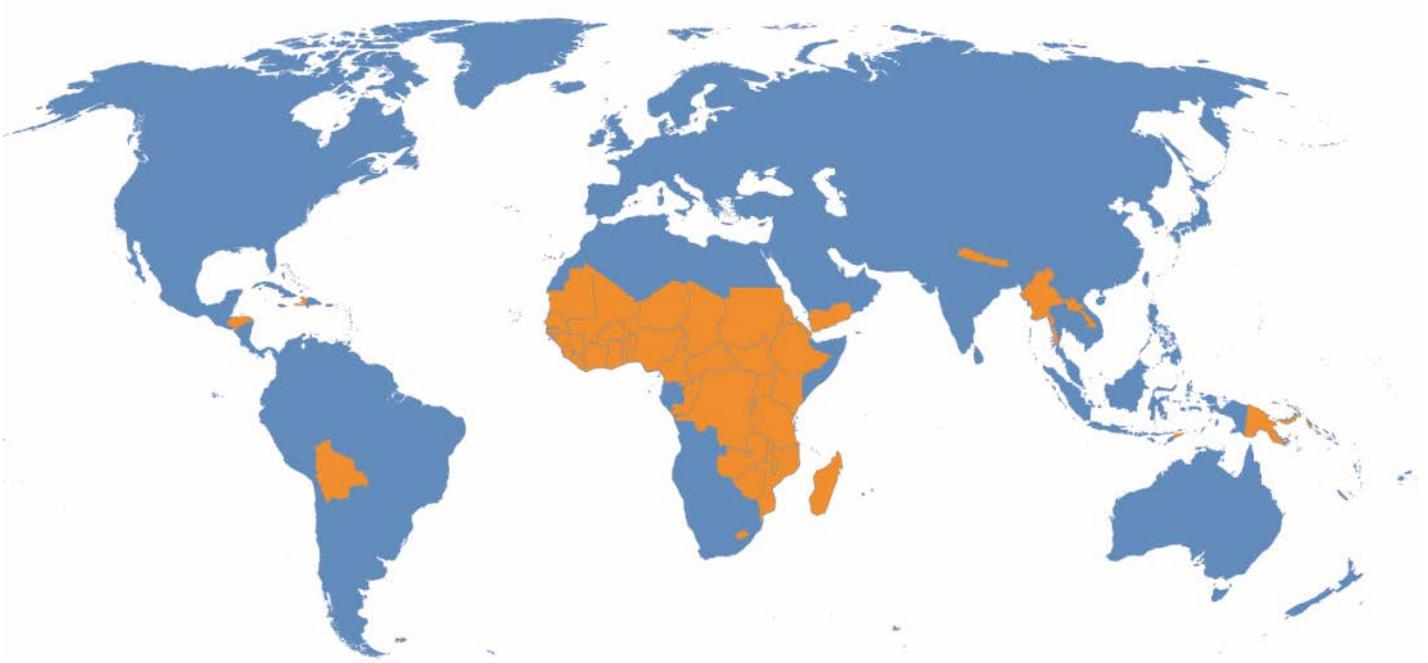




UNFPA Supplies Annual Report 2016  
*Executive Summary*



## Where we work

Asia 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

Map disclaimer: The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

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

© UNFPA Myanmar/Yenny Gamming.

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

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

## About the programme

Since 2008, UNFPA Supplies has helped countries build stronger health systems and expand access to family planning to vulnerable and hard-to-reach women and girls, often in humanitarian crises. The contraceptives and maternal health medicines we procure and provide are saving and improving lives.

Our progress, results and impact are the results of ongoing collaboration with governments, civil society, donors, the private sector and many other partners. The programme is one of the United Nations' key interventions for Sustainable Development Goals 3 and 5 – health and well-being for all and gender equality. The key is universal access to sexual and reproductive health and rights, in particular to family planning with its transformative social and economic benefits.



"I am very happy that I will now get services from outside my workplace"

Mantina Mphohle receives family planning counselling in a mobile clinic, near the factory where she works in Maputsoe, Lesotho.

© UNFPA Lesotho

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

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

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

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



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

Mobilizes political and financial commitment to enable the environment  
Integrates reproductive health supplies into national policies and allocations

Strengthens capacity for supply chain management and quality reproductive health services

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

## We shifted our strategy in 2016

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

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

### Strategic direction 2016

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

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

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

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

- 3 **SCALE UP** proven interventions

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

## Finance and resources

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

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

## Governance structure

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



Midwife Florence Djihoun offers family planning counselling to a woman in Cotonou, Benin.

The woman who is 25 years old with two children, says she and her husband are currently unemployed so they want to wait before having more children. With Ms. Djihoun's help, she has selected the contraceptive method that works best for her.

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## 2016 Highlights

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

1. More than 30 million additional users of modern methods of contraception have been added since 2013. By July 2016, there were 30.2 million additional users of modern methods of contraception in FP2020 countries compared with July 2012, the FP2020 baseline year. Out of these additional users, 46 per cent or 14.2 million, are in UNFPA Supplies countries. Although there is progress, it is 19.2 million users short of the pace needed to reach the goal of 120 million additional users by 2020.
2. Family planning is making progress in Eastern, South and West Africa. More than 30 per cent of women and girls in Eastern and Southern Africa are now using modern contraception. The Ouagadougou Partnership on family planning in nine West African countries surpassed its 2016 goal of reaching 1 million additional users.



Empowering adolescents to make free and informed choices about their sexual and reproductive health, helps them stay in school, participate fully in society, and contribute to the economy.

© UNFPA

3. Prices for contraceptives were reduced by 94 per cent. UNFPA Supplies contributed over 40 per cent of all donated reproductive health commodities,

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and was able to reduce prices for approximately 94 per cent of the contraceptives it procured in 2016.

4. The programme provided nearly 22.4 million contraceptive years of protection (CYP). UNFPA Supplies purchased contraceptives in 2016 worth \$57.6 million and provided nearly 22.4 million couple years of protection. Compared with the previous year, however, a reduced programme budget led to lower spending and CYP.



“My first child came by accident, and I’m not working. I do not want to have more children now because I do not have the means to support them.”

Patricia, 23, family planning fair participant, Côte d'Ivoire

© UNFPA WCARO

5. Modern contraceptive prevalence increased alongside a reduction in unmet need. UNFPA Supplies contributed to an average 0.7 percentage point increase in modern contraceptive prevalence (mCPR) for all women of reproductive age, and an average 0.8 percentage point reduction in unmet need for modern methods of contraception for married and in-union women. The demand satisfied increased by an average of 1 percentage point. The most-used methods in the 46 focus countries are injectable contraceptives (35.6 per cent), followed by oral pills (25 per cent), male condoms (14.3 per cent) and implants (9.5 per cent).
6. More service delivery points (SDPs) are offering three modern contraceptive methods, regardless of location. On average, more than 85 per cent of primary service delivery points in countries that have conducted facility-based surveys offered three modern contraceptive methods. Also, the availability of these methods, on average, was similar between rural and urban SDPs.

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7. The number of countries taking the lead in procurement remained steady. In 2016, 38 countries had the capacity to lead the forecasting of contraceptives, 35 had the capacity to lead the procurement of contraceptives, and 34 countries had the capacity to lead both processes. Compared with previous years these numbers appear to be stagnating. Product registration and lengthy customs clearance procedures continued to hinder access to supplies.
8. Shortages of reproductive health supplies (stock-outs) continued to be an issue. While more than 50 per cent of service delivery points had no stock-outs, the probability of stock-outs was higher at primary level SDPs (44 per cent) than at secondary and tertiary levels (59 per cent).



Senior midwife Daw Kyu Kyu Thin and her colleagues at the Nam Khoke Rural Health Centre, Myanmar, review their stocks of reproductive health supplies.

© UNFPA Myanmar/Si Thu Soe Moe

9. Supply chain bottlenecks were assessed at country and global level. The Democratic Republic of the Congo, Kenya, Nigeria and Sierra Leone were assessed to identify what hinders national systems in implementing evidence-based supply chain systems and processes. The findings show that: (1) donor and government procurement need better coordination; (2) better national leadership is needed to convene partners in a unified countrywide procurement plan and process; and (3) supply planning is hindered by the lack of diversified long-term commodity financing strategies as well as the lack of enabling socioeconomic and political ecosystems.
10. Service delivery points provide life-saving maternal health and family planning supplies and services. At least three life-saving maternal health medicines were available at 60.8 per cent of SDPs on average in 2016, in the 19

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countries surveyed, and up to 86.6 per cent at tertiary level. Some 83.3 per cent of SDPs had trained staff available to provide family planning services. Approximately 67 per cent of SDPs provided implant insertion and removal services. Services were more available at tertiary than primary SDPs, and in urban locations compared with rural.

11. In humanitarian situations, the programme reached 1.3 million women and girls with reproductive health kits. In 2016, UNFPA Supplies supported the dispatch of reproductive health kits to 24 countries sufficient to reach 1.3 million women and adolescent girls.
12. Amounts allocated by programme countries for procurement of commodities in national budgets decreased in 2016. The total amount allocated for the procurement of reproductive health commodities decreased from \$92.8 million in 2015 to \$90.1 million in 2016. Although 16 countries had an active budget line for the procurement of contraceptives for 2016, up from 14 countries in 2015, the total amount expended on contraceptives decreased from \$25.4 million in 2015 to \$21.6 million in 2016.
13. Partnerships are growing. In 2016, UNFPA engaged with numerous global partners, regional and subregional partners, universities, research institutes and private sector companies to strengthen family planning policies and supply chains and to expand the method mix.
14. Advocacy in programme countries helped ensure marginalized populations were reached. The programme continued efforts towards creating a positive policy and effective programming environment including developing, updating and enacting policies and strategies, protocols and tools around family planning.



Maiduguri, northern Nigeria: Access to contraceptives helped Hajja Fati finish her education,

© UNFPA Nigeria/Kori Habib

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15. Partnerships helped prevent stock-outs. Efforts by the UNFPA- and USAID-led Coordinated Supply Planning Group improved visibility along supply chains through data collection, and identified countries with under- and overstocks, facilitating corrective action.
16. Innovation and improvement of supply chain management and procurement were priorities in 2016. The programme launched several initiatives to improve procurement and supply chain efficiencies. UNFPA started developing a Supply Chain Management Strategy and with partners embarked on the development of a supportive tool to create the Global Visibility Analytics Network (VAN), a collaborative space where existing supply chain teams can simultaneously see the same data and execute supply decisions.
17. Performance improved through the adoption of a systematic management approach. The change management process undertaken by UNFPA Supplies resulted in a new country support model anchored in an improved resource allocation strategy that ensures efficient utilization of available resources through harmonization with countries' interventions. It also includes adoption of a more rigorous and systematic approach to managing the performance of the programme.



"I want to wait for more than five years before I get pregnant again"

A 21-year-old mother of two living in the Malakal protection camp, in South Sudan told a health worker at a UNFPA-supported health clinic where she received family planning counselling and a choice of contraceptive methods.

© UNFPA/Annette Poni

18. A new categorization of countries was applied. As part of the change management process, UNFPA Supplies made two significant strategic shifts:

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

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



"I would not like to have another child, because I do not have the resources to deal with it."

At a mobile clinic in South-eastern Haiti, Nélia, 25, has decided to use a long-acting contraceptive implant. Health worker Jacqueline Etienne prepares to insert it into her arm.

© UNFPA

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

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



Sexual and reproductive health community outreach to youth in a rural village in Mubende Province, Uganda.

© UNFPA ESARO/Corrie Butler

22. A Quarterly Programme Management process was introduced. The UNFPA Supplies management team launched the Quarterly Programme Management process (QPM), which will improve programme delivery in 2017.
23. Media and communications activities supported fundraising and advocacy. A significant number of media and communications activities were carried out in 2016 to support visibility and resource mobilization efforts for family planning and UNFPA Supplies. Coverage emerged from the International Conference on Family Planning in January, and around joint missions to Kenya, Rwanda and Nigeria and a media field mission to Benin.

**For more information on UNFPA Supplies, please visit:**

<http://www.unfpa.org/unfpa-supplies>

## Acknowledgements

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

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

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

### UNFPA Supplies donors 2016

In 2016, UNFPA Supplies was funded through support from:



**Australian Government**

Department of Foreign Affairs and Trade

**BILL & MELINDA  
GATES foundation**

**CIFF CHILDREN'S  
INVESTMENT FUND  
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and Humanitarian Affairs



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**CAMÕES  
INSTITUTO  
DA COOPERAÇÃO  
E DA LINGUA  
PORTUGAL**  
MINISTÉRIO DOS NEGÓCIOS ESTRANGEIROS



The Winslow  
Foundation

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



MINISTRY FOR FOREIGN  
AFFAIRS OF FINLAND



Norwegian Ministry  
of Foreign Affairs

RMNCH Trust Fund



MEDNARODNO RAZVOJNO  
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Agència Catalana  
de Cooperació  
al Desenvolupament



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

*Dr. Natalia Kanem  
Executive Director, UNFPA*



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