Insights from UNFPA Supplies Partnership new financing model

Examples of implementation and impact

Countdown 2030 Europe

www.countdown2030europe.org

Contents

Key abbreviations

C2030E	Countdown 2030 Europe
CIP	Costed Implementation Plan
CPR	Contraceptive prevalence rate
ELMIS	Electronic monitoring information system
FGAE	Family Guidance Association of Ethiopia
FGM	Female genital mutilation
GPRHCS	Global Programme to enhance Reproductive Health Commodity Security
HEW	Health extension worker
HRBA	Human rights-based approaches
HSS	Health system strengthening
HSTP	Health Sector Transformation Plan
IPPF	International Planned Parenthood Federation
LAPM	Long acting and permanent methods
LMA	Last mile assurance
LNOB	Leave no one behind
MA	Member Association
mCPR	Modern contraceptive prevalence rate
MoF	Ministry of Finance
MoH	Ministry of Health
RH	Reproductive health
RHC	Reproductive health commodities
RHCS	Reproductive health commodity security
SRAT	Sustainability readiness assessment tool
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
TFR	Total fertility rate
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

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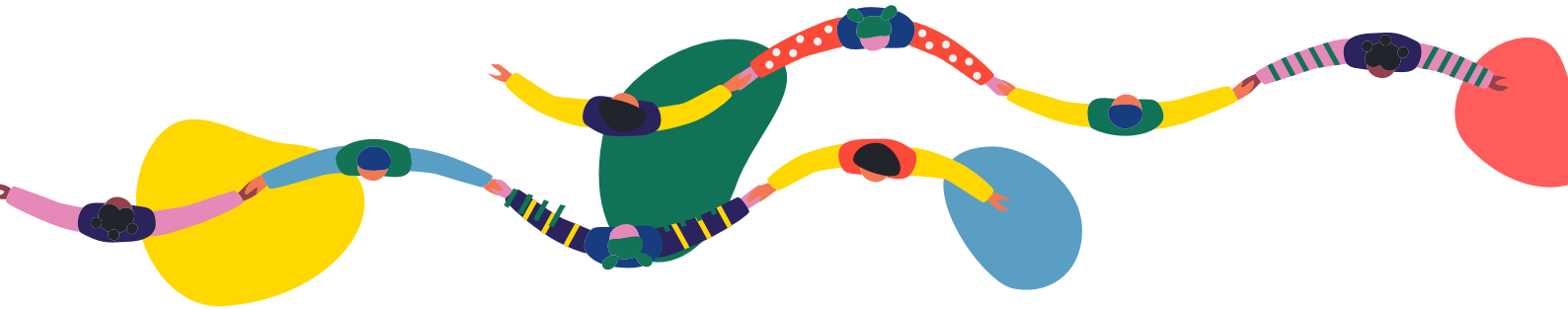

Foreword

We can't afford to step back – why the UNFPA Supplies Partnership matters now more than ever

Having worked in the sexual and reproductive health and rights (SRHR) sector for many years, I have witnessed the evolution of global efforts to secure access to contraception, commodities and sexual and reproductive health supplies **from fragmented, emergency-driven responses to more coordinated, sustainable systems that put country ownership and equity at their core**.

Throughout this time, first the Global Strategy on Reproductive Health Commodity Security (RHCS), then the UNFPA Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS), and last, the UNFPA Supplies Partnership have stood out as some of the most impactful and reliable mechanisms for delivering real, measurable change. As Director of the Development & Impact Division at the International Planned Parenthood Federation (IPPF), a global leading healthcare provider relying on our Member Associations and collaborative partners providing contraception, safe abortion and maternal care at the frontlines in over 146 countries, I have witnessed at first hand how these programmes have supported countries to build resilient supply chains, **ensure access to life-saving commodities, and reinforce the foundational systems that uphold SRHR**.

But today, this incredible progress is under serious threat as traditional sources of funding are devastatingly shrinking, while the needs have not disappeared – quite the contrary. The financing base that has sustained this work for over a decade is under massive strain. In light of economic uncertainty, shifting global priorities, and mounting health inequities, **we need the UNFPA Supplies Partnership, the leading global reproductive health commodities supplier, more than ever**.

For this very reason, this report could not be more timely. It provides critical insights into how to face the current funding gap and better leverage **newly established financing models** introduced in Phase III. It also sheds a light on where the challenges lie, and what can be learned from this pilot experience so far. But most importantly, this report tells us how such financing models can be improved, so that we can build a stronger, more responsive, and more sustainable programme in the years ahead.

I see this report as both a tool and a call to action. We all know how easy it is to lose ground, and how progress can be easily reversed when support is uncertain. We cannot afford to slow down. **The UNFPA Supplies Partnership is and remains a cornerstone of SRHR worldwide, and now is the moment to invest in it more boldly, more creatively, and more consistently than ever before.**

Manuelle Hurwitz
Director of the Development & Impact Division at the International Planned Parenthood Federation (IPPF)

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Background, purpose and methodology of the research

The purpose of this report is to provide an initial assessment of how support from donor countries, including those where Countdown 2030 Europe (C2030E) works, is contributing to the UNFPA Supplies Partnership, and the value to sexual and reproductive health and rights (SRHR) of the funding in these first three years of implementation of Phase III (see below) of the UNFPA Supplies Partnership programme. This research was commissioned by the International Planned Parenthood Federation (IPPF).

The research intends to contribute towards strengthening the expertise and advocacy capacity on the value and contribution of the UNFPA Supplies Partnership in filling the gap of unmet need for contraceptive care. It aims to provide thoughtful insights into how the Partnership can continue to evolve and adapt to ensure long-term sustainability and impact.

Specifically, the report presents three in-depth country case studies (Ethiopia, Madagascar, and Nepal), offering insights into implementation, alignment with national systems, and the Partnership's role in supporting supply security. It consolidates findings and good practices drawn from the case studies, with an emphasis on lessons learned from the introduction of the new financing models in Phase III.

1.1 The UNFPA Supplies Partnership

The **UNFPA Supplies Programme** grew out of the Global Strategy on Reproductive Health Commodity Security (RHCS) implemented through the United Nations Population Fund (UNFPA) Global Programme to enhance Reproductive Health Commodity Security (GPRHCS), which began in 2007.[1] GPRHCS became the 'UNFPA Supplies Programme' in 2013, for an initial period of five years (later extended). Phase 2 of the Supplies Programme (2013–2020) focused its interventions on 46 countries that received multi-year support to improve the enabling environment for RHCS, increase demand, improve efficiency of procurement and supply, improve access, and strengthen capacity and systems for supply chain management.[2]

The current programme is in Phase III (2021–2030), with the addition of 'Partnership' to the name. The UNFPA Supplies Partnership (hereafter 'the Partnership') represents the **third phase** of the Programme, for the period **2021–2030**. It was developed by UNFPA with the involvement of other partners and donors. It builds on the programme's past experience and efforts.

The Partnership covers **54 countries** across Africa, Asia, the Pacific and Latin America with low uptake of modern contraceptives and high maternal mortality rates, providing access to high-quality contraceptives and maternal health medicines. It has four strategic objectives: (1) Increased availability and access, (2) Strengthened supply chains, (3) Increased government commitment, and (4) Effectiveness and efficiency (operational).

In this third phase, the Partnership has placed much greater focus on increasing sustainable domestic financing. This renewed **focus on country ownership and sustainability** through domestic resource mobilization is intended to build efficient and effective outcomes, with sustained attention to building country political and financial commitment to RHCS.

1 Mid-Term Evaluation of UNFPA Supplies Programme 2013–2020 (pg2).

2 Ibid.

The Partnership offers several tools to encourage domestic financing:

(1) Compact Agreements: Countries are provided with low- or no-cost products but expected to contribute more from their own domestic resources over time and move gradually toward full responsibility and funding of their own SRH commodities, to be fully integrated into their own health systems. The Country Compact (signed by Ministries of Health and Finance) is defined as "an arrangement among the signatories that sets out the obligations, roles and undertakings of each of the signatories,"[3] and is a non-legally binding agreement between the country and the Partnership. With the Compact, the country governments commit to co-financing their commodity needs, gradually building country ownership through a sustainable financing commitment over the long term. Commodities are available to Partnership countries based upon their Country Compact and national supply plan.

(2) Match fund: This mechanism was developed in 2021 in response to a significant decrease in global funding for SRHR with the withdrawal of United Kingdom donor funding. It is a new method for domestic resource mobilization to enable countries to make up for this reduction in funding, in which a country can receive a 1:1 or 1:2 funding match to enhance their ability to provide SRH commodities, depending on their economic status and their performance in funding and procuring commodities with their own resources. The mechanism is now integrated into the Partnership budget and works as both an incentive and a reward for countries.

(3) Bridge fund: This provides support to governments to place orders (and pre-pay) through the UNFPA Third-Party Procurement mechanism.

1.2 Methodology

Three country case studies – Ethiopia, Madagascar, and Nepal[4] – were selected for the research. These countries were chosen to reflect a diversity of contexts, offering a range of experiences and examples across different stages of Phase III implementation of the UNFPA Supplies Partnership. Their selection was guided with the intention to capture varied geographic, programmatic, and operational perspectives.

Data was collected against five key research questions and included both: (a) document review at country level, with documents collected from different sources; and (b) interviews at country level.[5] In all country case studies, research questions four and five have been merged.

Both secondary (documentation) and primary (interview) data was collated in an Excel evidence database for each country against the key research questions. This allowed for a robust and triangulated analysis of data for research findings and subsequent considerations.

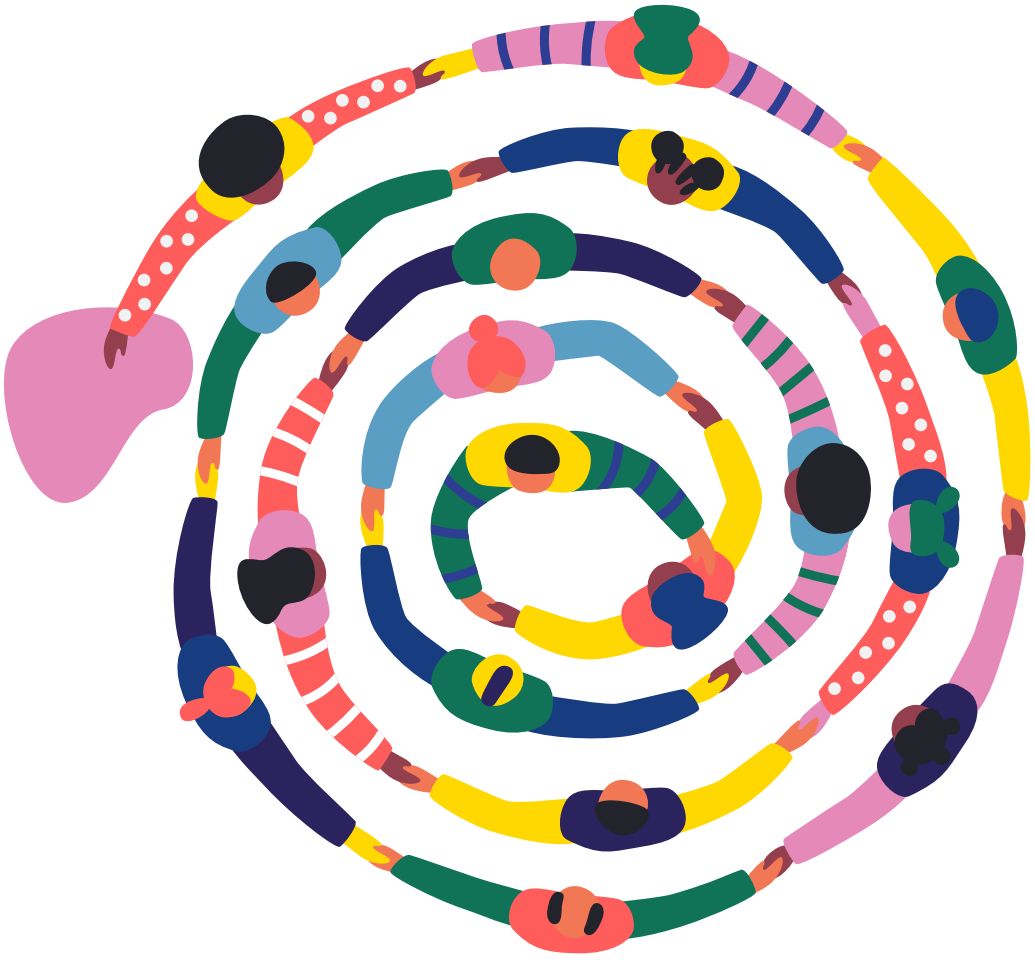
3 UNFPA. UNFPA Supplies Partnership 2021–2030 Phase III Programme Document (pg22).

4 All countries were part of the UNFPA Supplies Partnership prior to Phase III and continued into Phase III.

5 For a list of documents reviewed and persons interviewed, please refer to the country case study reports.

Table 1. Five key research questions

Relevance	**Research question 1.** To what extent has the Partnership been adapted to specific political, economic, and social contexts, and how do these varied contexts impact the implementation of the financing model and outcomes of the Partnership?	***What are the challenges?*** ***What are the gaps?*** ***Is there good/best practice to learn?*** ***Is the good practice replicable?*** ***What are considerations for the future?***
Effectiveness	**Research question 2.** To what extent has technical assistance (TA) through the Partnership, including tools such as the Sustainability Readiness Assessment Tool, supported implementation of the countries' financing strategies and of the Partnership activities?	
Sustainability	**Research question 3.** To what extent have sustainable financing strategies, such as the product subsidization model, Compact Agreements, and the Match Fund, been effective?	
Coherence	**Research question 4.** To what extent does the financing element of the Partnership complement other interventions and support in reproductive health commodities supply (RHCS)?	
Partnerships	**Research question 5.** To what extent has the renewed partnership model in Phase III, including collaboration with governments, NGOs, and other stakeholders, supported increased financial effectiveness of implementation at country level?	



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Summary of findings

In the current context of heightened financial and operational pressures, this report aims to provide thoughtful insights into how the UNFPA Supplies Partnership can continue to evolve and adapt to ensure long-term sustainability and impact.

The findings are intended to identify practical opportunities to enhance the financial sustainability and scalability of the new financing model of Phase III, particularly in light of today's challenging global context, so the UNFPA Supplies Partnership can continue to serve as a strong and effective platform for advancing SRHR.

This analysis is intended to build on the strengths of the UNFPA Supplies Partnership, highlight areas where further support or refinement may be beneficial, and reinforce its position as a leader in the field. The findings are part of a shared effort to strengthen the model and sustain its impact into the future.

The contextual relevance of the UNFPA Supplies Partnership, and particularly the relevance of the new financing model within Phase III, differs enormously across countries.

In **Ethiopia,** a strong political commitment to SRHR is evident, even as financial constraints and challenges such as stockouts, rural–urban, and humanitarian needs persist. The relevance of the financing model is particularly clear in this context, as the global UNFPA Supplies Partnership has been effectively tailored in various ways to address the aforementioned specific challenges and enhance access to reproductive health supplies.

In **Madagascar,** the UNFPA Supplies Partnership plays an essential role in strengthening reproductive health commodity security (RHCS), although in this context a heavy reliance on external partners can still be noted. The government's commitment to these efforts is reinforced through initial assessments indicating that the financing model has been instrumental in further solidifying engagement.

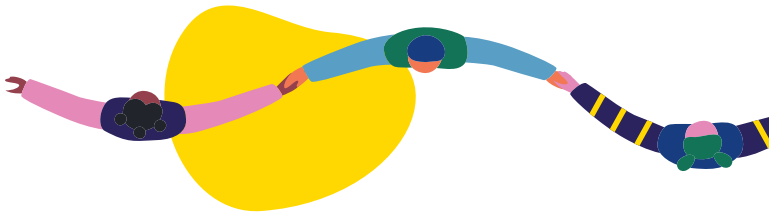
In **Nepal,** a context where access to SRH commodities is unequal and there remain many SRHR challenges to address, the Supplies Partnership is critical and plays a significant role in strengthening RHCS. However, there is limited evidence from an initial assessment that the financing model has been particularly impactful and more focus is necessary in the future in terms of promoting match funding and sustainability.

Effective technical assistance for financing strategies is implemented across countries, but due to different barriers, challenges, and bottlenecks, the outcomes are not all consistently evident at this early stage in Phase III implementation.

In **Ethiopia**, effective technical assistance from and through the Partnership has mostly been targeted to address well-identified challenges within the context, with key outcomes secured. But barriers nonetheless persist, including limited mobilization of the private sector and more focus needed on reaching the most marginalized.

In **Madagascar,** the government has committed to contributions through both the UNFPA Supplies Partnership Compact and through FP2030 Commitments. However, the needs are widespread (financial, operational, programmatic) and the effectiveness of the Supplies Partnership to date can be seen more across the spectrum of technical assistance rather than around the financial model.

In **Nepal,** the Supplies Partnership has supported the availability and accessibility of RH supplies, together with contributing to an increasingly enabling reproductive health environment. But to date this has not necessarily made a discernible impact on increasing domestic financing commitments.



Compact Agreements are common across all countries and are considered a useful tool, although with less consistent translation into more sustainable commitments at this stage. Other tools and financing strategies are less consistent across countries.

In **Ethiopia,** the Compact Agreement is considered to be a key mechanism through which the Partnership can support a consistently increasing domestic financial commitment to RH supplies. Commitment from, and specific accountabilities for, the Ministry of Finance (MoF) in addition to the Ministry of Health (MoH), are considered crucial for sustaining this.

In **Madagascar,** the commitments signed by the government regarding RHCS are currently strong, but do not necessarily reflect a robust commitment to working towards sustainable domestic financing through increasing contributions over time.

In **Nepal,** the government has signed a Compact Agreement with UNFPA, but an initial assessment shows that there is limited evidence of political will or capacity to provide more domestic financing than what is the minimum requirement.

The research shows that there is a wide range of contexts regarding the availability of other partners, and the coherence and synergies between those other actors and the UNFPA Supplies Partnership.

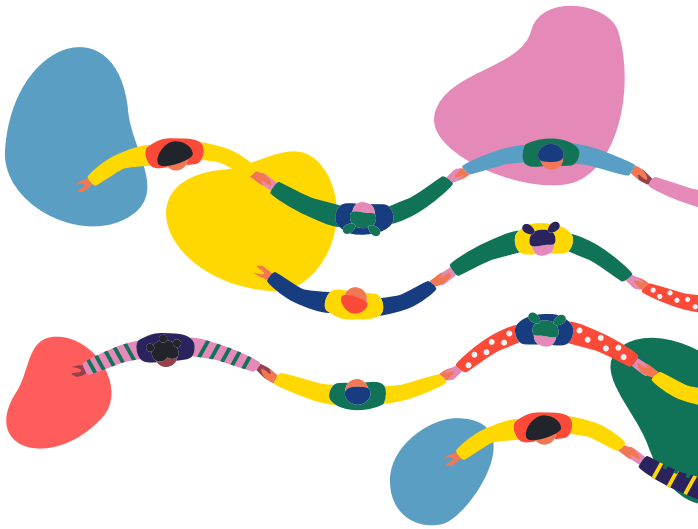
Ethiopia provides a good example of a country with multiple donors, and one with both the UNFPA Supplies Compact and another multi-partner Compact. A merger is planned between the two and this will showcase best practice to avoid duplication and increase synergies.

In **Madagascar**, the UNFPA Supplies Partnership has contributed to strengthening the health system by supporting the priorities defined by the government across the areas of reproductive health and supply chain management. This has highlighted good alignment between government needs and the technical assistance provided by the Supplies Partnership.

In **Nepal,** the UNFPA Supplies Partnership is the largest and most critical donor to RH commodity security. There are few SRHR actors in the country and the critical ones are all included within the Partnership, which enhances cooperation. More intentional and strategic interlinkages with other SRHR interventions, such as support for cervical cancer screening, should be leveraged.

The report highlights how sustaining and scaling what works is key for meeting the needs of investments in SRHR. The main objective is to contribute to a constructive and solutions-oriented conversation, one that supports the continued success of the UNFPA Supplies Partnership, despite today's complex and shifting environment.

The research highlights not only what is working well but also where support must increase to ensure these successes can be sustained and scaled. If we are to see the full potential of these innovative approaches realized, increased and more predictable support is essential. Throughout the report, we aim to emphasize that the goal is to bolster and strengthen the Partnership's position, particularly at a time when traditional funding streams are increasingly fragile. By surfacing actionable insights, we hope to support a solutions-oriented dialogue that underscores the value of investing in what works and ensuring that the UNFPA Supplies Partnership continues to deliver for access to contraceptives for all.



Ethiopia country report

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Above: Tirhas, 32, followed her pregnancy check-ups at Family Guidance Clinic. She fled with her husband four years ago following the crisis in Tigray, Ethiopia. She used to be a businesswoman, and her husband owned a maintenance shop. They now live in a centre for internally displaced people in Mekelle, Ethiopia.

3.1 Background context

Ethiopia is the second most populous country in Africa, after Nigeria.[6] It is situated in East Africa, bordering Eritrea, Sudan, South Sudan, Kenya, Somalia, and Djibouti. Ethiopia was occupied between 1936 and 1941 by Italy. Ethiopia may not have experienced prolonged colonial administration like other African countries, but it has still been shaped by the enduring impacts of colonial interference, facing significant neo-colonial economic and political pressures that have contributed to systemic inequalities and external dependencies. Ethiopia's current political landscape is marked by some internal and humanitarian challenges, with the country facing significant socioeconomic hurdles, including inflation, rising external debt, climate-induced natural disasters, and internal conflicts that have led to humanitarian concerns and displacement. Ethiopia is currently classified by the World Bank as a low-income country with a per capita gross national income (GNI) of US$1,020, but it aims to reach lower-middle-income status by 2025.[7]

A nation rich in history, culture and natural resources, the country has significant potential. This resourcefulness extends to sexual and reproductive health and rights (SRHR), where Ethiopia has achieved highs in expanded access to contraception, which is remarkably embedded not only in the country's policies but also in its Constitution.

Ethiopia has a total population of nearly 130 million people (2024) with a large youth ratio: a total of 39% are under the age of 15 and 32% are considered youth (aged 10–24).[8]

Child marriage rates are high (40% married by the age of 18), and female genital mutilation (FGM) also remains high (65% prevalence for girls aged between 15 and 18).[9] Contraceptive prevalence rate (CPR) statistics are provided in the table opposite.

Map of Ethiopia

Table 2. Ethiopia contraceptive prevalence rates (CPR) and unmet need for family planning[10]

Indicator	Rate
CPR, all women aged 15–49, all methods	31%
CPR, married women aged 15–49, all methods	42%
CPR, all women aged 15–49, modern methods	30%
CPR, married women aged 15–49, modern methods	41%
Unmet need for family planning, women aged 15–49, all women	15%
Unmet need for family planning, women aged 15–49, married women	20%

6 www.worldbank.org/en/country/ethiopia/overview
7 Ibid.
8 www.unfpa.org/data/world-population/ET
9 Ibid.
10 Ibid.

Family Guidance Association of Ethiopia (FGAE)

The IPPF Member Association in Ethiopia, the Family Guidance Association of Ethiopia (FGAE), was established in 1966 and has a network of 46 sexual and reproductive health (SRH) service delivery points across Ethiopia, including clinics, outreach sites, and franchised clinics. FGAE operates through eight area offices and has over 700 staff.

FGAE has a vision that every individual and family in Ethiopia is empowered to enjoy SRHR. The mission statement is: "FGAE serves the SRH needs and rights of the under-served, especially young people, focusing on access, quality, all-inclusive approaches and equity to accomplish its Start-up, Leadership and Catalyst role in integrated SRH service and information delivery."

In 2023, FGAE provided 5,990,845 family planning services, including emergency contraception. FGAE operates under the core values of integrity, excellence, volunteerism, respecting clients' rights, partnership, and innovation.

3.2 Findings

Relevance

Ethiopia demonstrates strong political commitment to SRHR yet faces financial constraints shaped by historical and structural inequalities which jeopardise access to healthcare and funding. The country continues to navigate stockouts, rural and urban disparities in coverage, and humanitarian challenges. Within this context, the global UNFPA Supplies Partnership has been adapted in various ways.

Ethiopia has made great strides in SRHR in the last few decades, increasing access to reproductive health commodities (RHC) and information.[11]

The government of Ethiopia strongly supports SRHR for women and girls and is currently implementing the second Health Sector Transformation Plan (HSTP II) for 2021-2025 which highlights SRH as a core foundational component of sustainable development. It has also set targets to increase modern contraceptive prevalence rate (mCPR) from 41% to 54% and reduce unmet need from 22% to 17% by 2030.[12] There is a Reproductive Health Commodity Security Strategy 2022–2026 and also a Costed Implementation Plan (CIP) for family planning, 2023–2030, which has rights-based language and is committed to improving coverage of family planning (FP) services and commodities. There are key strategies outlined in the CIP which include:

- adolescent and youth access to contraception
- scaling up FP service delivery in humanitarian settings and remote areas
- enhancing service integration at the different service areas (antenatal care, post-natal care, immunization)
- enhancing the provision of FP through the private sector[13]

Key challenges highlighted specifically for the Ethiopian context include:

Persistent stockouts of key commodities: A key challenge for the Ethiopian context, that the UNFPA Supplies Partnership seeks to address, is increasing stockouts, particularly for modern contraceptive methods.

From 2017 onwards, there was an increasing trend in the incidence of stockout of any modern contraceptive method offered at service delivery points (SDPs) in the three months before the survey. Similarly, there is an increasing trend in the incidence of stockout of three or more as well as five or more modern contraceptive methods offered in the SDPs in the three months prior to the survey (with a slight depression in 2020).[14] This was confirmed in interviews:

"For me as a pharmacist the main challenge is shortage. Just to have an example, at this time we are out of stock of condoms for the last three or four months. That is a main challenge."[15]

11 DeMaria, L.M., Smith, K.V., Berhane, Y. Guest Column: The David and Lucile Packard Foundation. https://icfp2022.org/guest-column-srhr-in-ethiopia/

12 UNFPA and Government of Ethiopia (2022) Country Compact for Co-financing of Reproductive Health Commodities in Ethiopia.

13 Government of Ethiopia (2022) Costed Implementation Plan for the National Family Planning Program 2023–2030.

14 UNFPA, Ministry of Health and Addis Ababa University (2023) Trend analysis on the availability of selected reproductive health commodities and services in Ethiopia.

15 Ethiopia key informant.

Urban–rural disparities and last mile challenges: Another challenge, and a key facet of the HSTP II and of the support of the UNFPA Supplies Partnership, is last mile delivery to rural areas. Ethiopia is a very large country, and the disparities between urban and rural indicators across mCPR and maternal mortality are significant.[16] For example, the Somali region has 3.5% mCPR, compared to 49.5% in the Amhara region.[17]

Humanitarian challenges: Ethiopia has had a long history of hosting refugees from neighbouring countries,[18] but in recent years increasing internal conflict as well as climate change-induced natural disasters has meant more and more regions fall under a humanitarian categorization. This affects the delivery of services, including family planning services and commodities, as well as the engagement with different actors and partners, and the delivery of family planning through different service channels, such as in collaboration with nutrition or gender-based violence (GBV) services.[19]

The UNFPA Supplies Partnership response to this context overall has focused on both the provision of commodities and health system strengthening (HSS), which includes supply chain, quantification capacity strengthening, and last mile assurance (LMA) systems. The Supplies Partnership in Ethiopia is piloting LMA in humanitarian settings with the UNFPA humanitarian team.[20]

FGAE in particular has focused on distribution of UNFPA-procured RH commodities through its network of 46 clinics. The commodities are all coordinated through the Ministry of Health, which provides a list of both short-term and long acting and permanent methods (LAPM).[21]

Finally, the Partnership sustainability readiness assessment tool (SRAT) has been used to better understand the complexities and specific bottlenecks of the context. This is a tool provided by UNFPA which allows a country to assess the readiness of the national government to sustainably take over control of systems and processes: it allows for the Partnership to tailor support to particular areas of need within the context.[22]

Effectiveness

Effective technical assistance from and through the Partnership has mostly been targeted to address well-identified challenges within the context, but barriers nonetheless persist.

Access to contraception is not just embedded within reproductive health policies in Ethiopia, but across different policy and governing documents, including the Constitution, and this, as stated in the previous section, lends itself to a context of positive political commitment and will. The government provides a good coordinating function for RHCS. Despite this, multiple barriers to access remain.

The Partnership has been able to support with a number of these challenges, and the 2023 SRAT for Ethiopia highlights clearly both the challenges and the progress for RHCS within Ethiopia:[23]

Support from the Partnership that has been particularly effective:

1. **Capacity strengthening on quantification and annual forecasting** for the government and partners (such as FGAE) is reported to be effective in terms of learning, although stockouts and shortages persist. This is a national challenge, with stockouts of basic commodities such as condoms often lasting for three to four months.[24]
2. **Last mile assurance support has been well received.** The LMA support is vital in Ethiopia. While government commitment to increasing domestic funding is tangible and solid, money alone does not provide all the solutions to the challenges of ensuring all women and girls, including those in rural regions and humanitarian areas, have equal access to choice of contraceptive method. The last in-country assessment report provided recommendations across traceability, stock, and verification of facilities.[25]

16 UNFPA and Government of Ethiopia (2022) Country Compact for Co-financing of Reproductive Health Commodities in Ethiopia; UNFPA, Ministry of Health and Addis Ababa University (2023) Trend analysis on the availability of selected reproductive health commodities and services in Ethiopia.

17 Government of Ethiopia (2022) Costed Implementation Plan for the National Family Planning Program 2023–2030.

18 UNHCR (2020) Briefing notes.

19 Government of Ethiopia (2022) Costed Implementation Plan for the National Family Planning Program 2023–2030.

20 Ethiopia respondents.

21 Ethiopia respondents.

22 UNFPA (2023) SRAT 2023 (for 2024 application).

23 Ibid.

24 Ethiopia respondents.

25 UNFPA (2023) In-Country Assessment Report 2023.

3. **Support to task sharing/task shifting** has been effective, and health extension workers (HEW) are providing more and more family planning services at community-level health structures.[26]

Areas where further support from the Partnership is still required:

1. **Underutilization of the private sector to achieve long-term sustainability.** Currently, 14% of Ethiopian women obtain their FP method from private providers, with the private sector playing a dominant role in health delivery both nationally and across the continent. In this context, a key challenge is the absence of clear market segmentation and sizing, which limits the effective utilization and engagement of the private sector.[27] To address this the Partnership has developed a public-private partnership (PPP) guideline, recognizing that leveraging private sector involvement could enhance access and ensure greater sustainability, though more needs to be done to implement and expand PPP effectively.[28]
2. **A stronger focus on the most marginalized groups should be embedded.**[29] While there is some reference to needs of particular demographics across government reproductive health commodities (such as adolescents), there is no overarching reference, or support from the Partnership, to identify both groups and specific barriers for different groups (refugees, internally displaced persons, women with disabilities, religious or systematically and historically marginalized ethnic groups, etc) to accessing quality choice of contraceptive care.[30]

Sustainability

The Compact Agreement in Ethiopia is considered to be a key mechanism through which the Partnership can support a consistently increasing domestic financial commitment to reproductive health supplies. Commitment from, and specific accountabilities for, the Ministry of Finance (MoF) in addition to the Ministry of Health (MoH), are considered crucial for sustaining this.

The UNFPA Compact for the UNFPA Supplies Partnership was signed with the government of Ethiopia in 2022.[31] This Compact establishes clear responsibilities for different government entities, including both the MoH and the MoF, as well as UNFPA. Particularly important are the commitments of the MoF, specifically:

a) The MoF acknowledges that it is expected to allocate funds to the MoH to co-finance the cost of the RH/FP commodities the country receives from the Partnership (the Partnership commodities).

b) The MoF agrees on the transfer of the government's co-financing contribution to UNFPA's local account in local currency (Ethiopian Birr, ETB).[32]

The Compact allows for the government of Ethiopia to contribute 1% of the annual allocation from UNFPA for RH commodities in 2023, and then increase this by 1% each year, until the contribution should have reached 9% by 2030.

Match funds are also available, meaning that UNFPA will match any additional contributions the government makes beyond this 1% increase minimum requirement.[33] Respondents report that the government is already contributing more than the required 1%, and while an application for match funds has not yet been submitted, the process is currently underway.

26 UNFPA (2023) SRAT 2023 (for 2024 application).

27 Ibid.

28 Ethiopia respondents.

29 Leaving no one behind (LNOB) is a global sub-agenda of the 2030 agenda and Sustainable Development Goals. It is rooted in principles of human rights and inclusion, and the need to understand who is most vulnerable, most marginalized, and most excluded, and to make explicit efforts to reach them. https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind#:~:text=Principle%20Two%3A%20Leave%20No%20One,Sustainable%20Development%20Goals%20(SDGs).

30 UNFPA (2023) SRAT 2023 (for 2024 application).

31 UNFPA and Government of Ethiopia (2022) Compact for the UNFPA Supplies Partnership. Signed between United Nations Population Fund (UNFPA) and the Government of Ethiopia (Ministry of Health and Ministry of Finance).

32 Ibid.

33 UNFPA and Government of Ethiopia (2022) Country Compact for Co-financing of Reproductive Health Commodities in Ethiopia.

Through UNFPA, the Supplies Partnership has a strong and collaborative relationship with the MoF in addition to the MoH, and this is critical to the domestic financing piece of the puzzle.[34]

The MoH believes the Compact requirements to be realistic and feasible, in that the financing commitments have started at a low and reasonable percentage of the total commodity need and have a gradually increased commitment year-on-year. An interesting dimension for Ethiopia is that since the UNFPA Compact, the government has signed a separate multi-partner Compact Agreement with other partners, including the United States Agency for International Development (USAID), the Buffett Foundation, the Hewlett Foundation, and others – see next finding under Coherence and partnership.[35]

A key challenge though, for the government of Ethiopia, is currency. The Compact is signed in US$, but the government allocation is of course provided in Ethiopian Birr. Currency fluctuations which have reduced the Birr's value have made it challenging for the government to plan financial commitments accurately, and complicate long-term budgeting.[36]

Coherence and partnership

Ethiopia provides a good example of a country with multiple donors, and one with both the UNFPA Supplies Compact and another multi-partner Compact. A merger is planned between the UNFPA Supplies Partnership Compact and the multi-partner Compact and this will showcase best practice.

As referenced above, after the UNFPA Compact was signed, the government of Ethiopia signed another multi-partner Compact for family planning commodities, with various donors such as USAID,[37] the Buffett Foundation, and the Hewlett Foundation. This Compact is from 2023–2026. This is another co-financing commitment, which the government of Ethiopia is pleased with. However, this multi-donor compact is signed with entities that are also partners within the UNFPA Supplies Partnership, and the strategy behind the signing of another separate Compact is unclear. There are ongoing discussions around the two Compacts merging into one overall multi-donor RH commodities Compact.[38]

In Ethiopia the MoH provides a critical and effective coordination function for RH commodities, such that partners like FGAE tend to coordinate directly with the government, confident that the government is playing an overall coordination role with all other actors.[39]

34 Ethiopia respondents.

35 Ethiopia respondents.

36 Ethiopia respondents.

37 At the time of writing this report, the USAID agency had not yet been dismantled. However, as of its publication in July 2025, this development is expected to affect US government funding for UNFPA Supplies, with the impact of this action currently being determined.

38 As n37.

39 As n37.

3.3 Country-specific good/innovative practice and lessons learned

Political will and commitment to family planning are a necessary foundation for the UNFPA Supplies Partnership to work with. In the case of Ethiopia, this political commitment is shown by rights-based referencing to access to choice of family planning methods across multiple government documents, policies, and strategies, not just within one reproductive health strategy. It is clear in Ethiopia that there is a genuine commitment to family planning access across the country, something that goes beyond a tokenistic and rhetorical commitment. However, this exists without the necessary financial resources to implement it. This constitutes a prime context for the Supplies Partnership to operate in.

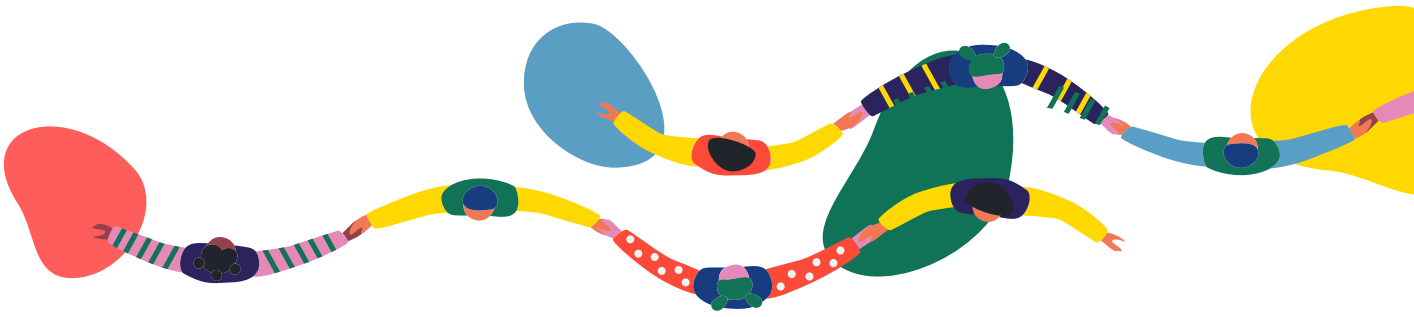
Despite the genuine political will and the support of the Partnership, challenges persist in a country as large and complex as Ethiopia, with particular challenges being (a) last mile assurance, particularly in terms of reducing the rural-urban access disparity and issues addressing outreach to the most marginalized, and (b) leveraging on the private sector being crucial in the short term to achieve long-term sustainability. The ultimate goal of the Partnership and the government of Ethiopia is to ensure that everyone has access to contraceptives and reproductive supplies as a fundamental right. While this would ideally be achieved through the programme in the long term, in the short term the private sector can play a key role in filling the gaps. **This approach requires a sophisticated, ongoing, and comprehensive identification of those most marginalized accessing free commodities and services.** There is still significant progress to be made in Ethiopia to address these challenges.

The Compact Agreement has been a key catalyst for securing ongoing financial commitment. In Ethiopia, the government was already contributing more than 1% of domestic financing towards RH commodities. However the Compact has played a crucial role in further mobilizing resources and securing long-term sustainability in multiple ways:

a) The inclusion of specific responsibilities for the MoF has embedded the co-financing structure within the broader government financing framework, rather than just limiting it to the resources allocated solely to the MoH.

b) The government finds the targets in the Compact to be realistic and feasible and finds the match fund to be a valuable incentive. (Although match funds have not yet been applied for, the process is expected to move forward.)

c) The Compact has been so successful that a second, multi-donor compact has been signed. While the rationale for having two separate agreements is unclear, especially since the signatories of the multi-donor compact are partners within the UNFPA Supplies Partnership, this confirms both donor and government commitment to financing for family planning in Ethiopia. A merger of the two Compacts already in the planning will showcase best practice.



Madagascar country report

4

4.1 Background context

Madagascar, a francophone island off the east coast of Africa in the Indian Ocean, is a country of immense natural wealth and biodiversity.[40] Despite its vast wealth of natural resources, Madagascar is classified as a low-income country with a per capita gross national income (GNI) of US$530. This is connected to the country's past as a French colony between 1887 and 1958. French colonial rule led to the exacerbation of existing social, economic, and political inequalities, concentrating the power and resources in the hands of the colonisers, while marginalizing the majority of the local population.

Madagascar has a total population of 31 million (2024) with a high youth ratio: a total of 38% are under the age of 15 and 32% are considered youth (aged 10–24).[41]

Child marriage rates are high (39% married by the age of 18).[42] Contraceptive prevalence rate (CPR) statistics are provided in the table opposite.

Fianakaviana Sambatra (FISA)

The IPPF Member Association in Ethiopia, Fianakaviana Sambatra (FISA), was established in 1967 to provide SRHR services across Madagascar. FISA has 67 different service points including 11 static clinics, three mobile units and other community-based types of service provision. FISA also works with other associated clinics and private service providers. FISA has 70 staff and supports a youth action movement.[43]

The vision of FISA is to "promote a society where every individual, regardless of gender, age or origin, has the right to access comprehensive sexual and reproductive health information and services according to their choice."[44]

The mission is stated as: "Together, we are committed to contributing to the wellbeing and quality of life of the population, particularly the most vulnerable and marginalized, through the provision of quality health services, the promotion of comprehensive sexuality education, and the development of lasting partnerships."

Map of Madagascar

Table 3. Madagascar contraceptive prevalence rates (CPR) and unmet need for family planning[45]

Indicator	Rate
CPR, all women aged 15–49, all methods	42%
CPR, married women aged 15–49, all methods	53%
CPR, all women aged 15–49, modern methods	38%
CPR, married women aged 15–49, modern methods	47%
Unmet need for family planning, women aged 15–49, all women	13%
Unmet need for family planning, women aged 15–49, married women	14%

40 www.worldbank.org/en/country/madagascar/overview
41 www.unfpa.org/data/world-population/MG
42 Ibid.
43 https://fisamada.org/a-propos/
44 Ibid.
45 Ibid.

4.2 Findings

Relevance

The UNFPA Supplies Partnership is essential to reproductive health commodity security (RHCS) in Madagascar. While government commitment within the Compact is high, Madagascar still shows heavy reliance on external partners.

The UNFPA Supplies Partnership is integrated into national health policies and programmes in Madagascar, but financing challenges for both FP procurement and distribution remain and the Partnership, along with other donors, still bears the majority of costs despite the Madagascar government's political commitments.[46] These pledges include the FP2030 Commitment signed in 2022 to: 1) increase the modern contraceptive prevalence rate (mCPR) for 'married women in union' to 60% (it is currently 47%); 2) reduce unmet need to 8% (it is currently 14%); 3) provide 5% national financing for reproductive health commodities.[47] The FP2030 Commitment also includes a target to lower the country's total fertility rate (TFR) to 3 (it is currently 3.7).[48] It must, however, be acknowledged that such targets are the direct result of post-colonial and population control-driven policies taking the place of a rights-based, person-centred approach to SRHR, having as consequences the instrumentalization of contraceptive care and women's bodies to reach population targets.

Madagascar's domestic financial commitments are referenced, although not explicitly quantified, in the National Strategy for the mobilization of financial resources for family planning, 2022–2026.[49] This Strategy provides a complete overview of the history of family planning and access to contraception in Madagascar since 1920. It highlights key moments of commitment, including when family planning was integrated into public policies in 1990, bringing commitments into the National Policy for Economic and Social Development; the first National Reproductive Health Policy in 2000; and family planning being incorporated into the National Development Plan in 2007.[50]

Madagascar has one of the highest poverty rates in the world, ranking 177th out of 191 countries on the Human Development Index (HDI).[51] This situation derives from its colonised past, where French rule extracted wealth and left the country with weak infrastructure and exacerbated inequalities. This means that there are multiple priorities for government spending, considering too that more than 80% of the population live in rural, often isolated areas and far from health services.[52] Beyond these challenges, national RHCS challenges include multiple and consistent stockouts, quality of care weaknesses and gaps, and significant inequalities in access, with adolescents and youth, and women with disabilities being particularly marginalized and excluded.[53]

The UNFPA Supplies Partnership has therefore focused technical assistance specifically towards the context highlighted above, one of widespread lack of access to free/affordable quality contraceptives; a generally unfavourable environment, specifically in terms of rural geography and widespread limited access to health service delivery points; low mCPR; and limited reference to human rights-based approaches (HRBA), particularly with regard to access to contraception for unmarried women and youth. The focus of the Partnership is more on these elements than on efforts to increase domestic resourcing, as financing remains a significant challenge.

46 Madagascar respondents.

47 Government of Madagascar (2022) Madagascar's FP2030 Commitment for commitment figures and **www.unfpa.org/data/world-population/MG** for current statistics.

48 Government of Madagascar (2022) Madagascar's FP2030 Commitment.

49 Gouvernement de Madagascar (2021) Stratégie Nationale de mobilisation des ressources financières pour la planification familiale. Pour la période: 2022–2026.

50 Ibid.

51 **https://worldpopulationreview.com/country-rankings/hdi-by-country**

52 UNFPA (2023) UNFPA Supplies Partnership. Narrative Template for Transformative Action Application Madagascar.

53 Ibid.

Effectiveness

The government has committed to financial contributions through both the UNFPA Supplies Partnership Compact and through FP2030 Commitments, but the needs are widespread (financial, operational, programmatic) and the effectiveness of the Supplies Partnership in Madagascar to date can be mainly seen across the spectrum of technical assistance.

The use of the sustainability readiness assessment tool (SRAT) is reported as effective to define priorities, but the domestic financing model, through the Compact and match funds, has been less well accepted by the Madagascar government. Training, such as quantification workshops, has been well received by both government and non-governmental organizations (NGOs) such as FISA.[54]

The UNFPA Supplies Partnership technical assistance outline for Madagascar for 2023 was for, predominantly, supply chain technical assistance, to address challenges outlined specifically in the integrated National Family Planning Plan 2021–2025.[55] The technical assistance was intended to support supply and procurement, specifically by: (1) improving annual quantification and forecasting; (2) supporting registration of different programmes (such as USAID or Global Fund) to reduce delays in importation processes; (3) supporting implementation of the electronic logistics management information system (eLMIS); (4) improving national supply chain systems, and supporting supply chain system sustainability; (5) strengthening capacity of community health workers; (6) improving last mile assurance; and (7) improving commodity and stock management, particularly with regard to expiration.

Given the economic situation in Madagascar and the high dependence on external support, there is a sense that the government of Madagascar "is never going to cover the contraceptive products of Madagascar" and in this context, while the support of the Supplies Partnership is crucial, it has been less focused on the domestic financing elements.[56] The 2023 Health Systems Strengthening report references the UNFPA Supplies Partnership Compact Agreement being signed (see next finding) but it has no activities reported related to the negotiation or tracking of committed domestic financing, as required.[57]

Sustainability

The commitments signed by the government of Madagascar regarding RHCS are currently strong, but do not necessarily reflect a robust commitment to work towards sustainable domestic financing through increasing contributions over time.

Madagascar has a Compact and receives the maximum in terms of counterpart funds, particularly matching funds (US$2 million). The mechanism works well, and the Madagascar government is committed, in some part due to a loan from the World Bank which has been used for contraceptive procurement.[58]

Table 4. (Madagascar) Compact Agreement: expected government contributions, 2023, 2024[60]

The government's expected financial contribution in 2023 and 2024 linked to the Country Compact is illustrated in the line below:

Government contributions	2023	2024	Comments
Country Compact contribution (1% & 2%) US$	18,966	37,932	Direct financial contribution paid to UNFPA to procure FP/RH commodities
Additional financial contribution in line with FP2030 commitment US$	583,636	564,670	Direct financial contribution paid to UNFPA to procure FP/RH commodities
Matching fund line budget total basis US$	602,602	602,602	To be considered by UNFPA to calculate the matching fund allocation with purchasing eligible products through UNFPA procurement services

54 Madagascar respondents.

55 UNFPA (2023) UNFPA Supplies Partnership. Narrative Template for Transformative Action Application Madagascar.

56 Madagascar respondents.

57 UNFPA (2023) HSS Madagascar 2023.

58 Madagascar respondents.

Annex A of the UNFPA Supplies Partnership Compact Agreement with the government of Madagascar provides an overview of the programmatic and financial commitment to reproductive health supplies, and requires the government to: (a) allocate at least 4% of family planning commodities quantified in the annual national supply budget; (b) strengthen advocacy with financial partners resulting in a 10% increase in contributions per year; and (c) together with financial partners, seek to reduce the budgetary gap, with at least 5% private sector contributions.[59]

Respondents report that despite the Compact being agreed with a 5% contribution, the government continues to rely heavily on partner support and no change to this is anticipated.[61] A major challenge reported is the overall consistent and pervasive lack of domestic funds (to contribute to sexual and reproductive health needs, as well as all other competing priorities and needs in the country).[62] Respondents report that the incentive mechanism, meaning match funds, and the contribution percentage, currently at 1% for the Supplies Compact, should be reviewed and defined in order to adapt to the specificities of the countries.[63]

Coherence and partnership

The UNFPA Supplies Partnership has contributed to strengthening the health system by supporting the priorities defined by the government across the areas of reproductive health and supply chain management.

Respondents report that all pillars of the health system have benefited from Supplies Partnership support. However, there is more limited evidence of strong coordination across different actors, and possibilities suggested for why this might be include the potential lack of the required strong coordination leadership from the government to facilitate this.[64]

The 2023 UNFPA Supplies Partnership technical assistance application included plans to use the established Reproductive Health/Family Planning Working Group (RH/FP WG) to disseminate information about the Country Compact and the match fund mechanism, among other issues, but did not specify who those partners are, other than referencing John Snow Incorporated (JSI) as a new UNFPA partner.[65] FISA is clearly identified as a critical and trusted partner, but others remain unspecified in Supplies Partnership documentation. Respondents report, however, that there is a level of coordination and that UNFPA intends to expand the Compact so that it can be signed by other actors involved in the supply chain. (The Country Compact is currently signed between UNFPA and the government, as is the norm for Supplies Partnership Compacts.)[66]

59 UNFPA and Government of Madagascar (2023) Annex A. Calendar of the UNFPA Supplies Partnership Compact.
60 Ibid.
61 Madagascar respondents.
62 Madagascar respondents.
63 Madagascar respondents.
64 Madagascar respondents.
65 UNFPA (2023) UNFPA Supplies Partnership. Narrative Template for Transformative Action Application Madagascar.
66 Ibid.

4.3 Country specific good/innovative practice and lessons learned

Firstly, this country case study has been informed by a limited amount of data. Other than the documents reviewed, there was limited engagement by local stakeholders with the research process and for those that did generously give their time, the research did not find a clear understanding of the Supplies Partnership model, and particularly the financing model within the Phase III approach. This undoubtedly impacts the implementation of the Supplies Partnership, as well as the information collected for this research.

What is clear is that there is commitment from the Madagascar government to improve access to family planning, reduce unmet need, and increase mCPR (although based around a narrow target population of 'married women in union', and not necessarily through a rights-based lens including all women and adolescents). This is clearly shown in financial contribution commitments through both the UNFPA Supplies Partnership Compact Agreement and the FP2030 Commitment.

However, in a low resource country with massive needs and limited government financial input or programmatic oversight, the technical assistance provided for operational necessities – quantification, forecasting, stock control, supply chain management, last mile assurance, etc – was more the focus of both documentation consulted and interviewees' responses. The financial commitments secured to date are impressive, but there is limited confidence that this will reflect any commitment to increased sustainable domestic financing in future years.

Nepal country report

5

Above: The devastating 6.4 magnitude earthquake that hit the western part of Nepal on 3 November 2023 resulted in loss of lives and damage to infrastructure. The Family Planning Association of Nepal (FPAN) quickly mobilised nearby branches to liaise with government and other actors for a coordinated response.

5.1 Background context

Nepal is a landlocked country in Asia, bordering India and China. Although never formally colonised, its history is deeply intertwined with the colonial legacies of neighbouring countries in South Asia, which have inevitably shaped its sociopolitical structures and the distribution of resources. Nepal is classified as a low-income country with a per capita gross national income (GNI) of US$5,240, one of the lowest in South Asia, but with an accelerating gross domestic product growth.[67] Nepal's economy is largely dependent on agriculture and remittances (accounting for up to 30% of the GDP).[68] Nepal is also a disaster-prone country and experienced a significant earthquake in 2015 which killed nearly 9,000 people and put almost three million people in direct and urgent need of humanitarian assistance.[69]

While the Constitution of Nepal recognizes health as a human right, and there has been progress made across different indicators (such as reduction in child, infant, and neonatal mortality, and increase in overall total life expectancy), there are significant disparities, with rural women, low-caste women, and those most marginalized and living in poverty having the least access to services.[70]

With a total population of 31 million (2024), Nepal has a youthful demographic, with 28% under the age of 15 and 29% considered youth (aged 10–24).[71]

Child marriage rates are high, at 35% married by the age of 18.[72] Gender-based violence (GBV) in general, and other forms of harmful practices, beyond child marriage, remain prevalent.[73] Contraceptive prevalence rate (CPR) statistics are provided in the table opposite.

Map of Nepal

Table 5. Nepal contraceptive prevalence rates (CPR) and unmet need for family planning[74]

Indicator	Rate
CPR, all women aged 15–49, all methods	42%
CPR, married women aged 15–49, all methods	55%
CPR, all women aged 15–49, modern methods	37%
CPR, married women aged 15–49, modern methods	49%
Unmet need for family planning, women aged 15–49, all women	15%
Unmet need for family planning, women aged 15–49, married women	21%

67 www.worldbank.org/en/country/nepal/overview

68 UNFPA (2024) UNFPA Supplies Partnership Narrative Template for Health Systems Strengthening Application.

69 www.un.org/en/chronicle/article/humanitarian-response-2015-nepal-earthquake

70 Ibid.

71 www.unfpa.org/data/world-population/NP

72 Ibid.

73 UNFPA (2024) UNFPA Supplies Partnership Narrative Template for Health Systems Strengthening Application. This highlights that 23% of women aged 15–49 have experienced physical violence since age 15 and 81% reported their current husband or intimate partner as the perpetrator of the violence. The practice of chhaupadi (seclusion), whereby women are not allowed to stay in the main house during their menstrual period, remains in few provinces of the country.

74 Ibid.

Family Planning Association of Nepal (FPAN):

The IPPF Member Association in Nepal, the Family Planning Association of Nepal (FPAN), was established in 1959 and works across 37 districts in Nepal to provide services to the most excluded and under-served communities. FPAN is structured across central and branch levels, and these include:

a) the Central Assembly, which is responsible for ensuring the achievement of all FPAN's objectives
b) the Central Committee, which works to implement the policies and programmes decided upon by the Central Assembly
c) Branch Assembly, which is the overarching governing body of each branch
d) Branch Committee, which is responsible for implementation at the branch level.

FPAN has 28 branch offices covering all seven provinces of Nepal. FPAN operates through 61 static centres, outreach mobile teams, and peer educators.[75]

The FPAN vision is that: "all Nepalese people are free to make choices about their sexuality and wellbeing without any discrimination." The mission is to support a volunteer movement that reaches the most under-served with increased access to SRHR.

5.2 Findings

Relevance

The UNFPA Supplies Partnership is critical in Nepal, and a significant contributor to reproductive health commodities. However, political will around prioritization of contraceptive care and unequal access remain some of the many SRHR challenges to address.

Nepal has put in place a specific plan to transition from low-income country to lower-middle-income country (as ranked by the World Bank), and has developed various mechanisms, also linked to SRHR, to achieve this.[76] With regard to the SRHR component of this transition, Nepal developed a national family planning Costed Implementation Plan (CIP) in 2015 and within this committed to increasing access and choice for all women in Nepal, and particularly those that are historically and systematically marginalized.[77]

However, the harmful population-control-driven rationale shaping the FP component of the World Bank global ranking (that countries must achieve a replacement level total fertility rate (TFR) (2 children per woman)) means that, as Nepal has attained this goal (TFR at 2.1, down from 4.6 in 1996[78]), some policy-makers are deprioritizing family planning (since it no longer serves its 'demographic purposes'). This has led to challenges in securing sufficient domestic resources for reproductive health, with the Ministry of Health and Population (MoH&P) having to continually advocate for sustained budget allocated to reproductive health commodities.[79]

Further, the ongoing federalization of government process within Nepal, which started with a new Constitution in 2015, has come with predictable challenges of changes in governance systems, being some confusion, some duplication, and some gaps.[80]

It is in this context, one of high SRHR achievement by the government, leading to lower ongoing commitment, and compounded by being an environment of very limited domestic resources, that the UNFPA Supplies Partnership is being implemented.

75 www.fpan.org/page/what-we-do
76 www.undp.org/nepal/publications/ldc-graduation-smooth-transition-strategy#:~:text=May%2016%2C%202024,challenges%20resulting%20from%20this%20graduation
77 Government of Nepal (2015) National Family Planning Costed Implementation Plan 2015–2020.
78 https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=NP
79 Nepal respondents.
80 https://www.international-alert.org/stories/federalism-nepal-country-transition/

UNFPA, through the vehicle of the UNFPA Supplies Partnership, supplies all commodities to the government which are, in turn, provided to and distributed by different partners within the Supplies Partnership, including FPAN. UNFPA supported with family planning and RH commodities of approximately US$1.5 million in 2023. This included support direct to the government and to NGOs and amounted to approximately two-thirds of total contraceptive volume in Nepal.[81]

As part of the government ownership that is a prerequisite for increasing domestic financing resourcing, the process has to be managed through government channels, but this approach comes with challenges. A key challenge highlighted by FPAN and the government is the lengthy procurement process. FPAN reports that before all supplies were channelled through the government, they received supplies directly from UNFPA and this was faster and more efficient.[82]

Effectiveness

The UNFPA Supplies Partnership has supported the availability and accessibility of RH supplies in Nepal, together with contributing to an increasingly enabling reproductive health environment. However, this support has not necessarily led to a noticeable increase in domestic financing commitments.

The 2023 UNFPA Supplies Partnership annual report highlights that the Partnership supported Nepal with US$1.5 million worth of reproductive health commodities. This contribution constituted approximately two-thirds of the total requirement of the country.[83]

In addition, the Supplies Partnership has supported an increasing enabling environment at both the normative and operational levels. This includes supporting finalization of the Nepal Family Planning Costed Implementation Plan (CIP); the development of province-level strategies and health policies; the improvement of quantification and forecasting; and the strengthening of supply chain management (SCM).[84]

Despite these efforts, respondents indicate that the normative support has not necessarily translated into any increased financial commitment in Nepal. The FP CIP is a useful instrument to harness political commitment, but it clearly highlights several challenges, the most critical of which is the political trend towards deprioritizing family planning following the 2021 population and housing census,[85] which revealed a below-replacement level TFR. This trend not only puts at risk years of progress on access to SRHR services in the country, but it also shows a clear misinterpretation of the policy itself, since the FP CIP actually calls for "intensive advocacy at all levels with new narratives for FP from human rights, economic, and health benefits perspectives."[86]

With the TFR expected to fall to 1.85 children per woman, within the population-control logic surrounding the World Bank ranking of countries, there are concerns that the government commitment to family planning may diminish further. However, respondents report that mCPR has remained stagnant at 43% for the last decade, far from the Sustainable Development Goal (SDG) 5.6, which is 60% by 2030. The continued reliance on traditional methods and the narrow focus on married couples as the primary users of family planning services mean that to maintain the progress achieved, Nepal will need to consider further investment in FP as cultural and society norms evolve. The country will also need to ensure that other groups, such as unmarried women and young people, are targeted with the investment and begin to seek access to contraceptive care.[87]

The UNFPA Supplies Partnership narrative template for health system strengthening (HSS) suggests that the government of Nepal has not given priority to domestic financing, and that "there exists a heavy and increasing reliance on external sources of support and funding for the national FP programme."[88]

Respondents confirm that while systems are improving, with electronic logistics management information systems (eLMIS), better quantification and forecasting, and better stock control management, the lack of prioritization by central Government translates into little appetite to find further funds to provide more than is currently provided

81 UNFPA (2023) Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report.
82 Nepal respondents.
83 UNFPA (2023) Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report.
84 Ibid.
85 https://censusnepal.cbs.gov.np/results
86 UNFPA (2024) UNFPA Supplies Partnership Narrative Template for Health Systems Strengthening Application.
87 Nepal respondents.
88 Nepal respondents.

for by domestic resources, despite signing the Compact Agreement.[89]

A final key issue in Nepal, as indicated in the 2023 sustainability readiness assessment tool (SRAT) report, is that there is no comprehensive or strategic framework for private sector engagement. In Nepal, approximately 31% of all RH commodities are provided by the private sector and NGOs, outside of government or the Supplies Partnership. Short-term methods, such as condoms, are predominantly private sector provided, but there is limited engagement of the private sector as a key player for sustainable financing.

Sustainability

The government of Nepal has signed a Compact Agreement with UNFPA, marking an important step toward strengthening reproductive health systems. While this initial assessment shows that there is limited evidence of intention or capacity to provide more domestic financing than is the minimum requirement, there are positive signs that show a fertile landscape for further progress in terms of health system strengthening and government involvement.

There is limited evidence to date that the model of the Compact Agreement has served to increase government commitment or acted as a change agent for accelerating sustainable domestic financing in Nepal, with a continued expectation of long-term significant support from international donors for commodity security by the government.

Furthermore, while the Compact for the UNFPA Supplies Partnership between the government of Nepal and UNFPA commits the Ministry of Health and Population (MoH&P), signing on behalf of the government, to certain tasks and responsibilities, the Compact Agreement, does not include the Ministry of Finance as Compacts in other Supplies Partnership countries do.

Nonetheless, the MoH&P commits to a variety of health system strengthening activities and, notably, commits to contributing towards the total cost of the routine RH commodities received from the UNFPA Supplies Partnership. Starting at 1% in 2023/2024, this contribution is set to increase by 1% per year. This gradual increase shows an intention of a commitment to domestic financing, even though the Compact Agreement is limited to three years.[90]

Beyond the Compact, Nepal has made various relevant commitments to international conventions for SRHR. Moreover, the 2015 Constitution of Nepal has enshrined reproductive health and rights as fundamental and has committed to SDG targets. There are multiple strategies, roadmaps, Acts, and strategic plans that all embed rights-based approaches to reproductive services access, which shows promising practice.[91]

The launch in 2022 in Nepal of the FP2030 commitment, upon which the finalization of the 2024–2030 FP CIP is based, could also be seen as an additional promising element.[92] The Nepal 2030 Vision Statement states that: "By the end of 2030, every individual and family will lead a healthy, happy and prosperous life, fully exercising their sexual and reproductive health and rights."[93] This vision statement is supported by a financial objective of ensuring 'incremental budget allocation' and 'sustained investment' in RH commodities, according to the FP Sustainability Roadmap 2023–2030.[94]

In conclusion, it appears that the UNFPA Supplies Partnership's Compact Agreements, so far, serve a good planning purpose, but not a good sustainability purpose, given the limited three-year time commitment. Respondents believe Nepal will require sustained and significant external support for RH commodities for at least the next 15 years. Respondents did not appear to have knowledge of the UNFPA Supplies Partnership's match funds, used as an incentive for countries that contribute more than the minimum % Compact requirement.[95]

89 Nepal respondents.

90 Government of Nepal and UNFPA (2023) Compact for the Supplies Partnership.

91 UNFPA (2024) UNFPA Supplies Partnership Narrative Template for Health Systems Strengthening Application. Major internal commitments include: Right to safe motherhood and Reproductive Health Act 2018 & Regulation 2020; National Adolescent Health and Development Strategy 2018; Nepal Safe Motherhood and Newborn Roadmap 2030; Emergency Contraceptive Service Implementation and Facilitation Guide 2021; and Nepal Health Sector Strategic Plan 2023–2030.

92 UNFPA (2024) UNFPA Supplies Partnership Narrative Template for Health Systems Strengthening Application.

93 FP2030 (2023) FP2030 Government Commitment Form.

94 Ibid.

95 Ibid.

Coherence and partnership

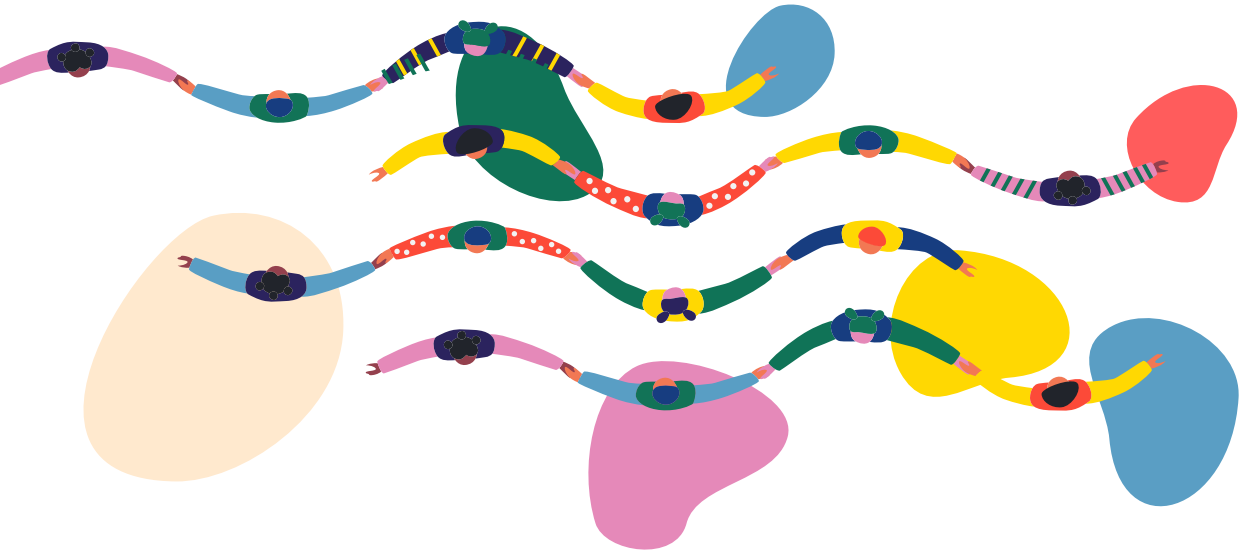
The UNFPA Supplies Partnership is the largest and most critical donor to reproductive health commodity security (RHCS) in Nepal. There are few SRHR actors in Nepal and the critical ones are included in the Partnership. More intentional and strategic interlinkages with other SRHR interventions, such as support for cervical cancer screening, have not been fully leveraged.

Respondents report that there is limited donor support to RHCS outside of the Partnership and they are keen for the Partnership to provide a longer-term commitment to FP supplies. This confirms the unrealistic expectation that sustainable domestic financing will significantly increase in the foreseeable future.[96]

Partners with the UNFPA Supplies Partnership include the Adventist Development and Relief Agency (ADRA),[97] FPAN, and MSI.[98] The Supplies Partnership also interacts and interlinks with the FP2030 FP sub-committee.[99] Outside the partnership, USAID and Catholic Relief Services (CRS) are players in social marketing,[100] but as referenced earlier, there are limited linkages to private sector interventions.

While there has in the past been some direct bilateral support from partners within the UNFPA Supplies Partnership (namely, UKAid, under the Foreign, Commonwealth and Development Office (FCDO)), that support no longer includes contraceptives. This is another sign that reaching replacement level TFR is often misinterpreted through population-control lenses as a reason to lessen the prioritization of FP commodities across the board.[101]

The federalization process in 2015 has created both opportunities and challenges. Procurement processes are centralised, but very cumbersome. For three layers of government – federal, provincial, and local – everything should be coordinated through the federal level. Respondents report that support direct to provincial level is not sustainable without federal-level approval.[102]



96 FP2030 (2023) FP2030 Government Commitment Form.

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99 UNFPA (2024) UNFPA Supplies Partnership Narrative Template for Health Systems Strengthening Application.

100 Nepal respondents.

101 Ibid.

102 Ibid.

5.3 Country-specific good/innovative practice and lessons learned

Nepal is a very good example of the challenges of translating political will into sustained financial commitment to SRHR. This is particularly evident in a context that is both resource constrained and one in which TFR has reached what is considered 'replacement level'. While rights-based approaches to reproductive health and rights are enshrined across multiple domestic and international commitments, two significant challenges persist:

1. Nepal remains a context of high rates of harmful practice, such as child marriage, and people historically experiencing vulnerability – especially women, rural populations, those of low caste, etc – remain excluded from access to healthcare services, showing the need for continued funding and commitments to SRHR.
2. The achievement of replacement level TFR, within the harmful population-control logic to promote FP, has led to complacency in Nepal where there is little urgency to translate commitments into sustainable domestic financing for family planning.

Another issue is the cultural and societal shifts in social norms, and the increasing number of women – young, unmarried women – who want to access contraceptive methods, compared to past decades where a very conservative social environment meant that only married women would feel legitimised to ask for contraception.

Furthermore, Nepal is a long way from reaching its SDG target on mCPR (60% being the target, and 43% being the relatively stagnant mCPR rate over the last decade), so there is still more work and effort required.

A final point is that Nepal has a vibrant private sector, currently providing over 30% of contraceptives, and a strong social marketing scene. The private sector should be leveraged as part of a broader strategy to achieve long-term sustainability and universal access to contraceptives. This potential remains underutilized in Nepal's family planning financing landscape.

6

Consolidated good practice, lessons learned, and recommendations

Good practice

In the current context of heightened financial and operational pressures, this report aims to provide thoughtful insights into how the UNFPA Supplies Partnership can continue to evolve and adapt to ensure long-term sustainability and impact. The findings are intended to surface practical opportunities for strengthening the financial model in Phase III, while recognizing the critical role the Partnership already plays in supporting SRHR across diverse country contexts.

Across the three case studies, a number of promising practices stand out.

The Compact Agreement has been a key catalyst for securing ongoing financial commitment:

1. The inclusion of specific responsibilities for the **Ministry of Finance** has embedded the co-financing structure within the financing structure of the whole government, not just within the resources allocated to the MoF (e.g. Ethiopia).
2. The government agreeing that the targets in the Compact are realistic and feasible and finding the **match fund** opportunity to be a good incentive (e.g. Ethiopia and Madagascar).
3. The Compact being so successful that it has inspired further, similar joint funding mechanisms, such as the **multi-donor Compact** (with a future planned merger of the two Compacts showcasing further best practice) (e.g. Ethiopia) and synergies across partners (e.g. Nepal).

The UNFPA Supplies Partnership has supported political will translating into financial commitment:

4. There is recognition within the UNFPA Supplies Partnership that political will and commitment to family planning is both (1) not enough on its own and (2) a necessary foundation for the Supplies Partnership to work with (e.g. Ethiopia).

Lessons learned

At the same time, the case studies also surface critical lessons. Two specific lessons learned from these three country case studies are:

Refrain from using replacement level fertility as a target for family planning supplies provision, and always prioritize a rights-based approach to contraceptive care:

1. Nepal provides a very good example of the challenges of translating political will into financial commitment in a context which is simultaneously a low-resource context and one in which replacement level TFR has been achieved. With the TFR expected to fall to 1.85 children per woman, within the population-control logic surrounding the World Bank ranking of countries, there are concerns that government commitment to family planning may diminish further. However, respondents report that mCPR has remained stagnant at 43% for the last decade, far from the Sustainable Development Goal (SDG) 5.6, which is 60% by 2030.

In contexts of high needs and limited domestic resources, practical technical assistance is key:

2. Where there is government commitment to provision of family planning supplies, unmet need, and increasing mCPR but in low-resource countries with massive needs and limited government financial input or programmatic oversight, the technical assistance provided for operational necessities – quantification, forecasting, stock control, supply chain management, last mile assurance, etc – are critical (e.g. Madagascar).

Recommendations

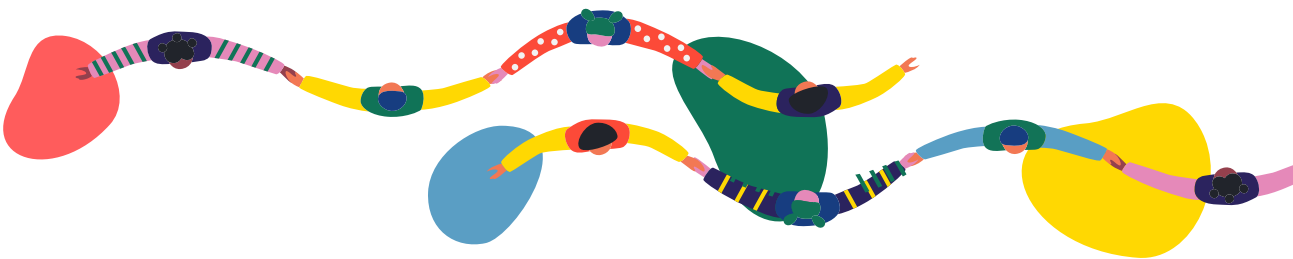
From these insights, several concrete recommendations emerge. There are eight overall recommendations for advocates to increase impact around financial commitments and supplies availability, stemming from these three country case studies:

Secure ongoing financial commitments:

1. Advocate for cross-ministerial integration of co-financing commitment. Encourage the inclusion of specific responsibilities for the Ministry of Finance, ensuring these commitments are embedded within the national financing architecture, rather than limited to Ministry of Health budgets. This reinforces long-term accountability across the whole government.
2. Ensure Compact Agreement targets are realistic and actionable by supporting the governments in setting clear and attainable financial targets with their Compact Agreement.
3. Clearly highlight the strategic and financial advantages of match funding as a mechanism to leverage donor support and unlock additional resources.
4. Strengthen efforts to create greater fiscal space for domestic resource mobilization at the national level by addressing the country's debt situation. This could include mechanisms such as debt-2-health swaps,[103] as well as long-term advocacy for comprehensive debt restructuring and relief.

Increase availability of and demand for supplies:

5. Ensure adequate technical support is provided for accurate supply and demand forecasting, which is essential for the supply of reproductive health commodities. Strengthening national capacity in this area is critical to avoid stockouts, reduce waste, and improve planning and budgeting for domestic resource mobilization. This support should be embedded in broader systems-strengthening efforts.
6. Advocate for the establishment of robust mechanisms to ensure ongoing and comprehensive identification of marginalized people, to enable them to access free commodities and services.
7. Promote sustained and continuous engagement and coordination with the private sector suppliers at country level to enhance availability, improve supply chain resilience, and contribute to building a more diversified and sustainable market for SRHR commodities, and long-term sustainability.
8. Advocate for better alignment between behaviour-change interventions and commodity supply, ensuring that increased awareness and demand translate into actual access and that those who need them can access FP supplies.



103 Countdown 2030 Europe (2025) Unlocking the future of SRHR: navigating the complex world of innovative financing models.

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About Countdown 2030 Europe

Countdown 2030 Europe is the 'go-to' cross-country sexual and reproductive health and rights (SRHR) expert Consortium in Europe seeking to increase European SRHR funding in international cooperation and strengthen political support for sexual and reproductive freedom worldwide. The Consortium is made up of 15 leading European non-governmental organisations and is coordinated by IPPF European Network.

Consortium

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