child marriage and work of the Maternal Health Thematic Fund.

Though there is much to report for the year, I would first like to note the importance of protecting the reproductive health of women and adolescent girls under the most challenging conditions. In 2017, 35 of the 46 countries in UNFPA Supplies experienced humanitarian crisis, including natural disasters, conflicts and post-conflict situations. The programme played a vital part in UNFPA's emergency response — not only through provision of Reproductive Health Kits with supplies to provide comprehensive reproductive health care for impacted populations, but also through strengthening supply chains both for humanitarian response and in the post-crisis period, and by supporting countries to build more resilient health systems.

Another significant area of work was internal. The recommended revision of the programme's governance structure was introduced in 2017, with a revised set of roles and responsibilities for the UNFPA Supplies Steering Committee and the creation of a Donor Accountability Council (DAC) to follow up on Quarterly Performance

Management reporting. The programme, in partnership with the United Kingdom's Department of International Development (DFID) and the Bill & Melinda Gates Foundation also worked to develop the UNFPA Supplies Bridge Funding Mechanism. This revolving fund for eligible donor commitments to UNFPA Supplies aims to improve value for money, expedite the receipt of commodities by countries to avoid stock-outs, and allow for the negotiation of lower commodity costs through UNFPA Procurement Services over time. The UNFPA Supplies team has already utilized these funds to avert identified risks of commodity shortages or stock-outs in 27 countries to date.

Finally, in the challenging financial landscape, UNFPA Supplies is working closely with countries to support them on the pathway to financial sustainability. This includes repositioning family planning in several ways: highlighting its benefits by developing business cases, for example, that demonstrate the importance of family planning in national development plans; expanding the pool of funding resources; and maximizing efficiency for results with impact.

I take this opportunity to thank the donors who invest in reproductive health commodity security through the UNFPA Supplies programme, not only recognizing its effectiveness and efficiency as a mechanism to provide contraceptives and life-saving maternal health supplies, but also valuing UNFPA Supplies as a programme with a strategic and catalytic role to play in strengthening health systems and preparing countries to meet the needs of all women and adolescent girls through sustainable family planning. In 2017, UNFPA Supplies received support from Australia, Belgium, Canada, Denmark, France, Ireland, Liechtenstein, Luxembourg, Netherlands, Portugal, Slovenia, Spain, the United Kingdom, the European Commission, the Bill & Melinda Gates Foundation, Children's Investment Fund Foundation, the Winslow Foundation, Treehouse Investments and private contributions (including online). Thank you.

Acknowledgements

UNFPA is grateful for the technical and financial support of donors to the UNFPA Supplies programme in 2017:

Australia
Belgium
Canada
Denmark
European Union
France
Ireland
Liechtenstein
Luxembourg
Netherlands
Portugal
Slovenia
Spain
United Kingdom
Bill & Melinda Gates Foundation
Children's Investment Fund Foundation
Winslow Foundation
Treehouse Investments
Private contributions (including online)

Since the launch of the programme in 2007, it has also received support from: Finland, Norway, Sweden, Spain-Cataluña and the RMNCH Trust Fund.

Executive summary

UNFPA Supplies is the United Nation's main programme to assist countries to achieve reproductive health commodity security so that every woman, adolescent girl and young person is able to choose from and use a range of quality family planning methods.

UNFPA Supplies offers country presence and technical assistance to contribute to the family planning strategies of governments and help them go the last mile to deliver supplies and services to women and girls who need them most. Capacity development efforts are building stronger supply chains and ensuring that trained health service providers can offer a choice of modern contraceptives. Advocacy and expertise is helping countries move towards sustainable finance and keep their commitments to the ICPD Programme of Action, FP2020 and the 2030 Agenda for Sustainable Development, among other agreements promoting family planning.

Contraceptives provided through UNFPA Supplies in 2017 had potential to reach 15 million users with a choice of quality modern contraceptives. These contraceptives had potential to avert: 7.5 million unintended pregnancies; 18,000 maternal deaths; 114,000 child deaths; and 2.3 million unsafe abortions. These contraceptives had potential to save families and health systems $450 million in direct health-care costs (costs of care during pregnancy and childbirth). (Calculated using MSI Impact 2.4.)

A new governance structure for the programme was rolled out in 2017 with a revised set of roles and responsibilities of the steering committee and the creation of the Donor Accountability Council (DAC) to follow on Quarterly Performance Management. The QPM process began and proved useful for monitoring programme operations. The workplan review and approval process improved in timeliness and quality, and the programme continued its differentiated approach to supporting countries. The new governance model:

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

The new operating model necessitated revision of the programme's Performance Monitoring Framework, and reporting began in 2017 for several new and modified indicators.

Finance and resources

The programme achieved an implementation rate of 88 per cent, and workplan review and approval accelerated significantly. The total available budget in in 2017 was $155 million, excluding the set-aside reserve and donor contributions received in the fourth quarter. Total expenses were $119 million.

Donor contributions to the programme increased from $113 million in 2016 to $149 million in 2017 – an increase of $37 million. Funds received in the last quarter are scheduled to be disbursed in 2018. The number of donors contributing to the programme increased: 18 donors provided financial support to UNFPA Supplies in 2017 compared with 11 donors in 2016 and 5 in 2015. UNFPA Supplies received

support from a diverse range of donors in 2017: Australia, Belgium, Canada, Denmark, France, Ireland, Liechtenstein, Luxembourg, Netherlands, Portugal, Slovenia, Spain, the United Kingdom, the European Commission, the Bill & Melinda Gates Foundation, Children's Investment Fund Foundation, the Winslow Foundation, Treehouse Investments and private contributions (including online).

How we measure impact and results

The overarching goal of UNFPA Supplies, to increase contraceptive use especially by poor and marginalized women and girls, has been met in 2017. Progress towards this goal is measured on the global level against five indicators:

- average family planning unmet need;
- average modern contraceptive prevalence rate (mCPR);
- average demand for family planning satisfied with modern methods;
- contraceptive method mix; and
- number of additional modern contraceptive users.

The programme does not operate in isolation and does not claim exclusive credit for the achievements presented.

UNFPA Supplies continued to provide critical support for increasing availability of reproductive health commodities in support of sexual and reproductive health services including family planning, especially for marginalized women and girls. Progress towards this outcome is measured by indicators in five key output areas:

- an enabled environment and strengthened partnership for reproductive health and family planning;
- improved efficiency for procurement and supply of reproductive health commodities;
- improved access to quality reproductive health/family planning (RH/FP) services for poor and marginalized women and girls;
- strengthened capacity and systems for supply chain management and data generation; and
- as a management output, improved programme coordination and management.

Highlights

1. Additional users of modern contraception were added this year, with an additional 17.9 million women and girls (aged 15–49) using modern contraception as of July 2017 across all 46 countries in UNFPA Supplies, bringing the total users in these countries to 63.5 million since 2012. Mozambique stands out as it has reached a high number of more than 1 million additional users since 2012 despite having a relatively small population.
2. UNFPA was able to reduce prices for key contraceptives on 4 out of 7 product categories in 2017 (compared with prior year prices), reducing prices for approximately 89 per cent of the contraceptives it procured in 2017.
3. UNFPA Supplies purchased contraceptives in 2017 worth $57.6 million and provided nearly 22.4 million couple years of protection (CYPs). The average cost per CYP reduced to $2.68 in 2017 compared with $2.78 in 2016.
4. Modern contraceptive prevalence increased alongside a reduction in unmet need. Average mCPR for all women of reproductive age was up from 23.2 per cent in 2016 to 23.9 per cent in 2017 in UNFPA Supplies' countries. We see the gap closing between urban and rural mCPR.

Average demand for family planning satisfied with modern methods in the 46 UNFPA Supplies countries rose from 46.8 per cent in 2016 to 47.6 per cent in 2017.

5. Contraceptive method mix continued to improve in 2017, meaning more contraceptive choice and more sustained use of the chosen method. The number of countries where one method dominated declined from 18 to 14 over the past year. In 2017, injectable methods were the most dominant method in nine countries followed by the pill in five countries.

6. More service delivery points (SDPs) are offering three modern contraceptive methods, regardless of location. Facility survey data were available in 25 countries this year. Some 76 per cent (19 of 25) countries had 85 per cent of primary-level service delivery points that have at least three modern contraceptive methods available on the day of the survey assessment.

7. Government institutions demonstrate capacity and leadership on contraceptive demand forecasting and procurement process in 33 of the 46 programme countries. The government leads the procurement process in 27 countries and is in charge of forecasting in 28 countries; and in 23 countries that government leads both the procurement and forecasting processes.

8. Shortages of reproductive health supplies (stock-outs) continue but improvement could be seen in 2017. Seven countries made ad hoc requests to UNFPA Supplies for commodities for various reasons other than in humanitarian context – an improvement from 15 countries in 2016. Through UNFPA Supplies coordination with other international procurers, mainly USAID, the programme was able to identify where its additional assistance was needed.

9. Service delivery points provide life-saving maternal health and family planning supplies and services. At least three life-saving maternal health medicines were available at 73.3 per cent of urbans SDPs on average in 2017, in the 25 countries surveyed, and 60 per cent of rural SDPs. Six of 18 countries in the survey have at least 85 per cent of primary SDPs have trained staff in place for provision of modern contraceptives.

10. More than two thirds (68 per cent) of SDPs have trained staff in logistics management information systems for the 18 counties for which data were available in 2017. The percentage is higher for tertiary level (72.4 per cent) than for secondary and primary levels; it is also higher for SDPs located in urban levels than for SDPs in rural locations.

11. Humanitarian situations affected more than 75 per cent of countries in the UNFPA Supplies programme (35 of 46), including natural disasters, conflicts and post-conflict situations. In 2017, through UNFPA Supplies support, Reproductive Health Kits were dispatched to 25 countries, sufficient to reach 2.7 million people including 1.4 million women and adolescent girls.

12. Amounts allocated by programme countries for procurement of commodities in national budgets increased slightly in 2017. The total amount allocated for the procurement of contraceptives increased from $32.2 million in 2016 to $34.9 million in 2017.

13. Partnerships are growing. In 2017, UNFPA engaged with numerous global partners, regional and subregional partners, universities, research institutes and private sector companies to strengthen family planning policies and supply chains and to expand the method mix and to reach marginalized populations.

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

15. Partnerships helped prevent stock-outs. Efforts by the UNFPA and USAID led Coordinated Supply Planning Group improved visibility along supply chains through data-collection, and identified countries with under- and overstocks, facilitating corrective action. In another effort to strengthen supply chains and end stock-outs, the UNFPA Supplies Bridge Funding Mechanism was designed in 2017 with the Bill & Melinda Gates Foundation and the UK's DFID to address the long-standing challenge of aligning donor funding cycles with the timelines for procurement of RH commodities.

16. Innovation and improvement of supply chain management and procurement were priorities in 2017. The programme launched several initiatives to improve procurement and supply chain efficiencies. UNFPA started developing a supply chain management strategy and with partners embarked on the development of a supportive tool to create the Global Visibility Analytics Network (VAN), a collaborative space where existing supply chain teams can simultaneously see the same data and execute supply decisions.

17. The country support model introduced in 2016 saw results in 2017. By 15 January 2017, 42 countries had finalized their annual workplans and receive their funds and initiated activities. These countries received their first tranche of funding within two weeks after their plans were approved – a significant improvement.

18. The differentiated approach to country support was applied: reducing support for commodities procurement for those countries better able to fund commodities from their own budgets, focusing instead on technical assistance develop sustainable family planning programmes.

19. For Category C countries (those approaching sustainability) UNFPA Supplies procurement was reduced from 94 per cent in 2016 to 73 per cent in 2017; at the same time, use of third party procurement (TPP) by countries to purchase commodities from UNFPA's Procurement Services increased from 6 per cent in 2016 to 27 per cent in 2017. Analysis and lessons learned from the country categorization approaches are informing the programme's support to countries in 2018.

20. Media and communications activities supported fundraising and advocacy. A significant number of media and communications activities were carried out in 2017 to support visibility and resource mobilization efforts for family planning and UNFPA Supplies. A social media field mission to Sierra Leone allowed UNFPA to raise global awareness about the current unmet need for family planning around the world and the Fund's ongoing work to close this gap.

Girls in school uniforms in Buchanan, Liberia. These girls are informed about family planning as part of comprehensive sexual and reproductive health education in school. This knowledge, coupled with access to services, is helping to ensure they can stay in school and complete their educations. © UNFPA Liberia 2018/Benedicte Kurzen/NOOR

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Introduction

The *UNFPA Supplies Annual Report 2017* presents progress in the programme's tenth year, one shaped by the UNFPA change management process that began in 2015. Specific results are tracked against indicators in our Performance Monitoring Framework and are reported here, along with examples of country-led interventions supported by the programme. The report is divided into three sections:

Part One	Programme Progress	Discussion of qualitative progress to date, with reference to key results.
Part Two	Results by output & indicator	Detailed section organized by the programme's outcome and outputs, reporting on information gathered through facility-based surveys and annual country reporting questionnaires.
Part Three	Scorecards 2017	Quick reference on the status of performance against the monitoring framework (green, yellow, orange, red).

ADVANCING THE STRATEGIC PLAN

The UNFPA Strategic Plan reaffirms the relevance of the current strategic direction of UNFPA, the goal of which is universal access to sexual and reproductive health and reproductive rights, focusing on women, adolescents and youth. The plan has three universal and people-centred transformative results:

- end the unmet need for family planning
- end preventable maternal deaths
- end gender-based violence and all harmful practices, including child marriage.

A change management process is operationalizing the UNFPA Strategic Plan to deliver on the 2030 Agenda and the Sustainable Development Goals and wider UN reform for Delivering as One. This includes:

- a shift to transformative, people-centred results;
- integration of work across humanitarian and development contexts with a focus on building resilience;
- strengthening and expanding partnerships at all levels; and
- addressing poverty and inequalities throughout the UNFPA Strategic Plan.

This change will make the organization more efficient and effective and bring the work of UNFPA closer to the envisioned beneficiary: the "10-year-old girl".

As part of the change under way, UNFPA allocated more resources to family planning in 2017, spending 40.2 per cent of UNFPA's total programme expenses in this area. Of the approximately $303 million spent on family planning in 2017, some $183 million was directly related to family planning activities such as creation of enabling environments for family planning, supply, provision of services and family planning systems strengthening. All of these activities are captured by UNFPA systems under Strategic Plan Output 2.

In addition, activities with an impact on family-planning results were conducted in other areas of work under UNFPA's mandate. These activities accounted for an additional $119.7 million.

UNFPA procures quality-assured contraceptives in high volumes at competitive prices to meet the needs of women and young people in high-need settings where use of modern contraceptives can save and improve lives. UNFPA is the world's largest public procurer of donated contraceptives. Most of the contraceptives procured by UNFPA are through UNFPA Supplies, reaching approximately 15 million women and young people each year.

ROLE OF THE UNFPA SUPPLIES PROGRAMME

UNFPA launched UNFPA Supplies in 2007 when the organization systematized an ad hoc approach to avoid stock-outs and embraced the concept of reproductive health commodity security. UNFPA created this flagship family planning programme as a thematic fund to enhance reproductive health commodity security; it is a flexible mechanism for supply procurement and capacity development.

Over the past 10 years of operation, the programme has expanded from 12 to 46 priority countries receiving multi-year funding, and benefited from changes in governance, more robust monitoring and even greater emphasis on partnership. UNFPA Supplies has grown under the guidance of donors and partners on our Steering Committee.

UNFPA Supplies focuses on 46 countries where maternal death rates are high, use of modern contraception is low and bottlenecks weaken supply chains.

UNFPA Supplies supports the effort of countries to make their health systems and supply chains stronger and, ultimately, provide their people with equitable access to quality family planning information, services and contraceptives.

Contraceptives provided through the UNFPA Supplies programme in 2017 were sufficient to reach 15 million users with a choice of quality modern contraceptives. These contraceptives had potential to avert:

- **7.5 million unintended pregnancies; 18,000 maternal deaths;**
- **114,000 child deaths; and**
- **2.3 million unsafe abortions.[1]**

By preventing unintended pregnancies and associated direct health-care costs of care during pregnancy and childbirth, contraceptives provided through UNFPA Supplies had potential to save families and health systems $450 million in direct health-care costs (costs of care during pregnancy and childbirth).

The return on investment is far higher when other costs and benefits are factored in, e.g. fewer maternal deaths, fewer newborn deaths, fewer children losing their mothers as well as more time for mothers to raise and educate the children they do have, whose work will go on to boost the economy. Family planning programmes also improve women's health and labour-force participation and earnings. Through savings in health care and taking into account economic opportunity costs, it is estimated that every $1 spent on family planning could yield $120.[2]

[1] Calculated using Impact 2 (v4), Marie Stopes International, 2016).

[2] H.P. Kohler, Jere R. Behrman (2014) Benefits and Costs of the Population and Demography Targets for the Post-2015 Development Agenda. Post-2015 Consensus. Copenhagen Consensus Center.

GOING THE LAST MILE TO LEAVE NO ONE BEHIND

UNFPA Supplies is at the forefront of efforts to ensure that no one will be left behind and is directly contributing to the vision and targets of the 2030 Agenda for Sustainable Development. We are committed to going the last mile to reach the underserved with much-needed reproductive health supplies and services. More than 214 million women and girls want to delay pregnancy but lack modern contraception. Contraceptives enable women to practice healthy timing and spacing of pregnancies, and this could reduce maternal deaths by 30 per cent and children's by 25 per cent. The impact more than doubles when pregnant women and newborns receive appropriate care.

Inclusive and equitable access to sexual and reproductive health including family planning is a goal advanced through our commitment to go the last mile. This means reaching the furthest behind first – the poorest and most vulnerable youth, persons with disabilities, people living with HIV and AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants as well as those caught in humanitarian situations. Inclusion is at the heart of the Sustainable Development Goals, along with empowerment, non-discrimination and a vision of an equitable world in which the needs of the most vulnerable are met.

UNFPA Supplies addresses the disparities and inequities in access to contraceptives between and within countries. To do this, we support a reliable supply of affordable, quality reproductive health commodities provided via a functional supply chain, into the hands of trained health service providers to reach women when and where supplies are needed. We also capture data to help decision makers understand the disparities and inequities. This data is disaggregated for urban and rural populations, wealth quintiles, education, age and geographical location. UNFPA Supplies and partners are working to improve data-collection and analysis because good data for development gives programme planners insight into specific challenges like the uneven pace of family planning progress, which despite growth is still too slow to achieve key targets, and evidence to use in advocacy with governments and partners on specific needs.

2017 GLOBAL-LEVEL HIGHLIGHTS

The global-level goal for UNFPA Supplies is "Increased contraceptive use especially by poor and marginalized women and girls". The goal level is also known as the "impact" level and represents that shared contributions of many, not the programme alone. Data are primarily sourced from the FP2020 core indicator reporting.

Unmet need for family planning has slowly and steadily declined between 2012 and 2017, across all 46 countries implementing the programme, with an average decrease of 0.4 per cent. In 2017, average unmet need for family planning among the 46 UNFPA Supplies countries in 2017 was 27.6 per cent. UNFPA Supplies prioritizes countries with the highest unmet need for family planning.

Use of modern contraceptives (mCPR) has increased, with the average mCPR up from 23.2 per cent in 2016 to 23.9 per cent in 2017 in UNFPA Supplies' countries. We see the gap closing between urban and rural mCPR, suggesting that programmes are beginning to be successful in expanding access to family planning for harder to reach populations.

Modern contraceptive prevalence rate (mCPR) (all women) in 46 UNFPA Supplies countries 2012-2017

Additional users of modern contraception were added this year, with an additional 17.9 million women and girls (aged 15–49) using modern contraception as of July 2017 across all 46 countries in UNFPA Supplies, bringing the total users in these countries to 63.5 million since 2012. The numbers for additional users are closely linked to the population size of countries: with Ethiopia, Nigeria, Kenya and Tanzania contributing large proportions to the total. Mozambique stands out as it has reached a high number of more than 1 million additional users since 2012 despite having a relatively small population.

Demand satisfied increased along with an increase in modern contraceptive prevalence across the 46 UNFPA Supplies countries (Burundi was the exception, due to recent conflict). Average demand for family planning satisfied with modern methods in the 46 programme countries rose from 46.8 per cent in 2016 to 47.6 per cent in 2017. Zimbabwe was highest at 85.3 per cent, and South Sudan was lowest at 10.6 per cent.

Contraceptive method mix continued to improve in 2017, meaning more contraceptive choice and more sustained use of the chosen method. The number of countries where one method dominated declined from 18 to 14 over the past year. In 2017, injectable methods were the most dominant method in nine countries (Burundi, Ethiopia, Haiti, Liberia, Madagascar, Mali, Myanmar, Rwanda, Uganda); followed by the pill in five countries (Central African Republic, Djibouti, Mauritania, Sudan and Zimbabwe); and male condoms in Democratic Republic of the Congo.

Humanitarian support was provided to more countries. This year, 35 of the 46 countries in UNFPA Supplies experienced humanitarian crisis, including natural disasters, conflicts and post-conflict situations. UNFPA Supplies provided Reproductive Health Kits that contain essential supplies, contraceptives and equipment to 23 countries, sufficient to reach 2.6 million people including 1.5 million women and adolescent girls.

ACHIEVING GLOBAL GOALS

UNFPA joins partners in the FP2020 movement to enable 120 million more women and girls to use contraceptives by 2020. Over 40 per cent of additional users of modern contraceptives are in UNFPA Supplies' focus countries. UNFPA is co-chair of the FP2020 Reference Group and engages with FP2020 working groups. This work has furthered efforts to ensure that voluntary family planning is a priority for developing countries and resources are available to scale up rights-based family planning.

Achieving global goals, such as those of FP2020, are important milestones on the path to meeting targets in the Sustainable Development Goals. Family planning has the ability to impact all 17 Sustainable

Development Goals. UNFPA is working in particular Goal 3 on health, Goal 4 on education and Goal 5 on gender equality. Several targets are relevant in particular to the supply of contraceptives, notably Target 3.7 on universal access to sexual and reproductive health, including family planning – a cornerstone of efforts to ensure social and economic opportunity for women and girls.

Contraceptives in SDG targets and indicators

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

Part One

Programme Progress

Woman and children in Diffa, Niger. © UNFPA Niger/Benedicte Kurzen/NOOR.

PART ONE: PROGRAMME PROGRESS serves as a short report on qualitative progress to date, with reference to key results. It describes results achieved in efforts to: (1) enhance reliability and sustainability of national supply chains; (2) ensure quality of family planning at all levels of service delivery; and (3) promote financial sustainability for family planning. Also included are: (4) a financial summary; and (5) an update on governance and programme management. Brief summaries of key results, country examples and actions taken are provided in Part One. More details are provided in Part Two.

1. Enhance reliability and sustainability of national supply chains

UNFPA Supplies sharpened its focus in 2017 on supporting countries to strengthen national capacity in supply chain management (SCM) to ensure the reliable supply of a broad mix of contraceptives and other RH commodities. Another focus was efficient and transparent use of domestic resources and adequate national funding. We placed extra emphasis on data, especially in the process of regional and country workplans, to ensure that quality data is generated throughout the supply chain and is used for decision making, forecasting, planning and programme improvement. We work collaboratively with many partners in this area.

1.1 A new strategy

UNFPA developed its first supply chain management strategy in 2017, with assistance from John Snow Inc. (JSI). The strategy outlines UNFPA's plan to realize a two-part vision for supply chain leadership in support of its overall commitment to universal access to sexual and reproductive health and reproductive rights. The strategy was written in response to the DFID Supply Chain Review of 2016 and UNFPA's Internal Audit 2017 that highlighted "supply chain risks" in areas such as lack of visibility of the downstream activity in-country, and lack of clarity regarding UNFPA's comparative advantages in this area.

With these findings in mind, the strategy focuses on the two roles UNFPA plays in global and national supply chains: (1) the global procurement and distribution operations into the country for which the organization is so well known; and (2) the financial support and technical assistance (TA) UNFPA provides to country programmes to improve their supply chains and ensure the products reach the intended beneficiaries. UNFPA Supplies used the SCM strategy to guide the prioritization of technical interventions across country and regional programmes.

The new strategy is linked to an existing indicator, to which a rights dimension was added. In 2017, the existing indicator, "The number of countries that have a costed country SCM strategy in place", was updated to reinforce the human rights element in contraceptive service delivery, to provide the following result: As of 2017, 10 countries have 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 recommendations of the UNFPA/WHO implementation guide on ensuring human rights in contraceptive service delivery.

1.2 Maintaining healthy stock levels

Having "no stock-out" is a sign that a country's supply chain is functional; limiting the amount of stationary stock at the same time is another good sign. Stock-outs of contraceptives can have a serious impact by leaving current users of contraceptives and condoms at risk of unintended pregnancies or sexually transmitted infections. Meanwhile, overstocks can occur when a country overestimates the uptake of a particular product. In 2017, only seven countries made ad hoc requests to UNFPA Supplies for commodities – an improvement from 15 countries in 2016. This indicates that forecasting and planning are improving across focus countries.

UNFPA Supplies works with our global partners through collaborative forums to limit the instances where stock levels are insufficient (either too much or not enough) at the national level. To maintain "healthy" stock levels and improve visibility along the supply chain:

- the Coordinated Assistance for Reproductive Health Supplies (CARhs) partnership resolved 195 supply imbalance issues reported by countries;
- the Coordinated Supply Planning Group (CSP) reviewed 102 unique supply issues flagged by 34 countries and shared data to prevent imbalances for CSP to review.

Better data-collection and use is the aim of a new initiative to digitize the collection, storage and analysis of Country Questionnaires and Health Facility Surveys. More readily available data will support more informed decision making.

The national Health Facility Surveys provide a means of monitoring the effectiveness of supply chains, and in particular "stock-outs" of contraceptive commodities. A country is said to have satisfied the conditions for this indicator if there has been "no stock-out" in the last three months before the day of the survey in at least 60 per cent of its service delivery points. In 2017, Côte d'Ivoire, Ghana, Lao PDR, Nepal and Nigeria had no stock-out incidents in at least 60 per cent of their primary level SDPs. These same countries plus the Central African Republic, Honduras and Mauritania also satisfied the indicator at the tertiary level. In other words, stocks are steady about two thirds of the time or better.

The programme also monitored the availability of maternal health medicines (misoprostol, magnesium sulfate and oxytocin) at the primary service delivery points. All of the 25 surveyed had all three maternal health medicines available at 85 per cent of their primary, secondary or tertiary health care facilities, but availability varied at the different levels. In 2017, at the tertiary level, 13 countries satisfied the indicator (Burkina Faso, Ethiopia, Ghana, Guinea, Guinea-Bissau, Lao PDR, Madagascar, Mauritania, Nepal, Niger, Nigeria, Sao Tome and Principe and Zambia). At the secondary level, 10 countries satisfied the indicator (Ghana, Guinea, Honduras, Lao PDR, Mauritania, Nepal, Niger, Nigeria, Zambia and Zimbabwe). At the primary level, four countries satisfied the indicator (Mauritania, Niger, Sao Tome and Principe and Zimbabwe). UNFPA Supplies recognizes that this is an area that needs to be improved. For many of the 46 countries in which the programme works, however, the current health systems are not equipped to ensure safe delivery chains throughout.

1.3 Procurement efficiency, and expanding method mix

At the global level, the aim is to improve the quality of products and deliver an appropriate method mix of commodities to countries based on their needs to ensure that all people can choose, access and use modern methods of family planning. Global-level support aims to ensure that procurement processes are more efficient, cost-effective and environmentally friendly, and that reproductive health products are high quality and meet stringent international standards. Through UNFPA Supplies, countries decide which methods their populations prefer with the donor funds we can make available.

Through UNFPA's work to procure quality-assured products that meet international standards (including lower unit-cost generics) a range of products are made available to UNFPA Supplies focus countries. In 2017, UNFPA continued to advance efforts to improve the quality of products it provides, and to support a range of manufacturers, testing facilities and government agencies on improving their products and services. Meeting the necessary standards for hormonal contraceptives containing minute doses of active hormone requires precise manufacturing processes. Several more manufacturers received positive Expert Review Panel (ERP) opinions in 2017, with support from UNFPA, including one for injectable contraceptives and four for priority maternal health medicines (oxytocin, magnesium sulfate and misoprostol).

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

In 2017, the programme achieved cost savings of $1.8 million through price negotiations and an increase in generic products. These savings mean that with the same amount of money, UNFPA Supplies has been able to supply governments and NGOs with greater quantities of quality contraceptives available to meet the needs of more women and adolescent girls. Currently 100 per cent of male condoms and IUDs and 99 per cent of emergency oral pills procured with UNFPA support are generic products not innovator brands.[3] More competition in the market for female condoms has also brought the price down.

In 2017, 38 countries (82 per cent) took into consideration environmental risk mitigation. How commodities are disposed of (whether after use or if expired) is part of the supply chain. At the country level, UNFPA Supplies tracks the number of countries where action has been taken to incorporate recommendations from the UNFPA *Guidance Note on Safe Disposal and Management of Unused, Unwanted Contraceptives* into national guidelines and protocols. The Guidance Note addresses the safe disposal of unusable contraceptives at the institutional level, builds awareness and capacity in managing contraceptive waste, and guides countries in developing or updating policies and guidelines that include disposal of contraceptive wastes.

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

1.4 Stakeholders working together all along the supply chain

UNFPA Supplies recognizes that no one person in a country can manage all supply chain activities; instead a variety of skills, expertise and knowledge are needed each stage to ensure there is linkage throughout the different stages, from planning to last mile and fosters key partnerships at global, regional and local levels to ensure that a choice of contraceptive methods is available even to remote and hard-to-reach populations.

Through UNFPA Supplies coordination with other international procurers, the programme was able to identify where its additional assistance was needed, while also ensuring no duplication of effort across the different partners.

JSI worked with UNFPA Supplies team in developing a self-assessment tool for UNFPA staff working in a role related to the supply chain. The self-assessment tool is one way to ensure UNFPA has the right capability and capacity throughout the organization to manage our commodities end to end. UNFPA has a responsibility to our staff to equip them with the appropriate support, training and guidance. Every country is different and different levels of expertise are needed across the countries, depending on the maturity of the supply chain, the capability of our government partners, the volume of products etc. This tool will allow CSB greater visibility of where the gaps are and what is needed to address these.

In-country supply chain partnerships were strengthened in 2017:

- In the Democratic Republic of the Congo coordination among partners led to the development of the supply chain management strategic plan and validation of LMIS strengthening road map.
- Also in Democratic Republic of Congo, an NGO that already works on last mile distribution for vaccines, VillageReach, started a collaboration with UNFPA for last-mile distribution of contraceptives.
- UNFPA conducted a study to identify opportunities for private sector involvement in supply chain strengthening in partnership with JSI in Mali.
- Storage conditions improved for contraceptives and other reproductive health supplies in Central African Republic in 2017 when UNFPA supported a contract with the Central African Social Marketing Association (ACAMS).
- In Guinea-Bissau, AGUIBEF (Associação Guineense para o Bern Estar Familiar), an NGO, continued to provide transportation and supply delivery to clinics in four regions. AGMS, another NGO, distributed condoms in all health regions in partnership with the National AIDS Secretariat.
- In Sierra Leone, UNFPA continued to provide contraceptives to Marie Stopes Sierra Leone (MSSL) and the Planned Parenthood Association of Sierra Leone (PPASL), which distribute these commodities using their own channels to reach the last mile.
- In Papua New Guinea, UNFPA supported the Department of Health to contract with a local logistics company, LD Logistics, to transport and distribute medical supplies throughout the country, including contraceptives.

1.5 Supply chain management technology

An "eLMIS" is an electronic, automated and computerized logistics management system. This technology-based system helps to ensure effective commodity forecasting and demand-based planning and reduce stock-outs. UNFPA Supplies supports their creation, maintenance and troubleshooting. In 2017, eLMIS existed in 31 programme countries, in 14 of which the system extends to the district and provincial level warehouses.

UNFPA Supplies continues to support countries to implement and improve eLMIS. For example, we have been working with the Government of Nepal's Logistic Management Division and USAID in piloting eLMIS in the districts ("palikas") and health facilities starting with two provinces in 2018. The LMIS will provide real-time data to inform evidence-based decision making and forecasting for reproductive health commodities. Throughout 2017, UNFPA participated in a new SCM technology endeavour: the development of the Global Family Planning Visibility and Analytics. Network (Global FP VAN), led by the Reproductive Health Supplies Coalition. In essence, the Global FP VAN will be a control tower that connects all data that people (procurer, manufacturer, freight, health ministries, etc.) are using throughout the supply chain in order to make better decisions around these questions: What products are being procured for what countries and when they are needed?

Regarding development of the Global FP VAN, UNFPA has representation in both the Steering Committee and Super User Group and also took part in the evaluation process to identify the successful vendor for the pilot phase. The Steering Committee selected two distinct countries Nigeria (low tech) and Malawi (high tech), four suppliers and two product lines (pills and implants) for the pilot phase scheduled for 2018. The manufacturers cover a significant proportion of the public sector market in these countries, allowing the pilot to demonstrate the impact of having visibility.

1.6 Supply chain strengthening in humanitarian contexts

Support delivered through the UNFPA Supplies programme in the humanitarian-affected regions combines commodity procurement with systems strengthening to improve the supply chain. For rapid response in this volatile situation, UNFPA is pre-positioning RH supplies for stronger first-response and economies of scale (based on long-term agreements with manufacturers), working in partnership and coordination with civil society organizations and government partners.

UNFPA Supplies is supporting focus countries to build resilient supply chains that can respond to emergencies, which is more effective and efficient than responding to a sudden need to set up a separate humanitarian supply chain. We are also looking into how we can support countries that are in post-crisis recovery to make the most of the opportunity while re-building health systems to exit from the humanitarian supply chain towards their national supply chains. In 2017, UNFPA Supplies funded a global logistician consultant to support the Asia Pacific Region; the consultant worked with a number of countries to build capacity for transition and sustainability in supply chains in UNFPA offices and national governments. UNFPA collaborated with the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) along with humanitarian NGOs and other

UN agencies to make family planning supplies available within the country.

The situation in Myanmar has escalated since August 2017 and is now a United Nations Level 3 (L3) emergency with a complex combination of natural disaster and armed conflict, inter-communal tensions, statelessness, displacement, trafficking and risky migration. UNFPA's response is focusing on providing and scaling up a range of reproductive health supplies on several health care levels, including mobile camps, health clinics, and referral hospitals for comprehensive emergency obstetric and newborn care.

Strengthening supply chain management has helped Ethiopia respond to drought, increase use of modern contraceptives, and decrease maternal deaths. With the support of UNFPA Supplies, the Ministry of Health is providing services through a system of more than 80,000 health extension workers and 16,000 primary health care centres that provide reproductive health services, including family planning, to villages. Supply chain support includes pre-positioning of RH kits and supplies; strengthening forecasting, procurement and LMIS; human resources capacity-building; stock monitoring; and the integration of health facilities in refugee camps into the government's logistics management system. In the last five years, Ethiopia has increased its contraceptive prevalence rate (CPR) by 8 percentage points to reach 36 per cent and decreased maternal mortality from 600 deaths per 100,000 live births in 2011 to 412 in 2016. This progress is due to the widespread availability of reproductive health supplies and the availability of health extension workers to provide family planning services.

REDUCING STOCK-OUTS OF RH KITS IN HUMANITARIAN SITUATIONS

UNFPA in partnership with JSI continued in 2017 to develop a global and country-level forecasting tool for the supply of RH kits in emergencies to identify global and national needs and avoid waste, over ordering and stock-outs. This effort, started in 2016, is in line with the 2017 UNFPA evaluation of the use of RH kits for crisis situations, which emphasized the need to better-align demand and forecasting between headquarters and country offices. The country-level forecasting tool will be pilot-tested in Jordan and other countries in humanitarian situations in 2018 and 2019. The forecasting tool will also help countries seeking to transition from RH kits to procuring bulk reproductive health commodities across multiple settings.

In 2017, more than 40 implementing partners in 23 countries received and distributed supplies from RH kits. Some 74 per cent of the 23 countries in humanitarian and fragile settings that received RH kits, implementing partners did not experience stock-out of RH kits during 2017. If there are no stock-outs of RH kits among implementing partners in these contexts, then there is a greater chance that the needs of women and girls in humanitarian situations are being met. Overall, the low number of countries that reported stock-outs with their implementing partners is encouraging, and UNFPA Supplies will work with the concerned countries to address and prevent stock-outs and to use the new guidance on pre-positioning RH commodities.

EVALUATING THE USE OF RH KITS IN HUMANITARIAN SITUATIONS

An evaluation was conducted on the use of RH kits in the previous two years that included analysis of the causes and consequences of over ordering and waste, and offered recommendations for improvement. The evaluation was carried out in 2017 with the support of UNFPA Supplies and the Humanitarian and Fragile Context Branch (HFCB) at UNFPA headquarters. The evaluation report discussed the importance of donors and partners organizations, and identified several areas for increased investment:

- invest in logistics and supply chain management and, as a priority, support countries to establish their own supply chains and bulk ordering once the immediate crisis stabilizes;
- invest in storage and waste management processes;
- invest in capacity development of pharmacists and medical logisticians on regional level. This will support country-level capacity to manage stocks of reproductive health supplies in changing humanitarian and fragile contexts and, ultimately, contribute to a sustainable supply chain across the disaster risk management cycle: preparedness, response and recovery.

2. Ensuring quality of family planning at all levels of service delivery

"Improved availability of good quality, human rights-based family planning services" is an output of the UNFPA Strategic Plan. UNFPA provides expert technical advice and guidance to set the stage for effective, holistic, person-centred care and advocates supportive policies, systems and service delivery that are relevant to country contexts.

One aspect of this work is promoting coordination and alignment among stakeholders to family planning service delivery, to help reduce overlaps, optimize use of resources and facilitate the focus on underserved, poorer and marginalized populations. This includes drawing on total market approaches.

Improved availability requires strategies that provide access without discrimination and which enable individuals to make informed choices, free from coercion or misinformation, to access the services they need, and thereby to more fully exercise and enjoy their right to health.

Aspects of this work include demand creation, quality of care, context-appropriateness and integrated family planning, MNCH and HIV services. UNFPA Supplies supports training to ensure quality of family planning at all levels of service delivery, for community-based health workers, midwives and doctors and more.

2.1 Supporting capacity development for health human resources

For women and girls to obtain and use reproductive health supplies, they must also be able to obtain quality services from trained health workers. UNFPA Supplies supports human resources capacity development that enhances the ability of our programmatic support to increase access and use of family planning services. Countries participating in the UNFPA Supplies programme have shown steady growth in the numbers of health-care providers trained. Training is carried out through national entities including government agencies, academic

institutions and NGOs. Strengthening institutions at various levels helps foster national ownership and enhance sustainability. To support capacity development initiatives, we provide technical guidance, financing, provision of training guides and manuals, facilitators, regulatory frameworks and policy documents. In 2017, UNFPA supported family planning training for 17,793 health service providers in 29 countries.

Most of the growth in additional users of modern contraception in 2017 emanates from countries where a large number of capacity-building initiatives took place this year, such as Ethiopia, Myanmar and Nigeria. A further analysis of the data would help determine whether there is a correlation. Whereas lack of trained providers (as in insertion and removal of contraceptive implants, for example) is a barrier to access, training contributes to quality of care, youth-friendly services and the capacity of health workers not only deliver services but to convey accurate information that reduces misconceptions that may otherwise discourage use of modern contraceptives. Countries are encouraged to increase their focus on capacity-building initiatives for middle-level health workers such as nurses, midwives and community health workers. This ensures service penetration and increases access to services in hard-to-reach areas and where cultural barriers hinder family planning.

The quality and effectiveness of training interventions varies significantly across country programmes. Also, supportive supervision (essential to sustain capacity gains) is not institutionalized across all country programmes. UNFPA Supplies is striving towards a more quality-focused and client-centred approach in supporting training, and continues to set and reinforce quality standards. This will ensure that training interventions continue to contribute to improved client satisfaction and uptake of family planning services.

2.2 Widening the range of contraceptive methods available

The programme's focus on reproductive health commodity security is to ensure that every person is able to choose, obtain, and use quality contraceptives and other essential reproductive health products whenever they need them. Ensuring that women and adolescent girls are able to choose from a range of contraceptive methods that suit their needs is essential to upholding their rights, and is a basis for voluntary family planning services with trained providers. In 2017, several activities aimed to increase the range of methods available, even in remote areas:

- The Subcutaneous DMPA Consortium is a partnership that announced a reduced price for the injectable contraceptive through a volume guarantee for the 69 FP2020 countries in 2014. More than 2,000 health service providers have been trained since 2014, when the partnership launched pilot phase projects in Burkina Faso, Niger and Uganda.
- The Bill & Melinda Gates Foundation continued to provide support to UNFPA Supplies in 2017 through an "umbrella grant" of some $4 million over three years to support supply chain management in Nigeria, introduction of subcutaneous DMPA injectable in four additional countries (Burkina Faso, Cameroon, Côte d'Ivoire and Niger), and expansion of contraceptive methods in India.
- The Children's Investment Fund Foundation (CIFF) has contributed $1.85 million in 2016 to increase

access to DMPA-SC in Burkina Faso and Nigeria and contributed an additional $40,000 in 2017 for its introduction in Myanmar.

UNFPA continued to participate in the Implant Access Program, a group of public and private organizations to make contraceptive implants available to women in the world's poorest countries at price reductions of approximately 50 per cent through 2018.

2.3 Reaching marginalized populations, adolescents and youth

We continued to work with valued implementing partners in 2017, including Marie Stopes International (MSI), Population Services International (PSI), International Planned Parenthood Federation (IPPF) and its affiliates and DKT International (a social marketing group).

In many countries, UNFPA provides NGOs, directly or through host governments, with commodities and they ensure the products are transported to their various service delivery points.

With the World Bank Group, UNFPA continued to address the resiliency and vulnerability of the most at-risk populations through the Sahel Women's Empowerment and Demographic Dividend (SWEDD) and The World Bank Horn of Africa resilience project.

UNFPA translated several short briefs produced by the High Impact Practices in Family Planning initiative (HIPs) in 2017. The briefs document evidence-based practices to guide decision makers and programme managers to make best use of resources for greatest impact.

For people living with HIV, UNFPA with UNAIDS continued to support the Global Network of People Living with HIV (GNP+) and the International Community of Women Living with HIV (ICW) to advocate for rights-based programming to improve the quality of family planning services and their integration in the prevention of vertical transmission. In 2017, UNFPA and the World Health Organization co-published the "Consolidated guideline on sexual and reproductive health and rights of women living with HIV".

2.4 Reaching women and girls in humanitarian situations

UNFPA Supplies plays a key role as part of a comprehensive response in the context of the humanitarian-development nexus. This role is to ensure that sexual and reproductive health services and supplies are reaching the women and girls who need them the most during emergencies. It is important that interventions made during humanitarian response contribute to the resiliency and sustainability of national health systems and programmes, build the capacity of local partners in supply chain management, and build on development gains.

Integrated sexual and reproductive health services are the most crucial interventions for decreasing maternal and newborn morbidity and mortality during emergencies and humanitarian crises.

More than 75 per cent of UNFPA Supplies' focus countries (35 of 46) faced a humanitarian situation in 2017 – whether a natural, public health or human-caused disaster. UNFPA Supplies not only provided support to these countries, but also to other non-programme countries in crisis. UNFPA is one of the main global providers of reproductive health supplies during

humanitarian emergencies and a member of the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises Steering Committee.

In 2017, the magnitude, severity and protracted nature of humanitarian emergencies continued to grow in countries including Central African Republic, Nigeria and Yemen. New waves of massive displacement occurred including the Rohingya fleeing from Myanmar into Bangladesh, and South Sudanese into neighbouring Uganda and Kenya. Large-scale epidemics exploded, including the plague and cholera.

ENHANCING CAPACITY AND EXPERTISE

The programme supports the UNFPA Global Emergency (Surge) Roster, which contains the various technical profiles urgently needed in an emergency and humanitarian situation. At the onset of an emergency or a humanitarian crisis, trained surge specialists are deployed to the affected country or countries within 48 to 72 hours to provide much-needed technical support for sexual and reproductive health and logistics (SRH and Logistics). A number of timely activities in 2017 received support through UNFPA Supplies:

- SRH surge mission to Cox's Bazar in support of the UNFPA response to the Rohingya refugees (the densest population of refugees in the world);
- SRH and logistics surge missions to Syria and Jordan to support the United Nation's Whole-of-Syria response;
- SRH and logistics missions to Nigeria to provide technical support in response to the Boko Haram conflict;
- mission to Central African Republic (CAR) of a logistics officer to help the UNFPA Country Office significantly reduce the transit time between the forecasting and distribution of RH kits, improving its ability to respond to humanitarian needs.

Many of UNFPA's deployments occurred through our Standby Partnerships with CANADEM, Danish Refugee Council, Norwegian Refugee Council and RedR Australia.

The MISP for reproductive health in crisis situations was updated in 2017. The Minimum Initial Service Package (MISP) is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. The MISP includes an objective to "Prevent unintended pregnancies". The identified priority activities are to (a) ensure availability of a range of contraceptive methods (including male and female condoms and emergency contraception) at primary health care facilities to meet demand; (b) provide information and contraceptive counselling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity and non-discrimination; and (c) ensure the community is aware of the availability of contraceptives for women, adolescents and men.

The MISP prevents sexual violence and responds to the needs of survivors, prevents transmission of HIV and other STIs, prevents maternal and newborn death and prevents unintended pregnancies. It also helps in planning to integrate comprehensive sexual and reproductive health services into primary health care, including provision of equipment and supplies, especially when crises are protracted or in the recovery phase. Of the 35 countries experiencing a humanitarian situation this year, 18 countries (52 per cent) confirmed they have built their capacity to conduct comprehensive MISP training with support from UNFPA Supplies.

3. Promoting financial sustainability for family planning

UNFPA Supplies plays a catalytic role in supporting countries towards financially sustainable family planning programmes through three interlinked approaches:

Repositioning family planning: This approach outlines why investment in family planning is important and how it benefits a country. It also identifies resource needs, funding sources and gaps. Action includes supporting countries to develop business cases, such as for Kenya, Nigeria and Sierra Leone.

Expanding the pool of funding sources: Greater funding for family planning is urgently needed. This approach is about expanding the pool of funding sources, from domestic, regional and external sources, including from traditional and non-traditional sources. Among innovative financing mechanisms, the UNFPA Supplies Bridge Funding Mechanism is a new revolving fund.

Maximizing efficiencies: This approach makes the best use of the limited resources available. Through UNFPA Supplies' technical support for health system strengthening, we help to ensure that that precious financial resources are spent wisely and are used to support interventions with maximum impact. Data-driven accountability and programming must be strengthened to ensure progress is accurately tracked and problems can be solved.

3.1 Repositioning family planning

In July 2017, the Family Planning Summit in London provided an opportunity for countries to strengthen their commitments. Seventeen countries made domestic financing commitments at the Summit, totalling $3.8 billion, demonstrating their growing commitment to fund their own programmes. UNFPA provided support to the Government of Uganda, which committed to allocating $5 million annually from domestic resources to the procurement of reproductive health commodities.

UNFPA Supplies commissioned consultants to develop FP-RHCS Business Cases in the Democratic Republic of the Congo, Kenya and Nigeria to determine needs and gaps, identify current efforts and prepare evidence-based advocacy. In Nigeria, the Federal Ministry of Health approved FP-RHCS Business Case findings, and copies were shared at a stakeholders' meeting with FP2020 partners, and with the government's committee on the health budget. In DRC, internal approval by the relevant authorities was not completed within the year.

3.2 Expanding the pool of funding sources

INCREASING DOMESTIC FINANCING

Domestic financing is essential for family planning programmes to be sustainable and to meet the needs of populations. UNFPA Supplies tracks whether countries have allocated funds for procurement of reproductive health commodities (both maternal health medicines and contraceptives) and whether the allocated budget has been spent. The programme has redoubled its efforts around increasing domestic financing for commodities to reverse the overall trend that national expenditures for contraceptives have decreased since 2012. With the aim of supporting countries to transition from reliance on donor funding, the programme continued its differentiated approach to funding, reducing support for commodities procurement for those countries better able to fund commodities from their own budgets, focusing instead on technical assistance to support this transition.

Domestic allocations and spending increased in 2017; of the 38 countries responding to the questionnaire, 19 countries allocated national budget lines for contraceptives and 11 for maternal health medicines. Increases were notable in Bolivia, Burkina Faso and Ethiopia. In December 2017 in Conakry, UNFPA Supplies and parliamentary forum partners brought together members of parliament from African and European countries on the margins of the Ouagadougou Partnership meeting to look at their role in advocating for family planning in the national budget allocation process.

INCREASING FUNDS AVAILABLE FOR USE BY PROGRAMME COUNTRIES

UNFPA advocated for broader integration of family planning in the Global Financing Facility (GFF) at the global level. UNFPA also engaged with H6+ partners and UNFPA country and regional regarding GFF Investment Cases for reproductive, maternal, newborn, child and adolescent health. In Congo, technical support was provided to develop funding requests to the Global Fund. The Regional Economic Communities (RECs) of the East and Southern African Region met at a meeting of UNFPA Supplies and developed road maps, workplans and budgets.

Also, a new mechanism – the UNFPA Supplies Bridge Funding Mechanism – was designed in 2017 with the Bill & Melinda Gates Foundation and the United Kingdom's Department for International Development (DFID) to address the challenge of aligning donor funding cycles with the timelines for procurement of RH commodities. The revolving pool of $64.1 million utilizes cash and cash equivalent guarantees ("bridge funds") against eligible donor commitments to the UNFPA Supplies programme. The mechanism could reduce up to 50 per cent of UNFPA Supplies-related commodity stock-outs.

INCREASING EXTERNAL FINANCING

UNFPA works globally to increase external financing for family planning and essential supplies, as a contribution to achieving universal health coverage, women's empowerment and sustainable development. This year the slogan "No products, no progress" served to increase awareness.

The Global Contraceptive Commodity Gap Analysis is a key tool for advocacy and fundraising. The tool is coordinated by the Reproductive Health Supplies Coalition and in 2017 was the analysis was revised and updated in 2017 to include UNFPA Supplies data from our Health Facility Surveys and the NIDI survey, along with private sector data on prices paid for commodities.

Ten more donors contributed to UNFPA Supplies in 2017 than in 2016; five former donors returned to reinvest in the programme; two donors doubled their commitments; and three new donors contributed to the programme. Also in 2017, a new private sector partner, the social impact investment fund Treehouse Investments, joined the UNFPA Supplies private sector donor base (joining the Bill & Melinda Gates Foundation, CIFF and the Winslow Foundation). The relationship with private sector partners has continued to evolve into a value-creating relationship with shared goals and activities to advance the family planning agenda.

UNFPA commissioned a review and analysis of the landscape of blended finance models to help the Fund develop thinking on innovative financial structures to channel more capital, philanthropic and investment, to support reproductive health. Closing the gap in UNFPA Supplies funding was a particular focus. The review identified six models as a starting point for UNFPA consideration.

4. Governance and programme management

4.1 Programme governance

UNFPA Supplies continued to implement its change management process with a focus on accountability for results achieved with funds. Improvements were made in workplan processes, quarterly monitoring and reporting to the newly formed Donor Accountability Council. The programme continued its differentiated approach to supporting countries.

A new governance structure for the programme was rolled out in 2017 with a revised set of roles and responsibilities of the Steering Committee and the creation of the Donor Accountability Council (DAC) to follow up on Quarterly Performance Management. These steps were based on recommendations from the assessment carried out by UNFPA management in 2016 in collaboration with Steering Committee members.

Three Steering Committee meetings were held in March, July and October of 2017, in addition to four DAC meetings for quarterly programme monitoring. As part of improving the programme's accountability, each Steering Committee or DAC meeting was documented with a list of action items to be undertaken and reported against the following meeting. Multiple technical working groups of Steering Committee members were established to support the programme's pursuance of specific recommendations.

4.2 Workplan and review process

This year saw a significant improvement in the timeliness and quality of the finalization of countries' annual workplans. By 15 January 2017, 42 countries were able to finalize their annual workplans and receive their funds, with their first tranche of funding within two weeks after their plans were approved. Each year technical support is provided to the country workplan process by the UNFPA Supplies global operations team at HQ in collaboration and regional advisers. The purpose of this support process is to ensure that not only that annual workplans are submitted on time, but that they are (1) good quality workplans that reflect the needs of the country programmes; and (2) workplans are

vetted by country offices and regional advisers prior to finalization and release of funds. In 2017, sets of illustrative interventions were developed as part of assistance to country teams to develop, review and finalize their workplans.

Once workplans are finalized and approved, and funds released, the Supplies team monitors whether resource allocation is matched with an accurate implementation process that contributes to the plan's expected end-of-year results. Following the implementation rate on a quarterly basis enables the UNFPA Supplies team to identify implementation challenges and guide technical and financial resources towards continued programme efficiency, effective implementation and value for money.

4.3 Differentiated support to countries

As part of the UNFPA Supplies change management process, we have embarked on some strategic shifts aimed at improved programme effectiveness and value for money. Among these strategic shifts is the adoption of the Differentiated Approach to country funding and the relative allocation of their budgets between commodity procurement and technical support. The aim is to reduce funding directed to countries approaching sustainability, and increase the investment of resources in countries needing long-term donor support. To support this aim, we have created three categories to describe each of the 46 focus countries:

- Category A countries require long-term donor support, ongoing procurement of commodities (fully funded by UNFPA Supplies) and holistic capacity-building across interventions on the supply-side and demand-side.
- Category B countries are already laying the groundwork for sustainability. They need procurement of commodities, but the percentage funded by UNFPA Supplies will decrease and national financing will increase over time. They continue to benefit from capacity-building across interventions on the supply-side and demand-side, as well as advocacy and technical assistance from UNFPA on country financing and total market approaches.
- Category C countries are approaching sustainability, needing reduced support for supply of commodities but continued technical support.

For Category C countries (approaching sustainability) UNFPA Supplies procurement was reduced from 94 per cent in 2016 to 73 per cent in 2017; at the same time, while the use of third party procurement (TPP) by countries to purchase commodities from UNFPA's Procurement Services increased from 6 per cent in 2016 to 27 per cent in 2017. This suggests that countries are using more domestically controlled funds to purchase commodities, despite many challenges experienced in order to mobilize domestic resources.

Bolivia, Honduras and Myanmar showed significant increases in domestic resource allocation for TPP in 2017. However, Congo and Malawi decreased resources allocated for TPP; and Lao PDR and Kenya requested additional support from UNFPA Supplies in order to fulfil their contraceptive needs. Early in 2018, the programme assessed the impact of country categorization on Category C country performance.

4.4 Quarterly Programme management process

The UNFPA Supplies management team introduced the Quarterly Programme Management (QPM) process in 2016 as part of improving the programme's management and oversight. In 2017, the QPM began and proved useful for monitoring the operational execution of the programme. The QPM process was later expanded to include review of programmatic interventions and working with country offices to identify bottlenecks and address the challenges.

The information from the QPM has improved understanding of the status of programme implementation within each country context. Going forward, tools have been designed to ensure that programmatic results as well as operational results are tracked on a quarterly basis in the UNFPA Supplies online platform Systmapp.

An important contribution of the QPM is that it provides an opportunity for interaction between UNFPA Supplies management and the donor partners through quarterly reporting to the Donor Accountability Council. At the end of each internal QPM process with the UNFPA country offices; summary reports are shared with donor for their guidance and recommendations in specific programmatic areas. In 2017, some of the key issues addressed with the QPM with donor partners included:

- provision of breakdown of expenditure for capacity-building (and a change of terminology to "technical assistance" to deliver the programme results), and a funding breakdown for NGOs;
- inclusion of programmatic issues including information on risk mitigation, NGO implementation, and humanitarian interventions (including RH Kits) to QPM reports;
- providing information on the impact of the resource allocation system for establishment of country ceilings and the operationalization of the country categorization system;
- providing information on support provided for new contraceptive methods (DMPA and Levoplant);
- adopting the organization wide risk mitigation strategy for UNFPA Supplies to report against programme specific risks as of 2018.

The QPM process has become a useful mechanism for improved programme management and for sustaining dialogue with country offices and donor partners about programme implementation. It is also a useful tool to identify the need for technical support to programme countries. In 2017, as part of the QPM process, 30 countries received various forms of technical assistance from either headquarters or regional offices, with some countries receiving technical assistance from both levels.

4.5 Programme evaluation

Data-collection for the UNFPA Supplies Mid Term Evaluation started in 2017 and included four country case studies with field visits (Lao PDR, Nigeria, Sierra Leone, Sudan) and five country desk case studies (Haiti, Madagascar, Malawi, Nepal, Togo). Data was collected through extended interviews of stakeholders and review of documents; a survey covering all countries and units implementing UNFPA Supplies; and in-person interviews with staff at the UNFPA Procurement Services Branch in Copenhagen during a reporting workshop in early 2018.

4.6 Visibility of programme results

Throughout the year, the programme had a strong focus on visibility of the programme as part of UNFPA's efforts to expand access to voluntary family planning. Communications also highlighted the positive impacts of the funds invested in the programme, e.g. national, regional and global events; media activities; and dissemination of materials through UNFPA and partner channels.

- More than 160 stories around the Family Planning Summit in London referring to UNFPA and its leadership in family planning were published or broadcast globally (see coverage highlights here).
- UNFPA published 41 family planning stories on its official website 2017, highlighting the work of the Fund and its UNFPA Supplies programme.[4]
- A social media field mission to Sierra Leone captured widespread interest, including reaching a combined audience of almost 250,000 people on Instagram alone.
- #HerFuture: World Population Day: The UNFPA World Population Day messaging focused on family planning and garnered more than 500,000 impressions from UNFPA's global Twitter account.

5. Financial summary of 2017

The financial outlook for UNFPA Supplies improved significantly in 2017 due to larger donor contributions than expected – a promising development. The programme received $149 million in contributions from donors, which is $17 million more than expected at the beginning of the year (2017). Many of the commitments were multi-year agreements which will positively impact the budget projections for 2018 and 2019.

Financial highlights for 2017:

- $155 million total available budget (excluding the set-aside reserve and donor contributions received in the fourth quarter)
- $119 million total expenses
- $78 million spending on procurement and distribution of reproductive health commodities (74 per cent of programme budget or 66 per cent of total)
- $9 million spending for human resource costs (7 per cent of total spending)
- 88 per cent utilization rate
- $149 million received in donor contributions received, up 33 per cent from 2016
- 18 donors provided financial support to UNFPA Supplies in 2017, up from 11 in 2016 and 5 in 2015.

[4] See for example:
https://www.unfpa.org/news/men-rural-ethiopia-show-family-planning-not-just-womens-issue
https://www.unfpa.org/news/leaders-around-world-commit-support-voluntary-family-planning
https://www.unfpa.org/news/leaders-urge-access-reproductive-health-supplies-crisis-settings

Part Two

Results by output & indicator

A young women in Bolivia receives family planning information from Dr. José Arteaga at the village health centre in Villa San Antonio. © UNFPA Bolivia 2018/NOOR/Sanne De Wilde.

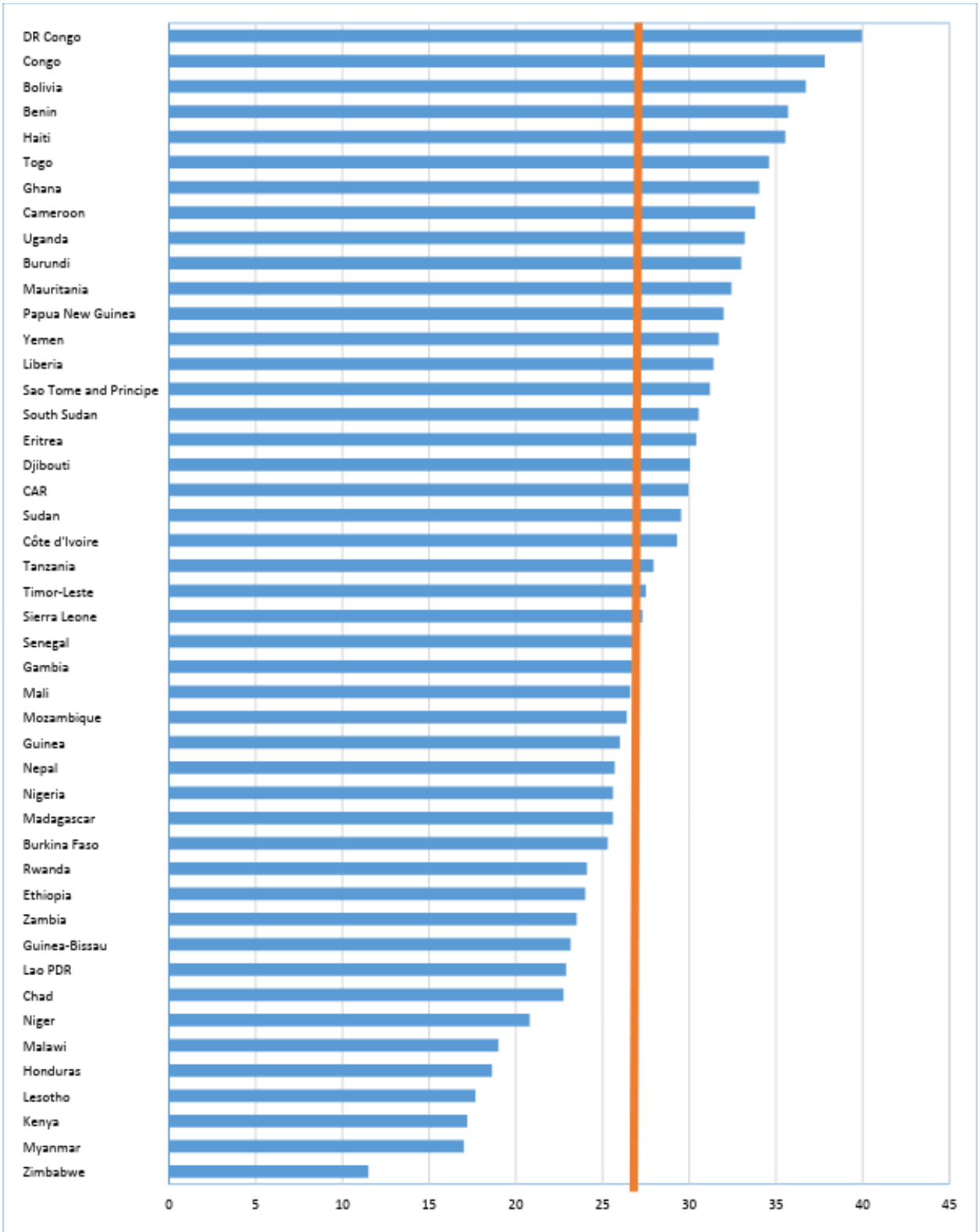
PART TWO: RESULTS BY OUTPUT & INDICATOR reports on 2017 results against the UNFPA Supplies Performance Monitoring Framework. Results highlighted in Part One are explained in more detail.

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

Average unmet need for family planning

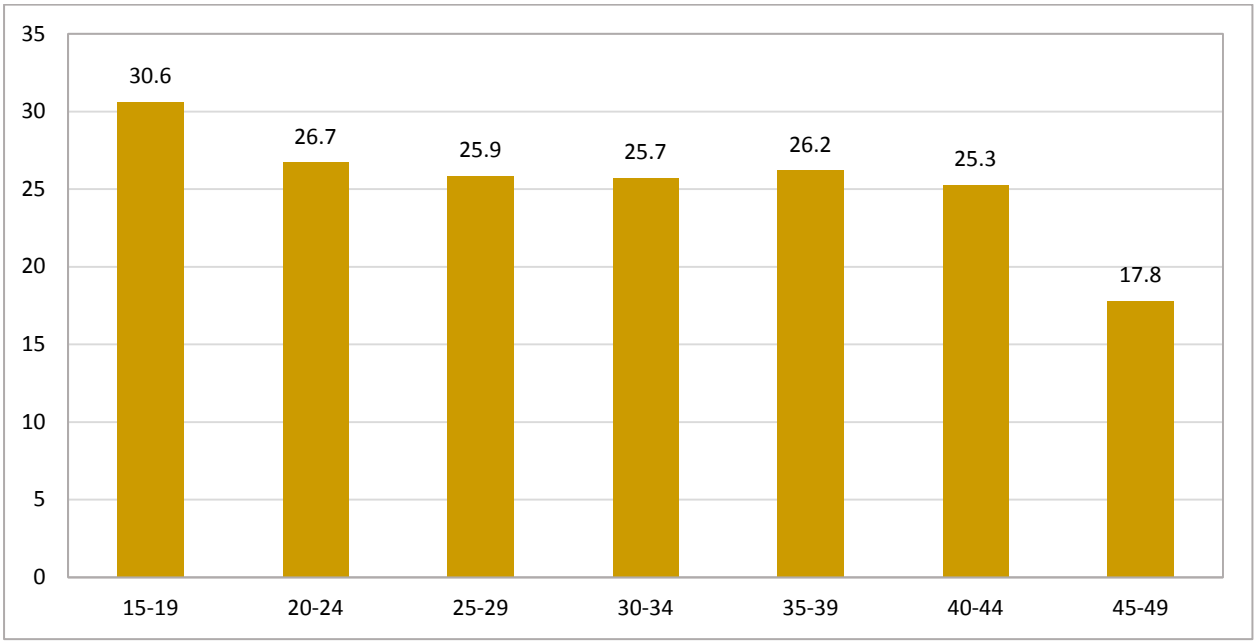
Overall trends for this indicator show that on the aggregated level, unmet need for family planning has slowly and steadily declined since 2012, with an average decrease of 0.4 per cent across the regions since 2012. In 2017, the average unmet need for family planning among the 46 UNFPA Supplies countries was 27.6 per cent, with highest unmet need in the Democratic Republic of the Congo (40 per cent) and lowest in Zimbabwe (11.5 per cent). Experience around this indicator suggests that unmet need levels above 25 per cent are considered high and, based on countries past performance, UNFPA Supplies has introduced a new target of decreasing the unmet need to 24 per cent by 2020: as a baseline, 22 countries achieved the target this year (see Figure 1).

Figure 1: Unmet need for family planning (married or in-union women) for UNFPA Supplies implementing countries, compared with programme target (27 per cent), 2017
(Source: FP2020: FPET modelling)



The three figures below (Figures 2–4) show unmet need for any method of contraception (modern and traditional methods) for married or in-union women, disaggregated by age, residence and wealth quintile. The data source for these figures is surveys (e.g. DHS, MICS, PMA2020), and is not modelled using the Family Planning Estimation Tool as for the aggregated estimate as shown in Figure 1. Ten countries had new survey data available for 2016 that has been included in the 2017 estimates below: Burkina Faso, Burundi, Ethiopia, Kenya, Myanmar, Nepal, Niger, Nigeria, Senegal and Uganda.

Figure 2: Percentage of women with an unmet need for *any* method of contraception (married or in-union women) disaggregated by AGE for which survey data are available



Unmet need increased slightly for all the age groups; but the increase is more pronounced for younger women 15 to 24 years old. There was also a slight increase in unmet need in both rural and urban locations, slightly greater in rural ones (Figure 3), and across all wealth quintiles; with a slightly greater increase for poorer women in the bottom two wealth quintiles than for women in the richer quintiles (Figure 4). A more in-depth analysis of the 10 countries with new survey data is needed to be able to interpret the causes of this apparent increase.

Figure 3: Percentage of women with an unmet need for any method of contraception (married or in-union women) disaggregated by URBAN AND RURAL residence for countries with available survey data, 2017

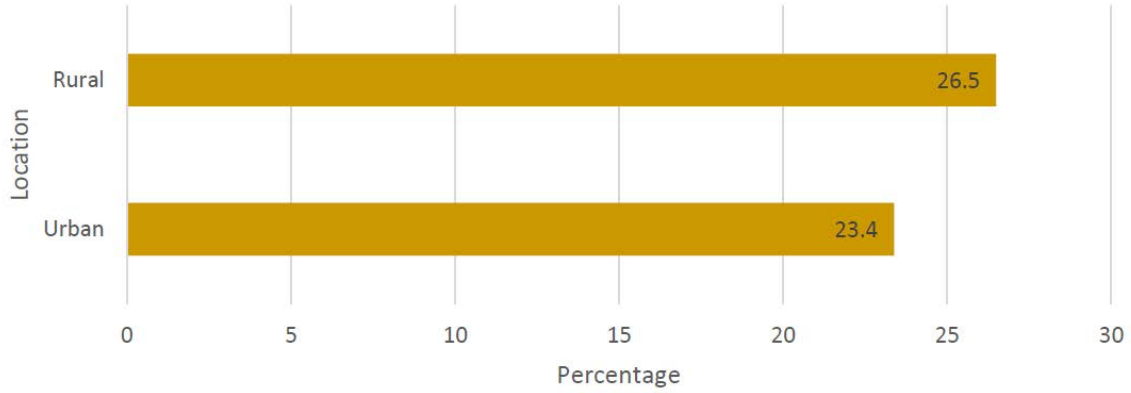
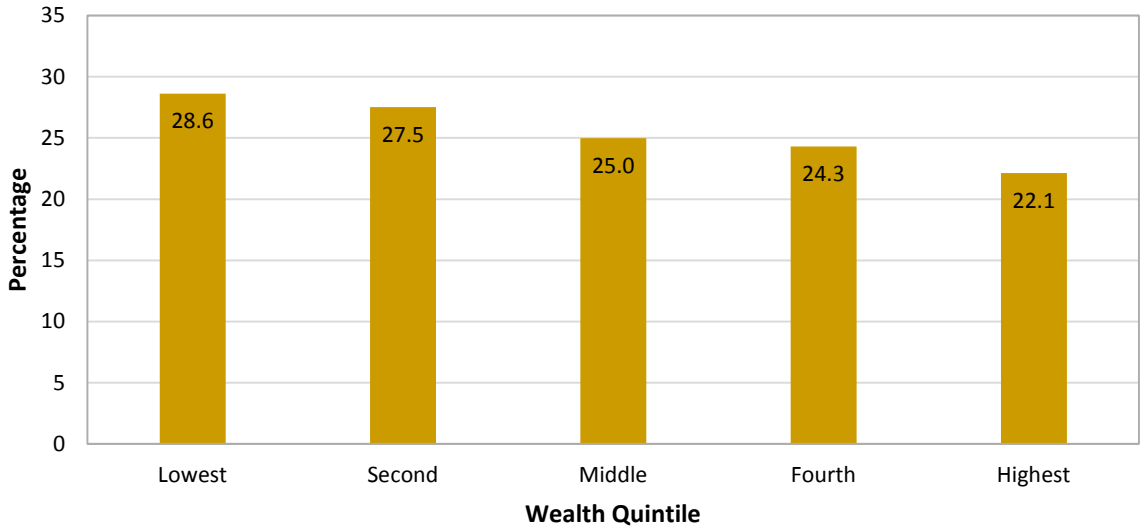


Figure 4: Percentage of women with an unmet need for any method of contraception (married or in-union women) disaggregated by WEALTH QUINTILE for countries for which survey data are available

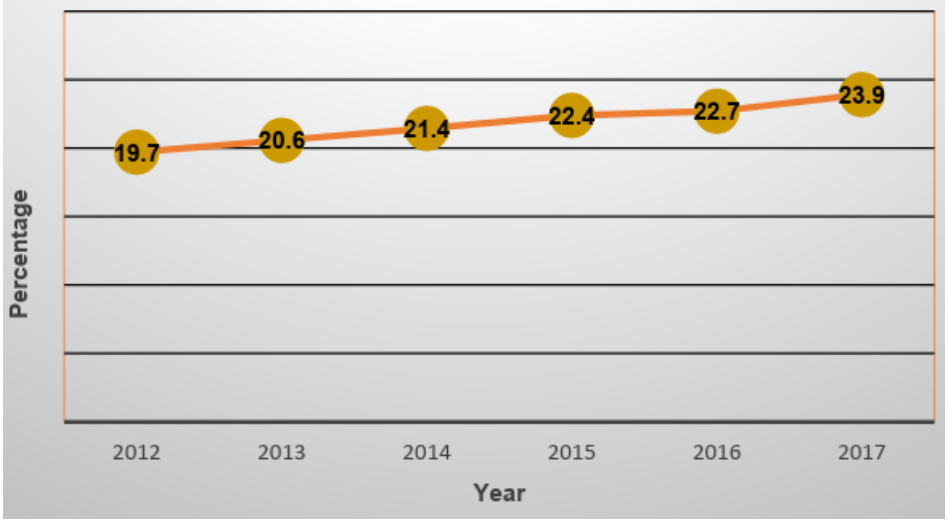


Average modern contraceptive prevalence rate

The average mCPR for all women of reproductive age in the 46 countries grew from 23.2 per cent in 2016 to 23.9 per cent in 2017. All countries have shown an increase in mCPR except for Burundi – which has been impacted by conflict. Lesotho had the highest modern contraceptive prevalence rate in 2017 with 49.6 per cent and South Sudan the lowest at 2.4 per cent (for more information on UNFPA Supplies support to South Sudan as part of its humanitarian response activities see Output 3). Use of modern contraceptives has been growing across all UNFPA Supplies countries since 2012. As of 2017, there are an additional 17.9 million women and girls (aged 15–49) using modern contraception in the 46 countries compared with 2012.

As shown in Figure 5, the rate of increase in mCPR from 2016 to 2017 across the 46 UNFPA Supplies countries was faster than for other years since the Family Planning Summit in 2012.

Figure 5: Trends in average mCPR in UNFPA Supplies countries 2012-2017 for all women of reproductive age



Source: FP2020 (modelled using FPET).

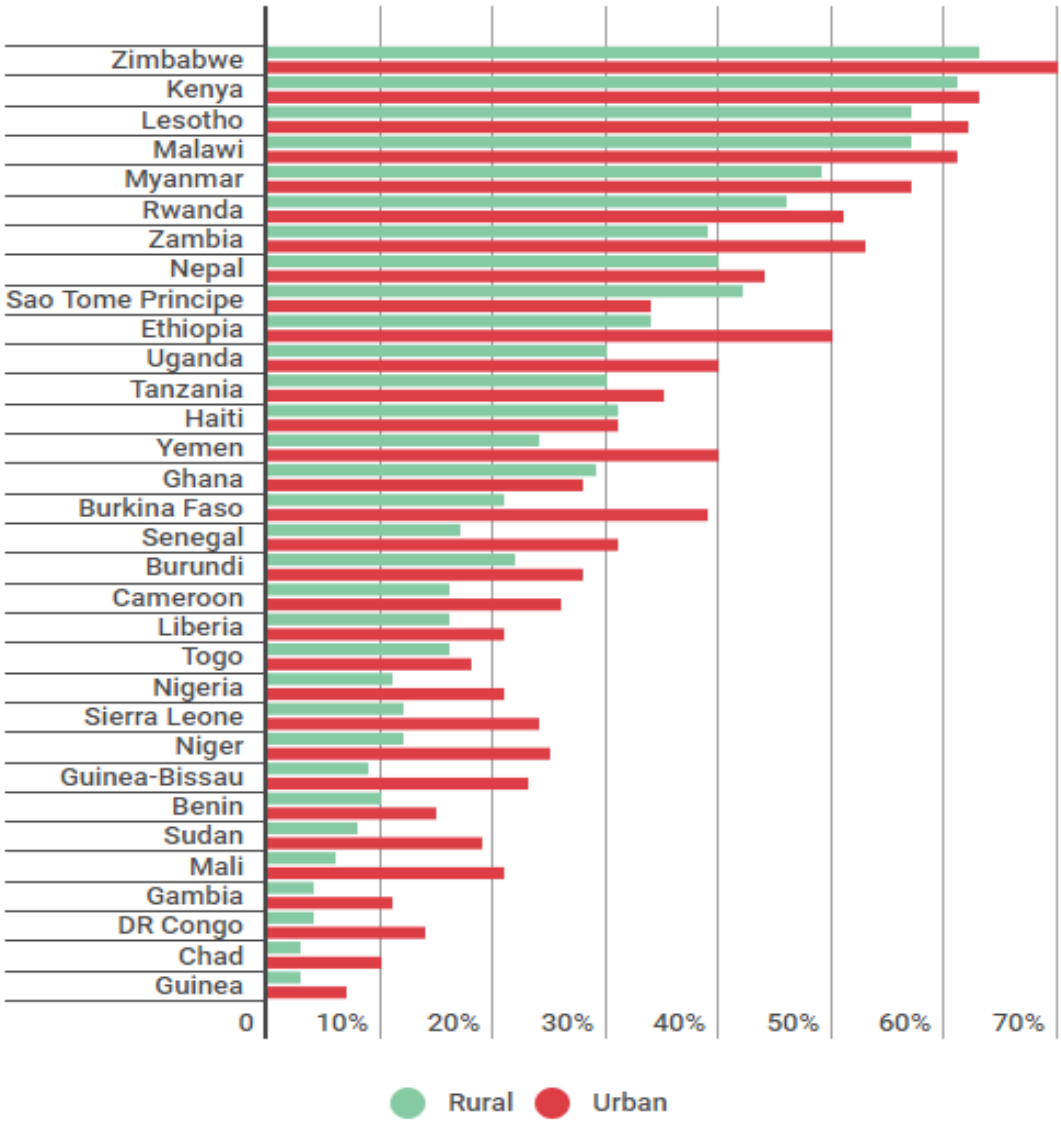
Disaggregated data for mCPR are collated from national surveys. Data reported below (for married and in-union women only) are for those countries for which survey data are available for both 2016 and 2017.

UNFPA Supplies programme countries have higher mCPR in urban areas than in rural areas, with two exceptions: In Sao Tome and Principe, mCPR is currently higher in rural areas (42.6 per cent) compared with urban areas (34.8 per cent). Over half of the population lives in the capital city, and the relatively small rural population and size of the country mean that reaching them with family planning services is relatively less challenging. In Ghana, mCPR is almost the same for urban (28.9 per cent) and rural areas (29 per cent). Ghana's well-established community-based family planning programme was started in the mid-90s to reach rural populations and has continued to evolve and improve.

Burkina Faso shows the largest rural–urban divide of 18.2 per cent. Barriers to family planning in the country's rural areas have been identified as sociocultural, fear of side effects, and frequent stock-outs of commodities that have demotivated women from seeking services. To better address these issues, Burkina Faso has launched a new Family Planning Plan 2017-2020 with five strategic axes: (a) demand creation, (b) supply and access to services, (c) product security, (d) policy, enabling environment and financing, (e) coordination and monitoring and evaluation with a focus on access for adolescents and young people. UNFPA has provided substantive technical support to the Ministry of Health for the development of this plan, particularly providing technical advice on the strategic directions needed to achieve impacts.

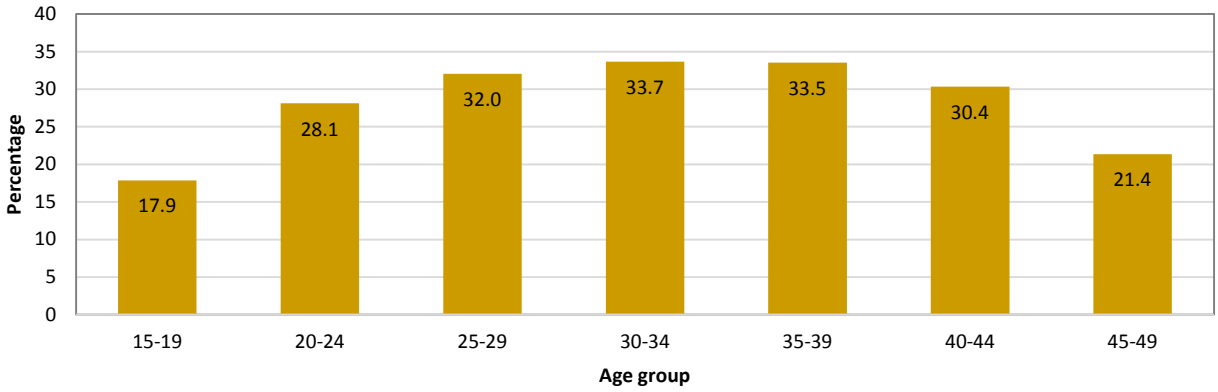
The trend across the 46 UNFPA Supplies countries is a decreasing gap between urban and rural mCPR, suggesting that programmes are beginning to be successful in expanding access to family planning for harder to reach populations.

Figure 6: Distribution of mCPR among married/in-union women in rural and urban areas per country in 2017 (32 UNFPA Supplies for which survey data are available)



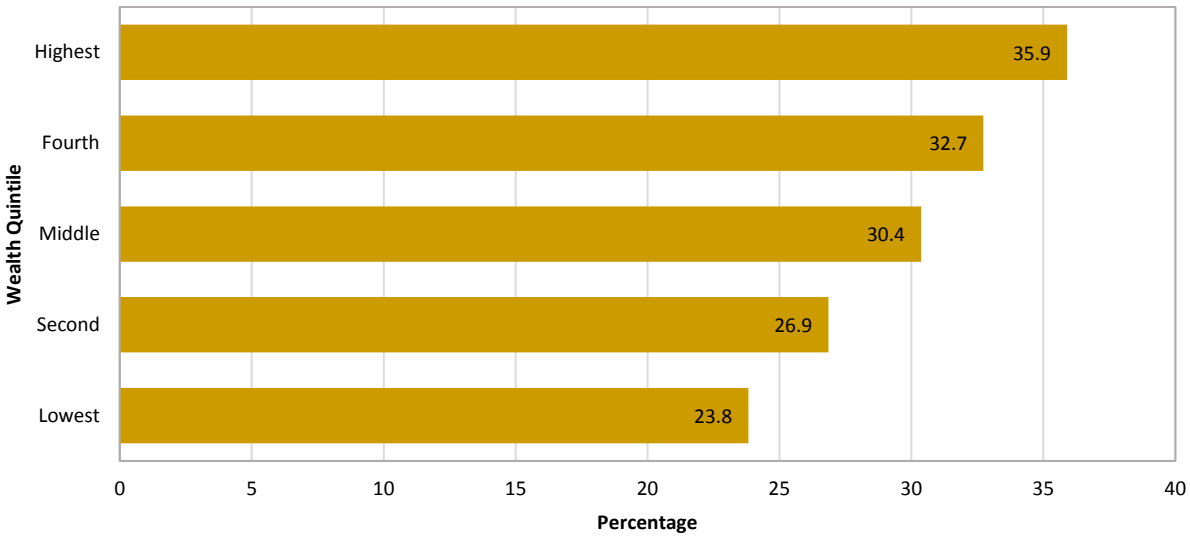
The modern contraceptive prevalence rate among married and in-union women shows an increase across all age ranges as shown in Figure 7, but the increase is greatest among women aged 30 to 34 years at 2.1 percentage points increase than among other age groups. In particular, the slight increase among young married adolescents aged 15-19 (an increase of only 0.6 per cent) would indicate a need for a greater focus on integration with programming to end child marriage, but would need to be reviewed according to each country's situation.

Figure 7: Distribution of mCPR among married/in-union women by age for countries for which survey data are available



The modern contraceptive prevalence rate also increased among women of all wealth quintiles, particularly among the poorest women, with a 2.6 percentage point increase for women in the lowest wealth quintile compared with a 0.2 percentage point increase for women in the highest wealth quintile (as shown in Figure 8). This indicates that efforts to reach this marginalized group are helping drive progress.

Figure 8: Distribution of mCPR among married/in-union women by wealth quintile for countries for which survey data are available



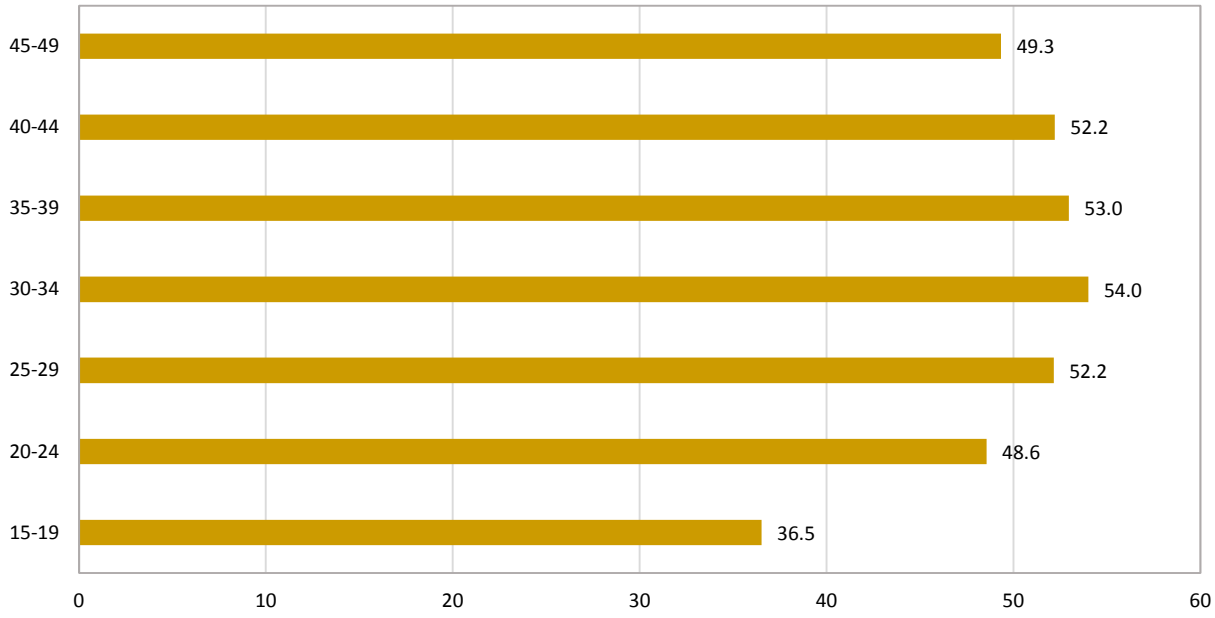
Average demand for family planning satisfied with modern methods

Average demand for family planning satisfied with modern methods in the 46 UNFPA Supplies countries rose from 46.8 per cent in 2016 to 47.6 per cent in 2017. All countries experienced an increase in demand satisfied except for Burundi, which has been impacted by a recent conflict and had a 1.7 per cent reduction.

Zimbabwe had the highest percentage of women whose demand was satisfied with modern contraceptives in 2017 with 85.3 per cent, and South Sudan had the lowest at 10.6 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. The data show that Mozambique had the largest variation in demand satisfied with 16.8 percentage points variation 2012–2017. Second to this is Senegal, which had 11 percentage points variation over those years but an increase of less than 0.5 percentage points in 2016, which suggests that more demand is being satisfied more steadily.

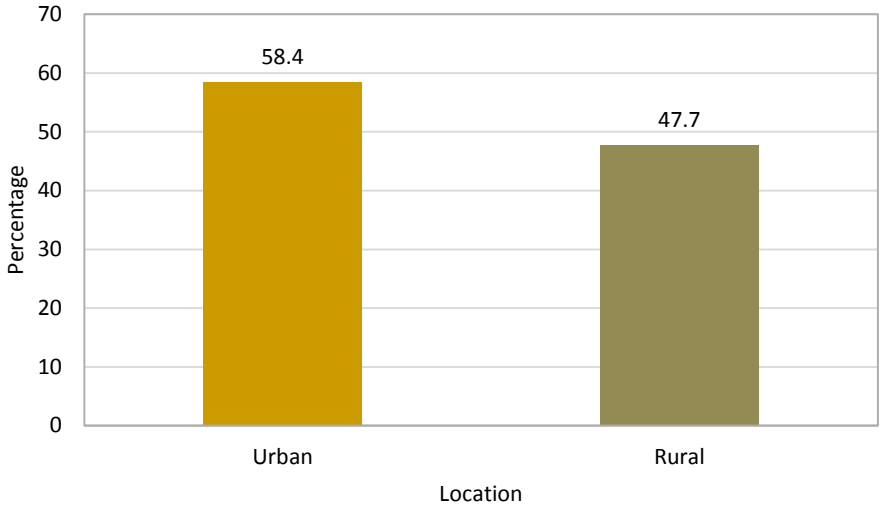
From 2016 to 2017, demand satisfied increased in all age groups, except for women aged 45 to 49. The reasons for this would need further analysis, but could be related to lack of method choices.

Figure 9: Demand satisfied all methods of contraception for married or in-union women disaggregated by AGE for countries for which survey data are available



Demand satisfied increased by about 1.4 percentage points for rural women, indicating positive efforts to reach these women; however it decreased marginally for urban women.

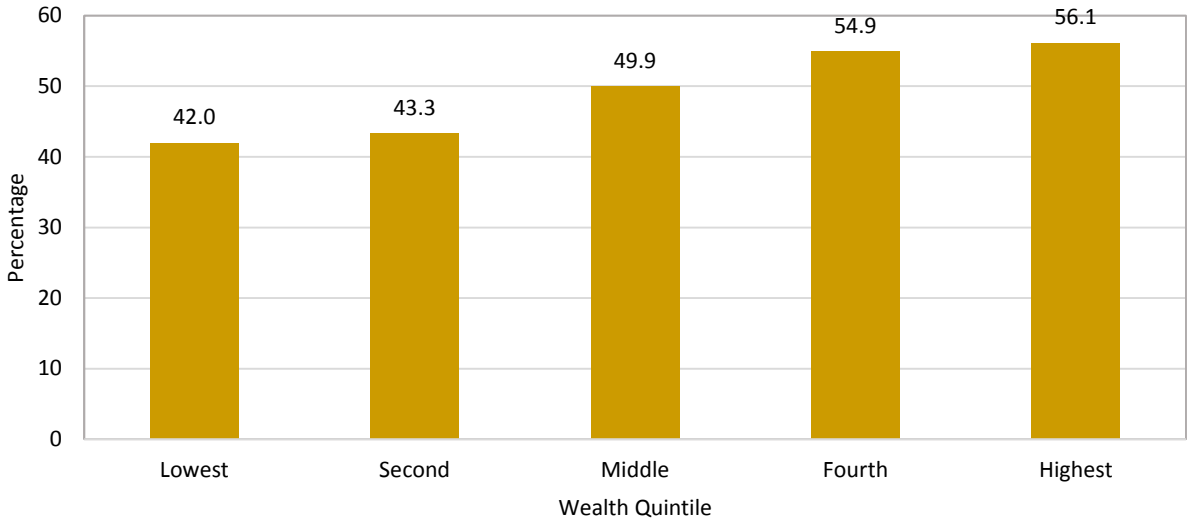
Figure 10: Demand satisfied all methods of contraception for married or in-union women disaggregated by URBAN AND RURAL residence for countries for which survey data are



available_

Demand for modern contraception satisfied among women in the poorest households is far lower than among women in the richest households. In Ethiopia or Nigeria for example, there are gaps of more than 40 percentage points between demand satisfaction among women in the poorest wealth quintile and the richest quintile. From 2016 to 2017, demand satisfied increased by 3.7 percentage points for the poorest quintile and decreased by the same measure for women in the richest quintile.

Figure 11: Demand satisfied all methods of contraception for married or in-union women disaggregated by WEALTH QUINTILE for countries for which survey data are available



The contraceptive method mix

Across UNFPA Supplies countries, the most-used methods are injectable contraceptives (34 per cent of users), pills (24.5 per cent of users) and male condoms (15 per cent of users). Use of male sterilization in extremely limited, just 0.3 per cent of all users, and no data recorded on prevalence in 33 countries.

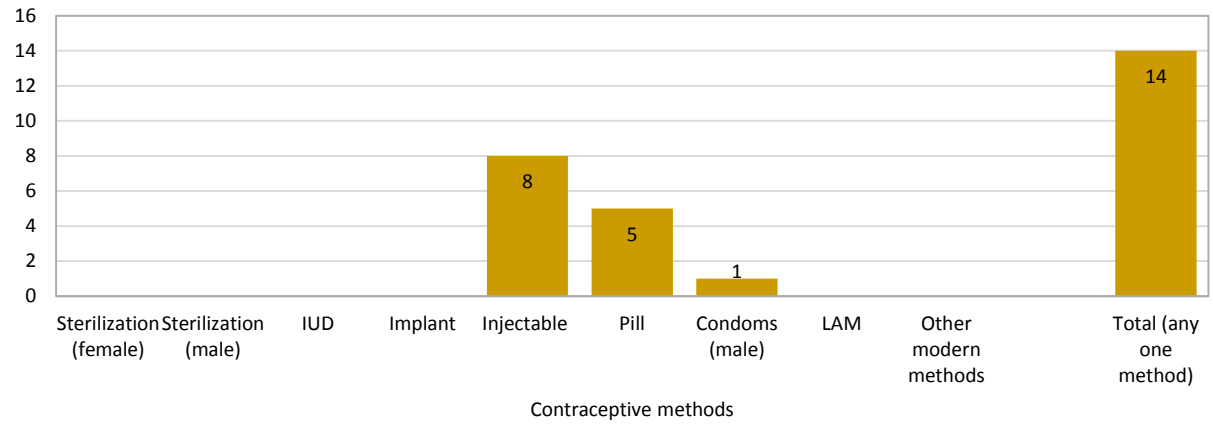
Method use does, however, vary greatly across countries. For example, while implants are the most-used method in Burkina Faso (40 per cent of users), no use is reported for Bolivia, Eritrea, Honduras, Mozambique, Papua New Guinea and South Sudan.

METHOD MIX SCORE AND METHOD SKEW

Contraceptive method mix is evaluated using two measures: the method mix score and method skew. The method mix score is calculated by using the difference between the highest most prevalent method and the third highest most prevalent method divided by the average mCPR for that country converted to a 10-point scale. In 2016 the average score for the 46 UNFPA Supplies countries was 8 points on a 10 points scale, which signifies a fairly high concentration of users on a limited number of methods. For 2017 the method mix score is 7.9 points which shows a marginal improvement in method mix. The method skew is a measurement that is used to assess the dominance of a single method in a country. If a single method accounts for more than 50 per cent (more than half) of the contraceptive use; a country is categorized as having a method skew.

The number of countries where one method dominated declined from 18 to 14 over the past year. In 2016, 18 UNFPA Supplies focus countries (39 per cent) had a single modern method that was dominant; accounting for more than half of all the user of modern contraceptives. In 2017, this was reduced to 14 countries (30 per cent). In 2017, injectable contraceptives were the most dominant method in eight countries (Burundi, Ethiopia, Haiti, Liberia, Madagascar, Myanmar, Rwanda, Uganda); followed by the pill in five countries (Central African Republic, Djibouti, Mauritania, Sudan and Zimbabwe); and male condoms in Democratic Republic of Congo.

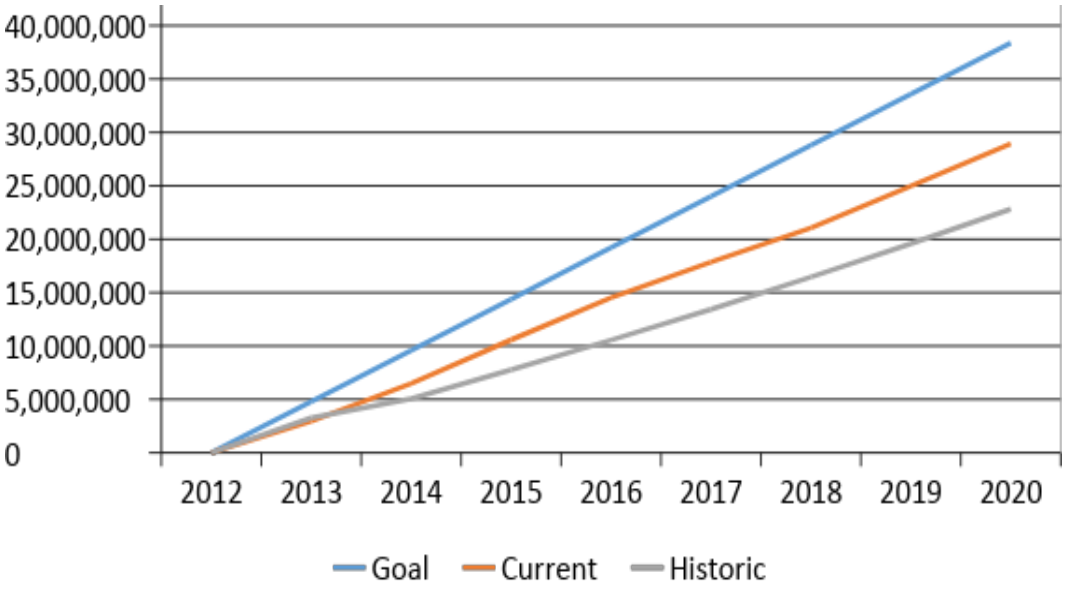
Figure 12: Number of UNFPA Supplies implementing countries where one method is used by at least half of all users of modern contraceptives



Number of additional modern contraceptive users

As of July 2017, there were an additional 17.9 million women and girls using modern contraception in the 46 UNFPA Supplies countries: bringing the total users in these countries to 63.5 million since 2012. The numbers for additional users are closely linked to the population size of countries: with Ethiopia, Nigeria, Kenya and Tanzania contributing large proportions to the total. Mozambique stands out as it has reached a high number of more than 1 million additional users since 2012 despite having a relatively small population.

Figure 13: Trends for the 46 countries towards the FP2020 goal



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

M1: Availability of reproductive health commodities

Percentage of countries with 85 per cent of primary service delivery points that have at least 3 modern FP methods on the day of visit or assessment

Nineteen countries (76 per cent) out of the 25 countries where facility survey data are available have 85 per cent of primary service delivery points that have at least three modern contraceptive methods available on the day of the survey assessment. Regarding rural and urban areas, on average, availability of three methods is slightly higher in urban areas (88 per cent) compared with rural SDPs (72 per cent). While in Guinea Conakry and Honduras, the data show that 85 per cent of primary health facilities have three methods available in urban areas, the situation changes for rural areas, where less than 85 per cent of health facilities have availability for three methods.

Percentage of countries with 85 per cent of secondary and tertiary SDPs that have at least 5 modern FP methods available on the day of visit or assessment

The percentage of countries with 85 per cent of secondary- and tertiary-level SDPs offering at least five modern methods of contraception is 46 per cent out of the 25 countries with survey data in 2017. As expected, availability of five modern methods was higher in tertiary SDPs (60 per cent) than secondary SDPs (56 per cent). Regarding rural and urban areas, a higher percentage of tertiary or secondary SDPs located in urban areas (44 per cent) than those located in rural areas (32 per cent) offered at least five modern contraceptive methods.

Percentage of countries where WHO prequalified/ERP approved hormonal contraceptives are registered

- Registration took place in 15 countries (with registration of multiple commodities in Ethiopia and Madagascar).
- Ethiopia reported registration of the following: a) two types of generic emergency contraceptives, b) two types of generic oral contraceptives, and c) two types of generic injectable contraceptives.
- Generic products were registered in seven countries, and innovators in eight.

Table 1: Type of contraceptive registered

Contraceptive type	Number of countries	Percentage
Emergency contraceptive pills	1	5
Injectable contraceptives	9	45
Implants	5	25
Other	1	5
Oral pills	4	20
Total	20	100

Table 2: Registration of innovator and generic products

Contraceptive type	Number of FP2020 countries where at least one product is registered	Per cent of registration represented by innovator products	Per cent of registration represented by generic products
Emergency contraceptives	22	0	100
Injectable contraceptives	25	100	0
Implants	47	85	15
Progestogen only pills	17	88	12
Combined low dose oral contraceptives	29	24	76

Table 3: Type of product registered

Product type	Number of countries	Per cent
Generic product	7	46.7
Innovator product	8	53.3
Total	15	100.0

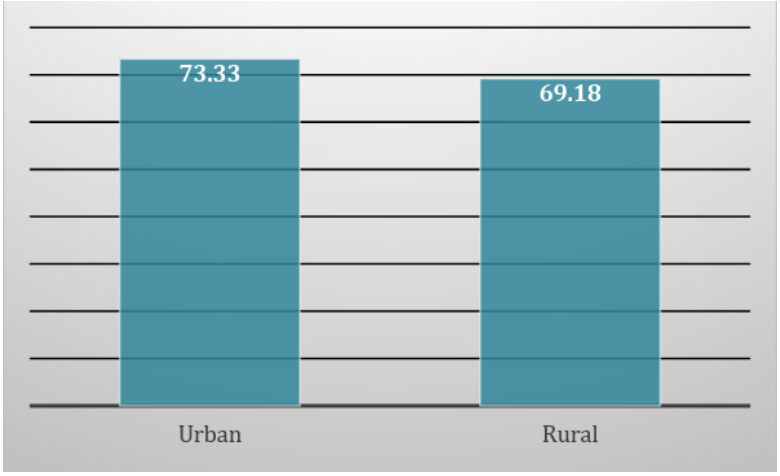
Percentage of countries with 85 per cent of service delivery points where magnesium sulfate, misoprostol and oxytocin are available

All of the 25 countries with survey data have maternal health medicines available to some degree in their SDPs. At the various levels, we look for at least 85 per cent of SDPs to have three maternal health medicines available. In 2017, at the tertiary level, 13 countries satisfied the indicator (Burkina Faso, Ethiopia, Ghana, Guinea, Guinea-Bissau, Lao PDR, Madagascar, Mauritania, Nepal, Niger, Nigeria, Sao Tome and Principe and Zambia). At the secondary level, 10 countries satisfied the indicator (Ghana, Guinea, Honduras, Lao PDR, Mauritania, Nepal, Niger, Nigeria, Zambia and Zimbabwe). At the primary level, four countries satisfied the indicator (Mauritania, Niger, Sao Tome and Principe and Zimbabwe).

As expected, oxytocin is available in a higher percentage of SDPs (56 per cent of countries having 85 per cent of SDPs on the primary level have oxytocin available) than magnesium sulfate (16 per cent) and misoprostol (8 per cent).

Regarding urban and rural areas, rural service delivery points are less likely than urban SDPs to have maternal health medicines available. Three medicines are available at 73.3 per cent of urban SDPs and 60.2 per cent of rural SDPs.

Figure 14: Average percentage of SDPs with three maternal health medicines (*n* = 21 countries)



Percentage of countries reporting no contraceptive stock-out in at least 60 per cent of service delivery points (SDPs) in the last three months before survey

In 2017, Côte d'Ivoire, Ghana, Lao PDR, Nepal and Nigeria (20 per cent) of the reporting countries had 60 per cent of SDPs with no contraceptive stock-out in the last three months before the day of the survey assessment visit for primary and secondary SDPs. The same countries plus CAR, Honduras and Mauritania (32 per cent) had no stock-outs on the tertiary level for the reporting period. There was no difference for rural and urban areas for this indicator.

M2: Reproductive health in humanitarian settings

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

Reproductive health kits were dispatched to 25 countries in 2017 with support from UNFPA Supplies, sufficient to reach 2.7 million people including 1.4 million women and adolescent girls. This is slightly higher than the 1.3 million women and adolescent girls reached through the programme in 2016.

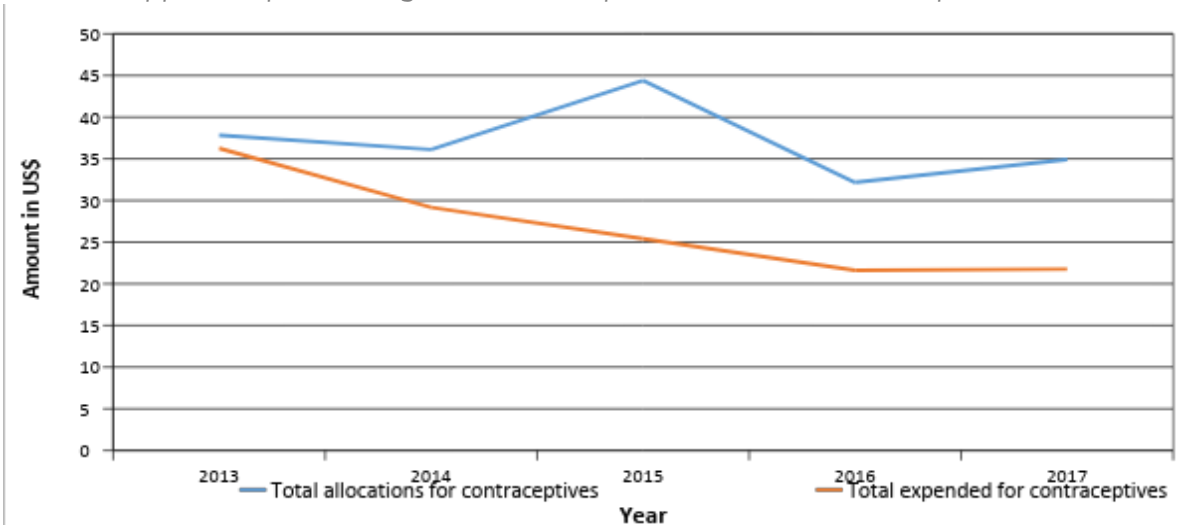
M3: National budget allocations for contraceptives

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

In 2017, 19 countries (of 38 responding to the questionnaire) allocated national budget for contraceptives of which 15 were active (had expenditures). Compared with 2016 there was a slight increase in the amount allocated for the procurement of contraceptives at $34.9 million in 2017 compared with $32.2 million in 2016; expenditures also increased marginally to $21.8 million from $21.6 million in 2016. However, overall the trend is that national expenditures for contraceptives have decreased since 2012. UNFPA Supplies has begun to step up its efforts to work with national governments on increasing domestically controlled funding for RH commodities as detailed in Output 1.

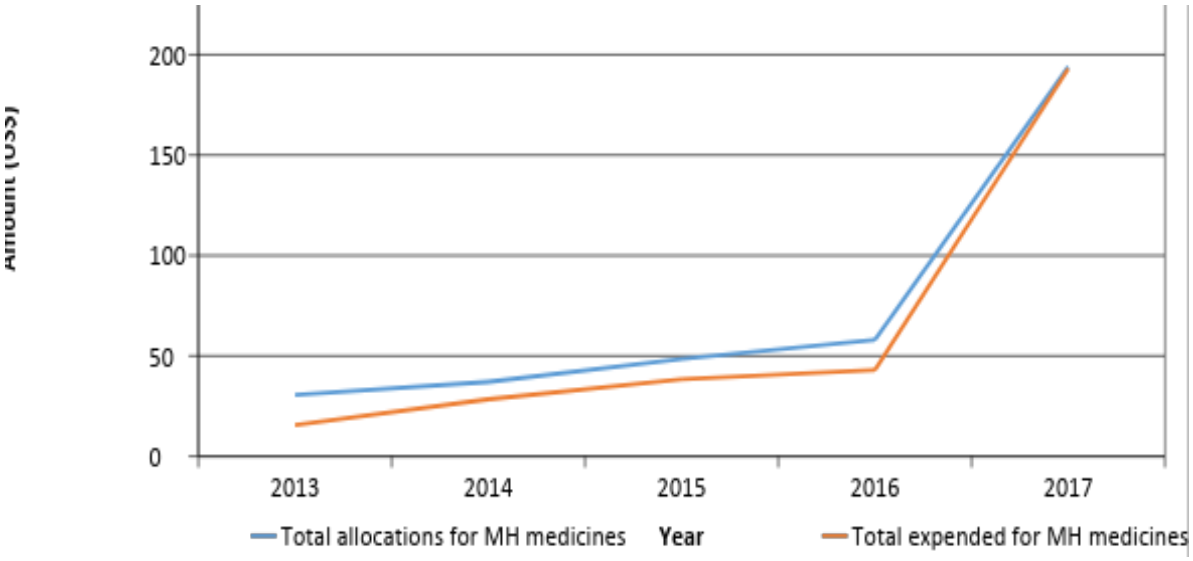
Four countries (Burkina Faso, Burundi, Malawi and Myanmar) allocated more resources for procurement of contraceptives in 2017 than last year and spent at least 80 per cent of the resources allocated.

Figure 15: Total amount allocated and amount expended (US$) in national budget of UNFPA Supplies implementing countries for procurement of contraceptives, 2013-2017



In 2017, 11 countries had budget line for maternal health medicines, of which 5 recorded expenditures totalling $194 million. The notable increase from $90.1 million in 2016, is from three countries: Bolivia ($143.5 million), Burkina Faso ($39.8 million) and Ethiopia ($9.4 million). As in previous years, expenditures were close to amount allocated.

Figure 16: Total amount allocated and amount expended (US$) in national budgets of UNFPA Supplies implementing countries for procurement of maternal health medicines, 2013-2017



M4: Procurement and logistics management

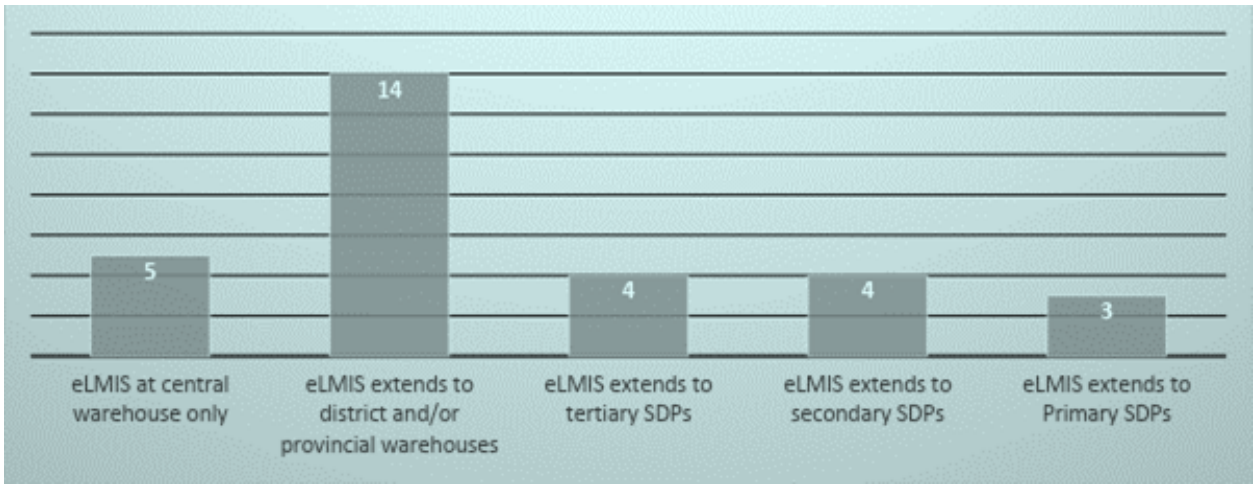
Number of countries with a functional electronic logistics management information system (eLMIS)

Thirty-one countries have an automated (computerized) platform for logistics management information system (eLMIS) that is used for real-time logistics data management with some level of virtual (web-based) linkages to warehouses and facilities. For those who are reported to have an eLMIS, the system must have the all of the following six functional attributes: (1) information on contraceptives; (2) information on maternal health medicines; (2) inventory and monthly consumption data; (4) stock information at all levels at national subnational levels; (5) expiry dates of all products; and (6) number of users for each product.

In 14 of these countries the eLMIS extends to district and provincial level warehouses; there are only 3 countries where it extends to tertiary facilities. In selected districts of Bolivia, Nigeria and Mali, the eLMIS in Mali and SALMI (*Sistema de Administracion Logistica para Medicamentos o Insumos*) are used to manage distribution of all medicines including contraceptives. In Nigeria, MS Navision was developed in 2016 to report vaccine consumption and was scaled-up in 2017 to all other programmes including contraceptives.

When five out of the six attributes are taken together, 22 countries in 2017 compared with 17 countries in 2016 can be said to have a fully functional eLMIS.

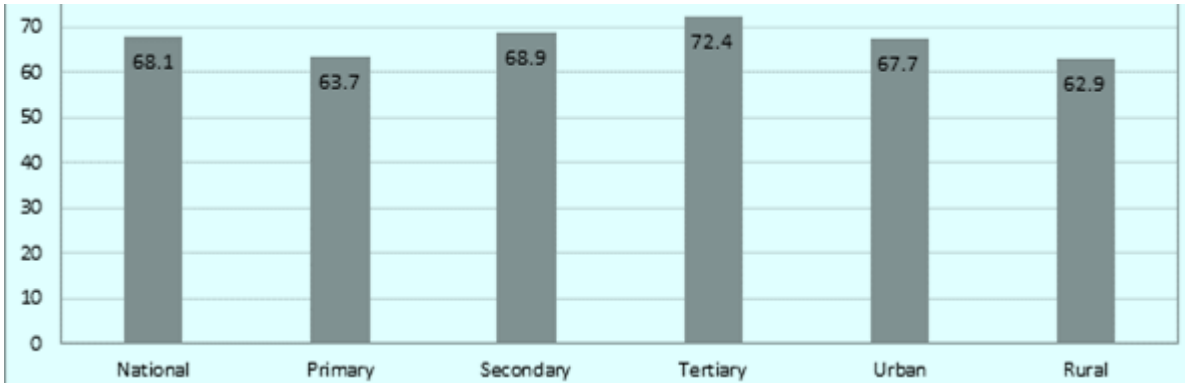
Figure 17: Number of countries by national distribution levels at which the eLMIS is operational



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

For the 18 countries for which data were available in 2017, the national average for SDPs with trained staff in logistics management information systems was 68 per cent. The percentage is higher for tertiary level (72.4 per cent) than for secondary and primary levels; it is also higher for SDPs located in urban levels than for SDPs in rural locations. There are six countries with at least 85 per cent of primary SDPs have trained staff in place for provision of modern contraceptives: Burkina Faso, Ghana, Haiti, Myanmar, Niger, Nigeria and Zambia.

Figure 18: Percentage of countries where 85 per cent of service delivery points have staff trained in logistics management information systems, 2017

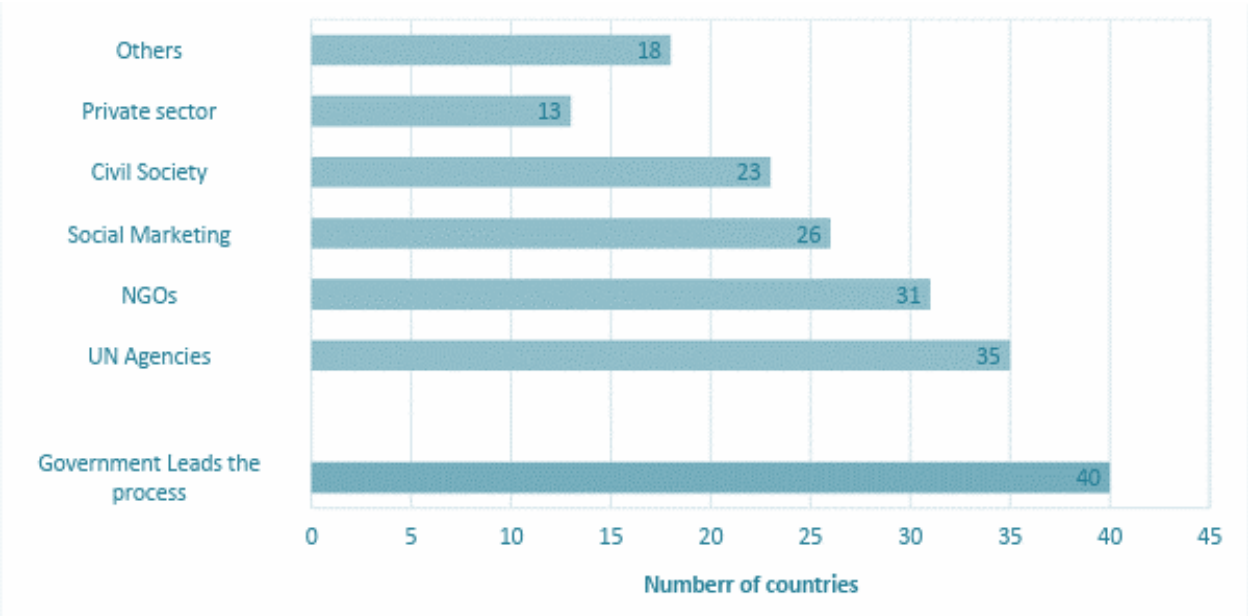


Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives

In 2017, 40 countries, reported that the government led forecasting processes with diverse range of participation of in-country partners. As shown in Figure 19, UN Agencies are involved in the quantification process in 35 countries followed by NGOs in 31 countries.

In 25 countries, at least five categories of partners (including UN agencies, NGOs, social marketing organizations, civil society, private sector and other such as academic or training institutions) are involved in the demand forecasting, data generation and analysis, needs assessment, quantification, estimation of needs and preparation of forecast plans. Key partners in 2017 included UNFPA, USAID, Marie Stopes, IPPF, Care International, Chemonics/GHSC PSM Project, CHAI, MSI, PSI, JSI, WHO, iPlus Solutions, Merck, Pathfinder, International Medical Corps, and local CSOs (see Output 1 for more detailed examples).

Figure 19: Partners involved in forecasting for contraceptives



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

The ratio of the value of third party procurement versus UNFPA Supplies procurement for the Category C countries reduced from 1:16 in 2016 to 1:3 in 2017. This means that in 2017, for every $1 used for TPP, about $3 of UNFPA Supplies resources were spent (to procure commodities for these countries).

Percentage of UNFPA Supplies contraceptive orders in which the supplier was in compliance with the agreed delivery time and fulfilled the orders in the agreed quantity

Of the 315 orders that had information for 2017, suppliers complied with the agreed delivery time for 40 per cent (216) of the orders. The level of compliance with agreed delivery time decreased from 59 per cent in 2016 to 40 per cent in 2017.

Reasons for delay include:

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

Of the 366 orders that were made, all of them (100 per cent) were fulfilled in agreed quantity by the supplier.

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

1.1 Global and regional partnerships

In 2017, through support from UNFPA Supplies, UNFPA engaged with global, regional and subregional partners and organizations, universities, research institutes, and private sector foundations and companies. These partnerships are vital to support UNFPA Supplies activities in Outputs 1 to 4 and include:

- Partnerships for global advocacy and resource mobilization
- Partnerships to strengthen policy and to support sustainable family planning financing
- Partnerships to strengthen supply chains and expand method mix
- Partnerships to reach marginalized populations, adolescents and youth
- Partnerships for data-collection, analysis and use
- Partnerships to support humanitarian response (detailed in Output 3)

Partnerships for global advocacy and resource mobilization

UNFPA Supplies identified opportunities throughout the year to advocate along with partners for family planning, and particularly commodity security. Resource mobilization for sexual and reproductive health, particularly around the need for increased funding for reproductive health commodities, remained a key focus in 2017. Closing the UNFPA Supplies funding gap supports achievement of the FP2020 goal.

As a core convener of the FP2020 movement, UNFPA furthers efforts to ensure that voluntary family planning is a global development priority and that resources are available to scale up rights-based family planning. UNFPA is vocal and visible in positioning family planning with national governments and the international community from the executive level, with the UNFPA Executive Director acting as co-chair of the FP2020 Reference Group, and through all levels of the organization. Staff supported by UNFPA Supplies and other UNFPA staff are among the FP2020 country focal points who in 2017 contributed to developing and monitoring the progress of costed implementation plans and country action plans – two documents that are being used to mobilize policy formulation and resource allocation.

In July 2017, UNFPA co-hosted[5] the Family Planning Summit in London, which renewed and strengthened commitments to towards the FP2020 goal of ensuring access to contraceptives for 120 million additional women and adolescent girls by 2020. UNFPA, particularly UNFPA Supplies, played a key role in supporting programme countries to make new, and strengthen existing commitments. Among the 33 revitalized commitments from FP2020 focus countries, countries committed $1.5 billion from

[5] UNFPA co-hosted with the UK Department for International Development and the Bill & Melinda Gates Foundation in collaboration with Family Planning 2020 and Global Affairs Canada.

domestic funds, demonstrating that countries are looking towards sustainability of their financing and transition from reliance on donor support. The catalytic nature of the UNFPA Supplies programme was particularly evident at the FP2020 Reference Group in Abuja 10 to 13 October 2017. The Nigerian Government showcased the joint work to advance Nigeria's FP2020 commitments and presented the UNFPA Supplies-supported national business case for family planning.

Findings from the Global Contraceptive Commodity Gap Analysis have been used extensively in advocacy and fundraising for family planning. The analysis, which was coordinated by the Reproductive Health Supplies, was revised and updated in 2017 to include UNFPA Supplies data from our facility-based RHCS surveys and the NIDI survey. The analysis focuses on the funding gap for commodities needed for 135 low- and middle-income countries to meet their family planning goals, including as a subset the 69 FP2020 focus countries. It looks at how much is spent on contraceptives; the contributions of donors, governments and individuals; how many women use each method of contraception and what volume of supplies they consume. Ultimately, it estimates how much these figures will change by 2020 based on both the current growth scenario, and if progress is accelerated towards the FP2020 goal. For the first time, the 2017 analysis also includes data from the private sector on prices paid for commodities, as part of initial analysis of affordability of contraceptives for women above and below the poverty line. The 2017 analysis was first presented in Brussels in March 2018 at the postponed Coalition meeting, and will be further refined for the 46 UNFPA Supplies countries. It will be used for advocacy and resource mobilization activities.

Partnerships to strengthen policy and to support sustainable family planning financing

The programme continued to define its conceptual framework for financial sustainability, but took steps in each of its three components: repositioning family planning, expanding the pool of funding sources and maximizing efficiencies. Efforts in 2017 included the following partnership activities.

A meeting of the Regional Economic Communities (RECs) of the East and Southern African Region was hosted by UNFPA Supplies in 2017. Participants represented the East African Community (EAC), the Intergovernmental Authority on Development (IGAD), the Southern African Development Community (SADC) and the Common Market for Eastern and Southern Africa (COMESA). The RECs constitute key building blocks for economic integration in Africa and are key actors working in collaboration with the African Union (AU) in ensuring peace and stability in their regions. The meeting resulted in strong ownership and buy-in at the REC level for sexual and reproductive health, including family planning. Participants recognized several timely opportunities for advocacy calling for greater investment in family planning, e.g. the process of implementing the AU Road Map, ministerial meetings, and the Joint EAC Heads of State Retreat on Infrastructure and Health Financing and Development. To promote the intensification of family planning, RECs developed road maps, workplans and budgets to ensure the tabling and approval of recommendations.

In the West and Central Africa region, partnership-strengthening actions have led UNFPA, through its Regional Director, to engage as a collaborating partner in a mechanism known as the Harmonization for Health in Africa (HHA), which works towards achieving health goals. UNFPA serves as co-Chair of the HHA's coordination

mechanism. UNFPA is also Chair of the French Muskoka Fund's Inter-Agency Technical Committee for coordination of implementation. Also in West Africa, where contraceptive use has been historically low, the Ouagadougou Partnership has surpassed its 2015 goal of reaching 1 million additional users, and is now aiming to reach 2.2 million additional users by 2020. Other family planning partners in the region include the FP2020 Secretariat, SECONAF (Sécurité Contraceptive en Afrique Francophone), Reproductive Health Supplies Coalition, JSI and PATH.

Through partnership with the European Parliamentary Forum on Population and Development (EPF) and the African Parliamentarians Forum, UNFPA Supplies brought together members of parliament from African and European countries on the margins of the Ougadougou Partnership (OP) meeting in December 2017 in Conakry to look at their role in advocating for family planning, particular as key decision makers in the national budget allocation process, particular for RH commodities. UNFPA Supplies held a dedicated meeting for the MPs, facilitated their engagement in relevant Ougadougou Partnership meeting sessions, and included MPs on field visits to see UNFPA Supplies-supported activities for youth and women. The Guinean National Assembly hosted the delegation, which raised the issue of the need for increased Government support and a national budget line for RH commodities.

The Family Planning Financing Reference Team, established in April 2017, is co-chaired by UNFPA (represented by UNFPA Supplies Secretariat staff) and USAID and has members from the following organizations: the World Bank's Global Financing Facility (GFF) Secretariat), Bill & Melinda Gates Foundation, World Health Organization, FP2020, Clinton Health Access Initiative (CHAI), ThinkWell Global, the Population Council, PSI, MSI, HP+/Palladium, the USAID-funded Sustaining Health Outcomes through the Private Sector (SHOPS plus) project of Abt Associates, and Population Action International (PAI). The team currently has four workstreams: (1) Knowledge sharing and information dissemination; (2) FP benefits package definition and application to health insurance schemes; (3) Provider-client interaction: how to finance provider-client interaction to maximize FP service access, choice, quality, coverage and equity; and 4) Transitioning from donor funding, including an exploration of domestic resource mobilization issues. Two in-person meetings are planned annually to coincide with other meetings to maximize and facilitate participation; with periodic teleconferences of the plenary Reference Team and of the individual workstreams.

In 2017, UNFPA advocated broader integration of family planning in the Global Financing Facility (GFF) at the global level. UNFPA also engaged with H6+ partners and UNFPA country and regional offices in order to ensure that SRHR including family planning is prioritized in the process of developing GFF Investment Cases on the changes that a country wants to see with regard to reproductive, maternal, newborn, child and adolescent health. UNFPA Supplies has provided guidance and support to country offices to strengthen communication among the different H6+ partners and GFF Secretariat. The aim is to provide clarity and improve understanding about how the GFF process works and how to prioritize family planning in this process. Later in the process, UNFPA will provide technical assistance to support an in-depth analysis of the country landscape in regards to sexual and reproductive health, including family planning, to help countries prioritize their needs.

UNFPA continued its partnering with the World Bank Group to address the resiliency and vulnerability of the most at-risk populations in six Sahel countries. The Sahel Women's

Empowerment and Demographic Dividend (SWEDD) is a regional initiative launched in November 2015 to accelerate the demographic dividend through the empowerment of women and teenage girls. A similar endeavour is the World Bank Horn of Africa resilience project, to achieve reduced fertility, improved human capital, empowerment of girls and women, and resiliency of the populations given the multiple threats of food insecurity, climate change, conflicts, internal security and migration.

UNFPA continued to partner with the High Impact Practices in Family Planning initiative (HIPs) which produces short briefs documenting evidence-based practices that are intended to help guide decision makers and programme managers to make best use of resources for greatest impact. Members of UNFPA Supplies from headquarters and from two country offices participate in the Technical Advisory Group that meets twice a year to review evidence and make recommendations on updating and implementing HIPs. UNFPA Supplies is supporting the translation of the HIPs briefs into French to increase their use in the West and Central African Region. HIPs brief on Community Health Workers; the HIP Strategic Planning Guide on Improving Sexual and Reproductive Health of Young People; and the HIP brief on Leaders and Managers: Making Family Planning Programs Work have been translated into French and disseminated to partners.

In addition, UNFPA Supplies engages in the Implementing Best Practices in Family Planning Initiative to disseminate knowledge and information among a wide range of partners, particularly civil society. In particular, UNFPA Supplies is encouraging the initiative to strengthen regional and programme country partnerships, such as through holding regional partners meetings; an Asia Pacific regional meeting to be held in Delhi is planned for 2018.

Partnerships to strengthen supply chains and expand method mix

UNFPA Supplies recognizes that no one person in a country can be expected to manage all supply chain activities; instead a variety of skills, expertise and knowledge are needed each stage to ensure there is linkage throughout the different stages – from planning to last mile – and fosters key partnerships at global, regional and local levels to ensure the availability of a choice of contraceptive methods.

The UNFPA Supplies Bridge Funding Mechanism was designed in 2017 with the Bill & Melinda Gates Foundation and the United Kingdom's Department for International Development (DFID) to address the long-standing challenge of aligning donor funding cycles with the timelines for procurement of RH commodities. The bridge utilizes cash and cash equivalent guarantees ("bridge funds") against eligible donor commitments to the UNFPA Supplies programme. This enables UNFPA to better meet country needs by procuring family planning commodities and critical maternal health medicines when needed and reimbursing the bridge funds once eligible donor commitments are received later in the year. It is expected that the Bridge Funding Mechanism with a revolving pool of $64.1 million will enable UNFPA Supplies to provide even better value for money, expediting the receipt of commodities by countries to avoid stock-outs and potentially allowing for the negotiation of lower commodity costs through UNFPA Procurement Services. Initial calculations estimate the full utilization of the mechanism could reduce up to 50 per cent of UNFPA Supplies-related commodity stock-outs.

UNFPA participated in quarterly meetings and technical groups of the Interagency Supply Chain Group (ISG), which was established in 2014 to provide better coordinated

and more effective support to country efforts in ensuring sustainable access to high quality essential health commodities. The group comprises 15 global agencies actively involved in supporting supply chain efforts across all disease areas: Bill & Melinda Gates Foundation, DFID, Global Affairs Canada, the Global Drug Facility, KfW, the Global Fund, Gavi, NORAD, UNDP, UNFPA, UNICEF, USAID, World Bank, World Food Programme and World Health Organization. The ISG meets quarterly to address priority issues, with technical working groups established for specific focus areas. This includes opportunities to strengthen collaboration at the country level, and leverage institutional support around key technical issues.

UNFPA pursued the vision of a Total Market Approach through the USAID–UNFPA TMA Collaborative Working Group. Established in 2014, the group is co-chaired by UNFPA and USAID and has members representing DKT, FP2020/UN Foundation, HP+/Palladium, IPPF, JSI, MSI, PATH, PSI, Reproductive Health Supplies Coalition, SHOPS+/Abt Associates, UNFPA and USAID. The Collaborative Working Group provides a forum for participants to update each other on activity progress, relevant strategies and developments. The close collaboration with USAID also facilitates USAID–UNFPA alignment on country strategies on sustainability and transition to domestic resources. The principal TMA activity carried out by UNFPA in 2017 was the study on *Total Market Findings for FP Products* in 10 in countries in East and Southern Africa. In 2018, these findings are informing in-country activities and collaboration.

Collaboration continued in 2017 through participation in the Market Development Approaches (MDA) Working Group of the Reproductive Health Supplies Coalition. UNFPA has been an active member of the MDAWG since its establishment in 2004 (leading the Working Group from 2005-12), participating regularly meetings and teleconferences. The Working Group currently focuses on market shaping and introduction issues for particular contraceptive methods or products, while continuing to work on the issue of the availability of quality-assured contraceptive products. The Working Group also provides a useful forum for information exchange with the separate but related FP Financing Reference Team and the USAID–UNFPA TMA Collaborative Working Group. UNFPA regularly provides the MDAWG with progress updates about the work of these two initiatives. In 2017, engagement focused on two workstreams in particular:

- The Quality Workstream focuses on ensuring the availability of quality-assured RH commodities, with an emphasis on hormonal contraception. The goal is to stimulate the emergence of a healthy and diversified market of WHO prequalified and quality-approved the key contraceptive methods – an enduring and constant priority for UNFPA and partners.
- The Total Market Approach Workstream seeks to optimize the use and impact of in-country resources for family planning, with the development of quality-assured reproductive health commodities for increasingly sustainable strategies based on the ability of the user to pay. Much of the ongoing impetus for this work is coordinated and driven forward by the efforts of the complementary USAID–UNFPA TMA Working Group.

The self-assessment tool for UNFPA staff working in a supply chain related role was in developed with JSI in 2017 and will be rolled out to not only the UNFPA Supplies countries but to the whole of UNFPA in 2018.

UNFPA is part of the International Multi-Purpose Prevention Technologies (IMPT) Initiative, and is a member of the IMPT Steering Committee and Supporting Agency Collaboration Committee (SACC). In 2017, UNFPA provided active inputs for the IMPT's strategy development and focus on it engagement, especially information sharing.

- At the regional level, the UNFPA Regional Office for Latin America and the Caribbean (UNFPA LACRO) with the support of UNFPA Supplies, participated in 2017 in two key efforts to improve supply chains and expand contraceptive method mix:
- The Latin America and Caribbean Forum on RHCS :Action by the LAC Forum resulted in 12 countries (six in Central America and six in South America) developing new national plans for improving contraceptive procurement. The forum is building a web-based platform for monitoring contraceptive prices paid by countries within the region.
- In Argentina, UNFPA LACRO continued to partner with the National Secretary of Childhood, Adolescence, and Family (SENNAF) for designing and implementing a National Plan for Preventing Unintended Adolescent Pregnancies. The main result of this partnership was the decision of Argentinean President to allocate $112 million to the plan. UNFPA and SENNAF are signing a co-financing agreement for guaranteeing the continuity of technical assistance.

The Asia Pacific Regional Office initiated an international training programme on FP & RHCS in partnership with the Indian Institute of Health Management & Research (IIHMR University) – a regional institution in India, with 54 participants trained over the past two years. The two-week residential course is significant because the programme has been conceptualized to demonstrate the integration between Supply Chain Management and Family Planning, thereby helping to bring the linkages and synergies of the programme activities. The programme has been designed to benefit senior and middle-level programme managers at the national and subnational levels.

Partnerships to increase availability of subcutaneous DMPA

UNFPA continued in 2017 to participate in the Subcutaneous DMPA Consortium, a partnership that announced a reduced price for the injectable contraceptive through a volume guarantee for the 69 FP2020 countries in 2014. More than 2,000 health service providers have been trained since 2014, when the partnership launched pilot phase projects in Burkina Faso, Niger and Uganda. Partners in the Consortium support introduction of an existing hormonal contraceptive, DMPA, in a new format – as a subcutaneous injectable in a compact, pre-filled, auto-disable injection device (cPAD) – in addition to other family planning methods as a way of broadening the choice of modern contraceptive methods offered to women. The partnership includes the Bill & Melinda Gates Foundation, Children's Investment Fund Foundation (CIFF), DFID, Pfizer Inc., PATH, UNFPA and USAID. More governments have expressed interest in integrating the method in their national family planning programmes to support commitments made during the FP2020 Summit.

The Bill & Melinda Gates Foundation continued to provide support to UNFPA Supplies in 2017 through an "umbrella grant" of some $4 million over three years to support supply chain management in Nigeria, introduction of subcutaneous DMPA injectable in four additional countries (Burkina Faso, Cameroon, Côte d'Ivoire and Niger), and

expansion of contraceptive methods in India. Support from this grant enabled the following: in Burkina Faso, DMPA-SC services made available in 65 school infirmaries; home and self-injection was approved in four implementing districts by the Ministry of Health following successful pilots and development of home and self-injection plan; in Cameroon, the training of 184 training of trainers and 158 community-based distributors in two districts; in Côte d'Ivoire, pilot introduction in three health districts and 52,000 doses were procured for the introduction; and in Niger, DMPA-SC has been scaled-up throughout the country. These countries indicate that increased procurement volumes are planned for 2018 to support expansion of the programmes to other districts and nationally.

UNFPA continued to implement the subcutaneous injectable DMPA initiative funded by the Children's Investment Fund Foundation (CIFF), which contributed $1.85 million in 2016 to increase access to DMPA-SC in Burkina Faso and Nigeria and contributed an additional $40,000 in 2017 for its introduction in Myanmar.

Partnerships to increase availability of implants

UNFPA continued to participate in the Implant Access Program, a group of public and private organizations to make contraceptive implants available to women in the world's poorest countries at price reductions of approximately 50 per cent through 2018. Members of the Implant Access Program are collaborating with other organizations to reduce supply chain disruptions, increase service delivery quality and availability with trained health service providers, and raise awareness about implants at the community level. UNFPA Supplies supported the Implant Access Programme through a number of activities in 2017:

- As the major procurer of Jadelle, a two-rod implant, UNFPA Supplies analysed expected and completed orders as part of a review of Jadelle procurement and distribution trends against the Minimum Volume Guarantee (MVG) agreement. UNFPA Supplies contributed to 44 per cent of the MVG procurement.
- As part of the Coordinated Supply Planning Group, UNFPA applies CSP analysis to the work of the Implant Access Programme in order to identify commodity gaps and supply chain issues, and to review funding gaps and work collaboratively with other donors and stakeholders to address them.
- UNFPA Supplies continued to participate as a member of the Bayer Oversight Board. In 2017, Bayer worked with USAID and UNFPA to develop guidelines for re-packaging and over-branding to help to protect product quality while recognizing the value of over-branding for distribution through social marketing channels.
- UNFPA Supplies continued to participate as a member of the Merck Oversight Board. Throughout 2017, UNFPA and USAID continued to be the two major procurers of Implanon Classic and NXT, with UNFPA supplying to 28 countries in 2017 compared with 23 countries in 2016.
- Also in 2017, UNFPA Procurement Services added a third newly WHO Prequalified implant manufacturer to its list, thereby expanding the choice of implant manufacturers. UNFPA acted quickly to support six countries with 340,000 sets of the newly prequalified implant, Levoplant.

Partnerships to reach marginalized populations, adolescents and youth

Throughout 2017, UNFPA Supplies continued collaborating with implementing partners, Marie Stopes International (in 10 countries), PSI (in 8 countries) and with IPPF and its affiliates and DKT who contribute to expanding the delivery of modern contraceptive services and family planning information.

MSI works in 37 countries around the world to help women and girls to have children by choice, not chance. MSI is a major implementing partner with UNFPA country offices, supporting service provision and has been instrumental in provision of new methods as well as existing methods. In 2017, MSI received $6.3 million worth of contraceptives from UNFPA for distribution in 10 countries.

UNFPA with UNAIDS continued to support the Global Network of People Living with HIV (GNP+) and the International Community of Women Living with HIV (ICW) to advocate for rights-based programming to improve the quality of family planning services and their integration in the prevention of vertical transmission. In 2017, UNFPA and the World Health Organization co-published the "Consolidated guideline on sexual and reproductive health and rights of women living with HIV". This guideline discusses family planning in the integrated SRH/HIV services. GNP+ was part of the External Review Group. ICW was part of the Guideline Development Group and the External Review Group.

Partnerships for data-collection, analysis and use

UNFPA Supplies has embarked on an initiative to digitize the collection, storage and analysis of Country Questionnaires and Health Facility Surveys. The effort aims to enhance data-collection and transfer, improve data analysis and reporting, and make possible more informed decisions using the more readily available data. The new IT solution will also include an external portal, making it possible to access and download country data sets on RH commodity stocks, and the status of key service delivery markers. The initiative is supported by a grant to the Reproductive Health Supplies Coalition by the Bill & Melinda Gates Foundation.

1.2 Country-level coordination and partnership

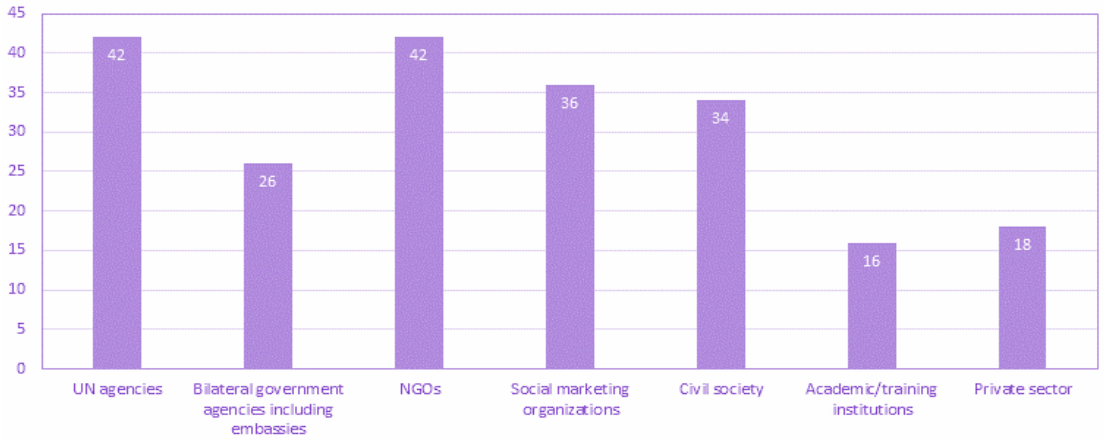
In the 46 focus countries, implementation of UNFPA supplies involves collaborating with various types of partners on issues such as developing, updating and enacting policies, strategies and plans; adapting guidelines, protocols and tools; engaging in advocacy including for increased resource allocation especially by governments; strengthening supply chain and making quality products available at country level. types of partnerships in 2017 included:

- 34 countries in the UNFPA Supplies programme worked with civil society organizations in 2017 for community mobilization for FP service delivery.
- 36 countries in the UNFPA Supplies programme collaborated with social marketing organizations in 2017. In some countries these activities are carried out in association with international organizations such as PSI and DKT; however, in many countries national NGOs have social marketing activities within their programmes. Such partnerships differ widely by country.

- All countries in UNFPA Supplies benefited from the programme's coordination with other United Nations organizations including UNICEF, UNHCR, World Food Programme (WFP), International Organization of Migration (IOM), UNAIDS, UNDP and the World Health Organization. Partnership was particularly strong around provision of RH kits and reproductive health information and services in humanitarian settings. UNFPA collaborated with UNHCR in Ghana in three refugee camps.
- 9 countries engaged with the private sector. In Uganda, for example, UNFPA Supplies provided commodities to foundations and medical facilities as part of an alternative distribution channel to reach vulnerable populations and adolescents.

It can be concluded, based on set criteria and checklist, that in 2017 collaboration and partnership were broad-based, under the leadership of government and functional in 18 countries. In these countries, UNFPA Supplies supported in-country RHCS/FP partnership mechanisms that are under the leadership of government, and: (a) held regular meetings at least twice a year; (b) with membership consisting of at least six of the following categories of partners UN agencies, bilateral government agencies including embassies, NGOs, social marketing organizations, civil society, academic/training institutions and the private sector; and (c) work was done to address specific issues or problems.

Figure 20: Number of countries by types of partners involved in country-level coordination



A success story on increasing domestic financing and expenditure for reproductive health commodities took place in Uganda this year. UNFPA supported the Government to participate and recommit on family planning in the second Family Planning Summit in London in July 2017: the Government of Uganda recommitted to allocating $5 million annually from domestic resources to the procurement of reproductive health commodities. Additionally, UNFPA supported the tracking of the national budget, which showed that Uganda was still not meeting the FP2020 commitments. This information is being used in advocacy by civil society organizations and legislators to ensure that the government meets the commitments. Also in Uganda in 2017, the Ministry of Health contracted with a private entity, Uganda Health Marketing Group, to transport contraceptives to health facilities.

In Nigeria, UNFPA supported a number of high-level events this year, including the 5th Annual Family Planning National Stakeholders Consultative Meeting in Abuja 11-14

September 2017. The meeting was an opportunity for stakeholders in the field of reproductive, maternal, newborn and child health across Nigeria to deliberate on key issues affecting family planning programming in Nigeria. Participants took steps to build momentum for family planning through effective and inclusive partnerships beyond the traditional partners operating within the family planning landscape. The Government of Nigeria, in collaboration with private sector partners, pledged to achieve a modern contraceptive rate of 27 per cent among all women by 2020 and to increase the annual allocation for contraceptives from $3 million to $4 million. Also in Nigeria in 2017, the development of a computerized integrated logistics management information system (LMIS) proceeded with the support of UNFPA, USAID, DFID, Bill & Melinda Gates Foundation and the Global Fund;

In all UNFPA Supplies countries, coordination platforms have helped to inform quantification of needs and facilitate discussions on funding gaps, commodity status at the national warehouse and last mile distribution challenges. (Examples noted in Part One are described here in more detail, in relation to the output and indicators.)

In the Democratic Republic of the Congo, coordination among partners led to the development of the supply chain management strategic plan and validation of LMIS strengthening road map with the technical and financial support of UNFPA. Also in the DRC, UNFPA continued to provide NGOs with commodities and ensure the products are transported to their various service delivery points. An NGO, VillageReach, which works on last mile distribution for vaccines, started a collaboration with UNFPA for last mile distribution of contraceptives.

In partnership with JSI in Mali, UNFPA conducted a study to identify opportunities for private sector involvement in supply chain strengthening. The study identified strengths, weaknesses and opportunities related to purchasing, storage and distribution functions. Private sector involvement in the supply chain in Mali is expected to improve processes and help reach the last mile with contraceptives and other essential supplies.

In Congo technical support was provided to develop funding requests to the Global Fund that takes into account as an innovative and integrated approach to sexual and reproductive health services in addition to HIV activities. The assistance was part of UNFPA Supplies sustainability strategy implementation.

Storage conditions improved for contraceptives and other reproductive health supplies in Central African Republic in 2017 when UNFPA supported a contract with the Central African Social Marketing Association (ACAMS).

In Guinea-Bissau, UNFPA continued to support AGUIBEF, an NGO with clinics in four health regions (Bissau, Bafata, Quinara and Tombali) that provides transportation and supply delivery to these four regions. Also, AGMS, another NGO, manages, transports and distributes condoms in all health regions in partnership with the National AIDS Secretariat.

In Sierra Leone, UNFPA continued to provide contraceptives to Marie Stopes Sierra Leone (MSSL) and the Planned Parenthood Association of Sierra Leone (PPASL) as part of the annual procurement from UNFPA Supplies. PPASL and MSSL distribute these commodities using their own channels to reach the last mile.

In Papua New Guinea, UNFPA supported the Department of Health to contract with a local logistics company, LD Logistics, to transport and distribute medical supplies throughout the country, including contraceptives.

"Visiting service providers" is an innovative approach that is being promoted by UNFPA in partnership with DFID to address unmet need for family planning among excluded and vulnerable women in eight districts. The three key pillars of this approach include: (a) capacity-building; (b) coaching and mentoring; and (c) strengthening family planning service delivery. In 2017, 2,634 additional users were reached, with provision of modern contraceptive methods sufficient to prevent 6,563 unintended pregnancies, and avert 1,995 unsafe abortions. In 2017, a total of 5,026 women received long-acting family planning services through Visiting Providers (4,826 implants and 200 IUDs), accounting for 41 per cent of all LARC (long-acting reversible contraception) services in the included districts where this approach has been piloted. With this success, UNFPA is scaling up this intervention in an additional four districts with funding from UNFPA Supplies to cover 12 districts (out of a total of 77) in 2018.

In Rwanda, the Society for Family Health distributes short-term contraceptive methods (pills and injectables) using a well-developed and supported distribution channel consisting of wholesalers and retailers (pharmacies and clinics). ARBEF, the *Association Rwandaise pour le Bien Etre Familiale* (an IPPF affiliate) facilitates the distribution of all family planning commodities to young people through its youth-friendly clinics. ARBEF also collaborates with other youth organizations to facilitate accessibility and availability of contraceptive methods in the community. As a result, 115,260 oral pills and 19,890 injectable contraceptives were distributed during the period of July 2016-June 2017 through social marketing and the number of clients who received family planning methods through ARBEF clinics also increased from 21,703 clients in 2016 to 23,372 clients in 2017. A community workday supported by UNFPA Rwanda, reached 26,502 marginalized and poor women with family planning services, providing in particular access to long-acting methods.

Also in Rwanda, UNFPA organized a family planning round-table involving all key stakeholders to discuss gaps, challenges, and a potential strategy to improve family planning in Rwanda. From the recommendations formulated, the Government of Rwanda renewed its commitments towards FP2020, and used them as a rationale for conducting studies on the demographic dividend and on barriers that impede family planning uptake, and to inform the Adolescent Sexual and Reproductive Health and Family Planning Strategic Plan. A stakeholder mapping was conducted, providing the Government of Rwanda with potential partners for resource mobilization.

1.3 Product availability

The Coordinated Assistance for Reproductive Health Supplies (CARhs) is partnership between core member-organizations UNFPA, USAID, West African Health Organization (WAHO), Clinton Health Access Initiative (CHAI) and the Reproductive Health Supplies Coalition Secretariat. In 2017, CARhs continued to deal effectively with shortages and overstock situations through coordination with donors and implementing partners. When required, shipments are redirected and rescheduled to the countries in immediate need. In-country coordination between key actors is constantly encouraged and supported.

Between January and December 2017, the CARhs group resolved 195 supply imbalance issues reported by countries. Incidences of potential overstocks were few in 2017, with one reported in Benin for DMPA-IM due to quantification error.

The Coordinated Supply Planning Group (CSP), led by JSI, UNFPA, USAID, the Bill & Melinda Gates Foundation and DFID is a cross-organizational team that strives to prevent family planning commodity stock imbalances by using shared supply chain data and information to better coordinate shipments and the allocation of resources within and among countries. CSP works together on 1) monthly country supply outlook monitoring for 41 countries and 2) country funding gap analysis. In 2017 there were 102 unique supply issues flagged by 34 countries for CSP to review. CSP provided analysis and advocacy resulting in additional orders worth $12.4 million for 14 countries across 10 products to avert critical shortages and stock-outs. CSP recommended cancelling or reducing orders that were not needed, saving an estimated $1.8 million. The group also delayed orders to prevent overstocks worth $1 million. Furthermore, the shipment actions that CSP recommended provided an additional 7 million couple years of protection from unintended pregnancy (CYP). UNFPA and USAID took an end-to-end approach (from manufacturer to end user) and improved and standardized data-collection on consumption, stock levels and shipments of various contraceptives. This improved visibility along the supply chain and identified countries with under- and overstocks.

UNFPA Supplies reported for the first time on two new indicators in its Performance Monitoring Framework to assess product availability:

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

Improved quantification in the 46 countries meant that incidences of potential overstocks were few in 2017, and none for injectable contraceptives.

In Burundi and Benin, slow roll out of health worker training was insufficient to provide a method as planned, leading to overstocks (a reason that is difficult to account for when creating the original procurement plan). The overstock of DMPA-IM in Burundi was moved to Tanzania. In Benin, a quantification error in consumption rates created an overstock of female condoms, emergency contraceptives and DMPA-IM. Stock was moved to other countries in West Africa. In Zimbabwe, an overstock of magnesium sulfate was identified, again as training had not expanded fast enough, and excess stock was moved to other countries in the East and Southern Africa region.

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

2.1 Quality of products

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

An additional manufacturing site for prequalified male condoms was added in 2017, bringing the total to 31 manufacturing sites. The number of manufacturing sites for female condoms (4 sites) and IUDs (7 sites) remained the same as in 2016.

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

In 2017, an additional two hormonal contraceptives were prequalified, bring the total to 29, of which of which 19 are generic. For maternal health medicines, in 2017 there were 2 oxytocin products, 5 magnesium sulfate products (3 for 10 ml ampoules, and 2 for 5 ml), and 3 misoprostol products WHO prequalified.

Number of hormonal contraceptives and three priority maternal health medicines that have positive ERP opinion

In 2017, UNFPA supported one additional manufacturer of a combined injectable contraceptive as a result of which it received a positive Expert Review Panel (ERP) opinion. This increased the total of quality-assured hormonal contraceptive products – those prequalified by WHO or eligible for procurement temporarily having received a category 1 or 2 ERP opinion – to 19 products.

In addition, four more manufacturers of priority maternal health medicines – oxytocin, magnesium sulfate and misoprostol – also gained positive ERP opinion, bringing the total to 10 products with a positive ERP opinion.

2.2 Procurement efficiency

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

Through its market shaping efforts and its improved commodity forecasting and planning procedures, UNFPA was able to reduce prices of approximately 89 per cent per cent of its key contraceptives procured in 2017.

UNFPA was able to reduce prices for key contraceptives on 4 out of 7 product categories in 2017 (compared with prior year prices), and maintains 100 per cent lower prices than public sector procurer USAID, and compared with the median MSH International Medical Products Price Guide listings. See the UNFPA Contraceptive Price Indicator 2017.

Table 4: Actual average 2016 price and average 2017 price (US$)

Year	Male condoms	Female condoms	IUDs	Oral contraception	Injectable	Implants	Emergency contraception
2016	3.64	0.49	0.30	0.30	0.82	8.05	0.35
2017	3.24	0.42	0.30	0.37	0.90	8.00	0.33

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

In 2017, UNFPA was able to generate $1.8 million in savings through price negotiations for specific orders and/or products with manufacturers, and through efforts to bring to the market lower-cost generic products that meet international standards.

- Savings on generics vs. innovators: $933,000
- Savings through price negotiations for specific orders and/or products: $845,000

Table 5: Total amount (US$) saved through procurement of generic contraceptives by product

	Quantity procured of generic product	Savings generated compared with procurement of innovator (US dollars)
Sum saved by the procurement of a generic LNG.15_EE.03MG_FE	6,185,480	$556,693.20
Sum saved by the procurement of a generic LNG_0.03MG	1,211,120	$36,333.60
Sum saved by the procurement of a generic LNG_IMPL_75MG	340,000	$340,000.00
Total savings generated generics vs. innovators		$933,026.80

Currently 100 per cent of male condoms and IUDs, as well as 99.6 per cent of emergency contraception were procured with UNFPA support are generic products not innovator brands.[6] Regarding female condoms, all four products have different features and have undergone a stringent prequalification process to assure their quality. While they might not be considered generic, they have stimulated competition within the market for these female-controlled barrier methods as a result of which the innovator product has come down in price by 28 per cent.

Cost per unintended pregnancy averted based on contraceptives procured

Contraceptives provided through UNFPA Supplies in 2017, had potential to reach 15 million users with a choice of quality modern contraceptives. These contraceptives had potential to avert: 7.5 million unintended pregnancies; 18,000 maternal deaths; 114,000 child deaths; and 2.3 million unsafe abortions. These contraceptives had potential to save families and health systems $450 million in direct health-care costs (costs of care during pregnancy and childbirth). (Calculated using MSI Impact 2.4.)

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

In 2017, the average estimated cost per pregnancy averted was $8.60 a slight increase from $8.11 in 2016: primarily owing to an increase in the requests for implants compared with numbers of IUDs requested in 2016.

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

The average cost per CYP was reduced to $2.68 in 2017 compared with $2.78 in 2016.

2.3 Environmental risk mitigation

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

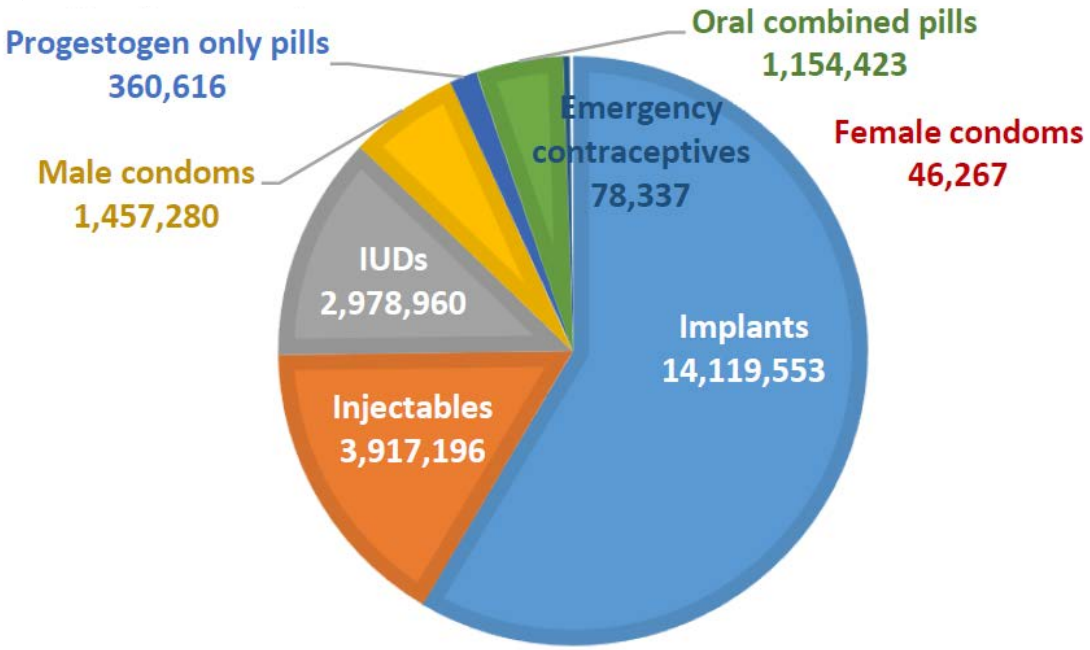
In 2017, 38 UNFPA Supplies countries (82 per cent) took into consideration UNFPA's recommendations in their national guidelines for safe disposal of medical waste and contraceptives, with 18 having all the elements and 20 some elements of UNFPA's recommendations.

2.4 Quantity and mix for commodities procured

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

Contraceptives supplied through UNFPA Supplies in 2017 sufficient to prevent 24.1 million couple years of protection from unintended pregnancy (CYP), compared with 22.4 million in 2016.

Figure 21: Couple years of protection per method provided in 2017 (total 24.1 million CYP)



Percentage of contraceptives procured that are generic products

Among the contraceptives procured, 100 per cent of IUDs, male condoms and emergency contraceptive pills and 5 per cent of oral pills are generic.

Table 6: Percentage of registered products in 2017 that are generic/innovator

Product type	Number of countries	Percentage (%)
Generic	6	46%
Innovator	7	54%
Total	13	100%

Table 7: Type of product registered

Contraceptive type	Total Nº of products offered in our catalogue	Nº of innovator products	Nº of generic products	Number of products registered in a FP2020 country		
				Total	Innovator	Generic
Emergency contraceptives	8	0	8	33	0	33
Progestogen only pills	4	2	2	19	17	2
Combined low dose oral contraceptive pills	9	2	7	50	7	43
Implantable contraceptives	3	2	1	66	59	7
Injectable contraceptives	3	3	0	37	37	0

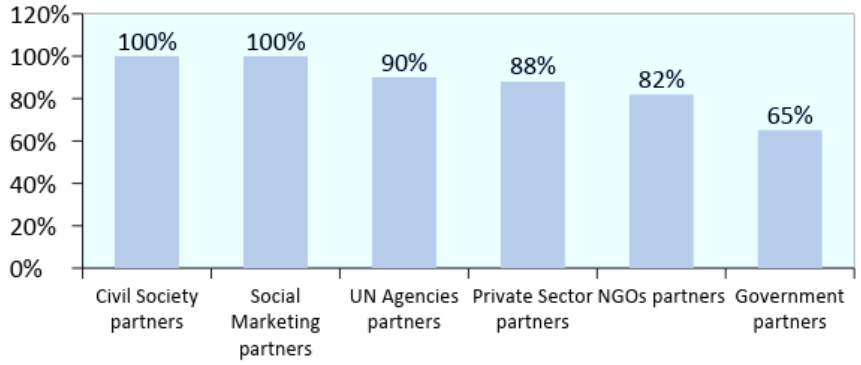
Output 3 Improved capacity for family planning service delivery including in humanitarian contexts

3.1 Humanitarian settings

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

Some 74 per cent of the 23 countries in humanitarian and fragile settings that received RH kits, implementing partners did not experience stock-out of RH kits during 2017. If there are no stock-outs of RH kits among implementing partners in these contexts, then there is a greater chance that the needs of women and girls in humanitarian situations are being met.

Figure 22: Percentage of countries where the given partner experienced "no stock-out" of RH kits during 2017



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

Among the 35 of 46 countries that experienced humanitarian situations in 2017:

- 18 countries (52 per cent) confirmed they have built their capacity to conduct comprehensive MISP training;
- 11 countries have capacity for all four aspects of MISP (basic, comprehensive, clinical management of rape, gender-based violence and preparedness);
- 33 countries have capacity in Basic MISP and 18 in Comprehensive MISP.

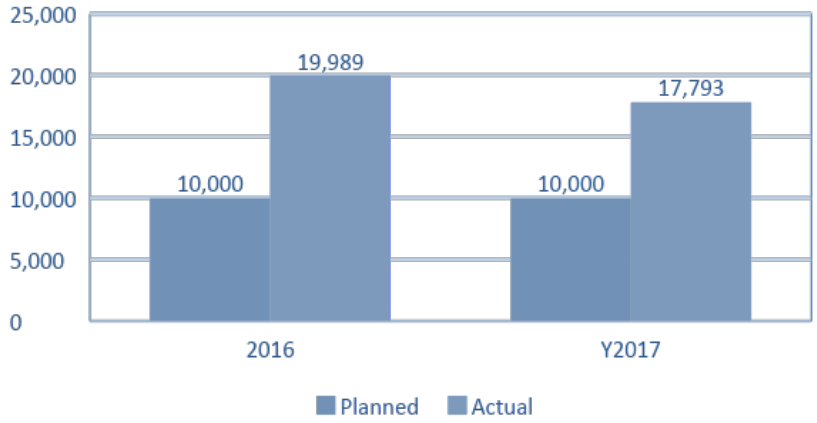
3.2 Capacity-building

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

In 2017, the total number of service providers trained was 17,793 in 29 countries, surpassing the set target of 10,000 by about 78 per cent. This is somewhat lower than in 2016 (down by 2,196 or 11 per cent). This difference is due to changes this year in Uganda and Tanzania, which focused less on training and more on other forms of capacity-building such as mentoring and on-site supervision. We believe this strategy did not have any adverse effect on the programme as both countries continue to report

significant increases in the number of additional users as expected, building on existing trained health providers. Efforts will intensify to achieve the five-year target for trainings.

Figure 23: Total number of service providers trained to provide family planning services



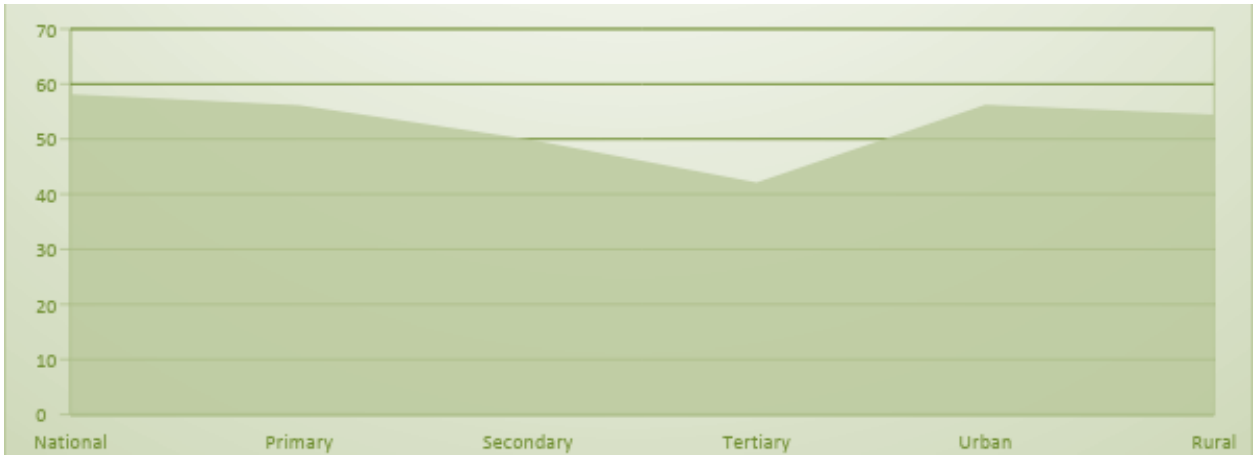
Output 4 Strengthened supply chain management and data generation systems

4.1 Supply chain strengthening

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

On average, 58.1 per cent of SDPs received the full quantity of contraceptive products that they ordered in the three-month period before the survey. A higher percentage of SDPs at the primary level received all of the contraceptive products that they ordered compared with secondary level (50 per cent) and tertiary level (42.1 per cent).

Figure 24: Percentage of countries where 80 per cent of primary level facilities received the quantity of products that they ordered during the past quarter

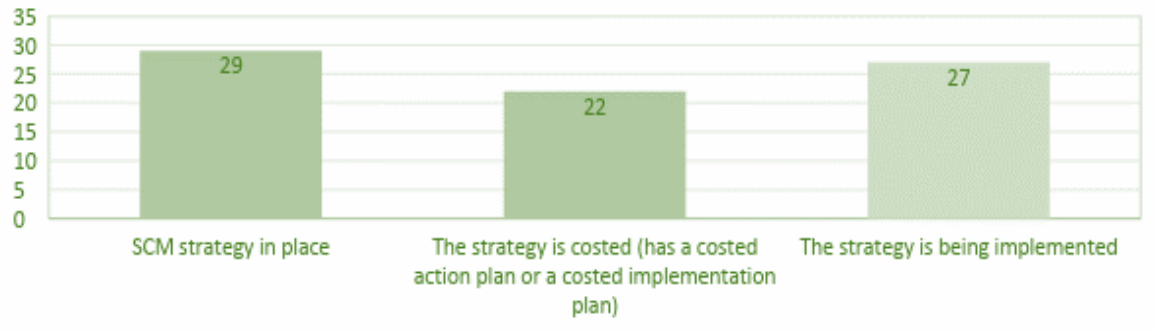


Primary-level SDPs in only three of 19 countries received the quantity of contraceptive products that they ordered during the three months before the survey (Honduras, Madagascar and Sao Tome and Principe).

Number of countries where a costed supply chain management strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide on Ensuring Human Rights Within Contraceptive Service Delivery

In 2017, 10 countries already have 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 these recommendations of the UNFPA/WHO implementation guide on *Ensuring Human Rights in Contraceptive Service Delivery.*

Figure 25: Number of countries where a costed supply chain management strategy is in place and being implemented

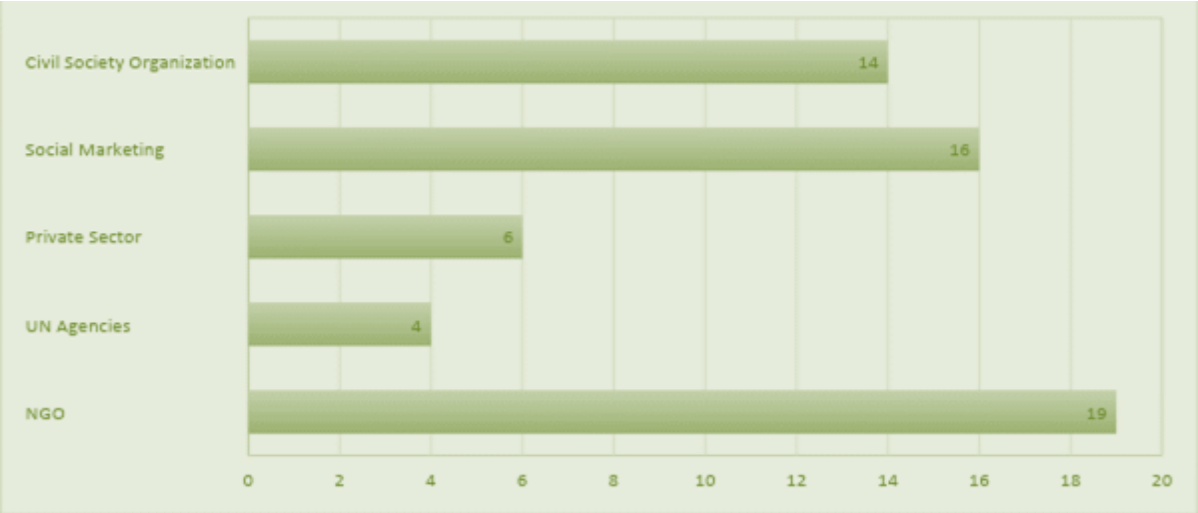


Including all seven elements[7] can be challenging, and therefore the total number of countries that meet these more advanced criteria is not expected to increase significantly year upon year. However, it is expected that countries will continue to add aspects as they progress towards the goal of achieving all seven points.

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

In 2017, various non-public sector partners were engaged to support last mile distribution to service delivery points in 33 countries. The most active category of non-public sector actors are NGOs, which supported the distribution of commodities in 19 countries. In six countries, private sector organizations are contracted to support the distribution of contraceptives to the last mile.

Figure 26: Number of countries where non-public sector partners (private sector, NGOs, CSOs) are engaged in last-mile commodity distribution



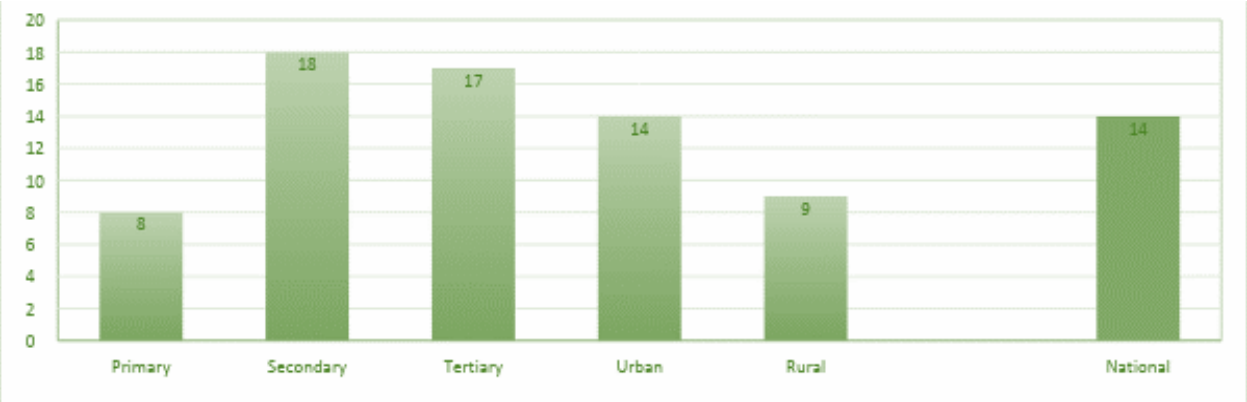
[7] Countries need to: (a) have in place a supply chain management strategy with (b) a costed implementation plan that (c) addresses elements of contraceptive commodities availability and accessibility in line with these recommendations of the UNFPA/WHO implementation guide on Ensuring human rights in contraceptive service delivery: (1) inclusion of all contraceptives commodities in the national Essential Medicines List (EML); (2) no restriction on the provision of any modern contraceptive method; (3) broad-based partnership involved in quantification and estimation of needs; (4) capacity building on LMIS; (5) national resource mobilization focused on government budget allocation and use for procurement of contraceptives; (6) contraceptive distribution mechanism that involves NGOs, civil society and/or the private sector; (7) use of technology for improvement in LMIS.

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

Based on the average for 24 countries for which data are available:

- 77.5 per cent of SDPs have trained staff for the provision of modern contraceptives. Of these, 78.8 per cent are at primary level and about 83 per cent are at secondary and tertiary levels. Almost all secondary level facilities that provide any modern method also provide services for the insertion and removal of implants.
- 75 per cent of SDPs at rural locations provide any modern method. Of these, 65 per cent provide services for the insertion and removal of implants.

Figure 27: Countries were 85 per cent of all SDPs have trained staff to provide modern contraceptives



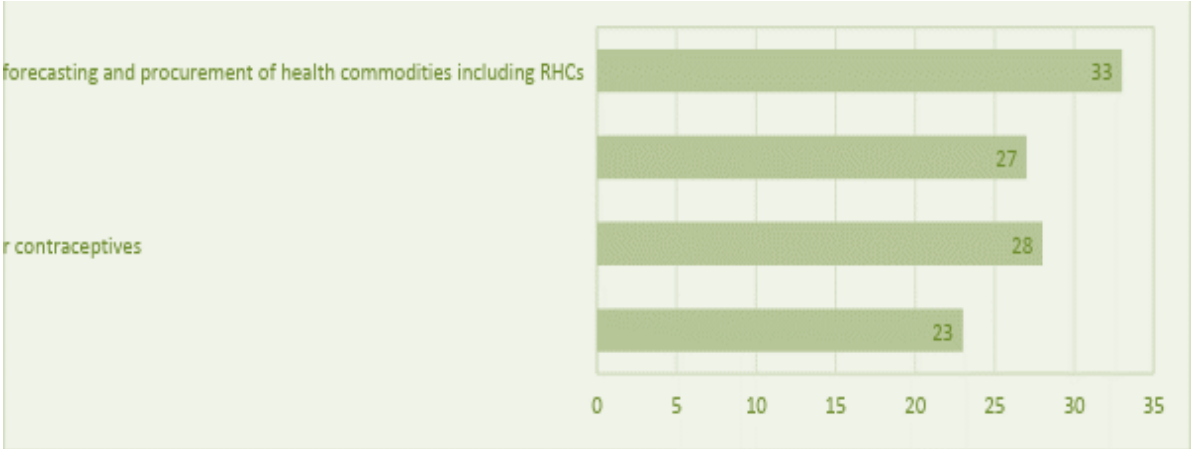
4.2 Demand forecasting and procurement

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

A system exists for forecasting and procurement in 33 of the 46 focus countries. The government leads the procurement process in 27 countries and is in charge of forecasting in 28 countries; and in 23 countries the government leads both the procurement and forecasting processes. It is in these 23 countries that functional institutions exist with government, demonstrating capacity and leadership for contraceptive demand forecasting and procurement processes.

Overall, only half (50 per cent) of the 46 countries in the UNFPA Supplies programme have identified their governments as taking leadership roles in both procurement and forecasting. However, many of the capacity-building activities that UNFPA Supplies supports are already in place and over time will ensure national government ownership continues to increase across all programme countries.

Figure 28: Number of countries where government institutions demonstrate capacity and leadership on contraceptive demand forecasting and procurement process



Number of countries making 'no ad hoc requests' to UNFPA supplies for commodities (except in humanitarian contexts)

Seven countries made ad hoc requests to UNFPA Supplies for commodities for various reasons other than in humanitarian context (see the table below) – an improvement from 15 countries in 2016. Through UNFPA Supplies coordination with other international procurers, mainly USAID, the programme was able to identify where additional assistance was needed, while also ensuring no duplication of effort across the different partners. It is important to recognize that ad hoc requests do not always infer to "bad planning". Instead, it can be due to an unforeseen uptake of a new product, as seen in Uganda or the withdrawal of another donor's support, as seen in Kenya, or the fact that a government procurement takes too long to process, as seen in Nepal. Meanwhile, in Lesotho, uncoordinated distribution of condoms by community-based distributors resulted in unexpected stock-outs and an emergency order was raised. In Bolivia and Rwanda there were stock-outs and/or near stock-outs that needed addressing and in Timor-Leste there was an ad hoc request for condoms after the condoms in country expired. This happened due to failures within the distribution channels and a weak national monitoring system.

Table 8: Reasons for ad hoc request

Country	Reasons for ad hoc request
Bolivia	Avoid stock-out for some contraceptives
Kenya	Shortage of female condoms. There was no other partner to provide support. USAID also reduced their support for Jadelle, meaning an additional request was made to UNFPA
Lesotho	Uncoordinated distribution of condoms by CBD resulted in unexpected stock-outs and had to raise an emergency order
Nepal	Delay in procurement
Rwanda	Stock-out of Implanon at central warehouse
Timor-Leste	In 2017, there were ad hoc requests for condom procurement due to expiration of condoms in the country. This happened due to failures within the distribution channels and a weak monitoring system
Uganda	Scale up on new methods, i.e. DMPA-SC and Implanon NXT

4.3 Support for data generation

Number of countries where facility survey reports are available

In 2017, as planned 27 countries carried out the UNFPA Supplies countrywide facility surveys of service delivery points. Findings of the surveys from 25 countries have been disseminated to partners and are being used for programming. In addition to providing information for UNFPA Supplies indicators, the survey data will provide data for global reporting through FP2020.

Figure 29: Number of countries where facility survey reports are available

Output 5 Improved programme coordination and management (Management Output)

5.1 Resource mobilization and allocation

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

In 2017, the amount mobilized from partners for the UNFPA Supplies programme increased by 30 per cent compared with the previous year to $146,459,690, but this was still lower than the target of $216,000,000 – leaving a funding gap of $69,540,210.

UNFPA Supplies received support from a diverse range of donors in 2017: Australia, Belgium, Canada, Denmark, France, Ireland, Liechtenstein, Luxembourg, Netherlands, Portugal, Slovenia, Spain, the United Kingdom, the European Commission, the Bill & Melinda Gates Foundation, Children's Investment Fund Foundation, the Winslow Foundation, Treehouse Investments and private contributions (including online).

Evidence of UNFPA meeting FP2020 commitments

In 2017, UNFPA successfully met its Family Planning 2020 commitment to allocating more resources to family planning spending approximately $303 million (or 40.2 per cent of UNFPA's total programme expenses) on Family Planning. This includes $183 million (or 24.3 per cent of UNFPA's total programme expenses) directly related to family planning activities (creation of enabling environments for family planning, supply, provision of services and family planning systems strengthening) which are captured by UNFPA systems under Strategic Plan Output 2. In addition, activities with an impact on family-planning results were conducted in other areas of work under UNFPA's mandate. These activities accounted for an additional $119.7 million (or 15.9 per cent of UNFPA's total programme expenses).

5.2 Commodity procurement

Proportion of planned procurement of contraceptives initiated and fulfilled

In 2017, 100 per cent of the 46 programme countries were given funding ceilings on time and were able to plan their commodities requests according to available funds. This meant that all requests received could be fulfilled; however, it does not indicate whether there was a greater need in country that could not be met through UNFPA Supplies or other partners.

Average number of days between the time when requisition is approved and when the commodities (contraceptives) arrive at country of destination

The mode of shipping, i.e. air or sea, typically has a significant impact on the time lap between departure and arrival of supplies following the requisition as well as on the cost of the transportation: a careful balance is therefore needed to ensure cost and time optimization.

To measure time effectiveness in procurement without distorting the result based on the selected mode of transportation, UNFPA therefore measures the average number of days between the time when the requisitions approved and the commodities depart: this was reduced to 107 days in 2017 down from 118 in 2016. Note that this indicator does not include shipment of commodities from inventory.

UNFPA has continued to increase its purchasing from stock, helping ensure that commodities are received more rapidly by countries The main events taking place during the time between issuance of requisition and goods ready for departure include: time to reconfirm the requirement including detailed specifications with the recipient country office, time to identify the best supplier for the particular assignment including ensuring requirements such as registration is in place whenever applicable, time for the selected supplier to produce the goods, time for sampling and testing of product (whenever applicable) and time to select and book the best available shipment option (although the time for actual shipment is not included in this metric, as mentioned above).

5.3 Programme steering

Degree to which Steering Committee and Donor Accountability Council (DAC) recommendations are implemented and follow-ups made

In 2017, four DAC meetings and two Steering Committee meeting were held. All of the recommendations made by the DAC and Steering Committee were implemented including:

- finalizing and making available the terms of reference for the DAC;
- providing additional information on the breakdown of expenditure for capacity-building, and change terminology to technical assistance to deliver the programme results;
- providing information on funding sent to NGOs;
- in the QPM and reporting to DAC, more information is included on risk mitigation, NGO implementation, humanitarian funding, DMPA-SC, and details on financial expenditure by intervention area;
- providing updates on the DFID Annual Review 2016;
- reporting on the impact of the UNFPA Supplies Resource Allocations (RAS) Algorithm on country workplan processes and commodity procurement for Steering Committee discussion and recommendation;
- making available the draft Supply Chain Skills Assessment Terms of Reference discussion and input from DAC members.

5.4 Human resources

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

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

In 2017, 40 per cent of the posts that were filled in 2017 had someone enter into the role within six months. Specifically, five positions were filled in the programme. The majority of positions filled were at headquarters (three positions), with two at country level.

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

The number of staff dedicated to Family Planning/Reproductive Health Commodity Security across country, regional and headquarters is 180. These staff contribute to the success of the programme. Of these individuals, 132 are deemed to have at least three years' of experience in supply chain management.

5.5 Workplan and review process

Number of countries that concluded workplanning and fund allocation processes by 15 January

The UNFPA Supplies team demonstrated significant improvement in the finalization of countries' annual workplans and the release of the first tranche of funds for the new year: 42 countries were able to finalize their annual workplans and receive their funds and initiate activities by 15 January 2017.

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

Of 43 countries assessed in 2017, only six did not achieve a grade A score.

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

Of the 29 countries assessed in 2017, 24 had an annual workplan effective implementation score of 80 per cent or above. This means that the countries started and implemented all their activities in full and the set targets were achieved and appropriate reports provided. Five countries scored below 80 per cent.

Average financial implementation rate of countries

The overall financial implementation rate for country offices in 2017 was 88 per cent. Most country offices demonstrated a satisfactory implementation rate against programme funds allocated.

5.6 Funding modality for country segmentation

As part of the UNFPA Supplies change management process, we continued to make strategic shifts in regards to the funding modality for country segmentation.

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

In 2017, as planned, UNFPA Supplies again reduced its allocation for commodities to Category C countries: by 28 per cent from $8.2 million in 2016 to $11.4 million in 2017.

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

For 2017, the percentage expenses per UNFPA Supplies outputs were as follows: Output 1 (Enabling environment), 4%; Output 2 (Procurement) 68%; Output 3 (Improved Access), 7%; Output 4 (Supply Chain), 11%; and Output 5 (management), 10%. With the review of the expenditures against the proposed programme budget, strict comparison is no longer possible because of the recent revision in the UNFPA Supplies Framework. In particular, former Output 2 with a focus on demand generation, was discontinued in accordance with the Steering Committee recommendation on revision of the results framework. As shown in Table 9, the percentage deviation across programme outputs ranged from –7% for Output 2, Procurement Efficiency (with a percentage expenses of 68% compared with a planned percentage expenditure of 75%); to,+5% for Output 5, Programme Management (with a percentage expenses of 10% compared with a planned percentage expenditure of 5%).

Outputs	2017 Expenses ($)	2017 Expenses (%)	Planned expenditure Milestone for 2017 (Percentage)	Deviation from planned expenditure Milestone for 2017 (percentage point)
Output 1: Enabling Environment	4,954,483	4%	5%	-1%
Output 2: Procurement efficiency	80,246,605	68%	75%	-7%
Output 3: Improved Access	7,937,718	7%	5%	2%
Output 4: Supply Chain	13,330,069	11%	10%	1%
Output 5: Programme Management	12,146,625	10%	5%	5%
Total	118,615,500	100%	100%	

5.7 Programme evaluation

Programme midterm evaluation results and recommendations published, disseminated and implemented

The data-collection phase for the Mid Term Evaluation for the UNFPA Supplies programme started in 2017 and was finalized in January 2018. This included four country case studies with field visits (Lao PDR, Nigeria, Sierra Leone, Sudan); and five country desk case studies (Haiti, Madagascar, Malawi, Nepal, Togo). The evaluators also carried out extended interviews of stakeholders and review of documents, and conducted a survey covering all countries and units implementing the UNFPA Supplies programme.

Thevreporting phase was launched in January 2018 with a three-day workshop with a full participation of the evaluation team members in Copenhagen (at Euro Health Group facilities); this was also an opportunity for in-person interviews with staff at UNFPA's Procurement Services Branch.

The draft Final Evaluation Report, along with country case study notes are expected to be available by May 2018.

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

NA

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

Development of Family Planning/RH Commodity Security Business Cases in Democratic Republic of Congo, Kenya and Nigeria

UNFPA commissioned consultants to support the development of FP-RHCS Business Cases in DRC, Kenya and Nigeria during the period mid-April to end June 2017. The Business Cases were designed to: (1) determine the overall need for FP and what FP needs are currently being met; and the gap between needs and current support; (2) provide a brief overview of current in-country efforts to address FP challenges and meet needs; and (3) help build advocacy arguments to be used at high-level to secure the better positioning of FP and its increased prioritization, including as manifested through increased allocation of in-country resources.

The figures generated under (1) have been the subject of discussion and extensive review. In each country the parameters of what was included and the time frames were different and so are not easily comparable. In all countries, gap between needs and current support was significant.

Table 10: Gap between estimated needs and current support

	Years	Estimated FP $ need	Current FP $ committed	Funding gap
Kenya	2017-20	$274.20M total need	$20.50M committed	$294.7, total gap
Nigeria	2017-22	$652M, total need	$90M projected	$562M, total gap
DRC	2016-20	$173.65M total need	$91.58M projected	$82M, total gap

In Kenya, the FP-RHCS Business Case has been used to position family planning and related issues with success in recent months, following the political crisis that delayed advances in the latter months of 2017. Specifically, it has fed into: advocacy with the National Hospitals Insurance Fund (for expansion of insurance coverage to a broader range of contraceptive methods); high-level advocacy with the National Council for Population and Demography; and the launch of the National CIP. With Kenya, a UNFPA Supplies Category C country, these interrelated efforts are fully aligned with in-country moves towards FP-RHCS sustainability and the transition to domestic funding to meet all needs (linking to additional efforts to systematize institutional fund allocation and further develop a cost recovery mechanism proposed by UNFPA that combines a Contraceptive Repository and Revolving Fund).

In Nigeria, the relevant national authorities approved the findings and the Nigeria document has been adopted and was used for positioning and prioritization of family

planning at Federal and State level, specifically with the: (a) launch and dissemination of the document at the FP Consultative Stakeholders meeting in August/September; (b) dissemination of the document at the FP2020 Reference Group Meeting; (c) provision of copies to the FMoH to supplement the budget justification for the family planning budget to the Senate Committee on Health for 2018 Budget.

In DRC, internal approval by the relevant national authorities was not completed, though follow-up is under way. Steps to leverage the findings of the report are being defined.

Blended financing landscape analysis

UNFPA commissioned a review and analysis of the landscape of blended finance models to help the Fund develop thinking on sustainable funding to support UNFPA's objectives by creating innovative financial structures to channel more capital, philanthropic and investment, to support reproductive health. UNFPA Supplies was a particular focus given the size of this Thematic Fund, in light of the current funding gap for the programme, and the focus on supporting programme countries towards financial sustainability. In particular, this UNFPA's work on blended financing aims to:

- increase resources available for programme countries (domestically controlled);
- solve problems of funding flow, including supporting market shaping.

The initial review of opportunities, which builds on UNFPA's efforts to date (e.g. UNFPA Supplies Bridge Fund Mechanism and the UNFPA Innovation Fund), indicated that blended finance models could mobilize in the region of $1 billion to $1.7 billion to fill the financial gap that exists in reproductive health.

The review identified six blended finance models as a starting point for UNFPA consideration. Next steps will be to identify what architecture to test considering demand from donors/investors, the need for different types of capital (investment, public and philanthropic) and industry players, and how UNFPA and partners could develop action plans.

5.8 Quarterly programme management process

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

The QPM process in 2017 focused on checking on the operational aspects as well as reviewing progress and achievements in specific areas. The areas included capacity strengthening (training), humanitarian interventions, working with partners, resource mobilization efforts, stock monitoring and DMPA-SC programming. Also, financial updates were provided that focused on setting ceilings, resource allocation for procuring RH commodities, resources released to country offices for programme implementation, and the funding situation for UNFPA Supplies. The review shows that the training interventions were mainly in the area of supply chain management, family planning service delivery (including insertion and removal of implants) and humanitarian response.

The QPM process was useful in tracking the results of programme implementation, and working with UNFPA Regional Offices and Country Offices to address bottlenecks. The process is a useful tool for providing regular update so donors and partners on progress

and challenges, and for taking strategic decisions and making adjustments to the focus of the UNFPA Supplies programme.

The key lesson for the QPM process, in its current form, is that it better at tracking management and operational results than tracking the achievement of programme results. Going forward, the tracking of programmatic results on a quarterly basis will require agreeing on key programmatic deliverables with quarterly benchmarks (beyond the indicators in the monitoring framework). This will also require a special tool designed for monitoring and reporting on progress.

5.9 Satisfactory technical assistance

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

A key aspect of the programme is the provision of technical assistance to programme countries. In 2017, 30 countries receiving reported receiving various forms of technical assistance from either headquarters or regional offices; with some countries receiving technical assistance from both levels. Twenty-three countries indicated they were satisfied or very satisfied with respect to quality, timeliness and responsiveness to need. None of the countries rated the technical assistance received as poor.

5.10 Convening and coordinating role of UNFPA

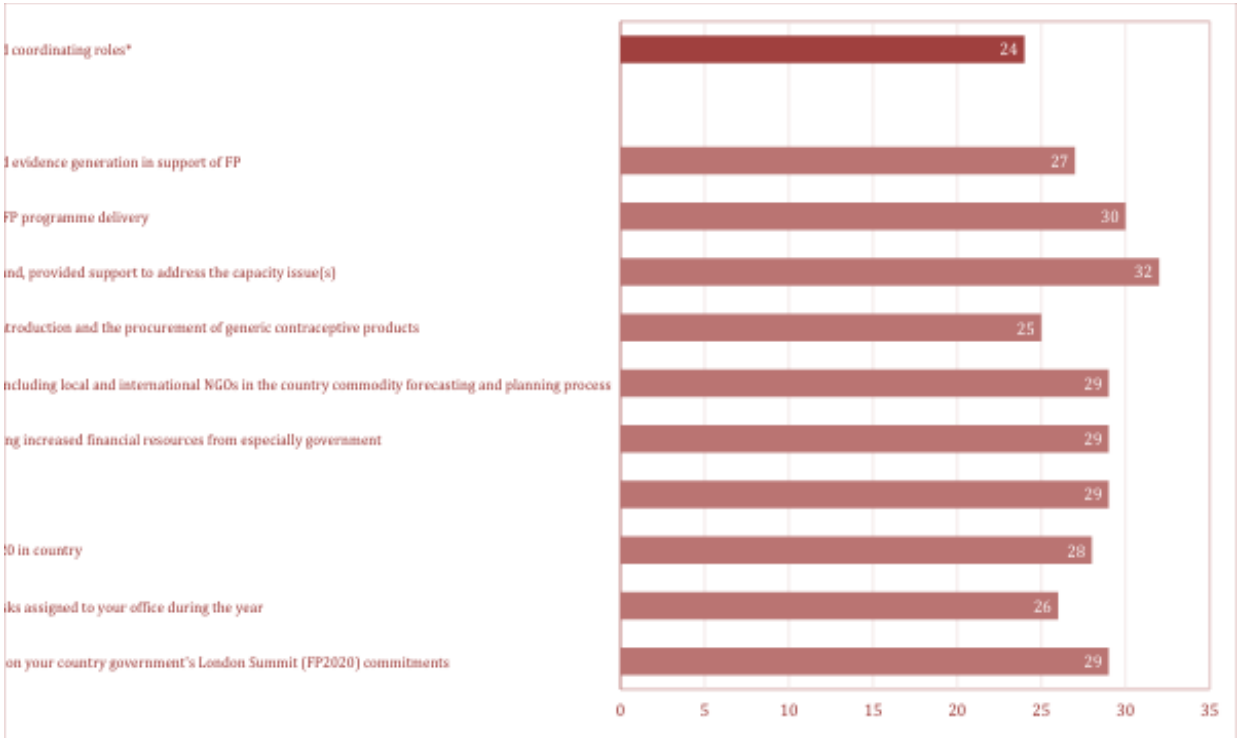
Number of countries where UNFPA plays a convening and coordinating role in the area of family planning

In all UNFPA Supplies implementing countries, the UNFPA County Office took various steps in 2017 aimed at convening partners and coordinating RHCS and family planning interventions. The interventions included coordinating and convening government's London Summit participation in 2017 and other FP2020-related interventions; leading in-country advocacy activities for mobilizing increased financial resources especially from government; facilitating the participation of non-public sector partners in the country commodity forecasting and planning process; introducing new contraceptive products including procurement of generic contraceptives; identifying critical capacity gaps and providing support for tools, guidance and skillets; ensuring the adoption of the human rights-based approach in family planning programme delivery; and, playing a leading role in the country for evidence generation in support of family planning.

The graph shows that 32 countries (70 per cent) provided leadership in identifying critical capacity gaps in RHCS and family planning interventions and supported government and partners with tools, guidance and necessary skills needed to address the challenges. In 25 countries (54 per cent), steps were taken to facilitate the introduction of new family planning methods.

In 2017, 24 countries played extensive convening and coordinating roles. These were countries that played leading roles in any of the two FP2020 key functions as well as any other five of the other convening and coordinating roles.

Figure 30: Number of countries where UNFPA plays a convening and coordinating role in the area of family planning



5.11 Dissemination of programme results

Evidence of dissemination of analysis of programme results in various media

The Media and Communications Branch supported the UNFPA Supplies programme to conduct activities for increasing visibility for the programme and assisting resource mobilization efforts for family planning in 2017. In line with the UNFPA One Voice Corporate Communications Strategy adopted in 2012, these activities aimed at communicating across earned, owned and social media platforms and to secure coverage in influential and agenda-setting media in donor nations.

Media engagement

The Family Planning Summit in London built on the FP2020 platform to re-invigorate the global community to make family planning services available to an additional 220 million women by the year 2020. The Summit provided an opportunity to position and promote UNFPA as a thought and action leader in family planning, and to give visibility and prominence to its work at the global level. UNFPA participated in the communications planning, along with other partners, such as DFID and the BMGF, to ensure a rights-based perspective in all public communications. UNFPA work was promoted through a social media mission to Sierra Leone, as well as through media engagement – press statements and multiple interviews with UNFPA leadership – and a strong presence in the Summit itself. The Summit presence included a portal which connected to programmes in Afghanistan and Kenya, as well as live social media coverage and presentations by UNFPA staff. UNFPA visibility at the Summit benefited from signage and branded materials placed strategically around the London Hall venue.

More than 160 stories referring to UNFPA and its thought and action leadership in family planning, including in providing contraceptives to countries that most need them, were published or broadcast globally around the London FP Summit (see highlights of the

coverage here). This coverage included agenda-setting media outlets in strategic donor countries such as *The BBC, The Guardian, The Wall Street Journal*, *AP, Thomson Reuters* and *USA Today*, among others.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End of Ebola sparks crisis for Sierra Leone's teen mums

A year after the country was declared free of the virus, maternity care and family planning remain starved of funding

▲ Mary Magdalene Koroma with her brother, Abdul Rahim Wahab, and their mother, Alice, on Sherbro Island. Photograph: Sulaiman Stephens

Mamie Gibila travelled across choppy waters for almost four hours last week to reach a hospital. She was midway through labour with twins. The first baby was born at home, but she was unable to deliver the second and urgently needed medical attention.

Media field missions to Liberia and Niger, in collaboration with NOOR Foundation, captured photos and video of family planning initiatives in UNFPA Supplies focus countries. These media assets, available in Q2 2018, will be used in-house and also pushed to global media through UNFPA and NOOR. Additional media missions are planned for Bolivia and Papua New Guinea in the first half of 2018, for a total of four countries to be profiled, along with a 360 video highlighting family planning activities in Nepal.

In addition to these mentioned field missions, UNFPA proactively pitched the Supplies story to top-tier media in donor countries throughout the year. This included organizing interviews with the Executive Director and other senior spokespersons to promote and establish UNFPA's thought and action leadership in this area. UNFPA Supplies and partner-led initiatives at the SheDecides meeting, at the Executive Board and around World Contraception Day were also used to raise awareness of family planning issues, including the funding gap for UNFPA Supplies.

Online communications

UNFPA published 21 stories on its official website 2017, highlighting the work of the Fund and its UNFPA Supplies programme on family planning and commodity security in UNFPA focus countries. An additional 20 family planning stories on other UNFPA programme countries were also published. These stories highlight UNFPA's contribution to the world's development goals and included 3 stories with direct references to UNFPA Supplies.[8]

[8] https://www.unfpa.org/news/men-rural-ethiopia-show-family-planning-not-just-womens-issue
https://www.unfpa.org/news/leaders-around-world-commit-support-voluntary-family-planning
https://www.unfpa.org/news/leaders-urge-access-reproductive-health-supplies-crisis-settings

A social media field mission to Sierra Leone allowed UNFPA to raise global awareness about the current unmet need for family planning around the world and the Fund's ongoing work to close this gap. The field mission to Sierra Leone included two social media influencers (Yagazie Emezi and Robbie Lawrence), as well as a journalist from the Guardian UK, to experience first-hand how the Fund is going the last mile to provide family planning services to women, girls and young people in remote and rural communities.

Both of the social media super-users shared their field experiences on their respective social media platforms and provided their audiences with an in-depth look at the work of UNFPA. With Yagazie's audience largely in Africa (primarily West Africa) and Robbie's audience largely in Europe (mostly in the UK), their digital communications enabled UNFPA to reach engaged social media audiences in both donor and programme countries.

As a direct result of the social media mission, UNFPA reached a combined audience of almost 250,000 people on Instagram alone. In addition, as Yagazie and Robbie are also both documentary photographers, they were able to produce compelling imagery that can now be used in UNFPA's continued global communications and advocacy.

The Guardian UK journalist who also took part in this mission wrote an online story for the Guardian, which has 25 million monthly readers. The journalist also published a feature story in Page 2 of The Observer.

https://www.theguardian.com/global-development/2017/jul/16/after-ebola-wrecked-sierra-leone-health-services-mothers-dying-in-their-hundreds.
https://drive.google.com/file/d/0B6pe2445bU1UcU1KeGYzampsZUZLMFV2MWdLeVB0LXNJNlhN/view?usp=sharing

#HerFuture: World Population Day

The UNFPA World Population Day messaging was entirely focused on family planning, and garnered more than 500,000 impressions from UNFPA's global Twitter account alone.

These messages consisted primarily of content from our social media package, which included 6 share cards, 3 fact cards and 1 video. On Facebook, this video reached was shared more than 150 times with a total reach of more than 3.33 million people. Meanwhile, on Twitter this video secured over 350 retweets, including from the United Nations (9.25 million followers), UNICEF (6.2 million followers), and UN Women (1.2 million followers).

Internal communications

Internally, several initiatives and products were developed to increase understanding of and support for UNFPA Supplies work across the organization, including presentations during meetings involving UNFPA senior representatives of priority country offices, references to the work of the programme during media and communications webinars, and regular interaction with regional communications advisers. An article for Voices, the internal communication platform for UNFPA, highlighted the behind the scenes activities around the FP London Summit and the portal.

Zainab Binta Jalloh, a 23-year-old from Sierra Leone's Koinadugu District. © UNFPA 2018

Finance and resources

UNFPA Supplies funds are managed in accordance with the Resource Allocation System (RAS) agreed by the Steering Committee for the programme. The RAS dictates that the programme funds for country interventions should be allocated in accordance with the needs measured by six indicators.[9] As noted above, depending on the overall score of the indicators, all countries are categorized in three groups: (A) Long Term Engagement, (B) Transitioning and (C) Approaching Sustainability. For the two first segments, Long Term Engagement and Transitioning, 75 per cent of their resources should be used for procurement of reproductive health commodities whereas 25 per cent should be allocated for technical assistance. For the countries who are approaching sustainability, Category C countries, 30 per cent of the resources should be used for provision of reproductive health commodities whereas 70 per cent should be used for technical assistance. At the beginning of 2017 the allocation of funds followed this methodology and funds were spent as planned.

At the beginning of the year, budget ceilings were calculated using a weighted algorithm based on five population and economic criteria. These ceilings guided the workplan development and commodity procurement processes. However, throughout the year, through the QPM process, the programme adopted a flexible funding approach approving additional funding to countries to overcome commodity gaps and justified workplan modifications.

Funds available and income

During 2017, the UNFPA Supplies programme had $155 million in the available programme budget which was $17 million higher than expected at the beginning of the year and $4 million higher than in 2016. The original budget estimate of $128 million was allocated for commodity procurement and technical assistance in accordance with the Resource Allocation System (RAS). The allocated funds were distributed to country offices, regional offices and HQ departments based on the score for the six key indicators[10] in the RAS. Additional $10 million are set aside in a special reserve that can be used to procure implants to fulfil the Minimum Volume Guarantee as per the Implant Access Programme. This reserve was not used in 2017.

Excluding the set-aside reserve and donor contributions received in the fourth quarter, the total available budget in 2017 was $155 million ($155,135,835).

Spending

Annual expenses totalled $119 million in 2017. It should be noted that additional $1 million was used (paid to suppliers) due to an increase in inventory and $17 million were committed in firm and binding purchase orders (not yet paid). These posts will be recognized as expenses when the goods have been handed over to the implementing

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

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

partners (e.g. to the ministry of health or an NGO implementing partner). They are however considered utilized since the funds cannot be used for any other purpose.[11]

Total expenditure in 2017 amounted to $119 m ($118,615,500) down by 9 per cent from 2016. The programme achieved a utilization rate of 88 per cent, which is in line with the expected.

It can take several months from the goods have been paid and put on the ship until they have been received at the end destination and handed over to the implementing partner. When the goods have been paid they are recorded as inventory until they can be handed over to the implementing partner. UNFPA distinguishes between two types of inventory: inventory in transit and inventory in stock. Inventory in transit includes goods that are still on the way to the country of destination (typically via sea shipment). Inventory in stock includes goods that have been received at the end destination but still remain under UNFPA's control (i.e. the goods have not been handed over to the implementing partner yet). The vast majority of UNFPA Supplies' inventory (98 per cent) are goods in transit. The remaining 2 per cent of the inventory has reached their final destination and are stored in a warehouse but have not yet been handed over to the implementing partner. The total inventory level increased by 1.1 million from 2016 to 2017, from $18,077,429 in 2016 to $19,140,860. The increase signifies that more procurement actions were taken in the latter part of the year when additional donor contributions became available.

Utilization rate

In addition to the expenditure of $119 million, the programme placed $17 million in firm and binding purchase orders to be delivered in 2017 and increased the inventory (goods in transit) by $1 million. This gives a total utilization of $137 million, which corresponds to a utilization rate of 88 per cent against the total available budget of $155 million (excluding the $10 million set-aside reserve and fourth quarter contributions). This is in line with the expected for the programme. The corresponding utilization rate was 92 per cent in 2016, 87 per cent in 2015 and 88 per cent in 2014.

By the time the fiscal year 2017 closed, a total unallocated amount of $18.6 million was carried over to 2018 and used for placing commodity procurement orders in accordance with countries' requests.

[11] Previous annual reports have shown data for both "payments" and "expenditures" where payments are expenditures plus any fluctuations in inventory level. In order to be consistent with other UNFPA reports and avoid any confusion, only expenditure data will be used in this report.

Table 11: Programme utilization – cash flow 2017

Beginning cash balance[12]	66,161,996
Special Set-aside reserve	10,000,000
Donor Contributions Q1, Q2, Q3	88,973,839
Donor contributions (Q4 2017) - received for programming in 2018	60,379,730
Total available budget	225,515,565
Total available programming budget (excl Q4 income and $10m set-aside)	155,135,835
Expenses	118,615,500
End balance (excl Q4 income and $10m set-aside)	35,456,904
Increase in Inventory[13]	1,063,431
Committed in purchase orders by the end of 2017	16,826,222
Non-allocated by the end of 2017	18,630,682
Utilization rate[14]	88%

Table 12: Utilization rate, UNFPA Supplies 2017 (US$)

Available budget, excluding Q4 and set-aside	Expenses, increase in inventory and Purchase Order (PO) commitments	Utilization rate
$155,135,835	$136,505,153	88%

[12] $36.2 million of the beginning balance comes from 2016 Q4 contributions intended for programming in 2017.

[13] Inventory 2017 = $19,140,860. Inventory 2016 = $18,077.429. Inventory is goods which is under UNFPA's control and not yet handed over to the implementing partner (IP).

[14] Utilization Rate = 1-(non-allocated/Total Available programming budget (excl Q4 contributions and $10m set-aside))

Expenditure classification and breakdown

Total expenses for the programme in 2017 were $119 million ($118,615,500), which is $13 million lower than in 2016.

The programme spent $27 million (26 per cent) for technical assistance and management costs (excl. human resources and facility-based RHCS surveys). This is a decrease of $4 million compared with 2016.

$4.4 million ($4,371,742, or 4 per cent) was spent on conducting the facility-based RHCS survey of service delivery points. That is a decrease of $484,833 compared with 2016.

Human resource costs constituted $9.2 million (7 per cent) of the total annual budget of the programme, which is an increase of $694,392.

The largest portion was used for commodity procurement which constituted $78 million ($77,851,728) or 66 per cent of the total expenditures for 2017; this includes the procurement of all contraceptives and maternal health supplies and their shipping costs. It is a decrease of $10 million compared with 2016. The 66 per cent ratio is the same as in 2016. Looking only at the programmatic costs, the RHC Commodity ratio was 74 per cent, which in line with the Steering Committee decision to allocate 75 per cent of the programmatic budget for procurement of RHC commodities. The programmatic costs are calculated as the total expenses ($119 million) excluding human resources costs ($9.2 million) and the cost of facility-based RHCS surveys ($4.4 million).

Table 13: Total budget: Commodity procurement compared with other expenses

Type of costs – Total budget	Amount of costs (US$)	Percentage of costs
Commodities (including 7% IC)	$77,851,728	66%
Technical assistance (including 7% IC)	$27,206,764	23%
Facility-based RHCS surveys	$4,371,742	4%
Human resources (including 7% IC)	$9,185,265	8%
Total	$119,678,931	100%

Table 14: Programmatic budget: Commodity procurement compared with other expenses (excluding HR and survey costs)

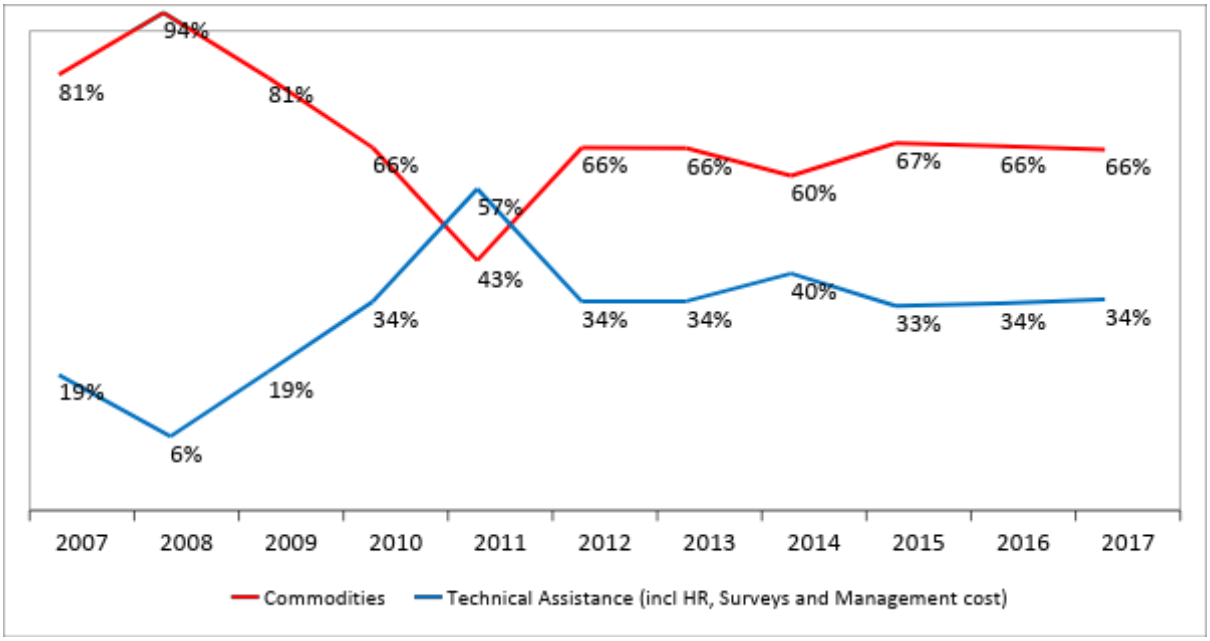
Type of costs – Programme budget	Amount of costs (US$)	Percentage of costs
Commodities (including 7% IC)	$77,851,728	74%
Technical assistance (including 7% IC)	$27,206,764	36%
Total programme budget	$106,121,923	100%

Use of funds – commodities vs capacity-building

Spending on commodity procurement decreased by $10 million (11 per cent) compared with 2016. Spending on capacity-building decreased by $1.8 million (5 per cent) compared with 2016.

Measured against the total budget, 66 per cent was spent on commodity procurement; but measured against the budget available for programming (excluding HR costs and survey costs), 74 per cent was spent on commodity procurement.

Figure 31: Commodity vs. capacity-building expenses, 2007–2017, by percentage



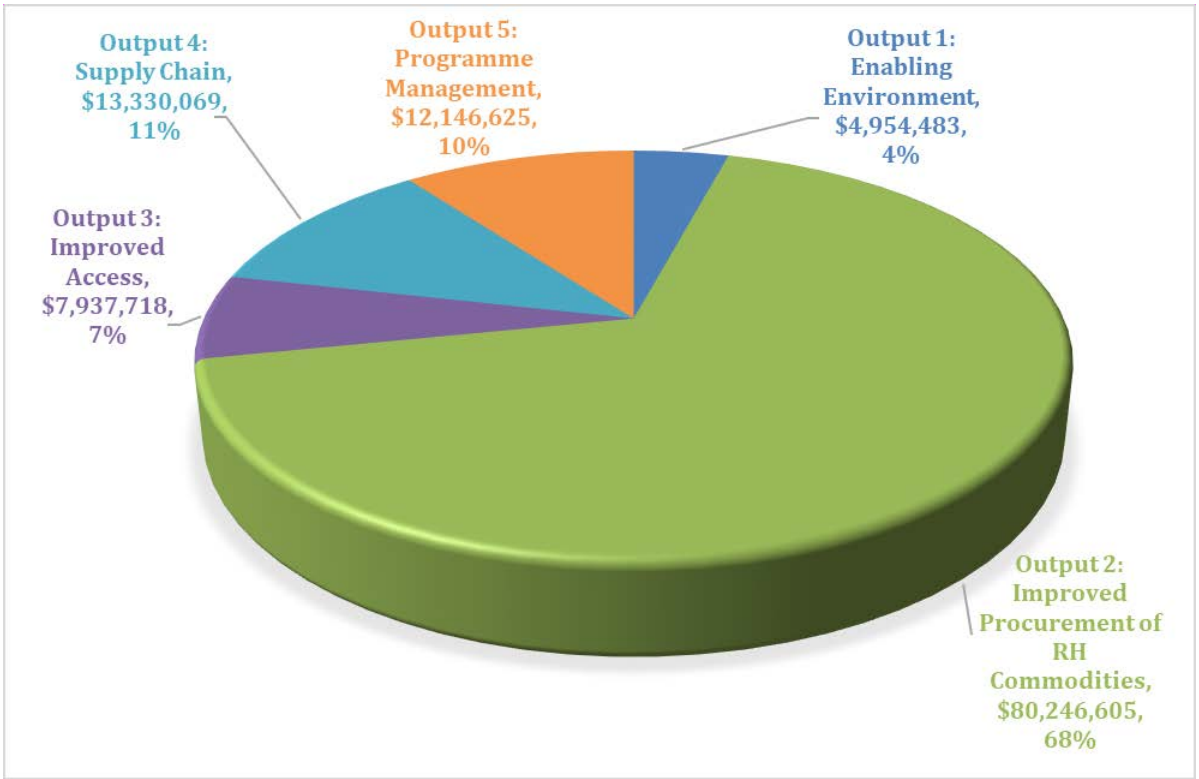
Use of funds by output

The distribution per output presented below is based on the current results framework which now has five outputs instead of six (the output on demand generation was discontinued in accordance with the Steering Committee recommendation on revision of the results framework).

Figure 32 shows how the funds were used by programme output:

- $5.0 million (4 per cent) spent on Output 1 (enabled environment for RHCS); compared with a planned milestone expenditure of 5 per cent (4 per cent estimated in the original programme document);

- $80.2 million (68 per cent) spent on Output 2 (improved efficiency for procurement); compared with a planned milestone expenditure of 75 per cent;
- $7.9 million (7 per cent) spent on Output 3 (Improved access to RHCS/FP services); compared with a planned milestone expenditure of 5 per cent;
- $13.3m (11per cent) spent on Output 4 (strengthened supply chain management); compared with a planned milestone expenditure of 10 per cent;
- $12.1 (10 per cent) spent on Output 5 (Programme Coordination and Management); compared with a planned milestone expenditure of 5 per cent.



Expenses categorized by intervention level

The table below shows the expenses categorized by programme intervention areas of each output for 2017.

The categorization of expenses per output and intervention areas are generated from UNFPA's Global Programming System (GPS), which UNFPA started using in 2014. GPS has greatly simplified the data analysis and contributed to improved data quality. It is believed that the GPS data provides a good indication of expenditures but it is not a certified financial report and its accuracy depends on the accuracy of manual tagging of the many programme activities by many different users. Some miscategorization must therefore be expected. Spot checks show a miscategorization of approximately 10 per cent of the value. In order to improve the data quality further, UNFPA Supplies maintains a detailed "tagging guide" and a "semi-automatic" workplan template with pre-defined intervention areas. These tools are have been developed to help programme managers improve the reliability of the tagging and reduce the probability of activity miscategorization to a minimum.

Table 15: Breakdown by interventions, UNFPA Supplies 2017 total expenses

Intervention Areas	2017 Expenses (US$)	2017 Expenses (%)
Output 1: Enabled environment for RHCS		
Strengthened Regional coordination and partnerships for RHCS/FP	907,559	0.8
Strengthened Global Partnerships for RHCS/FP	519,185	0.4
Improved Country-level coordination and partnership for RHCS/FP	1,916,943	1.6
Strengthened national frameworks for RH Products availability	1,547,471	1.3
(1.6) Increased national budget allocations for contraceptives	63,326	0.1
Total Output 1	**4,954,483**	**4.2**
Output 2: Improved efficiency for procurement and supply of RH commodities		
Improved quality of RH commodities	541,476	0.5
Environmental risk for RH Commodities mitigated	6,574	0.0
improved and efficient procurement system for RHCs	399,519	0.3
Improved quantity and mix for R H commodities	79,299,036	66.9
Total Output 2	**80,246,605**	67.7
Output 3: Improved access		
Increased availability of integrated RH/FP services	0	0.0
Improved RHCS/FP service delivery in humanitarian setting	730,177	0.6
Strengthened capacity for RHCS/FP service provision	7,207,541	6.1
Total Output 3	7,937,718	6.7
Output 4: Strengthened capacity and systems for supply chain management		
Improved demand forecasting and procurement for RHCs	**5,248,447**	**4.4**
Strengthened Stock monitoring	8,081,622	6.8
Total Output 4	13,330,069	11.2
Output 5: Programme management		
Improved Programme Steering and guidance	1,161,048	1.0
Improved human resource capacity	9,185,265	7.7
Improved programme planning and review	236,178	0.2
Improved capacity for GPRHCS monitoring and evaluation	726,773	0.6
Strengthened programme reporting	411,217	0.3
Sustained forums for knowledge and information sharing	25,257	0.0
Improved dissemination of programme results	400,887	0.3
Total Output 5	**12,146,625**	**10.2**
Grand Total	**118,615,500**	**100.0**

Donor contributions

Since its inception in 2007, the UNFPA Supplies programme has mobilized more than $1 billion from donors. We are grateful for support from government and foundation donors that totalled $149,353,569 in 2017.

Table 16: Contributions to UNFPA Supplies received in 2017, summarized by donor in alphabetical order

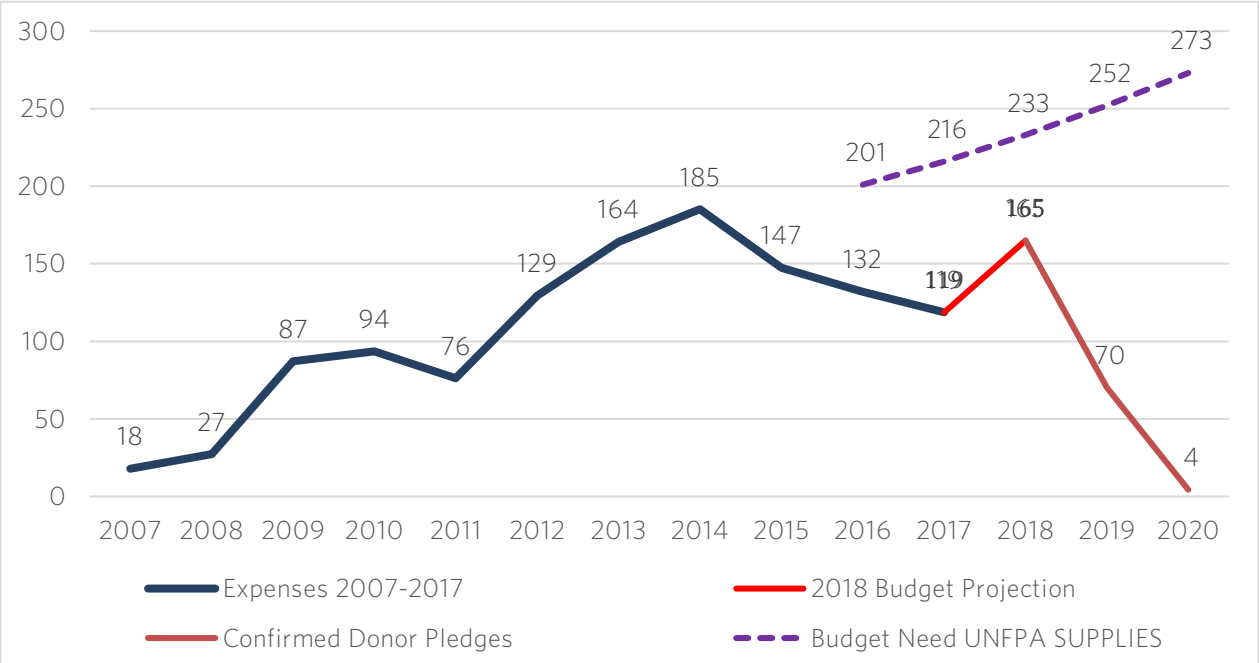
Donor	Amount (US$)
Australia	2,609,993
Belgium	2,358,491
Canada	7,699,000
CIFF (through Crown Agents Limited)	450,000
Denmark	18,576,229
European Union	18,048,867
France	1,074,114
Individual contributions (through Friends of UNFPA)	172,299
Interests	1,139,056
Ireland	592,417
Liechtenstein	15,496
Luxembourg	861,205
Netherlands	29,620,853
RMNCH Trust Fund	4,230,247
Slovenia	5,599
Spain	116,144
Treehouse Investments	108,000
United Kingdom	61,611,170
Winslow Foundation (through Friends of UNFPA)	100,000
Total	149,389,179

Contributions received in the last quarter of 2017 were used to place commodity orders at the beginning of 2018.

Forward-looking financial situation

Many new donor contributions and commitments were received in 2017, which improved the financial outlook for 2018 significantly. Increased donor pledges and contributions are required to ensure that UNFPA Supplies continues to provide much-needed support to developing countries after 2019.

Figure 33: UNFPA Supplies budget and projections, 2007–2020, US$ million



Finance annex 1: National budgets

Amounts allocated and spent in national budgets on reproductive health commodities, 2017

	Contraceptives (US$)		Maternal health medicines (US$)	
Country	Allocated	Spent	Allocated	Spent
Bolivia	1,835,896	1,835,896	143,586,444	143,586,444
Burkina Faso	1,000,000	1,000,000	39,828,134	39,828,134
Burundi	66,667	66,667	-	-
Ethiopia	11,700,000	11,700,000	9,425,210	9,425,210
DRC	1,000,000	1,000,000	-	-
Gambia	-	-	20,000	20,000
Ghana	1,260,000	NA	-	-
Laos	40,000	40,000	-	-
Madagascar	32,812	31,562	-	-
Malawi	108,000	108,000	-	-
Mozambique	386,000	235,800	-	-
Myanmar	3,000,000	2,770,588	100,000	83,824
Nepal	2,447,220	NA	-	-
Nigeria	4,000,000	946,195	-	-
Sao Tome	29,038	29,038	-	-
Senegal	600,000	NA	-	-
Tanzania	6,300,000	900,000	900,000	NA
Timor-Leste	-	-	-	-
Togo	300,000	300,000	100,000	NA
Zambia	796,254	796,254	-	-
Total	34,901,887	21,760,000	193,959,788	192,943,612

- No resources were allocated/hence no resources spent

Finance annex 2: Changes in supplies procurement, Category C

Changes in UNFPA Supplies commodity procurement and third party procurement by Category C countries from 2016 to 2017

Country – Category C	Value in (US$) of all Third Party procure-ment	Value in (US$) of all UNFPA Supplies procure-ment	Total for 2016	Value in (US$) of all Third Party procure-ment	Value in (US$) of all UNFPA Supplies procure-ment	Total for 2017	Variance in TPP	Variance in UNFPA Supplies commodity procurement		Change in Third Party Procurement through UNFPA Procurement Services
Bolivia	$0	$109,254	$109,254	$1,197,609	$91,573	$1,289,182	$1,197,609	-$17,681	-16%	Significant increase in TPP
Congo	$185,632	$126,550	$312,182	$0	$174,114	$174,114	-$185,632	$47,564	38%	Significant decrease in TPP
Honduras	$3,646	$1,775,257	$1,778,903	$326,005	$168,656	$494,661	$322,359	-$1,606,601	-90%	Sig inc in TPP and sig reduction in US
Kenya	$0	$1,428,021	$1,428,021	$0	$2,221,698	$2,221,698	$0	$793,677	56%	No variation on TPP, Increase in US
Lao PDR	$164,955	$86,717	$251,672	$130,613	$797,605	$928,218	-$34,342	$710,888	820%	Sig variation in US, no variation in TPP

Country – Category C	Value in (US$) of all Third Party procure-ment	Value in (US$) of all UNFPA Supplies procure-ment	Total for 2016	Value in (US$) of all Third Party procure-ment	Value in (US$) of all UNFPA Supplies procure-ment	Total for 2017	Variance in TPP	Variance in UNFPA Supplies commodity procurement		Change in Third Party Procurement through UNFPA Procurement Services
Lesotho	$0	$1,865,735	$1,865,735	$0	$0	$0	$0	-$1,865,735	0%	Significant reduction in UNFPA Supplies
Malawi	$358,066	$2,352,627	$2,710,693	$0	$1,879,818	$1,879,818	-$358,066	-$472,809	-20%	Sig reduction in TPP moderate variation in UNFPA Supplies
Myanmar	$12,961	$911,120	$924,081	$1,380,356	$895,577	$2,275,933	$1,367,395	-$15,543	-2%	Sig increase TPP, no variation in UNFPA Supplies
Papua New Guinea	$0	$898,829	$898,829	$0	$653,321	$653,321	$0	-$245,508	-27%	No variation
Zambia	$0	$0	$0	$0	$375,788	$375,788	$0	$375,788	-	Sig inc in UNFPA Supplies
Zimbabwe	$0	$1,859,943	$1,859,943	$0	$981,316	$981,316	$0	-$878,627	-47%	Sig inc in UNFPA Supplies
Total	$725,260	$11,414,053	$12,139,313	$3,034,583	$8,239,466	$11,274,049	$2,309,323	-$3,174,587	-28%	Sig inc in TPP and sig decrease in UNFPA Supplies
Percentage	6%	94%	100%	27%	73%	100%				

Part Three
Scorecards 2017

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

Provisional results

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

	2016	2017		
Indicators	Baseline	Planned	Actual	Score
Contraceptive use				
Average unmet need for family planning (46 target countries)	28	27	27.6	
Average mCPR (46 target countries) (disaggregated by age, residence and wealth quintile)	22.7	23.5	23.9	
Average demand for family planning satisfied with modern methods (46 target countries) (disaggregated by age, residence and wealth quintile)	46.8	47.3	47.6	
Contraceptive method mix (including information on method mix score and method skew)	8	8	7.9	
Number of additional modern contraceptives users (46 target countries)	14.2 M	17 M	17.9 M	

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

		2016	2017		
Indicators		Baseline	Planned	Actual	Score
M 1	Availability of reproductive health commodities				
M 1.1	Percentage of countries with 85 per cent of primary service delivery points (SDPs) that have at least 3 modern FP methods on the day of visit or assessment (disaggregated for urban/rural)	81	83	80 Urban: 88 Rural: 72	
M 1.2	Percentage of countries with 85 per cent of secondary and tertiary SDPs that have at least 5 modern FP methods available on the day of visit or assessment (disaggregated for urban/rural and SDP type)	57	65	46 Urban: 44 Rural: 32	
M 1.3	Percentage of countries where WHO prequalified/ERP approved hormonal contraceptives are registered (disaggregated for generic contraceptives)	15% Innovators 0 Generics	30% Innovators 3% Generics	15% Innovators 17% Generics	
	Emergency contraceptives			22 (32%) FP2020 17 (37%) UNFPA Focus	
	Progestogen only pills			2 (3%) FP2020 2 (4%) UNFPA Focus	
	Combined low dose oral contraceptives			22 (32%) FP2020 14 (30%) UNFPA Focus	

	Implantable contraceptives			7 (10%) FP2020 5 (11%) UNFPA Focus	
M 1.4	Percentage of countries with 85 per cent of service delivery points (SDPs) where magnesium sulfate, misoprostol and oxytocin are available (disaggregated for urban/rural and SDP type)	32	39	20 Primary: 16 Secondary: 40 Tertiary: 54 Urban 30 Rural 22	
M 1.5	Percentage of countries reporting no contraceptive stock-out in at least 60 per cent of service delivery points (SDPs) in the last three months before survey (disaggregated for urban/rural and SDP type)	48	50	24 Primary: 18 Secondary: 31 Tertiary: 21 Urban: 18 Rural: 12	
M 2	Reproductive health in humanitarian settings				
M 2.1	Number of women and girls reached in humanitarian settings through RH kits, services utilization and dissemination	1.3 million	1.3 million	1.4 million	
M 3	National budget allocations for contraceptives				
M 3.1	Number of countries sustaining over time increased national budget line for the procurement of contraceptive commodities	15	18	9	
M 4	Procurement and logistics management				
M4.1	Number of countries with a functional electronic logistics management information system (eLMIS)	17	18	22	
M4.2	Percentage of countries where 85 per cent of service delivery points have staff trained in logistics management information systems	NA	35	68	
M 4.3	Number of countries where partners, under the leadership of government, are involved in forecasting for contraceptives	NA	23	25	
M 4.4	Ratio of TPP versus UNFPA Supplies procurement amount spent on contraceptives for Category C countries	1:13	1.5:10	1:3	

M 4.5	Percentage of UNFPA Supplies contraceptive orders in which the supplier was in compliance with the agreed delivery time	59	65	40	
M 4.6	Percentage of UNFPA Supplies contraceptive orders fulfilled in agreed quantity by the supplier	NA	100	100	

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

		2016	2017		
Indicators		Baseline	Planned	Actual	Score
1.1	Global partnerships (support to global partners)				
1.1.1	Evidence of collaboration with (and support to) partners at global and regional on family planning and commodity security	Yes	Yes	Yes	
1.2	Country-level coordination and partnership				
1.2.1	Number of countries where UNFPA collaborates with (and supports) partners in strengthening coordination no family planning and commodity	NA	NA	18 countries with broad-based partnership, under government leadership and functional	NA[15]
1.3	Product availability				
1.3.1	Percentage of requests for procurement of implants that are identified as having the potential of creating overstock, and for which the goods were shifted to other countries where stock-out is about to occur	NA		0.1%	NA
1.3.2	Percentage of requests for procurement of 3-month injectables that are identified as having the potential of creating overstock, and for which the goods were shifted to other countries where stock-out is about to occur.	NA		0	NA

[15] NA – no scoring provided as the baseline was not set in 2017.

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

		2016	2017		
	Indicators	Baseline	Planned	Actual	Score
2.1	Quality of products				
2.1.1	Number of manufacturing sites for condoms and IUDs that are WHO prequalified	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 41 Male condoms (30) Female condoms (4) IUDs (7)	Total 42 Male condoms (31) Female condoms (4) IUDs (7)	
2.1.2	Number of hormonal contraceptives and three priority maternal health medicines (oxytocin, magnesium sulfate and misoprostol) that are WHO prequalified	Total 37 Hormonal contraceptives (27) Maternal health (10)	Total (37) Hormonal contraceptives (27) Maternal health (10)	Total 39 Hormonal contraceptives (29) Maternal health (10)	
2.1.3	Number of hormonal contraceptives and three priority maternal health medicines (oxytocin, magnesium sulfate and misoprostol) that have positive ERP opinion	Total 37 Hormonal contraceptives (27) Maternal health meds (10)	Total (37) Hormonal contraceptives (27) Maternal health (10)	Total 38 Hormonal contraceptives (28) Maternal health meds (10)	
2.2	Procurement efficiency				
2.2.1	The percentage of UNFPA Contraceptive prices for the year (per commodity type) in comparison with other international procurers		UNFPA's prices for each contraceptive category will not be higher than the baseline.		
	Female Condoms	84%		84%	
	Male condoms	86%		82%	
	Implantable contraceptives	92%		92%	
	Injectable contraceptives	91%		91%	
	IUDs	77%		84%	
	Orals, combined	83%		80%	
	Orals, emergency	68%		72%	

	Orals, progestogen only	66%		71%	
2.2.2	Total amount (US$) saved through procurement of generic products	$566,564	$1,482,875	$933,026.80	
2.2.3	Cost per CYP of contraceptives procured by UNFPA Supplies (disaggregated by commodity)	2.78	2.78	2.68	
2.2.4	Cost per unintended pregnancy averted based on contraceptives procured	8.11	8.11	8.60	
2.3	Environmental risk mitigation				
2.3.1	Number of countries where national guidelines and protocols on disposal of medical waste and contraceptives take into consideration the recommendations of the UNFPA Guideline on Safe Disposal and Management of Unused, Unwanted Contraceptives	8	15	38 (18 all; 20 partial)	
2.4	Quantity and mix for commodities procured				
2.4.1	CYP provided by contraceptives and condoms through UNFPA Supplies procurement (disaggregated by commodities including for generics)	22.4 M	22.4 M	24.1 M	
2.4.2	Percentage of contraceptives procured that are generic products	17	17	46	

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

		2016	2017		
		Baseline	Planned	Actual	Score
3.1	Humanitarian settings				
3.1.1	Percentage of countries, in humanitarian and fragile contexts, where implementing partners did not experience stock-out of RH kits during the year	74	80	74	
3.1.2	Number of countries where national capacity has been built to conduct Minimum Initial Service Package (MISP) training	NA	10	18	
3.2	Capacity-building				
3.2.1	Total number of persons trained to provide FP services, including long-term contraceptive methods, to clients	10,663	10,000	17,793	

Output 4: Strengthened supply chain management and data generation systems

		2016	2017		
Indicators		Baseline	Planned	Actual	Score
4.1	Supply chain				
4.1.1	Number of countries where 80 per cent of primary level facilities receive the quantity of products that they ordered during the past quarter	N/A	NA	3	NA[16]
4.1.2	Number of countries where a costed supply chain management strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide on 'Ensuring human rights within contraceptive service delivery'	NA	NA	10	NA
4.1.3	Number of countries where non-public sector partners (private sector, NGOs, CSOs) are engaged in last-mile commodity distribution	NA	NA	33	NA
4.1.4	Percentage of countries where 85 per cent of primary SDPs have trained staff in place for provision of modern contraceptives	NA	NA	33.3	NA
4.2	Demand forecasting and procurement				
4.2.1	Number of countries where government institutions demonstrate capacity and leadership on contraceptive demand forecasting and procurement process	34 (for both forecasting and procure-ment)	38	23 (for both forecasting and procure-ment)	
4.2.2	Number of countries making 'no ad hoc requests' to UNFPA Supplies for commodities (except in humanitarian contexts)	31	35	39	
4.3	Support for data generation				
4.3.1	Number of countries where facility survey reports are available	27	23	27	

[16] NA – no scoring provided as the baseline was not set in 2017.

Output 5: Improved programme coordination and management

Indicators		2016 Baseline	2017 Planned	2017 Actual	Score
5.1	Resource mobilization and allocation				
5.1.1	Amount mobilized from partners for UNFPA Supplies against set resource mobilization targets	$113.0 million	$216.0 million	$146.5 million	
5.1.2	Evidence of UNFPA meeting FP2020 commitments, including at least $54m from core resources being used to support family planning	41% (318 million)	40%	40.2%	
5.2	Commodity procurement				
5.2.1	Proportion of planned procurement of contraceptives initiated and fulfilled	100	100	100	
5.2.2	Average number of days between the time when the requisitions approved and the commodities depart for their destinations	NA	NA	1078	NA
5.3	Programme steering				
5.3.1	Degree to which Steering Committee (SC) and Donor Accountability Council (DAC) recommendations are implemented and follow-ups made	100	100	100	
5.4	Human resources				
5.4.1	Percentage of vacancies filled within six months of decision taken to fill the position	44	60	40	
5.4.2	Percentage of staff (by location) dedicated to RHCS/FP with at least three years' experience in supply chain management	NA (skill assess-ment pending)	(skill assess-ment pending)	73	NA
5.5	Workplanning and review process				
5.5.1	Number of countries that concluded workplanning and fund allocation processes by 15 January	42	46	42	

5.5.2	Number of countries with a Grade A workplan technical assessment score of at least 80 per cent	NA		37	NA
5.5.3	Number of countries with a workplan technical implementation rate of at least 80 per cent	18 (2017)	18	24	
5.5.4	Average financial implementation rate of countries	93	94	88	
5.6	Funding modality for country segmentation				
5.6.1	Percentage reduction in funding spent on countries for procurement of commodities in UNFPA Supplies Category C[17]	NA	NA	28%	NA
5.6.2	UNFPA Supplies expenditure per each output area is in accordance with budget benchmark (Updated to align with new UNFPA Supplies outputs.)	Output 1: 5%, Output 2: 75%, Output 3: 5%, Output 4: 10%, Output 5: 5%	Output 1: 5%, Output 2: 75%, Output 3: 5%, Output 4: 10%, Output 5: 5%	Output 1: 4%, Output 2: 68%, Output 3: 7%, Output 4: 11%, Output 5: 10%	
5.7	Programme evaluation				
5.7.1	Programme midterm evaluation results and recommendations published, disseminated and implemented	NA	Preparation for the Midterm evaluation is an advanced stage	Midterm evaluation data-collection completed	
5.7.2	Programme end-term evaluation results and recommendations published, disseminated and implemented	NA	NA	NA	NA
5.7.3	Special evaluation related studies carried out to ensure learning takes place during the programme	NA	1 study completed and dissemina-ted	4	

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

5.8	Quarterly programme management process				
5.8.1	Percentage of UNFPA Supplies Quarterly Programme Management recommendations that are implemented in full	NA	75	100	●
5.9	Satisfactory technical assistance				
5.9.1	Percentage of countries where the quality of technical support received (from CSB, RO and local) are rated as satisfactory (with respect to quality, timeliness and responsiveness to need)	NA	75	77	●
5.10	Convening and coordinating role of UNFPA				
5.10.1	Number of countries where UNFPA plays an [extensive] convening and coordinating role in the area of family planning	24 (2017)	24	24	●
5.11	Dissemination of programme results				
5.11.1	Evidence of dissemination of analysis of programme results in various media	NA	50	579	●

UNFPA Commodity Security Branch

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