



UNFPA SUPPLIES

ANNUAL REPORT 2018



Ensuring rights and choices for all since 1969



ICPD25
International Conference on
Population and Development

WHERE WE WORK

ASIA & THE PACIFIC

Lao People's Democratic Republic
Myanmar
Nepal
Papua New Guinea
Timor-Leste

MIDDLE EAST

Djibouti
Sudan
Yemen

LATIN AMERICA & CARIBBEAN

Bolivia
Haiti
Honduras

EAST & SOUTHERN AFRICA

Burundi
Democratic Republic of the Congo
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mozambique
Rwanda
South Sudan
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

WEST & CENTRAL AFRICA

Benin
Burkina Faso
Cameroon
Central African Republic
Chad
Congo
Côte d'Ivoire
Gambia
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.

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Spain
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European Union
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Since the launch of the programme in 2007, it has also received support from: Canada, Denmark, Finland, France, Ireland, Norway, Sweden, Spain-Cataluña, the RMNCH Trust Fund and Treehouse Investments.



REPORT OF 2018 PROGRESS

This report of UNFPA Supplies' progress in 2018 has two sections: Part I – a narrative overview of key highlights of UNFPA Supplies work in 2018. Select examples from countries in this section are used to illustrate the programme's support.

Part II is a detailed report of progress against the UNFPA Supplies Monitoring and Evaluation Framework, including a scorecard for at-a-glance information, and a detailed financial report. This report can be accessed online from: <https://www.unfpa.org/unfpa-supplies-annual-report-2018>

Cover photo: Abaynesh Ayenew has chosen injectable DMPA as her method of family planning – provided to her by Semira Umer, a Health Extension Worker at Tebabari Health Post. In Ethiopia, UNFPA is working to expand both access to family planning and the variety of contraceptives available. About one third of the reproductive health commodities and life-saving maternal health medicines required by Ethiopia are being provided through the UNFPA Supplies programme.

© UNFPA

Right photo:

Young people enjoy the beach on a Saturday evening in Monrovia, Liberia.

In Liberia, UNFPA is supporting activities to increase use access to adolescent and youth-friendly family planning services through market booths and integrated health facilities; as well as supporting youth volunteers to monitor & report on stock status at health facilities and ensure follow-up on last-mile delivery. © Noor/Bénédicte Kurzen for UNFPA

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MESSAGE FROM THE EXECUTIVE DIRECTOR

DR. NATALIA KANEM
UNFPA EXECUTIVE DIRECTOR



Just a little over a decade remains before the 2030 date that the world's nations have set to achieve the Sustainable Development Goals, and those aspirations are predicated in great part upon the realization of sexual and reproductive health and reproductive rights and choices for all.

Every woman has the right to decide whether, with whom, when or how often to have children. That right applies no matter where she lives or how much she earns, and across all cultural, ethnic and legal boundaries.

Twenty-five years ago, at the 1994 Cairo International Conference on Population and Development (ICPD), the world made a bold promise to realize that right.

Governments, activists, civil society, and organizations such as UNFPA agreed that every pregnancy should be intended, that every woman and girl has the right to make decisions over her own body, and that no woman should die giving birth because she lacks quality maternal health care.

Today we can celebrate the many gains made since 1994. Around the world, more women and girls than ever before are able to realize their right to choose. Yet despite significant progress, 232 million women and girls who want to delay or prevent pregnancy still cannot do so. They are left behind because they are poor or live in rural areas or indigenous communities. Or because they are racial minorities or have a disability.

For many women and girls, the lack of reproductive health care compounds existing sources of marginalization. From pursuing an education to finding decent work and participating in community life, they have fewer chances to thrive.

The Cairo conference did not make exceptions. Nor should we today. Shortfalls in rights and choices constrain individual lives as well as the hopes of the world to move towards sustainable development, the only viable path to a future of well-being for all people and our planet.

Everything that UNFPA does is underpinned by the ICPD agenda and oriented towards our three transformative goals: zero unmet need for family planning; zero preventable maternal deaths; and zero gender-based violence and harmful practices.

Our flagship UNFPA Supplies programme plays an integral part in achieving these goals. As the world's largest programme for contraceptive procurement, it is a leading supporter of health-care systems and supply chains in delivering essential reproductive health commodities to women, girls and communities.

This annual report outlines the many ways that UNFPA Supplies helps countries get to zero. It also recognizes that the programme must evolve to meet the challenges that lie ahead. That's why we are developing a new governance model, whereby a larger advisory Steering Committee will shift to a smaller group vested with the power to guide strategic decision-making. In key areas such as strategy, finance, and human resources, it will act in tandem with specialized subcommittees.

Together, they will steer UNFPA Supplies to become more agile and responsive, more equipped to deliver on its mission, and more accountable to the people it serves and the partners who entrust it with valuable resources. The programme will operate with clearer lines of authority and a better balance between oversight and autonomy.

This change coincides with the Nairobi Summit on ICPD25 to be co-convened by Kenya, Denmark and UNFPA in November 2019. Armed with commitments, the international community will mark 25 years since the ICPD in Cairo and remind the world that the Sustainable Development Goals cannot be achieved without full provision of sexual and reproductive health for all, including the vital commodities necessary to save lives and make rights and choices accessible in the most remote and underserved communities.

All roads lead to Nairobi! Building upon the productive partnerships of our 50 years, we must galvanize concerted action to accelerate essential programmes such as UNFPA Supplies. UNFPA is proud to contribute to such efforts to make rights and choices a lived reality for millions women and girls all around the world.

FOREWORD

DR. GIFTY ADDICO,
CHIEF, COMMODITY SECURITY BRANCH,
UNFPA



Around the world, UNFPA Supplies helps countries meet the remaining unmet need for family planning. In doing so, our work underpins UNFPA's mission to make sure that every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

We support health systems in securing systems, skills, finance and a ready supply of reliable reproductive health commodities so that women and girls, without exception, can realize the right to make choices about having a family. That right is fully realized only when people can freely and affordably select from a variety of modern contraceptive methods, based on their preferences and accurate information, and supported by trained health-care providers.

As 2018 came to a close, UNFPA Supplies continued to demonstrate a strong track record in helping countries integrate family planning across primary health-care services, and diversify contraceptive choice. We consistently and successfully reached groups left behind by poverty, crisis, disability, location or age, among other factors. A decline in the gap in access to modern contraception between rural and urban areas was one indication of how these efforts have begun to pay off.

UNFPA Supplies puts particular emphasis on assisting a core group of 46 countries with the greatest gaps in reproductive health care. Many are among the least developed countries in the world, so we continue to play an essential part in providing family planning and maternal health-care commodities, with 40 per cent of all donated contraceptives globally passing through UNFPA Supplies.

We also work closely with national and international partners in strengthening supply chains to deliver commodities, and configuring health-care teams to extend the reach of quality services. In 2018, we made significant improvements in the collection of commodity consumption and inventory data as well as analytics pinpointing remaining weak links in supply chains. Cost-benefit assessments underpinned rigorous investment cases for family planning, while new financing modes enhanced commitments of domestic resources to commodity purchases.

2018 also saw a rise in requests for support from countries beyond the core 46. These countries find value-for-money in the volume discounts UNFPA Supplies can provide for commodities. They seek out the programme's globally recognized technical expertise, strongly rooted in the realities of developing countries, to build more effective national supply systems and family planning programmes.

With countries at all stages of development remaining vulnerable to crisis, the capacity for humanitarian response remains an urgent priority. Through UNFPA Supplies, women and girls continue to realize their reproductive rights in these circumstances, making them more resilient and more likely to recover. Reproductive health kits provided to 22 countries in 2018 helped sustain services for 1.7 million women and girls. The programme also backed greater preparedness through prepositioning supplies, and pioneered a faster and more accurate process to define supply needs in the immediate aftermath of a crisis.

The global community today is on the move to realizing a transformative vision of development, based on the 17 Sustainable Development Goals. This ambitious agenda, aimed at responding to a number of complex challenges, depends on many people working together, and aligning and integrating programmes, resources and expertise.

UNFPA Supplies has already become more fit for this purpose through a change management process forging closer links to UNFPA's strategic priorities. It is well positioned to integrate family planning into initiatives to end child marriage, improve maternal health, and unlock the potential of adolescents and youth, among others. Moving forward, UNFPA's physical presence in every programme country provides further scope for collaboration with a broad cross-section of national and international actors, including other members of the UN system.

Our efforts to deliver reproductive health and rights can meet others to end poverty and marginalization. Together, we can empower all women and girls to thrive in all areas of life.

Odile Hondo, 23, has two daughters but wants to wait before she has more. Her community, So-Ava commune, Benin, which is inaccessible by road now has access to voluntary family planning services thanks to a family planning boat supported by UNFPA and partners. © Vincent Tremeau for UNFPA



EXECUTIVE SUMMARY

Family planning is a right. All women and adolescents girls should have equal access to it and the choices it allows.

UNFPA Supplies is the main global channel for ensuring that every person can choose from a range of quality family planning options. The programme provides over 40 per cent of all contraceptives donated to developing countries and helps strengthen health systems to deliver them.

The programme operates where gaps are greatest, with a particular focus on 46 countries with the highest unmet need for family planning. Commodities provided by the programme reach some of the poorest communities as well as places struck by humanitarian crises. All programme activities advance progress on the landmark Programme of Action agreed at the 1994 International Conference on Population and Development (ICPD) as well as the commitment to universal health care in the 2030 Agenda for Sustainable Development.

HISTORIC RATES OF CHANGE

Achieving all 17 of the 2030 Agenda's Sustainable Development Goals in fact depends on fulfilling the sexual and reproductive health and rights of all women and young people. The reproductive health commodities that UNFPA Supplies provides, from condoms to contraceptive implants to the tools that help a mother survive childbirth, make an essential contribution.

As of July 2018, the total number of women and girls using a modern method of contraception in the world's 69 poorest countries had risen to more than 317 million. The number of new users rose by 46 million from 2012, a growth rate approximately 30 per cent greater than the historical trend. Accelerated progress testifies to the concerted efforts of the global FP2020 partnership, which brings governments, funders and civil society together to close remaining gaps in access to family planning. The UNFPA Supplies programme supports around 20 per cent of contraceptive users in the 69 FP2020 countries.

as of July 2018

women and girls using a
modern method of contraception
in the world's 69 poorest countries
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Despite notable progress, however, FP2020's goal of an additional 120 million women and girls using modern contraception by 2020 will not be met. A significant part of the shortfall still stems from stubborn pockets of inequity that persist within and across countries, linked to age, location, income, gender, ethnicity, disability and other factors. Increasing humanitarian crises and population displacement are other major drivers of unmet need.

These challenges, while persistent, are not insurmountable. By 2018, evidence from UNFPA Supplies programme countries had started to show a decline in the gap in access to modern contraception between rural and urban areas. This suggests that family planning programmes have begun to reach further into neglected areas, although choice is still more limited there. Overall, more countries offered a greater variety of contraceptive options in 2018; fewer had a single dominant method.

A rise in the use of long-lasting reversible methods, largely due to the expansion of implants, signified stronger health systems, as skilled health care providers are required for both insertion and removal. And a growing number of countries have committed to investing in family planning, including through scaling up domestic resources.

CATALYSING FURTHER PROGRESS

As detailed in the following report, UNFPA Supplies helped countries catalyse progress in procuring and delivering reproductive health commodities on a number of fronts in 2018. The year saw the rapid development of more precise systems to forecast demand for commodities and make procurement choices accordingly, resulting in cost savings and greater responsiveness to the needs of users. A major step forward was the launch of the CRT Tool. It integrates data from a variety of sources to calculate requirements for commodities based on comprehensive evidence of consumption trends and inventory levels.

Targeted action to strengthen supply chains included UNFPA Supplies rolling out the maturity model, which helps countries pinpoint the weakest link in the chain as the jumping off point for improvement. “Last mile” audits were conducted for the first time to assess how well commodities are managed all the way to delivery to users.

The ground-breaking Global Family Planning Visibility and Analytics Network, known as Global FP VAN, was developed through a joint effort led by the Reproductive Health Supplies Coalition, where UNFPA Supplies is a Steering Committee member. Going live in early 2019 in both Malawi and Nigeria, it has begun linking people, processes, policy and technology to transform how supply chain decisions are made. Network users simultaneously see the same data, and can collectively estimate and prioritize supply needs, take action on imbalances and advocate for necessary funding.

Other advances came through support from UNFPA Supplies for **training nearly 18,000 health service providers in 44 countries to improve their skills in providing family planning services**. Task shifting has increasingly brought quality services to smaller localities through trained community-based health-care workers.

SCALING UP INVESTMENT

Family planning, as a core element of health care for adolescent girls and women, needs to be embedded in primary health systems. This should be a priority as countries move to develop universal health-care coverage, in line with the SDGs.

Providing universal access to family planning has a price tag. As a development investment, however, it has one of the highest rates of return: an estimated \$120 for every dollar spent through savings on health care and by increasing women's participation in the labour force and raising their lifetime earnings potential¹. A special urgency to scale up investment now comes from the 1.8 billion young people entering or in their childbearing years. They must be healthy and empowered to make choices in line with the future envisioned in the 2030 Agenda.

All national and international development partners need to play their parts in devising health financing that ensures sustainable investment in sexual and reproductive health, including family planning. UNFPA Supplies has pioneered new ways for countries to make the business case for investing in family planning, including through rigorous analysis of costs and benefits that are beginning to drive policy reforms and increased domestic financing, including in national transitions from donor funding.

Two innovations in 2018 included the launch of a matching fund for Ouagadougou Partnership countries in West Africa thanks to support from the Bill & Melinda Gates Foundation. The fund provides \$2 in contraceptives for every \$1 spent by national governments on these, providing a strong incentive for increasing domestic resources for family planning. Five countries allocated \$2.3 million in 2018, with a matching amount of \$4.7 million.

UNFPA Supplies' new Bridge Funding mechanism ensures that cash to procure commodities is readily on hand, meeting needs as they arise. It allows UNFPA to access funds that have been committed even before they are received. In 2018, it drew two tranches of over \$54 million from the mechanism to meet urgent needs in 27 countries and close supply gaps in 20 others.

The use of third-party procurement has risen in some countries that increasingly use domestic finance to purchase reproductive health commodities instead of drawing on donated supplies. Under this approach, they turn to UNFPA Supplies for technical assistance in building robust supply chains and family planning programmes, and for purchasing commodities at lower costs.

¹ H. P. Kohler and J. Behrman, "Post-2015 Consensus: Population and Demography Assessment." Copenhagen Consensus: <https://www.copenhagenconsensus.com/publication/post-2015-consensus-population-and-demography-assessment-kohler-behrman>

REACHING THOSE STILL LEFT OUT

In realizing the right to family planning, it is often more difficult to reach those who do not yet have equal access, for reasons that range from marginal roads to untrained health-care providers to discriminatory norms related to age, gender and other factors. Leaving no one behind is fundamental to realizing the ICPD Platform for Action and the 2030 Agenda, and is thus a major focus of UNFPA Supplies.

In 2018, the programme backed mobile clinics, visiting nurses and outreach through agricultural groups as among many innovative service delivery models. It has increasingly mobilized men and influential community and religious leaders as champions of family planning choices and supported the extension of youth-friendly services in schools and through youth networks.

Other risks of exclusion arise in conflicts and crises related to natural and human-made disasters. In prevention and advance preparation measures as well as humanitarian responses, sexual and reproductive health choice and rights are still too often overlooked. Women and young people in perilous conditions then face unintended pregnancies as well as vulnerabilities to HIV or sexually transmitted infections.

As part of putting reproductive health care at the centre of humanitarian action, UNFPA Supplies provided emergency reproductive health kits to 22 countries in 2018, enough to reach 1.7 million women and girls. The programme helped increase the adoption of standard minimum initial services to meet reproductive health needs at the onset of a crisis, and worked with health systems to preposition supplies as part of disaster preparedness. A unique new forecasting tool specifically designed for countries in humanitarian and fragile situations helps quickly define supply needs, and the timing and quantity of supplies to meet them.

MOVING FORWARD

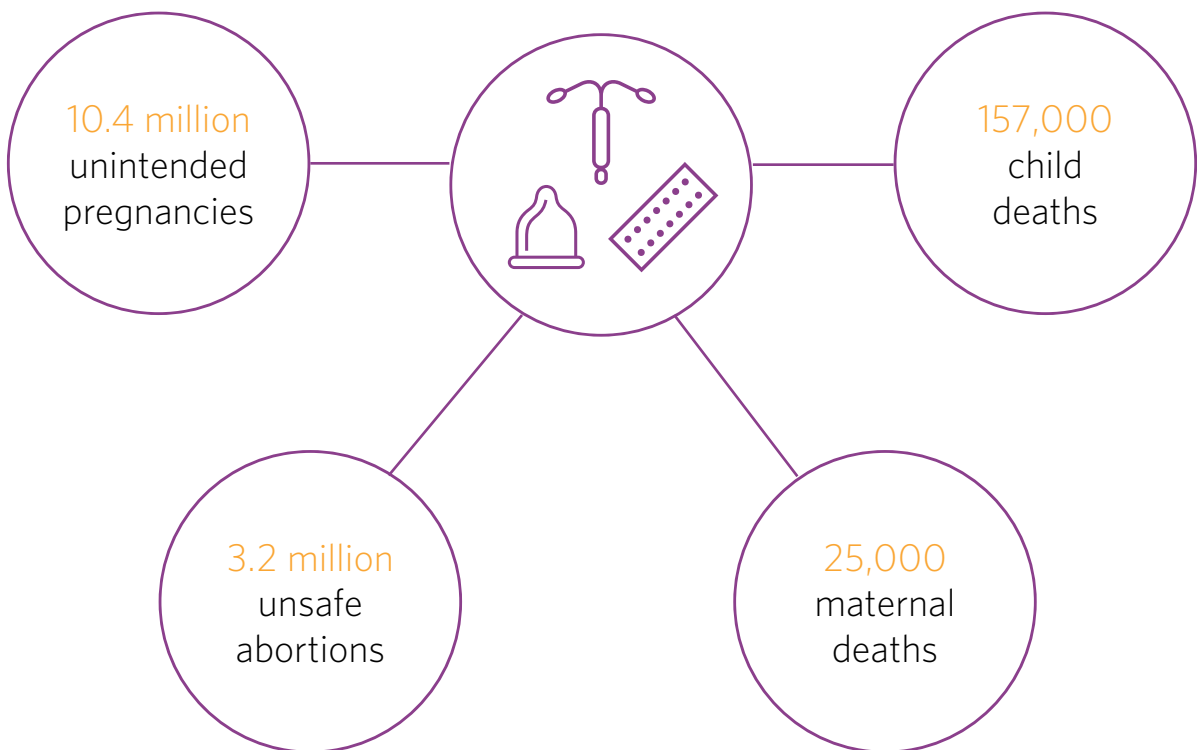
In 2019, UNFPA Supplies will do more to identify and strengthen the weakest links in supply chains as the most effective way to accelerate improved delivery of commodities. It will sustain and scale up efforts to track the consumption of supplies, rather than just distribution, in order to limit overstock and waste, and mitigate stock-outs. Continued efforts will go towards encouraging countries to cost supply chains so that funding is sufficient and sustainable.

With some countries having made notable progress in easing disparities in access to a choice of modern contraceptives, UNFPA Supplies will lead efforts to learn from them and share successful strategies.

PROTECTING HEALTH, SAVING LIVES:

UNFPA Supplies makes a difference

In 2018, commodities procured by
UNFPA Supplies prevented:



They saved
\$620 million in health-care costs of
unintended pregnancies
And provided **38.2 million years**
of protection to couples around the world.

A mother in Divo, Côte d'Ivoire, who wants a healthy space before her next pregnancy has chosen her contraceptive method - the pill.

In 2018, UNFPA Supplies provided 68 per cent of the national contraceptive commodity needs in Côte d'Ivoire, with the Government stepping up to 25 per cent as part of its commitment to FP2020. (c) UNFPA





Laxmi Parajani a family planning trainer, in Shivgadh, Nepal. Laxmi works with the Shuvakamana Adolescent Group, who educate and share stories with others about family planning, contraception and child marriage. Their primary aim is to break the rural poverty cycle by promoting education before childbirth.

UNFPA Supplies provided commodities are reaching health facilities at the sub-national level in Nepal from where voluntary family planning services are provided on a regular basis. © Nicolas Axelrod/Room for UNFPA

MEETING UNMET NEED

Family planning that delivers rights and choices to everyone transforms the lives of individuals, and their families, communities and countries. Among other ends, it can help lower poverty, improve nutrition, advance gender equality, keep more girls in school, accelerate economic growth and ease the consequences of climate change, all core elements of the global Sustainable Development Goals.

All over the world, the unmet need for family planning is declining. More people than ever before can realize their right to choose if and when to have a family. Yet around 232 million women who want to stop or delay childbearing still do not have ready access to contraception. This shortfall results in three-quarters of unintended pregnancies and a quarter of maternal deaths. UNFPA Supplies helps countries move towards closing remaining gaps through precisely defining and forecasting commodity demands, strengthening the supply chains that move commodities from manufacturing to use, and improving choice and the quality of family planning services.

BETTER PREDICTION

UNFPA Supplies works closely with governments to better predict contraceptive demand, propelling a shift in forecasting commodity requirements. While supplies were once ordered primarily based on past patterns of distribution, this masked real needs. It led to overstocking and wastage as well as stock-outs and losses in contraceptive choice. A global shortage of donated commodities underlines the urgency of reducing these inefficiencies.



2 countries have forecasting systems, up from 33 in 2017

37 countries have government institutions in charge of forecasting, up from 28 in 2017

39 governments now engage partners in forecasting up from 25 in 2017

A growing number of governments now have capacities to more precisely define actual contraceptive requirements, including through the sophisticated Commodity Requirement Tool developed by UNFPA Supplies. It assists with planning over a multi-year timeframe (see box). New information and insights are reflected in supply, procurement and distribution plans, each an essential element in moving supplies to the people who need them, and realizing their rights and choices.

UNFPA Supplies has supported better forecasting within countries, such as through assisting **Ghana** to routinely convene its Inter-Agency Committee on Commodity Security. The committee assesses inventory and develops redistribution mechanisms to avoid stockouts and wastage. Through regular sessions and updates has improved product availability. Replication of the committee structure in all 10 regions of the country further supports adequate stocking.

With UNFPA Supplies the sole source of contraceptives for the public sector in **South Sudan**, technical assistance for developing forecasting helped accurately define country needs for 2019, and informed procurement plans as well as the revision of locally designed essential medicine kits to include contraceptives. This has already improved availability and resulted in fewer ad hoc requests for supplies. Given ongoing challenges from gaps in quality service and consumption data, estimates will be reviewed regularly to ensure pipelines adequately support a growing family planning programme.

In **Honduras**, UNFPA Supplies supported the Ministry of Health in revising and enhancing its forecasting system, and in training regional health teams to estimate and procure contraceptive supplies using current demographic data about women in their reproductive years. Twenty health regions are now applying the method, working closely with the Logistics Unit for Medicines and Supplies of the Ministry of Health.

Training on needs quantification and supply planning in **Senegal** shaped the development of contraceptive acquisition tables, which became the basis for a strategic multi-year procurement plan spanning 2018 to 2020.



Solange Lamoussa a community health agent in Burkina Faso describes family planning methods to the Sibini Abibou Sawodogo family in Sablogo Village. (c) UNFPA

A TOOL TO FORECAST COMMODITY NEEDS

A new tool, the Commodity Requirement Tool or CRT, simplifies the complex task of defining needed quantities of commodities. It makes forecasts based on a combination of data from different sources reflecting needs, stock levels, consumption rates, pipeline orders, population data and product use. It can calculate requirements by all partners providing commodities, based on programme type and coverage, consumption trends and inventory levels.

The tool encourages a shift from supply-led to needs-led approaches to providing commodities, which reduces risks of stockouts as well as surpluses and stock expirations. It fast-tracks procurement and supply planning reviews and validation, pinpoints gaps in funding among partners and supports multi-year forecasting.

A number of countries have been early adopters of the CRT, with striking results. Cameroon, for instance, found it had to boost average monthly supplies of injectable contraceptives from 4,000 to 55,000 vials to meet actual need. Gambia and South Sudan identified risks of stock-outs in short-term methods such as male condoms, pills and injectables. This led to fast-tracking procurement with manufacturers.

Niger discovered it only needed to procure one commodity in 2019, implants, saving \$2.5 million. A high risk of overstock in Benin led to a reduction in its request for implants by 225,000 vials.

Ten countries used the tool in 2018, providing valuable data for global decision-making on national commodity needs. UNFPA is working with other countries on the feasibility of using CRT and overcoming challenges such as data sourcing, completeness, timeliness and accuracy.

BETTER SUPPLY

A commodity moves from its point of production to the person who uses it through a long chain managed by people with expertise in health as well as logistics, warehouse management, quantification, inventory management and data analysis. The chain has many links, and can only be as strong as the weakest among these. In 2018, a priority for UNFPA Supplies was working with countries in targeted efforts to strengthen the weakest links. This is the fastest and most efficient way to forge a stronger chain overall.

87% of countries achieved national availability of three modern contraceptive methods in 2018, up from 80% in 2017

APPLYING THE MATURITY MODEL

To help define supply chain weaknesses and jumpstart continuous improvement, UNFPA Supplies has actively supported the use of the “maturity model” developed by the Bill & Melinda Gates Foundation. It helps countries re-assess their supply chain on a quarterly basis, which highlights both improvements and shortfalls. The overall “maturity score” is always based on the weakest area. It helps pinpoint priorities for investments of time and resources, instead of trying to solve all supply chain issues at once.

31 countries applied the maturity model to identify supply chain weak points

Applying the model in the **United Republic of Tanzania** revealed critical challenges in the visibility of individual facilities, warehouse operations, procurement and financial management, driven by factors such as inadequate human resources and a lack of standard operating procedures. UNFPA helped redesign the shipment system to health facilities, provide training on logistics and inventory management to all supply chain staff, and conduct a baseline survey on cost analysis for district health facilities.

Ethiopia found its weakest links was procurement. A review of five-year spending data of the Ethiopian Pharmaceuticals Supply Agency took place, along with a supply and supplier positioning exercise. These processes shaped a new draft procurement strategy, with plans to pilot it in 2019 along with a costing exercise to address financial management bottlenecks.

Guinea. A selection of contraceptive methods used for counselling pregnant women on postpartum family planning options.
© UNFPA/Mariama Sire Kaba



Inadequate management of procurement, human resources and facilities, and a lack of planning based on demand were among the issues in **Eswatini**. It is now implementing a new warehouse management system, conducting supportive supervision in health facilities, strengthening data management and repositioning the national procurement mechanism.

A maturity model exercise in **Rwanda** helped establish e-procurement and long-term agreements with suppliers, and a continuous improvement approach based on supervision and mentorship for district and health centre pharmacies. A Coordinated Procurement and Distribution System integrates quantitative data on all types of health commodities, improving availability and efficient fund mobilization.

TRACKING TO THE POINT OF DISTRIBUTION

Starting in 2019 for the first time, UNFPA Supplies has begun conducting “last mile” assessments of implementing partners in 16 countries receiving a large volume and value of the assessments track the management of commodities once they reach countries, all the way down to the point of distribution, and shed light on challenges and strategies for mitigating risks.

An assessment supported by UNFPA Supplies in **Zambia** and the subsequent action plan should strengthen the capacity of individuals involved in overseeing the logistics and management information system to improve reporting rates and data quality. In **Cameroon**, measures to strengthen the supply chain included implementing a regional logistics management system. Establishing coordination platforms in 10 regions and almost all of the country’s 189 districts has helped ensure product availability in health facilities, including in those most prone to frequent stock-outs.

Other efforts to track supplies to the point of distribution included **Ghana’s** last mile assessment of commodities moving from regional levels to facilities in four regions. This led to a more predictable delivery schedule, which improved availability, reduced ad hoc requests and averted stock outs. One midwife stated that the exercise had “solved most of the logistics issues encountered at the facility”.

To reduce frequent stock outs at service delivery points in **South Sudan**, UNFPA Supplies helped design and prepare contraceptive kits, at the country level, that could be transported alongside regular essential medicines kits to county health department stores and hospitals. Two types of kits included basic ones with short-term methods such as oral contraceptives and supplementary kits with long-acting methods such as implants. Quarterly delivery overcame a major bottleneck from poor storage infrastructure and minimized the length of stockouts. Supportive supervision has helped tackle supply chain gaps as soon as they occur.

MANAGING THE LINKS IN LOGISTICS

A computerized logistics management information system (eLMIS) can serve as the backbone for a stronger supply chain. It uses real-time data to track the progression of commodities along the links of the chain, ideally down to the last mile delivery point.

30 countries
have a logistics
system meeting
six fundamental
criteria,
up from 22 in 2017



36 countries
have a computerized
logistics
management
information system
with virtual links to
warehouses and
facilities,
up from 31 in 2017

The Government of **Zimbabwe** debuted a national integrated eLMIS in 2017, reaching all provinces and integrating six different supply chain systems. In 2018, UNFPA Supplies helped fine-tune the system, including to reduce inadequate stocking of IUDs and implants at health facilities. The support resulted in better use of supply chain data, and improved coordination and more timely distribution of commodities from the national to the regional levels. All 1,800 health facilities in the country managed to receive commodities at least once per quarter compared to three rounds of delivery for most facilities in 2017. The speed of order delivery increased, reducing overstock and wastage, while stock-outs fell below 10 per cent. The proportion of service delivery points with IUD availability improved from 42 per cent to 91 per cent. Among primary service delivery points, 96 per cent reported having at least three contraceptives; 87 per cent of secondary and tertiary facilities had at least five.

UNFPA Supplies helped **Nigeria** roll out its first national eLMIS in 2018. It uses cloud-based technology to capture, store, track and assess logistics data across the supply chain for all key public health programmes, and integrates all donor health commodities as part of one nationally integrated supply chain system. It has helped track stock status, predict and prevent stock-outs and wastage, and manage warehousing and transportation processes more efficiently and cost effectively. People at all points along the chain can analyse critical data trends, which supports more informed decisions around managing inventory.

With support from UNFPA Supplies, **Mozambique** expanded its eLMIS from a 2017 pilot reaching 157 health facilities to a total of 800 facilities in 2018. In **Nepal**, stronger supply chain management has tracked the evolution of a decentralized, federal system of government, including through an eLMIS connecting multiple tiers of the health system.

Supported by UNFPA Supplies, **Bolivia** expanded its eLMIS to include all primary health care centres and hospitals, reaching 96 per cent of service delivery facilities. The system functions online and offline, making it suitable for rural areas with poor Internet connectivity.



LAO PEOPLE'S DEMOCRATIC REPUBLIC: REACHING EVERY DISTRICT THROUGH MSUPPLY

In Lao People's Democratic Republic, despite steady declines in unmet need for contraceptives, service delivery points struggle to offer a wide range of methods. Only 22 per cent could offer at least three in 2017. A lack of information, equipment and trained staff have been persistent causes of limited choice.

To increase the availability of methods at all service delivery points, UNFPA Supplies supported the Ministry of Health as it embarked on a programme to strengthen procurement and supply management, with an emphasis on reducing stock outs and the expiration of critical drugs. The initiative includes scaling up an electronic logistics management system, called mSupply, to all district hospitals and service delivery points in all 17 provinces.

mSupply allows real-time stock monitoring of contraceptive levels. It was initially piloted in 10 of 18 provinces and 48 districts. By 2018, facilities that once commonly experienced stock outs of implants and IUDs in particular reported that these gaps had been eliminated. Data from the system have improved the quality of national commodity forecasting and procurement plans.

The system has also shed light on some systematic bottlenecks, such as duplication from fragmented supply-chain management processes, and weak operational decision-making. As the national expansion of mSupply began in 2018, UNFPA Supplies helped address these issues, including through training on using data in decision-making.

On-the-job training will continue to be a focus to ensure that contraceptives stocks are maintained at provincial and district levels. Targeted support will be provided where stock outs are particularly high, including to probe causes and guide action to address them.

TRANSFORMING DECISIONS THROUGH DATA

In **Kenya**, UNFPA Supplies supported the Ministry of Health in developing a family planning commodities monitoring dashboard that has improved tracking to primary facilities and increased the quality of reports. The dashboard has been applied in nine counties that saw nearly 1.6 million new users of modern contraception in 2018.

Weekly monitoring of stocks at different levels of the distribution chain in **Burkina Faso** has helped to raise awareness of the critical importance of avoiding stock-outs. A 2018 survey using the Systmapp platform showed that 71.7 per cent of health facilities had not experienced a stock-out in the last three months against 58.7 per cent in 2017. **Burundi** introduced smartphones for weekly tracking of contraceptive flows in four provinces with high stock-out rates.

Ten years of work to reduce the number of systems and communication channels involved in supply chains has culminated in the ground-breaking Global Family Planning Visibility and Analytics Network, known as Global FP VAN. A joint effort led by the Reproductive Health Supplies Coalition, where UNFPA Supplies is a Steering Committee member, the system brings together people, processes, policy and technology to transform how supply chain decisions are made. It is envisaged that procurers, manufacturers, shippers and countries will all become part of an active network focused on product flow, with one consolidated stream of data. Network users will see the same data simultaneously, and therefore can collectively estimate and prioritize supply needs, take action when imbalances loom, and advocate for necessary funding. In January 2019, the platform went live with shipment data for over 95 countries, historical inventory data from 32 countries, and master data for all commodities.

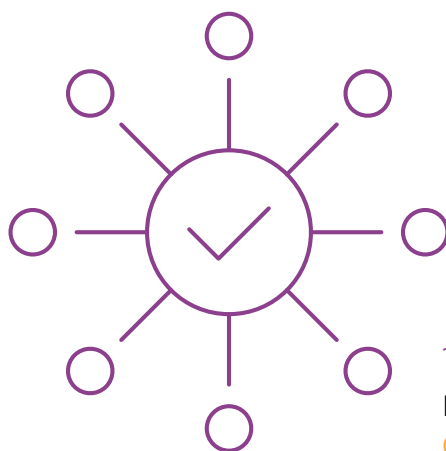
Ethiopia has been an early adopter of Global FP VAN. The platform underpins a health Commodity Management Information System that links the central government warehouse and 17 regional hubs. Dashboards of live transactional data guide strategic actions such as forecasting as well as operational decisions such as the replenishment of commodities. Upstream commodity supplier data are being integrated first, with plans to test capture downstream facility data at 600 of the largest health facilities.

GREATER CHOICE, BETTER SERVICES

5 countries have reduced reliance on one modern method since 2016, expanding the range of methods used

Implant use increased from 9.5 percent of total contraceptive use in 2016 to 11.6 percent in 2018

19 countries introduced DMPA-SC in public health facilities



16 countries authorized the provision of DMPA-SC in communities and trained 31,511 community providers

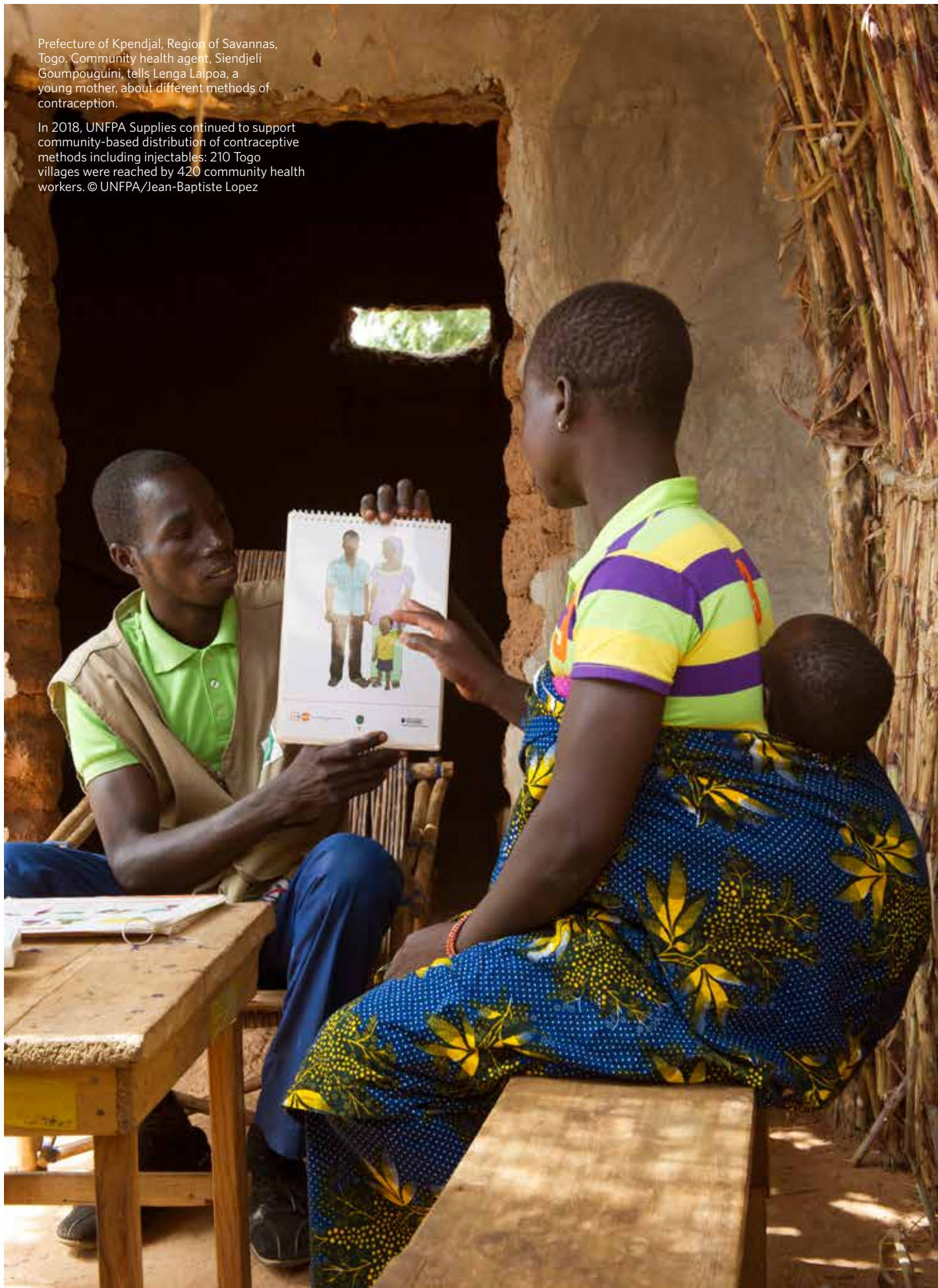
13 countries registered contraceptive products up from just 5 in 2017

UNFPA strives to ensure at least five types of commodities are available at service delivery points - hospitals, health clinics and health posts - from trained providers, among other elements of quality health-care services. Women who can make choices according to their needs and preferences realize their right to choose, and are more likely to use methods correctly and consistently.

Better data and stronger supply chains were part of UNFPA Supplies' success in increasing choice in 2018. Other elements comprised the rollout of new methods. Improved procurement plans can now validate if at least five categories of products are at hand, backed by appropriate training and continued supervision and mentoring. The year also saw progress in defining gaps in resources to support training and monitoring the use of methods and the application of training.

Prefecture of Kpendjal, Region of Savannas, Togo. Community health agent, Siendjeli Goupougouini, tells Lenga Lalpoa, a young mother, about different methods of contraception.

In 2018, UNFPA Supplies continued to support community-based distribution of contraceptive methods including injectables: 210 Togo villages were reached by 420 community health workers. © UNFPA/Jean-Baptiste Lopez



ADOPTING NEW METHODS

An intensified focus on introducing new methods and scaling up long-acting reversible methods centered on introducing DMPA-SC, an easy-to-use self-injectable. Use of injectables and implants, notably the etonogestrel implant (Implanon) and the levonorgestrel implant (Jadelle), rose by 35 per cent and 40 per cent, respectively, from 2017 to 2018 in Benin, Burundi, Burkina Faso, Chad, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Kenya, Haiti, Madagascar, Malawi, Mali, Mozambique, Mauritania, Niger, Nigeria, Rwanda, Papua New Guinea, Senegal, South Sudan, Sierra Leone, South Sudan, Sudan, Tanzania, Uganda and Zimbabwe.

Another new method introduced with UNFPA Supplies support was the three-year, two-rod levonorgestrel implant (brandname Levoplant). **Malawi** debuted it as part of increasing overall access to implants, which currently stand at just under 20 per cent of contraceptive use. A master trainer secured with assistance from UNFPA Supplies trained other trainers in a “cascade” down to the district level. The training covered familiar existing implants before delving deeper into clinical information about the new implant, as well as insertion and removal techniques, infection prevention and completion of registers and reporting forms.

Since training programmes often involve service providers being away from their service stations, the programme in Malawi piggybacked on existing events such as an annual conference for gynecologists to extend reach and reduce costs. Other savings came through partnerships with suppliers that provided lower-cost placebos and other supplies for training.

A woman in holds a family planning display case containing a mix of contraception options including the injectable contraceptive, subcutaneous DMPA on the top right. © 2016 PATH/Gabe Biencycki, Courtesy of Photoshare



CAMEROON: SCALING UP A NEW CHOICE FOR CONTRACEPTION

Progress in meeting unmet need for contraception has been slow in Cameroon, due in part to wide gaps in household incomes. About a third of people remain below the poverty line. A large share of the population does not have access to quality family planning services.

To increase uptake of contraceptive methods across all population groups, Cameroon has sought to broaden availability of longer-term options such as DMPA-SC. In 2017, it was successfully registered as an essential medicine, and with support from UNFPA Supplies, the Government prepared for an unprecedented national scale-up in 2018. A timely grant from the United Kingdom's Department for International Development helped strengthen the national supply chain to distribute DMPA-SC; units were sent to trained staff and health facilities. Administration of the method was integrated into the national family planning training curriculum, accompanied by updated guidelines and training tools.

A campaign to generate awareness about the new method included recruiting volunteers to receive the injectable as well as workshops with journalists that led to extensive coverage. By the end of the year, around 2,200 health facilities offered DMPA-SC, distributing over 122,000 doses. Nearly 2,600 service providers and 900 community health workers had learned to provide it. With the national data collection system still being scaled up, collecting data on users will be a primary follow-up focus. Early indications suggest that many users have opted to switch from other methods, especially intramuscular DMPA, and that there has been a greater uptake of other long-lasting methods as well.

Next steps include training more community health workers to administer DMPA-SC, including to adolescents and other vulnerable groups. An assessment of market-shaping interventions and opportunities for social marketing initiatives has led to a decision to make DMPA-SC available in at least 10 private pharmacies per region.

TRAINING FOR NEW TASKS

In several countries, a key barrier to increasing the use of long-acting reversible contraceptives such as IUDs and implants has been an inadequate number of trained health-care providers.

In **Ghana**, UNFPA Supplies supported the training of 300 midwives and community health nurses from 10 regions on long-acting methods. Participants learned counselling techniques and went through hands-on IUD insertion, aided by experienced midwives. Training for nurses from the three northern regions with the lowest IUD insertion figures included temporary deployments to health facilities in areas with adequate IUD clients and led to an increase in insertions. Implant use has risen as well.

Community-based distribution has been an effective strategy to extend contraceptive choice, including through “task shifting”. This trains community health workers to provide injectables, rather than requiring people to visit a formal clinic that may be far away and costly to reach, particularly in rural areas.

Zambia reached approximately, 83,000 additional users of modern contraceptives in 2018, an improvement from 77,000 in 2017. Improved supply chain capacities and method mix explained the upward trend, but it also stemmed from the greater availability

of trained health care workers at service delivery points and task-shifting to community-based volunteers. National policy and an accompanying roadmap guided the accelerated scale-up of DMPA-SC through community-based distributors. Training institutions helped increase the pool of providers through expanded pre-service training on long-acting reversible contraceptives. Standardized training manuals stressing a human rights-based approach to service provision are now used in all facilities and training for health-care providers as well as community-based distributors.

Support from UNFPA Supplies helped **Côte d'Ivoire** its Community-based Distribution Strategy for Contraceptive Products to eight health districts in 2018 including through training 294 community-based contraceptive distribution agents and 59 supervisors. The agents learned techniques to raise awareness, refer clients to family planning services, and replenish clients' supplies of oral contraceptives and condoms. Pilot projects in three districts trained agents on providing DMPA-SC.

Improved coordination around family planning in **Zimbabwe** has centred on quarterly forums that bring all key programmes and partners together. In 2018, they drove achievements that included the expansion of method mix, improved access to services and higher levels of commodity security. Enhanced capacity for providing comprehensive family planning services, particularly long acting and reversible contraceptives, built on training and certification programmes that raised IUD insertions by 104 per cent.

Nearly **18,000**
health service providers in
44 countries
trained on improved family planning services



SOLOMON ISLANDS: A RECORD RATE OF UPTAKE

The Solomon Islands turned to UNFPA Supplies for procuring two-rod implants with a five-year duration as well as assistance in developing the capacity of local health workers and generating broader awareness. The process paid off when the country achieved one of the world's highest rates of implant uptake over 36,000 couple years of protection in 2018, up from 8,700 in 2015. Birth rates have declined significantly.

The Solomon Islands has many points of vulnerability, including a largely rural population, high rates of poverty and a recent history of ethnic conflict. Population growth rates are among the highest in the Pacific. More than 80 per cent of people have access to basic health services, but a largely rural population spread across over 990 islands raises risks of unintended pregnancies, unsafe abortions and complications during pregnancy and delivery.

To overcome the barriers of geography, a series of trainings on the implant in different provinces reached nearly 400 health workers including medical doctors, registered midwives, registered nurses, registered nurse aides and health promotion officers. Implants are now the most popular contraceptive method among new users, although progress has faltered lately due to the spread of myths and misconceptions. To confront this challenge, UNFPA Supplies is supporting strategic communication for health workers to deliver family planning messages and manage sensitivities.

Kyae Nai belongs to a new generation of women in Myanmar who are making active choices about the timing of their pregnancies. © UNFPA Myanmar/Yenny Gamming



MYANMAR: A TRAILBLAZING NEW GENERATION

Kyae Nai, 23, lives in north-western Myanmar. Married for two years, she has one young child, and she plans to wait before getting pregnant again. “My mother gave birth to seven children,” she vows, “I will have two children, or maybe three. Just not yet.”

Ms. Kyae belongs to a trailblazing new generation of women in Myanmar who are making active choices about the timing of their pregnancies. They have access to a wide range of modern contraceptives, and the information they need to decide which method is best for them. Ms. Kyae received a reversible, long-acting contraceptive at a public hospital.

In the past four years, UNFPA Supplies has provided family planning and maternal and reproductive health commodities worth over \$12 million in Myanmar. It has invested \$2.5 million into a new logistics system to improve stocking and inventory in hard-to-reach areas, and continues to support family planning training for medical professionals.



SUSTAINING FINANCING

Investing in family planning is foremost an issue of realizing human rights. It is also an imperative for achieving national development and the globally agreed SDGs. Yet financing falls short of need, and despite the catalytic role of family planning as one of the most effective development investments, funding is still generally confined to health budgets.

UNFPA Supplies supports countries to move towards financial sustainability through three interlinked approaches: “reframing” or making a case for investing in family planning; expanding the sources and amounts of financing, including domestic resources; and ensuring the best, most efficient use of all available resources, including to achieve equitable access for those left behind.

MAKING THE CASE

Making a business case for family planning as a development “best buy” demonstrates the benefits in multiple areas of development and across the SDGs, including in education and poverty reduction. UNFPA Supplies supports these exercises as a step towards developing policies to increase access and financing, and forging mutually reinforcing links to other development priorities.

A UNFPA Supplies assisted cost-benefit analysis of family planning programmes in **Lao People's Democratic Republic** considered impacts on fertility and population growth rates, the dependency ratio, child mortality rates, expenditures on maternal and child health, costs for education and return on investment. The results showed that if the contraceptive prevalence rate increased to the 65 per cent goal set by the Government, investment returns could top 2,530 per cent. An Essential Health Services Package that was subsequently approved gives a prominent role to family planning.

In **Papua New Guinea**, where scaled-up investment is needed to revive stagnating progress on family planning commitments, a return-on-investment study found that for every Kina (about 30 cents) spent on family planning, 1.3 Kina would be returned. Over an eight-year period, an investment of 82.6 million Kina would result in savings of 103.9 million Kina as well as significant reductions in unintended pregnancies and maternal mortality. The study suggested establishing a transition plan to begin procuring contraceptives with national funding, and underlined the better value for money of longer-term methods.

A similar exercise took place in **Timor-Leste**, where voluntary family planning has substantially increased, yet unmet need remains significant. It found that every \$1 spent on family planning would save \$4.3 on pregnancy-related health-care costs. Investing \$861,000 between 2017 and 2021 would save nearly \$3.7 million. Besides increased investment and the development of a transition plan for national financing, recommendations included investing in training health workers to provide comprehensive information and counselling on available family planning methods.

Making the case for family planning as essential to development depends on technical expertise. But it also calls for champions to mobilize and advance change in health care and across the SDGs. High-level advocacy with opinion leaders in South Sudan, for instance, resulted in the establishment of the **South Sudan** Parliamentary Network on Population and Development. Sixty-nine members of the National Legislative Assembly are now registered members, with a commitment to universal attainment of reproductive health and rights in their country. The network prioritizes reproductive health issues in the review and passage of laws, budget appropriations and monitoring, and oversight of national policies and programmes.

In **Mali**, UNFPA Supplies sponsored high-level advocacy sessions with the National Assembly as well as with religious and government leaders to call attention to the role of family planning in realizing the SDGs.

Strong partnership between UNFPA Supplies and the European Parliamentary Forum for Population and Development continued to fuel engagement with parliamentarians from both programme country and donor governments on increasing resources for reproductive health, especially commodities, as well as advancing policies for voluntary, rights-based family planning.



Mrs. Belay with her husband, Priest Leul Hunegnaw, in front of their barn. She says contraception has had a liberating effect.
© UNFPA Ethiopia

ETHIOPIA: CONFIDENT IN HER CHOICE

Hulunayehu Belay had seven children in rapid succession. Eking out a living by farming a small plot of land in rural Ethiopia, she and her husband constantly struggled to put enough food on the table. When they decided to use family planning, it was a big step; her husband is a prominent member of their conservative community. But they have no regrets.

“We agreed that we need to use family planning to save our resources, educate and raise our children well,” said Ms. Belay, who proudly pointed out that two of her sons are now college graduates.

She started out using injectable contraceptives, which last three months. But returning regularly to the health post proved too difficult. After counselling from a community health extension worker, she switched to a five-year implant. “If I want, I can get the implant removed and get pregnant again,” she said confidently.

A rapid rise in modern family planning in Ethiopia is largely due to the health extension programme, which has brought services to remote villages. UNFPA Supplies trains extension workers and provides about one third of national needs for reproductive health commodities and life-saving maternal health medicines.



Awareness raising on the use of different contraceptive methods, Rwanda. © UNFPA/Didier Habimana

RWANDA: CREATING AN ENVIRONMENT THAT SUPPORTS FAMILY PLANNING

Rwanda made significant strides towards a sustainable family planning programme in 2018, devising its first integrated Reproductive, Maternal, Neonatal, Child, Adolescent, Health policy. It serves as a framework for a series of related policies ensuring all women, newborns, children and adolescents realize their rights to the highest attainable standards of health and well-being. Other steps forward included a costed Adolescent Sexual Reproductive Health and Family Planning Strategic Plan and a Maternal Neonatal Child Health Strategic Plan.

In late 2018, Rwanda hosted the 2018 International Conference on Family Planning in Kigali. At that point, it was grappling with the reality that while contraceptive use has shot up from only 4 per cent in 2000 to around 51 per cent of married women today, continued uptake has slowed. A major reason: adolescents use contraceptives at much lower levels because they could not access family planning services without parental consent.

The conference, held under a national and global media spotlight, provided UNFPA and other partners with an opportunity to successfully advocate for removing the ban on parental consent. The Government also softened conditions to access abortion services, which are now allowed in cases of rape, forced marriage, incest, danger to the health of the baby or the mother, or the pregnancy of a minor.

These changes are all part of Rwanda's efforts to respond to the reality that family planning has a key role in catalysing sustainable economic growth and meeting the SDGs. UNFPA helped make these links in the national development plan, where the demographic dividend features as a pillar of sustainable growth. This led the Ministry of Finance to commission UNFPA and the United States Agency for International Development (USAID) to develop a family planning business case as a guide to better defining needs, funding flows and remaining gaps, including in terms of greater domestic financing.

Moving forwards, UNFPA will continue to support the Government in extending access to voluntary family planning. To inform decision-making, including around scaled-up investments and diversified funding, it will assist in developing accurate, timely data, disaggregated for adolescents and other vulnerable groups. Since more than 90 per cent of family planning users rely on public services, UNFPA will help explore potential interventions to incentivize private sector involvement in an expanded market for services.



HAITI: CREATIVE OUTREACH MAKES THE CASE FOR VASECTOMY

"At 55, I already have four children. I realized that I do not have enough resources to take care of more mouths in my family," explained Lamour Denis. "So," he added, resolutely, "I decided to do it."

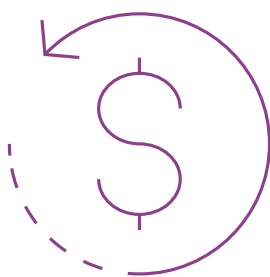
"It" was a vasectomy. Mr. Denis signed up for an event in Haiti's capital, Port-au-Prince, meant to demonstrate how quick and easy the procedure can be. Twenty-five men were expected; 100 showed up. Three teams of surgeons got to work and performed 83 procedures, compared to 18 in a similar activity the year before.

Organizers credited growing public awareness for the spike in interest. Television and radio spots for the event drew attention with humour, announcing that the vasectomy procedure, at about 15 minutes, takes less time than a traffic jam.

Mr. Denis's wife, Marlène Louis, accompanied her husband. "It would be so much better if everyone on their own made arrangements to plan their lives in relation to the number of children they wanted to have," she said.

EXPANDING FUNDING SOURCES

As developing countries move towards the point where domestic fiscal resources can accommodate investment in family planning, UNFPA Supplies plays a leading role in mobilizing donors to support this transition. In Africa, for example, despite significant progress in extending family planning services, unmet need remains persistent and programmes heavily dependent on donor funding, which supplies about 74 per cent of total spending on contraceptive procurement.



Domestic allocations rose to **\$55.1 million** in 2018, but actual expenditure was **\$24.9 million**

11 countries allocated more domestic resources for **contraceptives** in 2018; they spent at least **80 per cent** of funds

From 2017 to 2018 **16 per cent** increase in funds for UNFPA Supplies to just over **\$170million**

2018 saw the Bill & Melinda Gates Foundation launch an \$18 million family planning fund, managed by UNFPA Supplies, for the **Ouagadougou Partnership** countries: Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo. It will allocate two dollars for every additional dollar that these countries invest in family planning from domestic resources. All nine Ouagadougou Partnership countries have committed to increasing domestic resources for these commodities, but only four out of the nine have regularly allocated funds.

The 2:1 matching fund mechanism is designed to encourage countries to make and scale up investments. Five leveraged \$4.7 million based on new domestic financing of \$2.3 million in 2019. Over three years, if the matching funds encourage domestic funding to increase to at least \$7.5 million, the nine countries will reach FP2020 targets, and take a major step towards ending unmet need for quality family planning. Over time, the fund can be adapted and expanded to additional countries, and could inform the evolving domestic resource allocation strategies of UNFPA Supplies.

UNFPA Supplies also worked within countries to develop roadmaps for the transition to domestic resource mobilization. This process draws on findings from cost analysis and business cases, as well as assessments of scope within national budgets and the potential for innovative financing.

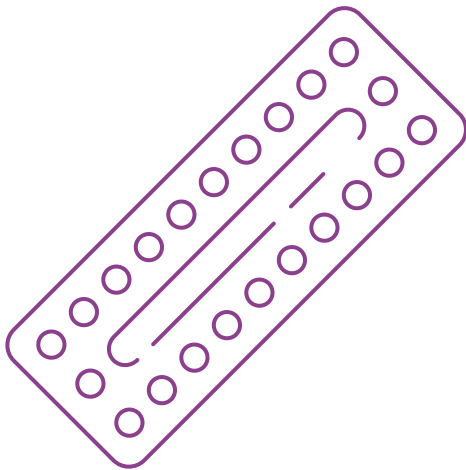
Kenya in 2017 developed a business case for reproductive health commodity security that informed a government decision to commit \$1 million for purchasing commodities in 2019-2020, up from \$620,000. Other efforts encompassed the development of a national family planning costed implementation plan complemented by six county plans aimed at boosting domestic resources. Through these activities and ongoing advocacy, 15 countries have committed \$1.4 million to budgets for family planning commodities for 2018-2019, in line with meeting national FP2020 commitments.

While **Zambia** is on track to increase contraceptive use by 2020, its family planning programme is heavily donor dependent, with only about 25 per cent of the budget for commodities coming from domestic resources. UNFPA Supplies helped convene donors, civil society organizations, parliamentarians and the Ministry of Health to devise a business case for sustainable financing as inherent to sustainable development. National commitments and corresponding development partner support subsequently closed financing gaps for 2018 commodity needs. By 2020, the Government's contribution to family planning commodities is expected to rise to a minimum of \$1.5 million per year from the current \$1 million per year. Outreach to parliamentarians spurred their commitment to call attention to reproductive commodities in their oversight role, including to ensure the availability and efficient use of resources. Zambia is also exploring product innovations and new technology with the potential to leverage greater value for money.

In Côte d'Ivoire, the Government covered 25 per cent of contraceptive financing in 2018, allocating \$800,000 in line with FP2020 commitments. **Chad** made its first financial contribution to family planning, towards conducting the sixth round of the national family planning services campaign and transporting reproductive health products. In **Nepal**, continuous advocacy and engagement resulted in the first-ever pledges by provinces to allocate funds for financial planning, based on a national health financing study conducted with the Ministry of Health and Population and Harvard University.

In the **Democratic Republic of the Congo**, family planning has become a priority component of the Central Africa Forest Initiative/Reducing Emissions from Deforestation and Forest Degradation (REDD+), given population pressures and rapid deforestation in the Congo basin. The initiative now unlocks \$55 million for the national family planning strategy, about 22 per cent of its total budget.

Rapidly evolving technology has opened the door to new financing solutions. Since 2011, **Global Citizen**, an online community of people committed to taking on the world's greatest challenges, has mobilized more than 13.3 million online actions across the world, resulting in political commitments valued at more than \$35 billion. In 2018, as part of the #ShelsEqual campaign to empower girls and women, Global Citizen concerts featured high-profile celebrities and global leaders in New York and South Africa. In New York, UNFPA's Executive Director took the stage to stress the importance of UNFPA Supplies as the largest provider of donated contraceptives. Subsequent pledges to support the programme resulted in an additional \$15 million from the governments of Belgium, Denmark, Luxembourg and Norway.



MAXIMIZING EFFICIENCY

Sustainable financing depends in large part in achieving greater efficiencies. One way forward is the UNFPA Supplies Bridge Funding Mechanism, an initiative of the United Kingdom alongside the Bill and Melinda Gates Foundation. Launched in 2018, it addresses the long-standing challenge that UNFPA Supplies can only procure family planning supplies with cash on hand, regardless of actual needs. Through the mechanism, UNFPA Supplies can secure short-term funding infusions to lock in a place in the production schedules of commodity manufacturers so that supplies are delivered on time. The mechanism is backed by cash and cash equivalent guarantees of about \$60 million against donor commitments.

UNFPA Supplies drew two tranches of \$54.1 million from the mechanism during the year. The first tranche supported early initiation of procurement for 27 countries considered at high-risk of stock-outs or shortages for the first half of the year. The second covered commodity gaps in 20 countries. The majority of funds went towards implants and injectables. It also saves costs. For example, air freight costs fell from \$317,000 in 2017 to \$76,000 in 2018. Overall, funding utilization reached a high of 98 per cent, reflecting better cash management.

A similar mechanism has been launched at a national level in Bolivia, where UNFPA Supplies trained national personnel at a revolving fund for contraceptives on quantifying supply needs and developing detailed planning in advance of a universal health system launched in 2019.

As the largest provider of donated contraceptives globally, UNFPA also achieves efficiencies through lower prices and quality generics. It helped reduce the costs of key contraceptives in four out of seven product categories in 2018, and save over **\$1.3 million through purchasing generics.**

The use of third-party procurement has risen in some countries that increasingly use domestic finance to purchase reproductive health commodities instead of drawing on donated supplies. Under this approach, they turn to UNFPA Supplies for technical assistance in building robust supply chains and family planning programmes, and for purchasing commodities at lower costs. Third-party procurement has risen in **Myanmar** and **Zambia**, while **Zimbabwe** used it for the first time in 2018.

In **Latin America**, UNFPA Supplies has partnered with ForoLAC, the regional chapter of the Reproductive Health Supplies Coalition, to help procurement officers from 15 countries acquire new knowledge on prices and strategies for securing better procurement terms. An NGO, ProSalud Bolivia, and five national governments (Argentina, Bolivia, El Salvador, Nicaragua, and Peru) subsequently saved \$15.3 million in purchasing seven types of contraceptives. Peru, while not among the countries directly supported by UNFPA Supplies, used UNFPA procurement services and saw a 58 per cent decrease in the price of the one-rod implant. It saved \$3.76 million, which enabled a doubling of the volume procured. Increased procurement translated into 200,000 additional couple years of protection, and the avoidance of 57,143 unintended pregnancies and 7,693 unsafe abortions.

In **Honduras**, sustained advocacy by UNFPA has resulted in the inclusion of resources for family planning in the Ministry of Health budget. Purchases of commodities through UNFPA procurement services reached around \$600,000 in 2018. Increasing national capacity has led to a steady decline in support required from UNFPA Supplies over the past three years.



Counselling on contraceptive choices, Tanzania.

In 2018, UNFPA and partners supported the Government to develop an action plan for a total market approach including both the public and private sectors. © UNFPA/Sawiche Wamunza

TAKING A TOTAL MARKET APPROACH

UNFPA Supplies draws inspiration from the total market approach using it as a tool to assess the interplay between public and private provision of family planning commodities. The approach factors in the unique nature of the market for these products, where it is not enough to simply deliver the best option to consumers. Instead, the goal is a wide range of quality products that supports individual choice and rights, and health outcomes that can be sustained over time, such as reduced morbidity and mortality from pregnancy-, abortion- and neonatal-related causes.

Taking a total market approach begins with countries mapping and assessing markets for family planning, and then developing interventions to shape them around goals such as efficiency and equitable access. In 2018, UNFPA Supplies supported an assessment in **Côte d'Ivoire** that identified challenges such as a high degree of market subsidization, which deters commercial investment; restrictions on advertising pharmaceutical products; and a lack of insurance coverage for family planning.

In **Uganda**, a Total Market Approach Strategy and Generic Policy has become a part of shifting towards sustainable financing for contraceptives. An assessment in **Zimbabwe** stressed that prices need to be linked to capacity to pay. It has guided efforts to channel donor-funded contraceptives to rural and remote areas through the public health system, where services are free.



GOING THE LAST MILE

Although unmet need for family planning is declining on the global level, inequalities remain, tracing the lines of age, residence, ethnicity, disability and income, among others. Other shortfalls arise during conflicts, natural disasters and other emergencies, where sexual and reproductive health needs are often overlooked, exposing women and girls to unwanted pregnancies and sexually transmitted infections in already perilous conditions.

Rights-based family planning means ensuring all women have equal and equitable access. UNFPA Supplies helps countries expand efforts to reach the unreached through means such as innovative service delivery models and improved counselling, including so youth and adolescents can exercise their right to make informed choices. In times of crisis, the programme helps sustain life-sustaining supplies of commodities and essential medicines and the provision of minimum initial services to guarantee safety and meet reproductive health needs.

REACHING THE UNREACHED

Taking services to people who might otherwise remain outside the formal health system is an important part of reducing inequalities. In the **Democratic Republic of the Congo**, UNFPA Supplies supported delivery of quality family planning services through mobile clinics, targeted outreach strategies and community-based-distribution by nursing students, which helped add 2 million new users of family planning services in 2018. Nursing students and midwives deployed to sensitize more than 1 million people on family planning, gender-based violence and HIV/AIDS prevention.

A strategic partnership with the World Food Programme and the Food and Agriculture Organization led to the integration of family planning and the prevention and treatment of HIV and other sexually transmitted infections into the activities of Dimitra Clubs in two areas of the Democratic Republic of the Congo. The clubs encourage women farmers to increase their income and agricultural productivity, while cultivating social cohesion and peace in their communities. Training on family planning for 240 community-based distributor agents who are members of the clubs contributed to 30,000 additional users of modern contraceptive methods in 2018.

In **Haiti**, the Government has defined family planning as a pillar in the fight to reduce maternal mortality. UNFPA Supplies is the main provider of family planning commodities to more than 75 per cent of health institutions in the country, meeting the needs of more than 600,000 women and girls each year. The deployment of 167 mobile clinics has helped extend access to long-lasting reversible contraceptives in remote areas of the country. Only 4 per cent of women nationally use long-term methods; the mobile clinics helped boost the share to 14 per cent of new users in 2018.

Burkina Faso saw over 350,000 new users of modern contraceptives during the year, using a variety of outreach strategies such as mobile services and community-based distribution through cotton producer groups, and by mobilizing people during the National Family Planning Week. In **Liberia**, market booths were reactivated to distribute contraceptives in highly populated peri-urban communities in and around Monrovia. They served over 57,000 women and girls in six months; about 18 per cent were new users.

Ghana adopted a comprehensive approach to community outreach that integrated information and skills training on topics comprising domestic violence, child marriage, incest, life skills, citizenship, girl's education, comprehensive sexuality education, family life and parental support, and gender.

If one aspect of reaching the unreached is making sure people can access quality services, another entails raising awareness and generating demand. In 2018, **Uganda** mobilized a network of local family planning champions in 10 districts with low performance on family planning. Community, religious and political leaders came together to learn about family planning and sexual and reproductive health, and strategize on how to confront local myths and misconceptions that hinder family planning.

In the **United Republic of Tanzania**, 14 male involvement groups in Zanzibar learned about family planning in relation to Islam. The groups brought together teachers, students and youth council members, highlighting the importance of male involvement, and delving into gender roles and responsibilities. The process fed into an increased number of new users, from 26,910 in 2017 to 29,950 in 2018. A newly developed monitoring tool will help track clients referred to health facilities through male sensitization activities.



Swarwati Oli Anm provides a DMPA injection for Jalimun Nisa at a health post in Gauri, Nepal. © Nicolas Axelrod/Ruum for UNFPA

NEPAL: MOUNTAINS NO LONGER STAND IN THE WAY

Nepal is world renowned for its mountains, so high they seem to scrape the sky. But they also make it complicated to reach all communities with health services and family planning. Another issue is that health staff in far-flung outposts are less likely to acquire skills to administer all contraceptive methods, especially long-acting reversibles.

UNFPA Supplies is helping to address these barriers by strengthening supply chain management so a full choice of commodities reaches all points of the country, and by training health-care workers to improve the quality of services.

A key element in the latter has been the Visiting Service Provider programme, piloted in Ramechhap, one of the country's most secluded districts. The programme supports nurses trained on long-acting methods and family planning to travel regularly to hard-to-reach areas and minority groups. They provide services in health facilities as well as onsite training of service providers based there. They also disseminate information tailored to marginalized communities and collect statistics.

By 2018, positive results had led to scaling the programme up to eight districts. Nearly 9,700 women choose a long-acting method of family planning, more than half through the Visiting Service Providers. While in 2015, only 15 per cent of health facilities had staff qualified to administer and remove implants, and 12 per cent for IUDs, almost 45 per cent of primary level health facilities now provide at least five modern contraceptives as a part of regular service delivery.

Attempts to further scale-up the programme have experienced some difficulties. It is not easy to find providers willing to work in remote locations. Mixed knowledge and attitudes to long-acting contraceptives mean some health-care providers are unwilling to provide information and services that users need. And inequality in access by age is significant, particularly among adolescents. Towards closing this disparity, the programme has begun training the Visiting Service Providers on tailoring services explicitly to adolescents.

Stella Chiwaka, 28, has suffered stigmatization throughout her life for being born with albinism.
© UNFPA Malawi/Leticia Nangwale



MALAWI:

OVERCOMING THE DOUBLE BARRIER OF BEING YOUNG WITH A DISABILITY

One morning, Stella Chiwaka, a 28-year-old primary school teacher, visited a nearby health centre to get information and services on contraceptives. She was enthusiastic and had high expectations, but the response she received shocked her.

The male service provider's questions startled her: "Do you experience sexual feelings?" and "are you sexually active?"

He told her that 'people like her' should not have sex but should rather live a life of exclusion.

Ms. Chiwaka, who has albinism, has repeatedly suffered stigmatization and had hoped not to experience it at the health centre. Feeling angry and frustrated by the encounter, she walked out. She has never returned to that health facility, nor any other, to seek family planning services. She now buys contraceptives at a pharmacy in her community.

As is true in many places, young people in Malawi face challenges in accessing family planning. Yet this is even more difficult for young people with disabilities, who express frustration regarding how the community treats them, let alone health-care providers.

While some like Stella are able to seek elsewhere for the services they need, many young people with disabilities do not have adequate knowledge of their right to sexual and reproductive health, including access to family planning. Without any credible sources of information, the likelihood increases that they will engage in risky sexual behaviours leaving them vulnerable to unwanted pregnancies and HIV infection.

UNFPA Supplies has supported outreach clinics and trained service providers on reaching the disabled, and other groups of vulnerable women and adolescent girls, with a resulting rise in family planning access. Related efforts include sensitizing chiefs and Influential leaders on key family planning messages that each is expected to communicate to between 40 and 45 adolescents in their communities. A spot-check found that at least 8 per cent to 12 per cent of sexually active adolescents and young women in these communities are now accessing long-acting reversible contraceptives due to the chiefs' advocacy.

INCREASING CHOICES FOR YOUTH

Youth and adolescents still face a variety of obstacles to realizing their rights and choices, including their ability to obtain family planning information and contraceptive methods and services. UNFPA Supplies supports family planning services that are friendly to youth and fully oriented around working with individuals at a highly sensitive stage of life. One strategy entails training health workers to be informed and respectful of the issues younger people face. In 2018, using resources from UNFPA Supplies, **Uganda** trained 146 health workers to deliver youth-friendly services in hard to reach areas, reaching over 16,000 young people aged 10 to 24.

Through special outreach clinics supported by UNFPA Supplies, 800 out-of-school adolescents obtained sexual and reproductive health and family planning services in **Papua New Guinea**. The clinics demonstrated the need to scale up efforts for youth and adolescents particularly in rural and hard to reach areas. Ghana provided information and services to 1,200 adolescents, youth and young persons with disabilities in urban and peri-urban areas. Three new adolescent health clubs were established in three districts with the highest teenage pregnancy rates.

In **Zimbabwe**, eight tertiary educational institutes with 42,000 students are now providing comprehensive contraceptive services, including implants, IUDs and injectables. A direct link with the Ministry of Health ensures regular commodity supplies. Over 3,200 first-time users were registered in 2018, in part through the efforts of “know your services” campaigns that sent 120,000 bulk text messages.

Information targeted to young people has stimulated demand for family planning services in **Lao People’s Democratic Republic**. With the assistance of UNFPA Supplies, the Ministry of Health developed national guidelines on engaging with youth and adolescents, and then trained health service providers in three provinces and from seven district hospitals on counselling and outreach skills. A mobile app now provides sexual and reproductive health information to young people. Comprehensive sexuality education has been integrated in technical and vocational education and training.

Youth are often the most effective communicators to their peers. **Congo** trained nearly 3,800 vulnerable young people, including from indigenous communities, and those who are deaf-mute or living with HIV, on family planning, sexual and reproductive health services, prevention of HIV infection, and early pregnancy and gender-based violence so that they in turn could help in sensitizing almost 35,000 more young people on family planning and reproductive health, including through social networks.

In **Guinea-Bissau**, UNFPA Supplies helped youth associations in distributing nearly 173,000 male and female condoms during popular carnival festivities, using temporary facilities in some areas as well as cars with music surrounded by groups of dancers and young musicians.



Young people outside a youth-friendly health centre in Kamenge, Bujumbura. © UNFPA/Chiara Frisone

BURUNDI: GIVING YOUTH A CHOICE

“During my youth, I had to abort four times,” said Cecile Nshimirimana*. Like the majority of adolescents in Burundi, she had not learned how to protect herself from an unintended pregnancy – a taboo in her conservative community.

But today she is a member of the Kamenge Youth Centre, a UNFPA-sponsored centre where young people can learn about their sexual and reproductive health and receive referrals to adolescent-friendly health services. These services are essential, Ms. Nshimirimana says. “Some days, I think of how I could have avoided getting pregnant again and again, if only I had the information and the means necessary to protect myself.”

In 2018, UNFPA Supplies provided continued technical support to public health facilities to offer sexual and reproductive health services adapted to adolescents and young people. Information about sexual and reproductive health is being disseminated through youth peer networks and 18 youth-friendly health centres, where specially trained staff provide sensitive, confidential, nonjudgmental information and services.

*Name has been changed to protect confidentiality.



Julian (left) with her mother (centre) and UNFPA officer Debbie Kupesan (right) after Julian's life-saving surgery. © UNFPA

PAPUA NEW GUINEA: SAVING A LIFE

When a severe earthquake struck a remote area of Papua New Guinea in early 2018, 18-year-old Julian Ako was heavily pregnant with her third child. Her home was severely damaged—and she was facing a difficult birth. When her contractions started, she went to the local hospital, where midwives discovered that her baby had hydrocephalus. The baby died, and Julian's life was in serious jeopardy.

Well-trained staff and the repositioning of emergency maternal health supplies saved her life. A midwife made a swift referral so that Julian was quickly airlifted to a better-equipped provincial hospital. "I'm happy to be alive," she says. "I'm looking forward to getting back to my husband and children so we can get on with rebuilding our house and our gardens."

Given the many remote communities in the Pacific islands as well as their acute vulnerability to disaster, UNFPA Supplies has led a drive to ensure reproductive health commodities are readily available if a crisis strikes. Supplies include reproductive health kits with essentials for clean deliveries, sexually transmitted infections and post-rape care..

RESPONDING TO CRISIS

Crises today, whether natural or human made, may be complex and protracted, derailing years of development gains. Where the consequences include disruptions in reproductive health supplies, the health and lives of women and girls are at risk. UNFPA Supplies ensures that lifesaving reproductive health kits and medicines reach those in urgent need, and that health systems and supply chains are resilient enough to withstand the worst impacts of crisis. Uninterrupted and reliable services particularly for the most vulnerable groups, before, during and after an emergency, mean that they are more prepared to cope.

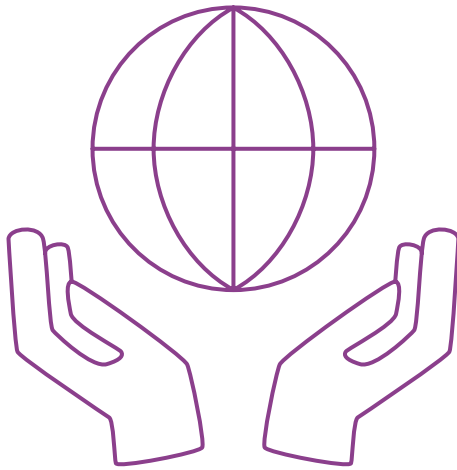
Expanding method mix upholds the right to choose, including through long-lasting reversible contraceptives. In 2018, UNFPA Supplies procured enough doses of these methods for reproductive health kits to provide over 9,000 women with contraception for at least five years. A number of countries have introduced new long-lasting methods as part of their response to crisis, including Afghanistan, Bangladesh, South Sudan and Syria.

UNFPA Supplies in 2018 collaborated with John Snow Inc. to pilot a unique reproductive health kits forecasting tool specifically designed for countries in humanitarian and fragile situations. In unstable contexts where services may be diminished and information gaps substantial, it helps quickly define needs and the timing and quantity of supplies to meet them.

The tool estimates future commodity consumption in reproductive health kits at the level of service delivery. It operates in line with the Minimum Initial Service Package or MISP, a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. Based on field testing in crises in Bangladesh and Jordan in 2018, the tool was further elaborated around a 12-month transition from kits-only procurement to a more sustainable, reliable supply chain that can underpin longer-term resilience and eventual recovery.



Woman at Sayam Forage Camp, Niger. With its partner, Red Cross Diffa, UNFPA is providing reproductive health care, including family planning and psychosocial services for survivors of gender-based violence.
© Bénédicte Kurzen/NOOR for UNFPA



In 22 countries, 2.1 million women and girls, up from 1.4 million in 2017, provided with reproductive health services supported by emergency reproductive health kits

16 countries prepared for comprehensive MISP

39 countries ready to offer basic MISP

During 2018, UNFPA Supplies supported family planning services in six provinces of the **Democratic Republic of the Congo** most affected by humanitarian crises. Delivery routes included campaigns, mobile clinics, community-based distribution, and outreach strategies to displaced persons, refugees, host populations and adolescents. The activities resulted in over 308,000 new users of family planning. With the Ebola virus appearing in North Kivu, UNFPA Supplies mobilized to supply 10 health zones with reproductive health commodities and medicines.

Ethiopia revised its national family planning guidelines to cover people in emergencies. Service providers supporting internally displaced people developed knowledge and skills around the MISP. In the **Central African Republic**, UNFPA Supplies supported MISP implementation in 44 new health facilities in crisis areas, including through training 76 health service providers. **Kenya** conducted a MISP Readiness Assessment to inform county and national action plans, and trained 50 humanitarian health workers on the protocol.

Chad strengthened health units in humanitarian areas with emergency reproductive health kits. Catalytic support to the humanitarian programme in **Nigeria** led to prevention and response services for gender-based-violence for nearly 63,000 women and girls.

The **Asia and the Pacific** region is the most disaster prone in the world, with recurrent natural disasters in some countries and long standing conflict situations in others. UNFPA Supplies has piloted a Regional Prepositioning Initiative to strengthen emergency preparedness through ready access to life-saving sexual and reproductive health supplies. During the humanitarian response to Cyclone Winston in Fiji in 2018, UNFPA Supplies drew on prepositioned supplies to ensure the provision of essential health-care services. Around 4,000 dignity kits, 400 clean delivery kits, and nine tons of a variety of reproductive health kits with essential supplies and equipment were distributed. Prepositioning allowed these supplies to be on the ground within 48 hours, making them among the first to be delivered after the cyclone.



A health worker conducts an awareness raising session on reproductive health including family planning for women in a rural area of Hodaidah Governorate, Yemen
© UNFPA/Fouad AL-Harazi

YEMEN:

DESPITE EXTREME CRISIS, THE SUPPLY CHAIN CONTINUES

In the midst of the world's worst humanitarian crisis, posing extreme challenges from famine, brutal conflict and disease, Yemen is sustaining life-saving supplies and supply chains. With support from UNFPA Supplies, family planning services reached more than 1.2 million women and adolescent girls from January 2017 to September 2018. Nearly 550,000 people drew on services related to sexual and reproductive health and gender-based violence services.

Interventions cover 21 of 22 governorates, reaching young women like Eshan, aged 18, who depends on the mobile clinic at Al Hudaydah for antenatal care. Expecting her first child, she says, "I would like to give birth in a hospital but even a check-up requires me to travel for over two hours to reach the nearest hospital. I heard about this mobile health service from my neighbour. I come here regularly for check-ups and no longer have the fears about giving birth like I did before."

Working with a number of public and private partners, UNFPA Supplies is helping Yemen to rebuild local supply chains and sustainable health service infrastructure. A new national logistics management information system is revitalizing quantification, forecasting and supply planning for contraceptives and maternal health medicines. The system, which can operate on mobile platforms, facilitates the reporting and ordering of supplies, and provides real time information on stock status at service delivery points.

With the crisis causing dramatic changes in commodity needs, UNFPA Supplies supported quantification and forecasting exercises specifically for contraceptives and lifesaving maternal and newborn medicines that fed into procurement and supply plans for 2019 to 2022.

Prompt deployment of a logistics specialist through UNFPA Supplies helped improve transport of vital supplies via air, road and sea. UNFPA Supplies also struck an agreement with one of the country's largest transportation companies, expediting customs clearance and in-country transportation of supplies to health facilities.

With fighting escalating along the western coast and shutting down access to the Al Hodeida Port, all imports were subsequently routed through Aden port. Broader UNFPA support, complementing that of UNFPA Supplies, helped establish a central warehouse there that allows the immediate transference of commodities after customs clearance to avoid demurrage costs for holding them at the port. This has eased in-country distribution, with commodities earmarked for southern governorates retained in the warehouse and those for northern governorates transported to the central warehouse in the city of Sana'a before distribution.

PACIO DEL HACER

BIENVENIDOS

AL ESPACIO



Uncia, Bolivia. High school student, Silvia Padilla Vedia, wants to be a policewoman and protect women against violence. Following a presentation on family planning by a health worker, Silvia now knows more about family planning and where she can get contraceptive services so she doesn't risk an unintended pregnancy and will be able to complete her education.

© Noor/Sanne de Wilde for UNFPA

MANAGING FOR RESULTS

Strategic management results in better support and quicker progress towards meeting unmet need for reproductive health commodities in the 46 priority countries assisted by UNFPA Supplies. In 2018, the programme made continued efforts to maximize the efficiency and effectiveness of its operational backbone.

The digitization of annual questionnaires with key information on country-level progress, initiated in 2017, has enhanced data collection and transfer, improved reporting and resulted in more informed decision-making. Further development of the platform in 2018 has made it a tool for quarterly reporting to monitor performance and trouble shoot as needed, reducing delays and disruptions.

The platform covers capacity strengthening, humanitarian interventions, working with partners, resource mobilization, stock monitoring and DMPA-SC programming. Financial updates focus on funding ceilings, resource allocations for procuring reproductive health commodities, resources released for programme implementation, and the funding situation for UNFPA Supplies as a whole. A mobile application now captures health facility surveys carried out on average every two years; these indicate contraceptive availability and access to trained providers. Inputting data directly on mobile devices even in remote locations reduces paperwork and means more rapid analysis and sharing of results.

In 2018, 205 staff, up from 132 in 2017, were dedicated to family planning and reproductive health commodity security across UNFPA country and regional offices and at headquarters. Among them, 75 per cent had at least three years of experience in supply chain management. An assessment of supply chain skills among staff in the 46 UNFPA Supplies countries found that 70 per cent can be considered proficient or expert. Some areas for continued improvement include clarifying roles and responsibilities to build accountability and to optimize work performance, and measures to help staff further strengthen core supply chain competencies,

UNFPA Supplies held four meetings of its Donor Accountability Council and three meetings of its Steering Committee in 2018. All recommended actions were implemented, including activities to provide more detailed information on factors driving requests through UNFPA Supplies, an overview of couple years protection per method procured, analysis of data to better define problems with stock levels, and a breakdown of information on the procurement of maternal health medicines.

An evaluation of UNFPA Supplies in 2018 concluded that the programme is an effective vehicle for promoting family planning as a priority intervention. It has increased the range of contraceptive options and extended the reach of services, but more needs to be done, such as in broadening sustainable sources of financing and encouraging national consensus on strengthening supply chains. The evaluation noted the role of UNFPA Supplies in meeting the reproductive health and family planning needs of women and girls during humanitarian emergencies.

The recommended actions included broadening and deepening resources through domestic resource mobilization, co-financing and innovative financing mechanisms, and developing evidence to fund demand generation interventions in priority countries. More can be done to improve national demand-forecasting and annual supplies planning and quantification, and to make contraceptive delivery processes more transparent.

A voluntary counselling session at a family planning clinic at Abekuta State Hospital, Ogun State, Nigeria. (c) Kori Habib.



UNFPA SUPPLIES VISIBILITY ACTIVITIES

UNFPA Supplies has used high-impact communications to establish itself as the global leader in providing donated contraceptives, with a solid reputation for results and the ability to reach isolated, marginalized and underserved populations. In 2018, UNFPA Supplies was visible across a variety of media, including influential and agenda-setting platforms in donor nations. Overall, 3,000 news stories referenced UNFPA and its work on family planning.

Four photo and video projects told the stories of supply provision in Bolivia, Liberia, Niger and Papua New Guinea, with materials picked up in *Vogue* magazine, among other outlets. UNFPA joined a coalition of partners to commemorate World Contraception Day in 2018 with a Twitter chat and other collaborative efforts reaching over 200 million people.

For the International Conference on Family Planning in Kigali, media outreach lined up coverage by Reuters, the *Daily Mail*, Devex, xinhuanet, the Herald in Zimbabwe and The Guardian. Active engagement on Twitter secured more than half a million impressions. A 360 virtual reality film on family planning in Nepal, developed with the UN Secretariat Department of Public Information, was shown at the conference and entered in four film festivals.

FINANCES

During 2018, UNFPA Supplies received \$193 million or \$38 million above the total in 2017. Funds were allocated to countries based on a series of key indicators related to income and contraceptive prevalence, among others. Funding utilization reached a high of 98 per cent, reflecting better cash management made possible by the Bridge Funding mechanism.

Resources for commodity procurement comprised 75.1 per cent of total resources, compared with 66 per cent in 2017. Resources for technical assistance and human resources dropped from 34 per cent in 2017 to 24.9 per cent in 2018.

The amount mobilized from donor partners during 2018 increased by 16 per cent over the previous year. At over \$170 million, the sum still fell short of a target of \$233 million, however. Donors included Australia, Belgium, Denmark, Liechtenstein, Luxembourg, the Netherlands, Norway, Portugal, Slovenia, Spain and the United Kingdom as well as the Bill & Melinda Gates Foundation, the Children's Investment Fund Foundation (through Crown Agents Limited), Friends of UNFPA, the European Union, the Winslow Foundation and private contributions (including online).

Seven donors increased their commitments; three former donors reinvested. Multi-year contributions were made by Australia, Belgium, Luxembourg, the Netherlands and the United Kingdom as well as the Bill & Melinda Gates Foundation, CIFF and the European Union.

Since its inception in 2007, UNFPA Supplies has mobilized more than \$1 billion from donors. We remain grateful for their continued support.

UNFPA's thematic fund, UNFPA Supplies, is the only United Nations programme dedicated to family planning, and it is the world's largest provider of donated contraceptives. The programme provides technical assistance to countries to strengthen their health systems to provide access to modern contraception to their populations, particularly the most marginalized and underserved.

This report outlines progress in 2018: with a particular focus on strengthening supply chains to ensure availability of a choice of modern contraceptive methods; quality service provision including for those in remote and underserved communities or facing humanitarian crises; and sustainable financing for family planning, including domestic resource mobilization.

More information about the programme is available from: <https://www.unfpa.org/unfpa-supplies>



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