

UNFPA SUPPLIES PARTNERSHIP

# Performance Measurement Framework

2023 RESULTS REPORT



## 54 UNFPA Supplies Partnership countries in 2023

Afghanistan	Madagascar
Angola*	Malawi
Benin	Mali
Bolivia (Plurinational State of)	Mauritania
Burkina Faso	Mozambique
Burundi	Myanmar
Cambodia*	Nepal
Cameroon	Niger
Central African Republic	Nigeria
Chad	Papua New Guinea
Comoros*	Pakistan*
Congo	Rwanda
Côte d'Ivoire	Sao Tome and Principe
Democratic Republic of the Congo	Senegal
Djibouti	Sierra Leone
Eritrea	Somalia
Ethiopia	South Sudan
Gambia	Sudan
Ghana	Tajikistan*
Guinea	Timor-Leste
Guinea-Bissau	Togo
Haiti	Uganda
Honduras	United Republic of Tanzania
Kyrgyz Republic*	Yemen
Kenya	Zambia
Lao People's Democratic Republic	Zimbabwe
Lesotho	
Liberia	

\* Joined in 2023

The Partnership also supports the Pacific Island Countries and Territories

The UNFPA Supplies Partnership Annual Impact Report is available at:

[www.unfpa.org/publication/unfpa-supplies-annual-report-2023](http://www.unfpa.org/publication/unfpa-supplies-annual-report-2023)

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## Acronyms and abbreviations

CSO	Civil society organization
CYP	Couple-years of contraceptive protection from unintended pregnancy
DHS	Demographic and Health Survey
DMPA-SC	Subcutaneous depot medroxyprogesterone acetate (injectable)
EHSP/EPHS	Essential Health Service Package or Essential Package of Health Services
ERM	Enterprise risk management
FCDO	United Kingdom Foreign, Commonwealth & Development Office
GDP	Gross domestic product
GFF	Global Financing Facility for Women, Children and Adolescents
GNI	Gross national income
HMIS	Health management information system
HSS	Health Systems Strengthening (new name for Transformative Action funding stream)
IARH kits	Inter-agency reproductive health kits
IUD	Intrauterine device
LARC	Long-acting reversible contraceptive
LMA	Last mile assurance
LMIS	Logistics management information system
M&E	Monitoring and evaluation
MAV	Monitoring accountability and visibility
MICS	Multiple Indicator Cluster Surveys
MISP	Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations
MMR	Maternal mortality ratio
NGO	Non-governmental organization
NSP	National Supply Plan
NSV	Non-scalpel vasectomy
PHC	Primary health care
RH	Reproductive health
SARA	Service Availability and Readiness Assessment
SDM	Standard Days Method
SDP	Service delivery point (point of care)
SRA	Sustainability Readiness Assessment
SRAT	Sustainability Readiness Assessment Tool
TPP	UNFPA Third Party Procurement mechanism
UHC	Universal health coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
US\$, \$	United States dollar

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# Executive summary

This report highlights progress and challenges in the UNFPA Supplies Partnership against the indicators of its Performance Measurement Framework. In 2023, partner countries continued to overcome challenges to reduce the unmet need for family planning and improve sexual and reproductive health outcomes, with six more countries joining the programme as planned, bringing the total to 54.

The executive summary features notable trends over the first three years of the programme's Phase III, starting from a 2020 baseline over 2021, 2022 and 2023.

## Upward trends in availability and choice

The UNFPA Supplies Partnership expands availability and choice through cost-effective procurement of quality-assured products, policy advocacy and technical support. Progress is evident in the programme's goal-level indicators: as of 2023, the most progress in the national-level measures has been made in contraceptive method mix, with improvement in the method mix score in our partner countries – indicating that a wider variety of modern methods of contraception was available for use. Access to a choice of quality-assured contraceptive methods is essential to sexual and reproductive health and rights, including bodily autonomy and the ability to plan, space and prevent pregnancy.

Evidence also suggests a growing interest and a healthy policy climate for the introduction and scale up of new and lesser-used reproductive health commodities. In countries where uptake of the copper IUD is low, for example, there is a rising interest in providing more long-acting methods beyond implants, such as the hormonal IUD, which also offers reduced menstrual bleeding and cramping. Countries that introduce one new method often add more, increasing options and building provider capacity by expanding the method mix.

Investing in routine, existing commodities continues to be a critical strategy for progress. Partner countries are taking measures to expand access to existing contraceptive methods and maternal health medicines. They are addressing bottlenecks and barriers hindering expanded access by, for example, improving health provider capacity to insert and remove contraceptive implants.

Another trend is an increased focus on human rights-based approaches to family planning, with most countries in the programme implementing the approach in their training and refresher programmes, often with the aim of improving the quality of counselling and information on the health benefits, side effects and range of methods available. Mobile outreach interventions are also enhancing access to services and modern contraception for populations in remote and underserved areas.

- **Contraceptives provided:** More couple-years of protection (CYP) were provided through procurement of contraceptives:
  - 26.1 million in 2021
  - 39.6 million in 2022
  - 45.3 million** in 2023

- **New and lesser-used commodities:** More countries procured new and lesser-used reproductive health commodities for the public sector:
  - 15 countries in 2021
  - 16 countries in 2022
  - 22** countries in 2023
- **Method availability:** A greater percentage of countries offered at least five modern contraceptive methods at 85% of secondary and tertiary points of care:
  - 51.5% in 2021
  - 60% in 2022
  - 65%** in 2023
- **Essential maternal health commodities:** A greater percentage of countries had essential maternal health commodities – magnesium sulfate, misoprostol and oxytocin – available at 85% of points of care:
  - 35% in 2021
  - 45% in 2022
  - 46%** in 2023
- **Humanitarian preparedness:** A greater percentage of countries implemented strategies to strengthen preparedness and resilience:
  - 21% in 2021
  - 54% in 2022
  - 70%** in 2023

Likewise, countries have intensified efforts to apply the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks. More countries have integrated all six objectives of the MISP:

- 21 countries in 2021
- 23 countries in 2022
- 30** countries in 2023

## Improved delivery to the last mile

Building strong, resilient and sustainable supply chains has been a programme priority since 2007. Phase III has seen substantial progress in closing gaps in supply chains so that quality-assured RH commodities reach women and girls on time.

- **Last mile assurance:** A greater percentage of countries implemented recommendations to strengthen supply chains:
  - 85% in 2021
  - 81% in 2022
  - 94%** in 2023
- **Supply chain management:** Four more countries implemented a costed strategy:
  - 19 countries in 2021
  - 20 countries in 2022
  - 23** countries in 2023

- **e-LMIS functionality:** More countries now have in place a functional electronic logistics management information system (e-LMIS) up to secondary care facilities:
  - 10 countries in 2021
  - 12 countries in 2022
  - 16** countries in 2023
- **Stock-out reports:** Stock-outs have generally decreased since 2021. A greater percentage of countries reported no stock-outs of any contraceptive method at 60% points of care:
  - 44% in 2021
  - 67% in 2022
  - 61%** in 2023

In 2023, we saw a slight decrease in stock-out results from 2022, primarily owing to the inclusion of more countries reporting stock-out data, thereby providing a more comprehensive and accurate picture of the supply chain landscape.

## Strides towards financial sustainability

Under Phase III, the UNFPA Supplies Partnership is spearheading a new approach to domestic financing that aims to support governments to increase sustainable financing for reproductive health commodities. This includes the roll-out of a new Domestic Financing Toolkit that became operational in 2023, featuring tools such as the Compact agreements, Match Fund, Reproductive Health Bridge Fund, Health Systems Strengthening (HSS) funding stream and strategic partnerships including with International Finance Institutions.

Data available so far show promising results from this new financing model. Domestic spending on contraceptives has more than trebled under Phase III rising from \$10.5 million in 2020. This increase has also improved the balance between programme and country co-financing. In 2023, countries spent 32 cents on contraceptives for every dollar invested by the Partnership, compared to just 7 cents in 2020.

- **Domestic spending** has **increased** under Phase III:
  - \$21.4 million in 2021
  - \$30.9 million in 2022
  - \$35.3 million** in 2023

More countries also recorded increases in expenditure:

- 4 countries in 2021
  - 11 countries in 2022
  - 14** countries in 2023 (preliminary analysis on reporting to date)
- **Compacts signed:** All eligible countries have signed Compact agreements committing to increase domestic budget allocations (**44** countries). However, some countries are still struggling to realize their financial contributions and confirm 2024 commitments.



- **Financial sustainability plans:** More countries have established multi-year financial sustainability plans:
  - 31 countries in 2021
  - 29 countries in 2022
  - 42** countries in 2023
- **Innovative financing:** More countries have utilized co-financing and UNFPA's Third Party Procurement mechanism (TPP) for commodities:
  - 24 countries in 2021
  - 28 countries in 2022
  - 34** countries in 2023

## Progress against indicators

**At the global level, four of five indicators have improved from the baseline for Phase III in 2020.** Contraceptive method mix (including the method mix score and method skew) has shown the most progress, from a baseline of 7.4 in 2020 to 6.7 in 2023, with a lower score being desired. Over the past three years, the score moved from 8.1 in 2021 and 7.4 in 2022 to 6.7 in 2023. Modern contraceptive prevalence (mCPR) showed slight improvement, even with the addition of 4.8 million contraceptive users in the six new partner countries.

**The UNFPA Supplies Partnership fully met or exceeded nearly all of its programme outcome and output indicators, reflecting substantial progress in almost all areas.** One indicator that fell short is worth some clarification. In 2023, only 63 per cent of the annual budget need was met through resource mobilization against a milestone of 93 per cent. This shortfall is largely attributable to “bookkeeping”, as a multi-year contribution from the European Commission was included in 2022 and some donor disbursements recorded as 2022 contributions were intended for programming in 2023. Overall, our financial standing remained comparable with 2022.

Another indicator that missed the milestone is about stock-outs. In 2023, 61 per cent of countries reported no stock-outs of contraceptives in at least 60 per cent of their service delivery points, below the milestone of 68 per cent. This was mostly due to adding six new partner countries, coupled with notable improvements in the use of national data sources, such as HMIS and LMIS, which is considered an improvement in itself. While this broader reporting scope enhances data availability and provides a more detailed picture of the global supply chain landscape, it underscores the need for continued support in strengthening supply chains, particularly for new partner countries.

The number of countries where commodity orders were delivered on time decreased slightly and fell short of the target for 2023, with 39 countries against a milestone of 42 countries. This was primarily due to factors beyond the control of the programme, including limited manufacturing production capacity, regulatory delays and emerging funding gaps in National Supply Plans – all areas that UNFPA assists countries to improve. For example, the UNFPA Supplies Partnership stepped in with additional procurement in 2023 to help close gaps where domestic and donor resources were not made available as planned. Despite these efforts, large funding gaps for commodities remain. An analysis of National Supply Plans in 48 countries, coordinated through the Consensus Planning Group, indicated a shortfall of approximately \$95 million for contraceptive commodities by the end of 2023.

## Commitment to leadership

Over the first three years of Phase III (2021, 2022 and 2023), the UNFPA Supplies Partnership has demonstrated that commitments of political will and funding can be made even in the most resource-constrained settings and despite nearly two thirds of partner countries experiencing humanitarian crises. Strengthening health systems – from computerized logistics systems to youth-responsive service providers – is fundamental. The Partnership has shown resilience, prevailing through pandemics and pushbacks to serve those most in need of family planning and maternal health supplies and services. These experiences underscore the need for continued innovation, strong partnerships and targeted investments to overcome challenges and build on successes. By applying these lessons, the Partnership can enhance its efforts to meet the growing demand for family planning and maternal health supplies, ultimately improving the health and well-being of women and girls worldwide.

Despite strong partner support, gradual growth in domestic resource allocation and improved fiscal policies, the programme faces a funding shortfall that has significant implications for the programme's ability to achieve its objectives. In 2023, the funding gap against annual programmatic needs was \$94 million. Adequate funding is crucial for sustaining and scaling up successful initiatives, ensuring the availability of essential reproductive health commodities, and improving service accessibility and quality to meet the growing needs of partner countries. Intensified efforts in fundraising, innovative financing and strengthening partnerships are essential to bridge this gap and support the programme's long-term goal: All women and girls are able to access and use a choice of quality reproductive health commodities, whenever they want or need them.

Under the leadership of our Executive Director, and with the generous support of donors and stakeholders, the UNFPA Supplies Partnership will continue to lead UNFPA efforts to end the unmet need for family planning, recognizing that this transformative result is a main driver to ending preventable maternal death and empowering individuals to make autonomous and informed decisions about their sexual and reproductive health.

Contraceptives provided through the UNFPA Supplies Partnership contribute to ending the unmet need for family planning and reducing maternal and child deaths.

In 2023, they contributed to averting:

**9.5 MILLION** UNINTENDED PREGNANCIES

**200,000** MATERNAL AND CHILD DEATHS

**2.9 MILLION** UNSAFE ABORTIONS

AND REACHING **23 MILLION** WOMEN AND GIRLS IN THE LOWEST-INCOME COUNTRIES (USERS OF QUALITY MODERN METHODS)

Reproductive health commodities provided through the programme resulted in an estimated savings of \$708 million to countries and families from reduced health-care costs for pregnancy, delivery and post-abortion care – a more than five times return on investment.

# About the programme

UNFPA is the United Nations sexual and reproductive health agency. The UNFPA Supplies Partnership is a Global Health Initiative that strengthens health systems through improving supply chains, advancing policy, diversifying financing and expanding access to quality-assured contraceptives and maternal health medicines – reaching over 20 million women and girls annually in the lowest-income countries. Launched in 2007, it is in its third phase, 2021 to 2030.

In 2023, the UNFPA Supplies Partnership continued to shape a more sustainable landscape for family planning and maternal health, with results highlighting the programme's impact on expanding availability and choice in modern contraceptives and shifting the paradigm from funding to funding and financing. With the addition of six new countries in 2023 – Angola, Comoros, Cambodia, Pakistan, Kyrgyzstan and Tajikistan – the programme fulfilled its total envisioned for Phase III.

## Monitoring results

**Goal level:** The programme's top-level goal is that all women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them.

**Outcomes and outputs:** The Performance Measurement Framework has four outcomes. Each outcome is associated with at least one output-level indicator. It also brings together elements of other programming strategies, including the Risk Framework.

**Indicators:** The Performance Measurement Framework is accompanied by indicator metadata. The metadata consists of a definition, measurement and criteria. It specifies whether the indicator value is recorded as cumulative or not, units of measurement, category by which each indicator is disaggregated, frequency or periodicity of measurement, direction of the indicator, data source, responsible unit, rationale and any limitations and exceptions.

## Sources of data

Data for performance monitoring for the 54 countries that were part of the UNFPA Supplies Partnership in 2023 are derived from secondary and primary sources, including:

- annual questionnaires sent to all partner countries in the programme
- health facility surveys supported by the UNFPA Supplies Partnership and conducted in countries every three years, with surveys in 17 countries in 2023
- other programme implementation information and data, e.g. results of the Service Availability and Readiness Assessment (SARA)
- data from the national health management information system (HMIS) or logistics management information system (LMIS)
- data generated through global partnerships such as FP2030
- Multiple Indicator Cluster Survey (MICS) and Demographic and Health Survey (DHS).

## Health Systems Strengthening

Interventions supported through the programme's HSS funding stream are featured as illustrative examples in this report. The HSS funding stream plays a pivotal role in advancing the programme's objectives. While procuring reproductive health supplies is critical – and accounts for 75 per cent of programme spending – the effectiveness of commodity procurement hinges on resilient and sustainable health systems adept at reaching even the most marginalized populations. Allocations through the HSS funding stream totalled 15 per cent of the programme budget (\$27 million) in 2023. UNFPA Country Offices submit applications to the funding stream in four categories: (1) Strengthening health financing; (2) Strengthening supply chain management; (3) Strengthening the generation and use of data and evidence for family planning; and (4) Expanding method mix and choice.

## Contributing to global goals

By advancing the goal **“All women and girls are able to access and use a choice of quality reproductive health commodities, whenever they want or need them”**, the UNFPA Supplies Partnership advances the vision of the International Conference on Population and Development (ICPD) and contributes to the Sustainable Development Goals, in particular:

- Goal 1: End poverty in all its forms everywhere
- Goal 3: Ensure healthy lives and promote well-being for all at all ages
- Goal 5: Achieve gender equality and empower all women and girls
- Goal 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

The programme contributes directly to the UNFPA Strategic Plan, 2021–2025 and its three transformative results – ending the unmet need for family planning, ending preventable maternal death and ending gender-based violence and harmful practices – by increasing access to high-quality modern contraceptives and life-saving maternal health medicines.

The UNFPA Supplies Partnership is a key mechanism for operationalizing the UNFPA Strategy for Family Planning, 2022–2030. In the past year, we saw the implementation of the Strategy come to life as our regional offices rolled out plans to contextualize and operationalize the strategic actions:

1. Expand availability and choice
2. Engage adolescents and youth
3. Strengthen and disaggregate data
4. Deepen integration of family planning into national health policies, strategies and plans
5. Increase sustainability with strengthened health systems
6. Build resilience and improved adaptation in settings of humanitarian crisis and environmental change
7. Improve quality of person-centred care
8. Enhance agency and address discrimination to ensure the full range of family planning services.

## About the report

This document presents results for the indicators that comprise the UNFPA Supplies Partnership Performance Measurement Framework. Sections 1 to 4 report the collective annual impact by strategic outcome: availability and choice, strengthened supply systems, increased government commitment and operational effectiveness and efficiency. Section 5 provides the financial overview. All of this work contributes to a goal that is presented in the context of global data in section 6.

Several “at a glance” boxes showcase 2023 results against the milestone set for the year. Indicator definitions are provided in boxes for reference.

Trends are featured where more than two years of results are available.

The “scorecard” at the end summarizes progress for each indicator, including its baseline, milestone and annual result.

# 1. AVAILABILITY AND CHOICE

## AT A GLANCE

Progress towards the milestone

▲ 85% of countries had at least three modern contraceptive methods available in at least 85% of points of care, exceeding the milestone of 80.8%.

▲ 65% of countries had at least five modern contraceptive methods available in at least 85% of secondary and tertiary points of care, exceeding the milestone of 61.2%

◻ 46% of countries had magnesium sulfate, misoprostol and oxytocin available in at least 85 per cent of points of care, meeting the milestone of 46%.

▲ 30 countries have integrated the Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP) into existing national health and emergency frameworks, exceeding the milestone of 25 countries.

## Outcome 1: Increase availability of quality-assured reproductive health commodities

Access to a choice of quality-assured contraceptive methods is essential to sexual and reproductive health and rights, including bodily autonomy and the ability to plan, space and prevent pregnancy. Data sources for Outcome 1 are listed in the footnote.<sup>1</sup>

In 2023, the UNFPA Supplies Partnership expanded availability and choice not only through cost-effective procurement of quality-assured products, but also a range of interventions supported through the programme's HSS funding stream. The HSS component addressed barriers and challenges to access and availability by:

- strengthening supply chain management with interventions supporting quantification and forecasting of RH commodities
- introducing and improving electronic logistic management information systems (e-LMIS) for better stock visibility
- building capacity of supply chain managers on good inventory management practices.

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<sup>1</sup> The main source of information for the Outcome 1 indicators (1.1, 1.2, 1.3 and 2.1) are the country health facility surveys supported by the UNFPA Supplies Partnership. We use only the results of recent surveys conducted within the past two years (in the present report, surveys in 2023 and 2022). If no recent survey is available, data from the current year HMIS or LMIS are used. The programme adopted this time frame for reporting on the Outcome 1 indicators for Phase III of the programme beyond 2020. It is important to note that data from several other sources augment the health facility survey. To obtain a broader picture of the availability and stock-out of the contraceptive methods at service delivery points, data are also included from HMIS, LMIS, Service Availability and Readiness Assessment (SARA), Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS).

Quarterly outreach with countries emphasized the need to reduce unmet need for family planning and reduce preventable maternal deaths, and supported countries to access all products the programme offers, not only contraceptives. Initiatives funded through the programme's HSS funding stream were **catalytic for improving maternal health**. For example, countries were encouraged to strengthen their LMIS to improve end-to-end visibility to detect low stock levels of the three maternal health medicines and promptly initiate actions to replenish before being stocked out. Capacity-building for storekeepers and logisticians promoted proactive resolution of logistics issues affecting availability of maternal health medicines at service delivery points (SDPs).

## Three modern contraceptives

### OC.1.1 Percentage of countries where at least 85 per cent of primary service delivery points have at least three modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural)

This indicator is measured by calculating the percentage of UNFPA Supplies Partnership implementing countries (out of a total number of countries for which data are available from the survey or other sources, including HMIS and LMIS) where 85 per cent of the primary-level service delivery points (SDPs) report that, on the day of the survey or day of data collection, they offer/provide at least three modern contraceptive methods to clients. The methods included in the survey are as follows: male condoms, female condoms, oral contraceptive pills (combined hormonal and progestin-only), injectables, emergency contraceptive pills, IUDs (hormonal and copper), implants, sterilization for females and sterilization for males.

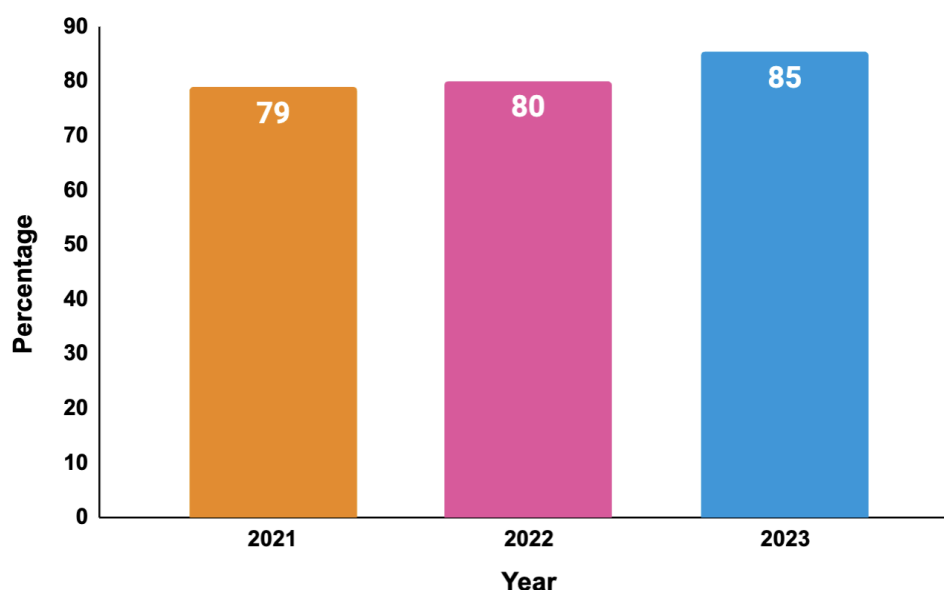
Forty-one countries provided survey data on this indicator. Data were collected from: facility surveys (29 countries), HMIS or LMIS (7 countries); SARA and MICS surveys (4 countries).

- **85 per cent (35 of 41 countries) had at least three modern contraceptive methods at 85 per cent or more primary-level SDPs.** Availability increased by 5 percentage points, up from 80 per cent in 2022.
- On average, availability was higher in urban areas (82 per cent) compared with rural areas (77 per cent).

Reasons given for unavailability of contraceptive methods include delays by the SDP in requesting resupply (27 countries) as well as delays in resupply of a method from the main source institution such as central, regional or provincial warehouses (27 countries).

Several countries faced a number of challenges. In Yemen, for example, the Ministry of Health in the North, where 70 per cent of the population live, has not requested family planning methods for 2 years owing to security concerns. In Mauritania, insertion and removal kits for long-term methods such as IUDs were sometimes not available. In Haiti, Liberia, Papua New Guinea and Uganda, some faith-based health facilities included in the surveys offered only cycle beads or natural methods and were therefore recorded as having stock-outs for all methods. Disparities were also identified between urban and rural SDPs on fulfilment of orders, with urban facilities more likely to receive their orders than rural facilities as in Ethiopia, Ghana, Sudan and Uganda.

Figure 1: Percentage of countries that had at least three modern contraceptive methods at 85 per cent or more primary-level service delivery points (2021 to 2023)



## Five modern contraceptives

### OC.1.2 Percentage of countries where at least 85 per cent of secondary and tertiary service delivery points (SDPs) have at least five modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural)

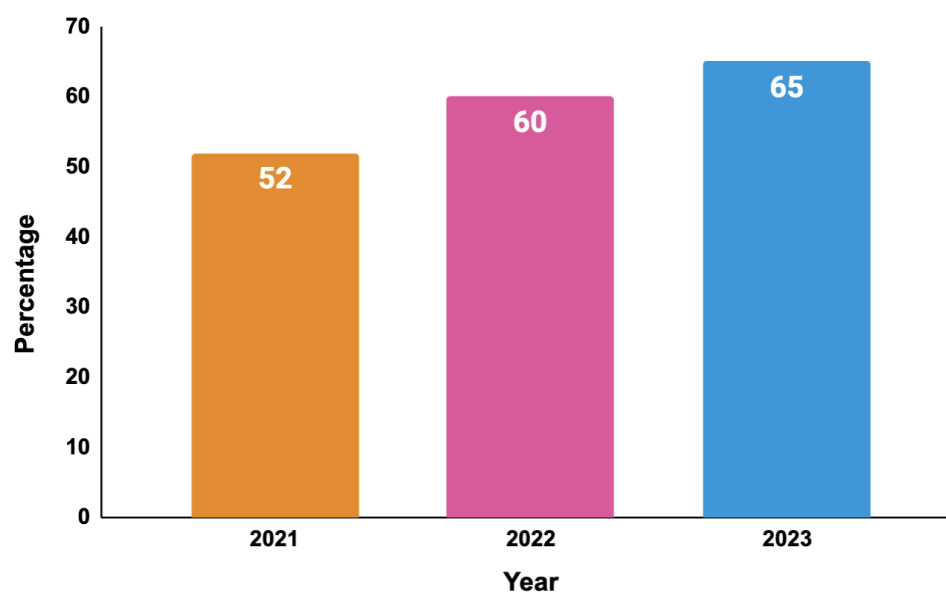
This indicator is measured by calculating the percentage of UNFPA Supplies Partnership countries (out of a total number of countries for which data are available from the survey, including HMIS and LMIS) where 85 per cent of the secondary and tertiary SDPs report during a survey/data collection that, on the day of the survey or day of data collection, they offer/provide at least five modern contraceptive methods to clients. The methods included in the survey are: male condoms, female condoms, oral contraceptive pills (combined hormonal and progestin-only), injectables, emergency contraceptive pills), IUDs (hormonal and copper), implants, male sterilization and female sterilization.

Forty countries provided survey data on this indicator.

- **65 per cent (26 of 40 countries) had at least five modern methods of contraception available at 85 per cent or more secondary- and tertiary-level SDPs.** This was an increase of 5 percentage points, up from 60 per cent in 2022.
- On average, availability was higher in urban areas (77 per cent) than rural areas (70 per cent). Availability of five modern methods was higher at the secondary level (78 per cent) than at the tertiary level (73 per cent).



**Figure 2: Percentage of countries that had at least five modern methods of contraception available at 85 per cent or more secondary- and tertiary-level SDPs (2021 to 2023)**



Countries noted several reasons for unavailability of contraceptive methods:

- 25 countries cited delays on the part of the main source institution or warehouse to resupply this SDP with a particular contraceptive (63 per cent compared with 70 per cent in 2022).
- 21 countries cited delays by this SDP in requesting resupply of the contraceptive (53 per cent compared with 60 per cent in 2022).
- 21 countries cited “no trained staff” to provide contraceptives at the SDP (53 per cent compared with 60 per cent in 2022).
- 21 countries cited low or no client demand for the contraceptive (53 per cent compared with 57 per cent in 2022).
- 15 countries cited lack of equipment for the provision of a particular contraceptive in (38 per cent compared with 43 per cent in 2022). Lao People’s Democratic Republic and Mauritania lacked equipment for insertion and removal of implants.
- 15 countries noted other reasons (38 per cent). In Lesotho, the Ministry of Health attributed a decrease in demand for combined oral contraceptives (with a 27 per cent discontinuation rate and 8 per cent switching to other methods) to an increase in the uptake of the copper IUD and subcutaneous DMPA<sup>2</sup> (DMPA-SC). Haiti, Liberia, Papua New Guinea and Uganda reported that faith-based facilities did not provide family planning services. In Afghanistan, some SDPs most likely refrained from offering long-acting reversible contraceptives (LARCs) due to rumours that they would be forbidden, although the situation eased and access improved.

<sup>2</sup> DMPA stands for depot medroxyprogesterone acetate.

## Three maternal health medicines

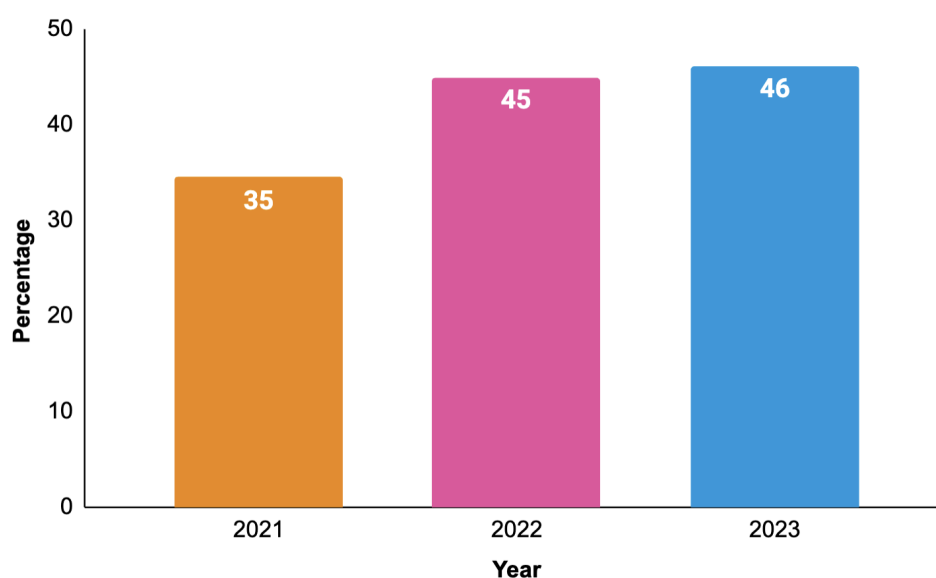
### OC.1.3 Percentage of countries where at least 85 per cent of service delivery points (SDPs) have magnesium sulfate, misoprostol and oxytocin available on day of survey/day of data collection (disaggregated for urban/rural and SDP type)

This indicator is measured by calculating the percentage of UNFPA Supplies Partnership countries where, in line with national protocols, on average, 85 per cent of SDPs report that they offer/provide all of the following three maternal health medicines on the day of survey or day of data collection: magnesium sulfate, misoprostol and oxytocin.

Thirty-nine countries provided survey data on this indicator.

- 46 per cent (18 of 39 countries with data available) had magnesium sulfate, misoprostol and oxytocin available at 85 per cent or more SDPs. The increase is 1 percentage point, up from 45 per cent in 2022.
- Availability by level: 74 per cent (29 countries) of tertiary-level SDPs, 62 per cent (24 countries) of secondary-level SDPs and 28 per cent (11 countries) of primary-level SDPs had the three maternal health medicines available at 85 per cent or more SDPs.
- Urban versus rural availability: 49 per cent (19 countries) of urban SDPs compared with 28 per cent (11 countries) of rural SDPs had the three maternal health medicines available at 85 per cent or more SDPs.
- Availability by product: 82 per cent (32 countries) had oxytocin, 51 per cent (20 countries) had magnesium sulfate and 26 per cent (10 countries) had misoprostol available at 85 per cent or more SDPs on the day of the survey.

**Figure 3: Percentage of countries where at least 85 per cent of service delivery points (SDPs) have magnesium sulfate, misoprostol and oxytocin available on day of survey (2021 to 2023)**



Countries reported several reasons why some SDPs did not have maternal health medicines. About half (51 per cent) of the 39 countries with available survey data stated that there were delays on the part of the main source institution or warehouse to resupply the SDPs with the commodity as well as delays by the SDPs to request the commodity. About one third (33 per cent) of the countries cited no trained staff to provide the commodity at the SDPs.

## MISP in humanitarian settings

In humanitarian and fragile contexts, risks to women and girls' access to sexual and reproductive health (SRH) services are at their highest. Over the past three years, countries have intensified efforts to integrate the Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP) and establish robust humanitarian strategies. With the global rise in humanitarian emergencies, the number of countries within the UNFPA Supplies Partnership reporting such situations has increased. See also OP.1.2.2 on IARH kits and OP.1.2.4 on preparedness and resilience strategies.

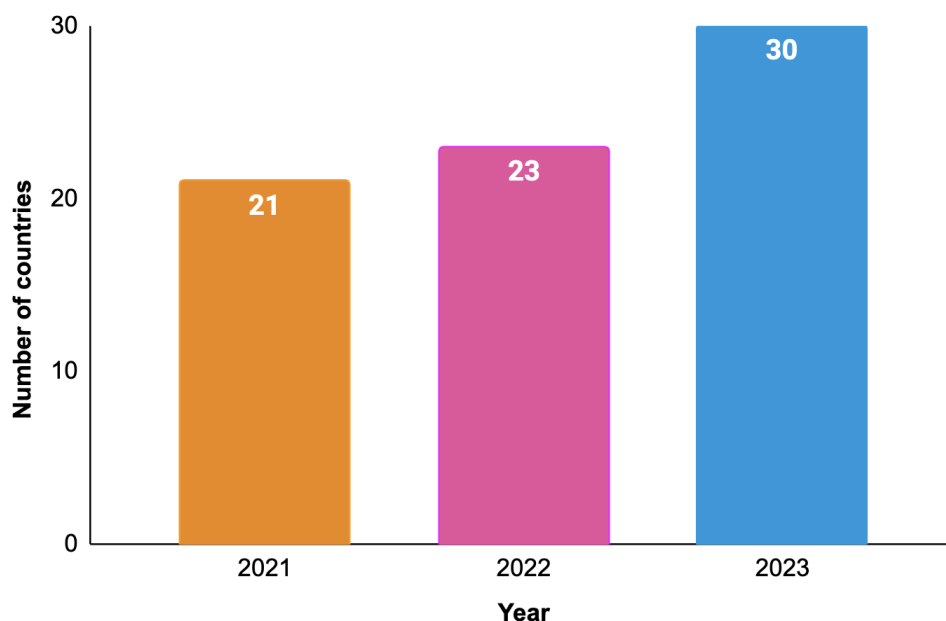
### OC.1.4 Number of countries that integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks

This indicator is defined as the number of countries that integrate all six objectives of the MISP into existing national health policies, emergency response strategies, disaster risk reduction strategies and action plans. The MISP has six objectives: (i) have in place an organization that is identified to lead implementation of the MISP; (ii) prevent sexual violence and respond to the needs of survivors; (iii) prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs; (iv) prevent excess maternal and newborn morbidity and mortality; (v) prevent unintended pregnancies; and (vi) have in place a plan for provision comprehensive sexual and reproductive health services integrated into primary health care.

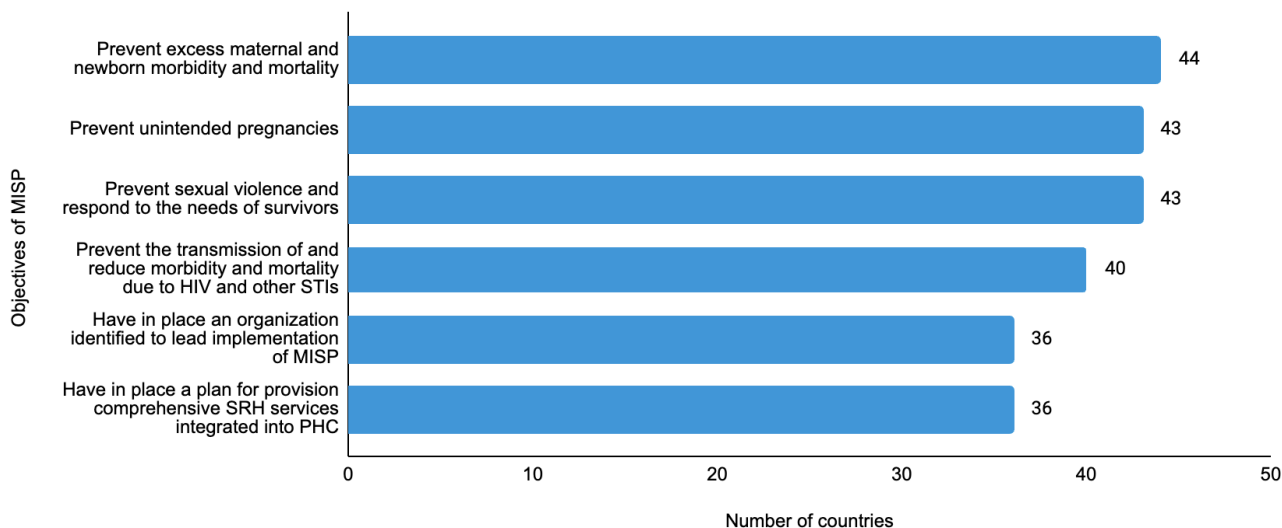
In the 54 partner countries:

- National health and emergency frameworks exist in 51 countries (94 per cent) to prevent sexual violence, HIV and other sexually transmitted infections (STIs), maternal and newborn morbidity and mortality and unintended pregnancies. Those without frameworks as of 2023 were Liberia, Madagascar and Timor-Leste.
- 30 countries have integrated all six objectives of the MISP for sexual and reproductive health into existing national health and emergency frameworks, up from 23 in 2022. The additional countries are Angola, Burundi, Comoros, Congo, Djibouti, Haiti and Uganda.

**Figure 4: Number of countries that integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks (2021 to 2023)**



**Figure 5: Number of countries that include the objectives of the MISP in their national health and emergency frameworks (n = 54)**



## Output 1.1: Efficient and timely procurement of a choice of quality-assured reproductive health commodities

### AT A GLANCE

Progress towards the planned milestone

- In 39 countries, commodity orders were delivered on time and in agreed quantities by the supplier, meeting the milestone for quantities but not for time.

### Delivered on time and in agreed quantities

#### OP.1.1.1 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered on time in countries

This indicator refers to the number of countries where 75 per cent of the total number of orders for contraceptives that are made using UNFPA Supplies Partnership resources during the year for which the commodities were delivered by the supplier on the agreed date.

Fifty UNFPA Supplies Partnership countries placed a total of 665 commodity orders through the UNFPA Supply Chain Management Unit. Of these orders, 555 (83 per cent) arrived on or before the expected date of arrival at the country's Customs. Only Cambodia, Comoros, the Kyrgyz Republic (Kyrgyzstan) and Myanmar did not place orders.

- In 39 countries, 75 per cent or more of UNFPA Supplies Partnership commodity orders were delivered on time. This was a decrease from 41 countries in 2022; and slightly below the milestone of 42.
- 100 per cent of commodity orders were delivered on time in 20 countries<sup>3</sup> compared with 7 countries in 2022.

#### OP.1.1.2 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered in agreed quantities by the suppliers

This indicator refers to the number of countries for which 75 per cent of orders for contraceptives and maternal health medicines that are made using UNFPA Supplies Partnership resources were delivered to countries by the supplier in the agreed quantity.

- In 39 countries, 75 per cent or more of UNFPA Supplies Partnership commodity orders were delivered in agreed quantities. This was down from 41 countries in 2022.
- All commodity orders (100 per cent) were delivered in agreed quantities in 20 countries<sup>4</sup> compared with 7 countries in 2022.

<sup>3</sup> List of 20 countries: Afghanistan, Angola, Bolivia, Central African Republic, Chad, Congo, Gambia, Guinea, Guinea-Bissau, Haiti, Honduras, Lao People's Democratic Republic, Mali, Mozambique, Sao Tome and Principe, Senegal, Somalia, South Sudan, Timor-Leste and Yemen.

<sup>4</sup> As above.

## Challenges regarding the indicators on time and quantities delivered

The indicators on time (OP.1.1.1) and quantities delivered (OP.1.1.2) are not entirely within the control of the UNFPA Supplies Partnership. Importantly, the indicators do not capture how the programme proactively addresses supply gaps and averts stock-outs, including covering funding gaps for commodities when planned funds from other stakeholders at country level or domestic financing are not forthcoming.

Regarding time, measurement under this indicator encompasses production capacity, labelling and packaging requirements of the Ministries of Health which adds to the lead time for the manufacturers to customize and comply with the request, as well as transportation capacity, which is affected by the availability of freight forwarders to pick up goods from the manufacturer's warehouse and to provide the best trade routes for shorter shipment lead times. Delays in issuing product registrations, waivers or import licenses for newly introduced products can hold up shipments. Other external factors and operational situations may have an impact on lead time, e.g. the Red Sea shipping crisis saw a downturn in maritime activity and forced cargo ships to take longer trade routes.

The measurement anticipates that supply-constrained products face demands on time that more readily available products do not, such as market availability. The measurement is informed by the commodity prioritization exercise conducted by key stakeholders in the Consensus Planning Group (CPG), using data from the Global Family Planning Visibility & Analytics Network (Global FP VAN).<sup>5</sup>

In 2023, long lead times from suppliers impacted delivery schedules, resulting in partial shipments. Most delays (in 30 countries) were linked to supply-constrained products, primarily implants and injectables (DMPA-SC).

At the same time, efforts supported by the UNFPA Supplies Partnership in 2023 contributed to: (i) improved supply planning; (ii) timely issuance of approval notices; (iii) alignment of supplier selection with lead times; and (iv) a concerted follow-up with the UNFPA Supply Chain Management Unit and Country Office focal points, among other results.

The UNFPA Supplies Partnership provided initial commodity funding (tranche 1) based on National Supply Plans, that include all domestic and donor funding sources. In 2023, when commitments to the National Supply Plan from other stakeholders were delayed or did not materialize, the Partnership stepped in to cover funding gaps, granting second and third tranches of commodity approvals in Q2/Q3 2023 to ensure continuous supply and mitigate risks of stock-outs projected for Q1/Q2 2024.

UNFPA takes action to resolve time and quantity issues as they arise. Ongoing work at several levels is associated with these indicators. Through coordination with the CPG, orders are sometimes deliberately delayed so that countries can utilize available domestic funds before tapping into UNFPA Supplies Partnership resources, which can affect delivery schedules. In

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<sup>5</sup> The Consensus Planning Group (CPG) works to prevent countries from ending up with too few supplies to meet contraceptive needs or too many supplies to be consumed before they expire. It does so by sharing data that makes it possible to coordinate shipments and allocate resources appropriately within and among countries. The CPG works to prevent imbalances from happening in the first place, but it also serves to remedy the imbalances that do. <https://www.rhsupplies.org/gfpvan/collaboration-planning.html>

other words, if there is an urgent need for a product in Country A, then the pre-existing order for Country B may be split or pushed to a later delivery date to avoid a stock-out in Country A.

UNFPA is in discussion with manufacturers and our focal point networks to promote and facilitate reproductive health product registration including, where feasible, regional or subregional harmonization of registration. It should be noted that a waiver is a fragile temporary time-sensitive authorization for receiving a donation. Product registration is an important step in building a sustainable approach to family planning. In addition, the UNFPA Supplies Partnership collaborates with suppliers and Ministries of Health to meet labelling and packaging requirements as efficiently as possible, ensuring that commodities meet national standards.

## Output 1.2: Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights

### AT A GLANCE

Progress towards the milestone

▲▲ In 22 countries, new and lesser-used reproductive health commodities were procured for use in the public sector in line with government-led introduction plans and women's reproductive rights, exceeding the milestone of 16 countries.

▲ 45.3 million couple-years of protection (CYP) were provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership, exceeding the milestone of 40 million.

▲ 70 per cent of UNFPA Supplies Partnership implementing countries have implemented strategies to strengthen humanitarian preparedness and resilience, exceeding the 60 per cent milestone.

▲ 22 of 40 countries in humanitarian and fragile contexts accessed the programme's emergency funds for procuring Inter-Agency Reproductive Health (IARH) kits at the onset of a crisis.

◻ In 33 countries, UNFPA coordinated procurement interventions with partners who assessed or generated demand for contraceptives.

## New and lesser-used commodities

### OP.1.2.1 Number of countries where new and lesser-used reproductive health commodities are procured for use in the public sector in line with government-led introduction plans and women's reproductive rights

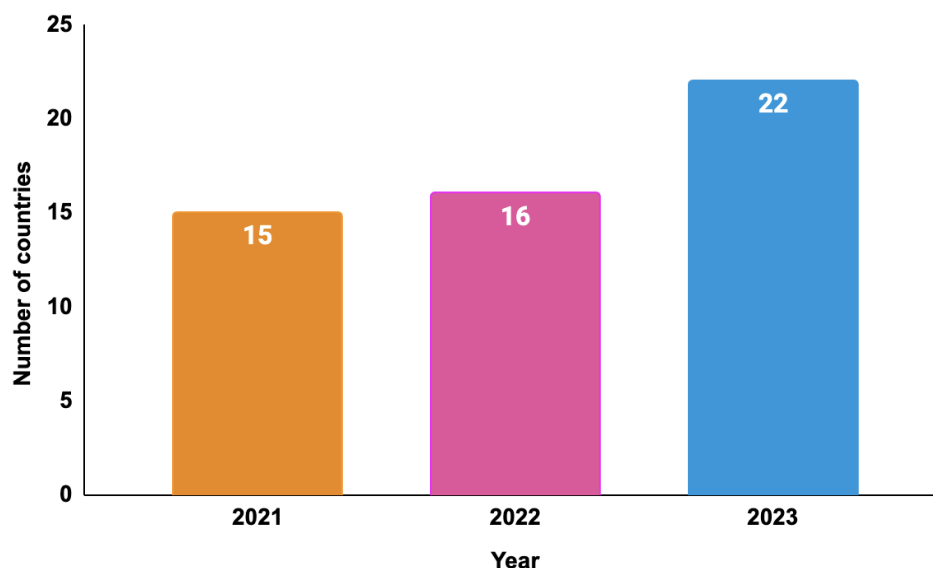
- **22 countries procured new and lesser-used reproductive health commodities** (excluding DMPA-SC)<sup>6</sup> up from 16 countries in 2022.

<sup>6</sup> List of 22 countries: Benin, Burundi, Cambodia, Democratic Republic of the Congo, Ethiopia, Guinea, Honduras, Kenya, Lao People's Democratic Republic, Liberia, Madagascar, Malawi, Mozambique, Nepal, Nigeria, Papua New Guinea, Rwanda, South Sudan, Uganda, Yemen, Zambia and Zimbabwe.

- **47 countries have procured DMPA-SC** through the UNFPA Supplies Partnership.<sup>7</sup> The total includes several countries outside of the programme that requested support to avoid shortfalls (Bangladesh, India and Venezuela).

Method scale up continued through catalytic interventions supported through the programme’s HSS funding stream. The roll-out of self-administration continued in 30 countries.

**Figure 6: Number of countries where new and lesser-used reproductive health commodities are procured (excluding DMPA-SC) (2021 to 2023)**



## Emergency RH kits

### OP.1.2.2 Percentage of UNFPA Supplies Partnership implementing countries experiencing humanitarian and fragile situation that accessed Emergency Funds for procuring Inter-Agency Reproductive Health (IARH) kits at the onset of a crisis

This indicator is defined as the percentage of the UNFPA Supplies Partnership programme implementing countries experiencing any humanitarian and fragile situation that go on to access emergency funds for procuring IARH kits at the onset of crisis. The purpose of this indicator is to understand what percentage of UNFPA Supplies Partnership countries who experience humanitarian situations will be able to receive support to purchase IARH kits to support immediate RH needs of women and girls.

The programme’s emergency fund supports partner countries to procure Inter-Agency Reproductive Health (IARH) kits to meet the needs of affected populations, alongside its ongoing efforts to build resilience in services and supply chains. This indicator has changed from reporting the number of countries (2021 and 2022) to reporting the percentage.

<sup>7</sup> Countries may not order DMPA-SC every year if in-country supplies are sufficient. List of 47 countries that procured DMPA-SC in 2023: Afghanistan, Angola, Bangladesh, Benin, Bolivia, Burkina Faso, Burundi, Central African Republic, Cameroon, Chad, Congo, Côte d'Ivoire, Djibouti, the Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Haiti, India, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, South Sudan, Tajikistan, Togo, Uganda, Venezuela, Yemen, Zambia and Zimbabwe.



- 55 per cent (22 of 40 countries) accessed the programme’s emergency funds for procuring IARH kits, meeting the indicator of 52 per cent. This was 53 per cent (18 of 34 countries) in 2022.
- 40 out of 54 countries in the UNFPA Supplies Partnership reported experiencing humanitarian crises, including earthquakes, flooding and emergencies from armed conflict.

The countries accessed a total of \$13.1 million through the emergency fund, of which 22 per cent (\$2.9 million) was used to procure IARH kits. The family planning kits contained condoms for dual HIV/STI protection and contraceptive methods, including IUDs, pills and injectables, sufficient to support the needs of a crisis-affected population for three months.

The UNFPA Supplies Partnership is assisting countries, supported by HSS interventions, to transition to bulk procurement rather than long-term reliance on IARH kits. This approach aims to better meet the needs of populations, especially during protracted crises, ensuring cost-effectiveness and enhancing countries' resilience.

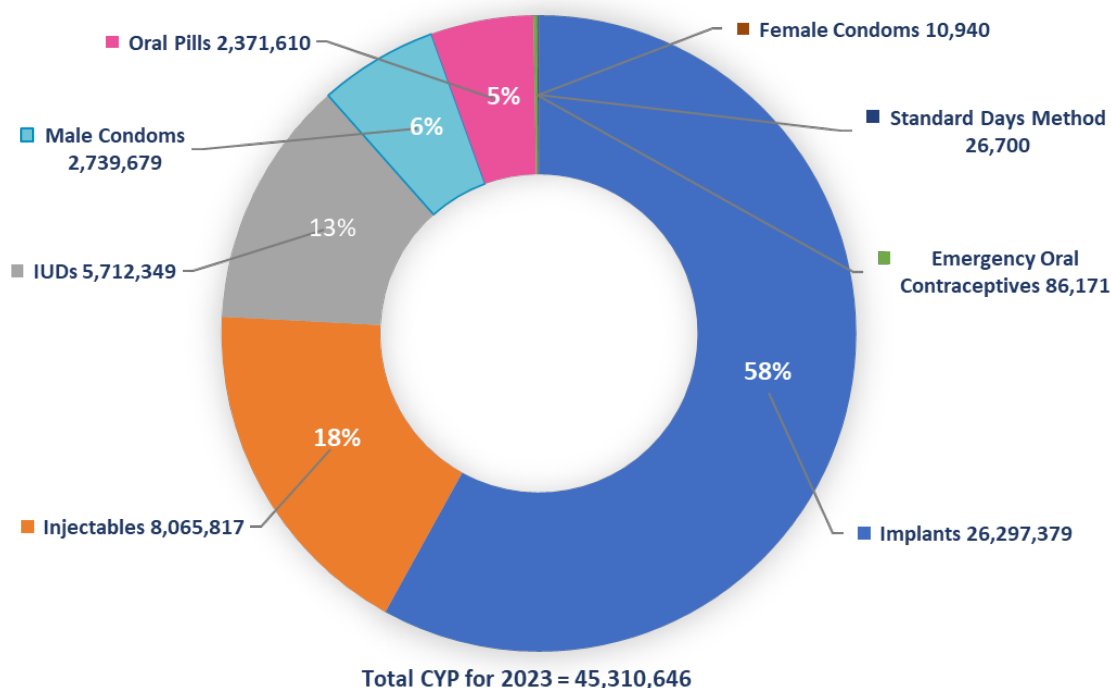
## CYP provided

### OP.1.2.3 Total couple-years of protection (CYP) provided for the year through the procurement of contraceptives and condoms by the UNFPA Supplies Partnership

This indicator refers to the years of protection from pregnancy that the contraceptives and condoms procured using UNFPA Supplies Partnership resources would provide. Through the programme, countries are supported to provide a wide range of contraceptive methods through rights-based family planning services including counselling.

- **45.3 million CYP** were provided for the year through the procurement of contraceptives by UNFPA Supplies Partnership.
- This number was up from 39.6 million CYP in 2022 and 26.1 million in 2021. The increase in total CYP was due to the increased budget available for contraceptives.

**Figure 7: Couple-years of contraceptive protection (CYP) per method provided in 2023 through contraceptive procurement**



## Humanitarian preparedness

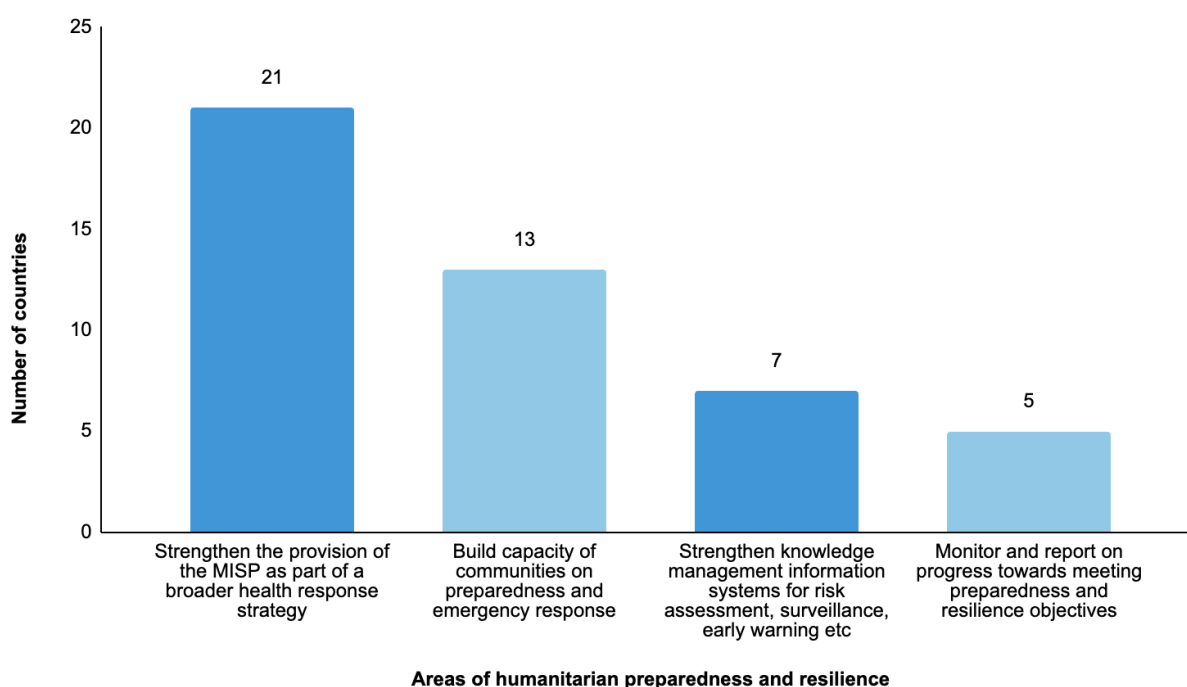
### OP.1.2.4 Percentage of UNFPA Supplies Partnership countries that have implemented strategies to strengthen humanitarian preparedness and resilience

This is the percentage of UNFPA Supplies Partnership implementing countries in humanitarian context, classified as having “high” or “very high” INFORM Risk Index, that are implementing resilience and preparedness strategies with the support of UNFPA Supplies Partnership in line with the WHO Health Emergency and Disaster Risk Management Framework.

- **70 per cent of the countries (19 out of 27) reported implementing strategies to enhance humanitarian preparedness and resilience.** This marked an increase from the 54 per cent reported in 2022.

More countries prioritized humanitarian interventions through the UNFPA Supplies Partnership and sought alternative funding sources to implement and bolster humanitarian and preparedness initiatives – underscoring the importance of exploring diverse funding avenues and enhancing partnerships to effectively address humanitarian challenges and strengthen resilience in the face of crises.

**Figure 8: Number of countries strengthening various aspects of humanitarian preparedness and resilience**



In Myanmar, for example, interventions supported through the HSS funding stream prioritized humanitarian interventions including capacity development of supply chain managers and logistics focal persons from 44 partner organizations. Technical assistance was provided for functionality and implementation of an e-LMIS across 938 SDPs in 203 out of the 330 townships in the country. HSS funding also facilitated the use of logistics data for evidence-based decision-making in supply chain management, particularly during humanitarian crises. In addition, funding from UNFPA core resources, Canada and Australia was instrumental in providing the necessary software and hardware for the e-LMIS.

## Demand generation

### OP.1.2.5 Number of countries where procurement interventions are coordinated with partners who assess or carry out demand generation for contraceptives

This indicator refers to the number of UNFPA Supplies Partnership countries where UNFPA coordinates activities related to assessing and generating demand for family planning. Method of computation: this is the count of the number of countries where UNFPA coordinates procurement interventions with partners who assess demand generation or who carry out demand generation for contraceptives. Also, this indicator captures the level of coordination with partners who assess demand generation for contraceptives and captures the level of coordination with partners who do/carry out demand generation for contraceptives.

Although the UNFPA Supplies Partnership does not directly fund demand generation activities, the programme recognizes the need to increase awareness and knowledge of family planning, change attitudes and perceptions, and shift social and cultural norms. Rather, demand generation is funded by UNFPA through its UNFPA Country Offices, which strategically coordinate with partners engaged in ensuring that comprehensive family planning services meet population needs. This integration within broader efforts by UNFPA provides a holistic

approach to family planning, leveraging partner expertise and resources to effectively address supply and demand.

The 2023 value serves as a baseline for this new indicator. The programme keeps track of the level of coordination by UNFPA:

- **In total, 33 UNFPA Country Offices coordinated procurement interventions with partners who assess or carry out demand generation for family planning.**
- UNFPA Country Offices coordinated procurement interventions with partners who assess demand generation for family planning in 29 countries. Assessment of demand generation included support for DHS, KAP (Knowledge, Attitudes and Practices) studies, other studies and other research on assessing demand generation.
- UNFPA Country Offices coordinated procurement interventions with partners who carry out demand generation interventions for family planning in 31 countries.

In Zimbabwe, UNFPA coordinated with partners around the national family planning forum, including partners such as Population Services Zimbabwe, Population Solution for Health, Zimbabwe National Family Planning Council, Chemonics and USAID. In Liberia, UNFPA coordinated with USAID during the DHS implementation and coordinated with implementing partners who carried out demand generation such as Partners in Health, the Ministry of Health, the Ministry of Youth and Sports and Young Men Christian Association of Liberia.

Interventions carried out by partners included a variety of activities aimed at promoting family planning and reproductive health. These interventions encompassed:

- Creating and distributing Information, Education and Communication (IEC) and Social and Behaviour Change Communication (SBCC) materials for family planning, including disseminating family planning messages through social media and cell phone text messages.
- Organizing advocacy, sensitization and awareness campaigns to promote family planning at the community level, including involving formal and informal leaders, youth groups and men.
- Promoting the use of condoms for family planning, STI and HIV prevention (condom programming).
- Building capacity of community-level health workers, health extension workers and other personnel to promote voluntary family planning with quality counselling and referral services.
- Implementing social marketing strategies to increase modern contraceptive use.
- Conducting research and assessments to understand contraceptive needs.

# 2. STRENGTHENED SUPPLY CHAINS

## AT A GLANCE

Progress towards the milestone

■ 16 countries have a functional e-LMIS up to points of care at the secondary level, meeting the milestone of 16 countries.

— 61% of countries report no stock-out of any contraceptive method at 60% of points of care, which did not meet the milestone of 68%.

## Outcome 2: Ensure reproductive health commodities reach the last mile and promote harmonization, integration and strengthening of supply systems in countries

### No stock-outs

#### OC.2.1 Percentage of countries where 60 per cent of service delivery points report no stock-out of any contraceptive offered on day of survey/day of data collection

This indicator encompasses supplies procured through the UNFPA Supplies Partnership as well as all other sources, for a view of the country's situation. Results for this indicator are obtained through facility-based surveys, from HMIS and LMIS, and other sources such as SARA, MICS and DHS. A key decision was made for reporting on these indicators for UNFPA Supplies Phase III programme beyond 2020. It was decided to report on the most recent result available in the past two years only. Please see note under Outcome 1 above.

The prevalence of stock-outs within any one country is one of many indicators that can help to understand the maturity of the national supply chain. Thirty-six (36) countries reported against this indicator:

- **61 per cent of countries (22 countries) reported they had “no contraceptive stock-out”** in 60 per cent or more SDPs on the day of the survey or data collection.

Countries experiencing “no stock-outs in 60 per cent or more of SDPs” included Burundi, Cambodia, Côte d'Ivoire, Gambia, Ghana, Guinea, Haiti, Honduras, Liberia, Madagascar, Mali, Niger, Pakistan, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, Timor-Leste, Togo, Uganda and Zambia.

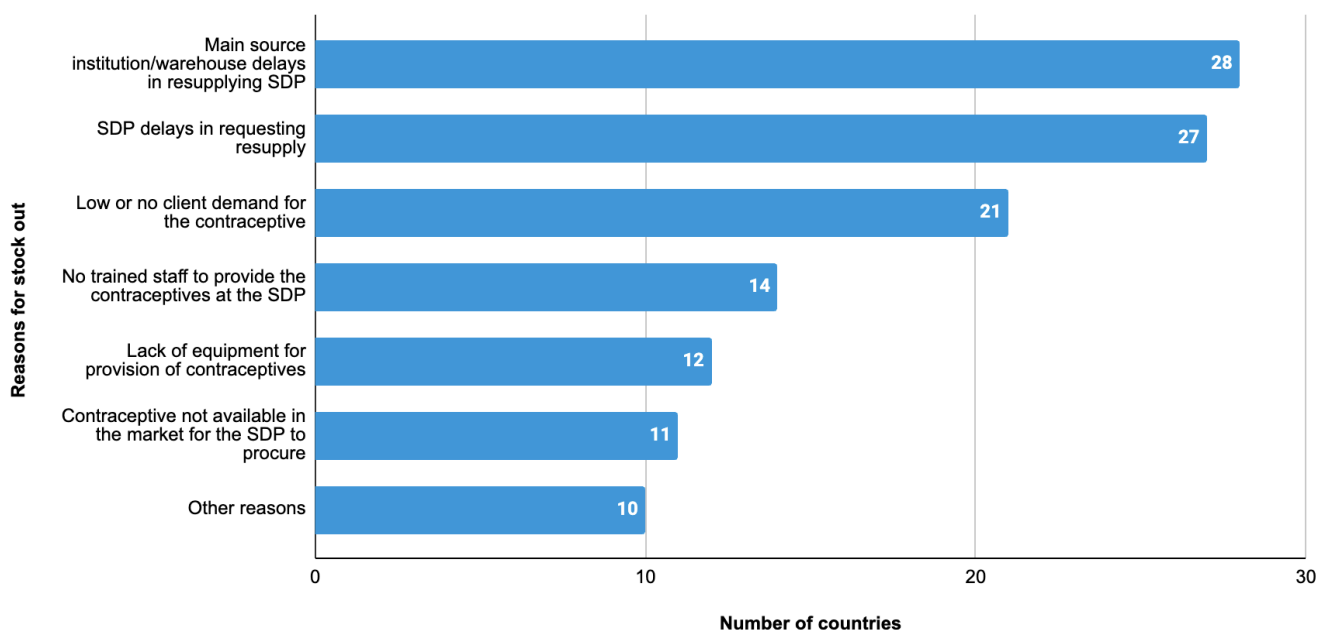
The 14 countries reporting stock-outs were Angola, Benin, Bolivia, Burkina Faso, Cameroon, Central African Republic, Chad, Djibouti, Ethiopia, Guinea-Bissau, Lao People’s Democratic Republic, Lesotho, Mauritania and Papua New Guinea.

Regarding comparisons year-on-year, it should be noted that this result includes the six new partner countries in 2023, and that 36 countries reported against this indicator compared with 27 countries in 2022.

Regarding urban and rural locations, 61 per cent of countries (22 of 36 countries) reported no contraceptive stock-out in at least 60 per cent of urban SDPs on the day of survey or data collection and 53 per cent of rural SDPs (19 of 36 countries).

Reasons for stock-outs varied from country to country. The main reasons were delays on the part of the main source institution or warehouse to resupply the SDP with the contraceptives (in 28 countries) and delays by the SDPs to request the supply of the contraceptives (in 27 countries). The figure below describes the most common reasons for stock-outs at SDP level.

**Figure 9: Reasons for stock-outs of contraceptives at service delivery points (n = 36)**



## e-LMIS

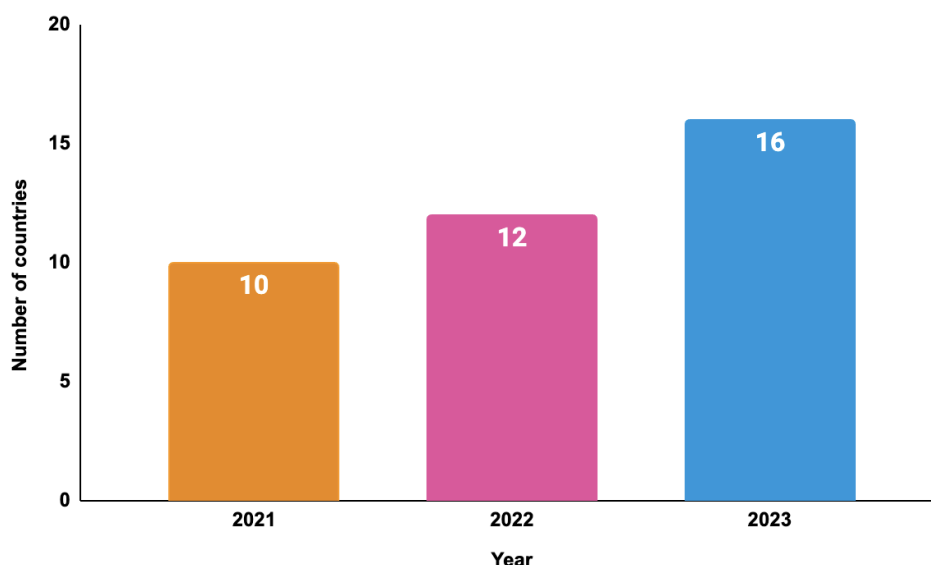
### OC.2.2 Number of countries with a functional electronic logistics management information system (e-LMIS) up to service delivery points (SDPs) at the secondary level

This indicator refers to the number of UNFPA Supplies Partnership implementing countries that have an electronically automated platform for real time logistics data management with linkages between warehouses at national and subnational levels as well as with major health facilities. Countries will be counted if they report the existence of an e-LMIS the system is extended to secondary-level SDPs and have at least five of the six functional attributes: (i) information on contraceptives; (ii) information on maternal health medicines; (iii) information on losses and adjustment data per commodity type at all levels of the supply chain; (iv) availability of stock-on-hand data; (v) availability of consumption or issuance data; and (vi) information on key product details such as unit of measure, pack size, batch number and expiry date.

Fifty-three countries reported against this indicator.

- **Four more countries reported a functional e-LMIS up to SDPs (SDPs) at the secondary level.** This was an increase from 12 countries in 2022 to 16 countries in 2023, with the addition of Cambodia, Djibouti, Gambia and Timor-Leste.

**Figure 10: Number of countries with a functional e-LMIS up to secondary-level service delivery points (2021 to 2023)**



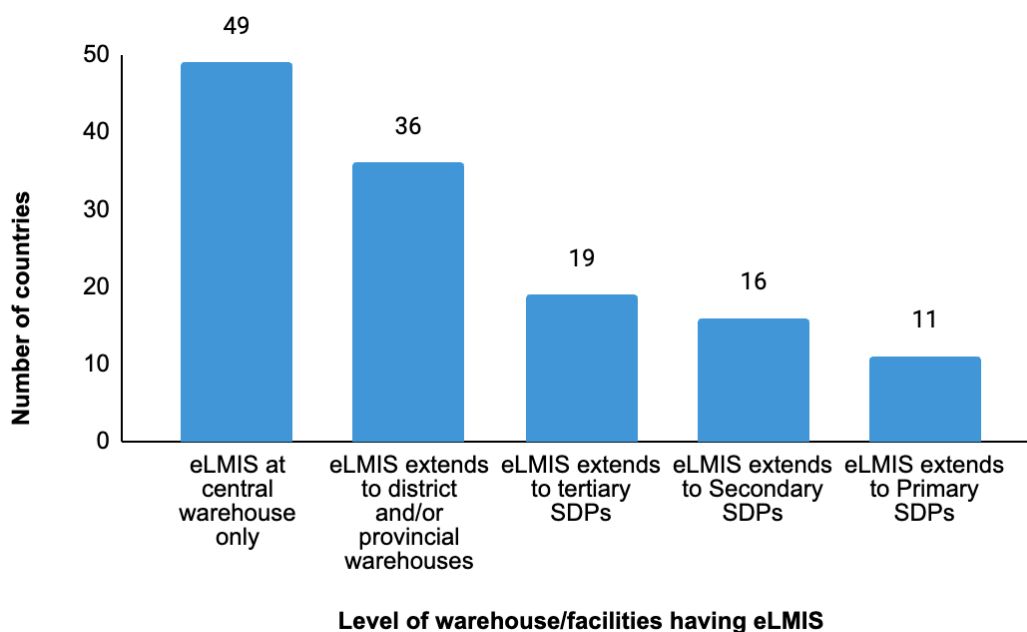
Countries that had an e-LMIS (automated computerized/electronic LMIS) as per the assessment criteria included: Burundi, Bolivia, Cambodia, Djibouti, Ethiopia, Gambia, Honduras, Lao People's Democratic Republic, Lesotho, Mali, Mozambique, Nepal, Rwanda, Tanzania, Timor-Leste and Zambia.

- 49 countries had an e-LMIS at their central warehouses, or extended to district and/or provincial warehouses, or SDPs at tertiary, secondary or primary level. However, the system did not meet all the assessment criteria required to be considered "functional".

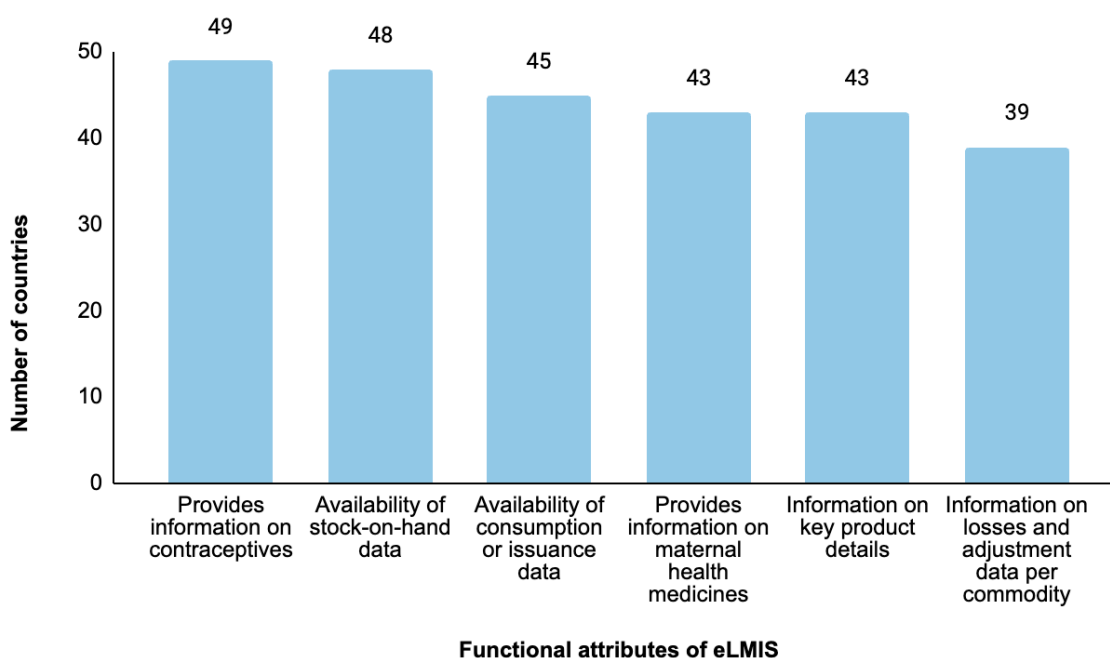
The five countries lacking an e-LMIS were: Cameroon, Comoros, Kyrgyzstan, Mauritania and Togo. Interventions funded through the HSS funding stream supported e-LMIS improvements across partner countries.

The number of countries with a functional e-LMIS decreases by SDP level. While many countries may have a functional e-LMIS at the national or regional level, fewer have successfully implemented and maintained this system at more localized levels, such as individual health facilities or clinics. The following figure shows this decrease by level, from central to primary.

**Figure 11: Number of countries with a functional e-LMIS by warehouse/SDP level, 2023 (n = 54)**



**Figure 12: Functional attributes of a country's e-LMIS (n = 54)**





## Output 2.1: Improved supply chain management

### AT A GLANCE

Progress towards the milestone

▲ 23 countries implemented a costed supply chain management strategy taking into account recommended actions of the UNFPA–WHO implementation guide, exceeding the milestone of 21 countries.

▲▲ 69% of countries have introduced a new reproductive health commodity and integrated the product into the HMIS and/or LMIS, exceeding the milestone of 53%.

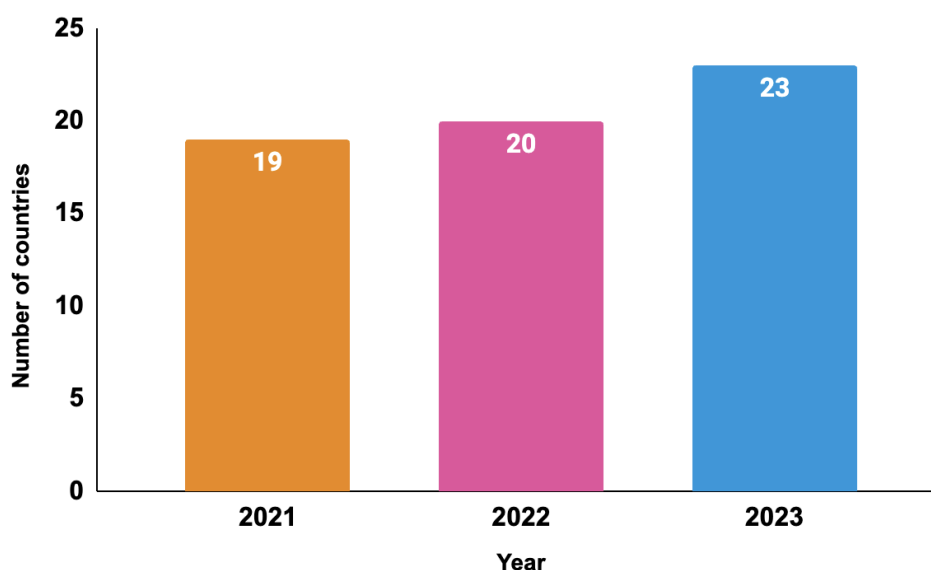
### Costed supply chain strategy

#### OP.2.1.1 Number of countries where a costed supply chain management strategy that takes into account recommended actions of the UNFPA–WHO implementation guide *Ensuring Human Rights within Contraceptive Service Delivery* is being implemented

This indicator is a count of the number of countries that have in existence a supply chain management strategy, with a costed implementation plan, that addresses elements of contraceptive commodities availability and accessibility. Satisfying this indicator can be a challenge given its many elements, and the total number of countries that meet its more advanced criteria is not expected to increase significantly year upon year.

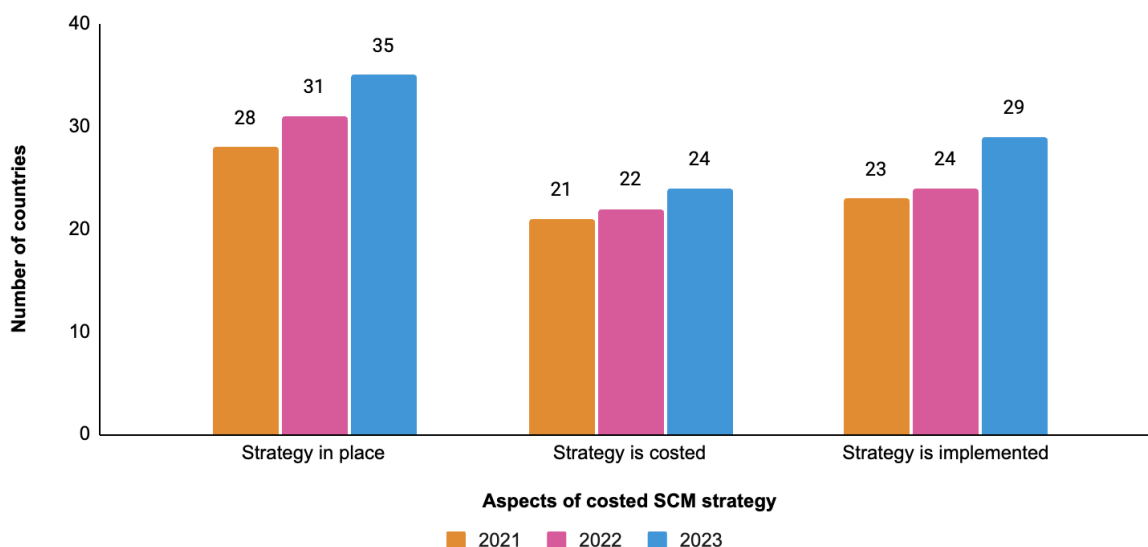
- **Three more countries had in place a supply chain management strategy with a costed implementation plan** that addresses all elements of contraceptive commodities availability and accessibility in line with the UNFPA–WHO implementation guide, up from 20 countries in 2022 to 23 in 2023.

Figure 13: Number of countries where a costed supply chain management strategy that takes into account recommended actions of the UNFPA–WHO implementation guide is being implemented (2021, 2022 and 2023)



Afghanistan, Congo, Honduras and South Sudan each reported the existence of a supply chain management (SCM) strategy within their respective countries. However, it was noted that these strategies were not costed. Additionally, Lao People’s Democratic Republic and Zambia had previously developed costed SCM strategies, but these strategies were found to be outdated. As a result, both countries are now working to update and reformulate these strategies. The six new countries that joined the Partnership reported a lack of SCM strategies within their respective territories: support through HSS future applications is planned.

**Figure 14: Number of countries where a supply chain management strategy is in place, strategy is costed and being implemented, 2021, 2022 and 2023**



## New RH commodities integrated

### OP.2.1.2 Percentage of countries introducing a new reproductive health commodity that successfully integrate the product into the health management information system (HMIS) and logistics management information system (LMIS)

This indicator is defined as the percentage of countries where new RH commodities are both introduced into the country's service delivery system and have gone on to include the commodity in the country's health management information system (HMIS) and/or logistics management information system (LMIS). The numerator consists of those countries which have ever introduced and integrated at least one method. There is no double counting for countries who work on additional commodities. It is a cumulative number, year-on-year. The denominator is the total number of UNFPA Supplies Partnership countries in Phase III of the programme (54 countries).

- 69 per cent of the UNFPA Supplies Partnership countries that have introduced new reproductive health commodities have successfully integrated the product into their HMIS and/or LMIS, up from 50 per cent in 2022.
- 38 countries have introduced and 27 of them have integrated the new reproductive health commodities into their HMIS and/or LMIS.

Commodities included in the national HMIS and LMIS included the following: DMPA-SC in Somalia, Guinea-Bissau and Guinea; misoprostol in Liberia and Nepal; non-scalpel vasectomy kits and DMPA-SC in Bolivia; and heat-stable carbetocin in Mali. Bolivia and Mali will introduce these methods in 2024–2025.

## Output 2.2: Improved commodity and data visibility for last mile assurance

### AT A GLANCE

Progress towards the milestone

▲▲ 94% of countries were implementing recommendations from the last mile assurance (LMA) process to improve commodity data visibility, exceeding the milestone of 50%.

◻ No fraud cases of theft or diversion of UNFPA products were reported in the in-country assessments.

## Last mile assurance

### OP.2.2.1 Percentage of countries where recommendations from the last mile assurance (LMA) process are implemented to improve on commodity data visibility

- **All 54 UNFPA Supplies Partnership countries conducted LMA activities.**
- At least 94 per cent of countries (51 out of 54) implemented recommendations from the LMA process to improve commodity and data visibility.
- In-country assessments were conducted in 38 UNFPA Supplies Partnership countries as part of the LMA process.

Recommendations of the in-country assessments included the following measures: scale up the e-LMIS up to the SDP level; monitor distribution and delivery of supplies by implementing partners on a quarterly basis; train implementing partners on the use of the LMA process and tools; institutionalize the LMA process; establish efficient systems of communication to SDPs on the availability of commodities at central and regional medical stores; implement a fully functioning e-LMIS at the depot level to reduce inaccurate record keeping and subsequent stock-outs; reinforce capacity-building of human resources for the supply chain with clear segregation of duties; carry out regular stock counts at SDPs and regional medical stores and document the stock counts; and advocate on proper facility management such as monitoring of temperature and humidity and storage of temperature-sensitive items in the cold chain.

## Remedial action

### OP.2.2.2 Percentage of countries where all implementing partners (IPs) have implemented adequate remedial actions relating to known fraud cases

This indicator measures the percentage of UNFPA Supplies Partnership implementing countries where actions are being taken, in line with an agreed memorandum, to address any fraud cases that are uncovered including during previous last mile assurance verifications.

It was not possible to report on this indicator. Current guidance from the UNFPA Office of Audit and Investigation Services (OAIS) states that LMA findings can only be interpreted as “potential irregularities”, not fraud. A finding can only be referred to as a “known fraud case” when OAIS has conducted an investigation and confirmed a case to be “fraud”. The UNFPA Supplies Partnership will propose an indicator to report on irregularities and fraud that meets the requirements of OAIS for the 2024 report.

# 3. INCREASED GOVERNMENT COMMITMENT

## AT A GLANCE

Progress towards the milestone

▲ 14 countries' governments sustained or increased allocations for contraceptives, and spent more than 80% of the allocated amount for the year, exceeding the milestone of 12 countries.

🟡 50% of countries scored higher Sustainability Readiness Assessment (SRA) score than with the previous year, achieving the milestone of 50%.

▲▲ 44 partner governments signed UNFPA Supplies Compact agreements with UNFPA, exceeding the milestone of 35 countries.

## Outcome 3: Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development

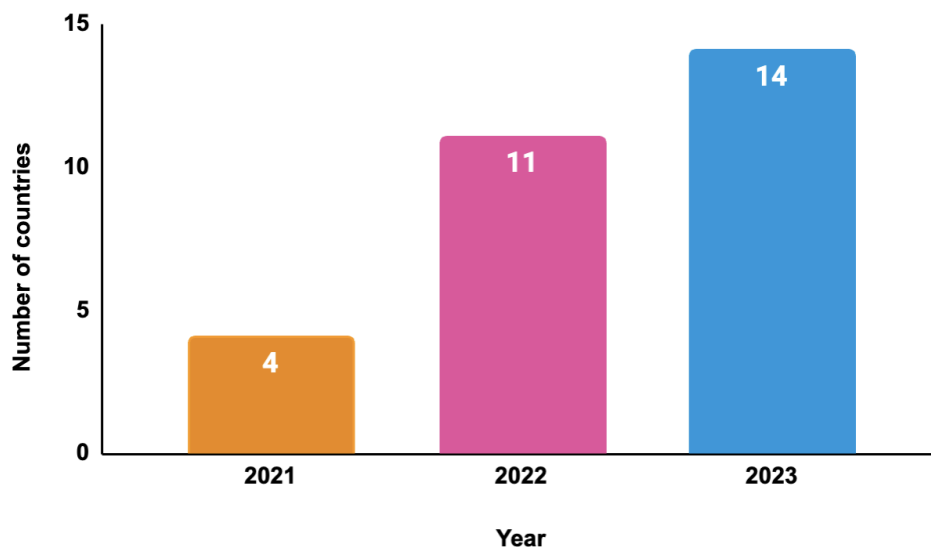
### Government allocations and expenditures

#### OC.3.1 Number of countries where governments sustain or increase the amounts allocated for procurement of contraceptives, and who spend more than 80 per cent of the allocated amount for the year

This indicator refers to the number of UNFPA Supplies Partnership implementing countries where governments (i) allocate resources in the national budget for procurement of contraceptives; (ii) either allocate the same amount as in the previous year or increase the amount allocated from government resources for the procurement of contraceptives; and (iii) spend at least 80 per cent of the amount allocated for the year.

- **Three more governments of partner countries sustained or increased the amount for the procurement of contraceptives** and spent more than 80 per cent of the allocated amount for the year. This was up from 11 countries in 2022 to 14 in 2023: Benin, Bolivia, Cambodia, Chad, Djibouti, Guinea, Madagascar, Malawi, Papua New Guinea, Pakistan, Senegal, Tajikistan, Togo and Zimbabwe.

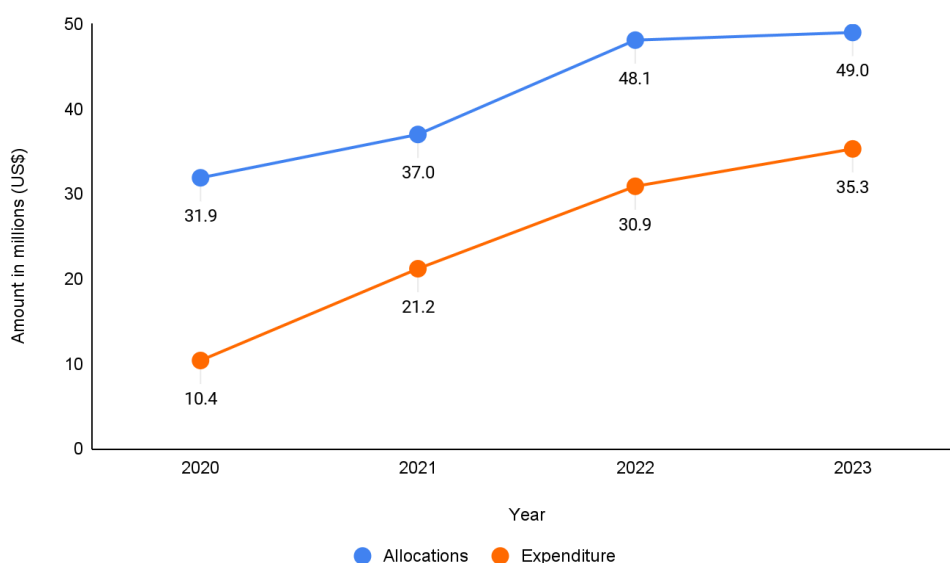
**Figure 15: Number of countries where governments sustained or increased amounts allocated for contraceptive procurement (2021 to 2023)**



- **Allocations** in national budgets totalled \$49 million compared with \$48.1 million in 2022.
- **Expenditures** for procuring contraceptives totalled \$35.3 million compared with \$30.9 million in 2022.

Both allocations and expenditures were higher than the previous year. These amounts for procurement from government resources have returned to levels before the COVID-19 pandemic. Data collected from 2023 onwards will analyse the impact of increased national resource commitments due to the Compact agreements signed by Partnership countries.

**Figure 16: Total amount allocated and spent (\$) in national budgets of UNFPA Supplies Partnership countries for contraceptive procurement, 2020–2023**



Following a successful two-year pilot of the **UNFPA Supplies Match Fund**, the Steering Committee approved this catalytic mechanism as a permanent feature of the UNFPA Supplies Partnership. The Match Fund played an important role in mobilizing domestic resources for contraceptives in several partner countries. By matching additional government contributions for quality-assured reproductive health commodities, including for family planning, the Match Fund has supported governments in increasing their allocation and expenditure on RH commodities. All 54 Partnership countries were eligible to access the Match Fund up to a maximum of \$1.5 million per country in 2023.

- The Match Fund was awarded to 15 countries, helping to mobilize an additional \$10.5 million in domestic resources for reproductive health commodities.<sup>8</sup> The additional domestic resources mobilized through the Match Fund increased from \$2.6 million in 2022 to \$10.5 million in 2023.<sup>9</sup>
- For 2022 and 2023 (the two-year pilot), UNFPA awarded a total of \$16.9 million to 15 countries, to match additional government contributions, thereby leveraging an additional \$13.1 million in domestic financing for quality-assured RH commodities.

The Match Fund will become a permanent feature of the UNFPA Supplies Partnership's Phase III model from January 2024. Matching ratios have been determined based on each country's dependency on UNFPA for financing family planning and other RH commodities.

## Sustainability Readiness Assessment

### OC.3.2 Percentage of countries where there has been an increase in the Sustainability Readiness Assessment (SRA) score compared with the previous year

In order to operationalize the family planning sustainability framework, the UNFPA Supplies Partnership designed the Sustainability Readiness Assessment Tool (SRAT) to promote results-driven programming and strengthen the accountability mechanisms of all partners.

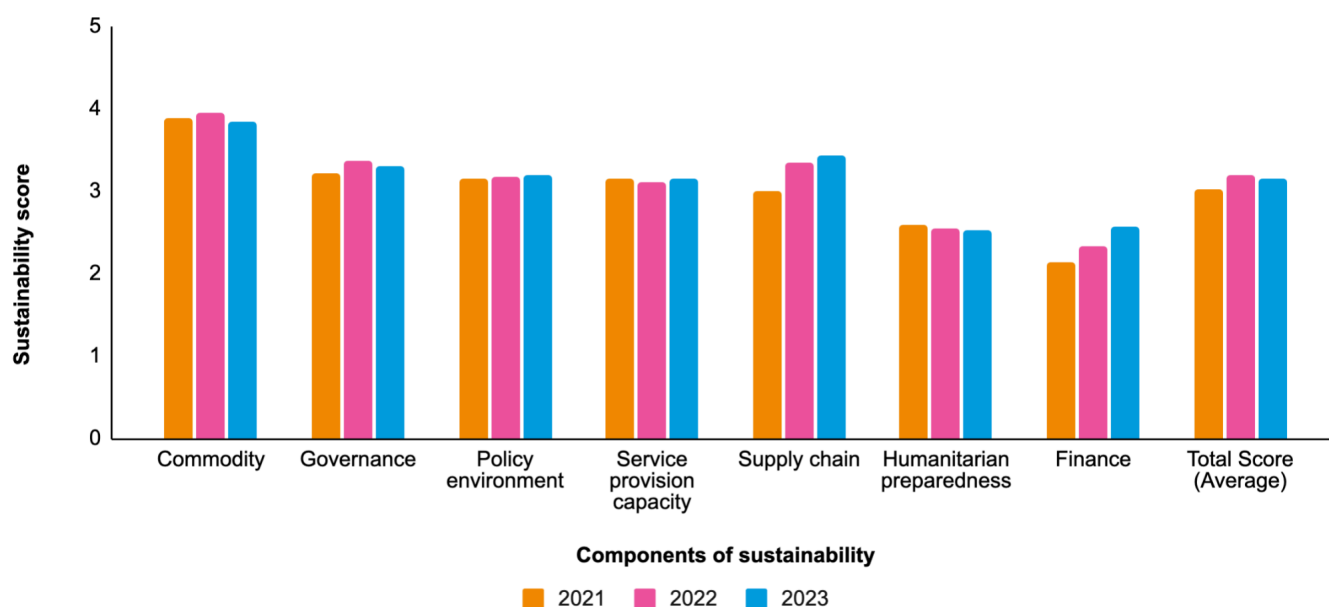
- **50 per cent of countries (24 out of 48) had an increase in the Sustainability Readiness Assessment score** when compared with the score in 2022.

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<sup>8</sup> List of 15 countries: Burundi, Central African Republic, Chad, Democratic Republic of the Congo, Kyrgyz Republic, Lesotho, Madagascar, Malawi, Pakistan, Papua New Guinea, Rwanda, Tajikistan, Timor-Leste, Zambia and Zimbabwe.

<sup>9</sup> The Match Fund was awarded to 5 countries in 2022: Chad, Democratic Republic of the Congo, Madagascar, Papua New Guinea and Zimbabwe.

**Figure 17: Average score for each sustainability component, SRAT 2023 compared with 2022 & 2021**

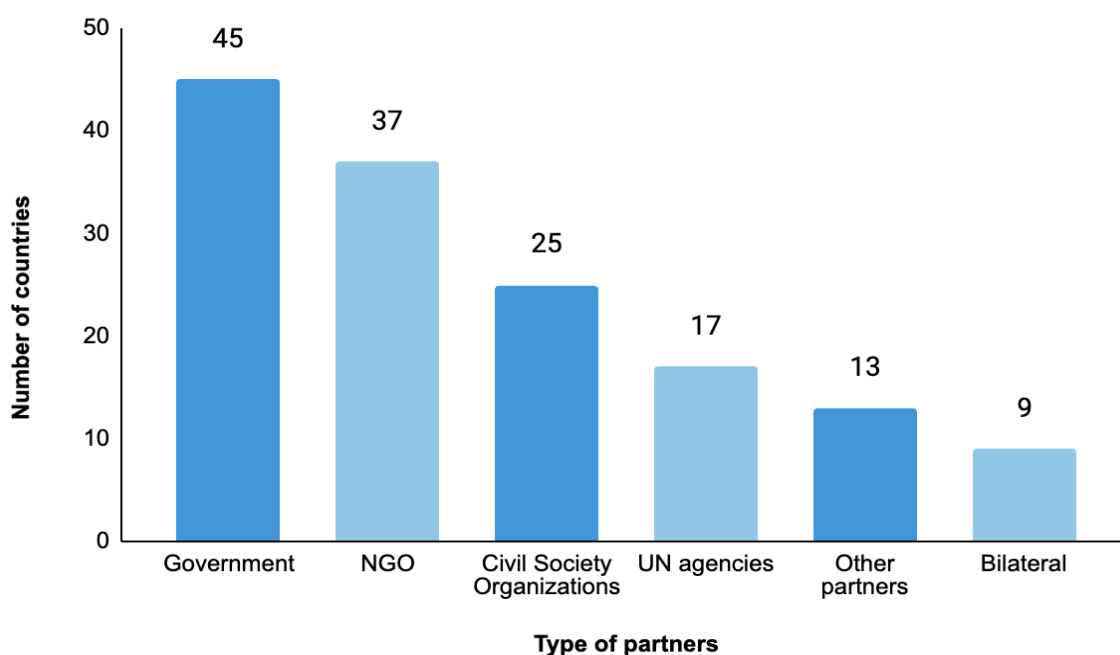


For the SRA process, countries established a panel of stakeholders including members of the Ministry of Health, UNFPA, non-governmental organizations (NGOs) and civil society organizations (CSOs). Participants in the assessment included: country government officials in 43 countries, NGO partners in 35 countries, CSOs in 23 countries, United Nations agencies in 15 countries, bilateral partners in 9 countries and other partners in 13 countries.

Humanitarian preparedness received the lowest score, indicating a priority for action. Overall, the average score (out of a top score of 5.0) was 2.53. For each sustainability component, the scores were as follows: commodity security 3.85, governance 3.31, policy environment 3.20, services provision capacity 3.16, supply chain 3.44, financing 2.58 and humanitarian preparedness 2.53.

The implementation of the SRAT among the UNFPA Supplies Partnership countries noticeably improved the quality and comprehensiveness of the programmatic interventions included in technical assistance support requests from countries to the UNFPA Supplies Partnership through HSS applications. A prioritization exercise based on the bottlenecks and weak areas identified in the SRAT process supported the efforts of national stakeholders to align common interests towards common objectives and identify concrete results and areas for improvement. Most countries prioritized financing, humanitarian response and supply chain as the most critical areas to strengthen.

Figure 18: Number of countries by type of partner involved in SRAT exercise (n = 47) 2023



## Signed Compact agreements

### OC.3.3 Number of countries with a signed UNFPA Supplies Partnership country Compact and a valid Annex A for the year in question

After completion of operationalization in 2022, countries implemented Compact agreements.

- **44 partner governments signed UNFPA Supplies Partnership Compact agreements with UNFPA in 2023**, committing to spend US\$ 26.7 million on quality-assured reproductive health commodities in 2023.
- 18 out of 22 countries that have validated expenditures have met or exceeded their Government Domestic Financing Compact commitment.

Five of the countries that joined the UNFPA Supplies Partnership in 2023 were not required to sign the Compacts: Angola, Cambodia, Kyrgyzstan, Pakistan and Tajikistan. Another five countries received Compact exemptions due to the humanitarian and sociopolitical contexts: Afghanistan, Haiti, Myanmar, South Sudan and Sudan. Reasons for exemptions from obtaining Compact agreement signatures varied. In Afghanistan, the United Nations Country Team has limited engagement with the Taliban Government. Haiti has an extremely complex political and humanitarian crisis. The UNFPA Country Office in Myanmar reported that it can initiate signing of the Compact only when the political/armed conflict situation is stable. South Sudan received an exemption due to the complex and protracted humanitarian crisis after decades of war, frequent disease outbreaks, flooding and drought, and the lack of support provided by the government to essential services such as health and education – a situation that made the signature of a Compact very difficult and which has further deteriorated.

UNFPA will continue engaging with governments for the signing of the Compact's Annex A in 2024 and will continue tracking government expenditures towards commodity procurement.



## Output 3.1: Increased and diversified allocations and use of domestic resources for reproductive health commodities and services

### AT A GLANCE

Progress towards the milestone

▲▲ 34 countries utilized innovative financing approaches including co-financing and TPP for procurement of commodities as a result of UNFPA Supplies Partnership support, exceeding the milestone of 29.

▲▲ 57% of countries' government contribution towards funding of the National Supply Plan is at the same or increased level compared with the previous year, exceeding the milestone of 40%.

◻ 17.4% of the National Supply Plan commitment budgets were covered by the government sources, slightly exceeding the milestone of 17%.

### Innovative financing

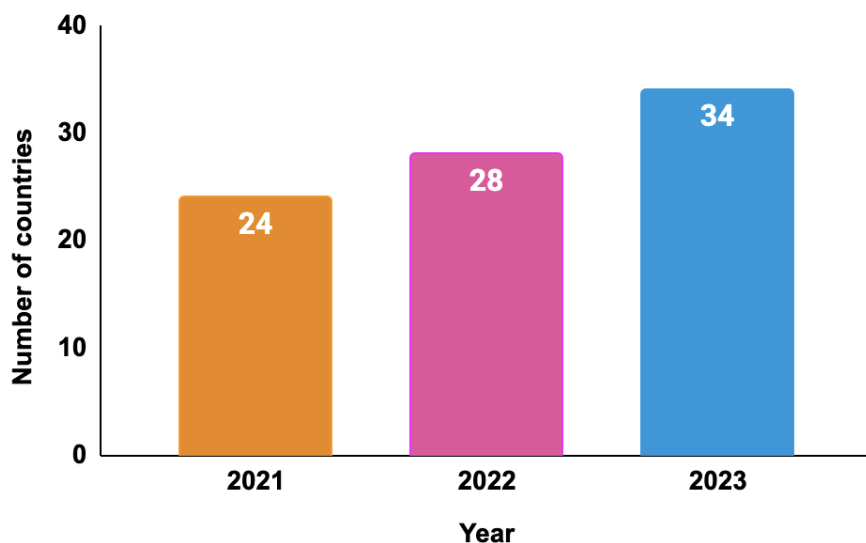
#### OP.3.1.1 Number of countries utilizing innovative financing approaches including co-financing and TPP for procurement of commodities as a result of UNFPA Supplies Partnership support

This indicator refers to the number of UNFPA Supplies Partnership implementing countries where a range of mechanisms are used to make government funding available for the procurement of contraceptives. The mechanisms will include co-financing and Third Party Procurement (TPP) and the process supported by UNFPA Supplies Partnership.

- 34 out of 54 countries reported that their governments used different financing approaches including use of UNFPA's Third Party Procurement mechanism (TPP) for the procurement of commodities up from 28 in 2022.<sup>10</sup>

<sup>10</sup> The Third Party Procurement mechanism (TPP) refers to UNFPA procurement services provided to external partners by the UNFPA Supply Chain Management Unit as a not-for-profit partnership. Through this service, TPP customers, including governments, intergovernmental organizations, NGOs or United Nations entities, can utilize the purchasing power and expertise of UNFPA to obtain competitive prices on reproductive health supplies. It has become a strategic priority for UNFPA to mobilize domestic resources by further advocating for TPP services. Source: UNFPA OAIS, 2023.

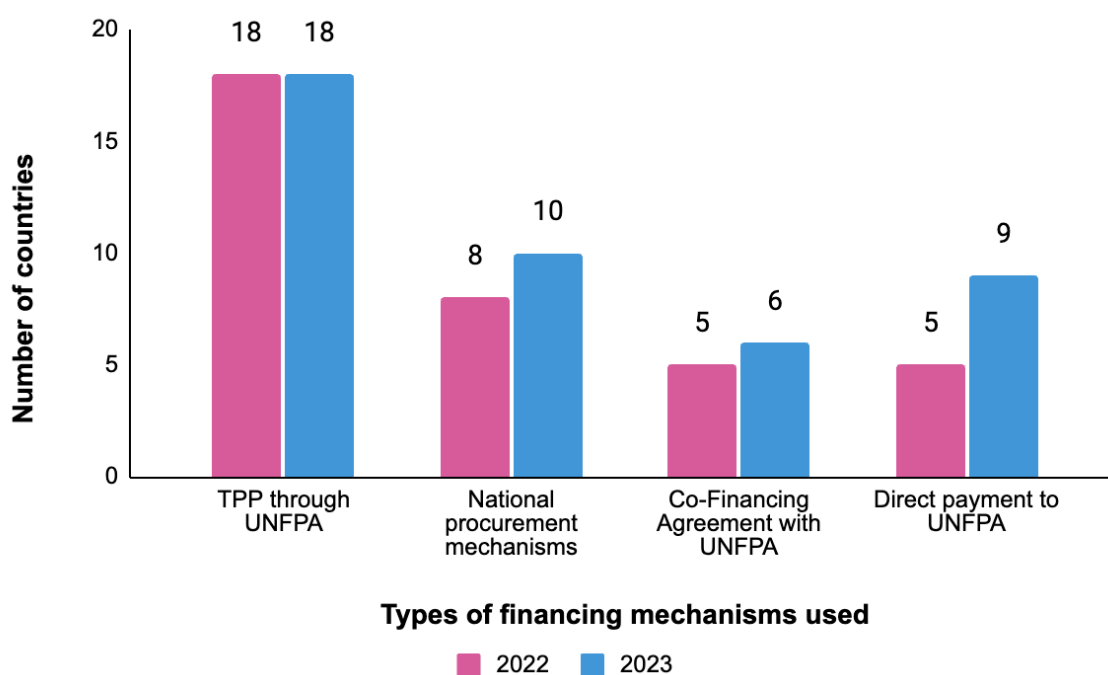
**Figure 19: Number of countries utilizing innovative financing approaches including co-financing and TPP (2021 to 2023)**



The different mechanisms used for the procurement of contraceptives by the government were: TPP, Co-Financing Agreement with UNFPA, procurement through national procurement mechanisms and direct payment to UNFPA.

- Collectively, 18 countries reported that their governments used \$16 million for the procurement of contraceptives using TPP through UNFPA and \$28.1 million through national procurement mechanisms.

**Figure 20: Types of financing mechanism used by country governments for commodity procurement in 2023**



## National Supply Plan contribution

### OP.3.1.2 Percentage of countries where the government contribution towards funding of the National Supply Plan (NSP) is at the same or increased level compared to the previous year

This indicator refers to the amount covered by all government sources in the NSP as a percentage of the total amount committed by all contributors to the NSP for the UNFPA Supplies Partnership implementing countries. This measure takes into consideration the US dollar amount spent by the government to procure commodities as laid out in the National Supply Plan of the previous year. For any country to be included in the numerator, the amount spent by the government should either be the same or at an increased level compared to the previous year. The denominator is all countries for which a National Supply Plan exists for the year.

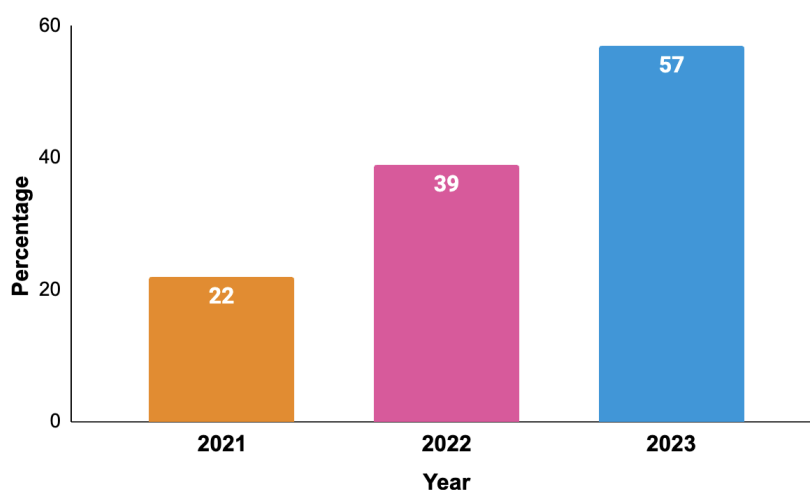
. For reporting on this indicator, 37 countries had National Supply Plans the previous year.

- **In 57 per cent of UNFPA Supplies Partnership countries (21 out of 37), governments reported contributing to funding the National Supply Plans at the same or increased level compared with the previous year.** This was an increase from 39 per cent in 2022.
- 49 countries had National Supply Plans with the needs of different procurers captured, up from 37 in 2022.
- 5 countries had UNFPA as the sole procurer for family planning commodities and used procurement plans to inform their requests, down from 11 in 2022.

Different types of in-country partners contributed to National Supply Plans, including the government, UNFPA, the United States Agency for International Development (USAID), the United Kingdom Foreign, Commonwealth & Development Office (FCDO), the Global Fund and other partners including the Netherlands, Norway, Global Financing Facility for Women, Children and Adolescents (GFF), Global Affairs Canada, IrishAid, the World Bank and KFW (Germany).

- In their National Supply Plans, programme country governments committed approximately \$71.3 million for the procurement of contraceptives. Of this amount, 74 per cent (\$53 million) was reported to have been spent. This represented an increase in both commitment and expenditure compared with the \$58.7 million commitment and \$43 million expenditure reported in 2022.

**Figure 21: Percentage of countries where the government funding contribution towards the National Supply Plan (NSP) is at the same or increased level compared with the previous year (2021, 2022 and 2023)**



## National Supply Plan commitment budgets

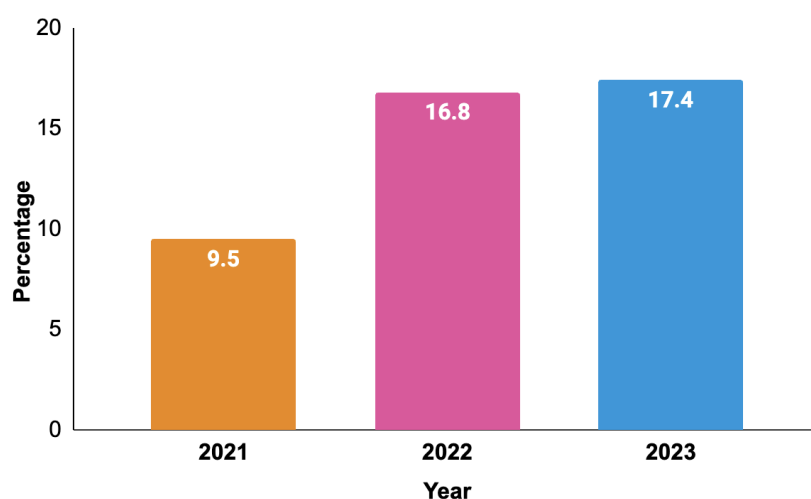
### OP.3.1.3 Per cent of the National Supply Plan commitment budgets covered by the government sources for all UNFPA Supplies Partnership implementing countries

This indicator refers to the amount covered by all government sources in the NSP as a percentage of the total amount committed by all contributors to the NSP for the UNFPA Supplies Partnership implementing countries.

- **17.4 per cent of the National Supply Plan commitment budgets were covered by government sources compared with 16.8 per cent in 2022.**

The total commitment in National Supply Plans amounted to approximately \$409.9 million, with \$71.3 million contributed by governments from their national sources. These figures represented an increase from the totals recorded in 2022, which stood at \$245.4 million for total commitment and \$41.3 million for the commitment of national sources.

**Figure 22: Percentage of National Supply Plan commitment budgets covered by government sources for all UNFPA Supplies Partnership implementing countries (2021, 2022 and 2023)**



## Output 3.2: Family planning is explicitly included and funded in development strategies and plans in the context of primary health care (PHC) and universal health coverage (UHC)

### AT A GLANCE

Progress towards the milestone

▲▲ 42 countries have an existing multi-year financial sustainability plan for family planning, exceeding the milestone of 29.

▲▲ 40 countries have family planning explicitly included in the Essential Package of Health Services, exceeding the milestone of 35.

## Sustainability plan

### OP.3.2.1 Number of countries with an existing multi-year financial sustainability plan for family planning

Multi-year financial sustainability plans for family planning include national plans and strategies such as costed implementation plans (CIPs), health financing strategies that include family planning, GFF investment cases and costed strategic plans for sexual and reproductive health.

- **Thirteen more countries had an existing multi-year family planning financial sustainability plan**, an increase from 29 countries in 2022 to 42 countries in 2023.

The 13 additional countries were: Bolivia, Burundi, Chad, Comoros, Haiti, Kyrgyzstan, Lesotho, Nepal, Pakistan, Sao Tome and Principe, Somalia, Tajikistan and Zimbabwe.

**Figure 22: Number of countries with an existing multi-year financial sustainability plan for family planning (2021 to 2023)**

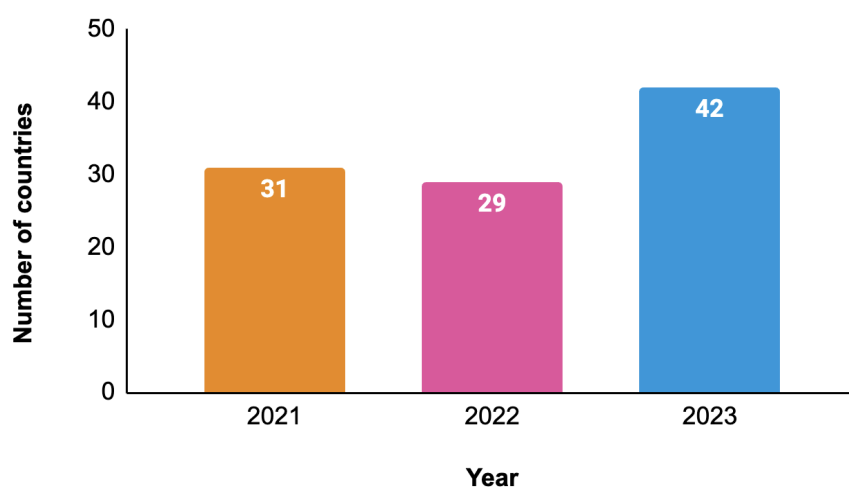
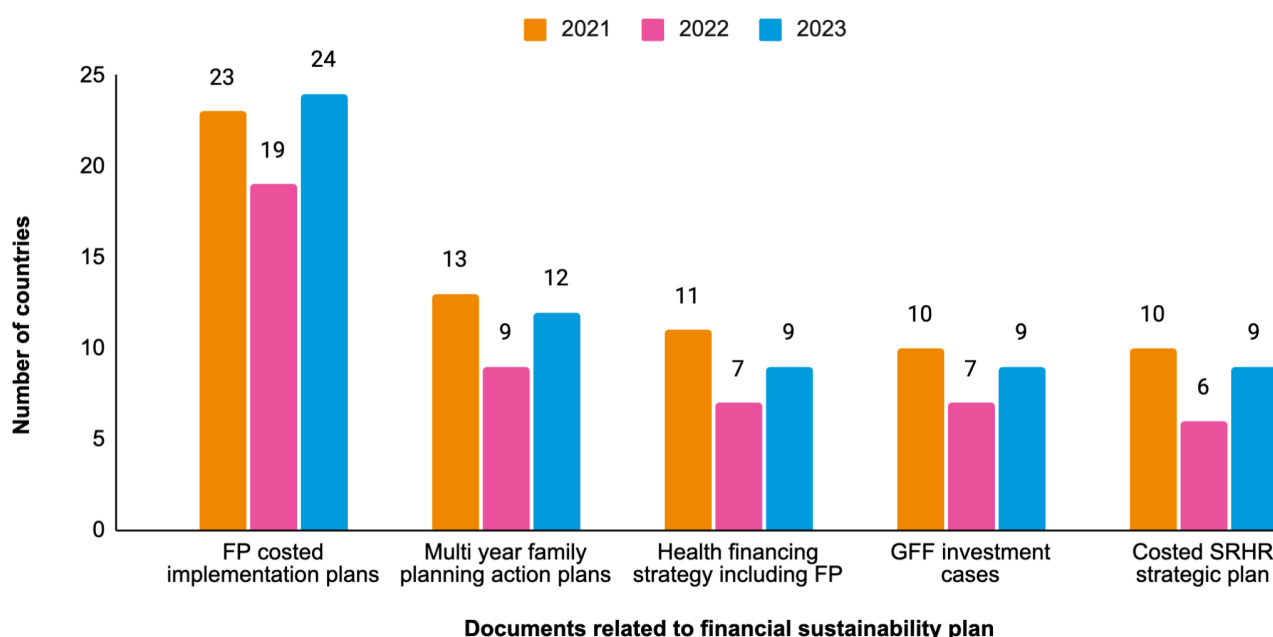


Figure 23: Documents related to financial sustainability plans in the countries



## FP in the Essential Package

### OP.3.2.2 Number of countries where family planning is explicitly included in the Essential Package of Health Services

This indicator refers to the number of countries where family planning is explicitly included in the Essential Package of Health Services (EPHS) or Essential Health Service Package (EHSP). To achieve this indicator, a country must have an EPHS and satisfy all the four criteria: (i) family planning services integrated within preventive and curative sexual and reproductive health care; (ii) education and counselling for informed contraception decision-making; (iii) availability of and access to contraceptive supplies; (iv) family planning within integrated primary health care, including prevention and care for STIs (including HIV), and cancers of the cervix and breast.

- **Seven more countries reported that family planning is explicitly included in the Essential Package of Health Services.** This was an increase from 33 in 2022 to 40 in 2023, adding Angola, Benin, Cambodia, Comoros, Djibouti, Nigeria and Tajikistan.
- 49 out of 54 UNFPA Supplies Partnership countries have an EPHS that includes at least one family planning component.

Figure 24: Number of countries where family planning is explicitly included in the Essential Package of Health Services (2021, 2022 and 2023)

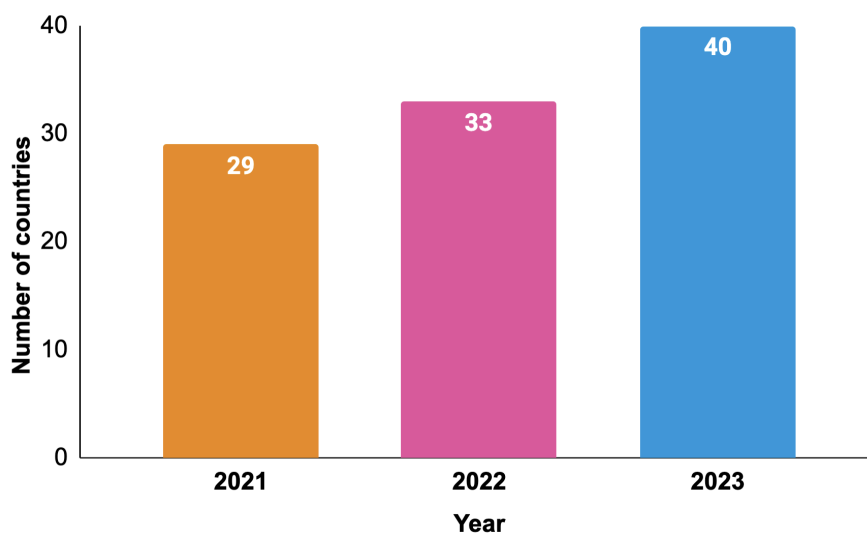
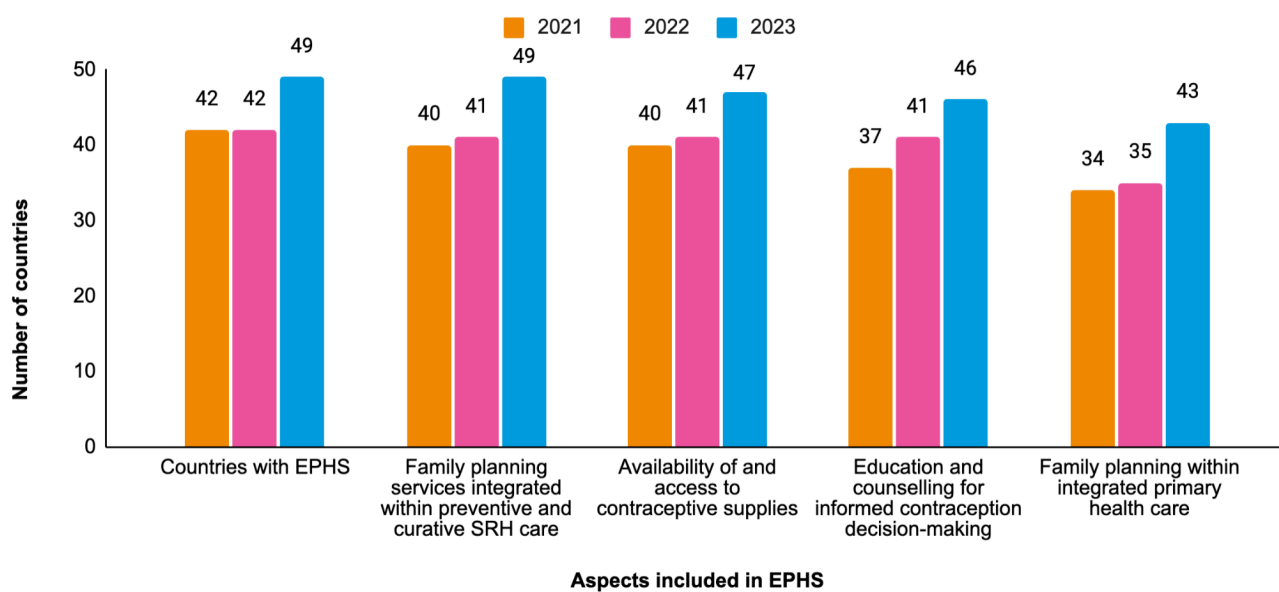


Figure 25: Aspects of family planning included in the Essential Package of Health Services in 2021, 2022 and 2023



# 4. OPERATIONAL EFFECTIVENESS AND EFFICIENCY

## AT A GLANCE

Progress towards the milestone

■ YES: Summary annual programme plan and budget endorsed by the Steering Committee

▲ 93% of countries rated as "within appetite" in the UNFPA Supplies Partnership risk assessment, exceeding the milestone of 85%.

— 63% of annual programme budget needs were met through resource mobilization, including in-kind contributions, not meeting the milestone of 93%.

## Outcome 4: Improved programme management with shared accountability for results

### Plan and budget approval

#### OC.4.1 Summary annual programme plan and budget endorsed by the Steering Committee

The 2023 budget was \$185 million. The summary annual programme plan and budget for 2024 were endorsed by the Steering Committee during the fourth quarter of 2023.

The following components were included in the summary annual programme plan: programme elements for the HSS funding stream, budget for commodities, programme budget for the coming year in four HSS areas, and programme budget for monitoring accountability and visibility (MAV).

Major programme priorities for 2023 included, but were not limited to, the following:

- Strengthening access to reproductive health services, including family planning, in humanitarian contexts (including making reproductive health commodities available and strengthening humanitarian preparedness).
- Supply chain strategy development and system strengthening interventions (including for e-LMIS).
- Signing of Compacts and their successful negotiation in all countries.
- Submission, review and awarding of HSS applications in all four components, i.e. strengthening supply chain systems, creating an enabling environment for commodity



security, sustainable financing for family planning, and bridging availability and access through seed funding.

- Development of National Supply Plans by the UNFPA Country Offices in coordination with the country governments and use of the plans for commodity requests.
- Holding annual review and planning meetings in countries to validate supply plans and identify goals linked to the Sustainability Readiness Assessment Tool and the HSS applications.
- Continuation of the Match Fund pilot as a permanent feature of the programme, and monitoring the process and its impact on mobilizing domestic resources.

## Risk assessment

### OC.4.2 Percentage of countries where UNFPA Supplies Partnership risk assessment is rated as "within appetite"

This value refers to the percentage of UNFPA Supplies Partnership implementing countries for which the risk assessments are rated as within acceptable limits; that is, the ratings are either "Low" or "Medium" as per the UNFPA Supplies Partnership Global Risk Matrix. The score has four scales: Low (from 100 to 150), Medium (151 to 200), Significant (201 to 250) and High (251 to 400).

With collaboration with partners and stakeholders, the UNFPA Supplies Partnership Annual Risk Assessment identified improvements in HSS intervention implementation, fewer gaps in supply chains and an improvement in the receipt of quantities ordered. These areas have been steadily improving in Phase III. The overall risk rating for the programme remains at a Medium level.

- The risk assessment was rated as "within appetite" in 2023. It was 93 per cent (50 out of 54 countries) in 2023 compared with 94 per cent in 2022 (45 out of 48 countries), or one percentage point lower. Ten countries were classified as low risk, 40 countries were considered Medium risk and 4 countries were identified as having "significant" risk in 2023: Congo, Kenya, Papua New Guinea and Zambia.
- The programme's overall risk score was Medium, with a score of 167, meaning that the programme had moderate gaps and likelihood of adverse management and safeguarding issues occurring. The risk score deteriorated by 3 percentage points from 164 in 2022 to 167 in 2023. It had previously improved by 7 percentage points from 2021 to 2022.
- Scores for the delivery and operational risk categories improved compared with 2022. Scores for the external, reputational and safeguarding risk categories remained the same as in 2022. The deterioration of the risk score from 94 in 2022 to 93 in 2023 is mainly due to deterioration in the fiduciary risk category (given a new methodology for measuring this element).

Figure 26: Percentage of countries where the UNFPA Supplies Partnership risk assessment is rated as "within appetite" (2021, 2022 and 2023)

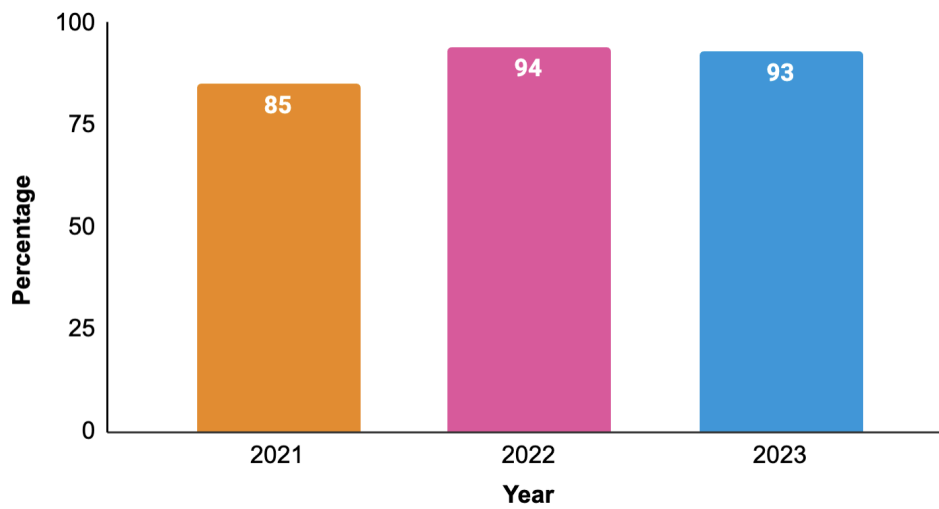
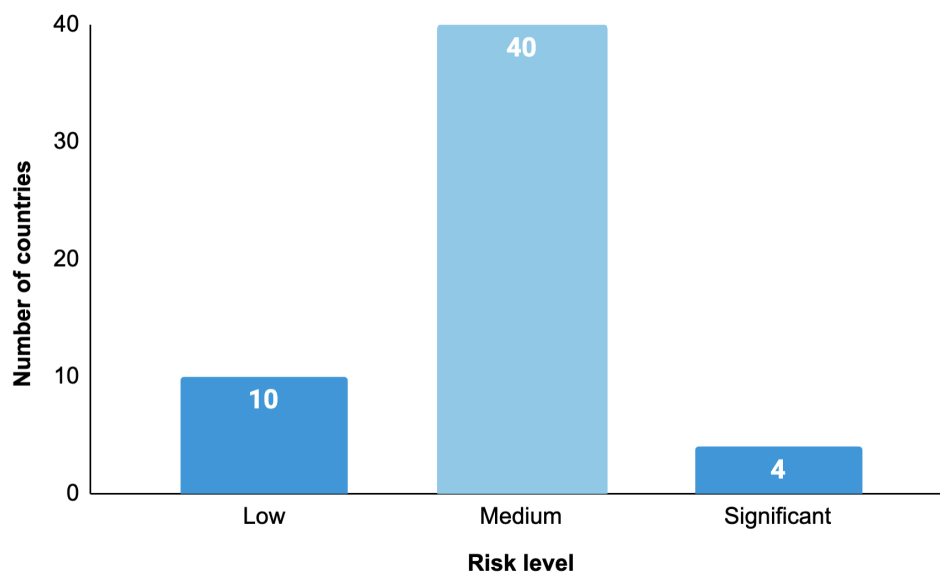


Figure 27: Number of countries by risk level 2023 (n = 54)



## Resource mobilization

### OC.4.3 Percentage of annual programme budget needs met through resource mobilization, including in-kind contributions

This indicator measures the total monetized value of contributions available for the implementation of the programme in US dollars as a percentage of the programme budget for the year.

A total of \$157 million was generated in 2023 for the programme through direct contributions from donors (see Table 1).

- **The total amount mobilized represents 63 per cent of the total resource mobilization budget needed for 2023 (\$250 million).** This was down from 92.7 per cent in 2022.

Donor funding decreased from \$232 million in 2022 to \$157 million in 2023. This decrease was expected primarily because the multi-year contribution from the European Commission was included in 2022. In addition, some donor disbursements recorded as 2022 contributions were intended for programming in 2023. The funding gap against annual programmatic needs was \$94 million. Adjusting for these factors, our financial standing remained comparable with 2022.

**Donor Contributions:** In 2023, 19 donors provided contributions, with 74 per cent (14) of these being multi-year commitments, supporting long-term programme planning.

**New Agreements and Increased Contributions:** Belgium signed a new multi-year agreement, while Germany, Luxembourg and Spain (Spanish Agency for International Development Cooperation—AECID) increased their contributions. Two donors, the Bill & Melinda Gates Foundation and the United Kingdom, provided valuable in-kind support.

**New Donors:** Ireland and New Zealand joined as new donors in 2023, bringing the total number of donor partners in Phase III to 25.

#### Donors in 2023

AUSTRALIA	NETHERLANDS
BELGIUM	NEW ZEALAND
THE BILL & MELINDA GATES FOUNDATION	NORWAY
CANADA	PORTUGAL
DENMARK	SPAIN: AGENCY FOR INTERNATIONAL DEVELOPMENT COOPERATION (AECID); AND DEPARTMENT OF EQUALITY, JUSTICE AND SOCIAL POLICIES OF THE BASQUE GOVERNMENT
EUROPEAN UNION	
FRANCE	
GERMANY	UNITED KINGDOM
INDIVIDUAL CONTRIBUTIONS	UNITED STATES
IRELAND	
LUXEMBOURG	

Major commitments extending to 2028 and 2030 were initiated with Canada, Netherlands, Norway, United Kingdom, the Bill & Melinda Gates Foundation and CIFF. The Partnership is an attractive financial instrument and is currently negotiating additional multi-year agreements to secure funding for the approved 2024 and 2025 spending plans. The programme welcomes the anticipated increase in available resources and the diversification of the funding base. To date, the programme has mobilized over \$1.6 billion since its launch in 2007.

However, securing sufficient funds to meet the needs of women and girls in our 54 partner countries remains a challenge. The programme faces an estimated funding gap for Phase III of \$266 million for 2024–2025 and \$1.1 billion for 2026–2030, totalling approximately \$1.4 billion needed by 2030.

The risk of a funding shortfall has increased due to geopolitical and economic challenges, including the war in Ukraine, the Gaza conflict and a global economic slowdown. These factors are posing fiscal challenges for donors. To mitigate disruptions, the Steering Committee has approved a reserve fund of \$70 million to provide financial resilience and smooth budget allocations over the next 2 to 3 years

A funding shortfall would lead to product stock-outs and persistently weak health systems. It would also hinder the sustainability of reproductive health programmes, impacting progress in SRH. There is a real financial risk for the programme to secure its total programmatic needs and continue its support, including efforts towards sustainable financing. Engaging the Steering Committee further to strengthen work with donors and partners will be crucial to securing these funds.

## Output 4.1: Enhanced programme governance and stakeholder engagement

### AT A GLANCE

Progress towards the milestone

- YES: Programme governance mechanisms rated as inclusive, functional and transparent
- 45 countries have stakeholders engaged in programme planning, decision-making and monitoring processes, meeting the milestone of 45 countries.

## Governance

### OP.4.1.1 Programme governance mechanisms rated as inclusive, functional and transparent

This indicator measures the extent to which the Steering Committee, its subcommittees and the Partners Assembly are fully functional, inclusive, transparent and effectively carrying out their oversight functions. The third phase of the UNFPA Supplies Partnership governance structure is built on the principles of transparency and accountability. The programme engages with a broad base of partners across the five components of the governance structure: the Partners Assembly, the three thematic subcommittees (finance and risk; strategy and planning; and leadership) and the Steering Committee, where decision-making authority sits.

The UNFPA Supplies Partnership met the criteria for this indicator.

- The UNFPA Supplies Partnership Steering Committee held regular meetings in April and October. An ad hoc Steering Committee meeting was held in July to discuss implementation of Compact contingency measures, highlights from the annual "Impact Report" including financial results for 2023 and projections for 2024/25. The Committee made decisions and recommendations by consensus with follow-up actions and meeting reports were shared with all parties for review and feedback before finalizing. All (100 per cent) of the decisions taken by the Steering Committee were either fully implemented or included in the programme's workplan for 2024.
- Seat rotations for the Steering Committee were initiated in December 2023 as per procedures outlined in the Terms of Reference.
- Quarterly Strategy and Planning Subcommittee (SPC) and Finance and Risk Subcommittee (FRC) meetings were held in 2023 and action points/recommendations circulated and implemented. The Leadership Subcommittee performed its annual review function and met for an ad hoc session in the margins of the October 2023 Steering Committee meeting to take stock of overall human resource matters for the programme. Based on the recommendations from the Leadership Subcommittee, the UNFPA Executive Director approved a one-time extension of the Steering Committee Chair's term for an additional nine-months leading up to September 2024.

The Steering Committee had a constituency-based membership of programme stakeholder groups. These constituencies were convened to solve problems and approve programme strategy, key documents and budgets based on recommendations from the three subcommittees. The Steering Committee comprised 10 voting members drawn from programme country partner governments, donor governments, private sector foundations, a community-based implementing partner and global implementing partners. UNFPA, the Reproductive Health Supplies Coalition (representing family planning coordinating bodies) and USAID (as the largest bilateral funder to family planning globally) held non-voting membership seats. The Steering Committee was led by an Independent Chair and supported by the UNFPA Supplies Programme Leader, who acted as Secretary.

## Stakeholder engagement

### OP. 4.1.2. Number of countries where stakeholders are engaged in programme planning, decision-making and monitoring processes

This indicator refers to the number of UNFPA Supplies Partnership countries where stakeholders (government, bilateral, NGOs, civil society organizations and other in-country partners including IPs, Academics) are engaged in the key programme design, implementation, meetings, decision-making review and reporting processes. In particular, this indicator looks at whether stakeholders participated in five out of the following six criteria: (i) they are engaged in commodity supply planning (including quantification and forecasting); (ii) they participate in annual programme planning including the preparation of the Health Systems Strengthening (HSS) application; (iii) they attend programme review meetings; (iv) they are involved in the preparation of the Compact and/or Annex A; (v) they contribute to programme monitoring; and (vi) they participate in the validation of programme results and preparation of programme reports.

In the 54 countries of the UNFPA Supplies Partnership:

- **45 countries reported that stakeholders are engaged in programme planning, decision-making and monitoring processes** as outlined in the criteria above. This is an increase from 44 countries in 2022.
- **In 52 of 54 partner countries, the government participated in at least one of the key programme processes** – including, for example, representatives from the Ministry of Health, Ministry of Finance, Ministry of Education, Ministry of Local Governance and Ministry of Planning and Economic Development. The relevant processes included supply planning, programme design, implementation, meetings, decision-making review and reporting processes.

The government was not involved in programme processes in Afghanistan and Myanmar due to the political context in the countries. Stakeholders from the government were engaged, but no other categories of stakeholders were engaged, in several countries: Bolivia, Central African Republic, Djibouti, Eritrea, Haiti, Honduras, Lao People's Democratic Republic and Sao Tome and Principe.

- In 51 countries governments contributed to the quantification and forecasting processes in the country.
- NGOs participated in at least one of the key processes in 44 partner countries. These included IPPF in 28 countries, MSI in 17 countries, PSI in 8 countries and DKT in 5 countries – as well as CHAI, Care International, Jhpiego, Pathfinder and local NGOs depending on country contexts.
- Bilateral agencies participated in at least one of the key processes in 18 partner countries.<sup>11</sup> These included but were not limited to USAID in 12 countries; Canada, the Netherlands, United Kingdom (FCDO) and World Bank in 5 countries each; and Denmark, France and Japan (JICA) in one country each.
- Academic partners comprising mainly universities, institutes, public health schools and midwifery schools participated in at least one of the key processes in 16 partner countries.
- Private sector partners were involved in at least one of the key processes in 6 countries.

Stakeholders from government, NGOs and civil society organizations engaged most in programme planning, followed by stakeholders in academic and training institutions, bilateral government agencies and the private sector.

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<sup>11</sup> Partners are also engaged at the global level through the Consensus Planning Group to address and avert reproductive health commodity stock imbalances,

## Output 4.2: Programme resources and risks are managed effectively and efficiently

### AT A GLANCE

Progress towards the milestone

▲ 100% of accepted audit and evaluation recommendations for which the actions due in the year have been completed, exceeding the milestone of 80%.

● YES: Existence of an updated UNFPA Supplies Partnership Global Risk Matrix.

### Evaluation recommendations

#### OP.4.2.1 Percentage of accepted audit and evaluation recommendations for which the actions due in the year have been completed

This indicator is the percentage of audit and evaluation recommendations accepted by programme management for which actions due in the year have been completed and submitted in Team Central (UNFPA audit application).

- **All (100 per cent) of the audit and evaluation recommendations for which the actions were due for the year were completed.**

The preparatory phase of the mid-term evaluation of the UNFPA Supplies Partnership started in October 2023 and a draft Terms of Reference was developed. The purpose of the evaluation is to assess the performance of the UNFPA Supplies Partnership in providing support to meet the needs of women and girls, including the hardest-to-reach, for modern contraceptives and life-saving maternal health medicines, and in strengthening the health systems that make this possible, sustainable and visible in partner countries. The primary focus of the evaluation is to receive informative guidance on how to improve the programming and implementation of the Partnership's interventions moving forward. The evaluation will continue in 2024 and the final report is expected to be available by mid-2025.

### Risk matrix

#### OP. 4.2.2 Existence of an updated UNFPA Supplies Partnership Global Risk Matrix

The matrix provides information on key risk elements of the programme with updated information on global and country-level indicators.

- The UNFPA Supplies Partnership Global Risk Matrix was updated. All 48 programme implementation countries provided information into the process of updating of the global risk matrix.

An indicator on “Donor contribution shortfall to the UNFPA Supplies Partnership” was included in the matrix in 2021. An additional indicator was added in the global risk matrix in 2022:

“Government commitment to the financing of commodities for reproductive health, including family planning as agreed in the Compact”.

A four-level system measures the risk level for each risk indicator as low, medium, significant or high. This aligns directly with the UNFPA Enterprise Risk Management (ERM) approach and the Supply Chain Management Risk Assessment/Last Mile Assurance (LMA) approach. Together, the risk categories, risk indicators and risk-level system are used in the corresponding global risk matrix and the country-level UNFPA Supplies Partnership Risk Assessment Model to determine a “risk score”. The risk score then corresponds to one of the four risk levels, which increases certain risks, as required, as well as the development and execution of appropriate mitigation plans. For findings of the risk scoring, see OC.4.2 above.



# 5. FINANCIAL REPORTING

## Finance and resources

UNFPA Supplies Partnership funds are managed in accordance with the resource allocation system agreed by the Steering Committee for the programme. Certified financial reports will be available after 30 June 2024, per the enterprise resource planning system (Quantum) now operational across UNFPA.

The approved allocation plan for 2023 was \$185 million for the programme's three categories:

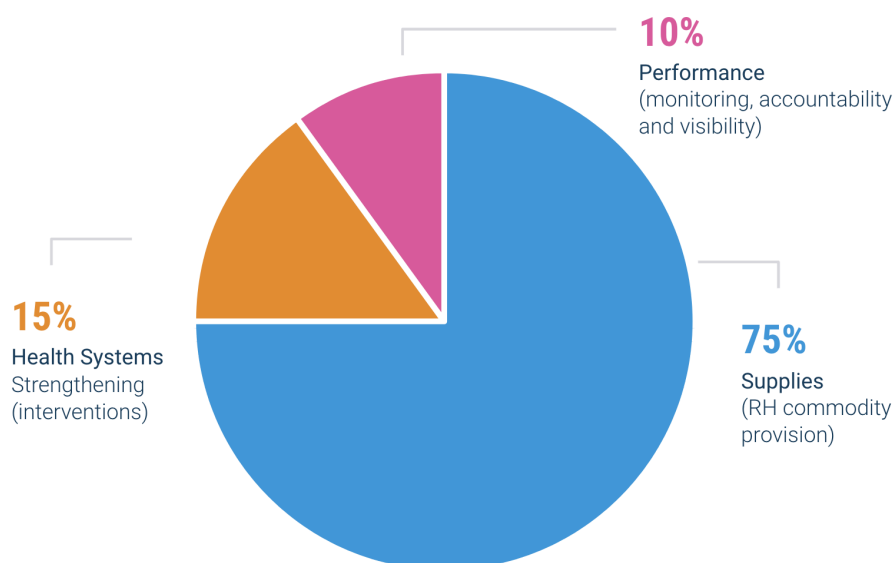
- **Supplies** funding stream, for reproductive health commodity procurement
- **Health Systems Strengthening (HSS)** funding stream
- **Performance/MAV** (Monitoring Accountability and Visibility) funding stream

## Provisional figures

Preliminary figures for 1 January through 31 December 2023 were provisional at the time of publication (March 2024) and subject to change until data are final.

- The total received in donor contributions for use in 2023 was \$183 million, including funds recorded at the end of the prior year.
- The budget utilized in 2023 was \$168 million, similar to 2022.
- Funds for commodity provision totalled \$136 million, including freight costs.
- The 91 per cent utilization rate was similar to 2022 and deemed satisfactory.

Figure 28: Breakdown by funding stream, 2023



## Donor contributions

**Table 1: Contributions to UNFPA Supplies Partnership received in 2023, summarized by donor in alphabetical order**

	Donor	Cash contribution (US dollars)
1	Australia	2,648,019
2	Belgium	2,157,497
3	The Bill & Melinda Gates Foundation	400,000
4	Canada	3,709,199
5	Denmark	22,641,340
6	European Commission <i>Five-year contribution recorded in 2022</i>	
7	France	19,823,789
8	Germany	1,644,737
9	Ireland	2,181,025
10	Luxembourg	2,153,732
11	Netherlands	11,938,873
12	New Zealand <i>Three-year contribution recorded in 2023</i>	1,204,800
13	Norway	5,903,927
14	Portugal	64,725
15	Spain (AECID)	767,544
16	Spain (Justice and Social Affairs Division of the Basque government)	16,429
17	United Kingdom <i>The United Kingdom also provided in-kind support.</i>	76,433,121
18	UNFPA Individual Contributions	874
19	United States	3,126,827
	Total	156,816,458

# 6. PROGRAMME CONTRIBUTION AT THE GLOBAL LEVEL

## AT A GLANCE

Progress towards the milestone across 54 countries

- ▲ The contraceptive method mix of 6.7 exceeded the milestone of 7.1 on a 10-point scale. (A lower score on this scale represents an improvement in method mix.)
- The total number of modern contraceptives users that reached 96.8 million did not meet the 97.2 million milestone for the year.
- Unmet need for family planning of 19.1% did not meet the milestone of 18.9%.
- The modern contraceptive prevalence rate (mCPR—all women) of 23.8% did not meet the 24.1% milestone; however, the rate of growth is faster in the 54 countries compared with lower-middle income and least developed countries not supported by the Partnership.
- Demand for family planning satisfied with modern methods of 55.5% did not meet the 56.1% milestone.

## Goal: All women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them

This global-level goal represents the shared contributions of many actors. Goal-level figures are primarily sourced from FP2020 core indicator reporting.

It should be noted that the global-level figures for the partner countries are affected by the incorporation of six new countries, up from 48 countries in 2021 and 2022 to 54 countries in 2023. Another factor to consider in global-level results is that rapid growth in populations of reproductive age in many partner countries can dilute the impact of family planning efforts.

Four of five global-level indicators have improved since 2020, when the baseline was established for Phase III of the programme. The most progress has been made in contraceptive method mix, from a baseline score of 7.4 in 2020 to 6.7 in 2023. The least progress has been made in mCPR, which showed slight improvement but has remained largely unchanged.

The mCPR figures were affected by the addition of six countries to the programme in 2023, when the number of contraceptive users increased by 4.8 million (women, aged 15 to 49 years).

## G.1 Number of total modern contraceptives users

This indicator measures the total number of women, aged 15 to 49 years, who are currently using any modern method of contraception, regardless of when the method was received.

**In the 54 partner countries of the UNFPA Supplies Partnership, 96.8 million women are using modern methods of contraception, up from 92 million in 2022.**

Some 4.8 million more women were using modern methods of contraception in 2023 compared with 2022.

For the 48 countries, there were 3.1 million more users in 2023 (80.6 million) compared with 2022 (77.5 million).

Note: There were 48 countries in the Partnership in 2022, which went up to 54 in 2023 with the addition of six new countries: Angola, Comoros, Cambodia, Pakistan, Kyrgyzstan and Tajikistan.

## G.2 Unmet need for family planning

Unmet need for family planning is the percentage of fecund women, aged 15 to 49, who do not want to have more children or who wish to postpone having the next child, but are not using any modern contraceptive method. Women using a traditional family planning method are assumed to have an unmet need for modern contraception.

The unmet need for family planning declined from 19.2 in 2022 to 19.1 per cent (all women) in 2023 in the 54 countries of the UNFPA Supplies Partnership.

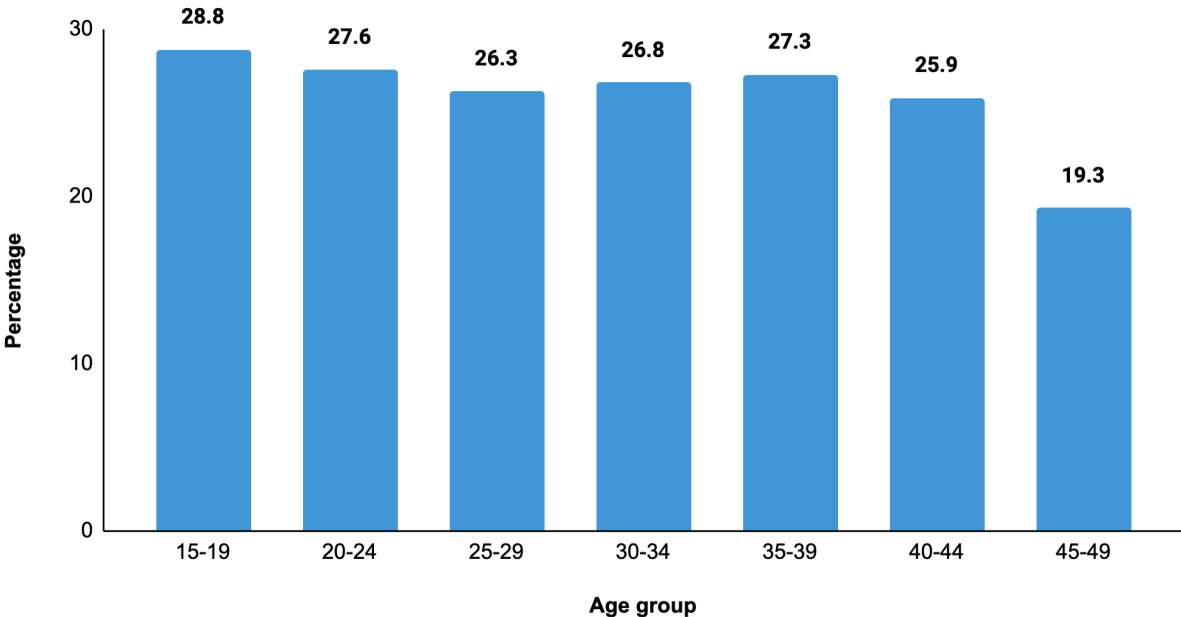
If the six new countries are excluded, the 48 countries in the programme in 2022 showed no change in the unmet need for family planning, which remained the same at 19.2 per cent (all women) in 2022 and in 2023.

A gradual decline in the unmet need for family planning is an observed trend. Data in the 54 countries are consistent with overall trends for this indicator, which show that on the aggregated level unmet need has slowly and steadily declined, with an average decrease of 0.2 per cent across the regions since 2012, even as populations have grown.

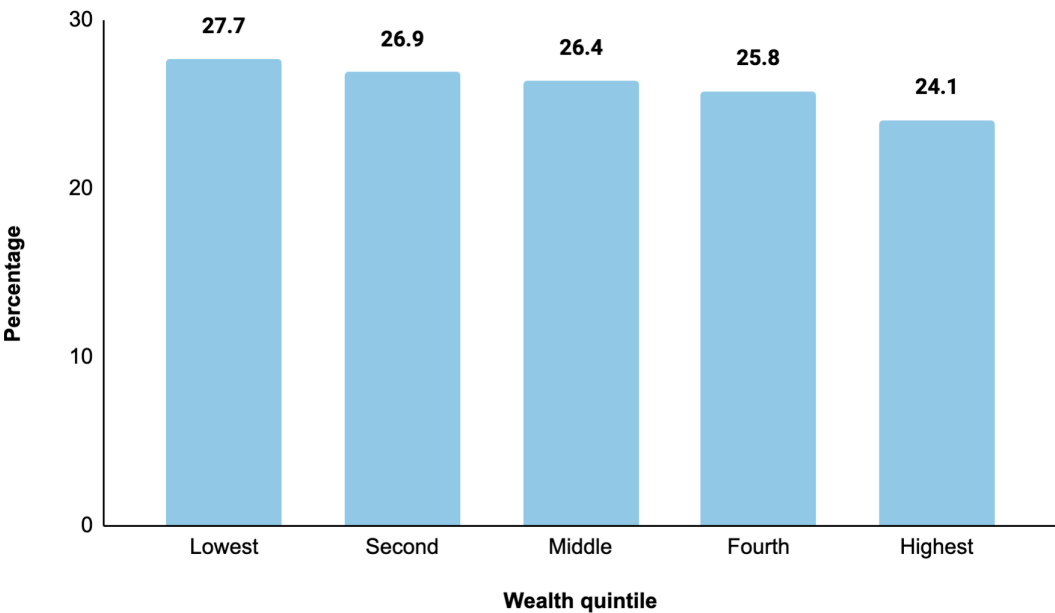
- The highest unmet need for family planning in 2023 was in the Democratic Republic of the Congo (31.2 per cent, all women) and lowest in Zimbabwe (8.8 per cent, all women). These two countries also had the highest and the lowest unmet need in 2022.
- In 2023, unmet need for family planning was lower in rural areas compared with urban areas in 23 countries (Afghanistan, Angola, Benin, Cambodia, Cameroon, Chad, Congo, Ghana, Guinea-Bissau, Honduras, Kyrgyz Republic, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Nepal, Rwanda, Sao Tome and Principe, Sierra Leone, Tanzania, Timor-Leste, Uganda).

Data by age and wealth quintile in the following figures describe aspects of unmet need for all modern methods of contraception for women who are married or in-union. The findings for 2023 were similar to those for 2022. The numbers come from national surveys, conducted in different years: Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), PMA and other sources. They are not modelled estimates.

**Figure 29: Percentage of women with an unmet need for any method of contraception (married or in-union) disaggregated by AGE in UNFPA Supplies Partnership countries for which survey data are available, 2023**



**Figure 30: Percentage of women with an unmet need for any method of contraception (married or in-union) disaggregated by WEALTH QUINTILE in UNFPA Supplies Partnership countries for which survey data are available**



The UNFPA Strategic Plan, 2022–2025, places family planning as a priority outcome: “By 2025, the reduction in the unmet need for family planning has accelerated”. This outcome directly contributes to achieving Sustainable Development Goal 3 to ensure healthy lives and promote well-being for all at all ages, and Goal 5 to achieve gender equality and empower all women and girls. Ending the unmet need for family planning, one of the UNFPA transformative results, also contributes to achievement of the transformative results on ending preventable maternal mortality and ending harmful practices including gender-based violence.

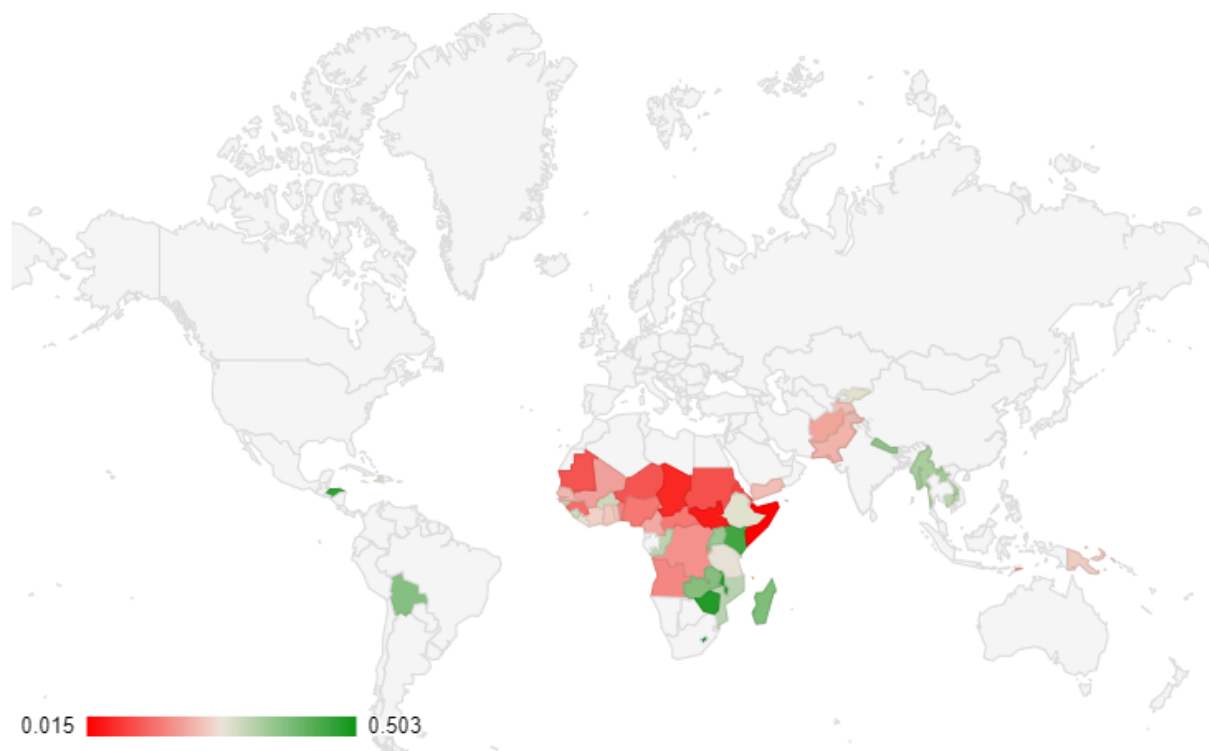
The trend is for a gradual decline in unmet need for family planning. The pace needs to be accelerated, however, if we are to achieve the Sustainable Development Goals. This will take effort by all partners. Through its scale and dedicated support to 54 countries with high unmet need for family planning, the UNFPA Supplies Partnership is well positioned to provide the support needed to step up progress.

### **G.3 Modern contraceptive prevalence rate**

Rights-based family planning means ensuring all adolescent girls and women have equal and equitable access to family planning services.

- **The modern contraceptive prevalence rate (mCPR) for all women of reproductive age was 23.8 per cent in 2023**, an increase from 23.3 per cent in 2022 in the 54 countries. This is the percentage of all women of reproductive age (15–49 years) who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method.
- For the 48 countries that were in the programme in 2022, the mCPR increased from 24.3 per cent in 2022 to 24.5 in 2023.
- All 54 countries of the UNFPA Supplies Partnership continued to make progress in their mCPR. Lesotho had the highest mCPR in 2023 (50.3 per cent), followed by Malawi (48.6 per cent). Somalia, which joined the UNFPA Supplies Partnership in 2021, had the lowest mCPR (1.5 per cent) followed by South Sudan (4.2 per cent).

**Figure 31: Map of contraceptive use (mCPR) in 54 partner countries**



Maps and designations: The designations employed and the presentation of material in maps 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.

Growth of greater than 1 per cent in contraceptive use (among all women of reproductive age) was recorded in two countries (Sierra Leone and Uganda) in the UNFPA Supplies Partnership during 2023. In addition, 25 countries had mCPR growth between 0.5 and 1 percentage points during the same period. Therefore, in total, 27 out of 54 UNFPA Supplies Partnership countries had more than or equal to a 0.5 annual percentage point increase in mCPR. In contrast, the average rate of growth from 2022 to 2023 in mCPR across all lower-middle income and least developed countries was 0.5 percentage points. The growth rate in contraceptive use was higher in the UNFPA Supplies Partnership-supported countries.

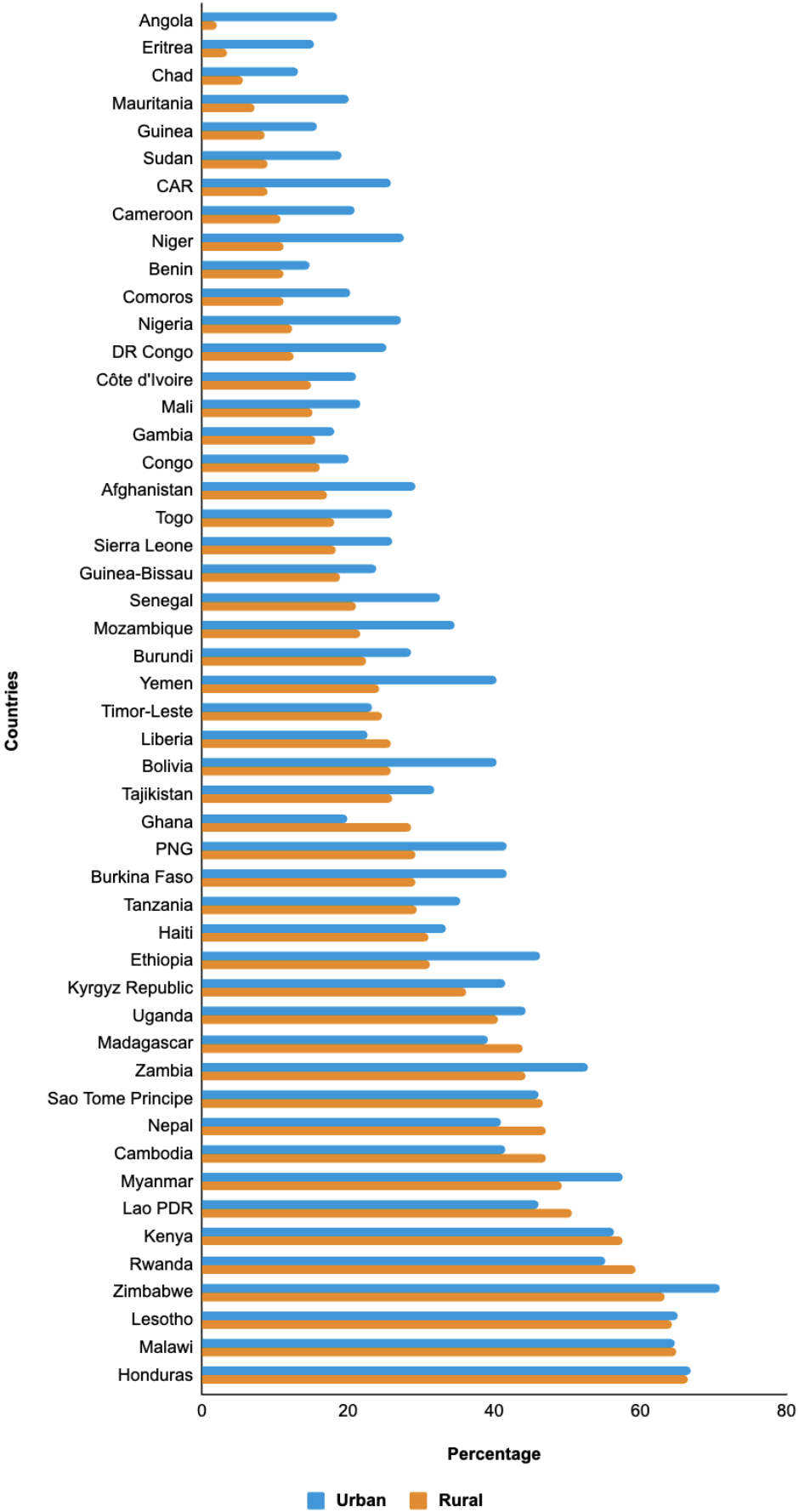
### **Residence: More countries show growth in rural mCPR**

The mCPR in urban and rural areas was 34 and 27.8 per cent, respectively, in 2023. National data show that most partner countries in the UNFPA Supplies Partnership have higher mCPR in urban than rural areas. There are exceptions to this rule, however.

Ten countries showed higher mCPR in rural areas than urban areas in 2022: Ghana, Kenya, Lao People's Democratic Republic, Liberia, Madagascar, Malawi, Nepal, Rwanda, Sao Tome and Principe, Timor-Leste and Cambodia. This number was the same for the year 2023 and 2022 among the 50 countries for which the data was available.

With the availability of new data for the two countries Burkina Faso and Uganda, there was slight decrease in rural mCPR; however, for the rest of the countries, there were no changes in rural mCPR as the data remained the same.

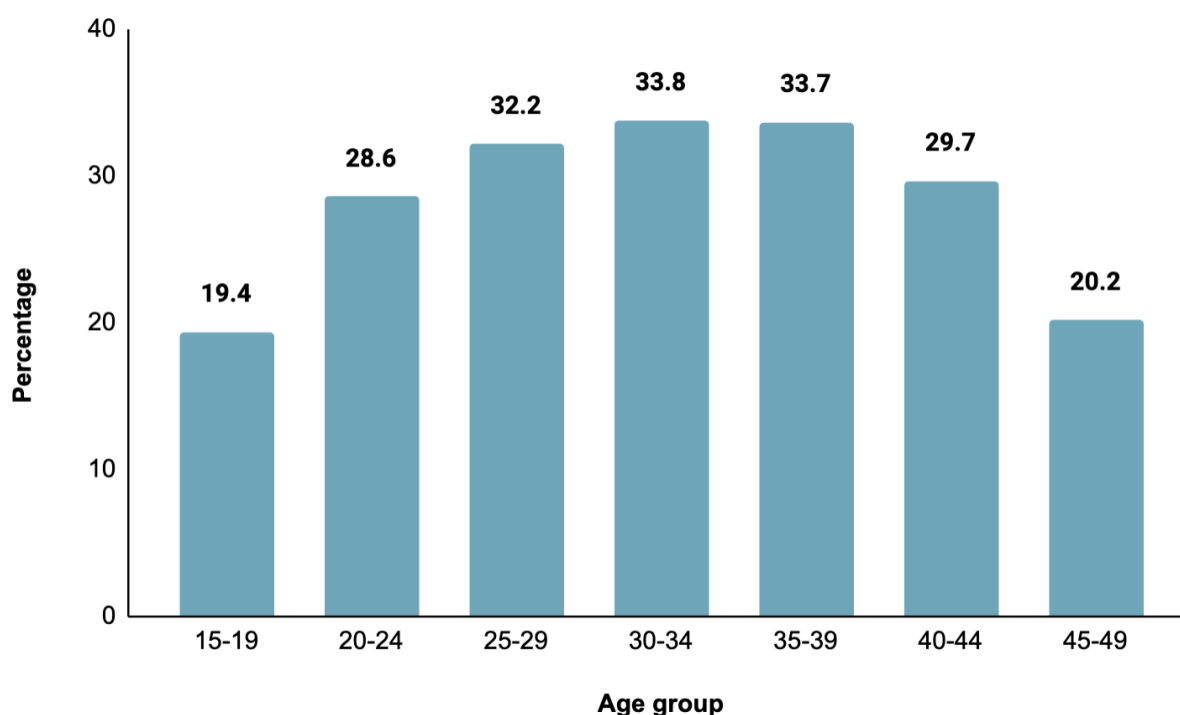
Figure 32: Distribution of mCPR among married/in-union women in rural and urban areas per country in 2023 (50 partner countries for which survey data are available), 2023





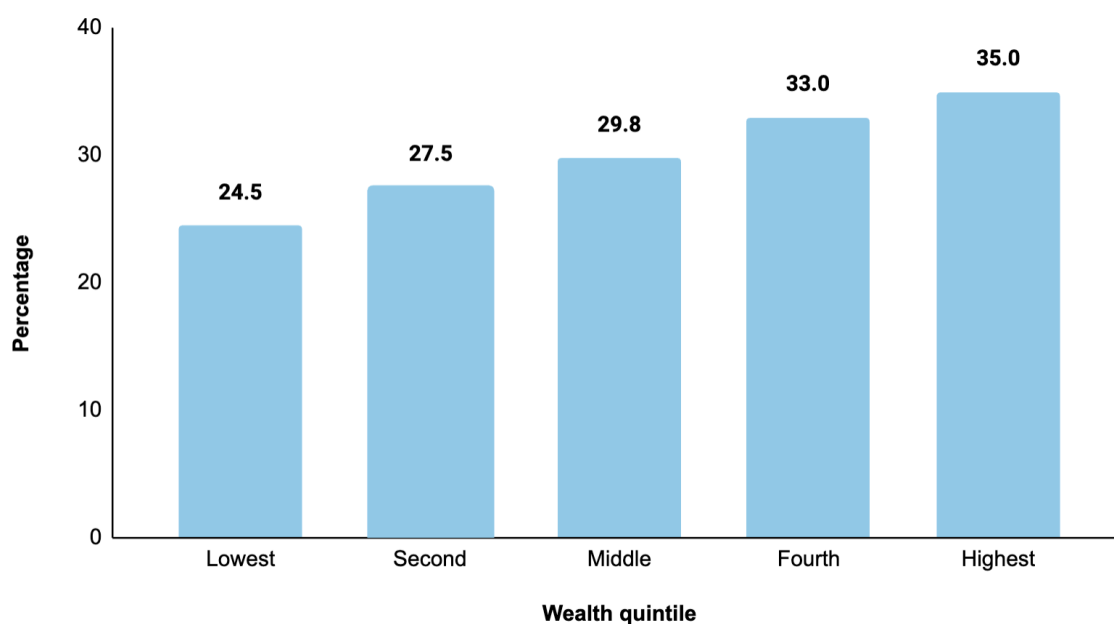
**Age:** The mCPR for girls aged 15–19 years (19.4 per cent) remains considerably lower than for women aged 30–34 years (33.8 per cent).

**Figure 33: Distribution of mCPR among married/in-union women by AGE for countries for which survey data are available, 2023**



**Wealth quintile:** There was still a gap between the lower (24.5 per cent) and the higher wealth quintiles (35.0 per cent) across the UNFPA Supplies Partnership countries for which disaggregated data on mCPR (married or in-union women) were available.

**Figure 34: Distribution of mCPR among married/in-union women by WEALTH QUINTILE for countries for which survey data are available, 2023**



## G.4 Demand for family planning satisfied with modern methods

This indicator is the percentage of sexually active women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods.

The demand for family planning satisfied with modern methods was 55.5 per cent in 2023 in the 54 UNFPA Supplies Partnership countries, an increase of 0.7 per cent from 54.8 in 2022.

The demand for family planning satisfied with modern methods was 56.1 per cent in 2023 for the 48 countries in the programme in 2022, an increase from 55.1 in 2022.

Zimbabwe had the highest percentage of women whose demand was satisfied with modern contraceptives in 2023 with 84.6 per cent, and Somalia had the lowest at 7.0 per cent. Like unmet need, progress on demand satisfied also varies in its pace and needs to be analysed against the backdrop of fertility desires and other dynamics in countries.

Demand satisfied for family planning was fairly even across age groups, but still considerably lower among girls aged 15–19 across the 54 UNFPA Supplies Partnership countries for which disaggregated data on married or in-union women was available for 2023.

**Figure 35: Demand satisfied all methods of contraception for married or in-union women disaggregated by AGE for countries for which survey data are available, 2023**

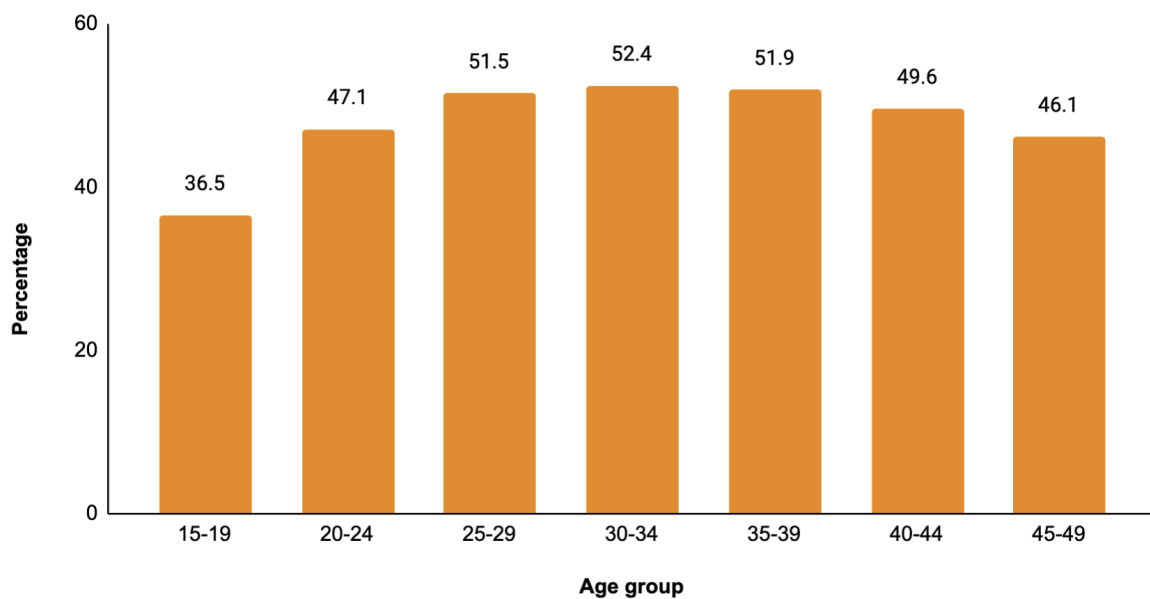


Figure 36: Demand satisfied all methods of contraception for married or in-union women disaggregated by WEALTH QUINTILE for countries for which survey data are available, 2023

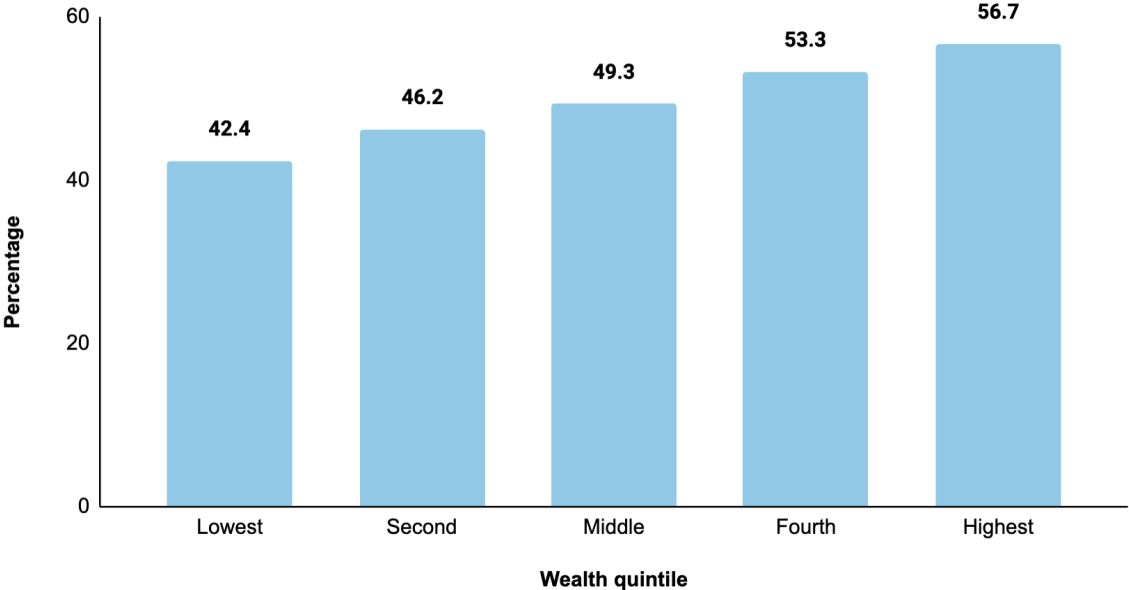
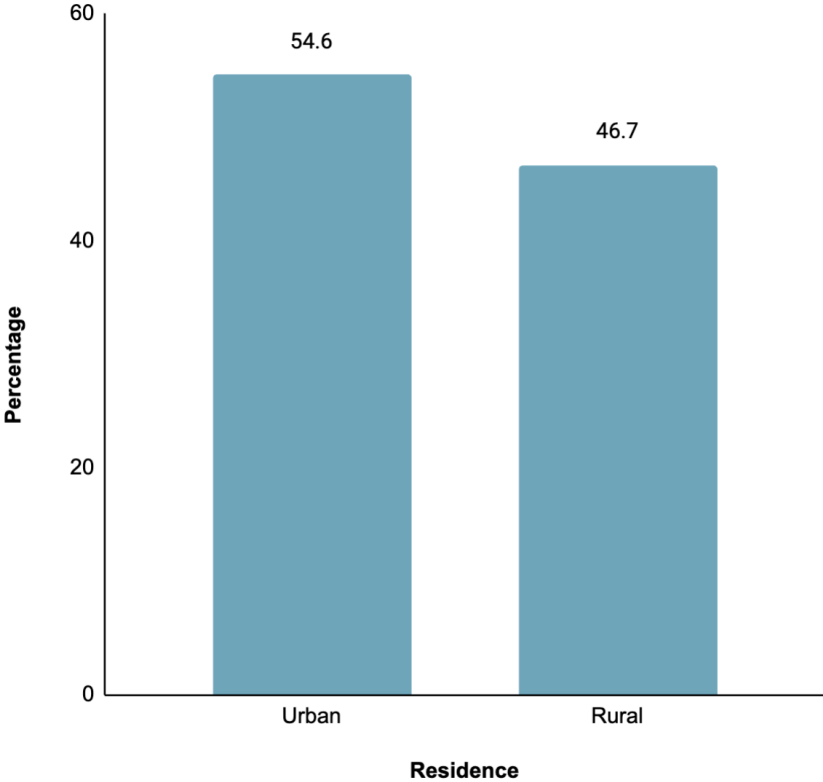


Figure 37: Demand satisfied for all methods of contraception for married or in-union women disaggregated by RESIDENCE (urban & rural) for countries for which survey data are available, 2023



## G.5 Contraceptive method mix

Contraceptive method mix is defined as the per cent distribution of modern contraceptive users by the method they use. Contraceptive method mix is assessed using two measures: method mix score and method skew.

The range and types of contraceptive methods used in the 54 partner countries in 2023 are as follows:

- **The most-used methods across UNFPA Supplies Partnership countries were injectable contraceptives (intramuscular and subcutaneous) (31.9 per cent of users), implants (17.9 per cent of users) and oral contraceptive pills (16.0 per cent of users).** This was consistent with 2022.
- Use of male sterilization was still extremely limited, with just 0.5 per cent of all users, and no data were recorded on prevalence in the majority of partner countries.
- Use of IUDs was relatively limited with 5.7 per cent of users in 2023; although there is considerable variation between countries – more than 50 per cent of contraceptive users in Kyrgyzstan (52.3 per cent) and Tajikistan (67.2 per cent) are using IUDs.
- The trend in increasing use of contraceptive implants continued, increasing by 1.6 per cent, up from 16.3 in 2022 to 17.9 in 2023.
- Overall, the use of long-acting reversible contraceptive (LARC) methods (implants and IUDs) increased from 22.7 per cent in 2022 to 23.6 per cent in 2023.

Measuring contraceptive method use is part of measuring progress towards ending the unmet need for family planning.

### Method mix score and method skew

The **method mix score** is presented on a 10-point scale showing the difference between the most prevalent method and the third-most prevalent method as a proportion of the total modern method prevalence (the higher the score, the less likely there is a wide variety of methods being used). The **method skew** for a country is assessed by considering whether a single method accounts for more than 50 per cent of the contraceptive users.

- **The average method mix score for the 54 partner countries decreased from 7.1 in 2022 to 6.7 in 2023 (on a 10-point scale) indicating a wider variety of methods are being used.**

There has been a steady improvement on the method mix score in the past few years although as the method mix score relies on the most recent DHS survey data it can therefore take time to see a shift. The programme is gaining momentum on efforts to increase choice and expand the method mix in countries, with the goal to address method skew.

This momentum is suggested by national-level data trends as well as increasing procurement volumes of new and existing methods. As part of efforts to increase use of new and lesser-used methods, the Partnership supported four countries to procure non-scalpel vasectomy kits: Burundi, Nepal, Rwanda and Papua New Guinea; and 10 countries to procure

the hormonal IUD: Democratic Republic of the Congo, Kenya, Madagascar, Nigeria, Rwanda, Uganda, Yemen and Zambia, with the product newly introduced into Guinea and Honduras.

Method skew or dominant use of a single method by more than half of the contraceptive users in a country can signify limited choice in the number of contraceptive options available:

- 19 countries had a method skew in 2023, meaning that a single method accounted for more than 50 per cent (more than half) of the contraceptive use, which was an increase from 14 countries that had method skew in 2022.






In 2023, injectable contraceptives were the dominant method in eight countries: Chad, Ethiopia, Haiti, Liberia, Madagascar, Malawi, Myanmar and Zambia. The introduction of DMPA-SC in some settings has increased the number of injectable users. For example, the number of injectable users in Malawi and Zambia has more than doubled in the years following expanded coverage and community distribution of DMPA-SC. Other countries, such as Rwanda and Uganda, have made efforts to reduce over reliance on injectables by also adding other methods into programmes and scaling up those methods. Oral pills were dominant in Cambodia, Djibouti, Lao People's Democratic Republic, Mauritania, Sudan and Zimbabwe. IUDs are dominant in Kyrgyzstan and Tajikistan.

Countries in the UNFPA Supplies Partnership are broadening contraceptive options, addressing causes of method skew, and ensuring a diversified method mix that is driven by informed choice and human rights-based principles. The programme supports country-led action to improve access to a wide variety of family planning methods, which increases contraceptive use and satisfaction and reduces discontinuation, as women are more likely to find a method that suits their needs. A diverse choice of methods also provides options for women with access ranging from short-acting to longer-acting methods, depending on their suitability and life stage preference, reducing the risk of unintended pregnancy. A wide variety of methods is a component of quality of care as well as an important principle of rights-based family planning.






# Scorecard of programme progress

## UNFPA Supplies Partnership





This table specifies the baseline for the start of Phase III, 2021–2030. It then lists the planned milestones and actual results achieved for each year. Milestones are established annually by the programme team based on past and anticipated performance.

Score	Status	If the average per cent achievement of the milestone is:
 Dark Green	Achieved (achieved or exceeded)	Equal to or above 100 per cent
 Light Green	Achieved (achieved)	Between 90 and 99
 Yellow	Progressing well towards target (nearly achieved)	Between 75 and 90 per cent
 Orange	Making limited progress (achievement is about average)	Between 75 and 50 per cent
 Red	Insufficient progress made (achievement is below average)	Below 50 per cent

Indicator	Baseline	2021		2022		2023		Score
		Planned	Achieved	Planned	Achieved	Planned	Achieved	

<b>GOAL: All women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them</b>								
G.1 Number of total modern contraceptives users (target countries, in millions)	71.8 million (2020)	75.4 million	73.9 million	75.4 million	77.5 million	97.2 million	96.8 million	
G.2 Unmet need for family planning (target countries)	25.8 (2020)	25.5	25.4	25.3	25.3	18.9	19.1	
G.3 Modern contraceptive prevalence rate (mCPR—all women) (target countries; disaggregated by age, residence and wealth quintile)	23.9 (2020)	24.5	24	24.5	24.3	24.1	23.8	
G.4 Demand for family planning satisfied with modern methods (target countries; disaggregated by age, residence and wealth quintile)	54.0 (2020)	55.0	54.6	55.6	55.1	56.1	55.5	
G.5 Contraceptive method mix (including information on method mix score and method skew)	7.4 (2020)	7.4	8.8	7.4	8.2	7.4	6.7	

Indicator	Baseline	2021		2022		2023		Score
		Planned	Achieved	Planned	Achieved	Planned	Achieved	


<b>OUTCOME 1: Increase availability of quality-assured reproductive health commodities</b>								
OC.1.1 Percentage of countries where at least 85 per cent of primary service delivery points have at least three modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural)	79.0% (2020)	82.4%	78.8%	82.9%	80%	80.8%	85.4%	
OC.1.2 Percentage of countries where at least 85 per cent of secondary and tertiary service delivery points (SDPs) have at least five modern contraceptive methods available on day of survey/day of data collection (disaggregated for urban/rural)	58.0% (2020)	56.7%	51.5%	56.8 %	60%	61.2%	65%	
OC.1.3 Percentage of countries where at least 85 per cent of service delivery points (SDPs) have magnesium sulfate, misoprostol and oxytocin available on day of survey/day of data collection (disaggregated for urban/rural and SDP type)	20% (2019)	21.1%	34.5%	21.6 %	45%	46.1%	46.2%	
OC.1.4 Number of countries that integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks	24 (2020)	21	21	23	23	25	30	





Indicator	Baseline	2021		2022		2023		Score
		Planned	Achieved	Planned	Achieved	Planned	Achieved	




Output 1.1: Efficient and timely procurement of a choice of quality-assured reproductive health commodities								
OP.1.1.1 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered on time in countries	26 (2020)	30	39	36	41	42	39	
OP.1.1.2 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered in agreed quantities by the supplier	30 (2020)	31	39	33	41	39	39	
Output 1.2: Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights								
OP.1.2.1 Number of countries where new and lesser-used reproductive health commodities are procured for use in the public sector in line with government-led introduction plans and women's reproductive rights	7 (2020)	8	15	11	16	16	22	
OP.1.2.2 Percentage of countries in humanitarian and fragile contexts that accessed Emergency Funds for procuring Inter-Agency Reproductive Health (IARH) kits at the onset of a crisis	10 (2020)	10 countries	17 countries	10 countries	18 countries	52%	55%	
OP.1.2.3 Total couple-years of protection (CYP) provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership	41.9 million (2019)	42 million	26.1 million	35.0 million	39.6 million	40 million	45.3 million	

Indicator	Baseline	2021		2022		2023		Score
		Planned	Achieved	Planned	Achieved	Planned	Achieved	

OP. 1.2.4 Percentage of UNFPA Supplies Partnership implementing countries that have implemented strategies to strengthen humanitarian preparedness and resilience	21.1 (Annual Report 2021)	20%	21.1%	40%	54%	60%	70%	
OP. 1.2.5 Number of countries where procurement interventions are coordinated with partners who assess or carry out demand generation for contraceptives	—	—	—	—	—	—	33	—

<b>OUTCOME 2: Ensure reproductive health commodities reach the last mile and promote harmonization, integration and strengthening of supply systems in countries</b>								
OC.2.1 Percentage of countries where 60 per cent of service delivery points report no stock-out of any contraceptive offered on day of survey/day of data collection (no stock-out rate for any method at SDPs)	27% (2020)	40.7%	44.1%	43%	67%	68%	61%	
OC.2.2 Number of countries with a functional electronic logistics management information system (e-LMIS) up to service delivery points (SDPs) at the secondary level	11 (2020)	11	10	11	12	16	16	

Indicator	Baseline	2021		2022		2023		Score
		Planned	Achieved	Planned	Achieved	Planned	Achieved	




Output 2.1: Improved supply chain management								
OP.2.1.1 Number of countries where a costed supply chain management strategy that takes into account recommended actions of the UNFPA–WHO implementation guide <i>Ensuring Human Rights within Contraceptive Service Delivery</i> is being implemented	12 (2019)	12	19	13	20	21	23	
OP.2.1.2 Percentage of countries introducing a new reproductive health commodity that successfully integrate the product into the health management information system (HMIS) and/or logistics management information system (LMIS)	New Indicator	5%	86%	10%	50%	53%	69%	
Output 2.2: Improved commodity and data visibility for last mile assurance								
OP. 2.2.1 Percentage of countries where recommendations from the last mile assurance (LMA) process are implemented to improve on commodity data visibility	New Indicator	25% (cumulative)	85%	40%	81%	50%	94%	
OP.2.2.2 Percentage of countries where all implementing partners (IPs) have implemented adequate remedial actions relating to known fraud cases <sup>12</sup>	New Indicator	50% (cumulative)	100%	75% (cumulative)	100%	100%	NA	—




<sup>12</sup> This indicator cannot be reported on. Current guidance from the UNFPA Office of Audit and Investigation Services (OAIS) states that LMA findings can only be interpreted as “potential irregularities”, not fraud. Another indicator will be proposed for subsequent reporting.

Indicator	Baseline	2021		2022		2023		Score
		Planned	Achieved	Planned	Achieved	Planned	Achieved	




**OUTCOME 3: Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development**

OC.3.1 Number of countries where governments sustain or increase the amounts allocated for procurement of contraceptives, and who spend more than 80 per cent of the allocated amount for the year	8 (2019)	9	4	10	11	12	14	
OC.3.2 Percentage of countries where there has been an increase in the Sustainability Readiness Assessment (SRA) score compared with the previous year	New Indicator	N/A	N/A	20%	50%	50%	50%	
OC.3.3 Number of countries with a signed UNFPA Supplies Partnership country Compact and a valid Annex A for the year in question	New Indicator	35	NA	40	24	35	44	
<b>Output 3.1: Increased and diversified allocations and use of domestic resources for reproductive health commodities and services</b>								
OP.3.1.1 Number of countries utilizing innovative financing approaches including co-financing and TPP for procurement of commodities as a result of UNFPA Supplies Partnership support	22 (2020)	22	24	22	28	29	34	
OP.3.1.2 Percentage of countries where the government contribution towards funding of the National Supply Plan (NSP) is at the same or increased level compared to the previous year	27.0% (2020)	28%	22%	29%	39%	40%	57%	

Indicator	Baseline	2021		2022		2023		Score
		Planned	Achieved	Planned	Achieved	Planned	Achieved	
OP3.1.3 Per cent of the National Supply Plan commitment budgets covered by the government sources for all UNFPA Supplies Partnership implementing countries	10.0% (2020)	10%	9.5%	10.5%	16.8%	17	17.4	
Output 3.2: Family planning is explicitly included and funded in development strategies and plans in the context of primary health care (PHC) and universal health coverage (UHC)								
OP3.2.1 Number of countries with an existing multi-year financial sustainability plan for family planning	19 (2020)	19	31	19	29	29	42	
OP3.2.2 Number of countries where family planning is explicitly included in the Essential Package of Health Services	29 (2020)	29	29	32	33	35	40	

<b>OUTCOME 4: (Operational effectiveness and efficiency): Improved programme management with shared accountability for results</b>								
OC.4.1 Summary annual programme plan and budget endorsed by the Steering Committee	New Indicator	Yes	Yes	Yes	Yes	Yes	Yes	
OC.4.2 Percentage of countries where UNFPA Supplies Partnership risk assessment is rated as "within appetite"	New Indicator	78%	85.4%	81%	94%	85%	93%	
OC.4.3 Percentage of annual programme budget needs met through resource mobilization, including in-kind contributions	New Indicator	70%	88.6 %	80%	92.7%	93%	63%	

Indicator	Baseline	2021		2022		2023		Score
		Planned	Achieved	Planned	Achieved	Planned	Achieved	

Output 4.1: Enhanced programme governance and stakeholder engagement								
OP.4.1.1 Programme governance mechanisms rated as inclusive, functional and transparent	New Indicator	Yes	Yes	Yes	Yes	Yes	Yes	
OP.4.1.2 Number of countries where stakeholders are engaged in programme planning, decision-making and monitoring processes	New Indicator	48	36	48	44	45	45	
Output 4.2: Programme resources and risks are managed effectively and efficiently								
OP.4.2.1 Percentage of accepted audit and evaluation recommendations for which the actions due in the year have been completed	60% (2020)	70%	100%	80%	100%	100%	100%	
OP.4.2.2 Existence of an updated UNFPA Supplies Partnership Global Risk Matrix	New Indicator	Yes	Yes	Yes	Yes	Yes	Yes	