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ANNEX 9

to the Commission Implementing Decision on the financing of the Multi-Annual Action Plan for the thematic programme on Global Challenges (People) for 2022-2024

Action Document for Contribution to United Nations Population Fund (UNFPA) Supplies

ANNUAL PLAN

This document constitutes the multiannual work programme within the meaning of Article 110(2) of the Financial Regulation, within the meaning of Article 23 of the NDICI-Global Europe Regulation.

1 SYNOPSIS

1.1 Action Summary Table

1. Title CRIS/OPSYS business reference Basic Act	Contribution to the United Nations Population Fund (UNFPA) Supplies Partnership Programme CRIS number: 043-723, OPSYS ref. ACT-60997 Financed under the Neighbourhood, Development and International Cooperation Instrument (<u>NDICI-Global Europe</u>)
2. Team Europe Initiative	No
3. Zone benefiting from the action	Multiple regions and developing countries The action shall be carried out in the 54 focus countries of the UNFPA Supplies programme located in Africa, Asia Pacific, Middle East, and Latin America & Caribbean.
4. Programming document	NDICI – Multiannual Indicative Programme 2022-2024 of the Thematic Programme "Global Challenges Thematic Programme (People) "
5. Link with relevant MIP(s) objectives / expected results	The action will contribute to Specific Objective 1 (Health) and Specific Objective 3 (Gender equality and women's and girls' empowerment) of the <i>People</i> priority of the Global Challenges MIP and to the following results in particular: <ul style="list-style-type: none">• SO1.Result 3: accelerated progress towards universal access to basic health services, including immunisation and sexual and reproductive healthcare.• SO3.Result 1: more EU external actions that are gender responsive or gender targeted.
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	120 Health 130 Population Policies/Programme & Reproductive Health 160 Other Social Infrastructure and Services

7. Sustainable Development Goals (SDGs)	<p>Main SDG</p> <p>SDG 3.7 : By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs</p> <p>Other significant SDGs:</p> <p>SDG 3.1: By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>SDG 3.2: By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births</p> <p>SDG 3.8: Achieve universal health coverage (UHC), 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</p> <p>SDG 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences</p> <p>SDG 10.3: Ensure equal opportunity and reduce inequalities of outcome, including through eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and actions in this regard</p> <p>SDG 17.1: Strengthen domestic resource mobilization, including through international support to developing countries to improve domestic capacity for tax and other revenue collection</p>			
8 a) DAC code(s)	<p>13030 - Family Planning</p> <p>13020 - Reproductive Health Care</p>			
8 b) Main Delivery Channel	<p>41119 – United Nations Population Fund</p>			
9. Targets	<p><input type="checkbox"/> Migration</p> <p><input type="checkbox"/> Climate</p> <p><input checked="" type="checkbox"/> Social inclusion and Human Development Amount 100%</p> <p><input checked="" type="checkbox"/> Gender G2</p> <p><input type="checkbox"/> Biodiversity</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Human Rights, Democracy and Governance</p>			
10. Markers (from DAC form)	<p>General policy objective @</p> <p>Participation development/good governance</p> <p>Aid to environment @</p> <p>Gender equality and women's and girl's empowerment</p> <p>Trade development</p> <p>Reproductive, maternal, new-born and child health</p> <p>Disaster Risk Reduction @</p> <p>Inclusion of persons with Disabilities @</p>	<p>Not targeted</p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Significant objective</p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>Principal objective</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

	Nutrition @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Internal markers and Tags:	Policy objectives	Not targeted	Significant objective	Principal objective
	Digitalisation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity digital governance digital entrepreneurship digital skills/literacy digital services	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Connectivity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity energy transport health education and research	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
	Migration @ (methodology for tagging under development)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @ (methodology for marker and tagging under development)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUDGET INFORMATION				
12. Amounts concerned	<p>Budget line(s) (article, item): 14.020240 – Global Challenges People</p> <p>Total estimated cost: EUR 392 867 227</p> <p>Total amount of EU budget contribution for 2022: EUR 45 000 000</p> <p>The contribution is for an amount of EUR 45 000 000 from the general budget of the European Union for 2022.</p> <p>The action is co-financed in parallel by other public and private donors, according to the following indicative distribution:</p> <p>France for an amount of EUR 92 117 514</p> <p>Netherlands for an amount of EUR 48 602 022</p>			

	Norway for an amount of EUR 44 922 139 Denmark for an amount of EUR 36 626 167 Germany for an amount of EUR 7 537 091 Belgium for an amount of EUR 6 340 314 Luxembourg for an amount of EUR 5 634 631 Portugal for an amount of EUR 15 355 Spain for an amount of EUR 511 355 United Kingdom for an amount of EUR 33 062 370 Canada for an amount of EUR 27 909 515 Bill and Melinda Gates Foundation for an amount of EUR 23 683 527 Anonymous for an amount of EUR 16 360 070 United States of America for an amount of EUR 4 545 157
MANAGEMENT AND IMPLEMENTATION	
13. Type of financing	Indirect management with United Nations Population Fund (UNFPA)

1.2 Summary of the Action

Sexual and reproductive health and reproductive rights (SRHR)¹, including family planning (FP) as an integral part of these, have repeatedly been recognised as essential for women's and girls' health and empowerment. Sexual and reproductive health, including family planning, is considered a cornerstone for development and one of the best development buys with an estimated return on investment for every dollar spent on family planning programmes of up to USD 120 according to the Copenhagen Consensus of eminent economists². SRHR programming for youth is critical to improving the health, social and economic outcomes of future generations. Supporting young people's access to and use of contraceptives and related services (including comprehensive sexuality education) through effective policies and programmes can accelerate progress towards achieving national family planning goals as well as the ICPD Programme of Action³ and the Sustainable Development Goals (SDGs) which countries have agreed to work towards. SRHR is also closely intertwined with human rights, gender equality and the key principle of leaving no one behind.

Despite the very strong financial, developmental, social and economic dividends that flow from sexual and reproductive health and family planning services and information, both the funding and effective programmes to deliver these key development interventions are currently insufficient. 172 million women and girls of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method. There are substantial disparities both between and within countries around using modern contraceptives, and accessing quality maternal and new-born health care. While these often fall along economic lines (wealthier countries and individuals tend to provide more or better services than poorer ones) the division is not completely stark or predictable demonstrating that good policies and enlightened approaches can result in more access to family planning in spite of wealth gaps. Annually, an estimated 295 000 women die from preventable causes related to pregnancy and childbirth, most of them in developing countries, and the vast majority of maternal deaths are

¹ In accordance of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences.

² <https://www.copenhagenconsensus.com/post-2015-consensus/populationanddemography>

³ <https://reliefweb.int/sites/reliefweb.int/files/resources/Nairobi%20Statement%20on%20ICPD25%20-%20Accelerating%20the%20promise.pdf>

preventable.⁴ Nearly half of all pregnancies, totalling 121 million each year throughout the world, are unintended (that is, they occur too soon or are not wanted at all).⁵ In order to provide family planning services to current users and to meet the unmet needs, the resources currently available would be required to be doubled.

The United Nations Population Fund (UNFPA) launched UNFPA Supplies in 2007 - a multi-donor trust fund managed by UNFPA - to support country-driven actions to: ensure a secure, steady and reliable supply of quality reproductive health commodities (contraceptives, male and female condoms, and maternal health medicines); improve their access and use by strengthening national health systems and services; and ensure family planning is afforded a higher level of priority in national strategies, programmes, plans and budgets. The UNFPA Supplies Partnership has now entered its third phase and aims to support actions in 54 of the lowest income, highest incidence countries located in Africa, Asia and the Pacific, Middle East, and Latin America/Caribbean. The Programme has demonstrated its capacity to deliver results, and is a key partner in major global initiatives addressing reproductive / maternal health.

The proposed Action will support and contribute to the UNFPA Supplies Partnership programme (Phase 3). The overall objective of the Action is to contribute to ending unmet need for family planning and preventable maternal mortality by increasing equitable access to high-quality modern contraceptives and life-saving maternal health medicines. This will be done through three strategic objectives focusing on increased accessibility, availability and choice; strengthened supply chains and increased government commitment. Expected outcome targets include, among others, a contribution of one third of all new contraceptive users reached within the FP2030 initiative⁶ as well as a one percentage point annual increase in the modern contraceptive prevalence rate (mCPR) among all women – including young women and those in the lowest wealth quintiles in the 54 targeted countries. The Programme aims to strengthen national capacity and systems, including the in-country supply chain, promote domestic resource mobilisation and the integration of non-discriminatory family planning and more broadly sexual and reproductive health and rights into national health policies and national development strategies.

2 RATIONALE

2.1 Context

The Action will advance the achievement of the EU's strategic priorities and longstanding commitment to SRHR as illustrated in the European Consensus for Development⁷, the Gender Action Plan III 2021-2025⁸, the Joint Communication on the Global EU Response to COVID-19⁹ the EU Council Conclusions on the EU role in Global Health¹⁰, and in the Council Conclusions Towards a comprehensive strategy with Africa¹¹.

COVID-19 has jeopardized a decade of global progress towards the SDGs and further heightened inequalities already long threatened by challenges such as climate change, conflict, or economic crises. Children, youth and women and their access to basic education and health, have been particularly affected, as well as vulnerable people, including people with disability, LGTBI people, refugees, and migrants. Addressing these impacts and building a sustainable recovery post COVID-19 provides the EU with a unique window of opportunity to revert this, by

⁴ <https://www.unfpa.org/featured-publication/trends-maternal-mortality-2000-2017#:~:text=The%20global%20maternal%20mortality%20ratio%20in%202017%20is%20estimated%20at, ratio%20was%202.9%20per%20cent.>

⁵ <https://www.unfpa.org/swp2022>

⁶ <https://fp2030.org/>

⁷ https://ec.europa.eu/international-partnerships/european-consensus-development_en

⁸ https://ec.europa.eu/commission/presscorner/detail/en/IP_20_2184

⁹ <https://www.europeansources.info/record/joint-communication-on-the-global-eu-response-to-covid-19/>

¹⁰ https://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/foraff/114352.pdf

¹¹ <https://www.consilium.europa.eu/en/press/press-releases/2020/06/30/on-the-path-to-a-deeper-and-stronger-partnership-living-up-to-the-european-and-african-aspirations-council-adopts-conclusions-on-africa/#:~:text=The%20Council%20today%20approved%20conclusions,new%20ambitious%20partnership%20with%20Africa>

building back better, for all, projecting our priorities, interests and values, promoting a green, digital and inclusive recovery and boosting strategic sovereignty and resilience.¹²

The action will support the new phase of the UNFPA Supplies Partnership (the Partnership) (2021-2030). The Partnership aims to support 54 countries with low use of modern contraceptives and high rates of maternal mortality. Through the Partnership, country commitments – articulated for the first time in “country compacts” – are met with a powerful procurement mechanism to increase availability of modern contraceptives and essential maternal health medicines to the last mile, that is, closer to the ultimate beneficiaries.

This phase will also promote domestic resource mobilisation and the integration of sexual and reproductive health and rights, and specifically family planning, into national health policies and national development strategies.¹³ The aim is that at least 5 to 7 countries will transit out of the programme by 2030.

The Partnership is implemented through a human rights-based approach and actively includes civil society, national authorities and donors in the design and implementation of the programme. Together with several EU Member States, the EU has a high impact voice at the Steering Committee of the Partnership and on sub-committees (Strategy and Policy Committee and Finance and Risk Committee).

Countries are grouped according to wealth band in order to ensure that those with least financial ability are able to access commodities most easily. Those at higher income levels are encouraged in a number of ways to increase their co-financing of commodities. In addition to co-financing the commodities they receive from UNFPA in this phase of the programme (a new departure from previous 100% donations), the additional Match Fund element of the Partnership creates conditions and further incentives for countries to increase their own domestically sourced resources for family planning services. The more resources countries bring to commodity procurement, the greater their access to additional commodities.

This action is substantiating the new Global Gateway strategy of the EU, a strategy to boost smart, clean and secure links in digital, energy and transport sectors and to strengthen health, education and research systems across the world. The multilateral approach and strong focus on deliverables improving the quality of people’s lives the action is a good example of the EUs value-driven, high-standard and transparent partnership approach.

2.2 Problem Analysis

Short problem analysis:

Globally, access to modern family planning services has increased – from 73,6 per cent in 2000 to 76,8 per cent in 2020. However, more than 200 million of the 885 million women in developing regions who wished to prevent or delay pregnancy are not using modern contraceptives. Furthermore, the unmet need for contraceptives continues to be highest among adolescents. Population growth rates mean that the rate of increase in modern contraceptive users needs to be more than three times higher its current level to reduce unmet need to zero by 2030. Maternal deaths declined from 451 000 in 2000 to 295 000 in 2017 – a 38 per cent reduction – while the proportion of women of reproductive age who died due to maternal causes, estimated at 9,2 per cent in 2017, was down by 26,3 per cent since 2000. However, the decline was too slow and has since plateaued in the last five years. Taking effective action to tackle the causes of maternal death, including unsafe abortions and lack of post abortion care, which caused approximately 13 per cent of these deaths, is also critical.

Progress has been impeded by the continued and persistent need, globally, for family planning and more broadly sexual and reproductive health and rights which in addition to empowering women and girls in a range of important ways, also contributes materially to reducing maternal mortality and child mortality. Moreover, the COVID-19 pandemic has set back the progress made so far. The pandemic, which so far has claimed over 6 million lives and infected more than 452 million¹⁴ people, has exacerbated inequalities and has especially resulted in a negative toll

¹²https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf

¹³https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf

¹⁴ <https://covid19.who.int/>

on women and girls. It has increased female poverty, escalated women's unpaid care work and disrupted programmes that address gender-based violence and harmful practices. Access to basic health services has declined. UNFPA estimates that the COVID-19 pandemic has disrupted access to family planning services for 12 million additional women and an additional 13 million child marriages could take place by 2030 that otherwise might have been prevented.

Due to the pandemic, health systems have been strained, and in some cases, overwhelmed. Many resources for sexual and reproductive health information and care have been redirected; official development assistance for population and development policies and programmes, including sexual and reproductive health programmes, has declined over the last five years and is possibly further jeopardized by global economic constraints.

The international development architecture offers opportunities to accelerate progress, as do the 2030 Agenda, the Decade of Action and the United Nations reform process. The momentum generated from the 25th anniversary of the International Conference on Population and Development (ICPD25), which led to over 1 400 voluntary commitments made by Governments, multilateral agencies, civil society organizations, the private sector and many other stakeholders, as well as the 25th anniversary of the adoption of the Beijing Platform of Action in 2020, shows how partnerships can be strengthened and synergies harnessed to confront global challenges.

UNFPA Supplies Partnership, UNFPA's largest Thematic Trust Fund, was created to provide flexible, targeted support to lower income countries facing persistent gaps with respect to reproductive health commodities including contraceptives security and high unmet demand for family planning. UNFPA Supplies Partnership provides targeted funding to support governments to improve the positioning and prioritisation of family planning in policies, programmes, service provision, budgeting and allocation. The flexible funding provided (based on annual plans), with a major focus on ensuring the availability of life-saving maternal health commodities and quality contraceptives at service delivery points, and selected capacity building interventions, complements and aligns with the UNFPA country programme as reflected in the UNFPA-Government 3-5 year Country Programme Document (approved by UNFPA Executive Board) and the UNFPA Maternal Health Thematic Fund.

The UNFPA Supplies Partnership together with civil society and national authorities work to ensure that women and girls are aware of, and able to access and use a choice of quality reproductive health commodities, including contraceptives for family planning, whenever they want or need them. This will help to prevent pregnancies during adolescence (and the resultant impacts including girls leaving education prematurely). Adolescence is a time of life where nutrient requirements are high and thus an increased risk exists that a girl's body is competing with the baby for nutrients. Babies born to young mothers also face the risk to be born with low birthweight. A large share of maternal deaths occur among teenage mothers. This programme thus also promotes human rights, gender equality, bodily autonomy and the important development challenge of realizing SRHR for all people including women and girls but also, men and boys, in all their diversity.

Investing in SRHR including family planning is fundamental for the realisation of human rights and the achievement of the Sustainable Development Goals (SDGs), and has far-reaching benefits for almost all SDGs including poverty reduction, food security and nutrition, inclusive education, sustainable management of natural resources, cities and communities, climate change action and resilience, and peace and security. Without universal access to family planning, and more broadly SRHR, other interventions will cost more, take longer to achieve and be less impactful. The Action will specifically contribute to Targets 3.7 and 5.6 on Health for All and Gender Equality.

Since its inception in 2007, the Partnership has mobilized over USD 1,8 billion to support national action to expand access to family planning and maternal health commodities for millions of the world's poorest women and girls. Donors include Belgium, Denmark, EU, Germany, Luxembourg, Netherlands, Portugal, and Spain. The EU and EU Member States account for 60% of the Partnership fund, making the EU an important voice in the UNFPA Supplies Partnership and thus in advancing family planning and maternal health and accelerating progress towards achieving the 2030 Agenda and the Sustainable Development Goals.

Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action:

The key stakeholders of the UNFPA Supplies Partnership are its ultimate beneficiaries, primarily women and adolescent girls as well as the other stakeholders, notably the Ministry of Health and the Ministry of Finance, engaged in the Partnership through the country level compacts. Implementing NGO partners, though not signatories to the compact, are critical partners as well depending on the country. All partners work together to achieve country goals, advance country ownership and promote country leadership. UNFPA closely cooperates also with the Global Action Plan for Healthy Lives and Well-being for All (the GAP) combining a focus on the health-related Sustainable Development Goals (SDGs) – which are of central importance at both the global and country levels. UNFPA is one of the 12 signatory agencies to the GAP and will participate in a joint evaluability assessment to identify any significant gaps in the pre-conditions for success in the GAP and/or in its systems for measuring, reflecting on and addressing performance. This assessment – scheduled to be carried out in 2023 – aims at helping to improve the chances that the health-related SDG targets are met by 2030¹⁵. The UNFPA Supplies Partnership also contributes to UNFPA's commitments towards the Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights of the Generation Equality Forum.

In terms of global level governance, **other key stakeholders of the UNFPA Supplies Partnership are:**

Partners' Assembly: This multi-stakeholder platform actively engages strategic partners from global, regional and select country-level agencies, bilateral partners, multilateral organizations, the private sector and civil society. For example, members of the Partner's Assembly include academia, bilateral development partners and foundations (including donors), civil society organizations (CSOs), consortiums, community groups and faith-based organizations.

Steering Committee: This leadership group is a subsection of the Partners Assembly membership and follows a constituency-based multi-stakeholder model to provide feedback to the wider group. It is comprised of ten voting members (programme donors, programme-implementation country governments, CSOs) and four non-voting members (two CSO coordinating/ implementing partners, one strategic family planning partner agency, and UNFPA senior management official). There is also an Independent Chair and a Secretary.

Sub-Committees: Two sub-committees support the Steering Committee: these cover (i) Strategy and Policy and (ii) Finance and Risk. All members of the Steering Committee are entitled to sit on the sub-committees.

The EU holds a seat in the Steering Committee and in the Strategy and Planning Committee Sub-Committee, representing a consortium with Belgium, Portugal, Slovenia and Spain.

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The **Overall Objective (Impact)** of this action is to contribute to a status where women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need those thus **ending unmet need for family planning and preventable maternal mortality**.

The longer-term aim is that countries will procure, pay for, distribute and use commodities as part of establishing sustainable systems that ensure all women and girls have access to an adequate choice of quality commodities whenever they want or need them.

The **Specific Objectives (Outcomes)** of this action

1. To increase availability of quality-assured reproductive health commodities
2. To ensure reproductive health commodities reach the last mile and promote harmonization, integration and strengthening of supply systems in countries

¹⁵ <https://www.unfpa.org/admin-resource/joint-evaluability-assessment-global-action-plan-healthy-lives-and-well-being-all>

3. Support countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development

The Outputs to be delivered by this action contributing to Outcome 1 (or Specific Objective 1)

- 1.1. Efficient and timely procurement of a choice of quality-assured reproductive health commodities
- 1.2. Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights

The Outputs to be delivered by this action contributing to Outcome 2 (or Specific Objective 2)

- 2.1. Improved supply chain management
- 2.2. Improved commodity and data visibility for last mile assurance

The Outputs to be delivered by this action contributing to Outcome 3 (or Specific Objective 3)

- 3.1. Increased and diversified allocations and use of domestic resources for reproductive health commodities and services
- 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)

3.2 Indicative Activities

Activities relating to Output 1.1 Efficient and timely procurement of a choice of quality-assured reproductive health commodities

- 1.1.1 Increase availability of quality-assured reproductive health commodities
- 1.1.2 Efficient and timely procurement of a choice of quality-assured reproductive health commodities

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

- 1.2.1 Rapid expansion of service delivery, combined with extensive and gender inclusive communication campaigns
- 1.2.2 Provision of needed evidence to family planning champions to more efficiently advocate for a renewed commitment to contraceptive services.

Activities relating to Output 2.1.: Improved supply chain management

- 2.1.1. Strengthen costed supply chain management strategy that takes into account recommended actions of the UNFPA/WHO implementation guide “Ensuring human rights within contraceptive delivery” is being implemented

Activities relating to Output 2.2. Improved commodity and data visibility for last mile assurance

- 2.2.1. Ensure reproductive health commodities reach the last mile and promote harmonization and integration of supply systems in countries
- 2.2.2. Implement advocacy measures for women and girls to realize reproductive health and rights through strategic approaches and provide access to a broad range of commodities

Activities relating to Output 3.1. Increased and diversified allocations and use of domestic resources for reproductive health commodities and services

- 3.1.1. Support the use of innovative financing approaches including co-financing and Total Package Procurement (TPP) for procurement of commodities
- 3.1.2. Engage in policy dialogue with governments to ensure equal contribution to the National Supply Plan compared to previous year

Activities relating to 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)

- 3.2.1. Engage in policy dialogue with governments for developing/strengthening a multiyear financial sustainability plan for family planning
- 3.2.2. Engage in policy dialogue with governments to ensure that family planning is explicitly included in the Essential Package of Health Services

3.3 Mainstreaming

Environmental Protection & Climate Change

Outcome of the SEA screening : Not applicable

Outcomes of the EIA (Environmental Impact Assessment) screening: Not applicable

Outcome of the CRA (Climate Risk Assessment) screening: Not applicable

Through its seat in the Steering Committee of the Partnership, the EU will promote the development of an Environment Management Plan, which would include criteria to minimise greenhouse gas emissions from transport as well as addressing waste management, mainstreaming environmental and climate considerations in the design and implementation of the Partnership programme.

Gender equality and empowerment of women and girls

As per the OECD Gender DAC codes identified in Section 1.1, this action is labelled as G2. This implies that gender equality is at the heart of the programme, which supports and is aligned with the implementation of GAPIII. Adolescent girls (and boys) are one of the key target groups of the programme, which is implemented through a rights- and equity based approach, trying to reach the last mile (i.e. reach the most excluded populations first). Through its expected long term impact on demographic growth, the action could also contribute to increased well-being, better service provision, and a better concentration of resources around early childhood development. Ultimately, lower pressure on the resources of ecosystems in partner countries will also benefit all people and enable countries to prepare to take advantage of demographic dividends in due course although the main purpose of the action is to support the rights and choices, well-being and agency of women and girls.

Human Rights

The Action will consistently confirm the EU's commitment to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the International Conference on Population Development (ICPD) Programme of Action. The EU further stresses the need for universal (and voluntary) access to quality and affordable comprehensive SRHR information, education, including comprehensive sexuality education, and health-care services for all persons. The Action also promotes human rights, gender equality, bodily autonomy and meeting the sexual and reproductive health needs of men and boys.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. Women and youth with disabilities will benefit from the increased availability and choice of reproductive commodities in a similar manner to other women. Efforts will be made to ensure that the communication and advocacy campaigns (activities 1.2.1 and 2.2.2) are accessible and adapted for reaching women and youth with disabilities.

Democracy

While not specifically targeted, open and transparent societies aim to uphold the rights of all citizens to access basic services. This action promotes the value of women's and girls' autonomy and understands reproductive health as a key element of women's participation in society, government and decision-making.

Conflict sensitivity, peace and resilience

The delivery of essential services to all who need them is a basic element of a peaceful society and unequal access to resources can be a driver of conflict. In addition, where conflict has taken place, the programme will bridge the humanitarian – development – peace nexus ensuring women and girls are able to continue accessing basic commodities.

Disaster Risk Reduction

Not targeted by this action

Other considerations if relevant
N.A

3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
Political	Lack of political will and government ownership and commitment	Medium	Medium	<p>In-country evidence-based advocacy, policy dialogue and communication with governments and other stakeholders:</p> <p>Countries' engagement through FP2020 and other platforms including the International Health Partnership for Universal Health Coverage 2030 (UHC203)]</p> <p>Global and regional advocacy (Partnership for Maternal New-born and Child health (PMNCH) and Every Woman every Child (EWEC), Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), High Burden Initiative, UNGA side events)</p>
Contextual	Conflict/natural disaster in countries	Medium	Medium	<p>Ensure that country plans include emergency preparedness plans</p> <p>Continue to provide support, oversight and insights on emergencies that are likely to happen; consider the pre-positioning of supplies (for example, in the global network of six UNHRDs, maintained by WPF)</p> <p>Integrate and link UNFPA Supplies experience in planning and management of the UNFPA Humanitarian programme</p> <p>Ensure sufficient Reproductive Health (RH) emergency kits are prepositioned and readily available; Continue to increase accuracy on number of emergency RH kits needed; Ensure the transition away from emergency kits once an emergency situation improves thereby permitting the regular sourcing of required items without recourse to the kits themselves</p>

				Allow flexibility in the use of funds in case of emergency
Political	Changing political landscape	Medium	Medium	<p>UN need to be seen as politically neutral - contrary pressure can slow programme implementation</p> <p>Allow flexibility in the reprogramming of funds particularly in cases of political crisis</p> <p>Supportive policy dialogue led by EUDs promoting human rights and gender equity in country</p>
Operational	High turnover of human resources after training	Medium	Medium	<p>Promote the systematisation of cost-effective pre-service training and in-service refresher training; combine with skill certification to incentivise skill enhancement</p> <p>Promote and align with partners' efforts the professionalisation of core human resource functions (for example, the professionalisation of logisticians, store manager)</p>
Political	Partners unwilling to coordinate around a common strategy and common objectives	Low	Low	<p>Continue to support national governments in their role as coordinators in the health sector, including in FP and supply chain management</p> <p>Ensure country plans/programmes for RH/FP commodity security are fully aligned with and integrated within country health strategies and plans</p> <p>Ensure active participation of UNFPA in FP2020, RMNCH and other partnerships at global and country levels including Human Development Concern and the Global Financing Facility.</p> <p>Ensure UNFPA Representatives are members and when necessary drivers of national health sector coordination mechanisms.</p>
Operational	Lack of political will, capacity and resources to respond to increased demand for SRHR and	Medium	Medium	<p>Sustain advocacy to further governments' financial commitments to fund SRHR and family planning</p> <p>Continue to build national capacity and provide targeted support to countries based on their needs</p>

	modern family planning			<p>Further the engagement of private sector and its ability to contribute to achieve in-country universal coverage of FP</p> <p>Collaborate with other relevant agencies (such as GFATM, USAID and relevant INGOs) to further strengthen national systems, including human resources for health and supply chain systems</p> <p>Continue implementing UNFPA Supplies sustainability strategy to support countries towards transition from aid dependency and ensure increased national ownership in medium and long-term</p> <p>Strengthen national capacity for in-country resource mobilisation for FP, including from co-financing mechanisms such as the GFF</p> <p>Strengthen global and regional advocacy for SRHR and family planning, as well as global and regional resource mobilisation efforts.</p> <p>Refine communication messages to raise awareness amongst communities and wider Government including Ministries of Finance on the important financial, developmental, social and economic arguments in favour of non-discriminatory SRHR and family planning.</p>
Operational	Limited national capacity for monitoring and evaluation of SRHR and family planning programmes	Medium	Low	<p>Strengthen investment in national HMIS and LMIS systems to ensure sex disaggregated data collection is part of national systems in close collaboration with other partners and stakeholders including the WHO hosted Health Data Collaborative.</p> <p>Ensure that adequate resource allocations for systems strengthening at country level are made</p> <p>Ensure UNFPA Country and/or Regional Offices and UNFPA Supplies TA have required skills set to enhance country Monitoring and Evaluation capacity</p>
Assumptions: <ul style="list-style-type: none"> - Political continuity exists in countries involved. - Paris Declaration and Busan Partnership for Effective Development cooperation agenda endorsed and supported by the governments involved and by other partners at country level. 				

Lessons Learnt:

Despite efforts in the past, UNFPA Supplies has had limited success in broadening the availability of sustainable sources of domestic financing for SRHR commodities. Phase III (2021-2030) has been designed with an explicit and upfront shift to promote sustainable domestic resource mobilization and will be critical to the success of Action. The large funding cut by the UK in 2021 to the Supplies Partnership (around 85% of the budget) and to UNFPA Country Programmes will have a negative impact on the scope of the Action, and has led to adjustments and the introduction of new models for enhancing domestic funding. Phase III will centre on partnerships that lay out clear roles and responsibilities for all partners as a core strategy to advance programme delivery and the achievement of results. It will concentrate resources on end-to-end strengthening of national procurement and supply chain systems and institutionalising sound management and decision-making processes in the context of more sustained country commitment and an overarching shift towards UHC. These programme innovations and associated governance approaches respond to lessons learned and weaknesses in the previous phases and in line with effective development cooperation principles.

3.5 The Intervention Logic

The underlying intervention logic for this action is that it will contribute to ending unmet need for SRHR and family planning and preventable maternal mortality by increasing equitable access to high-quality modern contraceptives and life-saving maternal health medicines. This will be done through three strategic objectives focusing on increased availability and choice; strengthened supply chains and increased government commitment.

The longer-term aim is that countries will procure and pay for commodities as part of establishing sustainable systems that ensure all women have access to a choice of quality commodities. The new operational model of the Partnership (for 2021-2030) is oriented to moving countries through three defined stages towards transition out of the Partnership in order to focus resources to countries where they are most needed. This would mean that over time the role of the UNFPA Supplies Partnership would focus on supplying commodities to only the poorest countries in the world and in humanitarian settings and playing a key global convening and market shaping role in the SRHR and family planning ecosystem.

The UNFPA Supplies Partnership together with civil society and national authorities work to ensure that women and girls are able to access and use a choice of quality reproductive health commodities, including contraceptives for family planning, whenever they want or need them. This will help to prevent pregnancies during adolescence, a time of life where nutrient requirements are high and thus an increased risk exists that a girl's body is competing with the baby for nutrients.

Investing in SRHR including family planning is fundamental for the achievement of the Sustainable Development Goals (SDGs), and have far-reaching benefits for almost all SDGs including on poverty reduction, food security and nutrition, inclusive education, sustainable management of natural resources, cities and communities, climate change action and resilience, and peace and security. Without universal access to SRHR and family planning, other interventions will cost more, take longer to achieve and be less impactful. The Action will specifically contribute to Targets 3.7 and 5.6 on Health for All and Gender Equality.

3.6 Logical Framework Matrix

This indicative logframe constitutes the basis for the monitoring, reporting and evaluation of the intervention.

On the basis of this logframe matrix, a more detailed logframe (or several) may be developed at contracting stage. In case baselines and targets are not available for the action, they should be informed for each indicator at signature of the contract(s) linked to this AD, or in the first progress report at the latest. New columns may be added to set intermediary targets (milestones) for the Output and Outcome indicators whenever it is relevant.

- At inception, the first progress report should include the complete logframe (e.g. including baselines/targets).
- Progress reports should provide an updated logframe with current values for each indicator.
- The final report should enclose the logframe with baseline and final values for each indicator.

The indicative logical framework matrix may evolve during the lifetime of the action depending on the different implementation modalities of this action.

The activities, the expected Outputs and related indicators, targets and baselines included in the logframe matrix may be updated during the implementation of the action, no amendment being required to the Financing Decision.

The logframe indicators are based upon Phase III of the UNFPA Supplies Partnership Programme for the period 2021-30, whereas targets indicated are for the duration of this contribution agreement (2022-2026).

Results	Results chain (a): Main expected results (maximum 10)	Indicators (a): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To contribute to a status where women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them thus to ending unmet need for family planning and preventable maternal mortality	<p>IMP.1. Number of total modern contraceptives users (target countries, in millions)</p> <p>IMP.2. Unmet need for family planning (target countries)</p> <p>IMP.3. Modern contraceptive prevalence rate (mCPR-all women) (target countries; disaggregated by age, residence and wealth quintile)</p> <p>IMP.4. Demand for family planning satisfied with modern methods (target countries; disaggregated by age, residence and wealth quintile)</p> <p>Imp.5. Contraceptive method mix (including information on method mix score and method skew)</p>	<p>IMP1. 71.8 million (2020)</p> <p>IMP.2. 25.8% (2020)</p> <p>IMP.3. 23.9% (2020)</p> <p>IMP.4. 54% (2020)</p> <p>IMP5. 7.4 (2020)</p>	<p>IMP.1.: 78,7, 82,2, 85,9, 89,7, 93,7(2022-2026)</p> <p>IMP.2.: 25,3, 25,2 25, 24,9, 24,7(2022-2026)</p> <p>IMP.3.: 25, 25,4 25,9, 26,4, 26,9 (2022-2026)</p> <p>IMP.4.: 55,9, 56,9, 57,8, 58,8 (2022-2026)</p> <p>IMP.5.: 7,4, 7,4, 7,4, 7,3, 7,3 (2022-2026)</p>	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	<i>Not applicable</i>
Outcome 1	1. To increase availability of quality-assured reproductive health commodities	<p>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)</p> <p>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)</p>	<p>1.1. 79% (Annual Report 2019; to be updated with 2020 data)</p> <p>1.2. 61% (Annual Report 2019; to be updated with 2020 data)</p>	<p>1.1. : 82,9, 83,3 , 83,8, 84,2, 84,7(2022-2026)</p> <p>1.2.: 57,5 58,4 59,3, 60,2, 61,2 (2022-2026)</p>	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	

		<p>1.3. Percentage of countries where at least 85 per cent of service delivery points (SDPs) have magnesium sulphate, misoprostol and oxytocin available on day of survey/day of data collection (disaggregated for urban/rural and SDP type)</p> <p>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</p>	<p>1.3. 20% (Annual Report 2019; to be updated with 2020 data)</p> <p>1.4. 24 New Indicator (Data to be collected to set baseline and milestones)</p>	<p>1.3. 21,6, 22,1, 22,6, 23,1, 23,7 (2022-2026)</p> <p>1.4. 25, 27, 27, 28, 29 (2022 - 2026)</p>		
Output 1 relating to Outcome 1	1.1.Efficient and timely procurement of a choice of quality-assured reproductive health commodities	<p>1.1.1 Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered on time in countries</p> <p>1.1.2. Number of countries where 75 per cent of UNFPA Supplies Partnership commodity orders are delivered in agreed quantities by the supplier</p>	<p>1.1.1. 26</p> <p>1.1.2. 30</p>	<p>1.1.1. 33,36,39, 42, 45 (2022-2026)</p> <p>1.1.2. 33,35,37, 39, 41(2022-2026)</p>	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	
Output 2 relating to Outcome 1	1.2.Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights	<p>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</p> <p>1.2.2. Number of countries in humanitarian and fragile contexts that accessed Emergency Funds for procuring Inter-Agency Reproductive</p>	<p>1.2.1. 7</p> <p>1.2.2. 10</p>	<p>1.2.1. 10, 11,13, 15, 18 (2022-2026)</p> <p>1.2.2. 10 (2022-26)</p>	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	

		<p>Health (IARH) kits at the onset of a crisis</p> <p>1.2.3. Total Couple Years of Protection (CYPs) provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership</p> <p>1.2.4. Percentage of UNFPA Supplies Partnership implementing countries that have implemented strategies to strengthen humanitarian preparedness and resilience</p>	<p>1.2.3. 41.9M</p> <p>1.2.4. New Indicator (not applicable)</p>	<p>1.2.3.: 24, 24,5, 25, 25,5, 26 (2022-2026)</p> <p>1.2.4.: 20, 40, 60, 80, 80 (2022-2026)</p>		
Outcome 2	2.To ensure reproductive health commodities reach the last mile and promote harmonization, integration and strengthening of supply systems in countries	<p>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 stockout rate for any method at SDPs)</p> <p>2.2. Number of countries with a functional electronic logistics management information system (eLMIS) up to service delivery points (SDPs) at the secondary level</p>	<p>2.1. 27% (Annual Report 2019, to updated with 2020 data)</p> <p>2.2. 11</p>	<p>2.1.: 28,4%, 29,2%, 30,0%, 30,7%, 31,5%, (2022-2026)</p> <p>2.2.: 11, 15, 15, 17, 17 (2022-2026)</p>	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	
Output 1 relating to Outcome 2	2.1.Improved supply chain management	<p>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 delivery” is being implemented</p> <p>2.1.2. Percentage of countries introducing a new reproductive</p>	<p>2.1.1. 12 (Annual Report 2019, to updated with 2020 data)</p> <p>2.1.2. New Indicator (Data to be collected to set baseline and milestones</p>	<p>2.1.1.: 13, 14, 14, 14, 15 (2022-2026)</p> <p>2.1.2.: 10, 15, 20, 25,0, 30,0 (2022-2026)</p>	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	

		health commodity that successfully integrate the product into the health management information system (HMIS) and/or logistics management information system (LMIS)				
Output 2 relating to Outcome 2	2.2.Improved commodity and data visibility for last mile assurance	<p>2.2.1. Percentage of countries where recommendations from the last mile assurance (LMA) process are implemented to improve on commodity data visibility</p> <p>2.2.2. Percentage of countries where all implementing partners (IPs) have implemented adequate remedial actions relating to known fraud cases</p>	<p>2.2.1. New Indicator (Not applicable)</p> <p>2.2.2. New Indicator (Not applicable)</p>	<p>2.2.1: 40%, 50%, 60%, 75%, 80% (cumulative , 2022-2026)</p> <p>2.2.2.: 75%, 90%, 100 % , 100%, 100%(cumulative, 2022-2026)</p>	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	
Outcome 3	3.Support countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development	<p>3.1. Number of countries where governments sustain or increase the amounts allocated for procurement of contraceptives, and who spend more than 80 percent of the allocated amount for the year</p> <p>3.2. Percentage of countries where there has been an increase in the Sustainability Readiness Assessment (SRA) score compared with the previous year</p>	<p>3.1. 9</p> <p>3.2. New Indicator (Not applicable)</p>	<p>3.1.: 10, 12, 14, 15, 18(2022-2026)</p> <p>3.2.: 20%, 30%, 40%, 50%, 20% (2022-2026)</p>	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	
Output 1 Relating to Outcome 3	3.1.Increased and diversified allocations and use of domestic resources for reproductive health	<p>3.1.1. Number of countries utilising innovative financing approaches including co-financing and TPP for procurement of commodities as a result of UNFPA Supplies support</p> <p>3.1.2. Percentage of countries where government contributes towards funding of the National Supply Plan (NSP) is at the same or increased level compared to previous year</p>	<p>3.1.1. 22</p> <p>3.1.2. 27,0</p> <p>3.1.3. 10,0</p>	<p>3.1.1.: 22, 24, 24, 26, 26 (2022-2026)</p> <p>3.1.2.: 29, 30, 31, 32, 33 (2022-2026)</p> <p>3.1.3.: 10.5, 11, 11.5, 12, 13 (2022-2026)</p>	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	

		3.1.3. Percent of the National Supply Plan commitment budgets covered by the government sources for all UNFPA Supplies Partnership implementing countries				
Output 2 Relating to Outcome 3	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)	3.2.1. Number of countries with an existing multiyear financial sustainability plan for family planning 3.2.2. Number of countries where family planning is explicitly included in the Essential Package of Health Services	3.2.1. 19 3.2.2. 40	3.2.1.: 19, 20, 21, 25, 25 (2022-2026) 3.2.2.: 40, 40, 42, 42, 42 (2024-2026)	UNFPA Supplies Partnership Programme Monitoring and Evaluation Framework (2021-2030)	

4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is not envisaged to conclude a financing agreement with the partner countries.

4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 72 months from the date of the financing agreement being concluded. Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3 Implementation modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures.¹⁶

4.3.1 Indirect Management with a pillar assessed entity

The action will be implemented in indirect management with the UNFPA Supplies Partnership, which is a thematic, multi-donor trust fund of UNFPA established in 2007. UNFPA Supplies is a financing platform that helps countries build stronger health systems – especially related to procurement, management and distribution of essential supplies/medicines – and widen access to a reliable supply of contraceptives and life-saving maternal health medicines. It has been selected to implement the action based on the following criteria: a) specific sector/thematic expertise, b) logistical and/or management capacities, c) neutrality/security reasons in conflict/crisis situations, d) specific mandate for the local context in question and e) strategic relevance for EU multilateral engagement.

4.4 Indicative Budget

Indicative Budget components	EU contribution (amount in EUR)	Third-party contribution (amount in EUR)
Indirect management with UNFPA – cf. section 4.3.1	45 000 000	347 867 227
Evaluation – cf. section 5.2 Audit – cf. section 5.3	Will be covered by another Decision	N.A.
Total	45 000 000	347 867 227

¹⁶ www.sanctionsmap.eu. Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

4.4 Organisational Set-up and Responsibilities

UNFPA is a separately administered and separately funded subsidiary organ of the United Nations, established by the General Assembly pursuant to resolution 3019 (XXVII) of 18 December 1972. UNFPA is the only organization of the United Nations specifically mandated to work on sexual and reproductive health and family planning, and has been providing development and humanitarian assistance to developing countries in these areas since 1969.

UNFPA Supplies is a financing platform that helps countries build stronger health systems - especially related to procurement, management and distribution of essential supplies/medicines - and widen access to a reliable supply of contraceptives and life-saving maternal health medicines. Contraceptive and maternal health pharmaceuticals and medical devices are procured based on identified needs and utilization, and delivered subject to rigorous, international quality standards, including applicable World Health Organization and ISO standards, in close collaboration with national counterparts. Skills development and systems strengthening is an integral part of the support provided.

UNFPA Supplies Partnership is a thematic, multi-donor trust fund of UNFPA originally established in 2007 by the UNFPA Executive Director under Article V of the UNFPA financial regulations. The UNFPA Executive Director is responsible and accountable for the management of UNFPA Supplies.

UNFPA Supplies is structured to reflect the value system enshrined in international declarations on aid effectiveness, including ownership of national development agenda by developing countries and active participation by the international community, including public and private-sector donors, civil society organizations and other strategic partners. It operates within a broad framework of intergovernmental cooperation and participation. As a UNFPA trust fund, it is also subject to oversight by the UNFPA Executive Board as well as UNFPA's rigorous internal accountability and oversight mechanism.

Financial contributions to UNFPA Supplies are solicited, received and used in accordance with the UNFPA financial regulations approved by the UNFPA Executive Board as well as the financial rules, policies and procedures of UNFPA. Contributions are voluntary, and separate and distinct from UNFPA regular core resources. Contributions may be accepted from governments, intergovernmental organizations, and non-governmental sources, including foundations, private-sector organizations, and private individuals.

UNFPA Supplies Management Team

The Management Team comprises core staff at global, regional and country level. Under the leadership of the Chief of the Commodity Security Branch the team is responsible for the day-to-day coordination and management of the programme.

At global level, the UNFPA Supplies Management Team is responsible for providing technical and administrative support for global level actions in support of the Reproductive Health Commodity Security (RHCS) Inter-Divisional Working group (IDWG), the UNFPA Supplies Steering Committee and the FP leadership team. It serves as technical and programmatic core staff with relevant functions to support regional and country level implementation of the programme. In addition, six RHCS Advisers are supporting the management and coordination efforts and ensure progress in emerging areas, including:

- Liaison and integration with related efforts (both within UNFPA (e.g. alignment with Country Programmes) and externally (e.g. with the UN Commodities Commission or the RH Supplies Coalition);
- Systematisation of UNFPA Supplies capacity building efforts;
- Donor relations, partnerships and resource mobilisation;
- Total market approaches to enhance access and equity to services;
- Strategic inputs to increase the availability of quality reproductive health supplies.

UNFPA Regional and Sub Regional Offices

At the regional level, the Implementation Team consists of the network of RHCS Regional Advisers, core staff with relevant competencies for coordinating and providing technical and programmatic support to countries. The regional UNFPA Supplies Implementation Team is also interfacing between the global level team based at headquarters and country office staff; it is responsible for providing relevant information and assists in monitoring and reporting on progress.

UNFPA Country Offices

At country level, in each UNFPA Supplies target country, the UNFPA Representative will be responsible for promoting the integrated vision of RHCS espoused by the programme with government counterparts and other stakeholders and for ensuring alignment and optimal use of UNFPA resources in contributing to the goals of UNFPA Supplies and related areas such as family planning, sexual and reproductive health, and adolescent sexual and reproductive health. In a subset of target countries (based on need and funds permitting), an RHCS/FP Chief Technical Adviser (CTA) ensures day-to-day coordination of programme inputs and integration and alignment with the UNFPA Country Programme inputs and efforts of all other relevant in-country partners. In countries without CTA, an RHCS/FP Focal Point (at senior National Programme Officer (NPO) level) with an appropriate skill mix fulfils these CTA functions.

The country coordination team also includes Country Office (CO) staff members tasked to fulfil the required support functions (financial, logistical, technical and administrative) in order to ensure: implementation (against the workplan); coordination with partners; monitoring; remedial action (as required); and reporting on progress.

UNFPA Supplies Governance

Under the overall responsibility of the UNFPA Executive Director, UNFPA Supplies is subject to the following governance arrangements:

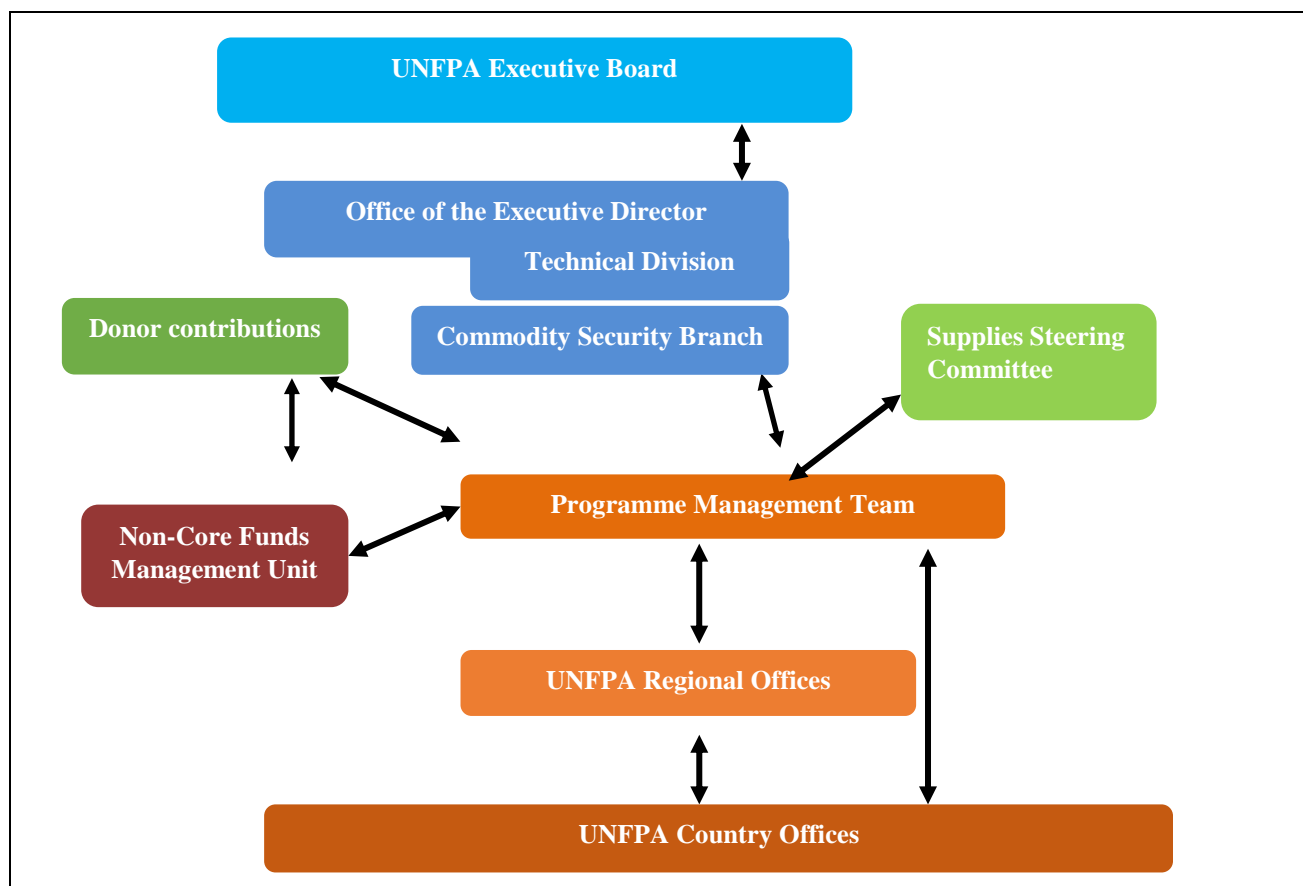
- a) The **UNFPA Supplies Steering Committee (SC)**, established since UNFPA Supplies programme inception in 2007. It serves as an advisory body, to review implementation and progress, and support actions to resolve bottle necks, and to support global efforts to garner support and build partnerships for RHCS and related policy areas. Terms of Reference for the Steering Committee were revised in 2017 through a consultative process. The Committee will meet at least twice a year - one face-to-face meeting and a virtual meeting. Other meetings may be scheduled as necessary. For membership details, please refer to [UNFPA Supplies Governance structure Terms of Reference](#)
- b) The UNFPA Supplies **Donor Accountability Council (DAC)**, established in 2017 to review Quarterly Performance Management and use of funds. This quarterly process identifies implementation challenges and guide technical and financial resources towards continued programme efficiency, effective implementation and value for money (*membership*: all contributing donors)
- c) **Strategic consultations** will be organised as needed by UNFPA and donors, and outcomes of these meetings will be shared with the SC. Consultations between donors' senior staff and the Executive Director of UNFPA will support/strengthen strategic leadership of UNFPA Supplies and identify opportunities to develop relationships that will contribute to programme goals.

The European Commission and various EU Member States are members of the UNFPA Supplies Steering Committee and UNFPA Supplies DAC.

The Secretariat functions for all governance bodies will be in the Commodity Security Branch (CSB), with participation of the Non-core funds Management Unit (NCFMU)¹⁷, Resource Mobilization Branch (RMB) and the Strategic Partnership Branch (SPB) as needed.

(See organisation chart below.)

¹⁷ *Non-Core Funds Management Unit*, established in the office of the Executive Director (OED) ensures that non-core funds are being used in a coordinated and optimal way (no overlap or waste of resources) and serve the strategic interests of the organisation.



5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the logframe matrix.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.2 Evaluation

Having regard to the nature of the action, a final evaluation will not be carried out for this action or its components. The Commission may, during implementation, decide to undertake such an evaluation for duly justified reasons either on its own decision or on the initiative of the partner.

The financing of the evaluation may be covered by another measures constituting a Financing Decision.

5.3 Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle has adopted a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

Action documents for specific sector programmes are no longer required to include a provision for communication and visibility actions promoting the programmes concerned.

However, in line with Article 46 and subject to Article 47 of the NDICI Regulation, all entities implementing EU-funded external actions shall take all reasonable measures to publicise the European Union support. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

Appendix - REPORTING IN OPSYS

An Intervention (also generally called project/programme) is the operational entity associated to a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Interventions are the most effective (hence optimal) entities for the operational follow-up by the Commission of its external development operations. As such, Interventions constitute the base unit for managing operational implementations, assessing performance, monitoring, evaluation, internal and external communication, reporting and aggregation.

Primary Interventions are those contracts or groups of contracts bearing reportable results and respecting the following business rule: ‘a given contract can only contribute to one primary intervention and not more than one’. An individual contract that does not produce direct reportable results and cannot be logically grouped with other result reportable contracts is considered a ‘support entities’. The addition of all primary interventions and support entities is equivalent to the full development portfolio of the Institution.

The present Action identifies as

Action level		
<input checked="" type="checkbox"/>	Single action	Present action: all contracts in the present action
Group of actions level		
<input type="checkbox"/>	Group of actions	Actions reference (CRIS#/OPSYS#):
Contract level		
<input checked="" type="checkbox"/>	Single Contract 1	Indirect management with UNFPA supplies programme