UNFPA’s Supplies Partnership
An investment in gender equality and economic development
The UNFPA Supplies partnership is our flagship family planning programme. Every year, it serves over 20 million women and girls around the world, of which 8.5 million are in East and Southern Africa. We partner with companies, benefactors, NGOs, civil society organizations and governments to deliver a choice of modern contraceptives and life-saving maternal health medicines to 50 of the world’s lowest-income countries. Fifteen of these are in the East and Southern Africa region.

In the past eleven years (between 2008 and 2019), contraceptives provided through the Supplies programme have averted:

- **89 million** unintended pregnancies
- **227,000** maternal deaths
- **26.8 million** unsafe abortions
- **1.4 million** child deaths

Additionally, in the last four years, we have trained more than 3,000 health workers in East and Southern Africa on supply chain management and family planning. As a consequence, the Supplies programme has reduced stock-outs and increased contraceptive options in almost all 15 participating countries. Over 85 per cent of these countries now offer at least three forms of modern contraceptives, compared to 65 per cent in 2013.

Despite these improvements, more than 218 million women worldwide still have an unmet need for family planning and contraception. In East and Southern Africa, where one in five women (4.9 million) struggle to access safe and reliable family planning, the need is greatest among rural, uneducated, poor and marginalized girls and women.

Unmet need in the region ranges from:

- South Sudan: 30%
- DR Congo: 41%
- Eritrea: 30%
- Mozambique: 29%
- Zimbabwe: 13%

Within these populations, there are further disparities in the mCPR for married and unmarried women.

The mCPR also ranges from:

- South Sudan: 7%
- Zimbabwe: 66%

This has significantly reduced the unmet need for family planning, with one in two women currently using a modern method of contraception, compared to one in four ten years ago. The number of additional users of modern contraceptives has increased from 1.6 million (2013) to 13.5 million (2019), and the modern contraceptive prevalence rate (mCPR) has risen from 25 per cent in 2012 to 34.5 per cent (2019).

As a consequence, 39,340 maternal deaths were prevented in 2019 compared to 29,000 in 2014, and 12.6 million unintended pregnancies were averted in 2019, up from 9.3 million in 2014.
For young women in East and Southern Africa, the situation is particularly pressing, with **28 per cent** experiencing unmet need for family planning, compared to **23 per cent** for all women in the region. Among adolescents aged 15 to 19, the unmet need is as high as **one in three**. Adolescent pregnancy in the region is twice the global average and young, uneducated women and those in rural communities disproportionately bear the brunt of unintended pregnancies through lack of access to contraception and family planning. UNFPA and its partners are working to remove substantial barriers to accessing family planning information and services, as part of a strategy that includes addressing restrictive policies, cultural norms, lack of user-friendly services and a scarcity of trained peer providers.

![Sub-national Disparity of Unmet Need in FP, 2021](image)

**The Crisis Right Now**

The COVID-19 pandemic has profoundly disrupted sexual and reproductive health services and global supply chains, and led to economic disruptions for donors and partner countries.

**UNFPA estimated in April 2020**

that more than

**47 million**

women could lose access to contraception, leading to

**7 million**

unintended pregnancies when assuming six months of lockdown due to the pandemic.

**In East and Southern Africa, an estimated**

**5.2 million**

women lost access to family planning services, leading to

**1.4 million**

unintended pregnancies.

Adolescent girls faced the greatest barriers in the region, resulting in a high adolescent birth rate of **95 live births per 1,000 girls** in 2020.
Additionally, UNFPA has recently been informed about significant reductions to funding that would have helped prevent around

105,000 maternal and child deaths,
1.8 million unintended pregnancies and
2.9 million unsafe abortions in the region in one year.

This is a massive blow to millions of women and girls and will have a knock-on effect in the region, contributing to poverty and social instability while rendering the poorest communities vulnerable to the impact of climate change. The fact is that when funding stops, women and girls suffer. Notwithstanding the life-threatening complications that occur when there is a large unmet need for contraception, education and careers are cut short, unemployment and poverty rise and economic growth is impeded.

How we invest in and support women and girls today will determine the future of our world

It costs only $12 per person to provide a year of family planning services with a choice of effective contraceptives.

Each $100,000 invested in the UNFPA Supplies Partnership today will help avert

4,800 unintended pregnancies,
1,350 unsafe abortions and
100 maternal and child deaths within a year.

The UNFPA Supplies Partnership faces an immediate global funding gap of US$150 million to be able to keep delivering and supporting the most left-behind countries and communities by preventing around 6.1 million unintended pregnancies and 137,760 maternal and child deaths in the region by 2030. This is our unprecedented chance to build back better, and we hope you will be part of this transformative journey.
By supporting the UNFPA Supplies Programme, donors and partners contribute toward four of the UN’s Sustainable Development Goals:

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<tr>
<th>Target 3.3</th>
<th>End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other infectious diseases by 2030.</th>
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<tr>
<td>Target 3.7</td>
<td>Ensure universal access to sexual and reproductive health-care services, including family planning, information and education and the integration of reproductive health into national strategies and programmes by 2030.</td>
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<td>Target 3.8</td>
<td>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</td>
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<td>Target 5.6</td>
<td>Ensure universal access to sexual and reproductive health and reproductive rights as agreed per the Programme of Action of the International Conference on Population and Development (ICPD) and the Beijing Platform for Action and the outcome documents of their review conferences.</td>
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Creating an enabling environment in East and Southern Africa

The unmet need for life-saving contraceptive services is part of a broader set of challenges in the region. As part of its mission to improve access to sexual and reproductive health, UNFPA and its partners systematically address a range of social, geographic, economic and political barriers to uptake. These include:

Legal, policy, and political barriers

Many countries still restrict unmarried women, adolescents, and young people from accessing sexual and reproductive health and contraceptive services. Sometimes, flawed interpretation or lack of widespread dissemination of the policies, a lack of involvement of key multi-sectoral stakeholders (including youth groups, parents, providers, community leaders, traditional authorities and religious organizations), and harmful social and gender cultural norms and practices may hinder the implementation of these policies.

Inadequate national financial investment in SRH/FP services and commodities

While most ESA countries incrementally deploy more domestic resources for health and SRH, including family planning services, they are insufficient to address people’s essential SRH and family planning needs and far less so in emergency/humanitarian situations. There is an urgent need to involve the private sector and local philanthropic organizations in domestic resource mobilization.

Limited availability of contraceptive choices

Contraceptive choices — especially long-term methods — at primary health care (PHC) levels are limited. Almost 50 per cent of women with an unmet need prefer long-term family planning methods in the region, but only 25 per cent have access to it. SDP surveys consistently show that inadequate provider skills, especially at PHC levels, is the most significant barrier to uptake of longer-term FP methods.

Significant method-specific barriers to use

Inadequate or incorrect information is as much a barrier to access as geographical location and lack of financial means. Information specifically about the perceived effectiveness in preventing pregnancy, perceived safety of short- and long-term use, fear about future fertility and perceived and actual side effects of use can lead to early discontinuation and leave women and girls unprotected.
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<th>Inadequate focused, integrated, sustained, demand generation and services</th>
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<td>There is a lack of effective, sustained and coherent social and behaviour change communication around family planning, contraception, and community-based strategies that align supply and demand-side interventions and address sociocultural and religious barriers to enable people to make informed choices.</td>
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<th>Poor functionality of the primary health care delivery systems</th>
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<td>Only about 50 per cent of government health facilities in ESA countries appear ready or functional in terms of skilled providers, availability of essential products, and well-maintained places-of-care for providing services, including comprehensive SRH and contraceptive services. Facilities are generally poorly equipped, staff are overworked, irregularly trained, poorly compensated in some instances, and few facilities practice task shifting to relieve the burden and monotony of the work. All these factors impact the quality of service provided to patients seeking SRH service provision.</td>
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<td>There is also limited capacity at national and subnational levels to collect, analyze and use FP, supply chain management and contraceptive data to inform interventions.</td>
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<td>While routine National Health Management Information Systems (NHMIS) are designed to ensure the quality of reported data at all levels consistently, there is usually no regular assessment and assurance of the quality and level of reliability of these data elements.</td>
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<th>Exclusion of the most at risk from youth programming</th>
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<td>Unmarried girls and women with low education levels in rural areas are often exposed to community sanctions and discrimination by health professionals. Young adolescent girls aged 10-14 have high vulnerability and low agency, yet are largely excluded from programmes and services. Girls and women belonging to marginalized groups face exclusion and discrimination due to language, communication, and cultural barriers.</td>
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<th>No provision for family planning, contraceptives and SRH in humanitarian and fragile settings</th>
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<td>Until very recently, family planning was not included in disaster risk-reduction strategies, nor did it feature in preparedness, response, and contingency plans, despite the many women and girls living in fragile and conflict-affected areas. A nexus approach to increase demand and strengthen supply chains during preparedness, humanitarian response, and recovery is required.</td>
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<th>Logistics and other impediments to access and uptake</th>
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<td>While many countries have expanded the choice of contraceptive methods, access and uptake are impeded by location, costs, and weak and multiple supply chains with distribution and other challenges in reaching the last mile, hard-to-reach populations, including those in humanitarian settings.</td>
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A rights-based approach to reproductive health

The UNFPA Supplies Partnership supports rights-based reproductive health interventions as follows:

- We support countries in their efforts to empower youth and provide quality youth-responsive services. We work to meet the contraceptive needs of adolescents and youth, who have higher rates of unintended pregnancies than any other age group in the region, with particular attention paid to expanding the method-mix as their needs change over the life course.

- We invest in data and knowledge to strengthen the evidence base for a diverse, targeted approach to sexual reproductive health.

- We advocate for the inclusion of human rights-based approaches in national reproductive health and family planning programmes and call for systematic and explicit attention to human rights principles, focusing on those with the greatest need.

- We work to improve the lives of adolescents and youth, including young women and young men, enabled by human rights and gender equality.

- We work with countries to improve Supply Chain Management Systems and build expertise in forecasting, quantification, inventory management, warehouse management and Last Mile Assurance to ensure the project’s sustainability.

A long and established track record in East and Southern Africa

UNFPA’s regional office supports 23 countries in the region, namely Angola, Botswana, Burundi, Comoros, DRC, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

Support for the Supplies programme will have a direct, positive impact on women and girls in 15 of the poorest regions in East and Southern Africa.

Through the UNFPA’s regional office, the Supplies Partnership supports 15 countries, namely Burundi, DRC, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

In countries with high fertility and low unmet need, such as Mauritius and Seychelles, more analysis is required as demand may be suppressed, with women wanting fewer children but unable to express this need due to demographic, economic, sociocultural, and epidemiological conditions.
UNFPA is ideally positioned to support the provision of sexual and reproductive health services in East and Southern Africa. We have a proven track record in the following thematic areas of expertise:

- Capacity building on supply chain management, family planning, a human rights-based approach to provider skills, and leaving no one behind;
- Innovation, knowledge management;
- Monitoring and evaluation, operational research (Service Delivery Point surveys);
- Technical assistance for third party procurement (TPP), bridge funding mechanism (BFM), resource mobilization, development of national family planning and supply chain management strategies, Customer Identification Programmes, investment cases, policies and guidelines;
- Engagement of Regional Economic Communities (RECs – EAC, SADC and NEPAD), parliamentary forums such as the African Parliamentary Forum (PAF), SADC PF, African Union (AU), and other stakeholders such as South African Generics Manufacturers Association (SAGMA), condom manufacturers, and the Southern African Programme on Access to Medicines and Diagnostics (SAPAM);
- Advocacy for the use of generics and facilitating introductions to new and lesser-used contraceptives;
- The pursuit of a total market approach (TMA) as a means of rationalizing service provision and promoting the quantification, forecasting, procurement and distribution of commodities through meaningful engagement of the private sector and social marketers and promoting government ownership and stewardship roles;
- Integration of supply chain systems, family planning services with maternal health, GBV, HIV and youth-responsive services.

Supply chain management is a critical focus of the programme. All 15 countries now have a supply chain management strategy with Costed Implementation Plans (CIPs) and functioning commodity forecasting and procurement systems in place using electronic, automated, and computerized logistics management systems (eLMIS), and Commodity Requirement Tools (CRT). There are improvements in record keeping, stock and consumption level monitoring, pipeline orders, geographical distribution, and service coverage for each commodity, disaggregated by the implementing partners. Consequently, there has been a substantial improvement in preventing stock-outs even at the lowest service delivery points, with the number of no stock-out reports increasing from 60 per cent in 2017 to 85 per cent in 2019. Innovative data collection methods using mobile technology to measure stock levels were successfully introduced in Uganda, Zambia, and Mozambique and need to be scaled up in-country and adopted across the region. Last Mile Assurance (LMA), initiated in 2019, introduced processes that have further improved programme supplies-reporting, financial recoveries and spot-checking. Additional capacity building, training and supportive monitoring is needed to ensure that commodities can be traced, safeguarded and delivered safely to the intended recipients.
Leveraging collective power for maximum impact and success

UNFPA’s East and Southern Africa Regional Office is unique in its convening power to bring various partners together. As the world’s largest procurer of donated contraceptives, we work with countries to maximize donor-funding and domestic resources to procure quality-assured modern contraceptives and life-saving maternal health medicines. Thanks to our powerful procurement mechanism, the UNFPA Supplies Partnership can ensure that country commitments are met by increasing the availability of modern contraceptives and essential maternal health medicines to the last mile.

UNFPA has long-term agreements with manufacturers of contraceptives, medicines and other supplies that allow UNFPA to benefit from preferential prices that are not available on the open market. The UNFPA/WHO prequalification programme also ensures that the quality of these commodities can be reasonably assured, especially since most of the recipient countries do not have adequate quality assurance systems.

We supply these products to help people meet their SRH needs. In addition, we support transformative action to strengthen national health systems, supply chains and policies. The programme focuses on accountability, visibility and efficiency to help countries go the last mile to reach those most in need. The work is guided by a participatory governance model that fosters co-creation and shared decision-making among stakeholders to achieve programme results.

Maximizing the use of resources to achieve the six rights

The UNFPA Supplies Partnership works closely with governments and other partners to ensure the optimum use of donated and domestic resources. Two mechanisms are fundamental to our approach:

- **UNFPA Supply Chain Management Unit (SMU):** Based in Copenhagen, this service offers competitive negotiated prices on commodities and low overhead rates and helps build procurement capacity.

- **UNFPA Supplies Bridge Funding Mechanism:** A revolving fund to address supply stock-outs related to a misalignment between the timing of donor contributions to the programme and procurement cycles.

As of 2012, UNFPA also offers pre-financing. Governments of countries in the UNFPA Supplies Partnership have the option of pre-financing their commodity procurement through UNFPA Procurement Services and/or bilateral co-financing agreements with UNFPA. This helps to reduce stock-outs and accelerates the transition for partnership countries by building procurement capacity and ensuring quality-assured commodities.

Consequently, ESARO is skilled in getting the right product, in the right quantity, in the right quality, at the right place, at the right time, and the right choice, to the right customer, at the right price.
Our current partners in the Supplies programme

Since the programme’s inception in 2008, ESARO has developed and strengthened partnerships with key roleplayers, regionally and globally, in the pursuit of meeting the unmet sexual and reproductive health needs of women and girls in the region, such as:

- Foreign, Commonwealth and Development Office (FCDO)
- The African Union Commission’s Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)
- East African Community (EAC) – Cross-Border Supply Chain Solutions for quality contraceptive commodities and RH medicines
- International Planned Parenthood Federation (IPPF)
- African Union Commission (AUC) on the implementation, review and evaluation of the three significant continental policies relevant to the Programme of Action of the International Conference on Population and Development (ICPD), under the umbrella of the African Union Agenda 2063, namely the Maputo Plan of Action on Sexual and Reproductive Health and Rights 2016-2030
- AUDA-NEPAD on improved access to quality reproductive health, contraceptive medicines and locally manufactured products (Africa Pharma Conference)

In the recent past, UNFPA’s East and Southern Africa Regional Office supported the health desk of the Common Market for Eastern and Southern Africa (COMESA), and the Intergovernmental Authority on Development (IGAD) on SRHR for pastoral and nomadic communities in the Horn of Africa.

Conclusion

UNFPA ESARO has the necessary reach, resource mobilization, operational capacity, skills, and alliances to make a transformative impact in a region where millions of women have unmet need for family planning and poor access to sexual and reproductive health. We have a proven track record of cultivating a robust and differentiated portfolio of donors and can galvanize the broad endorsement necessary to continuously expand government and public support to ensure sustainable programmes at scale, where they are needed most.

Using a rights-based approach, we are committed to creating an enabling environment beyond merely donating contraceptives. This includes addressing obstacles to sexual and reproductive health in the form of policies, laws, traditions, beliefs, and norms while also ensuring that demand and supply interventions are delivered, achieved, and sustained at scale.

We are appealing to partners to join us so that we may continue to bring life-saving reproductive health choices to millions of women and girls whose lives and livelihoods depend on it.

Each $100,000 invested in the UNFPA Supplies Partnership today will help avert 4,800 unintended pregnancies, 1,350 unsafe abortions and 100 maternal and child deaths in one year.

This is an unprecedented chance to build back better, and we hope you will be part of this transformative journey.
Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled