



## Key Results 2015

## **ABOUT UNFPA SUPPLIES**

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

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

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

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

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

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

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

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### UNFPA Supplies Results Summary 2015

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

#### DELIVERING REPRODUCTIVE HEALTH SOLUTIONS GLOBALLY

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

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

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

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

#### FINANCIAL SUMMARY

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

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

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

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

## RESULTS SUMMARY

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

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

### Key results for 2015

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

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

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

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

#### 3 USE OF MODERN FAMILY PLANNING CONTINUES TO INCREASE.

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

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

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

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### 4 UNFPA SUPPLIES CONTRIBUTES TO FP2020.

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

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

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

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

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

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

### 7 PROCUREMENT EFFICIENCY AND BETTER PRICING ARE BEING ACHIEVED.

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

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

## RESULTS SUMMARY

### 8 FORECASTING AND COMPUTERIZED LMIS ARE TRANSFORMING SUPPLY CHAIN MANAGEMENT.

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

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

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

### 9 TRAINING IS BUILDING CAPACITY FOR STRONGER HEALTH SYSTEMS.

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

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

### 10 SUPPORT IN HUMANITARIAN SETTINGS IS INCREASING.

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



## RESULTS SUMMARY

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

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

### 11 COUNTRIES ARE INCREASING EFFORTS TO REACH UNDERSERVED POPULATIONS.

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

### 12 DEMAND GENERATION IS REACHING NEW USERS OF FAMILY PLANNING.

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

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

## COUNTRY EXAMPLE

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

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

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



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

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

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

This sixth mobile clinic, like the first five, was not limited to family planning because there are practically no health services in these underserved areas. People of both sexes and of all ages were seen and, when needed, received medication. "We get children, adults, lots of family planning," explained Germaine Pierre Louis, Infirmière Epidémiologiste et Responsable de Données, Département Sanitaire du Sud Est (DSSE). "We are a staff of 20 at this mobile clinic today. But with so much need we can't turn anyone away. We invited them. We have to provide services."

The mobile clinics are a key part of UNFPA and MSPP's efforts to strengthen sexual and reproductive health services in Haiti. They will continue to expand the successful programme to reach more of the underserved in Haiti.



## RESULTS BY OUTPUT

### Summary of results by output area

#### OUTPUT 1: ENABLING ENVIRONMENT

The programme fosters the emergence of an ‘enabling environment’ for reproductive health commodity security (RHCS). The approach is to reduce barriers while increasing access through understanding and awareness of the benefits of rights-based family planning and RHCS. A programmatic priority is mainstreaming family planning and the elements of reproductive health commodity security in programmes, plans, budgets, institutional thinking and national policies. Evidence-based advocacy and information decision-making require good data: 38 countries finalized the RHCS situation and stakeholder mapping process, reported results and applied the finding to inform programming in 2015, an increase of 12 countries.

The programme continued to promote **rights-based** and **total market** approaches to family planning. In 2015, an increasing number of countries had policies in place that take into consideration both rights-based and total market approaches to family planning: 35 countries in 2015 compared with 28 in 2014. Compared with last year, five more countries also have policies that increase **young people’s access** to contraceptives, 12 more countries included all modern contraceptives in their national Essential Medicines Lists, and expenditures for reproductive health commodities from **national budgets** of UNFPA Supplies countries remained stable. Also more national institutions in more countries include RHCS/FP training, and 44 countries had an RHCS coordinating committee. Training programmes on RHCS and family planning reached 3,300 people, building capacity for procurement, quality assurance and other topics.

Collaboration with NGOs and many other valued partners is critical to establishing an enabling environment. UNFPA continued to lead key areas of work as part of the Steering Committee of the RMNCH Trust Fund and with the UN Commission on Life-Saving Commodities for Women and Children, and to co-lead supply chain strengthening with USAID. Stock issues were addressed through Coordinated Supply Planning (CSP) with partners and Coordinated Assistance for Reproductive Health Supplies (CARhs) group. Through the Implant Access Programme, efforts continued to reduce prices and supply chain disruptions and improve service delivery quality. As core convenor of the FP2020 global partnership, in 2015 UNFPA contributed to the costed implementation plans and supported a strategic review to identify modes of country support and scale up strategies. These and many other collaborative efforts – HIV, youth-friendly services, the demographic dividend in Sahel countries, and with key partners in each region – supported a more positive environment for mainstreaming RHCS.

#### OUTPUT 2: INCREASED DEMAND

In **Honduras**, where 26 per cent of women give birth before age 18, more than 1,500 young people have received training to communicate sexual and reproductive health information among their peers. In

## RESULTS BY OUTPUT

**Zimbabwe**, the CONDOMIZE! campaign distributed 110 million male condoms and 5 million female condoms. In **Rwanda**, a new teacher training programme on comprehensive sexuality education, which is part of the country's new curriculum, was launched with a three-day training workshop that also sensitized deans from 1,508 secondary schools. In **Lesotho**, a life-skills training for young mothers in hard-to-reach areas links information with family planning services and supplies.

Output 2 is about investing in demand generation interventions to reduce barriers and promote access to services for modern contraception. In 2015, initiatives in these areas were reduced following guidance from the UNFPA Supplies Steering Committee to focus resources on procurement and supply chain strengthening. At the same time, however, UNFPA supported more partnership efforts between governments and NGOs and other partners around activities to increase demand for family planning and other sexual and reproductive health services – 96 per cent of programme countries engaged with three or more partners in demand creation. UNFPA continued to support countries and partners to develop strategies and programmes to support community health workers, engage community leaders and religious leaders, and promote social and behavioural change communication. Activities utilized community radio, radio drama, television series, social media, SMS, websites, social marketing and voucher systems to improve demand for modern contraceptives. The trend towards more focused efforts to increase understanding and acceptance of family planning continued in 2015, reaching **poor** and **marginalized** adolescent girls and women, **remote** and **hard-to-reach** populations as well as **persons with disabilities**. In 2015, all 46 programme countries had initiatives in place (some in the draft or conception stage) to reach specific categories of underserved and marginalized populations, compared with 41 countries in 2013.

### OUTPUT 3: PROCUREMENT EFFICIENCY

In 2015, UNFPA signed two new long-term agreements for contraceptive implant insertion and removal kits, increasing access to long-acting reversible contraceptives. UNFPA and The World Bank continued an agreement to that makes it easier for World Bank Group borrowers to obtain reproductive health supplies through UNFPA Procurement Services. A new initiative, “20 by 20”, launched in 2015 aims to increase the access, usage and availability of 20 billion condoms by 2020 in low- and middle-income countries.

As a result of UNFPA Supplies supply procurement and capacity development, more people are able to choose quality contraceptives and receive quality maternal health medicines in the event that they need them. UNFPA and its many partner organizations benefit from more and better quality products – an overall effort that UNFPA continued to pursue in 2015.

UNFPA Procurement Services (formerly AccessRH) is the UNFPA procurement and information service for reproductive health commodities. It offers convenient access to high-quality, affordable reproductive health products, as well as up-to-date information on various contraceptive orders and

## RESULTS BY OUTPUT

several tools for planning and ordering purposes, to a range of government ministries, social marketing organizations, NGOs and other clients. UNFPA was able to reduce prices for key contraceptives on 69 per cent of item in 2015. In part, this is due to the increase in the number of generic reproductive health medicines complying with the internationally-recognized quality standards applied by UNFPA. UNFPA saved over \$750,000 in 2015 by increasing use of quality-assured generic contraceptives. UNFPA's quality/price proposition is consistently as good as or better than any other global player in the sector. Through UNFPA Supplies and key global partners, efforts continued in 2015 to promote the availability of quality, cost-effective reproductive health products and the emergence of viable markets for a variety of contraceptive methods and key maternal health medicines. UNFPA established more long-term agreements with 22 suppliers of prequalified and assessed hormonal products. Through UNFPA Procurement Services, shipments of reproductive health commodities went to a total of 55 countries, up from 52 in 2014.

UNFPA works diligently to improve the quality and prices for the widening variety of products UNFPA provides. Through its market shaping efforts, improvements in forecasting and planning, and working with suppliers, UNFPA achieves better prices. UNFPA continues to advance global efforts to **improve quality** of products it provides, working with a range of manufacturers, testing facilities and government agencies to ensure the increased availability of quality goods and services. UNFPA is also working to reduce the environmental impact of the products it provides.

### OUTPUT 4: IMPROVED ACCESS

In **Bolivia**, training for nurse midwives is offered in three public universities. In rural **Djibouti**, community health workers advocate family planning and work closely with community health centres. In **Ghana**, UNFPA supports training for young people living with disabilities and other efforts to reach the visually impaired with family planning services. In **Haiti**, six mobile teams bring sexual and reproductive health services to remote areas. In post-earthquake **Nepal**, RH kits helped pregnant women with safe delivery supplies in camps, health facilities and remote communities. In **Rwanda**, UNFPA provides supplies and services to protect the sexual and reproductive health of refugees fleeing the crisis in Burundi. In **Yemen**, emergency obstetric and neonatal care equipment for hospitals, health facilities and community midwifery clinics is a key part of the UNFPA humanitarian response. After flash floods in **Zimbabwe**, dignity kits and other supplies helped address sexual and reproductive health concerns.

To improve access to quality family planning services, in 2015 UNFPA Supplies continued to support governments and national stakeholders to: (1) build capacity of health providers in family planning through pre- and in-service training programmes; (2) strengthen integration of family planning within other health services; (3) ensure that poor and marginalized women and adolescents are able to access and use services; and (4) strengthen provision of RH commodities and services in humanitarian settings.

## RESULTS BY OUTPUT

There has been a dramatic increase in countries supporting integrated programming to reach persons with disabilities with services, with 36 countries offering targeted support in 2015 compared with none just two years ago. Integration of services also improves access. All 46 programme countries included a focus on **young people** within integrated family planning service provision, up from 33 in 2013 and 41 countries in 2014. Also, some 1.4 million women and girls were provided with RH commodities and services in **humanitarian situations**.

The number of countries where RH/FP services are integrated with gender, HIV and maternal health to reach specific poor and marginalized population groups continued to increase, up from 12 in 2013 to 43 in 2015.

As demand for and supply of contraceptive implants continues to grow, **provider training** will enable the scale up of family planning interventions. In 2015, UNFPA Supplies supported 269 institutions in 36 of the 46 countries for the conduct of training for FP service provision. The number of providers trained in long-acting reversible contraceptives (LARCs) increased.

### OUTPUT 5: SUPPLY CHAIN MANAGEMENT

In **Ghana**, drone prototypes are quickly carrying essential reproductive health supplies when and where needed in a public–private partnership’s feasibility study. In **Myanmar**, where a new LMIS now functions, injectable contraceptives are the method of choice for women who once faced unpredictable shortages. In **Zambia**, accurate forecasting and quantification methods are saving lives after the government formed a forecasting team with UNFPA, USAID and other stakeholders.

A steady, reliable supply of quality contraceptives empowers women to decide when and if to become pregnant. Supply chain management is a critical component of reproductive health commodity security. UNFPA Supplies works at all levels of the supply chain – from regulatory policies to forecasting, procurement, warehousing and inventory management as well as distribution of modern contraceptives and maternal health medicines to service providers, users and patients. In 2015, 43 countries used an **information tool for monitoring supplies**, up from 37 in 2013. Governments of 43 countries had in place trained national staff to lead and coordinate demand forecasting, up from 29 in 2014. Only six programme countries made unplanned or ad hoc requests (outside humanitarian emergencies) in 2015 compared with 15 in 2014 and 17 in 2015.

Functional and resilient supply chains require collaboration with a wide range of valued global partners who provide health supplies in developing countries. In 2015, UNFPA reinforced partnerships with USAID and its different contractors, CHAI, JSI and private sector partners such as McKinsey. Countries are moving towards more unitary health supply systems and away from the vertical, fractured supply chains of the past. Key areas of action include collaboration, innovation and information communication technology (ICT).

## RESULTS BY OUTPUT

### MANAGEMENT OUTPUT

Strategic guidance was provided through three Steering Committee meetings 2015; of which one was in person (November, The Hague). Items on the agenda included financial overviews, the evaluability study, updates on resource mobilization and the funding gap and discussion on the draft outcome of the study conducted by McKinsey on the strategic review of UNFPA Supplies. While substantial contributions were received, resource mobilization was prioritized as the programme faces a funding shortfall which could mean that UNFPA Supplies will be unable to meet the growing demand for contraceptives. In light of FP2020 commitments, analysis of UNFPA spending on family planning emphasized its cross-cutting nature and integral role across UNFPA area of work.

In other aspects of programme management, implementation of a comprehensive communications plan for 2015 for UNFPA, in line with UNFPA's One Voice Corporate Communications Strategy, secured coverage to increase awareness and support fundraising for the UNFPA Supplies programme. UNFPA delivered policy advice, guidance, training and support through its regional offices, including activities supported through UNFPA Supplies. Training for data generation has increased in recent years, with activities in 20 countries in 2013, 23 in 2014 and 38 in 2015. More than 70 per cent of the 3,698 trainees in 2015 were government staff. Countrywide facility-based RHCS surveys collected key data for monitoring stock-outs and availability of RH supplies in 32 countries, up from 27 in 2014.

## COUNTRY EXAMPLE

### Providing SRH care in the humanitarian crisis in Rwanda

In humanitarian response to natural disasters and conflicts around the world, the health needs of women and adolescents are most often neglected. Whether women and girls live or die in a crisis often depends on access to sexual and reproductive health (SRH) services such as skilled birth attendants, emergency obstetric care and help from gender-based violence.

“Having the means to prevent a pregnancy and being safe from sexual violence—these are basic human rights,” UNFPA Rwanda Representative Mr. Jozef Maeriën said. “Rights don't just go away, and women don't stop giving birth when a conflict breaks out or disaster strikes.”

Without the usual protection of family and community, women and adolescents are more vulnerable to sexual violence, unwanted pregnancy, sexually transmitted infections, and HIV/AIDS. Basic needs for safe childbirth, family planning and reproductive health supplies are rarely met when women and adolescents become untethered from the lifeline of health systems.

In Rwanda, in just a few months, over 70,000 refugees were received in the country due to the crisis in Burundi. UNFPA engaged quickly to address this crisis by providing reproductive health services, supplies and family planning for women, adolescents and children. Through their efforts, achievements as of December 2015 include: 1,107 pregnant women protected from HIV from mother-to-child transmission; 660 assisted deliveries; 501 women were provided with family planning services; 1,056 women were provided with antenatal care; and 51 had Caesarean-sections.

In collaboration with partners, such as the American Refugee Committee (ARC) and UNICEF, UNFPA increased capacity and provided training, family planning services, supplies and commodities, which have helped improve the health and save the lives of women and adolescents in these camps. Training topics included family planning and maternal and neonatal health care, targeted to doctors, nurses, midwives, social workers and community health workers.

UNFPA also supported Congolese refugee health clinics in camps (Kigeme and Mugombwa camps) to provide, via its supply chain, medical equipment (e.g. ultrasound, suction machine) which greatly contributed in the reduction of unnecessary referrals and prevented fetal distress.

Rwandan Minister for Disaster Management and Refugee Affairs, Ms. Seraphine Mukantabana, pledged Government support to address women and girls' health needs. “Gender is a cross-cutting issue. We shall continue to ensure that our humanitarian response is gender sensitive, and that the special needs of women and girls are met,” she said.



*Safi Florence, a refugee from DRC, chooses injectable contraception after receiving family planning counselling.*

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## WHERE WE WORK

### Asia Pacific

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

### Middle East

Djibouti  
Sudan  
Yemen

### Latin America & Caribbean

Bolivia  
Haiti  
Honduras

### East & Southern Africa

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

### West & Central Africa

Benin  
Burkina Faso  
Cameroon  
Central African Republic  
Chad  
Côte d'Ivoire  
Gambia  
Ghana  
Guinea  
Guinea-Bissau  
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