



Key Results 2015

ABOUT UNFPA SUPPLIES

UNFPA Supplies is the United Nations Population Fund flagship programme that helps countries build stronger health systems and widen access to a reliable supply of contraceptives and life-saving medicines for maternal health. The programme focuses on 46 low-income countries with high maternal mortality, low contraceptive use, and growing unmet need for family planning – almost half of the countries are also facing humanitarian situations.

Established in 2007, the UNFPA Supplies programme has mobilized over \$1 billion, and is one of the largest procurers and suppliers of modern contraceptives in the world, supporting 25 million women and girls on average.

As a thematic fund, UNFPA Supplies provides donors with an opportunity and the flexibility to demonstrate their commitment to this UNFPA thematic priority.

UNFPA is very grateful to donors to UNFPA Supplies without whom none of the results presented here would be possible. UNFPA thanks the following donors for their support to the Programme in 2015: Liechtenstein, Netherlands, Spain, United Kingdom, and Winslow Foundation.

The UNFPA Supplies Annual Report 2015 (270 pages) is available from:

<http://tinyurl.com/2015UNFPASupplies>

Cover image: In Benin, even where there are no roads, in remote lakeside villages people can now access family planning services thanks to the boat clinic. © UNFPA/Nadine AZIFAN. Large icons: www.flaticons.com.

UNFPA Supplies Results Summary 2015

UNFPA Supplies provided catalytic support of \$99 million in commodity procurement and \$37.5 million in capacity development for 46 countries in 2015.

DELIVERING REPRODUCTIVE HEALTH SOLUTIONS GLOBALLY

UNFPA Supplies is the world's largest provider of contraceptives, accounting for 42 per cent of all contraception procured by donors on behalf of developing countries. In 2015, UNFPA Supplies helped some 18 million women in more than 46 countries obtain modern contraceptives and reproductive health services. Contraceptives provided in 2015 had potential to avert an estimated:

- 9 million unintended pregnancies
- 26,000 maternal deaths
- 170,000 child deaths
- 3.2 million abortions, of which 2.8 million would be unsafe.

These contraceptives had potential to save families and countries \$500 million in direct health-care costs (antenatal, delivery and postnatal care and post-abortion care).

The number of countries with initiatives to reach displaced persons and refugees in humanitarian settings increased from 18 in 2014 to 34 in 2015; as part of the UNFPA humanitarian response, UNFPA Supplies provided family planning for 1.4 million women and girls in humanitarian situations.

FINANCIAL SUMMARY

UNFPA Supplies experienced a budget decrease of 20 per cent from 2014 to 2015, though the programme had seen year-to-year increases in the annual budget since 2012.

The total available budget for the year was \$226 million (\$226,068,343). It was made up of the cash in hand at the beginning of the year and the income received during the year. Of this income, \$23 million was received in December 2015 to be programmed in 2016, and \$10 million was set-aside in a special reserve for procurement of implants as per the agreement with DFID. The available budget for programming in 2015 was \$192,686,679.

Expenses totalled \$155 million (\$155,481,286). Approximately \$8 million came from a reduction in inventory purchased prior to 2015. Also, \$20,129,721 was committed in firm and binding purchase orders for delivery in early 2016. Expenses and payments for 2015 totalled \$147,608,861.

This results in an implementation rate of **87 per cent** which is very close to the implementation rate in 2014 which was 88 per cent. The unspent amount was carried forward to 2016 and used for placing

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procurement orders early in 2016 and will ensure that the budget for 2016 will not differ drastically from 2015.

Support for commodity procurement of \$99 million accounted for 67 per cent of programme expenses. Support for capacity development of \$37.5 million accounted for just over 25 per cent of programme expenses. Human resources accounted for 7 per cent of expenses.

Key results for 2015

1 UNFPA SUPPLIES PROCURED AND DELIVERED \$99M IN SUPPLIES IN 2015.

Support for **commodity procurement** of \$99 million accounted for 67 per cent of programme expenses. The majority of supplies are contraceptives, including condoms that afford dual protection from HIV and other sexually transmitted infections. Additional items include life-saving medicines for maternal health and emergency obstetric care as well as reproductive health kits supplied to humanitarian situations.

2 UNFPA SUPPLIES INVESTED \$37.5M IN CAPACITY DEVELOPMENT FOR HEALTH SYSTEMS AND SERVICE.

In 2015, support for **capacity development** of \$37.5 million accounted for 34 per cent of programme expenses. Supply chains are stronger, more countries are using computerized logistics management information systems (LMIS), and more health workers are promoting family planning and delivering quality services.

3 USE OF MODERN FAMILY PLANNING CONTINUES TO INCREASE.

Use of modern methods of family planning has continued its positive upward trend.

The **contraceptive prevalence rate** for modern methods (mCPR) has **increased** by 13.1 percentage points in Ethiopia over three years; by 15.2 percentage points in Malawi, 9.2 in Zimbabwe and 8.2 in Senegal over four years; by 18.1 percentage points in Kenya, 10.2 in Togo, and 8.8 in Liberia over six years; and by 12.1 percentage points in Zambia over seven years (as measured between national surveys). Rates of progress have varied: increases in CPR range from between 0.2 percentage points per year in Central African Republic to 4.4 percentage points per year in Ethiopia.

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

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4 UNFPA SUPPLIES CONTRIBUTES TO FP2020.

All 46 of the UNFPA Supplies implementing countries are among the 69 focus countries of FP2020, the global partnership for expanding access to contraception to an additional 120 million women and girls in the poorest countries of the world by 2020. In the 46 UNFPA Supplies focus countries, where the programme is often the only or one of very few external sources of support for procurement of contraceptives, scaled up efforts by partners reached approximately 10 million additional users from 2012 to 2015 (4.4 million behind the benchmark need to reach the FP2020 goal in these countries).

5 AVAILABILITY AND CHOICE ARE INCREASING WHERE SUPPORT IS SUBSTANTIAL AND SUSTAINED.

At least five modern methods of contraception were available at more than 85 per cent of **tertiary** service delivery points (SDPs) in 23 countries, increasing from 11 in 2013 and 19 in 2014. Five methods were also available at more than 85 per cent of **secondary** SDPs in 14 countries, an increase from seven in 2013 and 13 in 2014.

In 2015, three modern methods of contraception were available at more than 85 per cent of **primary** SDPs in 20 countries.

6 STEADY ACCESS TO MATERNAL HEALTH SUPPLIES SAVES MOTHERS' LIVES.

In 2015, the availability of seven life-saving maternal medicines and reproductive health supplies increased in 12 of the 23 countries where comparison is available (surveys are not conducted every year in every country). UNFPA procures essential supplies that save lives in before, during and after pregnancy – notably contraceptives, magnesium sulfate, misoprostol and oxytocin.

7 PROCUREMENT EFFICIENCY AND BETTER PRICING ARE BEING ACHIEVED.

UNFPA saved over \$750,000 in 2015 by increasing use of **quality-assured generic contraceptives**: with the same amount of money, more cycles of quality contraceptives will be accessible for women through procurement for ministries of health, NGOs and UNFPA Country Offices.

UNFPA **reduced prices** for key contraceptives on 69 per cent of items in 2015 (compared with prior year prices). UNFPA also continued to be an active participant in a 'volume guarantee' agreement with manufacturers that has reduced the price of contraceptive implants by up to 50 per cent in recent years – effectively doubling the quantity of implants provided.

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8 FORECASTING AND COMPUTERIZED LMIS ARE TRANSFORMING SUPPLY CHAIN MANAGEMENT.

In-country skills in forecasting prevent dangerous shortfalls. In 2015, governments in all 46 UNFPA Supplies countries were participating in demand forecasting. Demand forecasting was led by the government with technical support from partners in 43 countries, up from 36 in 2013 and 40 in 2014. Governments of 43 countries had in place trained national staff to lead and coordinate demand forecasting, up from 29 in 2014.

- 72 per cent (33 of 46) have functional national-level systems in place for both forecasting and procurement, an increase from 19 countries in 2014;
- 87 per cent (40 of 46) of programme countries made no ad hoc request for contraceptives, compared with 65 per cent (30 of 46) in 2014, meaning that essential items were in stock when needed;
- 93 per cent (43 of 46) countries used an information tool for monitoring supplies in 2015, up from 37 in 2013 and 39 in 2014. Computerized supply management is a cornerstone of improved supply availability.

According to the 2014 and 2015 data on stock-outs available for 23 countries, the stock-out situation has improved in 11 countries in 2015 compared with the previous year. More specifically, in the 31 countries for which 2015 data are available, 10 countries achieved the benchmark of 'no stock-out' of any modern contraceptive in the past six months in at least 60 per cent of tertiary level SDPs; five countries at secondary level SDPs; and six countries at primary level SDPs (Burundi, Burkina Faso, Nepal, Nigeria, Niger and Senegal).

9 TRAINING IS BUILDING CAPACITY FOR STRONGER HEALTH SYSTEMS.

Training for health-care providers facilitates the increased availability of a full method mix of modern contraceptives. Given the increasing demand for long-acting reversible contraceptive methods (LARCs), especially implants, training of service providers increased in UNFPA Supplies implementing countries.

In 2015, 18,589 health care service providers received training for insertion and removal of IUDs and/or contraceptive implants, up from 17,212 in 41 countries in 2014. In 2015, UNFPA Supplies supported 269 institutions in 36 of the 46 countries for the conduct of training for family planning service provision.

10 SUPPORT IN HUMANITARIAN SETTINGS IS INCREASING.

The support provided by UNFPA Supplies focuses on strengthening systems for delivery of RH commodities and services in humanitarian and fragile situations in various parts of the world. Displaced persons and refugees in humanitarian settings were supported in 29 countries in 2015, up from 26

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countries in 2014. RH kits supplied to partners through the programme had the potential to reach 1.4 million women and girls, which is in addition to RH kits also provided by UNFPA through other funds.

UNFPA deployed 125 specialists in sexual and reproductive health through internal and external surge capacity rosters for humanitarian crisis response (100 UNFPA staff and 25 external). Five training workshops supported the expansion of the rosters.

11 COUNTRIES ARE INCREASING EFFORTS TO REACH UNDERSERVED POPULATIONS.

- 94 per cent (43 of 46) of programme countries have national guidelines and protocols that include a **rights-based approach** to reproductive health commodity security and family planning, up from 39 in 2013 and 40 in 2014;
- 76 per cent (35 of 46) had policies in place that take into consideration both rights-based and **total market approaches** to family planning, up from 28 in 2014;
- 89 per cent (41 of 46) had policies that take into consideration **young people's access** to contraceptive services, up from 33 in 2013 and 37 in 2014;
- 100 per cent (46 of 46) supported integrated interventions to reach young people, an increase from 33 countries in 2013 and 41 in 2014;
- 94 per cent (43 of 46) implemented integrated interventions to reach the hard-to-reach in **rural areas**; up from 31 in 2013 and 38 in 2014;
- 78 per cent (36 of 46) implemented integrated interventions to reach persons with **disabilities**, an increase of 10 countries since 2014 and 100 per cent since 2013.

12 DEMAND GENERATION IS REACHING NEW USERS OF FAMILY PLANNING.

Efforts to increase awareness and acceptance of modern contraception took place in more countries in 2015 and, though activities were streamlined or reduced, partnership for demand creation increased.

- 98 per cent (45 of 46) carried out **resourced action plans** to reach at least three underserved groups, up from 37 in 2013 and 42 in 2014;
- 78 per cent (36 of 46) disseminated family planning messages through community health workers, a decrease from 44 countries in 2014;
- 96 per cent (44 of 46) reported the government worked with at least three other agencies to implement specific initiatives to reach poor and marginalized women and girls, a significant increase from 23 countries in 2014 in efforts to increase demand for reproductive health commodities.

COUNTRY EXAMPLE

Family Planning and Health on Wheels in Baie d'Orange, Haiti

Haiti's Ministry of Public Health and Population (MSPP) and UNFPA have collaborated since December 2014 on mobile outreach teams go to areas that have little to no sexual and reproductive health services. The mobile health clinics regularly set up in remote areas such as Baie d'Orange, providing sexual and reproductive health care information and services, sexuality education and other basic health care services. MSPP and UNFPA have grown the programme to include six mobile health clinics.

"The Ministry of Public Health is promoting better access to provide health care to as many people as possible," said Dr. Raynold GrandPierre, Responsable de Santé Reproductive MSPP. The mobile teams brought services to a range of populations, he explained: "We received babies, pregnant women, old people as well as those who needed family planning. We will want to do this as regularly as possible."



Rosenie Charles, 35, a mother of nine, sought care when the mobile outreach team visited Baie d'Orange. Rosenie is unemployed while her husband

Mobile clinic team member talking with a young mother and her child. © UNFPA Haiti

has intermittent work. She went to the mobile health clinic because she did not want to have any more children. Looking at a choice of methods, she chose a long-term reversible contraceptive. "Previously, I was following the three-month contraceptive," she explained, "but I had to go very often to Seguin (two to three hours from Baie d'Orange). Taking advantage of the mobile clinic, I chose the five-year contraceptive method." Rosenie was one of 13 women who adopted a modern method of contraception from the mobile team that day; of the women, 10 opted for implants while three chose an injectable contraceptive.

This sixth mobile clinic, like the first five, was not limited to family planning because there are

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