EVALUATION REPORT

Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020)

Volume 2

UNFPA Evaluation Office

2018

Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020)

Evaluation Management

Louis Charpentier	UNFPA Evaluation Office

Evaluation Reference Group

Agnes Chidanyika	UNFPA Commodity Security Branch
Ali Dotian Wanogo	UNFPA DRC Country Office
Ayman Abdelmohsen	Commodity Security Branch
Benedict Light	UNFPA, Brussels
Bidia Deperthes	UNFPA Sexual and Reproductive Health Branch
Dana Aronovich	John Snow Inc.
Desmond Koroma	UNFPA Commodity Security Branch
Edgard Narvaez	UNFPA Nicaragua Country Office
Edward Wilson	John Snow Inc.
Federico Tobar	UNFPA Latin America and Caribbean Regional Office
Frank van de Looij	Ministry of Foreign Affairs (The Netherlands)
Henia Dakkak	UNFPA Humanitarian and Fragile Context Branch
Ingegerd Nordin	UNFPA Procurement Services Branch
James Droop	Department for International Development (UK)
Jean Claude Kamanda	UNFPA DRC Country Office
Meena Gandhi	Department for International Development (UK)
Petra ten Hoope-Bender	UNFPA Sexual and Reproductive Health Branch
Udara Bandara	UNFPA Procurement Services Branch
Wilma Doedens	UNFPA Humanitarian and Fragile Context Branch

Euro Health Group Evaluation Team

Allison Beattie	Reproductive, Maternal and Newborn Health
Camilla Buch von Schroeder	Case study researcher
Jennifer Lissfelt	Procurement and Supply Chain Management
Lynn Bakamjian	Deputy team leader, Family Planning
Magnus Ken Gborie	Evaluation Consultant, Sierra Leone
Mani Vanh Southammavong	Evaluation Consultant, Lao PDR
Mohamed Asaad	Evaluation Consultant, Sudan
Ted Freeman	Team leader
Vivian Oda Oku	Evaluation Consultant, Nigeria

Any enquiries about his evaluation should be addressed to evaluation.office@unfpa.org

Read the full report at http://www.unfpa.org/evaluation

@unfpa_eval

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS iii
ANNEX 1: EVALUATION MATRIX 1
ANNEX 2: OVERALL AND PATHWAY THEORIES OF CHANGE FOR UNFPA SUPPLIES 149
ANNEX 3: METHODOLOGY 155
ANNEX 4: PERSONS INTERVIEWED 189
ANNEX 5: REFERENCES 205
ANNEX 6: UNFPA SUPPLIES COMMODITIES PROCURED AND THEIR PURPOSE/FUNCTION 209
ANNEX 7: UNFPA SUPPLIES ORDERING PROCESS AND SUPPLY CHAINS IN FOUR COUNTRIES 213
ANNEX 8: TERMS OF REFERENCE 220

ABBREVIATIONS AND ACRONYMS

AFPC	Access to Family Planning Commodities
ANC	Ante Natal Care
ARFH	Association for Reproductive Family Health (Nigeria)
ART	Anti-Retroviral Therapy
BEmONC	Basic Emergency Obstetric and Newborn Care
BMGF	Bill and Melinda Gates Foundation
CBD	Community Based Distributor/Distribution
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CERF	Common Emergency Response Fund (United Nations)
CHAI	Clinton Health Access Initiative
CHEW	Community Health Extension Worker
CHF	Common Humanitarian Fund
CHW	Community Health Worker
CIEH	Centre for Information and Education on Health
CIFF	Children's Investment Fund Foundation
CIP	Costed Implementation Plan
CLMS	Contraceptive logistic management system (Nigeria)
CMS	Central Medical Store
CO	Country Office
COFP	Comprehensive Family Planning
COMBI	Communication for Behavioural Impact
CPR	Contraceptive Prevalence Rate
CSB	Commodity Security Branch
CSO	Civil Society Organization
CSP	Commodity Supply Planning (Group)
DDMS	Department of Drugs and Medical Supplies
DFID	UK Department for International Development
DHIS	District Health Information System
DHIS2	District Health Management Information Systems Version Two
DHO	District Health Offices
DIO	District Information Officer
DMO	District Medical Officer
DMS	District Medical Stores
DDMS	Department of Drugs and Medical Supplies
DPIC	Department of Planning and International Cooperation
DPPI	Directorate of Policy, Planning and Information (Sierra Leone)
DTR	Department of Training and Research
EENC	Early Essential Newborn Care
eLMIS	Electronic Logistics Management Information System
EML	Essential Medicines List
EmONC	Emergency Obstetric and Newborn Care
EMTCT	Eliminating Mother to Child Transmission
ERG	Evaluation Reference Group
ERP	External Review Panel
EVA	Education as Vaccine (Nigeria)
EVD	Ebola Virus Disease
EWEC	Every Woman Every Child

FCT	Federal Capital Territory (Nigeria)
FDD	Food and Drugs Department
FGM/C	Female Genital Mutilation/Cutting
FHC(I)	FHC: Free Health Care (Initiative)
FINE SL	Family Initiative Network for Equality (Sierra Leone)
FMoH	Federal Ministry of Health (Nigeria)
FOSREF	Fondation pour la Santé Reproductrice et l'Education Familiale
FPAN	Family Planning Association of Nepal
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-Based Violence
GFF	Global Financing Facility
GHSC - PSM	Global Health Supply Chain – Procurement and Supply Management
GoSL	Government of Sierra Leone
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
HC	Health Centre
HFCB	Humanitarian and Fragile Contexts Branch UNFPA
HMIS	Health Management Information System
HRBA	Human Rights Based Approach
HQ	Headquarters
ICT	Information Communication and Technology
IDP	Internally Displaced Person
IEC	Information Education Communication
INGO	International Non-Governmental Organization
IPPF	International Planned Parenthood Federation
ISG	Integrated Supply Chain Group
IUCD	Intra Uterine Contraception Devise
IUD	Intra Uterine Device
JSI	John Snow Inc.
Lao PDR	Lao People's Democratic Republic
LARC	Long Acting Reversible Contraceptive
LGA	Local Government Authority
LMCU	Logistics Management Coordination Unit
LMD	Logistics Management Division
LMIS	Logistics Management Information System
LTA	Long Term Agreement
LYU	Lao Youth Union
MATCOPS	Matei Initiative Empowerment Programme for Sustainable Development
MCH	Maternal Child Health
MCHC	Maternal and Child Health Centre
mCPR	Contraceptive Prevalence Rate, modern methods
MDSR	Maternal Death Surveillance and Response
MENFP	Ministry of National Education and Vocational Training
MEST	Ministry of Education, Science and Technology (Sierra Leone)
MISP	Minimum Initial Service Package
MK	Malawi Kwacha
MoES	Ministry of Education and Sport (Lao PDR)
MoH	Ministry of Health
MoHP	Ministry of Health and Population
MoHS	Ministry of Health and Sanitation (Sierra Leone)
MPSC	Medical Products Supply Centre

MSH	Medical Sciences for Health
MSI	Marie Stopes International
MSIoN	Marie Stopes International of Nigeria
MSM	Men having Sex with Men
MSPP	Ministère de la Santé Publique et de la Population (MoH)
MSSL	Marie Stopes Sierra Leone
MVA	Manual Vacuum Aspiration
NERI	National Economic Research Institute
NFEC	Non-Formal Education Centre
NGO	Non-Governmental Organisation
NMCN	Nursing and Midwifery Council of Nigeria
NMSF	National Medical Supplies Fund (Sudan)
NPC	National Planning Commission
NPPU	National Pharmaceutical Procurement Unit
NURHI	Nigeria Urban Reproductive Health Initiative
OC	Oral Contraceptive
OCHA	Office for Coordination of Humanitarian Affairs (United Nations)
OECD DAC	Development Assistance Committee of the Organization for Economic Cooperation and Development
OIG	Office of the Inspector General – Global Fund
PEN	Male Peer Educators Network
PFHA	Promotion of Family Health Association
PHC	Primary Health Centre
PHU	Primary Health Unit
PMA	Performance Monitoring and Accountability
PNC	Post Natal Care
PPASL	Planned Parenthood Association of Sierra Leone
PPFN	Planned Parenthood Federation of Nigeria
PPH	Post Partum Haemorrhage
PPP	Public Private Partnership
PQ	Pre-Qualification
PROMES	Programme de Médicaments Essentiels
PSB	Procurement Services Branch
PSI	Population Services International
PSM	Procurement and Supply Management
PSNSJA	The National Strategic Health Plan for Youth and Adolescents
QA	Quality Assurance
RBFP	Rights-Based Family Planning
RH	Reproductive Health
RH/FP	Reproductive Health/Family Planning
RHCS	Reproductive Health Commodity Security
RHCS/FP	Reproductive Health Commodity Security/Family Planning
RHSC	Reproductive Health Supplies Coalition
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RMNCH	Reproductive, Maternal, Newborn and Child Health
RNCH	Reproductive, Newborn and Child Health
SBCC	Social and Behaviour Change Communication
SCM	Supply Chain Management
SDG	Sustainable Development Goals
SDP	Service Delivery Point

SEED	Supply, Enabling Environment and Demand
SFPA	Sudan Family Planning Association
SGBV	Sexual and Gender-Based Violence
SIML	Saving One Million Lives
SLDHS	Sierra Leone Demographic and Health Survey
SLP	Saving Lives Programme
SMP	School of Medicine and Pharmacy
SORD	Sudan Organisation for Research and Development
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWOT	Strength Weakness Opportunity and Threat
TA	Technical Assistance
TEPMAC	Teenage Pregnancy/Early Marriage Core Trainers
The Global Fund	Global Fund for Aids, Tuberculosis and Malaria
TMA	Total Market Approach
ToC	Theory of Change
TPP	Third Party Procurement
TWG	Technical Working Group
UN	United Nations
UNFPA	United Nations Population Fund
UNGM	UN Global Marketplace
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar
VAN	Visibility Analytics Network
VDH	Volontariat pour le Développement (Haiti)
VHC	Village Health Committee
VYC	Vientiane Youth Centre
WHO	World Health Organisation
WICM	Women in Crisis Management (Sierra Leone)
YFC	Youth-Friendly Centre
YFHS	Youth-Friendly Health Services
YFS	Youth Friendly Services

ANNEX 1: EVALUATION MATRIX

Annex 1 presents the **completed evaluation matrix**. The matrix provides the evaluation with a structure for presenting the relevant evaluation evidence drawn from all data collection and analysis activities: field and desk country case studies, global and regional interviews, national and global level document and data reviews and the online survey. The original draft matrix (Annex 3) was developed from the overall and pathway programme theories of change for UNFPA Supplies (Annex 7). The draft matrix included an overall evaluation question (with sub-questions as necessary) for each of the seven areas of investigation of the evaluation along with with the relevant causal assumptions from the overall and pathway theories of change. These were then matched with indicators, data collection methods and sources.

The completed evaluation matrix presented provides the evaluation with an effective means of triangulating the evaluation evidence from all sources and presenting it clearly by evaluation question and key causal assumption.

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	
Evaluation Question 1:	To what extent has UNFPA Supplies contributed to **creating and strengthening an enabling environment for reproductive health commodity security (RHCS)/family planning (FP)** at global, regional and national level?
Sub-Questions:	a) To what extent has UNFPA Supplies been effective in **engaging with global and regional partners to secure commitments and mobilize resources** in support of country needs in RHCS/FP? b) To what extent has UNFPA Supplies been effective in **advocating with national partners** so that RHCS and family planning are **integrated into** and **prioritized in national budgets, programmes, and health policies and strategies** (including guidelines, protocols and tools)? c) To what extent has UNFPA Supplies been effective in s**trengthening and participating in coordination mechanisms** at all levels to ensure support and programming aligns with **global and national strategies to expand access to reproductive health (RH)/FP commodities and services**, especially (but not exclusively) for poor and marginalized women and girls and other new users? d) To what extent has UNFPA Supplies been effective in a**dvocating for and supporting a total market approach** strategy for marketing of family planning commodities and services?

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Assumption 1.1: UNFPA Supplies **advocacy efforts** at global, regional and national level **are coordinated and aligned with national and global strategies** to **expand access to RH/FP services and commodities.**	
Supporting the development of national plans, priorities and strategies	
Lao PDR • UNFPA Supplies in Lao PDR coordinates with **national partners (Government and non-governmental organisations (NGOs))** – Including from the Ministry of Health (MoH); the Department of Training and Research (DTR); Centre for Information and Education on Health (CIEH); Department of Planning and International Cooperation (DPIC); Food and Drugs Department (FDD); and the Medical Products Supply Centre MPSC). • UNFPA also **coordinates with the Ministry of Education and Sport** (MoES) and **implementing partners** (Promotion of Family Health Association (PFHA), the Vientiane Youth Centre and Lao Women's Union). • **Coordination includes development partners** (WHO, the Clinton Health Access Initiative (CHAI), Population Services International (PSI) and the World Bank) in planning, developing strategies and setting priorities.	• Interviews: - UNFPA Country Office (CO) - MoH - MoES - PFHA - Vientiane Youth Centre - Lao Women's Union - WHO Country Office - CHAI, PSI and the World Bank, Vientiane

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Lao PDR • In 2016, the national government committed to be part of **FP2020,** with commitments including: 1) increase mCPR from 42 to 65%; 2) reduce unmet need from 20 to 13%; and 3) expand family planning coverage and contraceptive method mix. • Lao PDR committed to adopt supporting policies to allow full delivery of family planning services, develop a national information education communication (IEC) strategy on family planning and increase **government's budget allocation** for contraceptive procurement. • The FP2020 Secretariat provided support in reaching consensus on the mCPR estimate for 2016, and development of a Costed Implementation Plan (CIP) (with support from Track20 Project, and UNFPA core funds) and technical inputs from government.	• UNFPA, *Country Level Narrative Report* – Lao PDR, 2016
Lao PDR • Through the **UN Joint Programme** with UNICEF, WHO, and UNFPA, there is strengthened coordination for the government's RMNCH strategy implementation (the Lao Government's new National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (RMNCH) 2016-2025). • UNFPA is leading Strategic Output 1 – Family Planning with a focus on adolescents, Strategic Output 10 (data/HMIS), and Strategic Output 11 (supply chain).	• Interviews: - UNFPA CO - UNICEF - WHO, Vientiane
Nigeria • UNFPA was a **key supporter in the development of the family planning Blue Print (2014) to guide family planning programming in Nigeria** from 2014 to 2018 (the Bill and Melinda Gates. Foundation (BMGF) provided technical assistance and funded the actual plan's development). • The family **planning Blue Print has been developed as a CIP for the Family Planning Programme** to meet the FP2020 goal of reaching 36% CPR by 2018 (now revised to 27% by 2020) and is the main strategic document for family planning programming.	• Federal MoH, *Nigeria Family Planning Blueprint (Scale-Up Plan,* 2015 • Interviews: FMoH officials and UNFPA CO staff, Abuja
Nigeria • Activities conducted by UNFPA in Nigeria under the country programme (and, by inference, UNFPA Supplies) are **well-aligned with national health strategies and plans and responsive to the national development context** (which includes the on-going scale-up of primary health care (PHC) facilities to ensure that there is one functional centre per ward): o Free commodity policy (2011) abolishing user fees on family planning commodities at pubic health care centres	• Horstman, R. et al, *Access to Family Planning Commodities in Nigeria, 2011-2016, End of Programme Evaluation Report,* 2017, p. 13-14

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
o Task shifting policy (2012) allowing for provision of Intrauterine Contraception Devises (IUCD) and implants by Community Health Extension Workers (CHEWs) o Midwife Service Scheme (2013) which reforms the curriculum and allows the provision of IUCDs and implants by midwives o National Long Acting Reversible Contraceptives (LARC) Strategy and Implementation plan (2013-2015) linked to RHCS supply, commodities and demand components o Nigeria RHCS Strategy 2011-2015 o National Guidelines for Integration of Adolescent and Youth Friendly Services into PHC Facilities in Nigeria, 2013.	
Sierra Leone • The national Reproductive, Newborn and Child Health (RNCH) Strategy for the period 2011 to 2015 specified nine over-arching objectives including a number specifically linked to the outputs of the UNFPA Supplies Programme. "The Reproductive, Newborn and Child Health objectives, as stated in the RNCH 2011-2015 policy are listed below with **particular reference to reaching marginalized and vulnerable populations and reducing RNCH inequalities.** The objectives are: 1. To ensure the provision of comprehensive, **adolescent friendly, sexual reproductive health services** 2. To reduce the level of **unwanted pregnancies** in all women of reproductive age 3. To **reduce the incidence of unsafe abortion** and ensure the provision of post-abortion care 4. To reduce **maternal and neonatal morbidity and mortality** 5. To **reduce child morbidity and mortality** 6. To improve the **nutritional status of women and children** 7. To reduce the **incidence and prevalence of STIs** [Sexual Transmitted Infections] including HIV and AIDS 8. To eliminate harmful practices such as **Female Genital Mutilation, premature marriage, and domestic and sexual violenc**e against women and children 9. To reduce the rate of **infectious and other non-infectious conditions of the reproductive health system**."	• Government of Sierra Leone (GoSL), Ministry of Health and Sanitation (MoHS). *Reproductive, Newborn and Child Health Strategy 2011-2015.* 2014. p. 16
Sierra Leone • The Reproductive Health Programme strategy for reaching poor and marginalized women and girls was **through static clinics providing family planning services and also collaborating with Community Health Workers on mobile outreach clinic**s which would be jointly carried out. • One thing they are considering is whether **Community Health Workers could provide a low dose version of Depo called *Sayana Press*** with its own injection device and a minimal training requirement. It would expand the methods used by community health nurses beyond pills and condoms.	• Interview: RH/FP programme, MoHS, Freetown

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
• They also **have a pro-poor strategy** that stressed the fact that family planning services should be topmost in the free services and commodities to be provided under the Free Health Care (FHC) initiative.	
Sierra Leone • UNFPA Supplies provided support to the national government in the preparation of their commitments under FP2020 (July 2017 meeting in London). They also **served as co-convenor - with the MoHS - for this work in Sierra Leone** as well as the global co-coordinator. • The three most recent **major commitments of Sierra Leone under FP2020** are all consistent with the priorities and direction of the UNFPA Supplies programme in Sierra Leone: o Allocating **more domestic resources** to procuring family planning commodities o **Improving the supply chain** and distribution o Addressing the **needs of adolescents**. • UNFPA Supplies **provided technical support from** the Technical Advisor working closely with USAID on quantification and forecasting for the **CIP** – supported by USAID using MSH.	• Interview: UNFPA CO staff, Freetown
Sudan **UNFPA role** • **UNFPA ro**le should be to **advise, guide, advocate** but there are no other partners or funds for family planning in the country and thus "***UNFPA has to do a lot more***".	• Interview, UNFPA CO, Khartoum.
UNFPA influence on targeting vulnerable groups	
Sudan **Adolescents** • UNFPA does not have a specific strategy regarding family planning and reproductive health services among adolescents. It focuses on social norms change.	• Interview, UNFPA Reproductive Health Team, Khartoum.
Sudan **Sudan Family Planning Association (SFPA) targets hard to reach and nomadic communities** • *SFPA* has four mobile clinics with three more on the way. They use these mobile clinics to target hard to access communities such as nomadic populations in order to deliver a basic package of primary health services including reproductive health. One of the clinics was standing in the SFPA yard and was inspected by the evaluation team. It is spacious, offers privacy and can store drugs and commodities safely.	• Interview with SFPA, Khartoum.
Influencing the enabling environment	

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Lao PDR • In May **2017**, Lao PDR held the **first national family planning conference in the country, in Vientiane**, led by government with UNFPA support, and with high-level decision makers -- deputy Prime Ministry, Ministry of Finance and, province governors. • Described in interviews as **a major milestone and turning point for Lao** – bringing together all major stakeholders for the first time to discuss national family planning goals "in the context of economic and social growth" (FP2020 press release), and reportedly leading to **a common understanding of and renewed perspectives on family planning** (from "reducing population" to broader health and economic rationale). • Conference theme was **"investing in family planning for economic prosperity"** emphasizing the important **role of family planning in meeting the 2030 Sustainable Development Agenda**. The Deputy Prime Minister and the Minister of Health of Lao spoke at the conference and emphasized the government's commitment to family planning in contributing to long-term prosperity and a future where "**every pregnancy is wanted and every childbirth safe**".	• UNFPA Lao PDR CO, FP2020 News Article: "*Lao PDR holds its first ever national family planning conference", May 3, 2017.* • Interview, MoH RMCH Secretariat, Family Planning Division, Vientiane • FP2020, Press release – *Lao Puts Family Planning on its Economic Roadmap (May 22, 2017)*
Lao PDR • Government of Lao PDR's "Commitment of the Lao PDR Government on Family Planning Programme" states **the government's commitment to increasing mCPR to 65% by 2020, reduce unmet need to 13% by 2020**, and **expand coverage and method mix for family planning** in health facilities (with focus on implants and intra uterine devices (IUDs)). • The Statement commits the national government to **increasing the budget for contraceptives and to scaling up family planning services to Health Centre (HC) and village levels,** with a focus on LARCs and establishing youth friendly counselling rooms in some district hospitals.	• Government of the Lao PDR, "*Commitment of the Lao PDR Government on Family Planning Programme*" (2016)
Nigeria • UNFPA Nigeria plays a **key role in supporting the enabling environment for RHCS at national level** through its programme of technical assistance to the FMoH in coordinating the national reproductive health programme. • UNFPA and USAID provided **technical assistance to FMoH to develop the National RHCS Strategic Plan 2011-2015**, the framework guiding the implementation of the FP/RHCS programme in the last years. The Plan included coordination and monitoring activities as well as quantification/forecasting of contraceptives required for the Public Health.	• UNFPA Nigeria, *Joint Thematic Trust Funds Annual Progress Report*, 2015 p.7 and p.17

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
• The FMoH leads the **RHCS Technical Working Group (RHCS-TWG),** the official coordinating body for RCHS, **co-chaired by UNFPA with participation of a number of national level stakeholders** working in the area of Family Planning. In 2015 the platform of the RHCS TWG continued to be the **most important opportunity for monitoring family planning interventions** in the 36 States + FCT including identification of gaps and resource mobilization. • In 2015 UNFPA continued its technical assistance to improve programme coordination and management at national level. It supported the National Planning Commission (NPC), a federal government agency responsible for formulating and monitoring the implementation of national development plans as well as coordination and management of development cooperation.	
Nigeria • According to the UNFPA Nigeria Strength Weakness Opportunity and Threat (SWOT) analysis in 2015, out of pocket expenditures account for 70% of the total health expenditure. UNFPA supported the **government to lay the groundwork for the inclusion of RH funding in the national health account and encouraged an approach to improve pro-poor access** to RH services through the Conditional Cash Transfer and Community Based Health Insurance.	• UNFPA West and Central Africa Regional Office, 2015, *SWOT Analysis: UNFPA Family Planning Interventions in West and Central Africa 2013-2015 (Nigeria)*, p. 16-17
Sierra Leone • UNFPA Supplies has had an important role in contributing to **strengthening the enabling environment for family planning** in Sierra Leone, for example, they - supported the **development of the Strategic Plan for the health sector (2010-2015)** - are helping revise the strategic plan for 2015-2022 - have provided technical assistance and support to the development of **the CIP for family planning** - played a major role in re-establishing and re-invigorating the **Technical Working Group on Supply**	• Interview: RH/FP Programme, MoHS, Freetown
Sierra Leone • UNFPA supported the development of the **original National Strategic Plan for Comprehensive Condom Programming** in Sierra Leone (2010 to 2014) under the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS).	• Interview: National AIDS Secretariat, Freetown
Sierra Leone The **CIP** (for the FP2020 commitments) was started by the technical working group (TWG) Supply in November 2016 and **completed in August 2017** • From the very **beginning UNFPA has been supportive of the CIP process**. They provided support during the beginning of the CIP concept in FP2020 meeting in Turkey in 2015.	• Interview: RH/FP Programme, MoHS, Freetown

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
• The costed CIP has seven priorities, **one of which is post-partum family planning and another improvement of the supply chain**. • They are **working with UNFPA to identify support for the CIP**: they need to get the **Ministry of Finance, development partners, the Global Financing Facility** and the private sector on board.	
Sudan **Support to the development of national plans, priorities and strategies** • Pledge of support by the President of Sudan (Bashir) to the Global Strategy for Women's Children's and Adolescents' Health 2016-2030. Specifies women's, children's and adolescents' rights to: basic health and a full range of services; full coverage on national insurance by 2020; achievement of the Abuja target by 2020. • Sudan "**Ten in Five**" Strategy: National Strategy outlining ten priorities for basic health care provision for women and children in Sudan. Priorities include: - Universal coverage of a **full package of RMNCAH activities**; Quality of services; Investing in the Newborn; Scale up nutrition; Reduce financial barriers; Strengthen the health system; Generate evidence; Strengthen Partnerships; Empower families and communities. (p.32 to p.40). • Family planning and maternal mortality feature in the Strategy for example: *"Family planning uptake has also increased from 9% (SHHS2010) to 12 percent (MICS 2014) – despite the small increment, it is of significance as **the contraceptive prevalence rate has been almost stagnant for more than two decades**." (p18).* • *"A major area of concern for national governments has been the availability of family planning commodities and life-saving maternal/reproductive health medicines at health service delivery points." (p27).* • *However*, in the main text of the strategy **family planning is not mentioned directly or in associated activities**. For example, **spacing births is not mentioned at all and family planning as a means to delay pregnancy is not mentioned as a core strategy to support infant and child nutrition**. These and other gaps mean that there is no association in the main national primary health care strategy document between family planning and maternal, infant, and child health.	• Pledge document signed by the President of Sudan, 7 September 2015 and included in the publication of: *"10 in 5" Strategy: RMNCHA Strategic Plan 2016- 2020,* General Directorate of PHC FMoH Republic of Sudan, September 2015
Sudan • **The enabling environment** in Sudan is **highly complex and includes several humanitarian emergencies.** There are advanced humanitarian needs, few other partners, a high burden of female genital cutting, early/ child marriage and low demand for family planning. Demand for services is slowly increasing.	• Interview, UNFPA CO, Khartoum

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Madagascar • **UNFPA** supports a **broad range of activities**, including capacity development of service providers in family planning with a focus on LARCs; provision of family planning equipment, material and commodities; support to "family planning model centres"; demand creation and awareness campaigns targeting women of reproductive age and youth; support to LMIS/CHANNEL; support to national drug store; provision of family planning management tools to health facilities.	• UNFPA Madagascar, 2013-2016 UNFPA annual work plans with implementing partners
Madagascar • **UNFPA alignment and contribution to the FP2020 vision and national family planning policies and strategies**: Achat et **approvisionnement en produits contraceptifs** au niveau national (y compris les condoms); **Appui à la centrale d'achat pour le stockage et l'acheminement des produits contraceptifs jusqu'au niveau district**; Formation sur la gestion logistique (logiciel channel) dans les 22 régions; Dotation en outils de gestion PF au niveau national; Mise en place des centres modèles PF.	• FP 2020: Actions de Pays: Opportunités, défies et priorités, Madagascar
Madagascar • UNFPA has assisted the MoH in strengthening the enabling environment for family planning through continuous **support to national strategy development, the annual national family planning campaign, and advocacy efforts to mobilise additional funds**. • A key achievement was the **adoption of the family planning law in December 2017**. UNFPA assisted the MoH in advocacy efforts, such as attending meetings with the parliamentarians to discuss the importance of family planning. • UNFPA **has helped the MoH strengthen the coordination of RH/FP programmes** through technical and financial support for monthly coordinating meetings with MoH implementing partners. UNFPA also supports quarterly and annual review meetings. • UNFPA **has supported the « Fédération de la communauté royale traditionnelle de Madagascar** ». This organisation is important as it works with ethnic groups that are very hard to reach and has multiple socio-cultural barriers to access family planning.	• Interview, MoH Madagascar
Malawi • UNFPA Supplies 2016 Work Plan: Activity description: **Co- lead FP2020 Country coordinating working group** meetings. • UNFPA in collaboration with DFID, USAID, Palladium and government have been working hand in hand on the FP2020 with UNFPA and USAID co-chairing the Country engagement Technical Working group. Currently this partnership is working on the Country Action Plan to operationalize the 2017 London	• UNFPA, *GPRHCS Work Plan 2016 Malawi (Thematic Trust Fund)* • UNFPA 3rd Quarter report, Malawi

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Summit commitments. It is envisaged that this action plan will be shared in the upcoming Anglophone workshop which will take place in Malawi.	
Togo According to UNFPA staff members, there is a strong enabling environment with regard to political commitment and policy framework in Togo: • Reconnaissance à haut niveau de l'administration sanitaire de la **planification familiale comme une stratégie importante pour réduire la mortalité maternelle**. • Loi SR 2007, qui a **créé les dispositions favorables à la planification familiale**. • Constitution nationale – qui **définit la PF comme moyen d'amélioration de la santé de la population togolaise**. • Au niveau programmatique, **l'existence du Plan de Repositionnement** de la planification familiale. • Il y a eu **une augmentation de la contribution de l'état** au financement des produits contraceptifs ces derniers deux ans: 125 millions CFA (300,000 USD) en 2016. • **Engagement de l'état** : renouvellement FP2020. Participation à l'atelier Ouagadougou.	• Interview. UNFPA staff Togo
Togo • UNFPA supported the development of the **costed National Strategic Plan for RHCS** and **Holistic Condom Programming 2014-2018**. UNFPA conducted two technical assistance (TA) missions in 2013 and 2014 to support the development process.	• Government of Togo, *Plan Stratégique National 2014-2018 de Sécurisation des Produits de Santé de la Reproduction et de Programmation Holistique des Préservatifs du Togo*. (p 4 and 17)
Togo • UNFPA Supplies contributed to strengthening the enabling environment for family planning through the following activities: - Revision and development **new reproductive health policy** (including family planning) in 2013. - Development of **Family Planning CIP** in 2015 - Advocacy for the creation of a **budget line item for family planning commodities** in the national budget (achieved in 2015 and onwards) - Development of **guidelines and training materials** for provision of **implants** - Development and production of immediate **post-partum guidelines for family planning**	• Interview, UNFPA Staff, Togo 2017

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
- UNFPA youth team contributed to the **YFS national strategy** – now they are developing the adolescent strategy.	
Togo • Through an extensive consultation process at national, regional and district levels, UNFPA supported the Family Health Division (FHD) of the Ministry of Health and Population (MoHP) to develop a **national family planning CIP (CIP: 2015-2020)** which is aimed at revitalizing and repositioning family planning in the national agenda and is focused on ensuring that the family planning needs of individuals, including adolescents and youth are addressed through a human rights-based approach. • Likewise, UNFPA supported the **Logistics Management Division (LMD)/MoHP to update its national RHCS Strategy** to ensure availability and accessibility of quality RH commodities. These documents have been disseminated at national level and relevant stakeholders including USAID and DFID have expressed commitment to fund implementation of these strategies and plans. Revision of the Comprehensive Family Planning (COFP) counselling training package is nearing completion.	• UNFPA, *2016 template for country annual joint reporting; for the reproductive health thematic trust funds (TTFs) and joint programmes (JPs) (Reporting period 2014 and 2015).*
Support to convening partners	
Lao PDR • In 2016, the Ministry of Education and Sports with financial support from UNFPA Supplies conducted an **advocacy workshop** for policy makers at provincial level with objectives to: 1) **establish coordination mechanisms among partners** (health, education, and youth) to ensure **common understanding of specific needs of young people**; and 2) identify clear roles and responsibilities among the key partners. As a result, the Lao Youth Union (LYU) will be responsible for **coordination of family planning outreach activities** while health and education will provide technical inputs to the outreach activities with oversight from Vientiane Youth Centre (VYC) and Promotion of Family Health Association (PFHA).	• UNFPA, *Lao PDR Country Level Narrative Report 2016*, pg.2
Sierra Leone • The **Technical Working Group on Supply** is the platform where all those supporting the supply of family planning services and commodities meet. It includes MoSH, UNPFA, WHO, UNICEF, Marie Stopes Sierra Leone (MSSL), Planned Parenthood Association of Sierra Leone (PPASL) with the RH/FP Programme in the lead; UNFPA provides financial and technical support to the TWG.	• Interview: RH/FP Programme, MoHS Freetown
Togo • UNFPA helped establish the **National Committee for Commodity Security** in 2014 and continues to fund its functioning. The MoH submits **the annual quantification plan to this committee**, which analyses the forecast and planning, and advocates for the mobilisation of funds, if there is a gap.	• Phone interview, MoH staff member in Togo

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
• In **2016, there was a funding gap**, and this committee sent a "memorandum" to the minister of finance, which decided to allocate further funds for family planning commodities. • UNFPA continues to **advocate with the government to ensure their continuous commitment** to funding family planning commodities each year.	
Online Survey *What are the main contributions that the UNFPA Supplies programme makes to RH/FP results in your country (you can tick more than one)?*	• Online survey responses to Question 17

Answer Choices	Responses	
Support to government policy development	80.85%	38
Promote or raise the profile of family planning - e.g. through advocacy within the health sector	80.85%	38
Promote or raise the profile of family planning with other sectors beyond health (e.g. education, environment, etc.)	57.45%	27
Support to legal reform	21.28%	10
Institutional capacity building	61.70%	29
Supply chain management	85.11%	40
Support to national quantification exercises	74.47%	35
Commodity procurement	89.36%	42
Community-based work on attitude change	44.68%	21
Knowledge management (e.g. research, use of evidence, best practice)	53.19%	25
Nothing	0.00%	0
Don't know	0.00%	0
Other (please specify):		5
	Answered	**47**

Assumption 1.2: Drawing on global, regional and national sources for financial support, **national health authorities have been able to achieve (and to varying degrees, sustain) increased budget allocations** and expenditures for RHCS/FP.	
UNFPA advocates for increased resources	
Lao PDR • Trends in **Lao government expenditures** on RH commodities in Lao PDR **have risen each year since 2013,** with an increase in allocation for contraceptives from 25,000 USD in 2013 to 38,000 USD in 2014, to 45,000 USD in 2016. These data appear incomplete, however, and do not include any data on maternal child health (MCH) medicines, whereas it is certain that oxytocin (and other MCH products) are procured	• UNFPA, *UNFPA Supplies Programme Annual Report 2016 – Finances and Resources*

<table>
<tr><th>Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP</th><th>Sources of Evidence</th></tr>
<tr><td>and supplied by the Government (as observed and discussed in country during the field work).</td><td></td></tr>
<tr><td>Lao PDR
• Actions taken by UNFPA CO to increase domestic funding allocation to family planning programmes: Advocacy using cost-benefit analysis data to encourage greater government investments in family planning; Working together with the National Economic Research Institute (NERI), the government think tank on policy issues, to analyse the cost-benefits of Family Planning programme with technical support from the health economist from the regional office.</td><td>• UNFPA, Country Level Narrative Report 2016, Lao PDR</td></tr>
<tr><td>Lao PDR
• The Government in Lao is taking responsibility for a larger share of service provision and commodities than in the past (and already funds the maternal health products such as oxytocin themselves – these do not come from UNFPA)… As Lao transitions to being a middle-income country, numerous donors/partners including the Global Vaccine Alliance (GAVI) and the Global Fund are scaling back their support to the country, and Lao will transition to fully funding their own vaccines (by 2021), while co-funding larger shares of Global Fund and other programmes.</td><td>• Interviews, World Bank and UNFPA CO, Vientiane</td></tr>
<tr><td>Nigeria
• The political transition in the government has negatively affected the release of the funds for the family planning programme in the period before, during and after the elections (in 2015). As of the end of 2015, the Government had outstanding pledged funds totalling to 22.78 million USD for the period 2013 and 2015.</td><td>• UNFPA Nigeria, Joint Thematic Trust Funds Annual Progress Report, 2015 p.8</td></tr>
<tr><td>Nigeria
• Saving One Million Lives (SOML): World Bank does not contribute to the basket fund, but gives money to states for results-based financing (RBF). Each state receives 2 million USD. Domestic financing for family planning is 4 million USD due to UNFPA advocacy with GON; The basket is just for commodities.</td><td>• Interview: UNFPA CO Staff, Abuja and USAID Staff, Abuja</td></tr>
<tr><td>Nigeria
Despite a large pool of donors, only UNFPA, DFID, Global Affairs Canada and the Children's Investment Fund Foundation (CIFF) have contributed to the basket for commodities from 2011 to 2016:
<table>
<tr><th>Source</th><th>Total released or disbursed (2011-2016) in USD 000s</th><th>Percent of total pledged (2011-2016</th></tr>
<tr><td>Federal Government Counterpart Cash Contribution</td><td>8.983</td><td>74.86</td></tr>
<tr><td>NPHCDA/SURE-P</td><td>16.7</td><td>11.2</td></tr>
<tr><td>UNFPA Supplies (commodities only)</td><td>22.387</td><td>124</td></tr>
</table></td><td>• Horstman, R. et al, Access to Family Planning Commodities in Nigeria, 2011-2016, End of Programme Evaluation Report, 2017, p.32</td></tr>
</table>

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
RMNCH Grant (Life-saving commodities) 23.5 100 **DFID (commodities)** 23.5 100 **Canadian DFATD (family planning commodities)** 4.8 95 **CIFF (DMPA-sub-cutaneous)** .675 50 **BMGF (commodities)** 2.47 100	
Nigeria • In 2016, an analysis conducted for a DFID review of Access to Family Planning Commodities (AFPC) indicated that **of the 37 states, 15 had included RH/FP within their budgets. Yet, 8 had not yet released funding**. According to DFID, *"the AFPC grant of £18 million and its precursor of £3 million given to the Nigerian Government through UNFPA for commodity procurement were the direct catalyst and advocacy tool that led to the commitment of the USD 3 million annually by the Federal Government of Nigeria (FGON) as both grants were premised on condition that Government provide monetary contribution. Previous efforts by the UNFPA had failed since 2003 when family planning services were reactivated. AFPC has therefore catalyzed FGON financial commitment to family planning as part of its FP2020 commitments."*	• Appleford, G. and Ibeh, C.C., *Access to Family Planning Commodities Programme in Nigeria, Narrative Report,* 2016, p.4
Sierra Leone • **Commitments of the Government of Sri Lanka** at the Family Planning Summit in London, UK on July 11, 2017: "The GoSL will diversify the **family planning resource base** through sustainable financing by 2020." [For details on commitments to diversify the resource base, see assumption 1.2] Accessible at: HTTP://www.familyplanning2020.org/entities/96	• FP2020.ORG (July 2017)
Sierra Leone • **UNFPA** Supplies used to support the **National Pharmaceutical Procurement Unit (NPPU)** in the MoHS but this was disbanded in February 2016 on the order of the president with notice of just one week. This seems to be related to a meeting in the UK regarding **its support to the Free Health Care Initiative (FHCI) and DFID's assessment that NPPU did not have the capacity to procure and distribute FHCI commodities**; The interim caretaker arrangement is led by the **Department of Drugs and Medical Supplies (DDMS)** of MoHS. DDMS is in charge of the Central Medical Stores.	• Interview: UNFPA CO staff, Freetown
Sudan • **Approach to Activity Planning**: Annual workplan development is undertaken by the MoH Reproductive Health unit. Once they identify **their priorities and plans, they sit with UNFPA and negotiate/ discuss**	• Interview, MoH RH Unit, Khartoum

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
what can be covered/ supported by UNFPA. The Reproductive Health unit then prepares a financial request.	
Sudan • **Priorities included broadening range of donors/ funding** **Expected Result 1** By the end of 2015; **ensure availability of more funds for RHCS** and supplies with focus on family planning **Product 1.1:** By the end of 2015; **new funding sources have been established** at national and state level for RH commodities **Product 1.2:** By the end of 2015; **revenue-generation and cost-recovery schemes** have been introduced in support of RHCS	• National RH Programme, Khartoum National RHCS Strategy and Operational Plan 2012 -2015, 2012
Sudan • **UNFPA** is the only **organisation supplying family planning commodities to the public sector** in Sudan. Commodities are donations in kind and include both family planning commodities and three life-saving drugs for maternal health (magnesium sulphate, misoprostol, and oxytocin). Supply of commodities accompanied by activities aimed at improving the supply chain and strengthening demand.	• Interviews, UNFPA CO and MoH, Khartoum
Sudan • There is **12% mCPR and demand creation is a priority** although there is already 26% – 29% unmet need. **Enabling environment Is "limited**". **UNFPA is the only provider to the public sector in Sudan of family planning commodities** and two of the lifesaving drugs (misoprostol and magnesium sulphate). Neither the Government of Sudan nor the National Medical Supplies Fund (NMSF) procures these commodities.	• Interview, UNFPA RH Team, Khartoum
Haiti • UNFPA **advocates for increased government funding** for family planning and live-saving commodities by meeting with parliamentarians and senators, but it is a difficult tasks because the budget for health is very low in general. • In 2017, the government **committed to the FP2020 and to including a budget line item for family planning as of 2018**, with an annual increase of 5% over the next 5 years. But it has not been included in the 2018 budget, and it will be difficult to achieve. • There is a **budget line for health commodities in the national budget, but it does not pay for any family planning commodities**, only essential medicines and some maternal and child drugs. This is probably because the government counts on donors to cover family planning products.	• Interview, MoH Haiti • Interview, UNFPA CO, Haiti

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Madagascar • Government spending on family planning commodities stayed relatively stable between 2013 and 2017. In 2016, it was used to purchase Depo-Provera. In 2018, the government budget for family planning increased with 5% which is a result of the **renewed commitment to FP2020 and UNFPA efforts to show the risks of overall reduced funding for family planning** (especially the reduction in USAID for family planning – as they can no longer fund Marie Stopes Madagascar); The Government spent 100,000,000 Ariary (about 31,250 USD) in 2016 and 105,000.000 Ariary (about 32,812 USD) in 2017 on commodities.	• Interview, UNFPA CO, Madagascar, 12 January 2018
Malawi **Financial Updates** • The **family planning budget line** was created for 2013/2014 financial budget, with an initial allocation of 1million Malawi Kwacha (MK). Since then the budget line has been **increasing from 26 million Malawi Kwacha** in the 2013/2014 fiscal year, to 60 million Malawi Kwacha in 2014/2015, 70 million Malawi Kwacha in 2015/2016, and **75 million Malawi Kwacha in 2016/2017.** • **99,264 vials of Depo Provera** were procured using the 2014/15 budget and 40 million Malawi Kwacha of 2015/16 funds were used for the procurement of condoms and 20 million for Lignocaine, while **10 million were planned for capacity building for *Implanon.***	• FP2020 2016 FP2020 Annual Commitment Update Questionnaire Response, Malawi accessible at: http://www.FAMILYPLANNING2020.ORG/Malawi
Nepal • Most **significant contribution of UNFPA Supplies:** UNFPA staff point out three key areas where UNFPA Supplies has been instrumental and made a difference: - Most important contribution: **Provision of commodities**, **especially during emergencies** like the 2015 earthquake and the 2017 flooding, but also during regular times. This has been particularly instrumental in guaranteeing availability of commodities and saving lives because the government procurement was slow and caused gaps. - Contribution to **policies and strategies**, especially the Family Planning CIP for 2015-2020 which turned out to be an extremely important advocacy tool enabling the MoH to show the Ministry of Finance the resources required, and to raise additional funds from partners. - The **different pilots providing examples and evidence on approaches for the government to scale-up**: "We could pilot, innovate, and experiment – which would not have been possible without UNFPA Supplies funding. For example, the micro-planning, engaging religious leaders, public – private partnerships."	• Interview, UNFPA CO, Nepal
Nepal • "Although the Nepal government gives high priority to the social sector, the **recent trend of budget allocated for health, in terms of percentage, is not encouraging. It has declined from 15.44% in 2011/12**	• Government of Nepal MoHP Department of

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
to just 5.42% in 2014/156. The budget announced for 2014/15 allocates Rs. 33.52 billion of a total budget of Rs. 618 billion for health. The increment in the health budget in recent years, in absolute value, is not encouraging given the volume and need of the services."	Health Service, National RHCS Strategy, 2015, p. 10
Togo • **Government spending on family planning commodities has increased:** - 2013 : 40,257.4 USD - 2016 : 208,026 USD - 2017 : 240,654 USD The government only funded contraceptives, not other RH life-saving commodities	• Interview with UNFPA in Togo, 15 January 2018
Togo • 2015: UNFPA Supplies effectively advocated for a significant increase of the budget line for family planning commodities in the 2016 national budget: • « Le dialogue politique avec la partie nationale a **conduit à l'engagement pris par le Ministère des finances pour un renforcement de la contribution actuelle de l'Etat togolais dans l'achat des produits contraceptifs**. Le budget de 2016 en cours d'adoption par le parlement prévoit 450 000 000 F CFA pour l'acquisition des produits PF contre 50 000 000 F CFA pour l'ensemble des produits SR dans le budget précédent. Le même dialogue politique va se poursuivre en vue de la mobilisation effective de la ligne budgétaire pour l'acquisition des produits PF. »	• UNFPA Supplies, 2015 *Annual progress report*, Togo, p. 5
Togo • UNFPA is the **most important partner for the Maternal and Child Health Division, as UNFPA covers 90% of all family planning commodities.** In addition, UNFPA supports both supply and demand-side activities: community based distribution (CBD) (7 districts in 2 regions), open door days, mobile clinics. These special family planning campaigns offer free services, but clients have to pay for routine family planning at health facilities.	• Interview, MoH Staff in Togo
Togo • UNFPA helped establish the **National Committee for Commodity Security in 2014**. The MoH submits the annual quantification plan to this committee, which analyses the forecast and planning, and **advocates for the mobilisation of funds, if there is a gap**. In 2016, there was a funding gap, and this committee sent a "memorandum" to the minister of finance, which decided to allocate further funds for family planning commodities. UNFPA continues to advocate with the government to ensure their continuous commitment to funding family planning commodities each year.	• Interview, MoH Staff in Togo

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Global Key Informant Interviews • The **McKinsey management study** suggested a very different strategic approach. Countries were divided into those needing long term help, those in transition and those middle-income countries that should be funding their own commodities and could theoretically transition. The study outlined several criteria used to **categorise countries**. UNFPA has endorsed and is implementing the approach. • Two main issues: (1) **the results were not checked against real possibilities at country level**. The countries being shifted away from UNFPA commodity support included Papua New Guinea and Zambia which for a range of other reasons **are not ready to fund their own commodity**. (2) the resulting approach was implemented from one year to the next. Kenya went from an allocation of 2.5 million USD of commodity to 750,000 USD. In the end, DFID Kenya had to step in and fund the commodities; MSI used their reserves to fund their own commodities in Kenya. **There was no lead in time, no implementation strategy and no preparation time**.	• Interview, Marie Stopes International (MSI).
Global Key Informant interviews • **The McKinsey report** was focused on how to make the resources go further across the 46 countries but did not really interrogate the UNFPA Supplies philosophical approach**.** It **did not consider incentives and how to use the UNFPA Supplies role, position, influence etc. to strengthen commodity security**. It **didn't address the phased-in incentives system for countries to buy in, as seen under GAVI**. Getting the right elements in place for transition, incentives to shift more funding to governments – for that, look at the GAVI model. The report findings were presented **without much nuance and without thinking deeply about the philosophical aims and objectives/ approach of UNFPA Supplies**. The implementation of the report findings was taken forward in a **blunt and unsophisticated way that has clearly created hardship and turbulence in many countries** (e.g. Kenya).	• Interview, UK DFID
Assumption 1.3: National **programmes, policies and strategies** (including guidelines, protocols and tools) **prioritize improving access** to RH/FP services and commodities, including access **for poor and marginalized women and girls**.	
See also assumption 1.1: National Strategies to meet the needs of women and adolescent girls	
Priority attention to reaching marginalized women and girls in national plans and programmes	
Lao PDR • In 2009, the Lao MoH developed the Strategy and Planning Framework for the **Integrated Package of Maternal, Neonatal, and Child Health Services 2009-2015**. Since this began, the government has worked with development partners on efforts to improve access to quality MCH through various initiatives	• UNFPA Lao PDR, "Increasing Access and Utilization of Quality Maternal Health Services in

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
including: Training **community midwives**; **Emergency Obstetrics and Newborn Care Assessment** leading to an action plan; **Free MCH policy**; **Integrated outreach guidelines**; Supportive supervision guidelines; **Family Planning Action Plan and Early Essential Newborn Care** (EENC) Action.	Target Areas" UNFPA WP budget commitment 2015
Lao PDR • The Lao Government published their **National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (RMNCH) 2016-2025.** • The Strategy incorporates priorities and principles articulated in the **free MCH Policy and the Health Sector Reform Framework** and the Eighth Five Year Health Sector Development Plan 2016-2020. The Strategy and action plan are also aligned to specific programme plans such as **the family planning action plan 2014-2015** and onward, the **Midwifery Improvement Plan 2016-2020**, the National Emergency obstetric care Five Year action plan 2013-2017, and the **Early essential newborn care action plan 2014-2020**.	• MoH, National Strategy and Action Plan for Integrated Services on RMNCH 2016-2025.
Lao PDR • UNFPA and the Lao Ministry of Education and Sport agreed in March 2017 to continue building on their **"Noi" campaign** (launched in 2016 on the International Day of the Girl Child) to **focus on keeping girls in school, and strengthening their social, health and economic conditions**.	• FP2020, UNFPA, Laos to increase investment in adolescent girls' education (March 29, 2017). Business Day
Nigeria • The portfolio of UNFPA Nigeria is a big and massive undertaking. UNFPA works on last mile distribution in 30 states. UNFPA is also conducting **Federal level advocacy** with Senators and aspires to setting a legislative framework **to include family planning financing** and a credit line for commodities.	• Interviews: UNFPA CO, Abuja
Sierra Leone • GoSL Commitment Number One at the Family Planning Summit in London, UK on July 11, 2017: "The GoSL will **diversify the family planning resource base through sustainable financing** by 2020. Specifically it commits to: the publication of a Reproductive Maternal Newborn and Adolescent (RMNCAH) Strategy and the Costed Implementation Plan for Family Planning and to using these as guides to identify resource gaps and leverage financing for family planning; **Diversify its resource base for family planning through a commitment to provide resources to the budget line for family planning and allocate a proportion of 1% of the health budget** for this; Fast track the **finalization of an investment case for the Global Financing Facility prioritizing family planning** to pursue other bilateral sources of funding including – Sweden, Canada, Denmark, Norway and Australia".	• FP2020.ORG (July 2017), Sierra Leone. Accessible at: http://www.familyplanning2020.org/entities/96

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Sierra Leone • "The **total costs of the plan from 2018 to 2022** are 30.7 million USD. Between 2018 and 2022, the annual cost of the plan will average about 6.1 million USD. This amounts to a cost of about 4.7 million USD per year in activities costs, or 2.29 USD per woman of reproductive age per year, and **1.44 million USD per year in contraceptives and direct consumables**, **or 2.27 USD per** family planning **user per year**."	• MoHS, GoSL, Sierra Leone *Family Planning Costed Implementation Plan – 2018-2022. – Draft Brief. June 2017.* p. 3.
Sierra Leone • In 2017, the national government (for FP2020) committed to spending 17 Billion Leones annually for procurement of drugs, of which 1 Billion was allocated to family planning commodities (133,333 USD at current exchange rate of 7,500 Leo = 1 USD). However, **the actual amount to be procured with national government funding for 2018 is still under discussion**.	• Interview: UNFPA CO staff, Freetown
Sierra Leone • **Sierra Leone has one of the highest per-capita expenditures in the region but has the worst health outcome indicators** • Before Ebola: 55% of funds came from development partners and 25% was out of pocket. • The **GoSL only spends about 6% of its total budget on health.** • Their concern (the WB) is that while overall spending from all sources is quite high, it is **not very efficient**. There are too many, very small health units (twice the regional average per capita) and they need to decide which ones should be scrapped.	• Interview: World Bank Office, Freetown
Sudan **Adolescents and target groups** • Sudan Family Planning Association is the **largest family planning organisation in Sudan outside the MoH/public sector. Established in 1965 and now part of the International Planned Parenthood Federation (IPPF) network**. SFPA is a member of the RHCS committee in Sudan. Other members include the NMSF, IPPF, Pharma directorate, UNFPA, RH Unit/ MoH, some private sector groups, including drug companies, Sudan Fertility Care (a small NGO). • Mandate of the SFPA is to **provide SRH services to all people irrespective of age, ability to pay, sexual orientation etc.** No use of the word 'criminality', illegal etc. **Target population includes poorest and most marginalised women, adolescents everywhere** and in Jazera the clinic has special afternoon opening hours (2-6pm) for access by men having sex with men (MSM), sex workers, and people living with HIV. • The **full package of services offered by SFPA includes:** family planning counselling and dispensing, ante natal care (ANC), maternity care and delivery, post-natal care (PNC), post abortion care and Manual	• Interviews and observations, Sudan Family Planning Association and AltaWidet Clinic in Khartoum North

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Vacuum Aspiration (MVA) for incomplete abortion, gender-based violence (GBV) related services, HIV and STI testing, child health, Immunisations, nutrition and growth monitoring, gynaecological services, laboratory testing.	
Sudan • UNFPA puts a lot of effort into making sure commodities are available in Sudan. They support activities like training, new systems for RHCS systems, and logistics management. They also support counselling around the insertion of implants.	• Interview, MoH Senior Officials, Khartoum.
Haiti • Youth are **not well covered by the health system**; surveillance of their health status is not surveyed systematically. • Young people have **very limited geographic and financial access to basic health services**. Legal barriers prevent youth from accessing contraceptives • The National Strategic Health Plan for Youth and Adolescents (PSNSJA) 2014-2017 **defines vulnerable youth as: rural youth, street children, criminal youth, orphans and youth working as domestic help**. However, it **does not suggest any strategies or interventions to target those specifically.** The approaches target women of reproductive age, including youth, very generally.	• MoH (2013), Plan Stratégique National Santé Jeunes et Adolescents, Haiti
Haiti • "The problem of providing care to minors (less than 17 years old) in the absence of their parents is not solved by the competent authorities Le Ministère de la Santé Publique et de la Population (MSPP), Ministry of Justice, and Parliament) and there was **no [UNFPA] advocacy effort on that matter and no political dialogue among the stakeholders.** The problem of the 18-24 years old is different, as they are, in general, people with very limited purchasing power or with very limited time (school, university) and who are very sensitive to the quality of the provided services. **The UNFPA partners did not implement specific interventions for this target public**."	• Hennion et al. (2016). *Assessment of the UNFPA'S 5th programme of assistance to the government of the Republic of Haiti (2013-2016),* p. 39
Haiti • "UNFPA has supported the Ministry of Health in the process of elaboration and dissemination of the **National Strategic Health Plan for Youth and Adolescents (PSNSJA)**. Also, UNFPA has developed a **framework for analyzing the demographic dividend in line with the country's reality.** This framework is built around three key elements of the process of the demographic dividend i.e. family planning, employment and Comprehensive Sexuality Education (CSE)."	• UNFPA, *UNFPA Supplies 2016 Annual Work Plan, Justification. Haiti*
Malawi • 2016 **annual progress report:** The CO is working towards **improving the capacity of nurses and clinicians**	• UNFPA (December 2016), *Narrative component of*

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
in the provision of LARCs for all women. This is in line with the FP2020 commitments that Malawi made in London in the year 2012 with an objective of raising the Contraceptive prevalence rate from 33% to 60% by 2020 for all women. (…) Several activities have been conducted to address both the capacity building component for Family planning providers, the LMISs to get commodities to the end user and motivational activities to increase awareness and acceptability of family planning in Malawi.	*UNFPA Supplies Report (Monitoring narrative reports), Malawi.*
Togo • The national Action Plan for Repositioning Family Planning in Togo 2013-2017 includes strategies to **increase access to family planning services among poor and marginalized women and girls**, in-school and out-of-school youth, youth living in rural and hard-to-reach areas. • The Action Plan **prioritizes innovative strategies to reach these groups** in areas with low coverage of family planning services through fixed health facilities, i.e. through mobile clinics, outreach services, and CBD. • However, the Action Plan *does not provide any further segmentation of the rural and marginalized populations* (i.e. into any specific sub-groups), and it seems that the **target group is more broadly defined as "women and youth living in hard-to-reach areas."**	• MoH, *Action Plan for Repositioning Family Planning in Togo 2013-2017*
Regional context: Sudan in Arab States Regional Office • *"…although early marriage is on the decline in the Arab world, **the number of young teenagers who are married before the age of 18 is still significant**, particularly in Yemen (32%), Somalia (45%), Sudan (33%) and to some extent in Egypt, as well as among Palestinians living in Gaza. This leads to early childbearing and poses serious risks to the health and welfare of mothers and children.* • *… **Young women bear the brunt of the socially determined harmful practice** in some Arab countries of **female genital cutting/mutilation**. The prevalence rate is **staggeringly high in Somalia, Sudan and Egypt**. Recent data on FGC/M in Egypt show that younger age groups have a lower prevalence, with 56 percent of girls in the age group 10-14 being circumcised compared to 92 percent of young women in the age group 22-29 (Population Council, 2010).* • *…Emergency Context: **The Arab region has been witnessing conflicts and wars for the past few decades, amplified by major uprisings in 2011 in several countries**. Some of these have resulted in changing regimes and paved the way toward democracy and social justice. An estimated 65 percent of young people in the Arab region live in countries where most of the region's humanitarian crises occur."*	• United Nations Population Fund, *Regional Programme Action Plan for Arab States Regional Office 2014-2017, July 2*013. *(p.8)*

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Assumption 1.4: National authorities are receptive to a **total market approach strategy for RH/FP services and commodities** which encourages **increased participation by NGOs, civil society and the private sector** and potentially can contribute to **improved marketing and increased demand**.	
Segmenting markets and introducing a total market approach	
Lao PDR • PSI had a programme working on IUD provision in the private sector, but that effort stalled when a **Prime Ministerial decree was issued in 2014** stating that MoH forbids provision of IUDs or other internal devices outside of a public health facility or other clinical setting managed by trained health workers. This meant that no private or NGO entity could provide IUDs or similar methods outside of clinics or hospitals. As PSI was not working in a clinic or health facility, they could not proceed with IUDs or other internal family planning methods.	• Interview, UNFPA CO SRH team, Vientiane • Interview, PSI, Vientiane
Lao PDR • Some question the **sustainability of SRH commodity supply**, for example if UNFPA funding ends. There is a need to get private sector involved more, work with little pharmacies, etc., to make it sustainable, with social marketing, fee for service, etc. There is now a public-private mix programme for malaria (working with little pharmacies where many people seek their malaria treatment), so perhaps there is a need for a public-private mix effort for SRH/FP.	• PSI interview, Vientiane
Lao PDR • The government has shown willingness to work with **various outlets and channels** to reach communities with care and counselling and treatment (Community Health Volunteers, CBDs, Lao Women's Union reps, village health centres (VHCs), PFHA, etc.) but there is no apparent involvement or work with the private sector to broaden the reach of SRH/FP service.	• Interviews, UNFPA CO, PSI Office, Vientiane
Lao PDR • As UNFPA CO worries about having family planning commodities as part of the **essential services package** (with the funding challenge it will face), they are advising government to look at Total Market Approach (TMA) (to include private sector, other support) so that it does not only fall on Government's shoulders. UNFPA CO put TMA in their workplan this year, but it has been somewhat side-lined, and is now on the plan for next year. UNFPA CO would like to hold a transition and sustainability conference/workshop in Lao, bringing in a TMA and financing specialist to assist in planning and building consensus and coordination among government and partners for Lao's transition planning.	• Interview, RH/FP Team, UNFPA CO, Vientiane
Sierra Leone	• Interview: RH/FP Programme, MoHS, Freetown

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
• "*Up to 2017, there was **very little conversation in Sierra Leone about the Total Market Approach** (TMA). It has only been during the development of the Costed Implementation Plan that UNFPA and the other partners began the discussion of the TMA*." • "*The problem in Sierra Leone is that the **private market for RH/FP products is not well structured** or well regulated. By the private market we mean for-profit clinics and pharmacies not the implementing partner NGOS of MSSL and PPASL. Until we have a better understanding of the private service providers and they are well regulated for quality and service it is hard to talk seriously about TMA*".	
Sudan • The **private sector is an important partner but not yet fully developed**. It's "*urgent to make more progress*" according to the logistics officer: "*There are women who have five or six children by the age of 21 or 23. They look 40 because they are so tired*."	• Interview, UNFPA RH Team, Khartoum.
Sudan **Confusion of public and private sector products** • Family planning – there are **the same named products on the market in the private sector**. The packaging is a little bit different but not very. It costs 30 SDG (1.50 USD) for the India brand and 25 SDG for the Pakistani version. Main request from NMSF is that the UNFPA commodities should have "FREE" written on them to help prevent leakage.	• Interview and observation: NMSF Kassala State headquarters and warehouse, Sudan
Nepal • At present, social marketing is heavily dependent on donors, while NGOs are dependent on government and donors. **It is encouraging to see that the Government of Nepal Ministry of Health and Population, as its commitment to RHCS, now funds for almost all contraceptives and other RH commodities through the 'pool fund'.** However, there is a critical need to advocate for allocating a reserve/flexible fund to procure RH commodities, in emergency situations and acute shortages.	• Government of Nepal MoHP Department of Health Services, *National Reproductive Health Commodity Security Strategy- 2015*
Togo Strengthen national coordination mechanisms and work with all partners to scale up commitment to RHCS and family planning including adopting **total market approaches** to family planning o **La restructuration du comité national de sécurisation des produits** SR (Arrêté ministériel 14 octobre 2014) a permis de redynamiser le mécanisme de coordination en 2015; o Un **sous-comité technique** (du comité national de sécurisation des produits SR) a été mis en place et se réunit tous les deux mois **pour le suivi de la gestion des stocks** de produits PF ; o Selon une périodicité semestrielle le comité national procède à la **mise à jour du tableau d'acquisition des produits contraceptifs** avec toutes les parties prenantes. (…)	• UNFPA Supplies *2015 annual progress report Togo,* p. 4.

Evaluation Question 1: Contributing to a strengthened enabling environment for RHCS/FP	Sources of Evidence
Global Interviews • UNFPA chaired the global working group on diversifying the market and **showed significant leadership in this role**. However, it may not have always led directly to actions on the ground at country level.	• Interview, RH Supplies Coalition

Evaluation Question Two: Increasing demand for RH/FP commodities and services	
Evaluation Question 2:	To what extent has UNFPA Supplies **contributed to increasing demand for RH/FP commodities and services,** including demand by poor and marginalized women and girls in keeping with their needs and choices (including in humanitarian situations)?
Sub - Questions:	a) Has UNFPA Supplies **advocated effectively for policies and programmes to strengthen demand and address barriers to access** (including but not limited to harmful socio-cultural norms) while taking account of the needs of marginalized women and girls? b) Has UNFPA Supplies been effective in **supporting engagement by community leaders, service providers, adolescents and women to build demand and address barriers to access**? c) To what extent have policies and programmes supported by UNFPA Supplies contributed to **improving knowledge and attitudes, reducing barriers and improving the capacity** of women and girls **to demand services and exercise choice** in accessing RH/FP commodities in a range of settings? d) **From 2017**, with UNFPA Supplies **no longer providing direct support to increasing demand**, what processes and mechanisms have been/will be used to **ensure that improvements in supply complement and are coordinated with demand generation actions of partners**?

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
Assumption 2.1: UNFPA Country Offices **advocate effectively for sustainable policies, programmes and investments addressing socio-cultural norms and other barriers** to improve **the knowledge and capacity of marginalized women and girls to demand access to RH/FP commodities**, including through community engagement and use of a total market approach.	
Strengthening demand in different contexts	
Global Interviews • Historical data shows us that **modern contraceptive prevalence (mCPR) grows in an S-shaped pattern. This is characterized by slow growth and little annual change when mCPR is low** (Stage 1), an opportunity for rapid growth in the middle during the transition from low to high mCPR (Stage 2), and slowing growth as mCPR reaches its maximum (Stage 3). While all countries will go through this general pattern, the duration and speed of growth seen in each stage will vary. **At Stage 1 strategies for demand must include efforts to change social norm around family planning and stimulate demand** while **during Stage 2, ensuring supply is more critical**. In Stage 3, effort to ensure equity are needed to ensure that no one group is left behind.	• Track20.org, *S-Curve: Putting mCPR in Context*

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
Sudan • The problem is that we **needed to work more on demand creation**. There is a low CPR. WHO only does technical support. The new CPAP has some demand creation. The problem is that we needed to work more on demand creation. There is a low CPR; WHO only does technical support. The new CPAP has some demand creation 16% CPR in 2018 is the target; 20% by 2020 is the medium term objective.	• Interview: MoH Senior Officials, Khartoum
Sudan • UNFPA uses **core resources to continue doing demand creation work for RH**. Demand generation is critical because illiteracy is high, access to services is poor, especially at primary level, advocacy for innovation (using midwives to deliver family planning services), and support to health centres to mobilise community/ religious leaders are all part of their demand generation activities. There are cultural issues too – men are reluctant to use condoms or family planning generally. There is a fear of family planning side effects. One impact is that UNFPA has worked on training community pharmacists to dispense family planning (pharmacists from the NMSF pharmacies for example). Husbands need counselling and advocacy.	• Interview: UNFPA Khartoum
Sudan • Demand for and awareness of family planning services **remains low among young mothers even when they have good access**. In the photo below, taken at Alta Widet PHC Clinic, **none of the 25 women in the frame (or the 40 others outside the frame) were waiting for family planning services (although these were free).**	• Observations: Alta Widet Health Facility, Sudan Family Planning Association
Sudan • Attitudes towards family planning were measured around the following themes: o **Acceptability of family planning:** 61.1% of the respondents said that child spacing and limiting is acceptable by their culture. Only 54.5% of the respondents think that family planning is acceptable by their religion o **Selection of family planning method: only** 54.5% of the respondents think that the type of child spacing or limiting method should by selected in consultation of health care provider o **Accessibility of family planning methods:** 73.1% of the respondents stated that family planning methods are easily accessible o **Affordability of family planning methods:** 57.6% of the respondents agreed to the statement that is "Child spacing or limiting methods are affordable" o **Safety of family planning methods: only** 47.9% of the respondents believe that family planning methods are safe	• Directorate of Family Health, MoH, Sudan. *Knowledge, Attitude, Practice Survey, Baseline KAP study on RMNCH/FGM/C related issues in Sudan.* No date on draft document but either 2015 or 2016.

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
o **Decision making on** child spacing or limiting in the family: 77.0% of the respondents believe that decision on Child spacing or limiting should be discussed by wife and husband.	
Sudan • A **lack of awareness is reported as the main barrier to demand** for family planning in North Darfur as well as a misperception about family planning (that it will lead to permanent infertility for example). During 2005-2012, family planning was not accepted among internally displaced persons (IDPs) in camps, and the reason was related to perception of people that it was intended to decrease the population (i.e. suspicion of health authorities) • Clients interviewed at Al Bashir hospital said that they **did not want family planning** because they thought mini and combined pills cause hair loss, IUD causes permanent infertility and Implanon dissolves into the body and causes health problems.	• Interview: Kassala State UNFPA team and observations from visit to Al Bashir Hospital in North Darfur State
Nigeria • For better understanding of the **persistent low CPR in Nigeria**, in 2012 the FMoH with support from UNFPA Nigeria conducted a desk review of studies on Barriers to utilization of family planning in Nigeria. The BMGF also supported the FMoH to conduct a Landscape Exercise for the Nigeria Family Planning Programme to identify strengths and weaknesses with a view to recommending appropriate interventions for improvements. Based on the findings from the studies, the following were identified as the **key barriers to acceptance and utilization** of family planning services in Nigeria: - Fertility related barriers - Method related side effects - Myths and misconceptions - Opposition to women using Family Planning due to socio-cultural, religion and spousal objections - Health systems barriers such as supply, unskilled and unfriendly health care providers • The studies highlight the **stagnant mCPR rate** during the past 24 years and recommended urgent action to pursue an aggressive demand creation strategy and campaigns to reposition Family Planning and to increase utilization of Family Planning services.	• Nigeria FMoH, *National Family planning Communication Plan (2017-2020),* p. 4
Nigeria • **Ideal number of children is used as a proxy for latent demand**. In Nigeria the mean ideal number of children is 6.5. Track20 estimates that at this level it is unlikely that mCPR (married) would go beyond 15%, well below the FP2020 goal. There is variation by state, however, in most areas low latent demand will limit future growth. ▪ Ideal number of children in Kaduna = 4.1 (NDHS, 2013)	• National Population Commission and ICF International, 2014. *Nigeria Demographic and Health Survey 2013,* p.86

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
▪ Ideal number of children in Lagos = 4.1 (NDHS, 2013)	
Lao PDR • There are **moderate increases over time in mCPR** rates in Lao PDR, and gradually reducing unmet demand. Zones where Community Based Distributors (CBDs) are active have reportedly seen significant increases in family planning uptake. District level data show substantial increases in contraceptive prevalence. The evaluation of the CBD programme found: "The use of locally hired CBDs ensures culturally appropriate interactions. There is evidence of an increasing demand for family planning (especially injectables) and MNCH services."	• *Evaluation of two UNFPA Lao PDR Programmes: Community Based Distribution (CBD) and Individuals, Families, and Communities (IFC). Final Draft 0.3 15* January 2014
Lao PDR • **Barriers** include the mountainous geography, with large numbers of remote and hard-to-reach villages; the ethnic and cultural diversity (with various cultural norms, languages, practices), and the paternalistic and conservative norms, making SRH very sensitive topics.	• Interview: PFHA staff
Sierra Leone • In **the post Ebola virus disease (EVD) climate** people in general and parents in particular are much **more aware of the problem of teenage pregnancy** – this means the community members are much more willing to participate in efforts give teenagers access to family planning services, they want to resolve the problem.	• Interview: WICM Head Office, Freetown
Sierra Leone • There is already high demand and with disruptions in distributions this leads to **important stock-outs at primary health units (PHUs).** • You **need to do demand generation and service provision at one and the same time.** If we just work on demand but do not strengthen service provision, including supply chain management we just create disappointment.	• Interview: DHMT, Western Urban District
Sierra Leone • UNFPA Supplies reported **increasing demand for some modern methods during the 2013 to 2016 period** as evidenced by the annual quantification exercise and the volume of commodities shipped. In 2013 Procurement Services Branch reports that 35,000 units of subdermal implants were procured for and shipped to Sierra Leone. By 2015, this had risen to 68,500 unit before declining to 56,500 in 2016. This decline reportedly reflected an overall reduction in the ceiling available for Sierra Leone in the same year rather than a decline in demand.	• Procurement Services Branch, UNFPA Copenhagen
UNFPA Supplies Efforts to Improve National Strategies and Focus on Demand Creation	

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
Lao PDR • MoH Maternal and Child Health Centre (MCHC) feels that they have **sufficient commodities presently, but need to increase demand** for family planning in Lao PDR there is a need to update government policies, work with Ministry of Planning and Investment (to ensure sustainability in the budget), expand more family planning training efforts into the classroom/curricula, do more ToT for health workers doing outreach in communities, translate more materials into at least the three main languages, and broadcast more in media (e.g. every village has a radio).	• Interviews: MoH Department of Health and Hygiene Promotion (DHHP) and MCHC, Vientiane
Lao PDR • UNFPA CO has **never had a specific demand generation objective**, in their work with the Government of Lao. Rather they note that it is the government, not UNFPA, that works (through an integrated approach including nutrition, MCH, child survival, family planning, etc.) to build demand among population groups • UNFPA supported PSI and DTR to develop and disseminate the family planning **Comprehensive Training Tool Kit** for health workers is an indirect driver of increasing demand (through enhanced quality of service, more trained health workers, midwives).	• Interview with UNFPA CO SRH team, Vientiane
Lao PDR • Government provides funding for various efforts (several of which have UNFPA support) to increase demand, including outreach activities by health centre staff, Lao Women's Union work, Vientiane Youth Centre's work, etc. **Centre for Information and Education on Health (CIEH) of the MoH**, which has UNFPA support for approximately eight years now (CP4 and 5), is a big player in demand generation and behaviour change communication nationally – through **community strengthening, information/ education/ communication, behaviour change communication materials, training guidelines, Village Health Committee training** and action plans, etc. CIEH works with women and with men, understanding that in most communities, men are dominant, and women need men's agreement to seek care or begin family planning. • For UNFPA, CIEH's focus has been on VHCs in Savannakhet Province (four target districts). They have worked with approximately 500 VHCs in these districts, and have seen results from their VHC support efforts, including increased numbers of women seeking ANC and family planning, as well as counselling in these districts. • CIEH hoped to scale up their VHC effort to their whole government network, but UNFPA support is limited, and government funding is also limited (although respondent said UNFPA is lobbying government for more support in this area).	• Interviews: UNFPA Lao CO and CIEH staff, Vientiane

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
Nigeria • Key areas of intervention supported by UNFPA CO till date includes contribution to the development of RHCS Strategic Plan (2011-2015); **training of state's health educators** on effective demand creation on family planning (2013): commissioning and production of **desk review on barriers** to uptake of family planning in Nigeria (2014); training of family planning government and development partners on **Communication for Behavioural Impact (COMBI)** 2014; **rebranding of the family planning logo and development of Family Planning Communication strategy** for the FMoH (ongoing) and targeted family planning sensitization through partners (TV drama, billboards and community engagement.	• UNFPA West and Central Africa Regional Office, 2015, *SWOT Analysis: UNFPA Family Planning Interventions in West and Central Africa 2013-2015 (Nigeria)*, p.9
Nigeria • UNFPA's **demand creation strategy** (through 2012) was based on provisions in national policies such as National Reproductive Health Policy (2010), Nigerian RHCS Strategic Plan (2010-2015) and BCC Strategy for National Reproductive Health Policy and Framework (2005-2008). • The strategy seeks to increase knowledge and awareness of modern family planning methods, how to access them, and their contribution to improved health and development outcomes. Given the **regional disparities in cultural beliefs and practices**, women's autonomy and decision making power, sector and educational levels, the strategy attempts to meet the needs of individuals who desire to delay childbearing, space childbirths and limit childbearing.	• UNFPA, *UNFPA Nigeria 6th Country Programme Evaluation, Final Report,* 2012, p.24
Nigeria • UNFPA supported the FMoH to develop its **National Communication Plan** for 2017-2020. The plan is based on the COMBI strategy, a "*dynamic and proven approach that has been used in over 20 countries to increase uptake of social and health services. COMBI strategically blends a variety of communication interventions to engage individuals and families in considering recommended behaviour and to encourage the adoption and maintenance of that behaviour."*	• Nigeria FMoH, *National Family Planning Communication Plan, 2017-2020),* p. 8, 10.
Nigeria • UNFPA has supported the FMoH with the development of **The Green Dot Brand Guideline**, which is being introduced in late 2017 as the National family planning logo. The green dot will be displayed at public and private facilities to connote the availability of quality services. The green dot was chosen as logos tend to be misinterpreted in diverse, multi-ethnic and religious societies such as Nigeria. *"It is simple, abstract in nature, easy to describe and recall; it's simple colour represents the diversity and oneness of Nigeria."* The tagline for the logo is *"Modern Family Planning Methods – Safe and Trusted."*	• Nigeria FMoH, The Green Dot, Brand Guideline, September 2017, p. 8.

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
Sierra Leone • Before 2013 and the current programme period, most efforts at demand creation were focused on short term methods but since then **UNFPA, and the MoHS, has concentrated on longer term but reversible methods**: Implants and IUDs. • There has been an important shift toward providing information and **creating knowledge regarding longer lasting methods.**	• Interview: RH/FP Programme, MoHS, Freetown
Malawi • The CO supported a **high-level advocacy campaign to raise awareness of SRHR, HIV, sexual and gender-based violence (SGBV), and family planning issues** affecting young people and adolescents including tertiary education participants. This interactive session was led by the first lady of Malawi and targeted 600 adolescents and young people who are expected to reach out to 12,000 other students and young people with the right messages on SRHR, HIV, SGBV and family planning.	• UNFPA: *MALAWI REVISED MHTF/SUPPLIES AWP 2017_mid year review*
Malawi • MoH through the RH Directorate with financial support from UNFPA organized **nationwide campaigns for condom use and LARCs** in high prevalence areas among the 10-24 age group. One such campaign took place in Thyolo district at Chikolombe primary school ground on 11 November 2016.	• UNFPA Malawi: *Report on LARC and Condomise Campaign in Thyolo District*, November 2016.
Potential effect of elimination of UNFPA Supplies support for demand generation activities	
Nigeria • Canadian funding is being used in Kaduna to support adolescent programming and GBV activities. This in part **makes up for the lack of funding from UNFPA Supplies**/DFiD for demand activities. In areas where socio-cultural norms are barriers to family planning access, demand is critical, especially when tied to service delivery via mobile outreach. • **If we want to achieve the demographic dividend, we cannot drop demand creation for family planning as a strategy.** Letting go of this component will seriously affect the health system – 67-70% of the population is young people. • The big player in demand creation is the Nigeria Urban Reproductive Health Initiative (NURHI) funded by the BMGF with lots of investment, including research to evaluate effectiveness of strategies.	• Interview: UNFPA Nigeria, Abuja and Kaduna
Sierra Leone	• Interview: UN Women Office, Freetown

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
• It is critical that UNFPA continue to provide **assistance for community engagement** (even if it is from outside the UNFPA Supplies programme). For example, UNFPA support to community engagement for ending teenage pregnancy is essential. • Helping to develop and implement the strategy for **ending teenage pregnancy** is one of the key roles of UNFPA given its specific focus on reproductive health. There is a draft multi-sectoral strategy for ending teenage pregnancy coordinated by the Teenage Pregnancy Secretariat. • There has been a lot of **effective advocacy for family planning but it needs to be sustained.**	
Sierra Leone • The emphasis of UNFPA Supplies and the MoHS on longer lasting methods finally resulted in a **large and sustained increase in demand**, you can see this during outreach clinics when so many people come they have to keep serving clients well into the evening because so many people come. Mothers come with their 15-year-old daughters seeking family planning services; this is a fairly new thing. • **Demand is now very high but they are unable to meet it.**	• Interview: RH/FP Programme, MoHS
Sudan • Demand generation is closely linked to access. There is 29% unmet need in Sudan. But women in the clinic for ANC or their children's health needs have no demand or awareness about family planning. Other women, when asked, say they do not want to be pregnant but they do not know about family planning services. **Demand and access are inter-related. Awareness is vital but not sufficient.**	• Interview: UNFPA staff, Khartoum.
Sudan • The lack of community mobilisation/the **need for broad, effective community mobilisation** was identified by the MoH RH Team as a high priority and a main barrier to building demand.	• Interview, MoH RH Unit, Khartoum
Togo The decision that UNFPA should no longer fund demand-creation has had a **negative impact on the programme's activities**, which have become less frequent: « La restriction des Fonds Supplies par rapport à la création de la demande a un impact certain sur les activités du Programme. Pour pallier à cette insuffisance quelques activités résiduelles de communication de proximité sont de temps en temps réalisées. » • Also, although there are **sufficient funds for family planning commodities, the demand remains low**. There is a need to invest more in demand-creation. Funding for activities to address socio-cultural barriers is insufficient, as it is not always considered a priority, although it is necessary to create demand. On the other hand, it is important to meet the demand that is already there, and that is where UNFPA should focus.	• Interview and correspondence: UNFPA Togo

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
Assumption 2.2: UNFPA Supplies supports policies and programmes **including effective community** engagement to **directly address socio-cultural barriers to improving the knowledge and ability of marginalized women and girls to demand appropriate RH/FP commodities of their choice**.	
Community engagement to address socio-cultural barriers	
Lao PDR • Previously, UNFPA worked in Savannakhet (4 districts) on working with **village chiefs (who were trained) to provide counselling family planning for young couples** – on an initiative that began in 2013 in UNFPA focused areas (but began in 2003 and is still ongoing by Lao Women's Union in Vientiane). • The **initiative was seen as high-impact, low cost, and culturally sensitive**. Key results noted included 1) capacity building for village authorities in 40 villages in 4 target districts of Savannakhet province (10 for each district) in **knowledge of FP, dangers of early pregnancy and counselling for young couples**; and 2) **district authorities now support village chiefs to provide family planning counselling to young couples prior to issuing marriage licenses** through an established system (couples received counselling and also went to their Health Centres for services).	• Interview: UNFPA CO • UNFPA Brief: *"LAO PDR - Working with village chiefs to promote family planning among young couples requesting license to get married"*
Lao PDR • In 2016, UNFPA CO used some Supplies Programme funds for MoES and **community mobilization, VHCs, village volunteers, outreach** (for demand generation).	• Interview, UNFPA CO, Vientiane
Lao PDR • UNFPA supports the work of v**illage health committees**, and **outreach efforts** by health centre staff and village volunteers has helped reach and inform remote villages and women/girls without access to health facilities.	• Interviews, CIEH, Vientiane Youth Centre and health centres (Asing and Nakai)
Lao PDR • UNFPA support to non-formal education helps them support **Community Learning Centres to address barriers to access among youth**. Each centre serves five villages, to serve everyone but with a key target of 15-40 year-olds. The centre provides information, support, and condoms. After that, the clients can visit a pharmacy or health centre for other family planning products. More support is needed to help increase the information and support for kids in rural areas, to improve their ability to protect themselves.	• Interview, MOES –Non-Formal Education, Vientiane
Nigeria • There is evidence that, through a **broad range of partnerships, including with traditional leaders, that barriers to modern contraception were being dismantled**. In contexts such as Kebbi and Sokoto states, a **"whole of society" approach** is required to address SRHR, particularly for young women. Various initiatives are being undertaken, through UNFPA and development partners, to address gender equality, including female education, empowerment and ending early marriage.	• UNFPA Nigeria, *Annual Review Summary Sheet, Access to family planning Commodities (AFPC) Programme in Nigeria,* March 2016, p.5

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
Sierra Leone • In addressing barriers: MSSL has a specific strategy that **community-based mobilizers should work to help dispense with myths**, especially about different methods – this has helped them by increasing demand for implants in particular "captains band" preferred by girls and young women. • They do not use social marketing or the franchise model in Sierra Leone but largely rely on word of mouth from satisfied clients. Women come with a notion of which method they want to use and then are open to good counselling. • To reach in-school girls with demand creation activities MSSL staff visit schools and give health talks. They introduce the staff who will take part in the mobile clinics. • In addition, **MSSL community mobilizers meet with principals before speaking to the girls about the risks of teenage pregnancy.** The principals participate by introducing MSSL staff to the classes before they speak about the need for family planning and the community has been very receptive to these messages.	• Interview: MSSL Head Office, and Freetown and Waterloo Clinic
Sierra Leone • FINE SL works in the same communities as Women in Crisis Management (WICM) and try to engage with **boys and men** to work on **barriers to access to women and girls for** Sexual and Reproductive Health and Reproductive Rights. • They have husband schools and promote the idea that men can take leadership roles in promoting demand and access.	• Interview: FINE SL. Freetown
Sierra Leone • PPASL **volunteers do mobilization work** for two days prior to the mobile clinic with **community. mobilizers going door to door in the neighbourhood**. The clinic operates from about 9 am until after dark and no one will be turned away.	• Interview/Observation: PPASL Mobile Outreach Clinic, Freetown
Sudan • Demand creation at community level around family planning **is** undertaken by UNFPA in target areas/ states with community groups/leaders, religious leaders, women's groups including women's support groups, and critically, with midwives and health workers. A **whole of community approach** is adopted rather than just targeting one group or another group although the role of community midwives is critical in terms of their capacity, skill, authority and inclination to provide services.	• Interview: UNFPA Sudan, Khartoum.
Madagascar • In 2013, UNFPA in collaboration with PSI and other NGOs supported the first national family planning campaigns, which targeted adolescents and youth in **three priority regions with highest unmet need.** The	• UNFPA : *Rapport annuel fonds thématiques pour la santé maternelle &*

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
3-day campaign targeted decision-makers, religious leaders, service providers and community health workers. Result: 3,000 persons sensitized and 2,000 new users.	*programme global pour la sécurisation des produits pour la santé reproductive Madagascar*, 2013, p. 6
Malawi • UNFPA Supplies create **demand at community level** though the "3-day campaigns" organized centrally by the MoH in up to 12 districts (12 campaigns) each year. The first day of the 3-day visit of a mobile van is used for demand-creation in the villages. The districts (as implementing partners) also conduct their own mobile outreach campaigns, which entails both demand-creation and provision of services.	• Interview: UNFPA Malawi
Nepal • UNFPA Supplies support to demand-creation activities is directly aligned to the interventions proposed in the national family planning CIP 2015-2020. UNFPA has directly supported the following activities to improve knowledge and address socio-cultural barriers among marginalised women and girls: o **Supporting the development of micro-plans** based on available data and evidence to identify marginalized populations with low access and utilization ("pockets of inequity within the districts"); Micro-plans include specific demand-generation activities o **Advocacy and** social and behaviour change communication (**SBCC**) **activities** (including radio, TV, street drama) at community level through involvement of health mothers groups, female community health workers and health workers. Provision of advocacy tools, materials and messages.	• UNFPA Nepal: *Annual Joint Reporting; for the reproductive health thematic trust funds (TTFs); and joint programmes (JPs), 2014 and 2015*
Nepal • UNFPA is working with **religious and faith-based organizations to address barriers in family planning,** through community engagement. • According to UNFPA staff, the main reason for low spending on demand-creation is that UNFPA Supplies funds were "limited" and priority was given to commodities (which are not funded by any other donor). **UNFPA CO primarily used core funds/regular resources to finance demand-creation activities,** which were thus complementary to UNFPA Supplies investments in expanding access to services (provider training, commodities and outreach service delivery), policy and strategy development, and LMIS.	• Interviews: UNFPA Nepal and Family Planning Association of Nepal (IPPF affiliate) staff, Vientiane
Togo • UNFPA Supplies has supported several activities to reduce socio-cultural barriers: o Support to **religious leaders**' association for family planning: 140 leaders in 7 districts have been trained and receive small grants to conduct activities to increase their engagement in family planning to reduce socio-cultural barriers	• Interview, UNFPA staff members in Togo

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
o Contracts with **television and local radios** to diffuse messages in local language o Support to **men's clubs (peer education approach based on Niger example**) – but coverage has been limited o Support to **community health workers** who diffuse messages on family planning through "discussion groups" and home-based visits o Support to the **"Community Dialogue Days"** has provided a platform for the health facilities to discuss family planning with community members – which has improved the trust between health care providers and the community.	
Togo • UNFPA has established **partnerships with local radios (community and private)** both in the UNFPA priority regions (Maritime and Savanes) and in three other regions, as well as three national television channels. They also partner with local NGOs who work together with the community radios to organize round table, live discussions etc. Messages focus on SH/FP/HIV and condom promotion. • UNFPA also produced posters and "image boxes" on family planning and HIV/STI. • UNFPA has supported the establishment of "**Men's Committees"** to improve men's engagement in family planning. After a few months it was observed that there is greater commitment of men to improve RH of their family members and in the community. Gradual establishment of direct dialogue between health staff and community delegates create a win-win partnership.	• UNFPA Supplies *2013 annual progress report*, p. 6-8
Togo • In line with government strategy, UNFPA Supplies has support **"Community Dialogue Days"** (100 villages in 7 districts in 2013) which is a moderated discussion between service providers and community members about the issues and barriers related to service utilization and to improve mutual trust. Community members provide feedback to service providers about quality or access issues, and service providers inform the community about the importance of using public health services (as opposed to illegal providers) as the health clinics operate on cost-recovery in the absence of any government financial support to the functioning of these clinics.	• UNFPA Supplies *2013 annual progress report*, p. 19
Targeting marginalized youth (see also assumption 4.2 related to youth-friendly services)	
Lao PDR • UNFPA supports the **Lao Women's Union and Vientiane Youth Centre** (the only one in Lao PDR). They provide **training, a clinic, mobile outreach, a phone hotline and social media.** It is a welcoming place for at-risk and youth populations. VYC helps address access barriers, increase demand and understanding, and reach youth. They hope to expand, replicate their work in youth corners in health facilities to make these more accessible and welcoming to young people seeking SRH/FP services, contingent on support to build a	• Interviews, CIEH, VYC and health centres (Asing and Nakai)

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
costed strategy. VYC also conducts training sessions (as observed by the evaluation team) in high schools, to inform and reach more youth. • UNFPA support to the work of **Village Health Committees**, and **outreach efforts** by health centre staff and village volunteers has helped reach and inform remote villages and women/girls without access to health facilities.	
Nigeria • Education as Vaccine Initiative, an NGO founded in 2002, works with adolescents and young people. They have partnered with UNFPA for many years on **improving adolescent access to sexual and reproductive health and services in Benue, Cross River, Federal Capital Territory (FCT)**. States are chosen based on certain indices like adolescent pregnancy rates, HIV prevalence, geographical distribution across Nigeria. Activities include **training young people as peer educators, 25 per state, to carry out activities with their peers, i.e., one-one-one discussions, community activities like rallies and mobilizing for uptake of services at health facilities**. Pre-test and post-test tools are used to gauge knowledge change. Education as vaccine (EVA) has also **trained health care providers on youth-friendly services – about 20 per state.** This capacity building was based on formative research with young people which revealed some of the challenges associated with accessing with family planning services. Some of these include confidentiality, age of providers (young people apprehensive about dealing with older providers).	• Interviews: Education as Vaccine staff, Abuja
Sierra Leone • Target group is **adolescent girls and women 10-24 years of age.** • WICM **engages community members in their outreach programmes** (District Health Management Teams, **police – especially the Family Support units of the police, matrons in the district hospital, chiefs**.).	• Interview: WICM Head Office, Freetown
Sierra Leone • Matei Initiative Empowerment Programme for Sustainable Development (MATCOPS) focuses on **in and out of school teenagers**. In school they work with an SRH promoter and also develop peer educators for out of school work: Teenage Pregnancy/Early Marriage Core Trainers (TEPMAC). • For out-of-school work at community level they start by doing a study and checking what family planning methods teenage girls have access to and which they prefer. They engaged some of the girls as **peer educators** who receive training for three to six months from the Ministries of Health, Social Welfare and Education. • After receiving this they start a process of **inter-generational community dialogue** to address barriers to access to HR/FP for teenage girls.	• Interview: MATCOPS, Freetown

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
• In-school they start first with the **educators and try to insert their key messages** directly into the curriculum.	
Sierra Leone **In-school** • UNFPA Supplies provided **technical support and financing to the development and production of career counselling guidance notes and practical tools, printed the manuals and supported training of 50 guidance counsellors.** • UNFPA Supplies also supported the development of **integrated curriculum and readers** for the neo-literate and supported training of 60 literacy facilitators. • In both cases these tools incorporated specific elements of SRH and of family planning. **Out of School** • UNFPA Supplies helped the MEST develop the concept note for an emergency programme to provide **non-formal education to 14,500 school age girls registered as pregnant during the EVD** crisis. • UNFPA supported the **monitoring and development of curriculum in** math, language arts, social studies. • UNFPA also supported the ongoing operation of **the learning centres (282 learning centres**). • Supported the training of teachers in how to interact with and support pregnant teenage girls. • Between **10,000 and 11,000 girls have been reintegrated into the formal school system.** • The others have been supported through non-formal education and a (non-UNFPA) revolving loan component to develop vocational skills. • UNFPA Supplies provided support from 2013 to 2016 and in the first quarter of 2017.	• Interview: MEST, Department of Non-Formal Education, Freetown
Madagascar • In 2013, UNFPA supported activities to **sensitise adolescents and youth on the prevention of HIV and unwanted pregnancies**, such as conducting needs assessment of youth centres, equipping two youth centres to attract youth, capacity building of peer educators, and a **special campaign targeting out-of-school marginalized youth on GBV and prevention of unwanted pregnancy**. These efforts reached 3,000 young people and adolescents with SRH information.	• UNFPA Madagascar: *Rapport annuel fonds thématiques pour la santé maternelle & programme global pour la sécurisation des produits pour la sante reproductive Madagascar*, 2013, p. 11-12

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
Malawi • The Family Planning Association of Malawi (IPPF affiliate) implements the following **activities targeting youth in 2017 with UNFPA Supplies funds:** *"Engage the Ministry of Health, Youth and NGOS in LARC, Comprehensive Condom programing including testing and treatment of STI targeting 4000 adolescents, youths in 10 tertiary institutions. Results (no. of individuals reached) include:* o ***Tertiary institution,*** *Comprehensive sexuality education and STI treatment=85,000.* o ***Youth clubs,*** *Comprehensive sexuality education and STI treatment=65,000"*	• UNFPA: *UNFPA Supplies 2017 work plan, Q1 progress report*
Haiti • "UNFPA's strategic approach consisting in calling upon a group of key partners to reach the groups with no access to reproductive health services did not produce the expected results. The partners are located in poor areas where they may reach these groups. **However, they do not provide a distinct service to youth and adolescents."** • Two **NGOs** (Volontariat pour le Développement (VDH) and FOSREF) had the **expertise and logistics allowing for interventions among the youth**. Their collaboration with the UNFPA was suspended in 2013 (FOSREF after participating in UNFPA's 2013 family planning campaign) and in 2014 (VDH). A section of the society, drawing on old and unsuitable Haitian laws, opposes to the availability of contraception products for the youth. The MSPP's position on the matter is pretty ambiguous related to parental consent. **Actions directed to the youth are limited to awareness**. • Conclusions from the evaluation included that there **is no innovative initiative to reach youth**, representing **a missed opportunity.**	• Hennion et al. (2016). *Assessment of the UNFPA'S 5th programme of assistance to the government of the Republic of Haiti (2013-2016),* p. 39
Assumption 2.3: UNFPA Supplies support to increasing demand **in partnership with governments and others for RH/FP commodities** complements and is coordinated with support from other sources at national and sub-national levels.	
Effective partnering to reach remote and marginalized groups	
Lao PDR, Nigeria, Sierra Leone and Sudan • See evidence under assumption 2.2 for information on partnering to reach marginalized youth and 4.1 for information about partnerships to conduct mobile outreach service delivery.	
Lao PDR • UNFPA works with **government, CHAI, PSI, other partners, but does not work directly in communities** (leaving this to PSI, PFHA and other partners). UNFPA works with MoH at policy level, supporting staff	• Interviews: UNFPA CO and PSI, Vientiane

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
capacity building to assist in the demand/access side. **UNFPA does not lead on the demand generation side**, although perhaps they (UNFPA) are best placed to play this key role, some partners believe.	
Lao PDR • **PSI is the only partner that explicitly works on demand creation** – working with village volunteers who explain methods, demonstrate them, help make appointments and provide other support to "make it easy" for the village communities to access SRH/FP services. PFHA would like to do this work too, but are limited by resource constraints. Government is trying to do media outreach, but it is limited, and remote areas lack media access.	• Interviews: PFHA and PSI, Vientiane
Nigeria • Most of UNFPA support **for increasing demand is in partnership with the FMoH** to develop strategies and plans for BCC. • Partners are using different demand creation techniques and there is **poor coordination** on this. Some make good use of ward development committees. Other partners should consider keying in to the facility health committees as a means to address access barriers. There is **lack of clarity on what facilities are covered by which partner,** duplication of facilities, orphan facilities, techniques for demand creation. Some duplication does occur with CHAI and NURHI. NURHI covers the entire state as far as demand creation is concerned with mass media, sports programmes. • **Demand creation regarding male involvement is a challenge.** Messages may not really be targeting men in ways that are conducive to behaviour change. A very high percent of women (from surveys –about 80%) still require permission, consent or approval from male partners. Many cultural/religious practices do not empower women to make these decisions on their own. UNFPA should consider providing support for demand creation as they have capacity to cover a wider area of state/facilities compared to other partners including implementing partners. • **Youth-centred demand creation programmes need strengthening.** UNFPA can advocate with Kaduna State for a strategy to address this and more coordinated demand activities.	• Interview: Group discussion with Child Spacing Technical Working Group, Kaduna, Nigeria
Nigeria • UNFPA Nigeria CO staff indicated that there is **no agreed upon definition for marginalized groups.** It can be defined in different ways for different groups. Populations identified in discussion included: women living with fistula, those in humanitarian situations (e.g., Borno in the North), marginalized youth (e.g., urban youth in Lagos).	• Group interview: UNFPA Nigeria, Abuja
Sierra Leone • The UNFPA Supplies funds allowed PPASL to enhance their capacity to **increase the visibility of SRH/FP services** in traditional areas and markets.	• Interview: PPASL, Freetown

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
Sierra Leone • They concentrate on demand generation for RH/FP especially in Konandugu working closely with the DHMT. • MATCOPS supports a lot of **radio programming** and in places with no radio reception do **outreach,** especially during campaigns like family planning week.	• Interview: MATCOPS, Freetown
Sierra Leone • UNFPA helped form and hosts regular meetings of the **Sierra Leone Adolescent Girls Network.** • UNFPA initiated the idea in 2013 and it includes all the NGO implementing partners working with youth. As a network they engage with health care providers. If a girl moves from one community to another she is referred to another member of the network that might be working in that community. • The members meet for review at the end of every year and have monthly meetings at UNFPA (WICM, FINE SL, MATCOPS).	• Interview, WICM, Head Office, Freetown
Madagascar • 2014, UNFPA supported community-based organizations (CSOs) to sensitize community members; involved local leaders ("Fokontany") to **sensitize parents on the importance of promoting family planning among youth; c) implement the initiative "Parents' School."** • 2015, UNFPA Supplies supported SRH/FP materials and mass media (value: 67,000 USD). • 2016, UNFPA Supplies supported activities related to sensitizing youth age 24 and under.	• UNFPA: *UNFPA Supplies financial expenditure reports, 2014, 25016 and 2016*
Nepal • In 2014, UNFPA Supplies supported MoH to **organize campaigns targeting youth with family planning and HIV messages**. The campaigns reached 1,100 youth in Antsiranana, Sofia and Antananarivo. Support was also provided to produce and distribute 3,000 posters and 3,000 leaflets on family planning targeting adolescent and youth.	• Nepal MoH, *MoH Annual Progress Report, 2014*
Balancing demand with supply and the effect of stock-outs	
Nigeria • The NURHI Project in Kaduna sought to develop **"consumer first" interventions** for creating demand and sustained use of contraceptives among marginalized urban populations, using an evidence-based approach. It aimed to open a dialogue regarding family planning into everyday life in families and communities, and to increase accurate knowledge about methods and where to access services.	• Source: NURHI, *Demand Generation Strategy, 2011,* accessible at: www.nurhitoolkit.org

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
"In addition to simply increasing demand for contraceptives as an end goal, ***NURHI will test the theory (Proof of Concept) that a significant investment in demand can drive supply, optimally to appoint where family planning is a sustainable social norm so that products and services are supported by market demand****."* (p. 2) • The end-line evaluation noted the following key achievements: o *"A significant increase in modern CPR was seen in Kaduna, particularly use of implants.* o *A* ***higher percentage of young women, aged 30-34 and women aged 25-29 are using a modern method at endline****. Twenty percent of women adopted a modern method while 7 percent discontinued use for an overall increase of 13 percentage points.* o ***More than half of women living in Kaduna reported hearing NURHI slogans*** *and seeing a message on TV. Nearly quarter of women were exposed to NURHI print media messages."*	
Sierra Leone • PPASL has two mobile team in each district. A mobile team has: o A project coordinator o A clinical nurse o A lab technician o Community mobilizers who work to create demand • They feel there has been a sustained increase in demand but they are also very **concerned about creating demand which they will be unable to supply.**	• Interview: PPASL, Head Office, Freetown
Sierra Leone • Implants are more and more popular because **MSSL, PPASL and others have been promoting them** very strongly. Women also like *Depo* because it is very simple and easy to use (easier than implants which need a careful procedure for insertion) and because they know it well. • There has been **considerable coverage on television and radio** of the **increased in teenage pregnancy** during the EVD crisis and this has helped promote demand. • Some of the young girls who became pregnant and left school have been returning to school and are helping with the messaging that family planning is needed.	• Interview: MSSL, Waterloo Clinic, Freetown
Sierra Leone • There is already high demand and with disruptions in distributions this leads to **important stock-outs at PHUs.**	• Interviews: DHMTs in Western Urban, Pujehon and Port Loko Districts

Evaluation Question 2: Increasing demand for RH/FP commodities and services	Sources of Evidence
• You **need to do demand generation and service provision at one and the same time**; if we just work on demand but do not strengthen service provision, including supply chain management we just create disappointment. • The DHMT needs to work a lot harder to meet the demand that has been built in the district. There has been **a consistent rise in demand since the EVD crisis**. For example, there have been very successful campaigns to sensitize teenagers. This becomes self-reinforcing because teenagers (in particular girls) who use family planning become enthusiastic promoters among their peers. • Mobile clinics also have an important impact on demand but they need to happen more frequently, at least once a quarter. **The problem now is how to satisfy this building demand.** • **Outreach** in schools is increasing demand among younger women and teenage girls and NGOs, including MSSL are very active in doing outreach at the community level. The problem is we in the district are not meeting the demand that has been created for family planning services and products.	
• The outreach staff report a very significant increase in demand. These **mobile clinics** are seeing three or four times more clients than in previous years, despite the fact that this is a predominantly Muslim community. • **Very long waiting lines** were observed and photographed both inside and outside the large community centre provided by the district council. These lines included a mix of age groups but with a strong representation by younger women and girls. • Lunsar is a **Muslim community** but staff do report increasing levels of demand. The **community mobilizers work with Muslim community leaders and visit mosques as entry points**. There is real concern about teenage pregnancy and high levels of interest in the opportunity to access family planning services. • Interviews with women in the waiting line indicated **highest levels of enthusiasm for implants and injectables**. As in other static and mobile clinics, demand for implants seemed to be highest among younger women and teenage girls (whether they already had a child or not).	• Interview/Observation: PPASL Outreach Clinic, Lunsar Community, Bo District
Sudan • Demand generation is closely linked to access. There is 29% unmet need in Sudan. But women in the clinic for antenatal care or their children's health needs have no demand or awareness about family planning. Other women, when asked, say they don't want to be pregnant but they don't know about family planning services. Demand and access are inter-related. Awareness is vital but not sufficient.	• Interview: UNFPA Sudan, Khartoum

Evaluation Question 3: Improving efficiency of procurement and supply (global)	
Evaluation Question 3:	To what extent has UNFPA Supplies, through its global operations and advocacy interventions, contributed to **improving the efficiency of the procurement and supply** of reproductive health and family planning commodities for the 46 target countries?
Sub-Questions:	a) To what extent has UNFPA Supplies contributed to improving the **efficiency of global procurement of SRH/FP products** across all critical dimensions of performance (quality, mix, price, lead time, supplier performance, etc.)? b) Is there evidence that UNFPA Supplies has helped to **improve global forecasting, prequalification, pricing** and **long-term agreements** with a variety of suppliers. c) To what extent has UNFPA Supplies, in coordination with national authorities and partners, helped to **avoid global supply disruptions, over-stocking, over-paying, and quality issues**? d) Is there **evidence** of **increased choice** (prequalified suppliers and products), competitive pricing, reduced lead times, and increasing volumes distributed to key populations, including populations experiencing humanitarian crises? e) To what extent has UNFPA Supplies helped to **improve the global supply chain** of these commodities, and to **shape the global market** for them (influencing price, quality, innovation, and availability), using its global reach and purchasing power?

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
Assumption 3.1: UNFPA Supplies had **the necessary funding/resources made available** at the appropriate time in the 2013-2016 period to meet its mandate in procurement and supply of RH/FP commodities for focal countries.	
UNFPA Supplies global and national role in funding procurement of RH/FP commodities	
Global Interview • Previously 65% of **UNFPA procurement was for the Supplies Programme**. This fell to 50% in 2015, and now **holds steady at approximately 60%** (mostly contraceptives, with only a small portion (~10%) for maternal health commodities.	• Interview, Procurement Services Branch (PSB), UNFPA, Copenhagen
• Meeting ***all women's needs for modern contraceptives will cost 5.5 billion USD per year more*** *than is currently being spent.* • The ***funding gap*** *for UNFPA Supplies, to be able to support UNFPA's contribution to the FP2020 goal, is 700 million USD (2017–2020).*	• UNFPA, *UNFPA Supplies: UNFPA's Thematic Fund for Family Planning* (filename: 16Jan2017 - D MFA (003).pptx

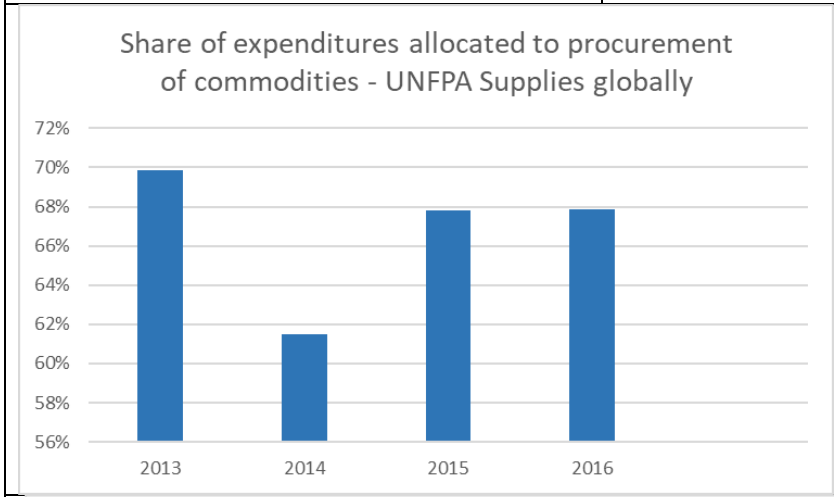
Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
• The **funding allocation model** as selected from the McKinsey report of 2016, segmenting countries for support divides countries into three segments based on mCPR, demand satisfied, and national income per capita.	• McKinsey and Company, *Strengthening the UNFPA Supplies Programme: March 3, 2016 - Full deliverable*
• The (Steering) Committee asked whether UNFPA Supplies will be **revising categories**, particularly countries grouped in Category C (approaching sustainability). Zimbabwe is category C because of low unmet need and high mCPR although it cannot yet support 100% of commodity procurement from national budget so has needed additional support from UNFPA Supplies. Comparison of the UNFPA Supplies programme countries needs to bear in mind that all 46 countries are still among the lowest income globally, but some are better placed than others to support procurement using domestic resources. • It was clarified that the categorization does not indicate the amount of funds that a country receives, rather it determines the **split of funds for commodities vs technical support**. • The Committee suggested that it would be useful to **review the categorization through a sustainability lens**. (p.9).	• UNFPA Supplies Steering Committee. *Minutes of Oct 2017 Meeting*
Global Interview • There is not enough work being done on **helping countries transition away from donated products**, and on phasing approach from donated to fully pay for items, or mixing the two, for countries that can afford it. Currently, products are either 100% donated, or 100% paid, without a middle ground or focus on sustainability.	• Interview, PSB, UNFPA Copenhagen
Togo • "UNFPA has **not been able to supply all the commodities needed since 2016**. In 2016, there was a gap in commodities, and our [IPPF Togo] needs could not be covered by UNFPA. The gaps were covered by USAID and IPPF. The governments of Benin and Burundi also helped fill the gap, as they transferred commodities from an over-stock. This year [2017] it is the same situation."	• Interview (IPPF Togo), UNFPA implementing partner in Togo
Togo • UNFPA could **not meet the national demand for contraceptives in 2016 and 2017**. With the government's contribution, the demand was met. When there is a large gap, USAID also contributes.	• Interview, UNICEF Togo
Togo • Due to **decreasing UNFPA funding**, USAID had to procure more commodities.	• UNFPA Supplies, Togo *2016 annual progress report*, p. 3

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
Malawi • The most significant achievement of UNFPA Supplies in Malawi is the provision of **70% of commodities each year (DFID and USAID are usually the gap-filler**) – i.e. being the prominent provider of family planning commodities in the country. There has been no major achievements or successes in terms of strengthening the supply chain management system (even not when prompted during the interview).	• Interview, UNFPA CO, Malawi
Haiti • UNFPA Haiti **had sufficient funding to meet the need for commodities**. The main issue was that **there was not sufficient funding for SCM strengthening, and the "last-mile-distribution" is generally underfunded** in Haiti. Stock-outs therefore continue to persist, even though there are enough commodities in the country.	• Interview, UNFPA CO, Haiti
Madagascar • UNFPA has had all the necessary funding to cover the needs for family planning commodities in Madagascar. From 2015-2017, a large DFID maternal health project also contributed to the purchase of family planning commodities. But since that ended, **UNFPA has had to increase additional core funds to cover the gap**.	• Interview, UNFPA CO, Madagascar, 12 January 2018
Madagascar • In general, there are **insufficient funds available for procurement of all necessary SRH/FP commodities in Madagascar**. Resource mobilization is essential to cover the national needs.	• Madagascar MoH, *(2016) Plan Opérationnel 2016-2017 du Plan Stratégique Intégré en PF/SPSR 2016-2020. Rapport final, Avril 2016,* p. 28
Nepal • UNFPA had **sufficient funding to respond to an urgent need** for commodities during the 2015 Nepal earthquake and the 2017 flooding. The CO used UNFPA Supplies funds, core funds and resources mobilised from bilateral partners to procure and distribute emergency RH kits during these two humanitarian crises.	• UNFPA Nepal, *2016 template for country annual joint reporting; for the reproductive health Thematic Trust Funds (2015) Nepal*
Malawi • UNFPA headquarters and other organizations **negotiated a reduced price for implants** with pharmaceutical partners in 2013-2014, which led to more commodities for the same funds for Malawi • UNFPA used to pay for the handling fee, but since 2015 they asked MoH to pay for the handing fee (no comments as to what the consequences of this has been). • Timely communication with UNFPA headquarters has sometimes posed a challenge.	• Interview, MoH, Malawi

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
Global level • In 2016, **reproductive health kits** totalling 7 million USD were dispatched to 47 country offices and 12 international partners to respond to emergency needs of emergency obstetric and newborn care, prenatal and postnatal care, clinical management of rape, contraceptive choice, and prevention and treatment of sexually transmitted infections. • The number of UNFPA Supplies focus countries with UNFPA-supported initiatives to reach **displaced persons and refugees** in **humanitarian settings** increased from 13 in 2014 to 29 in 2015. More than 60% of the 46 countries supported by UNFPA Supplies experienced humanitarian situations in 2016. (Slide #9).	• UNFPA PowerPoint presentation – UNFPA Supplies: *UNFPA's Thematic Fund for Family Planning (2017) (filename: 16Jan2017 - D MFA (003).pptx*
Trends in Funding for UNFPA Supplies	
• **UNFPA Supplies Programme funding has decreased since 2013** (164M USD) to 2016 (131M USD), after an increase to 185M USD in 2014.	• UNFPA Annual Reports 2013-2016
• **UNFPA SUPPLIES TOTAL EXPENSES (USD) BY OUTPUT AREA --** Total funding for the Supplies programme has fluctuated somewhat over the years, with an overall decline in the total level of funds used to procure commodities (usually 70% of the total programme cost).	• UNFPA Annual Reports 2013-2016

	2013	2014	2015	2016
1. Enabling environment for RHCS	10,527,880	17,807,605	8,762,388	9,493,335
2. Increased Demand	10,234,286	13,910,457	4,892,440	5,626,862
3. Improved Procurement and Supply	114,659,401	113,889,968	100,050,945	89,473,064
4. Improved Access to RH/FP Services	10,639,082	16,501,915	13,563,209	12,397,917
5. Strengthened Supply Chain Management	5,844,932	3,720,978	4,167,264	5,302,830
6. Improved Coordination and Management	12,198,458	19,348,156	16,172,616	9,548,415
Total	**164,104,039**	**185,179,079**	**147,608,862**	**131,842,423**

AS A PERCENTAGE OF TOTAL EXPENSES	2013	2014	2015	2016
1. Enabling environment for RHCS	6%	10%	6%	7%
2. Increased Demand	6%	8%	3%	4%
3. Improved Procurement and Supply	70%	62%	68%	68%
4. Improved Access to RH/FP Services	6%	9%	9%	9%
5. Strengthened Supply Chain Management	4%	2%	3%	4%
6. Improved Coordination and Management	7%	10%	11%	7%
	100%	**100%**	**100%**	**100%**

Question 3: Improving efficiency of procurement and supply (global)		Sources of Evidence
Total		
	**Between 60 and 70% of programme budget has been used for commodities over the 2013-2016 period**	• PSB Procurement Data 2013-2016 – Supplies Programme Purchase Orders, and • Supplies Programme Annual Reports 2013-2016
	**Procurement of implants and injectables represent the largest USD values procured by PSB under the Supplies Programme in 2013-2016**	• PSB Procurement Data 2013-2016 – Supplies Programme Purchase Orders
Togo • To maintain the pace of activities and cover all 12 months of the year, UNFPA Togo urgently needs a budget extension of 100,000 USD. The mobile clinic, the DBC, and the coordination of implementation of activities are the most affected parts of the programme (translated from French).		• UNFPA Supplies 2016 mid-year progress report, Togo p. 1-2

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
Malawi • Only in 2015, there was a national gap and stock-out [in Malawi], and UNFPA therefore submitted a proposal to DFID which accepted to fund commodities for 8 million pounds over three years. UNFPA implements the project/procurement of the commodities. With the **additional DFID funds**, all needs are covered (UNFPA Supplies had not been able to cover the needs alone).	• Interview, UNFPA CO, Malawi
Sudan • There was a rapid, unexpected change (**decrease) in budget last year which caused instability** and a rapid reorganisation of priority activities in Sudan. Annual workplans were delayed as well.	• Interview, UNFPA CO, Khartoum
Assumption 3.2: Using its **global reach and purchasing power**, UNFPA Supplies collaborates with national authorities and other partners to negotiate effectively with global suppliers and manufacturers to forecast and procure quality RH/FP commodities, seeking the most cost-effective, reliable, efficient supply stream for UNFPA Supplies. This has the effect of **influencing and helping to shape the market** for these products, affecting aspects of quality, price, innovation and supply.	
Global Interview • There is a need for better and more strategic, **global demand planning and forecasting** in the RH/FP world. Data is currently not being captured, analysed, and used for decision making enough. • There is a lack of **understanding of programmatic impact in countries, and how this is linked to national forecasting.** There is the ISG (Integrated Supply Chain Group) effort (UNICEF and WHO) which is trying to coordinate and better harmonize the global forecasting/provision of RH/FP commodities, but even they presently don't know what the global need and contributions and impacts are.	• Interview, PSB Staff, Copenhagen
Global Interview • **The VAN "visibility analytics network" effort** (with funding from Gates, now renewed after being stopped) is **starting to gain momentum** (with RH products being the start, with the expectation that VAN will eventually encompass all health products/partners).	• Interview, PSB Staff, Copenhagen
Madagascar • **Late delivery of products in Madagascar** (UNFPA international procurement) is another major issue [late arrival of UNFPA and USAID commodities Q4 2017 which caused a stock-out].	• Interview, MoH, Madagascar
Haiti • Since 2013, there has been **no stock-out at national level**. Sometimes commodities arrive in the country with delay, but it does not cause stock-outs.	• Interview, MoH Haiti 2018
Sudan	• Interview, MoH, Khartoum

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
• The **sudden changes in the programme design** and funding affected the way the family planning and life-saving drugs support from UNFPA were delivered in Sudan.	
Sierra Leone • Some countries (e.g. Sierra Leone) have experienced **delays in UNFPA-procured shipments** – shipments of contraceptives have suffered delayed arrivals 2015-2016. These delays disrupted planning, led to forecast inaccuracy, incur demurrage charges and have led to stock-out of oral contraceptives at some facilities.	• JSI Inc. Analysis of Sierra Leone FP/FH Supply Bottlenecks. 2017. p.2.
Global Interviews • Supplies Programme used to represent ~65% of UNFPA total procurement, fell to 50% in 2015, now ~60% (largely family planning products, only ~10% is MCH pharmaceuticals). • UNFPA has a **product catalogue**, from which countries select commodities to procure. • PSB Copenhagen executes procurement actions for the programme (CSB authorizes) – only after CO and CSB confirmation, and if funds are available in the PSB account. • PSB has co-financing (e.g. donor funds for individual country) and 3rd party orders (e.g. orders from **governments using national budget), which help PSB purchasing power.**	• Interviews, UNFPA CSB (New York) and PSB (Copenhagen)
Global Interview • The **pre-procurement validation process (PSB-CSB-CO) ensures rational procurement**, volumes within budget limits.	• Interviews, UNFPA CSB (New York) and PSB (Copenhagen)
Theme; Issues in market shaping:	
Global Interviews **UNFPA Supplies actions:** • PSB encourages **generics,** procurement (mainly pills, implants) is growing (1.6M USD reported savings in 2016). More generic manufacturers have products on the WHO PQ list now. • **Brand names** removed from UNFPA catalogue in 2016 (only formulations now listed – so the item is now not listed as "Sayana Press" (brand name) but "subcutaneous MPA"). • PSB encourages **green production of condoms.**	• Interviews, UNFPA PSB (New York) and CSB (Copenhagen) PSB • Procurement data, PSB brochures and information sheets (e.g. on generics), • -UNFPA PowerPoint *"UNFPA Procurement: Delivering Supplies for*

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
• PSB has long term agreements (LTAs) with suppliers, but also works with **new suppliers** to meet PQ & performance. • UNFPA PSB was working (under DFID funded Quality of RH Meds project) to **increase availability of pre-qualified (PQ) products**, **harmonize quality assurance (QA) requirements** across donors, increase ability of suppliers to attain PQ status. UNFPA continues to lead QA harmonization effort. • UNFPA PSB works with WHO PQ on **collaborative registration** (multi-country). **Challenges**: • **Little/no apparent unit price change in most products** shipped from PSB 2013-2016 (according to PSB Purchase Order data), although variations for some products (and Nigeria example – prices can fall under basket approach). • A challenge for UNFPA to lower prices and shape market is **year-to-year funding commitments**. Bridging finance mechanism should improve cash flow, but challenge remains to make volume commitments to reduce prices (need for multi-year funding). • Need to communicate and drive the need for **QA harmonization across donors.** • **Country registrations** of products are a challenge to getting more generics in countries (as are HW training needs, lack of PQ'd generics of some products). • There is more to be done on **demand side** – stimulate governments to fund more SRH/FP products.	*Reproductive Health Results" Oct 2016*
Global Interviews **The perception that UNFPA Supplies does not do enough to promote use of generics and to shape the market is inaccurate**. For example: • In 2010, **CSB developed a strategy for working with WHO to ensure that pre-qualified RH/FP commodities met higher standards.** • They do try to **encourage the use of generics by countries** but they have to recognize some constraints: o **Countries have sunk costs in terms of using a given product** like "Jadelle" where they have worked to create demand and might not be ready to shift to a generic equivalent o Some **generics can be bio-equivalent to a non-generic but not yet be tested for effectiveness over the same time frames** (this seems to be the case when Livovent is compared to Jadelle). This generic implant is largely equivalent to Jadelle but has been tested (and is certified) for effectiveness over three years rather than five. Despite its lower price, it seems less cost effective to countries if they need to provide it every three years	• Interviews, CSB, UNFPA New York

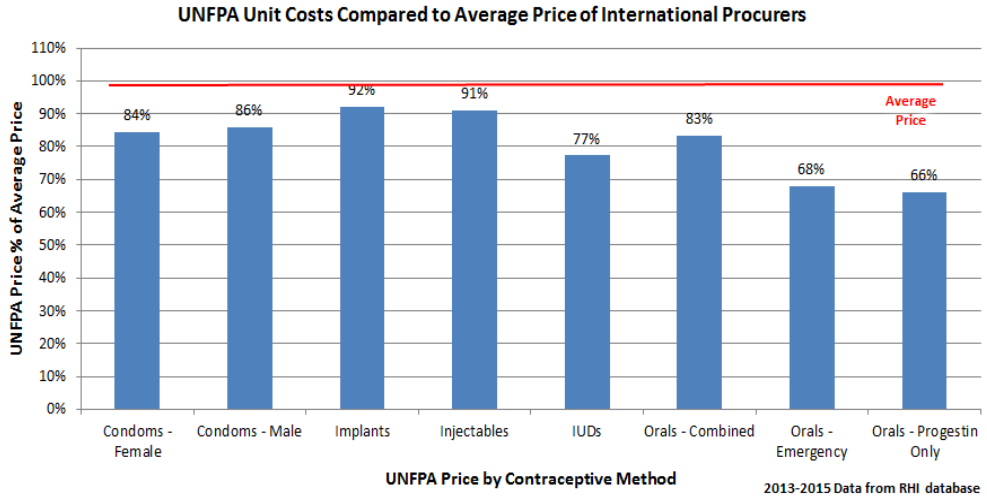
Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
○ **There is a problem of appropriate internal pricing in recipient countries** which may affect demand for generic commodities when compared to on-patent products (the on-patent product, if it is provided more or less free, represents "unfair" competition for the generics). They are developing a paper on internal pricing to address this • Their approach to promoting generics that have been pre-qualified is to **advocate with the countries for the generic equivalent and to make the strong case that opting for the "on-patent" product will mean that UNFPA Supplies cannot provide the same volume of commodities** as it can when it uses generics. • In 2016, they were able, **globally, to save 537,000 USD by shifting from on-patent to generic commodities.** • They **cannot dictate to countries what they should accept** in the way of generic commodities – there may not be enough demand in the country for a newly introduced generic product. • This **is also about a rights-based approach** – we cannot tell women that they cannot have a product they are comfortable with. • They have a number of levers to help with market shaping: 1. **Volume Guarantees**. For example, for *Jadelle, Livoplant*, other sub-cutaneous methods 2. They can **negotiate directly with suppliers for LTAs**, for example with manufacturers of condoms 3. They **support third party procurement by some developing countries** and by bilateral and multilateral development partners which lowers costs for all parties. • The programme at one time had a single document containing the overall **Market Shaping Strategy** but they do not have a current one. They recognize that the programme needs to do more to help newly quality assured generics to become more readily accepted and to gain access to the UNFPA Supplies "market."	
Global Documents • In 3 years through 2016, **UNFPA saved USD 1.5 million** by increasing the use of **quality generic medicines**. • UNFPA procures **only generic medicines that are WHO prequalified** or approved by Stringent Regulatory Authorities or recommended by the Expert Review Panel. Generic medicines must meet the same standards of quality, safety, and efficacy as innovator medicines. Standards for generic medicines are clearly defined and published by WHO. Generic RH medicines are medicines that contain the same active pharmaceutical ingredient (API) as the innovator product. **More than half of the hormonal contraceptives available in the UNFPA product catalogue are generic hormonal contraceptives**. • The **UNFPA Expert Review Panel has played a paramount role in the development of the WHO prequalified base of RH medicines**. The landscape of quality generic RH medicines has changed significantly	• PSB, UNFPA, UNFPA Brief: *"UNFPA Procurement: Delivering Supplies for Reproductive Health Results"* Oct 2016

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
in the last six years – increasing both quantitatively and qualitatively. The increase of the number of generic RH medicines complying with the internationally recognized quality standards applied by UNFPA has a positive impact on prices. In addition to a 3-year savings of over 1.5 million USD, this increase in generic RH medicines has also had a positive impact on access. Between 2014 and 2016, UNFPA delivered quality generic hormonal contraceptives to 40 countries.	
Global Documents • PSB reports that **a total of 82 countries ordered implants** (*Jadelle and Implanon*) from 2013 through 2016; and state that total procurement under the volume guarantees (Volume Backstop Agreements - VBAs) represents a total savings of about 377M USD from 2013-2017 year to date.	• PSB, "*Review of Historical Procurement Trends"* for Implants - BMGF
Global Documents • PSB states that **"procuring quality assured generic RH medicines can save up to 70% of the unit cost** compared to popular innovator products," thus allowing for "more supplies for the same amount of money." In a comparison of several products (emergency pills, combined low-dose pills), comparing unit prices of branded vs. generic options, UNFPA found price differences (generic vs. branded) of up to 70%. However, some products were more expensive (up to 344% more) than the branded option.	• UNFPA brief – *Procurement Services Branch March 2015 – Choices Not Chance: Price Comparison Hormonal Contraceptives*
Global Interview • UNFPA Supplies has **supported and launched introduction of new products** (*Implanon, Sayana Press*) in some countries (e.g. *Implanon* in Lao PDR).	• Interviews, UNFPA CO, PSI Offices, Vientiane
Global Interview • Attention to **quality assurance**, leadership by UNFPA to work with WHO PQ around collaborative registration process in countries, and to work with other donors/partners to develop consistent QA requirements across donors/programmes.	• Interview, PSB, UNFPA Copenhagen
Global Interview • UNFPA is the nominated agency to conduct **quality assurance** and PQ of condoms, lubricant, and IUDs for WHO, UN agencies, and other buyers. UNFPA Supplies programme provides funding to enable this function. There was a funding gap recently, but funding from Norway was secured to help this QA continue.	• Interview, PSB, UNFPA Copenhagen
Global Interview • UNFPA Supplies (through PSB) follow **quality assurance** compliance rules of the UN, and work with WHO, other partners (e.g. Global Fund) and suppliers on quality assurance of SRH/FP commodities. Commodities must be WHO prequalified, or stringent regulatory authority or approved by the Effectiveness Review Panel (ERP).	• Interview, PSB, UNFPA Copenhagen

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
Effect of market shaping activities on pricing of RH/FP commodities	
Global Interview • The **bridge financing mechanism** (institution wide for UNFPA) being activated this year (February 2018) was instituted in response to the McKinsey study, which highlighted UNFPA's unpredictable money flows as a core weakness. The bridge mechanism should help **move toward more needs-based forecasting** (rather than budget-based planning).	• Interview, CSB and Technical Division, UNFPA Headquarters, New York
Global Documents • Pricing – Based on UNFPA Purchase Orders for the Supplies Programme 2013-2016, **unit prices for most products procured remained quite constant**, with only minor reductions over time in some prices (implants, condoms, EC). However, this does not show how UNFPA/PSB prices from suppliers compare with other large procurers (e.g. USAID). See more below on this point.	• PSB, *Procurement Data 2013-2016 – Supplies Programme Purchase Orders*
• Trends in unit prices of UNFPA Supplies commodities **UNFPA Supplies Average USD Unit Prices Per Unit of Measure (2013 to 2016)** **Most products procured had fairly steady average unit prices 2013-2016, with some variations, some outliers**	• PSB Procurement Data 2013-2016 – Supplies Programme Purchase Orders

Product	2013	2014	2015	2016	% change (2016 vs 2013)
Combined Low Dose Oral Contraceptive pills	0.28	0.32	0.32	0.30	+ 6.7
Implantable Contraceptives	8.80	8.50	8.50	8.50	- 3.4
Injectable Contraceptives	0.87	0.88	0.83	0.86	- 1.2
Intrauterine Devices (IUD)	0.34	0.30	0.31	0.31	- 8.1
Progesterone only (Minis) Pills	0.31	0.32	0.31	0.32	0
Female Condoms	0.56	0.54	0.45	0.48	-14.3
Male Condoms	0.03	0.03	0.03	0.02	- 33.3
Emergency Contraceptives	0.58	0.39	0.53	0.40	- 31.0

Source: PSB Procurement Data 2013-2016 – UNFPA Supplies Purchase Orders

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
In a recent competitive price analysis, ***UNFPA prices were 8-34% lower than the average price for key commodities****. UNFPA's significant procurement volumes enable us to obtain competitive pricing. We pass this value on to our partners.*  	• PSB: *Competitive Pricing 2013-2015*
Global Document • According to *UNFPA Price Indicator tables* (provided by PSB and available on the UNFPA website), UNFPA **prices for five of the eight key contraceptive types have decreased or shown little or no change** from year to year over the 2013-2016 period. Combined low dose pills, progestagen only pills, and emergency pills experienced notable price increases in 2014, 2015 and 2016, respectively. • The increases for combined low dose and emergency pills, however, were largely offset by price decreases in 2015 and 2014, respectively. • The UNFPA Price indicator tables also suggest that **UNFPA sales prices for most of the key contraceptive categories are notably less** than the benchmark prices from those in the *International Medical Products Price Guide* produced by Management Sciences for Health. An examination of the underlying data is beyond the scope of this evaluation, so we cannot verify whether the comparisons, calculations or inferences from the Price Indicator tables are accurate or appropriate.	• PSB Copenhagen, *UNFPA Contraceptives Price Indicator (2014, 2015, 2016)*

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
Assumption 3.3: UNFPA Supplies actively participates in national commodity forecasting and planning processes and collaborates with national authorities to **provide appropriate commodities delivered on time to the 46 countries.** It also collaborates with national authorities and with other global and country-based partners, to ensure forecasting and supply functions are efficient and not duplicative.	
Improvements in quantification of demand/need at country level	
Global Document • **UNFPA leads and participates in SRH/FP forecasting coordination in countries** and is part of the Commodity Supply Planning (CSP) Group with USAID, JSI, GHSC-PSM and others. Global forecasts have improved. • The **Commodity Supply Planning Group** is a cross-organizational team that strives to prevent family planning commodity stock imbalances by using shared supply chain data and information to better coordinate shipments and the allocation of resources within and among countries. It is one of two workstreams of the Reproductive Health Supplies Coalition's (RHSC) System Strengthening Working Group that together focus on ensuring a continuum of supply chain coordination and country support. The CSP group focuses on identifying and addressing potential stock issues 6-15 months in the future. • Today, the **CSP group members include** representatives of **UNFPA's Procurement Services and Commodity Security Branches**, USAID, the Clinton Health Access Initiative (CHAI), John Snow, Inc. (JSI), the Global Health Supply Chain - Procurement and Supply Management project (GHSC-PSM), and the RHSC.	• CSP, *Reproductive Health Commodity Security Brief: Factsheet 2017*
Global Document • Work with the **Coordinated Supply Planning Group has helped to identify potential stock-outs before they occurred**, so that additional funds can be allocated for commodity procurement if needed to avoid a stock-out in country. p.9.	• UNFPA, UNFPA Supplies Steering Committee Minutes – Oct 2017
Global Interview • UNFPA is **open to what governments want and need to use for their LMIS system**. CSB finds that some countries don't understand this (or think UNFPA is forcing CHANNEL on them), and some are attached to CHANNEL and want to keep using it.	• Interview, CSB at UNFPA, New York
• CHANNEL and other eLMIS systems in use in countries **face challenges in being (usually) not linked with the national DHIS patient data.** DHIS data on consumption should be linked with the eLMIS to accurately reconcile consumption data and patient numbers. More countries are working on linkages/integration of their DHIS and eLMIS systems to improve forecasting and commodity planning for their programmes.	• Interviews for field and desk-based country case studies
Global Interview • **PSB does not believe in continuing use of CHANNEL** software or support its use by countries, as it is "wholly inadequate" (as publicly complained about by some countries, notably Bhutan).	• Interview, PSB, UNFPA Copenhagen

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
• **UNFPA continues to promote this software**, investing funds on sending people out to introduce it in countries, etc. but it is "rudimentary" and not endorsed by Supply Chain experts. • Despite revisions and upgrades over the years, it has been (repeatedly) reported to UNFPA management that **the software is out of date and insufficient** (not comprising modern functions that are becoming more standard now including barcoding), but there is "resistance" in UNFPA management to removing it by those who developed it). • Although it is "free" to a country to obtain it from UNFPA, there are **significant implementation costs** to install, train staff maintain, and use the programme (and it is insufficient to the task for SCM in most countries).	
Malawi • In Malawi, the government conducts the **quantification exercise** each year and informs partners (UNFPA and USAID) about the need. The government and its partners then meet to discuss who covers how much. The same applies for capacity development.	• Interview, UNFPA CO, Malawi
Nepal • In Nepal, "**UNFPA closely collaborates with USAID and other development partners under the leadership of Logistics Management Division (LMD)** in the **annual forecasting and quantification** of commodities and drugs. The information available from consumption data of LMIS, service statistics from HMIS and other relevant sources are analysed to reach a consensus forecast.	• UNPFA Supplies, Annual Narrative Report 2016, p. 4 - Nepal
Nigeria • UNFPA is **working closely with USAID technical support partner** (JSI/USAID DELIVER Project from 2003 to 2016 and from 2017 Chemonics/USAID PSM Project) to **develop forecasting projections however capacity issues remain.**	• Horstman, R. et al, Access to Family Planning Commodities in Nigeria, 2011-2016, End of Programme Evaluation Report, 2017, p.31
Nigeria • National level quantification exercises – **UNFPA coordinates the donor Basket Fund**. UNFPA leads the relationship – "We do nothing without UNFPA." It is a very good supply plan; UNFPA Nigeria team liaises with HQ to ensure smooth procurement.	• Interview: USAID Nigeria (Abuja)
Nigeria	• Interview: FMoH Nigeria (Abuja)

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
• UNFPA (and USAID) are working closely with the government in a coordinated fashion to support contraceptive commodity procurement in Nigeria. Development partners bring their contributions to the basket fund after the national quantification is conducted.	
Sudan • 2,700 health facilities in Sudan receive family planning commodities. The **MoH Reproductive Health unit and UNFPA do quantification annually but they do not have sight of actual consumption at facility level**. They rely on surveys. They push commodity to state level (RH Unit decides what commodity to go to each state) and then after that they lose sight of the distribution and the product – who it goes to, where, how many return etc.	• Interview, MoH RH Unit, Khartoum
Sierra Leone • UNFPA helped to set up a **National Quantification Committee** (with UNFPA participation) to quantify evidence of needs and this was used by UNICEF to procure pharmaceuticals for the FHC.	• Interview: Management Sciences for Health, Freetown, Sierra Leone
Global Document • **USAID is the other major procurer of SRH/FP commodities**. E.g. whereas UNFPA has covered 55-74% of implants procurement in 2013-2016, USAID covered 23-50% in the same years.	• Graphics provided by PSB (produced by BMGF)
Assumption 3.4: UNFPA Supplies works (through PSB and CSB) to **maximize the efficiency and effectiveness** of its procurement and supply of products through **ongoing review and monitoring** including of family planning methods, new designs, quality issues, supplier performance and compliance, global prices, reports of adverse effects or toxicity, and shifting demand trends.	
Improving efficiency of forecasting and procurement	
Global Interviews and Lao PDR and Sierra Leone • UNFPA COs lead/work with governments and partners on coordinated annual country forecasts. Forecasting has improved, leading to enhanced global planning and procurement. **Countries use the on-line Procurement Planning Tool and Budget Calculator tool from PSB (showing best options for the buyer) --online process to develop and place annual requests. A Lead Time Calculator is also on line, providing lead times by product.** The pre-procurement validation process (PSB-CSB-CO) ensures rational procurement, volumes within budget limits.	• Interviews PSB and CSB staff, UNFPA New York and Copenhagen • Interview, MoH, Vientiane
Global Interviews • The UNFPA **catalogue, product factsheets, calculator, and procurement planning tools help buyers plan orders.**	• Interviews PSB and CSB staff, UNFPA New York and Copenhagen

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
Global Interview • Each CO gets their **budget ceiling** for programme and for commodities for the year from CSB. The transaction process for the country to order commodities is then straightforward, CSB believes (although CO may feel some complexity, depending on their PSM capacity and knowledge in CO).	• Interview with CSB and Technical Division, UNFPA, New York
Global Interviews • The UNFPA **Supplies ordering process** includes numerous steps and validations (CO-CSB-PSB) before a Country request is executed and orders placed with suppliers for delivery to countries. There may be a requirement for streamlining ordering processes – some duplication in validation and review processes. • There may be a **need for greater visibility/ transparency on country allocations and procurements** (e.g. volumes not meeting needs, reported inadequate communications for some countries around shipments, etc.)	• Interviews: CSB, New York, PSB, Copenhagen, UNFPA CO, Vientiane, UNFPA CO, Freetown
Global Document A recent JSI supply chain review with UNFPA across four countries found: • ***Upstream issues were consistently flagged in all countries*** *– partners felt that there was not enough information about UNFPA shipments.* • *Many of UNFPA's perceived strengths also had **challenges in operationalization** (procurement, coordination).*	• JSI for UNFPA, *Strengthening Reproductive Health Supply Chains: A Collaboration between UNFPA and JSI – Executive Summary March 2017* (pg.6)
Global Interview • The **structure of the Supplies Programme** could potentially be optimized with NYC headquarters handling the strategic, planning, donors, M&E, and programmatic side of things; and Copenhagen handling the operational procurement and supply chain aspects of the programme. • Currently, **the supply chain aspects of the programme are somewhat split** (e.g. country forecasting) between PSB and CSB, causing some overlaps and confusion. • In their recent report, McKinsey recommended that **some supply chain positions be located in NYC**, because they were apparently unaware that these positions already existed in Copenhagen.	• Interview, PSB Copenhagen
Global Interview	• Interview, PSB Copenhagen

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
• The challenges PSB faces are due to the fact that they must have the **cash in the bank** before they can place an order. There are also sometimes **delays from the supplier/manufacturer side – e.g. an implant for which the lead time is 9-12 months**. • If PSB are waiting for funds to clear and be available before they can place the order, they can **end up "in the back of the queue"** among other buyers, and there can be **long waits for some products** (especially those for which there are not many prequalified suppliers).	
Global Interview • The **bridge financing mechanism** (institution wide for UNFPA) being activated this year (February 2018) was instituted in response to the McKinsey study, which highlighted UNFPA's unpredictable money flows as a core weakness. The bridge mechanism should help move toward more needs-based forecasting (rather than USD-based planning).	• Interview with CSB and Technical Division, UNFPA, New York
Global Interview • PSB conducts **supplier performance reviews** twice per year (on compliance with lead times, delivery, etc.). Countries feed into these reviews, the outcomes of which are also shared with the UN Global Marketplace (UNGM) system.	• Interview, PSB Copenhagen
Global Interview • If suppliers are struggling, PSB tries to meet with them, discuss issue (e.g. communication can sometimes be an issue), and some members of PSB team sometimes visit suppliers' manufacturing site. **PSB has long-term agreements with a number of suppliers, but also likes to have new suppliers,** more entrants into the market.	• Interview, PSB Copenhagen
Sierra Leone • The procurement process is very time consuming often due to **delays in customs clearance**. • Sometimes there are delays because of problems at a global level with suppliers contracted by UNFPA.	• Interview: MSSL Head Office, Freetown
Togo • "**In 2017, we had a stock-out of male and female condoms and IUD**. We received additional stock from Burundi and Benin, but they were not able to cover the gap entirely. UNFPA was supposed to deliver the commodities in June, but did not deliver until November [5 months late]. So when we went to get the commodities at the Division for Family Health in September, there was a stock-out of male and female condoms. We filled the gap with our own stock (i.e. IPPF funded), and we distributed to UNFPA sites. The stock-out did not last for very long."	• Interview, IPPF Togo, UNFPA implementing partner in Togo

Question 3: Improving efficiency of procurement and supply (global)	Sources of Evidence
Malawi • UNFPA has **provided commodities in a timely manner and informs MoH Malawi and other partners about all steps of the procurement process**. Timely communication with UNFPA headquarters has sometimes posed a challenge.	• Interview, UNFPA CO, Malawi
Nigeria • The **average procurement lead time decreased from 222 days (7.4 months) in 2014 to 122 days (4.1 months) in 2015 and 168 days 5.6 months) in 2016**. This was due to the use of multiple clearing agents as well as improved communication with the PSB to enhance delivery time	• Horstman, R. et al, *Access to Family Planning Commodities in Nigeria, 2011-2016, End of Programme Evaluation* Report, 2017, p.22

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	
Evaluation Question 4:	To what extent has UNFPA Supplies contributed to **improved security of supply, availability and accessibility of RH/FP commodities and services** in programme countries, especially for poor and marginalized women and girls, **in keeping with their needs and choices**, **including in humanitarian situations**?
Sub-Questions:	**a)** To what extent has UNFPA Supplies contributed to the **development of effective strategies and approaches** for making **high-quality RH/FP commodities and services available and accessible** for marginalized women and girls? b) To what extent has UNFPA Supplies been effective in supporting efforts to **strengthen the capacity of service providers for the delivery of quality RH/FP services and related commodities** and to integrate family planning into other services? c) Has UNFPA Supplies been effective in **brokering and managing partnerships that maximize the reach of efforts by all partners** to locate and provide a **secure and constant supply of high-quality RH/FP services and commodities** to poor and marginalized women and girls? d) To what extent has UNFPA Supplies worked effectively with national authorities, and other partners to provide a **timely, secure and constant supply** (and related services) of RH/FP **commodities to women and girls in areas affected by humanitarian crises**, using the Minimum Initial Services Package (MISP) kits and guidance as well as other necessary commodities and services where appropriate?

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Assumption 4.1: UNFA Supplies works effectively to ensure procured commodities match demand and help **address gaps in national supply chains** (including gaps resulting from crises), to enhance the secure flow and constant availability of **affordable RH/FP commodities that are accessible to marginalized women and girls.**	

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Expanding Service Coverage and contraceptive method mix, including long acting, reversible contraception (LARCs)	
Lao PDR • UNFPA, under CP5 – the 5th country programme – worked with **Community Based Distributors** – trained non-professional or retired health workers to provide information and modern temporary family planning methods (pills, condoms) in communities. Government had a programme of CBDs in four target provinces, each working with 3-6 selected villages (hard to reach). CBDs received a five-day training course before deployment; with an additional, refresher training (three days) afterwards. As of 2014, there were 62 UNFPA-supported CBDs travelling monthly to villages in the target provinces, and covering more than 280 communities/villages, with an estimated 5,098 active family planning clients. In Savannakhet, there were 31 CBDs who visited approximately 2,700 family planning clients in 137 villages. UNFPA covered the CBDs' travel costs and allowances. • The CBDs are now managed by the MoH with CBDs reporting to the DHOs. CBDs report every 1 to 3 months, when they also replenish their stocks of contraceptives, Vitamin A, Iron, etc. • Report conclusions: "**UNFPA Lao PDR support for CBD programmes remains a valid strategy for remote areas without access to Health Centres** (HCs). UNFPA supported CBDs clearly provide access to family planning for women in remote rural hard-to-reach areas. "CBDs are contributing to use of family planning among women in remote villages. District level data show substantial increases in contraceptive prevalence."	• UNFPA: *Evaluation of two UNFPA Lao PDR Programmes: CBD and IFC. Final Draft,* 0.3. 15 January 2014
Lao PDR • UNFPA has supported various government efforts to **reach remote populations** and the many diverse ethnic groups with an integrated health care service delivery – CBDs (now a responsibility of Government of Lao PDR), advocacy with village chiefs, VHCs (work continues through CIEH, including addressing the issue of multiple languages), and village volunteers doing outreach on motorbikes	• Interview: UNFPA CO
Lao PDR • Government has increased its efforts to open **more health centres to alleviate the problem of rural people having no access**, with a strategy for all villages to have access to a health centre within an 8-10 km radius. Midwives are now being trained (with UNFPA support) so that the numbers of HCs without midwives are greatly reduced (stimulated by World Bank disbursement linked indicator on this). Drug kits were previously provided for remote villages (more than a 2-hr walk from a clinic).	• Interviews: Savannakhet Provincial Health Department and World Bank
Lao PDR	• Interview, PFHA, Vientiane

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• Reaching marginalized groups and remote populations is mainly done through **outreach efforts by the Promotion of Family Health Association** (PFHA) and others. There are **cultural barriers** – families want young girls out of their house and married off (sometimes well before the legal age of 18), many do not want to hear discussion of family planning for unmarried and young girls.	
Lao PDR • Whereas IUDs have a long history in Lao PDR, implants are new, only introduced in the last 1-2 years (UNFPA worked with MoH to launch it). PFHA believes the **relative lack of use of these LARCs is due to a counselling quality issue** (without proper and accurate counselling, people are afraid of the methods), not really a lack of demand creation. There is poor understanding of village people around side effects, effectiveness, etc. So, fear is very much a factor.	• Interview, PFHA, Vientiane
Nigeria • Marie Stopes International of Nigeria (MSIoN) has a large operation in Nigeria working through several service delivery different channels (clinics, franchised providers, outreach teams). With UNFPA (and USAID) support, **MSI has trained 3,000 public sector providers in LARCs.** It receives family planning commodities from government through UNFPA in support of its public sector training and outreaches. Other commodities come through the MSI store. Work with UNFPA started in 2013 to address weak public sector capacity on LARCs and the lack of a standardized training curriculum. MSI developed a standardized training manual for LARCs for training doctors, nurses and midwives; this has been adapted by the federal government. MSI also provides supportive supervision to these trained providers using a supervisory checklist. Each provider is visited at least once within a period of three to six months. • Per MSI**, IUDs are less successful, although awareness and acceptance has increased**. Demand creation issues for IUDs should address concerns that women have re IUDs (related to polygamous marriages, risk of infection from other partners, etc.). Other issues affecting IUD acceptability are lack of provider confidence, lack of ability to ensure privacy for insertion at facilities, and availability of ancillary equipment.	• Interview, MSIoN, Abuja
Nigeria • UNFPA Supplies supported **Planned Parenthood Federation of Nigeria (PPFN) in Benue, FCT and Kaduna to train 310 CHEWs and 755 community mobilizers to do community-based distribution of Sayana Press** via outreach and door-to-door visits. Most users were new users (not existing Depo users). This was considered very successful as the services were free and CHEWs bring the service closer to the community. • PPFN also received UNFPA support to provide SRH services in Adamawa, Yobe and Borno, including medical outreach to facilities where they still existed, or in an IDP camp in Borno as the clinics were	• Interview: PPFN, Abuja

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
destroyed. PPFN deploys youth volunteers (Youth Action Movement) in Borno state to recruit IPD campmates to get services. While the major focus is on young people, adults receive information from the youth volunteers as well.	
Nigeria • Since 2014, UNFPA has collaborated with MSION to expand the provision of **LARC training and supportive supervision in public sector health facilities in 14 states as of 2017**. This support includes LARC training and supportive supervision in IDP camps in three states. • UNFPA supports the Association for Reproductive and Family Health (ARFH) to promote injectable contraceptives through task shifting to CHEWS in several states; this includes a pilot of Sayana Press in two states. • The PPFN for review and resupply meetings, training on youth friendly services in the public sector and peer educators. **Support was extended to IDP camps in 2016.**	• Horstman, R. et al, *Access to Family Planning Commodities in Nigeria, 2011-2016, End of Programme Evaluation Report,* 2017, p.34
Sierra Leone • Their strategy for reaching poor and marginalized women and girls was through **static clinics** providing family planning services and also collaborating with Community Health Workers on **mobile outreach clinics** which would be jointly carried out. • One thing they are considering is whether Community Health Workers (CHWs) could provide a low dose version of *Depo* called *Sayana Press*. It would expand the methods used by community health nurses beyond pills and condoms. • They also have a **pro-poor strategy** that stressed the fact that family planning services should be topmost in the free services and commodities to be provided under the FHC initiative.	• Interview: RH/FP Programme, MoHS, Freetown
Sierra Leone • "**UNFPA Supplies is one of the most efficient and important sources of support for RH/FP** in Sierra Leone. In addition to providing almost 90% of the commodities for family planning in Sierra Leone, UNFPA Supplies has been essential in expanding service coverage, especially for longer lasting methods."	• Interview: RH/FP Programme, MoHS, Freetown
Sierra Leone • UNFPA Supplies very important support to MSSL outreach and funds three of ten **outreach teams** and provides commodities through all channels (static and outreach).	• Interview: MSSL, Head Office, Freetown

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• **All outreach services are free** and they focus much of their community engagement work on promotional activities in slum areas working with community leaders – specifically targeting poor urban and rural areas. They also target disabled clients (confirmed in observation of outreach in Freetown).	
Sierra Leone • There is normally a **fee for services for RH/FP services** but if a woman cannot pay they provide the service for free. • **The process** for women who come for any care is always the same: o There is first a consultation process to see if they are aware of and are interested in family planning o If so, they go through the products and give the side effects of each one o They do a general examination and use the WHO template (a wheel) to take account of their condition and recommend a choice of method o For teenagers they tend to recommend a longer-term method like implants • All pregnant women are **tested for HIV** and, if positive, are referred to the 34 Military Road Hospital for treatment with anti-retro virals (ARTs).	• Interview: Waterloo Clinic, Freetown
Sudan • **SFPA** has **four mobile clinics** with three more on the way. They use these mobile clinics to target hard to access communities such as nomadic populations in order to deliver a basic package of primary health services including reproductive health. One of the clinics was standing in the SFPA yard and was inspected by the evaluation team. It is spacious, offers privacy and can store drugs and commodities safely.	• Interview: SFPA, Khartoum
Sudan • Before 2016 midwives were not allowed to deliver family planning services to communities in North Darfur state and it was only physicians and health assistants (highly trained registered nurses). Recently the policy has changed and **midwives are able to provide some services (pills);** The State-MoH reproductive health team said that they considered **10% of the trained midwives to now be providing family planning services but they planned to ensure all midwives could in the future**.	• Observation: North Darfur State field visit
Sudan • UNFPA **aims to help improve the supply system alongside awareness and information**. They have four **model centres in Kassala** so far and plan to develop more. UNFPA also trains doctors in long acting methods and the insertion of *Implanon*. Midwives in health facilities (the nurse/ midwife that is just below the health visitor/ sister) are able to do injections but not the community midwife. They are starting in Q4 to orient community midwives around injections but they need more training.	• Interview: UNFPA Kassala State team, Kassala
Sudan	• Interview: MoH, Khartoum

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• More support for training staff in ***Implanon*** **insertion** was requested by the MoH.	
Haiti • **"Outreach through mobile clinics remains the key strategy** organized by government and partners. Based on the success of DSSE, if all departmental health clinics conducted regular mobile clinics and had the resources to do so, all the RHCS targets would be achieved. Mobile clinics can contribute to increase the availability and access to family planning. Health providers need resources to move from health facilities to remote area to provide services. One department supported by UNFPA extended clinic mobile activities to other area where people including young and girls can have access to modern methods of family planning." • "Through mobile clinic in remote areas, health facilities are **increasing the availability of *Jadelle* to people including youth in remote areas**."	• UNFPA: *UNFPA Supplies 2016 Annual Progress Report*, Haiti , p. 2-3
Madagascar • UNFPA Supplies supported MSI to implement an **e-voucher programme targeting poor women to reduce financial barriers to accessing family planning methods – with a focus on LARCs: Vouchers are for long-term methods of family planning, with referrals for short-term methods** (both to public clinics and social franchisees) and permanent methods (to Marie Stopes Madagascar clinics/outreach teams). All clients are counselled and offered information on all methods and where these can be obtained. Community Health Educators also provide counselling (which helps ensure that women who prefer short term methods are immediately referred rather than purchasing vouchers).	• UNFPA: *Rapport annuel fonds thématiques pour la sante maternelle & programme global pour la sécurisation des produits pour la sante reproductive Madagascar*, 2013, p. 16
Malawi • UNFPA Supplies also implemented activities to **increase access to modern contraceptives at community level** through training of 1500CHW (called Health Surveillance Assistants in Malawi) and young people as **CBDs** of injectables (CHWs only), condoms and pills. The aim is to increase access among hard to reach and poor women and girls living far away from a health facility. However, the available documentation **does not provide any evidence of actual distribution and consumption.**	• Interview, UNPFA CO, Malawi
Togo • CBD has been implemented the last five years, which is positive, but **there is a need to scale-up.** Coverage is very limited at the moment because of **lack of funding.** • UNFPA Supplies supports the IPPF affiliate in Togo to **CBD** in four districts through 240 CBD agents. They **distribute male and female condoms, *Depo Provera* (injectable) and *Microgynon* (pills).**	• Interviews: UNFPA Togo and IPPF affiliate for Togo

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• The **primary objective of CBD is to reach women and girls in rural and remote areas** who cannot access family planning services at fixed health facilities. In the Maritime Region, there are very remote villages. • CBD cannot cover all villages, but the **mobile clinic** almost does. • The *major challenge is the lack of funding to extend the CBD strategy*, as there are several districts that are not covered.	
Capacity building of service providers, including task shifting	
Lao PDR • Women's sensitivity and "shyness" around SRH (especially among certain rural /ethnic groups) is often noted as a factor. **Health workers trained in family planning including midwives (who are almost all women, unlike most health workers who are men) help improve trust and willingness of women to ask for care.** UNFPA support has had a focus on midwifery within an overall objective of increasing health workers' capacity. Midwives are trained on family planning, and numbers of midwives are growing (stimulated by the RBF indicator from World Bank).	• Interview: MoH, CIEH
Lao PDR • UNFPA supports the **community midwife programme**, to help provide access to expectant mothers, but also to provide family planning products and information – Health workers are usually men in Lao PDR, exacerbating the resistance of some communities and clients (who are "shy") to come in for family planning or other services….The midwives are almost 100% women, and provide support to pregnant women in antenatal, natal, and post-natal (including family planning) care.	• Interview, MoH, CIEH
Nigeria • UNFPA started working **with Nursing and Midwifery Council of Nigeria in 2012**. It assisted with conducting a gap analysis to inform the development of a strategy for pre-service education for midwives. UNFPA supported 12 institutions to **upgrade capacity to conduct pre-service education**, including the provision of anatomical models and books. It helped to launch the reaccreditation process and to conduct family planning training **including a focus on LARCs in 80 midwifery centres**. To be certified, a midwife must complete 20 insertions and removals. They introduced a Council exam. MSI assisted in training and monitoring. • UNFPA also supported **International Day of Midwife.** • **Mandatory modules for certification** every three years. Modules on EmOC, Psychosocial, Eliminating Mother to Child Transmission (EMTCT), Rape, **Post-Partum Haemorrhage (PPH) family planning**. In	• Interview: Nursing and Midwifery Council of Nigeria, Abuja

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Nigeria, 3000 MWs graduate annually; every midwife required to recertify every three years; can choose from the six modules (has a choice so that they don't have to take the same course).	
Nigeria • The **task shifting and sharing policy is being operationalized in an *ad hoc* manner** as it is left to individual states to implement and to prioritize aspects of the policy that best align with their situation (or the interests of respective development partners). The national task shifting policy on family planning is expected to expand the number of health facilities providing family planning services in the country especially for injectables and LARC. It has however been very tasking for partners to train providers on family planning services as a result of the high cost of organizing training and sustaining the cost of the supportive supervision.	• Horstman, R. et al, *Access to Family Planning Commodities in Nigeria, 2011-2016, End of Programme Evaluation Report,* 2017, p.16
Nigeria • UNFPA Supplies supported the **training of Service Providers on LARC from 10 States in 2013 and 2014**. Providers were trained to be able to understand the needs, culture and attitudes of family planning clients. This training focused on the importance of good client-provider interaction, high quality screening and counselling practices. Availability of updated protocols, training manuals and method specific job aids is also needed in order to provide client centred care. **The FMoH in collaboration with partners in 2015 updated the National FP/RH Clinical Service Protocol,** Standard of Practice using the WHO 2015 edition of Medical Eligibility Criteria (MEC). While competency-based training protocols are available at the national level, UNFPA Nigeria reported that there is a lack of availability of job aids and counselling tools at Service Delivery Point (SDP) level, and states do support adequate levels of training in family planning.	• UNFPA West and Central Africa Regional Office, 2015, *SWOT Analysis: UNFPA Family Planning Interventions in West and Central Africa 2013-2015 (Nigeria)*, p. 13
Nigeria • A recent policy allows **Community Health Extension workers to provide LARCs,** however this **has not been implemented in practice.** Service providers (midwives, in-charges) indicated that this practice is a long way off, given the need for hands-on supervision by other trained providers (nurse-midwives). Routine supervision from Local Government Authority (LGA) and State supervisors isn't conducted on a regular basis due to resource shortages.	• Observations: Kaduna State PHC s in Badawara and Kujama-Chikun LGAs, Kaduna State
Sierra Leone • Post EVD crisis, UNFPA Supplies helped to develop a **good plan for capacity building and increasing access to (and use of) long-lasting methods** in particular (implants and IUDs). The programme also worked with MoHS with a priority plan to increase the capacity of service providers to provide longer term methods. • Training expanded coverage for the provision of **long-acting methods** from 900 facilities in 2015 to 1335 in 2016	• Interview: UNFPA CO staff, Freetown

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Sierra Leone • "UNFPA supported the **training of an additional 160 service providers in insertion and removal of implants in two districts** and conducted training of trainers on IUD insertion with participation from all districts in the country, followed by validation and printing of an IUD trainers' manual."	• UNFPA, *Joint Annual Thematic Trust Fund Report – 2015: Sierra Leone.* p 6.
Sierra Leone • "UNFPA supported the **training of an additional 200 service providers in the insertion and removal of implants and IUDs**. Among that number, 132 are Maternal and Child Health Aids who were trained (task shifting) in order to increase family planning uptake in rural communities. In addition, MoHS, with support from UNFPA Supplies, processed the printing of family planning training manuals (1,500 copies) and 2,050 copies of IUD training curriculum (trainers' manuals and participants' handbooks) to strengthen family planning service delivery."	• UNFPA, *Country Level Narrative Report: UNFPA Supplies – 2016.* p. 1.
Sudan • **Community midwives are not capacitated (authorised) to provide more than pills and condoms.** Community midwives have basic training (18 months) but are still considered "traditional" health workers. The professionalization of community midwives is starting and UNFPA is leading with funding from the MNCH Trust Fund. UNFPA is primarily focused on training and improving. Community midwives can only provide condoms and pills.	• Interview: UNFPA, Khartoum
Sudan • **Registered nurses (sisters) are able to do injections as well as hand out pills and condoms.** A pilot was done in Blue Nile state and one other state during which registered nurses (sisters) were taught/ authorised to do implants (*Implanon*). Results still being analysed but preliminary findings suggest this is a very good development. This would allow registered nurses (sisters) to do more than pills and injections. • The **MoH wants to focus on training registered nurses (sisters) and general practitioners rather than Obstetric-Gynaecologist consultants.** This is a kind of task-shifting because of the tendency for consultants to hold onto knowledge and responsibilities rather than training others. MoH is also working on building training programmes so that the skilled midwife (the nurse/midwife not the community midwife) can do implants. • **Task shifting pilots are underway:** for example in North Kordofan state and Gadarfi State there is a pilot to use misoprostol at the level of the community midwife. Community midwife can only do pills and condoms currently. Only Doctor, Sister and Medical Assistants can be trained to do implants. Injectables have only been available from UNFPA since 2015 – it is not clear why. Reproductive Health unit says they were requesting *Depo Provera* every year but only in 2015 did they start receiving it.	• Interviews: MoH officials, Khartoum

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• The **misoprostol pilot among midwives is an important development**. In terms of service coverage – there is Government commitment is to provide services through the midwives (community and fixed) in a task-shifting venture.	
Sudan • Task-shifting as an idea is a crucial process to getting more health workers able to deliver basic services including the Seven Signal Functions of EmONC. **FMoH is convinced about task-shifting but not enough women can be found who are literate and can be trained**. Need to challenge traditions. Training centres need upgrading as well – better tutors, equipment, supplies.	• Interview: UNFPA Kassala State team, Kassala
Madagascar • In 2013, UNFPA supported MoH to **conduct training and post-training supervision** in HIV and Syphilis for 25 service providers already trained in family planning in the « Quick Win" priority zones. • In 2014, UNFPA Supplies supported the **MoH to train 137 service providers** at central (8), regional (22), district (104) and NGO level (3) in "Integrated Family Planning" including *Implanon* and IUD. • **Equipment and material** was provided to health facilities: 1,014 kits for *Implanon* in 76 districts; 100 IUD kits in 33 districts; 300 family planning kits in 62 districts. • In 2015, UNFPA Supplies funded procurement and distribution of family planning equipment and material to 300 public family planning facilities and 23 SALFA (the Malagasy Lutheran Church's Health Department) clinics; production and distribution of 1,000 examples of the family planning reference manual; and the introduction of *Implanon* in two pilot districts. • Distributed to new LARC sites: 600 *implanon* kits, 100 IUD kits • In 2016, UNFPA Supplies supported the **training of 60 health care providers in "Integrated Family Planning"**, including topics such as EmONC, GBV, HIV, family planning/LARC/youth and logistics management. • Support provided to eight **"family planning model centres" in three regions**, including rehabilitation, equipment, material, training of service providers in integrated family planning. • **Family planning tools** were printed and distributed (family planning registers, family planning client consultation forms, and 3,000 purchase orders/delivery forms).	• MoH (2013-2016). Annual progress reports 2013-2016

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Malawi • Capacity development for service providers**: UNFPA Supplies has supported capacity development of clinical service providers and CBD agents** to improve the availability and quality of family planning services at clinics and in the community. Training has focused on LARCs and mentorship. • In 2014, UNFPA Supplies also supported **pre-service family planning training of service providers:** Colleges of health sciences and University of Malawi College (Focus: family planning) - approved curriculum (with RHCS and family planning issues integrated) is being used for training as part of the institutions approved course structure and training programme. • The 2016 Implementation under the UNFPA supplies funds are on course. The CO is working towards **improving the capacity of nurses and clinicians in the provision of Long Acting and Reversible Contraceptives for all women.**	• UNFPA, Narrative Progress reports, 2013-2016
Integration of family planning services with maternal health and HIV/STI services	
Lao PDR • There are numerous national activities to r**each marginalized women and girls with integrated RH/FP services and commodities,** including midwives in health centres offering **integrated care** to women (and conducting outreach), CBDs, VHCs and work with village chiefs to advise people in the community, etc. VHCs meet monthly. Each village has a Lao Women's Union representative, and these women participate in the VHCs and help HCs to support women and girls' needs during outreach and discussions with village people.	• Interview, MoH and site visits to Asing and Nakai Health Centres
Lao PDR • UNFPA provided support to PSI for their work with DTR of the MoH on a **comprehensive family planning training toolkit for all government health workers**. UNFPA also supports the community midwife programme, to help provide access to counselling on family planning as well as services for expectant mothers. This effort aims to overcome women's reluctance to seek RH/FP services from health workers who are usually men in Lao PDR, exacerbating the resistance of some communities and clients. Almost all midwives are women who are able provide support to pregnant women in antenatal, natal, and post-natal care, including family planning. Midwives are now being trained (with UNFPA support) to increase the numbers in HCs.	• Interview: PSI, Vientiane
Nigeria	• UNFPA Nigeria, *Annual Review Summary Sheet, Access to family planning*

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• Service integration appears to be done by default given that **many staff are "multi-tasking" in maternal health clinics. Family planning was provided in the same location as ANC or immunization services. Due to spatial configurations, this often meant a lack of privacy, which has implications for confidentiality**. The AFPC annual review recommended that advocacy needs to be sustained with states to improve the health facility readiness for family planning, including privacy, confidentiality and youth friendliness. UNFPA will be working with JHU/CCP and NURHI to explore use of the 72 hour makeover strategy to maximize spaces in health facilities in 5 -9 states in 2016. • See Assumption 4.2 for theme on reaching marginalized youth, including youth-friendly services.	*Commodities (AFPC) Programme in Nigeria,* March 2016, p. 11
Sierra Leone • PPASL provides an **integrated service** (but charge a small fee) covering diagnosis and treatment of malaria, typhus, STIs, HIV, cervical cancer (supported by UNFPA and for which they do referrals to the cancer ward of government hospitals), family planning services, ultrasound scans. The point is that **all these services provided through the clinic mean that young women and girls can get family planning services and not be seen as just wanting those**. • While there is a fee (5,000 Leo, less than 1 USD) for family planning services, they are able to provide services for free to those who really cannot afford it.	• Interview and Observations: PPASL Wesley Street Clinic, Freetown
Sudan • SPFA is the largest family planning organisation in Sudan outside the MoH/ public sector. Established in 1965 and now part of the IPPF network. **Target population includes poorest and most marginalised women, adolescents everywhere** and in Jazera the clinic has special afternoon opening hours (2-6pm) for access by MSM, sex workers, people living with HIV. The Mandate of the SFPA is to provide SRH services to all people irrespective of age, ability to pay, sexual orientation etc. No use of the word 'criminality', illegal etc. • The **full package of services** offered by SFPA includes: o Family planning counselling and dispensing o ANC o Maternity care and delivery o PNC o Post abortion care and MVA for incomplete abortion o GBV related services o HIV and STI testing. o Child health	• Interview and observations: SPFA and AltaWidet Clinic, Khartoum North

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
o Immunisations o Nutrition and growth monitoring o Gynaecological services o Laboratory testing	
Sudan • Training of health care providers on SRH service provision is done in an integrated manner. **The training curriculum includes family planning, ANC, PNC and HIV/AIDS including PMTCT.** Training targets care providers of all categories excluding medical doctors who have a separate training on family planning long acting methods; Supervision of health facilities providing SRH services, that is partially supported by UNFPA Supplies programme, is done in an integrated manner for all mother and child health services.	• Interview: UNFPA Sudan, Khartoum.
Sudan • There are 38 facilities offering ART/voluntary counselling and testing sites (VCTs), 500 VCT sites and 500 sites delivering STI control and treatment. **None of these – as far as he knows – includes family planning in their services**. There is so far no integration of RMNCAH and HIV/AIDS, TB and malaria. There is an ART treatment centre in each state capital.	• Interview: Global Fund, Khartoum
Sudan • **Jasmar is a local NGO** established in 2007 and partnering with UNFPA since 2012. It operates in ten states. In Kassala, Jasmar is the umbrella organization for four other organisations: FBDO, Sawayaa, Sudan Organisation for Research and Development (SORD), and Al Aldroof. As a group they **mainly deal with HIV** and aim to reduce transmission of HIV/AIDS and improve quality of life for people affected by HIV. Their working model/approach is to engage in community mobilisation. • **Weak links between HIV and RH** • They **give out condoms but not for family planning**. HIV positive women are referred to hospital where there is a PMTCT service. [Note, at the hospital today, they said there was no HIV/AIDS or STI service at the maternity hospital. • Jasmar and its associated organisations **would do more in the way of family planning if they had protocols and a mandate and commodities etc**. They would like more support from UNFPA for an ART centre. Jasmar has condoms from UNFPA. They have a UNFPA stamp on the box. The UNFPA HIV team in Khartoum said this is because the Global Fund procures condoms from Copenhagen and UNFPA is the global provider.	• Interview: Jasmar Organisation, Kassala, Kassala State.
Matching improved supply and strengthened service capacity – effect of stock-outs	

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Global Document • **Stock-outs remain an issue**. In 2016, 53.2% of SDPs had no contraceptive stock-out in the last three months before the day of the survey assessment visit**,** for 21 countries reporting. Stock-outs are **higher at primary-level SDPs** (54.1%) than at secondary (50.7%) and tertiary levels (50.6%).	• UNFPA, *UNFPA Supplies Annual Report, 2016,* p. 26.
Lao PDR • Although **stock-outs** are not reported to be a prevalent problem by health facilities and district stores visited by the evaluation team, it was clear that some have a **different understanding of what is meant by stock-out** – rather than understanding it to mean any product that is out of stock, some stores/facility staff seem to think it is not a stock-out as long as they have another method to offer the client. This **has definite implications for the real choices being offered to women/clients**. • Stock-outs of various items at district stores impact the ability of service points to offer the full range of products to their patients. The impact of this has not been measured or reported on. Health Centres visited by the evaluation team noted that they do have some items they are missing at times (e.g. an autoclave machine, so they could not provide IUDs as they couldn't ensure proper equipment cleaning; and one time a HC didn't have the tape necessary to seal the implant on the arm of the woman – young couple who came in seeking an implant – so the couple left).	• Interviews: Nakai and Asing Health Centres
Nigeria • The reported 75% of SDPs reporting no stock-outs of contraceptives in the last 3-6 months is attributed to interventions by development partners, NGOs, Local and State Government entities coordinated and supported by UNFPA and steered by the RHCS TWG chaired by the FMoH. ***"Increasingly, supply chain challenges in the states are being met."*** "*…the milestone (set last year) for new acceptors of family planning was more than doubled (150% increase above target). Review and re-supply (RRS) meetings sustained in 34 states, and regular distribution of commodities, funded by UNFPA, ensured their availability in LGAs and SDPs."*	• UNFPA Nigeria, *Family Planning Annual Report (for DIFD Access to family planning Commodities in Nigeria Project),* 2015. p. 13
Sierra Leone • **Shortages and stock-outs**, particularly of implants (see question five) **have a number of negative impacts**: o Denies women choice o Takes considerable time for service providers and women to understand alternatives o Skews data on usage if that is used to predict demand for future procurement o Undercuts a human rights-based approach to family planning.	• Interview: MSSL, Head Office, Freetown
Sierra Leone	• Interview: MSSL Waterloo Clinic, Freetown

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• It is difficult when some commodities are out of stock because you then **need to inform the patient of the alternative**. The patients are comfortable with a given method and brand so if you have to ask them to switch it there is a big job to explain the differences, similarities, side effects, etc. It is essential that they make an informed choice.	
Sudan • There were **almost no stock-outs of most family planning commodities** in any warehouse, hospital or health facility visited • NMSF staff say there is no shortage of family planning anywhere • Condoms are not on the list, as they are not considered a family planning commodity. Injectable contraception was unavailable before 2015. IUDs and implants can only be inserted by trained professionals and only doctors (and some registered nurses) have been trained • **Most of the life-saving drugs are used in a few hospitals, but not in primary health centres** where four out of five babies are born.	• Observations: field visit to North Darfur State, Kassala State • Interview: National Medical Supplies Fund, Khartoum
Haiti • *"The **supply of inputs improved**. Stock-outs only happen in 47% of the SONUs, compared to 82% in the past."*	• Hennion et al. (2016). *Assessment of the UNFPA'S 5th programme of assistance to the government of the Republic of Haiti (2013-2016),* p. 31
Haiti • There has been an **overall improvement in the availability of contraceptives and live-saving commodities** when comparing 2014-2016. Major improvements were seen in 2015. However, from 2013-2014 and again from 2015-2016, several contraceptive indicators worsened. For example, stock-outs were more frequent in 2016 than in 2015. In particular the availability of live-saving commodities has improved steadily over the four years.	• UNFPA Supplies Mid-Term Evaluation Team (2017). Comparative analysis of the 2014, 2015 and 2016 national surveys of FP/RH service and commodity availability in Haiti.
Madagascar • **Availability of contraceptives has generally improved from 2013-2017 (3 methods and 5 methods),** although the percentage of health facilities offering IUD and implants still remains relatively low at 59% and 80% respectively. • Stock-outs of IUD (24%) and implants (21%) are more common than stock-outs of male condoms, oral contraceptives (OC) or injectables (around 10%)	• UNFPA Supplies MTE evaluation team (2018). Internal analysis of 2012, 2014 and 2017 annual commodity and service availability surveys.

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• There has been a significant improvement in the availability of 7 live-saving commodities from 9% in 2012 to 84% in 2017. However, magnesium sulphate remains low at 57% (2017)	
Madagascar • The TMA study reveal that **barriers to access for poor and marginalised women and girls persist, including lack of funding for last-mile-distribution** from districts to health facilities causing persistent stock-outs in remote areas, women's lack of information (low coverage of BCC/IEC activities), and use of injectables and oral contraceptives to feed pigs.	• MoH (2017). *Etude TMA pour les contraceptifs à Madagascar. Rapport Final*, 2017
Malawi • "While central-level stock-outs of family planning commodities are rare, **health facilities in Malawi face frequent selective stock-outs,** during which they are unable to provide clients with the full method mix. Long-acting methods are most commonly unavailable, **with IUDs and implants out of stock**".	• Government of Malawi, *Costed Implementation Plan for Family Planning, 2016-2020.*
Malawi • Similar to the 2014 survey, this study has revealed that **all primary level SDPs offer at least three modern family planning methods.** This indicates that clients have a choice of at least three modern family planning methods even at this level. As noted above, **the concern is that long term methods are not widely available at this level.** This assessment has also shown that all secondary and tertiary level SDPs provide at least five modern family planning methods. Of note, all methods (long and short term) are offered at this level providing a wide choice to clients. • This study also assessed the availability of maternal and reproductive health medicine. In contrast to the 2014 survey, there has been an **improvement in the availability of life maternal and life-saving drugs** with oxytocin and magnesium sulfate reported to being available in all the facilities irrespective of level.	• *Report of National survey on availability and Accessibility of Modern Contraceptives and Essential Life Saving Maternal and Reproductive Health Drugs in Service Delivery Points in Malawi*, 2016
Nepal • Most important contribution by **UNFPA Supplies** was the provision of commodities, especially during emergencies like the 2015 earthquake and the 2017 flooding, but also during regular times. This has been particularly **instrumental in guaranteeing availability of commodities and saving lives** because the government procurement was slow and caused gaps. • In addition to planned procurements, UNFPA has on several occasions been able to procure commodities based on ad hoc requests from the government to fill a funding/commodity gap (caused by **delayed government procurements**). UNFPA received two ad hoc requests in 2016 and one ad hoc request in 2017 and was able to respond positively by procuring and delivering the necessary commodities on time to fill the gaps.	• Interview: UNFPA Nepal

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Assumption 4.2: UNFPA Supplies and COs work effectively (with national authorities, and other partners) to **develop new approaches** to **address and resolve barriers preventing poor and marginalized women and girls** (including those in humanitarian crises) from accessing RH/FP commodities and services across the entire market (public, private, NGOs, etc.).	
Approaches to reaching marginalized youth, including youth friendly services	
Lao PDR • **Access for other marginalized groups** in Lao PDR are only addressed by the Lao Women's Union (which has a representative in each village), the Vientiane Youth Centre seeing youth, MSM, street children (including sex workers), migrant workers and reporting increased visits.	• Interview: Vientiane Youth Centre
Lao PDR • UNFPA supports the **Lao Women's Union and VYC** (the only one in Lao PDR). They provide **training, a clinic, mobile outreach, a phone hotline, and social media. It is a welcoming place for at-risk and youth populations.** VYC helps address access barriers, increase demand and understanding, and reach youth. They hope to expand, replicate their work **in youth corners in health facilities** to make these more accessible and welcoming to young people seeking SRH/FP services, contingent on support to build a costed strategy. VYC also conducts training sessions (as observed by the evaluation team) in high schools, to inform and reach more youth. • VYC is a youth friendly space where young people can obtain **information, counselling, treatment, and family planning commodities anonymously.** Services are no longer provided free of charge (because of reduced donor support), but are still cheaper than at a private clinic. The VYC has four main activities (**outreach on SRH topics to in- and out-of-school youth (including factory workers), a phone hotline where kids can call in for information and help, a clinic, and media. The clinic now sees some 400 cases per month (mostly for STIs, some family planning).** There are a female and a male doctor on staff, with separate entrances for boys and girls. The doctors also go out on mobile clinic (in a rented van) outreach to provide counselling, family planning. For 2017, they requested UNFPA support for outreach, the clinic, printed materials (but only received funds for outreach and printing in Q4 so far). VYC also provides technical support to provinces, and hopes to install youth-friendly spaces in health facilities, with a priority for three provinces in 2018-21. The centre reports that more MSM have been coming (~200 per year now). The VYC does not turn away patients who cannot afford to pay the fee, and they do see street children, sex workers, and other marginalized groups. VYC has low levels of support, and their UNFPA support is reduced every year.	• Interviews: CIEH and VYC, Vientiane

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Lao PDR • Lao UNFPA provides support to the MoH Department of Health Care **Youth Friendly Service** for their work to develop and roll out **guidelines** (2017 in draft, awaiting Minister's endorsement) for ToT on Youth Friendly Service provision, for use in both in-service and pre-service training. This MoH department focuses on youth-friendly health services, and **youth friendly corners**, because it is recognized that youth do not know or do enough to protect their own sexual and reproductive health.	• Interview, MoH Department of Health Care, Youth Friendly Service, Vientiane
Lao PDR • UNFPA has also provided support to the MoES Non-Formal Education Centre (NFEC) (in four districts in Savannakhet province) to develop the **"red book" information/training document,** and conduct training, and outreach, with **youth training in six areas (legal rights, girls' and boys' health, signs of pregnancy, family planning, protection against STIs and HIV, and prevention of drug/alcohol abuse**). The red book is used in schools although is not formally part of the MOES curriculum. The NFEC surveyed schools in three districts, before producing the book and conducting training of trainers with village volunteers (to work in community learning centres), and peer educators to reach youth out of school.	• Interview: MOES
Lao PDR • The new "**Noi" campaign focused on young girls (with a nutrition focus**) may be welcome in drawing attention to the needs and challenges of young girls in Lao PDR, but any such campaign focused on youth should also contain SRH/FP component, especially given the young age of marriage and childbirth in Lao PDR.	• Interview: UNFPA Lao CO
Nigeria • There is an adjoining youth friendly centre at the PHC Sango called "Hello Lagos." Its activities are funded by UNFPA. About 70-100 unmarried young people visit the centre every day. **Services on offer include skills acquisition, RH counselling, and family planning referrals.** Young people who have been abused or raped are referred to the youth friendly centre in Lagos University Teaching Hospital, also funded by UNFPA. Facility staff have received training on counselling, skills provision. The centre was empty at the time the team visited, as it was in the morning and teens usually come by in the afternoon.	• Observations: PHC Centre Sango, Lagos
Nigeria • **Education as Vaccine Initiative (EVA)** has partnered with UNFPA Supplies for several years on improving adolescent access to sexual and reproductive health and services in Benue, Cross River, FCT. States are chosen based on certain indices like adolescent pregnancy rates, HIV prevalence, geographical distribution across Nigeria. Activities include **training young people as peer educators, 25 per state, to carry out activities with their peers, i.e., one-one-one discussions, community activities like rallies and mobilizing**	• Interview: Education as Vaccine Initiative, Abuja

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
for uptake of services at health facilities. They have also trained health care providers on youth-friendly services – about 20 per state. This capacity building was based on formative research with young people which revealed some of the challenges associated with accessing with family planning services. Some of these include confidentiality, age of providers (young people apprehensive about dealing with older providers). • With UNFPA support, **EVA has also distributed male and female condoms, emergency contraceptives to CBDs**. The CBDs were trained with the support of State MoHs and given family planning commodities for distribution. The CBDs are also given a tool for recording age and sex of users. Over 10,000 people in two LGAs have received family planning commodities through this programme. UNFPA also supported the EVA with male and female condoms for their routine activities.	
Nigeria • Okwu-Awo Youth-Friendly Centre (YFC) is one of five centres supported by the UNFPA. Facilities include **The Young Moms Clinic for young unwed mothers**. Classes provided include: "SHUGA Tour", Health talk/drug abuse, ANC, Interactive session, Games and Fun activities, Counselling, Literacy Classes, Show Your Talent. Adolescents from 10 and above; in-school youths and out of school youths – both married and unmarried, but mostly unmarried – attend. The centre sees more boys than girls, ratio of 3:2, boys: girls. 50-60 young people per day visit the centre; parents are often traders in the local market. It also offers career training/planning counselling on career paths. Other services offer include: Pregnancy testing, HIV/AIDS testing, malaria testing, and ANC. • Some are marginalized youth living in an unsafe environment, abandoned by parents/guardians. The centre provides **skill acquisition services and helps with reintegration in to society**. • SHUGA (based on a TV movie) –sponsored by UNFPA broadcast on MTV Base Tour: Themes from the show include: abstinence is key, multiple partners not okay, sexual reproductive health and, STI prevention. • The centre refers cases it is unable to manage to higher level facilities. For instance, HIV positive are referred to the Comprehensive Health Centre. • Lagos State has a programme for sexual violence which provided the centre and other facilities with rape test kits. • There are also discussions around **gender equality** that help correct misconceptions about gender roles. • Centre has a Daily Register and a Monthly Summary report sent to the State family planning Commodities available: Condoms, injectable, implants, IUDs. Some family planning commodities provided by Marie Stopes. The centre is almost never stocked out of any commodities. It is managed by the state and not as a PHC. Commodities are resupplied directly from the state central medical store.	• Observations: Okwu- Awo Youth Friendly Centre, Lagos Island

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• **Age of Consent**: The Policy on this does not seem to be clear and provision of family planning services to minors is left to the discretion of providers. Daily pills and condoms are provided without parental consent. Staff also seem to provide injectables without parental consent. • The **Young Moms clinic** provides ANC services to pregnant girls - 129 teenage pregnant girls and 68 deliveries since last year when programme started. • The centre coordinates closely with State Ministries of Education, Youth and Women Affairs who can be called upon to provide help when necessary.	
Sierra Leone • While family planning **commodities are not distributed within schools**, outside school premises, adolescents are allowed to access RH/FP services (often in youth friendly corners in CHCs). Services are provided through fixed and mobile (outreach) clinics.	• Interview/Observation, PPASL Mobile Outreach Clinic, Freetown
Sierra Leone • In reality, young people do not have the access they need to the facilities providing RH/FP services. There are real **problems of confidentiality** which discourage them.	• Interview: World Health Organization, Freetown
Sierra Leone • **MSSL outreach activities** include a great deal of community engagement • They also work with **school guidance counsellors** and with parent/teacher associations • **All services are free** and they focus much of their community engagement work on promotional activities in slum areas working with community leaders – specifically targeting poor urban and rural areas.	• Interview: MSSL, Head Office, Freetown
• In MSI's 37 countries of operations, **Sierra Leone is recognized as one where they reach the highest number of youth.** • They are able to reach around 40-45% of communities in each district with outreach services every three months. • **Each static clinic has a youth volunteer** who will consult with and counsel adolescents who want to access services – the also have youth friendly services in the static clinics. • For sustainability reasons they do charge for services but not for commodities in the static clinics.	

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Sierra Leone • While WICM do not provide services themselves, they do referrals to the service providers in the communities where they work. • WICM work **in six districts: Kono (Eastern), Hailung, Pujehon, Port Loko, and Western District (Urban and Rural).** • They cannot cover all chiefdoms in a given district – in Kono for example they cover three chiefdoms of 13 so they target the areas with the worst access for youth and adolescent girls.	• Interview: WICM, Head Office, Freetown
Sierra Leone • The DHMT made important progress in addressing youth during the response to the **EVD crisis**. While Pujehon was not heavily hit, they did see some rise in teenage pregnancies reported by a number of PHUs • They responded to the **rise in teenage pregnancy** by increasing the tempo of supervision and through community engagement. With support from UNFPA they worked to get the PHU facilities more user friendly for youth, especially teenage girls • UNFPA Supplies was helpful in this action to address teenage pregnancy by: o Helping with **sensitization and training of PHU staff** o Supporting the establishment of **youth corners** in the health facilities o Providing the **commodities** • This initiative was very successful, the PHUs providing **family planning service to youth** are strategically positioned and every teenager in the district can reach these services in an easy walk and discreet manner.	• Interview: DHMT, Pujehon District
Sierra Leone • The Health Centre provides a good service for **adolescent health care**. They have an adolescent friendly corner with a way that allows for privacy (observed by the team). Adolescents have a chance to talk to nurses and can come and go to and from the youth friendly corner unobserved. They also do outreach to schools to generate interest in family planning.	• Interview: Bandejuma Community Health Centre, MoSH
Sierra Leone	• Interview: Rogbery Junction Peripheral Health Unit, Maforki Chiefdom

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• The rate of **teenage pregnancy increased after the EVD** crisis perhaps because schools were closed during the crisis. Partly because of this, the PHU staff do outreach in the schools (every Friday) to try and get teenagers, in particular teenage girls interested in family planning services and products. • Teenagers use **their youth friendly corners**, mostly younger girls come for family planning services but the boys do come for condoms. • Teenagers do not want their parents to know they are sexually active so they need to find an excuse to come to the health post or to go to outreach clinics (teenagers can reach the youth friendly corner through a back entrance).	
Sudan • Although the "Ten-in-five" strategy calls for improving and providing quality adolescent health services, **neither UNFPA Supplies nor the FMoH had developed specific operational strategies** around targeting or reaching adolescents.	• FMoH, General Directorate of Primary Health Care: *"10 in 5" Strategy: RMNCHA Strategic Plan 2016- 2020*, 2015
Sudan • Adolescents are attended only if they are mothers/ pregnant/ married or transferred as an emergency. There is a family planning service in a small room and is fully stocked. An enthusiastic family planning provider (a nurse) is qualified only to distribute pills and injectables. But she said she would be **keen to be trained to do more**. There are plans to expand the family planning service in the future.	• Interview and observation: Al Saudi Maternity Hospital
Sudan • Al Hidaya is primary health care centre that delivers family planning and ANC but not maternity services (no deliveries or PNC). The RH clinic takes a syndromic approach. They treat whoever comes for whatever is needed. He asks every woman asking for family planning if they are married and they all say yes. There are two days a week set aside for FP/ANC (Mon and Wed) but anyone can get family planning anytime.	• Interview and observation, Al Hidaya PHC Centre, Kassala
Sudan • UNFPA does not have a specific strategy regarding family planning and reproductive health services among adolescents. It focuses on **social norms change**.	• Interview: UNFPA, Khartoum
Togo • Twenty-five **school clinics** were strengthened (staff training, equipment, commodities) for the provision of RH/FP services for adolescent girls.	• UNFPA Supplies: *2015 Annual Progress Report*, p. 6-7.

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• Twenty-six civil society organizations were supported for **integrated SRH, FP/HIV and GBV services** for adolescents, youth and sex workers. • Eleven **counselling centres** were established to support 1500 victims of **GBV.** • Partnership was initiated with Plan International for implementation of the National Programme to **prevent pregnancy and early marriage of adolescents** in school and out of school.	
Haiti • UNFPA Supplies supported the 'Fondation pour la Santé Reproductrice et l'Éducation Familiale' (FOSREF), a **local NGO specializing in adolescent Sexual and Reproductive Health and Rights** to provide services to adolescents and youth through various strategies: • Creation of **"youth-friendly corners"** in maternity awards by hiring trained midwifes to provide youth-friendly counselling and services to especially young adolescent girls • In the first year, this **led to a 30% increase (self-reported by FOSREF, only data source) in the percentage of young girls receiving services** at these maternity wards, because they are well received by friendly midwifes. FOSREF maternity wards receive 300-400 adolescent girls by week. Before, there were no specific services for youth (self-reported by FOSREF). • **Girls below 18 of age do not seek family planning services at health facilities** so we need to take the services to them. **The mobile clinics** supported by UNFPA Supplies target the general population, but girls are attending too. The mobile clinics visit areas that are completely isolated and without any family planning services at all. • UNFPA Supplies funds these activities in 16 districts in 5 (out of 10) departments in Haiti, in addition to 7 districts at risk for natural disasters, where they target young girls, women and internally displaced persons.	• Interview: FOSREF
Haiti • "UNFPA's strategic approach consisting in calling upon a group of key partners to reach the groups with no access to reproductive health services did not produce the expected results. The executive partners (EPs) (sic) are located in poor areas where they may reach these groups. **However, they do not provide a distinct service to youth and adolescents."**(p. 39) • "There are **no significant results in the area of improving access for the youth to reproductive health**. The initiatives with the School of Medicine and Pharmacy (SMP) and the Ministry of National Education and Vocational Training (MENFP) target the young people attending school, **not the poorest living in rural areas with a more difficult access to services."** (p. 57)	• Hennion et al. *Assessment of the UNFPA'S 5th programme of assistance to the government of the Republic of Haiti (2013-2016),* 2016

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Malawi • There is little documentation on UNFPA Supplies **support to improve access to youth-friendly health** services (YFHS), although there are a **few examples in the annual work plans** of district level training service providers and integrating data on YFHS into the DHIS2. It is not clear whether the training of service providers in LARC and other family planning methods included any content on youth-friendly family planning counselling or other services. The condom campaigns can be seen as another event to increase access to condoms as dual protection/contraceptive, but this does not present any method-mix. **It thus seems that there is a huge missed opportunity in improving comprehensive youth-friendly SRH services.**	• UNFPA, *Annual Workplans, UNFPA Supplies, Malawi*
Madagascar • UNFPA Supplies has **targeted vulnerable women and girls and female sex workers** through the following activities: • **Rural areas:** Support to Marie Stopes Madagascar to operate mobile clinics in very isolated areas where the health centres do not offer LARCs • **Urban areas:** Support to Marie Stopes Madagascar to operate mobile clinics in marginalized and overcrowded (overpopulated) areas targeting female sex workers and youth who do not have the (financial) means to obtain services at a health centres. The mobile clinics target everyone, but youth also come. Although some youth might not come because they are afraid they will be seen by parents. • **Marie Stopes Madagascar also implements a pilot to provide adolescent and youth with "e-vouchers".** They receive a SMS and can respond via SMS. They receive a SMS-voucher which they can use to obtain family planning services and STI treatment in health centres. They also receive educational messages on family planning via SMS. It has contributed to an increase in use of family planning services among adolescents. Out-of-school youth who cannot read get help from their friends.	• Interview: UNFPA CO Madagascar
Nepal • **Other resources (not UNFPA Supplies) are being used for SRHS programme and adolescent friendly clinics,** as well as the m-health project in collaboration with USAID. In 2018, UNFPA CO plan to use funding from UNFPA Supplies, DFID and core funds to support the MoH to train clinical service providers in adolescent friendly SRH service and to support the new accreditation system (also supported by UNFPA). • UNFPA supported the MoH in the **revision of the national YFS training manual for health care workers and a system for accrediting health facilities as "adolescent friendly clinics"**. However, due to limited funding – and a long process for establishing the accreditation system, UNFPA has not yet supported	• Interview: UNFPA Nepal CO staff

training of clinical providers. This year (2018), UNFPA will use UNFPA Supplies, core funds and DFID funds to train providers.

- **The CO has mainly used core funds to implement youth SRHR activities (both demand and supply)**. The main reason is – reportedly – that donors (including DFID) are less interested in funding adolescent SRHR – and have had a stronger focus on family planning programmes. But in 2018, UNFPA has convinced them to fund scale-up of youth-friendly services.

Applying a Human Rights Approach to Family Planning Services and the Impact of Stock-outs on Efforts to Reach Marginalized Women and Girls

- UNFPA/GPRHCS *Facilities Surveys: 2013, 2014, 2015, 2016*

Client Responses to Selected Exit Interview Questions (%)	2013	2014	2015	2016
Provided with the method of their choice				
• Lao PDR	96.4	98.5	99	100
• Nigeria	-	93.5	96.6	-
• Sierra Leone	99.2	-	94.2	94.1
Provider took clients preferences and wishes into consideration				
• Lao PDR	98.1	98.8	99.8	99.6
• Nigeria	-	94.5	95.7	-
• Sierra Leone	90.2	-	97.1	97.3
Client told about common side effects of the method				
• Lao PDR	95	97.5	98.8	99.2
• Nigeria	-	91.8	95.1	-
• Sierra Leone	93	-	91.3	87.7
Client indicated she was treated with courtesy and respect by staff				
• Lao PDR	99.2	99	99.3	99.2
• Nigeria	-	94.1	96.4	-
• Sierra Leone	98	-	98.1	95.4
Client responded yes to "forced to accept" family planning method				
• Lao PDR	18	8	56	45
• Nigeria	-	-	87.4	-
• Sierra Leone	9.4	-	18.4	25.1

Exit interview results show exceptionally high levels of client satisfaction, except for one question, “client responded yes to “forced to access” family planning method.

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Lao PDR • As noted in Assumption 4.1 above, there are **numerous national activities to reach marginalized women and girls** with RH/FP services.	• Interview: Centre for Information and Education on Health (MoH), Vientiane
Lao PDR • MoH official notes that there are many health centres in Lao PDR, but a lack of adherence to standards (though the MoH is working on this), and no minimum standard for youth. **Privacy is a key issue.** His unit receives good support from UNFPA (for the guidelines, and in the provinces where they work), and he only wishes UNFPA could expand their efforts to more provinces. He also would like to see more support for assessing lessons learned, best practices, etc. – to help inform MoH on what works and what does not work, to help in deciding on future efforts.	• Interview: MoH Department of Health Care, Vientiane
Lao PDR • UNFPA Supplies-supported training materials include elements of a human-rights-based approach through enhanced **quality of service** and a focus on youth and rural populations (**equity**). • The **CBD approach to family planning** was to be adapted by MoH and development partners for integration into the MNCH package of services to help reach remove ethnic populations (equity) with SRH/FP information and services.	• UNFPA Lao: *"Expanding Access to Family Planning through Culturally Appropriate and Community Based Service Distribution,"* 2015
Nigeria • The annual review by DFID of the Access to Family Planning Commodities project raised the issue of **high levels of contraceptive discontinuation** and recommended that UNFPA work with Federal and State MoH as well as partners to gain a better sense of what is driving the high numbers and to guide research priorities so that client concerns and decisions related to discontinuation can be adequately addressed **(quality, acceptability, choice).**	• UNFPA Nigeria, *Annual Review Summary Sheet, Access to family planning Commodities (AFPC) Programme in Nigeria,* March 2016, p. 12
Nigeria • UNFPA Lagos expressed concern that **Lagos State will be required to support the bulk of the uptake** required for Nigeria to achieve the FP2020 goal, and suggested that **targets** might be applied at the LGA and SDP level **(agency, autonomy).**	• Interview: UNFPA sub-office, Lagos
Nigeria • Based on the Method Information Index developed by Avenir Health for FP2020, **only 47% of women using family planning nationally received 1) information on other methods, 2) information about side effects, and 3) information about what to do in case of side effects**. **(informed choice)** There is wide variation in the Method Information Index by state, with nearly all states exhibiting an opportunity to improve the quality of services and counselling. This ranges from a high of 90% in Ogun State and a low of	• Source: FP2020 –Track20. *Exploring Subnational Opportunities in Family Planning Programming*

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
5% in Edo State. In the states visited by the evaluation team the index values are 75% for Kaduna and 37% for Lagos. Accessible at: http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/11/Nigeria-Subnational-Opportunities-Handout-2.pdf	
Sierra Leone • They make it clear that **family planning is not compulsory**, but their advice to community leaders is to allow teenage girls to have access to family planning. Once a young girl has a baby, the community then views her as a mother and access to family planning and other maternal care is fine by them • **Stock-outs do cause a big problem** of choice and when a teenage girl (or an adult woman) is not comfortable with an alternative that they have in stock then she runs the risk of an unwanted pregnancy.	• Interview: Rogbery Junction Peripheral Health Unit, Maforki Chiefdom
Sierra Leone • Staff at the PPASL clinic adhered to a **structured protocol for ensuring women and girls made an informed choice** of whether or not to use family planning and which method they might wish to use. • Team observed counselling of one patient on use of *Depo-Provera* and administering the injection • Staff were observed providing a full explanation of possible side-effects and of different methods.	• Interviews and Observation, PPASL Wesley Street Clinic, Freetown
Sierra Leone • Methods observed included both injectables and implants. Implants were done in the privacy of the ambulance and injectables in a private area in the main tent. • **Full counselling on method choice**, different characteristics and side effects was being provided. • On registration, patients' details including addresses and phone numbers are taken and follow up appointments are made so that any needed further action can be taken. • Women and girls opting for IUDs are transported to the nearby PPASL static clinic for inserting the IUD.	• Interviews and Observation, PPASL Mobile Outreach Clinic, Freetown
Sierra Leone • MSSL nurse was observed counselling clients and **explaining in detail the methods available, the products used, their operation and advantages and disadvantages as well as what the client could expect to happen**.	• Interviews/Observation, MSSL Mobile Outreach Clinic, Futa Kpejeh, Pujehon District

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Sierra Leone • On registration, each client was given a **follow up appointment** to the nearest static clinic and their address and (where possible) a phone number was taken so that the clinic can follow up if the client misses the appointment. Staff report that approximately 80% of the clients do attend their scheduled follow up visit. The remaining 20% are followed up by community service providers. • Observed clients being **advised of the characteristics, advantages, disadvantages and possible side effects of each method**. Implants were being inserted in an ambulance to provide for privacy and appropriate conditions. • Exit interviews with several young women clients indicated they understood the choice they had made and were satisfied that it met their needs.	• Interviews/Observation, PPASL Mobile Outreach Clinic, Lunsar Community
Malawi • The exit interviews have shown that the majority of family planning clients are on *Depo-Provera* and thus visit family planning clinics every three months for re-injection. This provides an **opportunity for promotion of LARCs.** Of concern is the observation that up to **33% of the clients were not provided information regarding side effects.** This would have a negative impact on uptake and retention on the chosen family planning method. The proportion of clients waiting longer is slightly higher in secondary level facilities and in those SDPs located in the urban setting. This could be explained by relatively bigger volume of clients seen in these facilities and thus requires rationalization of staff establishments and innovative approaches to the provision of family planning methods such as self-injection.	• *Report of National survey on availability and Accessibility of Modern Contraceptives and Essential Life Saving Maternal and Reproductive Health Drugs in Service Delivery Points in Malawi*, 2016
Gender equality, social inclusion and equity	
• See above themes on approaches to reaching marginalized youth (inclusions, equity) and human rights-based approach for additional evidence • Also see 4.1 for evidence related to reaching remote and marginalized groups through CBD and mobile outreach (Lao PDR, Sierra Leone, Nigeria)	
Lao PDR • The MoES) Non-formal Education Centre (NFEC) operated by the MoES includes **gender equity as a component in the "red book" information/training document**, including six training topics: legal rights, girls' and boys' health, signs of pregnancy, family planning, protection against STIs and HIV, and prevention of drug/alcohol abuse.	• Interview: MoES, Non-Formal Education Centre, Vientiane

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Lao PDR • UNFPA Supplies partner, Lao Women's Union and Vientiane Youth Centre, a mandate to protect the rights and interests of Lao women and children (of all ethnic groups); **promote gender equality** and advancement of women; educate and inform women about government policies, laws, the Constitution and their rights; protect and support customs and traditions of Lao women across all ethnic groups	• Lao Women's Union, *Statement on the Promotion and Protection of Lao Women's Rights*, 2010
Nigeria • UNFPA Nigeria CO staff indicated that there is **no agreed upon definition for marginalized groups**. It can be defined in different ways for different groups. Populations identified in discussion included: women living with fistula, those in humanitarian situations (e.g., Borno in the North), marginalized youth (e.g., urban youth in Lagos).	• Interview: UNFPA Nigeria, Abuja
Nigeria, Sudan • The **"whole of society"/"whole of community" approaches** implemented by UNFPA Supplies described in Assumption 2.2 **integrate efforts to advance gender equality** and female empowerment by engaging with a broad range of partners and community leaders, including men, to reduce resistance to family planning and change norms related to early marriage and fertility.	
Sierra Leone • UNFPA Supplies supported the Family Initiative Network for Equality (FINE SL) to conduct advocacy and **sensitization activities among men and boys** to promote women's reproductive rights and access to services (described more fully in assumption 2.3)	• Interview, FINE SL offices, Freetown
Sierra Leone • The outreach clinic provides **services to the disabled** first thing in the morning before others arrive.	• Interviews/Observation, PPASL Mobile Outreach Clinics, Freetown and Lunsar
Sierra Leone • The mobile clinic made arrangements for **disabled clients to be treated in the morning before the build-up of waiting lines** because they need extra care. Disabled clients are given priority and are served first.	• Interviews/Observation, MSSL Mobile Outreach Clinic, Futa Kpejeh, Pujehon District
Sierra Leone • **Disabled clients are given priority** and often come first thing in the morning so they do not have to wait in line.	• Interviews/Observation, PPASL Mobile Outreach Clinic, Lunsar Community
Sudan	• Interview: SFPA, Khartoum

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
• UNFPA Supplies partner, SFPA, has very **specific policy about not discriminating against adolescents, unmarried women and men, the disabled,** etc. Their rights-based charter specifically stipulates that their target population includes the poor and marginalized women and adolescents everywhere.	
Malawi • The 2015-2020 YFHS Strategy identifies "vulnerable youth" as young married and unmarried girls, teen mothers, young people living with HIV, young boys 10-14, key populations (**young disabled** and **sex workers**)	• Malawi MoH, *National Youth-friendly Health Services Strategy, 2015-2020*
Malawi • UNFPA Supplies has supported demand creation through advocacy and communication **campaigns to promote condoms and LARCs among youth, sex workers and disabled young people**. • UNFPA Supplies has specifically targeted the most vulnerable and marginalised **by focusing on youth with limited access to family planning/SR services, sex workers and disabled young people,** and increasing access to family planning services and commodities in both rural and poor urban areas. They are thus directly aligned to the national CIP and YFS strategies, which gives priority to exactly those groups. • **Coverage of services and commodities for the most vulnerable** has been expanded through capacity development of clinical service provider and conducting several outreach activities – including CBD of contraceptives. In 2016, a total of 1,500 Health Surveillance Assistants (CHW) were trained to provide DMPA (*Depo- Provera*, a 3-month injectable) with the aim to increase access to long-lasting methods at community level. • **300 disabled young people** were trained in SRHR in Mangochi, Mangochi, Chiradzulu, Dedza, Nkhatabay and Mchinji districts.	• Interview: UNFPA CO in Malawi • UNFPA Malawi: *Revised Maternal Health Thematic Fund Annual Workplan (AWP) progress report*, p. 16 • UNFPA: *3rd Quarter 2017 QPM report*, Malawi Final
Togo • UNFPA has supported the establishment of "Men's Committees" to improve men's engagement in family planning (described in more detail in assumption 2.2).	• UNFPA Togo, UNFPA *Supplies 2013 annual progress report,* p. 7
Assumption 4.3: UNFPA Supplies works effectively with national authorities, and other partners, to enhance availability and ease of access to RH/FP services and commodities using a **total market approach** (engaging a full range of public, NGOs, and private sector providers including social insurers and social marketing outlets and kiosks/dispensers for condoms, etc.).	
Observations and evidence sources for assumption 4.3 are provided under assumption 1.4 above.	

Evaluation Question 4: Improving accessibility and availability of RH/FP commodities and services	Sources of Evidence
Assumption 4.4: UNFPA Supplies procures, packages and delivers **emergency RH/FP kits** and individual products with the **appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises**, to enable those affected to meet their RH/FP requirements. **Assumption 4.5**: UNFPA Supplies has provided **effective support to RH/FP services** as one element in **a national response to humanitarian crises** (not only through the provision of commodities).	
Observations and supporting evidence on assumptions 4.4 and 4.5 are presented under **the cross-cutting issue: the role of UNFPA Supplies in humanitarian contexts at the end of this evaluation matrix.**	

Evaluation Question 5: Strengthening systems and capacity for supply chain management	
Evaluation Question 5:	To what extent has UNFPA Supplies contributed to **improving systems and strengthening capacity for supply chain management** for reproductive health and family planning commodities in programme countries?
Sub-Questions:	a) To what extent has UNFPA Supplies enhanced the ability of programme countries **to move commodities** from their point of arrival through various supply channels to the **last mile and service delivery points?** b) To what extent has UNFPA Supplies strengthened supply chains for RH/FP commodities in areas affected by **humanitarian crises?** c) To what extent has UNFPA Supplies contributed to strengthening the **capacity of supply chain managers and service providers** to forecast, order, receive, store, distribute and report on commodities? Has programme support addressed the capability, opportunity and motivation of supply chain managers and service providers? d) Has UNFPA Supplies been effective in **improving systems (both computerized and manual) and procedures** for supply chain management (including LMIS) and systems for inventory management, distribution, tracking and tracing of products), by working with **public, NGO and private sector actors**? Have countries reported positive results in tracking and managing these products? e) To what extent have UNFPA Supplies interventions incorporated a focus on **sustainability of supply** (to mitigate the potential risk of supply disruptions) through increased national ownership and support?

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
Assumption 5.1: UNFPA Supplies engages with national supply chain managers and development partners in countries to **discern key areas of supply chain management requiring support** (while seeking consensus among stakeholders regarding gaps and requirements to address them), and works to **supply targeted training, technology, and innovations to address the identified gaps**.	
Identifying elements of national supply chains needing support	

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
Global Interviews • **There is a lack of a common Supply Chain vision among UN and other donors**. But USAID, BMGF are leading new "GS1" (Global Standard 1) effort, including bar coding, and a global "Visibility Analytics Network" (VAN) to improve data/visibility in supply chains. UNFPA and others are involved	• UNFPA Interview, CSB (New York City), PSB (Copenhagen)
Global Document • UNFPA has **a new Supply Chain Strategy document** (adopted in May 2018) which seeks to define the organization's role and objectives vis-à-vis supply chains – both for its own global procurement and supply management, and for supply chain management in countries where it works. • The document states: "While UNFPA's goal is to ensure product availability at the 'last mile', and ultimately, the self-sufficiency of countries to do this without UNFPA's support, the organization's contribution to this goal will vary by country…… • While in most countries UNFPA's comparative advantage will centre on coordination and advocacy, in a few contexts where UNFPA is one of the few partners supporting SC strengthening, it is likely to need to play a broader role, assessing key, dynamically-shifting bottlenecks and challenges that exist in the system and supporting the government to overcome these." (p.4)	• UNFPA, *Supply Chain Management Strategy: 2018-2021 (Final Draft December 14, 2017)*
Global Document • *DFID were thanked for providing in-kind support for the **new Supply Chain Manager position in CSB** that will boost UNFPA Supplies work in supply chain strengthening.* (p.10)	• UNFPA Supplies Steering Committee, *Minutes – Oct 2017*
Global Interviews • UNFPA works in countries to contribute to **various supply chain improvements**, as **identified and prioritized by government.** With partners and implementers, UNFPA supports improvements to improve forecasting, eLMIS systems, infrastructure, capacity building of SC managers and health workers, etc.	• Interviews, CSB staff, UNFPA New York and Ministry of Health Staff, Lao PDR, Nigeria, Sierra Leone, Sudan
Global Interviews • **Stock availability surveys are done annually in all 46 countries** of the Supplies Programme, funded by UNFPA Supplies. These surveys help inform government and other stakeholders and illustrate challenges with stocks throughout the health system.	• Interview, CBS New York
Lao PDR • The Medical Products Supply Centre MPSC in Lao PDR has a **5-year strategic plan (2016-2020) to improve the health products supply chain**. UNFPA is a donor to the MPSC strengthening technical assistance provided by CHAI.	• Interview, Lao CHAI, Vientiane

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
Sierra Leone • There was **a clear need** (identified in 2015) **to strengthen the data collection on consumption and commodity requirements** (quantification) at the PHU, DHMT and central level (District Information Officers). • There was also an important **need to improve infrastructure** and conditions in the CMS and DMS warehouses. • The **NPPU needed ongoing capacity building support** (provided by Crown Agents and CHAI with support from DFID and USAID (2015 and 2016). • The demise of NPPU in 2016 put a great deal of stress on the Department of Drugs and Medical Supplies which was given interim leadership until the (still to be accomplished) establishment of the National Medical Supplies Agency. • There was also an urgent need in the post-EVD crisis period to support **capacity development for service providers in RH/FP** for retraining, particularly for longer term methods. • The **EVD crisis** had a significant negative impact on the operation of the District Medical Stores (DMS) which, for RH/FP commodities, relied on CHANNEL as its operational software. • The operation of **CHANNEL** needed to be re-vitalized and re-examined if it was to be an effective basis for monitoring consumption and stocks and thus informing forecasting.	• Interview, UNFPA CO, Freetown
Haiti • UNFPA in Haiti proposes to make **the focus of the RHCS programme the strengthening of Haiti's supply chain management system** beginning with a scoping mission by an international supply chain expert to develop a strategy and put in place a mechanism that will improve coordination, increase accountability and promote better and more organized deliveries to the hard-to-reach corners of Haiti."	• UNFPA, *UNFPA Supplies Haiti 2016 Annual Work Plan, Justification*.
Theme: Working to strengthen different dimensions of the supply chain	
Global Interview • UNFPA engages with national governments to **ensure SRH/FP commodities are included in national essential medicines lists**, and that quality assurance standards are complied with.	• Interview, PSB, UNFPA, Copenhagen
Lao PDR, Nigeria, Sierra Leone, Sudan • UNFPA works in countries to contribute to **various SC improvement efforts**, as identified and prioritized by government, and as possible under UNFPA Supplies budget limitations. With partners and implementers,	• Interviews, MoH, Vientiane (Lao PDR), Abuja (Nigeria), Freetown (Sierra Leone), Khartoum, (Sudan)

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
UNFPA supports improvements to improve forecasting, eLMIS systems, infrastructure, capacity building of SC managers and health workers, etc.	
Lao PDR • MPSC in Lao PDR has a 5-year **strategic plan** (2016-2020) to improve the health products supply chain. UNFPA is a donor to the MPSC strengthening technical assistance provided by CHAI.	• Interview, CHAI, Vientiane
Sierra Leone • *UNFPA plays a vital role in funding and procuring family planning commodities in Sierra Leone but faces **funding constraints** which limit expansion of its scope and scale of supply chain support activities*. p.2.	• JSI Inc. *Analysis of Sierra Leone FP/FH Supply Bottlenecks.* 2017.
Sierra Leone • "UNFPA Supplies has done a lot to support and strengthen the supply chain in Sierra Leone. The programme provided and continues to support the **CHANNEL software** for LMIS, it recruited, trained and continues to support the **District Information Officers**, and it has helped with **infrastructure** (shelving and warehouse improvements, cold chain equipment for oxytocin), as well as helping with customs clearance. There is still a great deal of strengthening that is needed from the Supplies programme.	• Interview, RH/FP, MoHS, Freetown
Sierra Leone • UNFPA Supplies support has **helped the Department of Drugs and Medical Supplies (DDMS)** to: o Build a **cold-chain** for RH medicines (oxytocin) including at the CHC level o Improve **shelving** in the central warehouse o Providing **salaries** for District Information Officers (16) o Procured **computers** for use by DIOs in administering CHANNEL o Supporting the **LMIS through CHANNEL**	• Interview: DDMS, MoSH, Freetown
Togo • In 2014, UNFPA Supplies, together with Bill and Melinda Gates Foundation and EngenderHealth, funded the development of the "**Informed Push Model" (IPM)** in Togo as a response to serious issues with **stock-outs** of commodities at all levels (27% at national level, 100% at regional level, 87% at peripheral level).	• Renee Van de Weerdt, UNFPA (2014): *Informed Push Model in Togo: A Best Practice in Public/Private Partnership for Supply Chain Excellence.*
Nepal • To mitigate stock-outs at health facilities, which were very frequent in 2014/2015, UNFPA Supplies in Nepal supported a **Public Private Partnership** (**PPP) for outsourcing sub-district distribution** to private operators. During the 2014 SWAP annual review, it was discussed to outsource logistics because of limited MoH capacity in this area.	• Interview, UNFPA Country Office, Nepal

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
Nepal • To improve the stock-out situation of essential drugs and commodities at the district stores and health facility levels in Nepal, **capacity building of district health offices**, of all the 75 districts was undertaken, to regularize recording and reporting, through the web-based LMIS.	• UNFPA Nepal, *Annual joint reporting for the reproductive health thematic funds* (reporting 2013)-Nepal
Malawi • The most significant achievement of UNFPA Supplies in Malawi is the provision of 70% of commodities each year (DFID and USAID are usually the gap-filler) – i.e. being the prominent provider of family planning commodities in the country. There have been **no major achievements or successes in terms of strengthening the SCM system** (even not when prompted during the interview).	• Interview, UNFPA CO, Malawi
Global Interview • UNFPA supplies recently (2016) decided to dismantle a good technical assistance programme: One staff member – who since retired - developed a **supply chain management training package with on-line modules, and conducted two-week trainings in countries**. It was seen as very good (especially in some countries – e.g. Mongolia, which went on to change their legislation accordingly after the training), but also expensive and not showing enough impact (due to low retention rates in countries – e.g. when someone is trained/good, they get snapped up by private sector, NGOs, etc. and leave their post – and other factors). So, it is unclear what the Supplies Programme intends when they declare that there should be a focus on capacity building to improve supply chain management.	• Interview, PSB, UNFPA, Copenhagen
Global Document • ***"UNFPA has a fundamental role in supply chain (SC) strengthening upstream and at the national level, but is not well placed to be a SC implementer in most countries. (p.2).*** The review also found that: -*Capacity and processes/procedures were inconsistent – limited staff with dedicated time for SC working on many activities; -Missed opportunities to use data/evidence to more strategically identify high impact interventions; -UNFPA has multiple clients and varying roles in country which causes confusion over mandate; -Private sector engagement is an opportunity to address supply chain issues in some countries – but will require different contracting skills, performance monitoring"*(p.6).	• JSI for UNFPA, *Strengthening Reproductive Health Supply Chains: A Collaboration between UNFPA and JSI – Executive Summary March 2017*.
Global Interview • **CSB may not be fully/appropriately staffed, without any supply chain expert** on staff more versed in in-country supply chains, issues, data management, etc. In-country PSM/SC capacity is also a challenge for UNFPA, as CO staff are spread thin, may not have the expertise or time. In future Regional Offices could be	• Interview, John Snow Inc.

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
staffed with SC experts to support their countries, as many (especially smaller) country offices cannot afford to have a full-time SC expert on staff.	
Supply chains during humanitarian crises	
Nepal • UNFPA had **sufficient funding to respond to an urgent need for commodities during the 2015 Nepal earthquake and the 2017 flooding**. The CO used UNFPA Supplies funds, core funds and resources mobilised from bilateral partners to procure and distribute emergency RH kits during these two humanitarian crises.	• UNFPA Nepal, *2016 template for country annual joint reporting; for the reproductive health Thematic Trust Funds and Joint Programmes (2015) Nepal*
Sierra Leone • The EVD crisis had **a significant negative impact on the operation of the LMIS which, for RH/FP commodities, relied on CHANNEL as its operational software.** The operation of **CHANNEL needed to be re-vitalized** and re-examined if it was to be an effective basis for monitoring consumption and stocks and thus informing forecasting	• Interview: UNFPA CO, Freetown, Sierra Leone
Key challenges and weaknesses in the supply chain for RH/FP commodities	
Lao PDR, Nigeria, Sierra Leone, Sudan • Supply chains for SRH/FP commodities face the same challenges as supply chains for other products and programmes in countries. In some countries, these **health supply chains are integrated** (e.g. Lao PDR), **or in the process of attempts to integrate** (e.g. Nigeria, Malawi), while in others (e.g. Sierra Leone), **supply chains are fragmented and creating duplications and lost efficiencies.**	• RH/FP supply chain process diagrams for Lao PDR, Nigeria, Sierra Leone and Sudan (Annex 7) • Confirmed in interviews with UNFPA COs and MoH staff: Vientiane, Abuja, Freetown and Khartoum
Lao PDR The main identified challenges in the supply chain in Lao PDR include: • **Distribution** – **currently little delivery of commodities, more pick-ups, due to lack of transport** fleet, delivery system (budgets for distribution still weak).	• Interview, Medical Products Supply Centre, MoH, Vientiane

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
• **Stock-outs** – persist at district and HC stores. • **Data/reporting** – mSupply is gradually expanding to more levels, more sites. Still a challenge with HCs and ensuring complete, accurate, timely data. Integration of mSupply data into DHIS2 is planned. • **Decentralized procurement by provinces**, hospitals, some procurement outside Essential Medicines List. • **Capacity issues** among health workers (and turnover of staff). • **Customs clearance** – long process involving many approvals. • **SRH/FP supply chain is integrated with other supply chains, and faces the same challenges** around forecasting, HR capacity and inventory management, understanding of stock-outs, distribution and infrastructure challenges.	
Haiti • The pharmaceutical sector in Haiti is constrained by various issues, especially **around regulation, intra and inter-sectoral coordination, logistics, resource allocation**, and service provision for medicines.	• MoH (2014) *Haiti. Politique Pharmaceutique National. Septembre 2014, p.21* (translated from French)
Haiti • The provision of RH services in Haiti do not meet the demand, the main causes being linked to **organizational deficits at the system level, lack of infrastructure and skilled human resources deficiency and adapted to the needs of the country**. There is an urgent imperative to address both supply of commodities, management and commodity security in Haiti.	• UNFPA Supplies, *2016 Annual Work Plan, Justification. (Haiti)*
Global Document • In-*country supply chains remain sub-optimal. The November 2015 Global Fund Board meeting noted that efficiencies/gains made in the procurement of drugs are undermined if subsequent processes do not get to the commodities to those who need them.* ***Most in-country supply chain management systems were designed over 40 years ago without the current level of demand and volumes of health products. The pressure on already fragile supply chain mechanisms has increased significantly in recent years as programmes scale*** *up and new initiatives are rolled out by partners. The increased volumes have been without commensurate investments in supply chains.* (p. 4)	• Global Fund, Office of Inspector General, *Audit Report: The Global Fund's In-country Supply Chain Mechanism - GF-OOO-11-111, December 2016*
Fragmentation of supply chains	
Nigeria • Partners are **self-interested and exercise great control over logistics of health commodities**. Managing the partners/donors for different programmes is critical and requires government leadership.	• Interview, National Products Supply Chain Management

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
	Programme (NPSCMP), Abuja
Togo • UNFPA supported the pilot of the IPM in Togo in 2015. • The approach **helps reduce stock-outs, as commodities are pushed directly to the health facilities.** • However, one of the issues is that **it is not cost-effective**, as CAMEC (the national medicines body) has limited capacity and UNFPA had to outsource the distribution to the last mile to a private company. • CAMEC distributes to the regional warehouses, but the private company takes the products from the regional level to the health facilities. • Many development partners in Togo (including UNICEF) do not use CAMEC but have their own distribution channels. • UNICEF distributes commodities (for child diseases) directly to the districts. However, all Global Fund products do go through the CAMEC, which charges a 5-10% handling fee.	• Interview, UNICEF Country Office, Togo
Haiti • The supply chain in Haiti is based on a national-level central medical stores, with regional stores in each department. There **are various parallel circuits that were developed to meet the specific needs of various programmes and projects, which brings a loss of efficiency**. p.23	• MoH, *Haiti. Politique Pharmaceutique National. Septembre 2014,*
Haiti • There are **multiple parallel supply chains in Haiti**. The national HIV programme uses their own procurement and distribution channels. For family planning, there are two separate systems: the public system PROMESS supported by UNFPA and USAID's own channel. Many issues with coordination and confusion around the multiple chains.	• Interview, MoH Haiti
Haiti • There are *two reproductive health supply models in place in Haiti today*: one under the responsibility of the Ministry of Health, and the other under the responsibility of the USAID partner. The USAID project uses a vertical integration modality including all the levels, from procurement to delivery to the institutions that prescribe and distribute the inputs to the population. **The AID model minimizes losses and stock-outs; but because it is completely self-contained and outside government involvement or control, it has the disadvantage of not strengthening the Ministry of Health's capacity and of duplicating procurement**. The	• UNFPA Supplies *2016 Annual Work Plan, Justification. (Haiti)*

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
risk exists that when the USAID project comes to an end, the country's capacity to secure inputs will not be strengthened	
Madagascar • "The **social marketing and public-sector supply chains** in Madagascar **are functioning independently and in parallel.** Also, (…) the nongovernmental organization (NGO) partners….except for FISA, which manages its distribution channel, …are all supplied either through the central medical stores or through districts pharmacies. The direct supply of the NGO by the USAID|DELIVER PROJECT in malaria commodities is temporary and a response to 2009–2014 political crisis." (p. 34)	• Diallo, Abdou, Norbert Pehe, Julia Bem, and Andrew Inglis, *Supply Chain Network and Cost Analysis of Health Products in Madagascar: Results. Arlington, Va.: USAID DELIVER PROJECT, Task Order 4*
Madagascar • "The **management of health commodities in Madagascar is driven by funding sources**. Apart from essential medicines that are procured, stored, managed, and distributed from the central medical stores to district and health facility pharmacies, **donated commodities such as malaria commodities are managed by each vertical programme**. This resulted in parallel inventory control systems by commodity type with differing standard operating procedures. p. 16 and 21.	• USAID | Deliver Project*, Task Orders 4 And 7. 2016. USAID | Deliver Project Final Country Report: Madagascar. Arlington, Va.: USAID | DELIVER PROJECT, Task Orders 4 and 7.*
Malawi • UNFPA **always supports the government system, while USAID use their parallel systems** (JSI initially, now Chemonics). No discussion on integration of parallel SCM systems in 2017. DFID tried to do that (re-integration of supply chains) but did not succeed.	• Interview, UNFPA CO, Malawi
Malawi • There are **many different supply chains operating in Malawi's public health sector**, managed by various donors, partners, and outsourced service providers. Some products are "pushed" to districts and health facilities, **some are "pulled", and some use a combination of approaches**. As USAID, JSI, CHAI and others have depicted graphically, **there is a patchwork of different systems used by different funders and procurement agents, which has built up over time and in the face of various challenges in Malawi**, for the various categories of products (general medicines, ARVs, STI medicines, TB drugs, anti-malarials, family planning, vaccines, nutrition products) being stored and distributed	• DFID Malawi, *Evaluation report for DFID/IHS Malawi – May 2016*
Infrastructure and storage	
Nepal	• Government of Nepal MoHP Department of Health

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
• **Storage spaces at the centre, Regions and Districts in Nepal are becoming inadequate**, since the introduction of the free drug policy and new programmes. Major infrastructural expansion and improvement is required in the Central and regional stores **unable to cope with the volume and challenges related to proper storage of medicines**. A policy of exclusive use of stores for medical consumables is needed and must be reinforced.	Services, *National Reproductive Health Commodity Security Strategy, 2015*
Nigeria • The Kaduna State CMS was basic. **Contraceptive commodities were stored in two separate areas, and boxes were piled on top of each other with the most recent at the bottom (and the hardest to get to) in rooms that weren't temperature controlled**. The Health Commissioner indicated that they are looking to relocate and develop a modern warehouse. He noted that they were working with the Transformation Project to support integrated LMIS and LMD in 28 facilities, relying on 3PLs. Using 3PLs is a stop gap measure, as they would prefer to use their own vehicles to distribute directly to the PHCs. This system does not include family planning, as the review and resupply meetings are in place in Kaduna for contraceptive commodities.	• Observation: Visit to Kaduna State CMS , Nigeria • Interview: State Health officials, Kaduna
Madagascar • In Madagascar, several issues affect the implementation of CHANNEL negatively, including **lack of regular power supply** in 40% of health facilities, maintenance issues, work overload due to limited number of staff trained in CHANNEL, staff mobility at all levels, difficulties accessing internet to enter data. (p. 13, 19)	• UNFPA, Madagascar, *Rapport annuel fonds thématiques pour la sante maternelle & programme global pour la sécurisation des produits pour la sante reproductive Madagascar, 2013*
Madagascar • A challenge in Madagascar is the **lack of sufficient storage capacity and security** of the PhaGF, due to the lack of compliance with standards for infrastructure (translated from French). There is a lack of financing for storage and transport for products coming through vertical programmes. p. 19-20.	• MoH (2015) Madagascar. *Plan De Développement Du Secteur Sante 2015-2019*
Transport and reaching the last mile	
Online Survey • **Delays in delivery of commodities to health facilities** were noted as a key challenge by 12% of online survey respondents	• On-line survey. Responses to Question 12

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
Togo • Supply chain problems in Togo are mainly due to **transport**. Often the health facilities' staff have to go to the district with their own private transport, to pick up family planning products. These products are also not profitable for the health facilities, so they are not as motivated to invest in their supply. Another related challenge is the quantification of needs due to lack of capacity to calculate these needs. p. 12	• Ministère de la Santé (2015). *Besoins non satisfaits en planification familiale et segmentation du marché des contraceptifs au Togo. Rapport définitif*. Août 2015
Haiti • "Programme de Médicaments Essentiels" (PROMES) **does not have capacity to go to last-mile**, in particular in very remote areas in Haiti. Facilities are unable to go out and seek products for facilities at the departmental warehouses.	• Interview, MoH, Haiti
Sierra Leone • In Sierra Leone, there are major **challenges in reaching the last mile** (down to primary health units but often even to district level) – due to lack of funding for distribution, lack of fleet and delivery plans, and fragmented supply chains for Free Health Care products	• Interview, RH/FP Programme, MoHS, Sierra Leone • Interview, World Bank Office, Freetown
Lao PDR, Sierra Leone • In many countries (Lao PDR, Sierra Leone), there is **no specific budget at district (or even national) level for distribution**, including fuel for vehicles. The result is more informal, unscheduled "pick-ups" than deliveries	• Interviews, MoH and national Medical Stores, Vientiane and Freetown
Haiti • "The **logistics from CDAI [regional warehouses] to health facilities in Haiti is still the big problem**. To improve this issue, MoH will need material and financial resources. The supply chain management system remains a logistical challenge for the MoH because health providers in remote areas are not able to access commodities as they are not delivered to them and they do not have funds to cover the costs of transportation.	• UNFPA Supplies 2016 Annual Progress Report, p. 5 Haiti
Madagascar • The main difficulty related to SCM in Madagascar is that **some zones are very isolated and the districts have to use alternative strategies to distribute the commodities from the districts to the health facilities in those areas**. Some health facilities are even inaccessible by car or truck. Transportation/logistics is the main issue. Some partners support the last-mile distribution, but otherwise, the MoH must work with the local authorities (chef de district sanitaire) to make sure they transport the commodities to the health centres in collaboration with other local organizations and actors ("collectivités").	• Interview, MoH, Madagascar

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
Nepal • There are several **challenges with the last-mile distribution in Nepal**, due to the **geography** (mountains and inaccessible roads) and **weak capacity to manage LMIS at sub-district level**. The main issue is that **commodities do not move beyond the district warehouses** and there are frequent stock-outs in health facilities in the periphery.	• Interview, UNFPA CO, Nepal • Interview, Family Planning Association of Nepal (FPAN)
Togo • Togo has sufficient funding for family planning commodities. However, **there are still periodic stock-outs**…not **due** to lack of funding, but **rather to weaknesses in the supply chain**. Commodities sometimes arrive too late in the country, and too late in the health facilities.	• Interview, UNICEF Country Office, Togo
Haiti • UNFPA Haiti had sufficient funding to meet the need for commodities. The main issue was that there was not sufficient funding for SCM strengthening, and the **"last-mile-distribution" is generally underfunded** in Haiti. Stock- outs therefore continue to persist, even though there are enough commodities in the country.	• Interview, UNFPA CO, Haiti
Sudan • The NMSF is delivering to three localities in North Darfur only and **other localities have to come to the capital Al Fashir to collect their commodities**. This is often done in an **inconsistent manner and affects availability of family planning commodities at some health facilities**. Two localities refused to collect contraceptives in the last three months and reported that the commodities they had were not moving; they were overstocked at health facilities	• Note of field visit to North Darfur State, 21-23 October 2017, Sudan
Sierra Leone • There are major problems in distribution, both in the first and last mile. The first mile is defined as distribution from the CMSs to the DMSs. The last mile is from the DMSs to the Primary Health Unit.	• Interview: RH/FP Programme, MoHS, Freetown
Lao PDR • Distribution is a challenge in Lao PDR, due to i**nsufficient vehicles, no cohesive distribution plan** • Integrated distribution is starting (at central level, where there are three trucks). **Most provinces don't have trucks, and districts pick up from their provincial stores** (usually by motorbike, so one item at a time). • There is **serious fragmentation at district level** (e.g. the malaria person can only pick up the malaria products). Budgets for distribution are still weak (and CHAI was not allowed to work on distribution, as they began their supply chain support technical assistance). There are many remote villages and health centres, which are difficult to reach, especially in the rainy season.	• Interview, CHAI, Vientiane • Interview, Medical Products Supply Centre, Vientiane

<table>
<tr><th>Evaluation Question 5: Strengthening systems and capacity for supply chain management</th><th>Sources of Evidence</th></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="2">The prevalence of stock-outs and their effects</td></tr>
<tr><td>Sierra Leone
• Stock-outs of at least some methods are prevalent in some countries.
<table>
<tr><td colspan="4">Percent of SDPs reporting a stock-out of a modern contraceptive method on the day of the survey (2013-2016)</td></tr>
<tr><td>Year</td><td>2013</td><td>2015</td><td>2016</td></tr>
<tr><td>Male Condoms</td><td>8.1</td><td>9.9</td><td>6.6</td></tr>
<tr><td>Female Condoms</td><td>11.6</td><td>23.8</td><td>36.8</td></tr>
<tr><td>Oral Contraceptives</td><td>9.3</td><td>7.9</td><td>14.2</td></tr>
<tr><td>Injectables</td><td>15.1</td><td>5</td><td>43.4</td></tr>
<tr><td>Emergency Contraceptives</td><td>26.9</td><td>42.6</td><td>49.1</td></tr>
<tr><td>IUDs</td><td>17.3</td><td>37.3</td><td>46.7</td></tr>
<tr><td>Implants</td><td>20</td><td>28.8</td><td>48.1</td></tr>
</table></td><td>• UNFPA Supplies, Annual GPRHCS Facilities Surveys, Sierra Leone, 2013, 2015, 2016.</td></tr>
<tr><td>Lao PDR
• Definition of stock-out: Stock-outs may not be reported by health centres, if they have at least another family planning method in stock (when asked, they often say they don’t have stock-outs – although facility surveys and other reports show otherwise – because staff do not seem to believe it’s a stock-out, if one or two or three types of commodities are stocked out, as long as they can provide an alternative).</td><td>• Interviews and observations, health centres and district stores, Lao PDR</td></tr>
<tr><td>Haiti
• Stock-outs continue to persist in Haiti because health facilities do not have any financial incentives to seek the products from the district warehouse, lack capacity and skills, and have a culture of waiting until the last product is gone before they think about ordering new commodities, despite the fact that they have received training multiple times.</td><td>• Interview, MoH, Haiti</td></tr>
<tr><td>Haiti
• UNFPA Supplies funding has been insufficient to strengthen the SCM system, in particular the last mile distribution. MoH with all development partners just developed an Action Plan for the Integrated SCM System in Haiti, but it is underfunded. UNFPA Supplies can only contribute with 80,000 USD, whereas Global Fund and USAID each provide 2 million USD for distribution of the commodities they fund. The lack of funding for the last-mile-distribution causes stock-outs to persist.</td><td>• Interview, UNFPA CO, Haiti</td></tr>
</table>

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
Malawi • The current stock-out levels is 1-2% at district levels for at least five Modern Family planning methods and 5-10% at Facility and grassroots levels. The **efforts are being made to reduce this stock-out levels** at all levels of service delivery.	• UNFPA supplies, Malawi CO, Narrative annual report, December 2016
Nigeria • In 2016, the proportion of **SDPs reporting no stock-outs in the last three months was 61%** against a milestone of 80% for 2015 and the 78% achieved for 2014. Increased stock-outs were most acutely felt in secondary health facilities. This increase was due to the transition to an integrated system from the previous approach of review and resupply. The new approach entails centralized distribution of all health commodities in the states with state ownership of the process and address the challenges of last mile distribution. p.1.	• UNFPA Nigeria, Annual Review Summary Sheet, Access to family planning Commodities (AFPC) Programme in Nigeria, 2016
Nepal • Nepal – **Stock-outs of commodities at peripheral health facilities [in Nepal] has become a challenge** as there are stock-outs even at the central level.	• UNFPA, Mid-year progress report on activities Funded through GPRHCS in Nepal. 2015
Forecasting, push/pull, ordering and management	
Sierra Leone • The **push system** is still the main method for allocating RH/FP commodities and, partly as a result, **PHUs do not get the commodities they really need and can use.** There is a need to move to a pull system where distributions and shipments are based on real consumption data	• Interview: WHO Freetown, Sierra Leone
Haiti • Under the MoH contraceptive products supply model in Haiti, the management of the supply is weak and fragmented. No authority at the Ministry of Health totally manages the supply chain; it is rather different actors who have partial responsibilities at the different levels of the supply chain. The **communication and coordination levels are weak.**	• UNFPA Supplies, 2016 Annual Work Plan, Justification. (Haiti)
Nepal • Use of **LMIS data for supply decision making** at the district level in Nepal is **not optimal**. There is a need for strengthening LMIS, through electronic means, for faster reporting and corrective action.	• Government of Nepal MoHP, Department of Health Services, National RHCS Strategy- 2015
LAO PDR	• Interview, CHAI, Vientiane

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
• Data **and data utilization are a weakness**, which mSupply is helping to alleviate in Lao PDR. UNFPA has been supporting the programme, leading the effort for MPSC and MCH's **forecasting working group** (which meets at least twice a year). They have developed tools and are using them to assist with forecasting. They use DHIS2 data (reported consumption data), and in time it is planned that the mSupply dispensing/stock data (which is transaction based) will be integrated into the DHIS2.	
Assumption 5.2: UNFPA Supplies (through Country Offices) **collaborates effectively with country officials**, to enable **introduction and roll-out** (with requisite training) **of required new manual and automated supply chain management systems** and procedures **including LMIS**, inventory management, distribution to the last mile, track-and-trace mechanisms, etc.	
Support to LMIS and the use of CHANNEL Software	
Lao PDR, Nigeria, Sierra Leone • UNFPA Supplies **supports eLMIS systems in most countries**, using **CHANNEL** in some countries (e.g. Nigeria, Sierra Leone), but **integrating with government's chosen system** in others (e.g. mSupply in Lao PDR, where the system is rolling out with some success (and with UNFPA support), but there are **concerns about sustainability** (e.g. ability to pay for the annual license for the software).	• Interviews, MoH and UNFPA COs Vientiane, Abuja, Freetown.
Sierra Leone • **CHANNEL** does **need to be upgraded to be web-based and should be made inter-operable with DHIS2** which is already web-based. • If CHANNEL can be **put on-line and linked to the DHIS2 data on consumption** it would very much help the **District Health Management Team** (DHMT). • CHANNEL is a flat file with output in the form of excel files but it **needs to be upgraded to allow for more and better queries.** The information is in there but it is very old fashioned in how it is accessed. It needs an upgrade and needs to be web based.	• Interview: RH/FP Programme, MoHS, Freetown • District Health Management Team, Western Region, Urban (Freetown) • Interview: District Health Management Team, Port Loko District
Sierra Leone • **M-Supply**, which is proprietary software with subscription fees and maintenance costs, **may not be sustainable in comparison to CHANNEL**. DPPI is concerned that the Global Fund seems to be advocating so strongly for the use of the M-Supply software which is proprietary (with subscription fees) and will require ongoing support which MoSH perhaps would not be able to fund.	• Interview: Directorate of Policy, Planning and Information, MoHS, Freetown
Nigeria • "*UNFPA supported implementation of its Channel software (from 2015 onwards) and was adopted by the FMoH in 2016 as the standard to be used at national and state level as part of the NSCIP.* ***UNFPA and***	• Horstman et al, 2017, p. 28 - Nigeria

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
partner have built the capacity of federal and state personnel to use the software as well as strengthen the logistics management units at state level on a range of functions including forecasting, warehousing, integrated last mile commodity distribution, reporting as well as data analysis*. Commodity quantification has been given specific attention in order to replace the former review and resupply meetings where this activity took place."*	
Togo • UNFPA staff and *MoH staff have been trained in the **CHANNEL software*** and are now analyzing how this system could be implemented at national level. Channel has not yet been implemented though.	• Interview, UNFPA CO, Togo
Togo • "There has been an improvement with UNFPA Supplies, because before, we [MoH] used to estimate needs/quantify based on products distributed, but now needs are estimated based on consumption. Stock management has also improved. Before, we [MoH at central level] did not even have any information about the stock levels. Now we do, through the DHIS2, which is also supported by UNFPA". "**The most significant system improvement of UNFPA, has been the support for the DHIS2 (RMNCH indicators), which also includes data on stock levels in the facilities**."	• Interview, MoH, Togo
Haiti • UNFPA funded different activities to strengthen SCM in Haiti, including: **CHANNEL**: training, software, IT equipment. However, **there is a need to conduct refresher training and supervision, because of staff rotation and because service providers need support to use the software correctly**. Health facilities still use paper-based forms which they send to the districts. The districts compile and submit the data to the central level. Funds are insufficient to train a critical mass of logistical technicians.	• Interview, MoH, Haiti
Haiti • There are two LMIS software systems used in Haiti – CHANNEL supported by UNFPA and a system introduced by USAID. **The MoH prefers the CHANNEL system which they would like rolled out in all health facilities, but the issue is lack of funding**.	• Interview UNFPA CO, Haiti
Madagascar • UNFPA also supported the introduction of **CHANNEL for family planning products in Madagascar**, which has adopted by the MoH as the official tool to manage all health products. Unfortunately, the software is only installed in districts and hospitals, while **health facilities continue to use paper-based data forms** because of lack of electricity and/or IT equipment.	• Interview, UNFPA CO, Madagascar
Madagascar	• Interview, MoH, Madagascar

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
• The MoH in Madagascar has **adopted CHANNEL as a national system and has implemented it in all districts**. However, the **results are much better in districts supported by UNFPA** because of the additional supervision and maintenance (which the other districts do not receive). UNFPA supports 19 health districts in 3 regions (CHANNEL and other interventions)	
Madagascar • In 2015, **UNFPA Supplies continued to support the CHANNEL** system through training of 350 service providers/managers at central, regional, district and facility level in Madagascar; the provision of CHANNEL management tools to public health facilities; supervision and maintenance field missions; and provision of equipment and internet connection.	• MoH (2015) *Madagascar. MoH annual progress report 2015*
Madagascar • Several issues **affect the implementation of CHANNEL negatively in Madagascar, including lack of regular power supply in 40% of health facilities, maintenance issues, work overload due to limited number of staff trained in CHANNEL**, staff mobility at all levels, difficulties accessing internet to enter data. (p. 13, 19)	• UNFPA CO, *Rapport annuel fonds thématiques pour la santé maternelle & programme global pour la sécurisation des produits pour la santé reproductive Madagascar, 2013*
Nepal • "UNFPA supplies is one of the crucial partners (to the government) in supporting the strengthening of the supply chain in the country. **The public private partnership in two districts to distribute commodities below the district level was effective in reducing the stock-out**. Their support in strengthening **online inventory management system is praise worthy**. Currently **93% of district health offices have functional online inventory management system**. Training health workers in basic logistics and pull system is also another important milestone in strengthening supply chain. Working together with USAID – UNFPA supports in quantification and forecasting. "	• Interview with MoH, Nepal
Nepal • Nepal has a pull-system from health facility to district. MoH has a paper-based LMIS system at health facility level, but it is online at district level. The LMIS system in health facility sends report to districts every quarter, but the **districts have difficulties supplying the health facilities on time, because we do not receive their reports on time, because they are paper-based**. There are more than 2000 health facilities in 75 districts in Nepal, and the MoH cannot provide all of them with IT equipment. There are **challenges in forecasting because the LMIS reports are delayed, which causes delays in supply, and thus stock-outs**. The MoH will start piloting e-LMIS in health facility level with USAID and UNFPA support in 22 districts	• Interview MoH, Nepal

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
Nepal • The **use of LMIS data for supply decision making at the district level in Nepal is not optimal**. There is a need for strengthening LMIS, through electronic means, for faster reporting and corrective action.	• Government of Nepal MoHP Department of Health Services, *National Reproductive Health Commodity Security Strategy- 2015*
Nepal • Up until 2017, UNFPA Supplies funded the electronic inventory management system. From now on, **UNFPA Supplies will support e-LMIS**, which is a similar system, but with different software and operating mechanisms (e-LMIS has more feature). UNFPA Supplies will focus scarce resources to support the government in scaling-up e-LMIS. It will be piloted in 22 districts, and slowly be rolled-out to cover health facilities as well.	• Interview, UNFPA CO, Nepal
Lao PDR • **Data and data utilization are a weakness**, which **mSupply** is helping to alleviate in Lao PDR. UNFPA has been supporting the programme, leading the effort for MPSC and MCH's **forecasting working group** (which meets at least twice a year). They have developed tools and are using them to assist with forecasting. They use DHIS2 data (reported consumption data), and in time it is planned that the mSupply dispensing/stock data (which is transaction based) will be integrated into the DHIS2.	• Interview, CHAI, Vientiane
Lao PDR • In Lao PDR, **UNFPA does not use its CHANNEL eLMIS system**, unlike in many other countries. In Lao PDR, UNFPA coordinates and integrates with government and other partners for support to the supply chain, and **supports CHAI and MoH in their efforts to introduce and roll out the "*mSupply*" eLMIS system to enhance stock visibility and management in the system**. The concern as *mSupply* continues to be expanded all over the country, is the sustainability/cost – how Lao PDR will be able to afford the licenses to keep the programme in use.	• Interviews, UNFPA CO, CHAI, Medical Products Supply Centre, Vientiane
Assumption 5.3: UNFPA Supplies has access to **high-quality supply chain management systems and to capability/expertise**, and the **ability to convey these and to share technologies** (for example CHANNEL software) with the 46 programme countries.	
Technical capacity of UNFPA Supplies	
Sierra Leone • UNFPA has had the **necessary expertise in its CO or from other sources** to provide support to developments in the SCM area, particularly in the area of LMIS and the CHANNEL software.	• Interview: DDMS, MoSH, Freetown
Global Document	• UNFPA, *UNFPA Supply Chain Management Strategy:*

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
• As part of its **new draft Supply Chain Strategy 2018-2021**, UNFPA notes that "In addition to UNFPA's role as a provider and procurer of products, UNFPA must also support national and sub national governments to establish and maintain SCs that deliver those products to the last mile." p.6. • The document also states that one of the desired four outcomes of the Strategy is: "Outcome 4: Improved internal SC capacity aligned with UNFPA's SC mandate at all levels." P.4. • However, it states that **SCM capacity is a challenge for the organization**: "Currently, UNFPA's major weaknesses stem from **inconsistent levels of organizational capacity** in SCM at all levels – headquarters, regional, and COs. • Current hiring processes, job descriptions, and activities **do not adequately convey expectations for staff members' roles and responsibilities related to SCM and UNFPA's SC mandate**. There is also a lack of alignment of processes across internal units so that the necessary activities are prioritized, and information is flowing through the organization to ensure each level and unit has the data required to be responsive to country and beneficiary needs." p. 8.	*2018-2021 (Final Draft December 14, 2017)*
Global Document • The new **UNFPA Supply Chain Strategy** notes results of a recent SWOT Analysis, which showed: "Another opportunity is the Global Visibility Analytics Network (VAN) for Family Planning, coordinated through RHSC. **This initiative should provide UNFPA with greater visibility into country level data as countries adopt improved electronic platforms to capture, transit, and manage logistics information**. • As more of this data is accessible centrally and to UNFPA country offices, **it can streamline decision-making and improve allocation of resources.** Conversely, the Global VAN for family planning should enable UNFPA to serve clients better by providing more up to date information on shipments, increasing UNFPA's attractiveness as a procurement agent." p.9.	• UNFPA, *UNFPA Supply Chain Management Strategy: 2018-2021 (Final Draft December 14, 2017)*
Nigeria • In 2015, UNFPA supported 45 national and 350 state programme officers from 14 states to improve their knowledge of logistics management and **last mile delivery using integrated systems**. A total of 70 service providers were trained in the streamlined Logistics Management Information System in 3 states including capacity building for the Logistics Management Coordination Unit (LMCU) responsible for implementing integrated last mile delivery of public health commodities. (pg.17)	• UNFPA Nigeria, *Joint Thematic Trust Funds Annual Progress Report, 2015*
Madagascar • UNFPA Supplies supported an **innovative strategy** in Madagascar **using mobile technology to reduce maternal deaths and stock-outs at health facilities** through a "SMS project" covering 5 UNFPA supported	• UNFPA, Madagascar, *Rapport annuel fonds thématiques pour la sante maternelle & programme*

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
districts. Mobile phones (SMS) are used to notify maternal deaths and stock-outs to MoH at central level. The data is published at MoH website to improve informed decision-making. Between November 2012 and end of December 2013, a total of 200 incoming SMS were registered by. The national logistics committee use these data to "anticipate potential stock-outs of RH products" (p. 6-7)	*global pour la sécurisation des produits pour la sante reproductive Madagascar, 2013*
Global Document • A recent **JSI review** of SRH/FP supply chains found: ***UNFPA has a fundamental role in supply chain (SC) strengthening upstream and at the national level, but is not well placed to be a SC implementer in most countries* (pg.2)**, and is perceived as *"Not well equipped to carry out direct implementation of SC interventions/ operations ("doing" SC); Not strong at last mile distribution;* and has *Parallel investments that are not coordinated/aligned with country plans* (pg.5). The review also found that UNFPA has ***Weak CS coordination structures in countries*** (pg.11); and regarding HR: ***Limited staff and competing priorities mean staff are spread thin and cannot always focus on CS and SC needs*, and *Inconsistent level of competency in key central-level SCM functions like supply planning and effective coordination affects performance*** (pg.13). • The review further found that: *Large SC investments are usually required to improve SC performance;* ***UNFPA is not currently set up to invest at this level****…*and *The presence of other partners/donors working on SC in a country affects UNFPA's relative role for SC strengthening; in countries with limited support, the SC role of UNFPA is much more critical (pg.14).*	• JSI for UNFPA, *Strengthening Reproductive Health Supply Chains: A Collaboration between UNFPA and JSI – Executive Summary March 2017*
Assumption 5.4: At the country level, UNFPA Supplies support **focuses on providing incremental value** (adding to the efforts of government and others without duplication), supporting **sustainability**.	
Integrating programming to add value to work of other partners	
Lao PDR • In Lao PDR UNFPA is appreciated as a partner that **works in an integrated approach** with government and other partners, rather than in parallel. UNFPA works with government departments to support efforts toward capacity building, outreach, provision of family planning products, and transition planning. Some feel UNFPA is well placed to take the lead among donors on supporting the government and partners toward a more coordinated approach to transition planning and building sustainability for programmes.	• Interviews, CHAI, UNICEF, MoH Mother and Child Heath department, Food and Drugs Department, World Bank, PSI, Vientiane
Lao PDR • UNFPA in Lao PDR works to **complement what other entities and donors/partners are doing**, contributing to the larger whole rather than duplicating or conducting activities in parallel. UNFPA's work focuses geographically on four of the poorest and most remote districts in Savannakhet province, as well as providing support for more nationwide efforts including mSupply, trainings and toolkits for health workers	• UNFPA, *Country Narrative Report 2016, Lao PDR*

Evaluation Question 5: Strengthening systems and capacity for supply chain management	Sources of Evidence
and new midwives, supporting outreach to youth and other groups through Lao Women's Union, Vientiane Youth Centre, APHA, Non-Formal Education Centre, and others. • The 2016 Country Narrative report states: "**As the focal point for the FP2020 movement in Lao PDR, UNFPA plays an important role of bringing partners together**. The Government of Lao PDR made its Commitment to FP2020 in early 2016, since then efforts have been made to develop a CIP, based on the existing RMNCH Strategy. • UNFPA **assisted MoH to convene several meetings to bring key partners together to support the process**. Final consultation was conducted in late 2016 as part of a bigger planning workshop that brought all eighteen provinces together with development partners including NGOs to finalise the plan."	
Madagascar • In Madagascar, **UNFPA supported the establishment of the Logistics Coordination Committee and its Technical Unit for Logistics Management**, of which UNFPA is a part. UNFPA also holds meetings monthly of another logistics sub-committee, to closely monitor family planning stocks status in the country. This sub-committee is composed of MoH, PSI, MSI, IPPF, USAID and UNFPA.	• Interview, UNFPA CO, Madagascar
Madagascar • In 2016, **UNFPA, the Global Fund and the World Bank funded the distribution of commodities from the district warehouses to the health facilities in Madagascar** [a joint effort]. However, it was just punctual support (a pilot) and ended early 2017.	• Interview with SALAMA (CMS) in Madagascar, 12 January 2018
Madagascar • **UNFPA Supplies in Madagascar supported the integration of an RH Commodity Security training module** into pre-service training of health care providers.	• MoH Madagascar, *Annual progress report 2015*
Nepal • In Nepal, "**UNFPA closely collaborates with USAID and other development partners under the leadership of LMD in the annual forecasting and quantification of commodities** and drugs. The information available from consumption data of LMIS, service statistics from HMIS and other relevant sources are analysed to reach a consensus forecast. p.4.	• UNPFA Supplies, *Annual Narrative Report 2016, Nepal*

Evaluation Question Six: Improving programme coordination and management	
Evaluation Question 6:	To what extent have **the governance structures** (UNFPA Supplies Steering Committee) **management systems and internal coordination mechanisms** of UNFPA Supplies **contributed to** overall **programme performance?**
Sub-Questions:	a) To what extent have the UNFPA Supplies Steering Committee and UNFPA programme managers (headquarters, regional and COs) been effective in **providing strategic direction and oversight** to UNFPA Supplies as well as **internal**

	programme coordination at the global, regional and national level? Are Steering Committee members satisfied with the current governance structure? b) Have systems for **work programming, budgeting, review and approval** been effective at the global, regional, and country level? Has UNFPA Supplies been **effectively integrated into UNFPA country programmes**? c) Has UNFPA Supplies been able to assemble and deploy the **required human resources with the appropriate mix of skills and capabilities** to effectively support programme implementation at global, regional and national levels? To what extent have the **systems for results-monitoring, reporting and accountability** for UNFPA Supplies been effective? Have they contributed to **learning and knowledge management** and to ongoing programme management?

Evaluation Question 6: Improving programme coordination and management	**Sources of Evidence**
Assumption 6.1: Systems for work planning, budgeting, approval and review of UNFPA Supplies at the country level incorporate **meaningful participation by national health authorities, implementing partners and other key stakeholders**.	
Work planning and budgeting at country level – fit with national needs	
Lao PDR • Two INGO implementing partners –CHAI and PSI noted that **UNFPA funding was less desirable due to the administrative and bureaucratic burdens UNFPA places on these implementing partners**. **Delays in funding from UNFPA, demands and bureaucracy lead these partners to say they will not seek UNFPA support again in future**. The process for allocation, disbursement, year-to-year unknowns is difficult, they note. UNFPA uses government-led but also UNFPA-led plans (provinces develop budgets each year, but UNFPA "already has the budget in mind" and they don't match. CHAI is funded through a government allocation from UNFPA, which places CHAI in an odd position because the funds have become government money, and government has to justify each release of funds to CHAI (causing large arrears due – e.g. all of the 2017 funding from UNFPA to CHAI was in arrears to CHAI at the time of this Dec 5 interview).	• Interviews, CHAI and PSI, Vientiane
Nigeria • UNFPA was described as **a very responsive and visible partner and supportive**. In addition, UNFPA provided step-down training for Supply Chain Management. UNFPA (sub-CO in Lagos) **has also successfully advocated for getting counterpart funding relea**sed from the state.	• Interview: Lagos State MoH (Lagos) and Dir. of Pharmaceutical officials, Lagos
Nigeria • The UNFPA sub-office covers Lagos State and some other states in the Southern region of Nigeria and **works in partnership with IPs in the family planning space**. UNFPA supported the Sayana Press pilot. The National Urban Reproductive Health Initiative (NURHI) **trained service providers, mainly midwives on injection of *Sayana Press***. CHEWs did not receive the training on *Sayana Press* as the midwives' association (which is quite influential in Lagos State) is resistant to the task-shifting policy and the idea of CHEWs administering LARCs.	• Interviews: UNFPA Nigeria CO, Lagos

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
• **Partnership with State Government**: The Lagos State government is a forward looking one and has been quite supportive of family planning activities. There has also been continuity in programming because the commissioner of Health has been in the leadership of the State MoH for almost 12 years. The state is focused on supporting the achievement of the national CPR target (36%) of which Lagos State is expected to contribute toward achieving the target by 74%. Through the UNFPA supported Government Counterpart Cash Contribution, the government funds consumables, LMD, capacity building, demand creation and other activities. • In 2011, **UNFPA, USAID and other partners advocated for more investment in family planning programming**. That was a catalyst for the improvements recorded. FP2020 has also helped greatly especially with the establishment of targets. One UNFPA staff person indicated that it would be good to establish targets at LGA level and below. • However, **the Lagos state government does not yet have ownership of the programme even as it has provided funding for commodities**. In terms of service delivery and demand creation, the funders and donors provide direction and leadership to the government. There are a few coordination forums at national and state levels.	
Sudan **MoH concerns about UNFPA Supplies**: • 11 States were selected for community outreach (six stated from UNFPA Supplies) and five Darfurs through the Common Emergency Response Fund (CERF)/Common Humanitarian Fund (CHF)). **Of these, UNFPA focus states were selected in 2013 and have not been revised since**. The circumstances in the country have changed and they should have more flexibility to change the focus states within the period of the Country Programme Assistance Plan. • Although UNFPA has done some **training** - for example 200 or so midwives – there are 22,000 midwives. 25 obstetricians were trained **to insert implants** with the understanding that they would each train another 20 people but **the monitoring of this commitment is not clear**; two trainings for medical officers; two trainings for sisters (Registered Nurses). • In **the last two years, there have been no funds from UNFPA for training** so the government has paid and also received some from JICA (for example, in Jazera).	• Interview, MoH, RH Unit, Khartoum
Sudan • Decisions about commodities (type and quantities) **taken after consultation between UNFPA, the state MoH and the NMSF.**	• Note of field visit to North Darfur State, October 21-23 2017.

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
Sudan **Decision making** • In **2016, the budget cuts** meant that many of the activities agreed upon by UNFPA and the MoH were no longer affordable. The decisions about what to cut were taken in a way that meant technical staff were not consulted. As a result, some priorities were cut while other less important activities were retained.	• Interview, MoH, RH Unit, Khartoum.
Nepal • Implementation of **planned activities in 2015 were delayed due to ongoing humanitarian crisis as well as the frequent transfers and staff changes in the government personnel,** and delays in receiving complete financial reports based on expenditures from the districts.	• 2016 C*ountry **annual joint reporting**; for the reproductive health thematic trust funds (TTFs) and joint programmes* (JPs) (Reporting period **2015**)
Nepal • Technical and financial support was provided to the family planning unit at the Family Health Department to organize several family planning Sub-Committee Meetings in 2013, which has **enabled better co-ordination amongst the government and its external development partners for strengthening RHCS/FP programme**. These meetings, which were jointly funded through GPRHCS and regular resources, have also been instrumental in promoting national ownership and in avoiding duplication of resources amongst different partners.	• Annual joint reporting for the RH thematic funds RHCS/FP, UBRAF and MHTF (reporting 2013)
Global • Considerable **challenges persist in programme management. "** For example, plans tend to be short-term with little medium or longer term perspective, key processes, including future year forecasting of supplies) occur late in the year, there is a **lack of strategic direction**, steering committee meetings occur without adequate preparation. These issues raise the need to review the skills base of programme staff and ensure skills are aligned with programme requirements. There also needs to be an appropriate balance between technical expertise and strategic and operational management capacity."	• UK DFID, *Annual Review Summary Sheet: Support to UNFPA's GPRHCS.* 2015. p. 2
UNFPA Supplies and national coordination	
Lao PDR • UNFPA is part of various TWGs and coordination entities, but World Bank and others note a **need for greater streamlining of the coordination mechanisms across programmes and partners**, especially as Lao PDR enters transition away from LDC status and as donors like GAVI scale back their support. A more pooled, coordinated effort is needed to build sustainability (a TMA conference is needed). UNFPA CO is	• Interviews, UNFPA and World Bank, Vientiane

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
part of the DPs' Health Financing sub-group convened by WHO…this could be a good forum to coordinate SRH planning around transition	
Lao PDR • Through the **UN Joint Programme** with UNICEF, WHO, UNFPA, there is strengthened coordination for the government's **RMNCH strategy** implementation (the Lao Government's new National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health (RMNCH) 2016-2025). UNFPA is leading SO1 – Family Planning with a focus on adolescents, and SO10 (data/HMIS), as well as SO11 (supply chain)	• Interviews, UNICEF, WHO, UNFPA COs, Vientiane
Nigeria • **Coordination between IPs has been key to success**: This has resulted in **harmonization of work plans, collaboration to avoid duplication of roles, and cost sharing**. The TWG has sub-committees which handle different functions. • Development of the CIP has also been key. There are however parts of the CIP that remain unfunded. The government has allocated funds to address the identified gaps.	• Group discussion, Implementing Partners attending Kaduna CSTWG, Kaduna State
Sierra Leone • The **Health For All Coalition are part of the Quarterly Reproductive Health Security Committee** which meets quarterly. It includes; UN agencies (UNFPA, UNICEF,) Government implementing partners and the donors.	• Interview: HFAC Head Office, Freetown
• UNFPA advocacy has also focused on revitalizing the **RHCS Coordinating Committee** (supposed to meet quarterly and chaired by the Director RH/FP of MoHS).	• Interview, UNFPA CO, Freetown.
• They thrashed out the problem of the FHC distribution not being able to incorporate RH/FP commodities during the weekly operations committee (every Thursday). The problem is **the committee works well operationally but does not deal with more substantive or policy related issues**. For that they needed to re-establish the Technical Working Group Supply which has just been agreed to by the DDMS • The Operations Committee includes: o UNFPA, John Snow Inc., the (DDMS), Management Systems for Health (MSH), WHO, JICA, DFID, US AID, UNICEF. It is separate from the TWG.	
Sierra Leone • UNFPA played a major role in re-establishing and **re-invigorating the Technical Working Group on Supply**. The Technical Working Group on Supply has been in existence since 2010 and was the platform where all those supporting the supply of family planning services and commodities meet. It includes Ministry of	• Interview, RH/FP Programme, MoSH. Freetown

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
Health, UNPFA, WHO, UNICEF, Marie Stopes Sierra Leone, the Planned Parenthood Association of Sierra Leone and all the partners working in Reproductive Health and Family Planning with RH/FP in the lead • UNFPA **provides financial and technical support to the TWG**. They provide a place to meet, transport, minutes and they follow up on decisions made. They also advocate and fight to get things done.	
Sierra Leone • **The World Bank participates**, along with UNFPA which provides support to the committee, in the RHCS Committee and the Health Partners Coordinating Committee	• Interview, World Bank Offices, Freetown
Sierra Leone • **The Operations Committee** meets on Thursdays with representation from UNICEF, UNFPA, DDMS, etc. **but it focuses as the name implies directly on operational issues.**	• Interview: UNICEF CO, Freetown
Sudan **Support to communication between national and state levels** • **There are persistent differences in the federal and state levels capacity and communication**. There is also a continued need to strengthen forecasting, distribution, stock management and significant gaps between state and localities especially in capacity, and supply chain information (e.g. consumption).	• Interview, UNFPA CO, Khartoum
Sudan **UNFPA support to coordination between MoH and MNSF** • Coordination between the UNFPA state level team and the MoH reproductive health unit is **quite strong**, besides the regular meeting, the communication and connections are very effective. **However, NMSF state branch is isolated**. For instance; NMSF state branch is not situated within the state-MoH office and does not closely work with MoH and other partners to develop distribution plans or re-supply requests. MoH identified this as one reason why there was an imbalance of commodities at some lower level sites with overstocking (expired commodities) in some facilities and stock-outs in others.	• Note of field visit to North Darfur State, 21-23 October 2017.
Haiti • "**UNFPA played very well its role as executive secretariat of the National Family Planning Coordination Committee**. Membership of this Committee included not only UNFPA, but also various departments of the Ministry of Health, USAID, French development Cooperation, MSH, UNICEF, UN Women, PROFAMIL (IPPF Affiliate), FOSREF, Faculty of Medicine of State University of Haiti and several other organizations." p.4.	• UNFPA Supplies *2014 Annual Progress Report*
Haiti • Haiti had established a **National Family Planning coordination mechanism** with participation of the key players in the sector such as USAID, UNICEF, IPPF (PROFAMIL/IPPF), FORSREF, VDH, MSH and other	• UNFPA Supplies *(2015). Annex Ttfs – Work Plan Haiti (2015)* – budget details

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
organization playing active role in supporting expansion to the family planning services. **UNFPA is playing the role of the secretariat** of the mechanism. • The **first task of the national coordination mechanism is the launch of the national family planning campaign** which was scheduled for the end of the year 2013. Members of the Family planning task force have well advanced on the task, however, due to the delays in getting standard package of communication materials approved and need to agree on the good language and common message the official launch of the campaign will take place in early 2014.	
Haiti • In 2016, "MSPP **supported by UNFPA held a round-table with all technical and financial partners to discuss how to more effectively promote the use of long lasting methods - mainly Implants and IUD**. UNFPA partner Profamil presented their successful strategy together with the governmental health department in the South East that has conducted several mobile clinics to very remote areas of Haiti. The meeting was an opportunity for all actors in the family planning field in Haiti to listen to lessons learned and exchange ideas on how to improve the poor uptake of long-acting and reversible methods. Discussions also addressed the need to increase access to modern methods of family planning immediate post-partum. At the end of the year, main partners of the ministry of health are promoting long lasting method around the country. Marketing organization is promoting IUD around the country. "p. 2-4. • "Following the round-table to promote utilization of modern methods (especially long acting reversible methods) in Port-au-Prince with all technical and financial partners of MoH including UN Agencies, participants agreed to maintain the focus on long lasting family planning methods."	• UNFPA Supplies *2016 Annual Progress Report*
Haiti • **Advocacy to harmonize the supply chain**. Meeting between UNFPA and the USAID partner to look for how we can harmonize the supply chain. At the end of the year, CHEMONICS has taken over the supply chain for USAID and UNFPA started to continue the discussion with them.	• UNFPA Supplies 2016 *Annual Progress Report*
Haiti • Another highlight of the past year [2013] **was establishment of the national mechanism for coordination of medical supplies, storing and distribution of pharmaceuticals**. This mechanism is chaired by the MoH and includes UNFPA, WHO and UNICEF. Under the umbrella of this mechanism USAID is funding construction of the new national warehouse facility, the requirements of the country in contraceptive and other supplies are being coordinated by USAID, WHO and UNFPA through a joint working mechanism. This enables to forecast well the requirements and to avoid stock-out/overstock situations.	• UNFPA Supplies (2015). *Annex Ttfs – Work Plan Haiti* (2015) – budget details
Madagascar	• Interview, UNFPA CO, Madagascar

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
• « UNFPA a appuyé **à la mise en place du Comité de coordination Logistique et son Unité technique de Gestion Logistique (UTGL) dont UNFPA fait partie** (…). UNFPA encadre mensuellement un autre sous-comité logistique chargé de faire le suivi rapproché sur l'état des stocks de contraceptifs dans le pays. Ce sous-comité est composé du MoH, PSI, MSI, IPPF, USAID et UNFPA. »	
Madagascar • In 2016, **UNFPA Supplies supported the organization of four quarterly meetings of the "RH/FP Partners Committee"**. UNFPA staff also participated in the two biannual and one annual review meeting; and H4+ coordination meetings.	• MoH (2016). *MoH annual progress report 2016*
Madagascar • UNFPA supported the MoH to establish the **Logistics Management Technical Unit and the Logistics Sub-Committee**. The first is responsible for policy development, approving the annual quantification, and strengthening the supply chains. The sub-committee is mainly for partners supporting RH/FP commodities in Madagascar. It meets monthly to discuss stock levels. In case of risk of stock-outs, it redistributes commodities between programmes/partner (UNFPA, USAID, PSI, MSM, FISA/IPPF, MoH	• Interview, UNFPA CO, Madagascar
Malawi • The **CO is a co-chair of the Country Engagement TWG family planning 2020** and has hosted 4 meeting since January 2017 both for regular deliberations and in preparation of the family planning 2017 London Summit preparations. Further to this they actively participated in the two MoH called family planning subcommittee meetings and RHCS technical working group meetings.	• Malawi Revised Mhtf/Supplies Awp 2017 Mid-Year
Malawi • "**Partnership between UNFPA, MoH and BLM (MSI affiliate) to increase uptake of LARC in hard to reach areas**. The UNFPA HQ has supported BLM with 40,000 pieces of Jadelle on this effect. There is a great anticipation that uptake of LARC will increase with emphasis to young people. • **Partnership is with Family Planning Association of Malawi on provision of SRHR services to young** people in Tertiary Institutions. • There is **partnership with WFP and UNICEF on Girls Education** programme with UNFPA working on SRHR. • **WHO and UNICEF** for adolescent girls programme on SRHR • **Linkages on HIV and SRHR integration with UNAIDS**. • There is **need to improve coordination mechanisms on Family planning programme between the USAID funded programme and UNFPA funded programme** as the two key providers of both commodities and capacity building on family planning in Malawi.	UNFPA, *Report on QPM indicators, mid-term, 20 July 2017*

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
• UNFPA CO will require **funds for a proposed coordination meeting with the stakeholders for increased and cemented working relationships on the programme in Malawi**."	
Nepal • UNFPA **is a key player on the family planning sub-committee under the Department of Health.** They meet regularly and UNFPA is one of "key actors". UNFPA contributes with analyzing family planning data, providing technical support etc.	• Interview, FPAP/IPPF, Khatmandu
Nepal • "**UNFPA is key partner for LMD/MoH** in supply chain management. They are part of various committees under the LMD like LMIS task force committee, Pipeline monitoring committee and other. Their presence is crucial to provide strategic direction. "	• Interview, MoH, Khatmandu
Nepal • **UNFPA being one of the donor focal points for FP2020, has been coordinating and communicating with FP2020 secretariat, and also convening national level meetings**. Following the meeting in Bali, in accordance to the agreed action plan consensus workshop has been completed among the relevant stakeholders that agreed on the number of indicators to be reported from Nepal and the baseline statistics for the country. UNFPA, USAID, FHD and NHSSP participated in two rounds of Skype meeting with FP2020 secretariat where updates related to action points were shared. Resource mobilization plan for CIP was also discussed during the meeting.	• UNFPA Nepal, *Mid-Year Report, UNFPA Supplies, June 2016*
Togo • **Coordination among partners has much improved over the last couple of years.** With the MUSKOKA initiative, UNICEF, UNFPA, WHO and UN Women collaborate more closely. Since 2016, there is a RMNCH coordination group (includes AFD/Muskoka, World Bank, ADB and the UN agencies), which helps coordinate support and interventions better, and create better synergies. UNFPA chairs this new committee.	• Interview, UNICEF CO, Togo
Togo • **UNFPA supports the MoH Maternal and Child Health Division** to improve overall coordination, and in advocating for additional funds. UNFPA is "heading" the partners in terms of coordination. Although they invest in mobilising additional funds, there is not yet any concrete additional funding for family planning.	• Interview, MoH, Togo
Togo **In 2013-2014, national coordinating mechanisms for commodity security did not work well :**	• *Plan Stratégique National 2014-2018 de Sécurisation des Produits de Santé de la*

<table>
<tr><th>Evaluation Question 6: Improving programme coordination and management</th><th>Sources of Evidence</th></tr>
<tr><td>

« Il existe au Togo des organes de coordination des interventions en matière de SR. Au niveau central, il y a le Comité National de Sécurisation et d'Approvisionnement en Produits SR. Dans les régions et districts, les équipes-cadres de régions et de districts assurent, dans une certaine mesure, la coordination des interventions. Egalement, à l'intérieur de chacun des volets de la SPSR (PF, SONU et VIH) il existe des mécanismes de coordination des interventions.
Cependant, il ressort du processus de diagnostic approfondi que les différents mécanismes de coordination mis en place sont peu fonctionnels. Les réunions étaient rares et pas conformes au calendrier établi. Par exemple, en 2012 le Comité National de Sécurisation et d'Approvisionnement en Produits SR qui avait pour tâche de faciliter la mise en œuvre du plan stratégique SPSR échu ne s'est pas du tout réuni. »

</td><td>Reproduction et de Programmation Holistique des Préservatifs du Togo, p. 20</td></tr>
<tr><td>Online Survey Question 15 Results
<table>
<tr><th colspan="6">Q 15 Does UNFPA participate in country based reproductive health coordination platforms?</th></tr>
<tr><td></td><td>Eng</td><td>FR</td><td>SP</td><td>Total</td><td>%</td></tr>
<tr><td>Yes</td><td>46</td><td>30</td><td>5</td><td>81</td><td>98.78%</td></tr>
<tr><td>No</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0.00%</td></tr>
<tr><td>Don't know</td><td>1</td><td>0</td><td>0</td><td>1</td><td>1.22%</td></tr>
<tr><td>Ans</td><td>47</td><td>30</td><td>5</td><td>82</td><td>100.00%</td></tr>
<tr><td>Skipped</td><td>31</td><td>15</td><td>6</td><td>52</td><td></td></tr>
<tr><td colspan="6">Percentages are of Number of Answered: n = 82</td></tr>
</table></td><td>• Results of an online survey of key informants: Mid-Term Evaluation of UNFPA Supplies, 2018</td></tr>
<tr><td>Online Survey Question 16 Results
<table>
<tr><th colspan="6">Q16 UNFPA Takes a Leadership Role in Coordinating and Strengthening RH</th></tr>
<tr><td></td><td>Eng</td><td>FR</td><td>SP</td><td>Total</td><td>%</td></tr>
<tr><td>Yes</td><td>41</td><td>20</td><td>4</td><td>65</td><td>83.3%</td></tr>
<tr><td>No</td><td>4</td><td>9</td><td>0</td><td>13</td><td>16.7%</td></tr>
<tr><td>Comments:</td><td>36</td><td>23</td><td>3</td><td>62</td><td></td></tr>
<tr><td>Answered</td><td>45</td><td>29</td><td>4</td><td>78</td><td>100.0%</td></tr>
<tr><td>Skipped</td><td>33</td><td>16</td><td>7</td><td>56</td><td></td></tr>
<tr><td colspan="6">Percentages are of answered n = 78</td></tr>
</table></td><td>• Results of an online survey of key informants: Mid-Term Evaluation of UNFPA Supplies, 2018</td></tr>
<tr><td colspan="2">Assumption 6.2: UNFPA Supplies has been able to access appropriate and needed human resources at the global, regional and national level.</td></tr>
</table>

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
Human resources and technical capacity of UNFPA Supplies Programme	
Lao PDR • UNFPA CO has reportedly **faced challenges with regional office and headquarters, to secure their support and approval for a desired "Transition Conference"** in Lao PDR (desired by government and partners) to include bringing in a recognized expert in TMA, financing. The idea for this conference was born out of the National family planning Conference in May 2017, during which USAID, PSI, government and other development partners held a round table to do concrete planning for the next five years with government investing more in family planning, procuring more commodities. **It was originally planned to take place in 2017, but UNFPA headquarters would not support it unless it were made a regional (multi-country) conference (which was not the objective of this Lao-focused transition conference).** The hope and plan was to bring in the recognized expert from headquarters on TMA and costing to lead the conference's working sessions, to make concrete financial plans for Lao PDR's future.	• Interview, UNFPA CO, Vientiane
Lao PDR • UNFPA CO has a small number of staff (two) for sexual and reproductive health, but more staff in their growing youth programmes. **Prioritization of youth over SRH/FP efforts may impact SRH. The new "Noi" campaign focused on young girls (with a nutrition focus) may be welcome in drawing attention to the needs and challenges of young girls in Lao PDR, but any such campaign focused on youth should also contain a SRH/FP component**, especially given the young age of marriage and childbirth in Lao PDR.	• Interview with UNFPA CO SRH team
Sierra Leone • The level of **technical support and advocacy provided by the RH/FP Team at UNFPA** Supplies is appropriate (up to September 2017 at least). They have provided good technical support especially to the LMIS system and to the quantification process.	• Interview: RH/FP Programme, MoHS
Sierra Leone • UNFPA has **had the necessary expertise in its CO or from other sources to provide support to developments in the SCM area,** particularly in the area of LMIS and the CHANNEL software.	• Interview: DDMS, MoSH
Sudan • Given the **role and importance of UNFPA to building up the commitment to and supply of family planning in Sudan, it would be appropriate to have more staff**, including international family planning experts (P4/ P5 level).	• Interview UNFPA Sudan CO, Khartoum.

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
Assumption 6.3: The systems and processes for the **governance of UNFPA Supplies** (including the UNFPA Supplies Steering Committee) have been effective in balancing the viewpoints of donor partners, programme country health authorities, programme managers and other key stakeholders in providing **strategic direction and over-sight** which is **responsive to differing contexts and changing conditions**.	
Changes in governance and strategic direction – 2016/17	
Global • **Recommendation Two: UNFPA Supplies programme is re-focused and re-formed by:** o Developing a strategic vision that clarifies programme scope around RHCS and **deprioritizes wider SRH issues such as demand generation and access to services** and **prioritizes**: ▪ **Maximizing** UNFPA's **influencing and convening abilities** to **improve the enabling environmen**t for RHCS**, leverage domestic financing and ensure public funds are focused** on reaching **poor, vulnerable and marginalized women and girls.** ▪ Consistently improving procurement efficiency**, in particular shaping markets**, greening production and **driving value for money**. ▪ **Improving supply chain visibility and management** at country level, from product arrival in port to, and including, the last mile to ensure commodities are reaching women and girls they are intended for. • **Recommendation Three**: UNFPA develop, in close collaboration with other key actors (in particular FP 2020 and RHCS) a **clear sustainability strategy** that includes **clarity on country graduation** including **commonly agreed means of incentivising and tracking performance in meeting country commitments including domestic resource allocation**. • **Recommendation Four: "DFID** clarify in its Memorandum of Understanding with UNFPA that **UK funds are to be ring-fenced for work in the areas outlined in recommendation two above,** continuing the requirement that**, at minimum, 75 percent of resources are spent on procurement of essential RH commodities."**	• UK DFID, *Annual Review Summary Sheet: Support to UNFPA's GPRHCS.* 2015. p. 3-4.
Global • Despite its initial mandate, the UNFPA Supplies Steering Committee uses its time for **informational updates and operational discussions** instead of **strategic problem solving.** • High level Steering Committee Members are not **actively engaged.** • Committee member **attendance has been inconsistent** and the **expertise/level of experience of the participants differs**, making it challenging to have a focused and cohesive discussion over time.	• UNFPA, *UNFPA Supplies New Governance Structure: Steering Committee Meeting, March 2017.* Power Point Presentation, slide 3

Evaluation Question 6: Improving programme coordination and management	Sources of Evidence
• There is a need to **strengthen global advocacy for** family planning programmes.	
Global Document • "*To **strengthen the existing governance mechanism and overall programme accountability of UNFPA Supplies**, UNFPA, together with partners has evaluated the thematic funds current governance structure and has proposed amendments".* • Governance arrangements will include: o Revision of **the terms of reference and membership** of the UNFPA Supplies Steering Committee o Creation of a **UNFPA Supplies Donor Accountability Council** to review quarterly performance management information and utilization of funds. o **Annual Strategic consultations** between UNFPA and donor senior staff and the UNFPA Executive Director. • **Secretariat functions** for all governance bodies to be in CCSB, with participation by the Non-Core funds Management Unit (NCFMU), Resource Mobilization Branch and the Strategic Partnership Branch as needed.	• UNFPA, *"Terms of Reference of UNFPA Supplies Governance Structure"*, 2017. p.2.-3.
Global Document • **"Membership:** the **Steering Committee** is a multi-stakeholder platform permanent representation from UNFPA, all UNPFA Supplies donors, rotational representation of UNFPA Supplies programme countries and UNFPA Regional Offices, civil society (IPPF and MSSI) and rotational representation from strategic partner agencies, civil society organizations and individuals.	• UNFPA, *"Terms of Reference of UNFPA Supplies Governance Structure"*, 2017. p.2.-3.
Global Document • **The Donor Accountability Council (DAC) "**is a sub-set of the SC [Steering Committee] membership. It is not a decision making body but rather an advisory council that provides guidance on operational aspects of the programme. By engaging in UNFPA Supplies operations, it may recommend specific actions or discussion topics to be elevated to the SC."	• UNFPA, *"Terms of Reference of UNFPA Supplies Governance Structure"*, 2017. p.8.
Global Document • **Steering Committee** gave general agreement/consensus on the new governance model • **CSB** to develop a draft Supply Chain Management strategic outline document	• UNFPA,*"UNFPA Supplies Steering Committee and Donor Coordination and Alignment Meetings Minutes, March 29 and 30, 2017.* London, p.1.

Evaluation Question 7: The catalytic role of UNFPA Supplies	
Evaluation Question 7:	To what extent has UNFPA Supplies **played a catalytic role** by leveraging increased investment by other actors and supplementing existing programmes in RH/FP at global, regional and national levels?
Sub-Questions	a) To what extent has UNFPA Supplies been able to leverage increased investments and commitments by other actors in support of RH/FP commodities and services at global, regional and country level? b) To what extent has UNFPA Supplies programming been **sufficiently flexible and responsive to changing country needs and priorities**, including during and after humanitarian crises? c) To what extent has UNFPA Supplies supported **effective action to mitigate environmental risks** in procurement and disposal of RH/FP commodities?

Evaluation Question Seven: The catalytic role of UNFPA Supplies	**Sources of Evidence**
Question Seven: Assumption 7.1: The design of **UNFPA Supplies** as reflected in strategic documents and in systems and processes for programme planning, approval and review, takes account of the roles of **other actors and sources of support to RH/FP** and attempts to influence them in their programming and **leverage their resources**.	
Leveraging increased investment and filling gaps	
Lao PDR • During the **May 2017 National family planning Conference**, round table session of government and development partners worked to produce a concrete plan for the next five years to **have government increase their investment in FP**, procure more commodities. UNFPA CO had the idea to have a **Financial Sustainability Workshop** for family planning Programmes (originally July 2017), focusing on commodities but also programme sustainability as Lao PDR transitions (as GAVI, Global Fund, and other donors reduce their support). The conference in Lao PDR would assist and bring partners together with government **around planning for Lao PDR's transition from LDC status toward state funding of programmes**. However, UNFPA headquarters refused to fund it unless it was a regional workshop (to include PNG, Myanmar, Timor Leste and Lao PDR). But the government balked at having other countries involved in what was meant to be a national planning workshop to address Lao PDR's unique situation. As UNFPA CO worries about having family planning commodities as part of the essential services package (with the funding challenge it will face), they are advising government to look at TMA (to include private sector, other support) so that it does not only fall on Government's shoulders as the country transitions toward more self-funding of their programmes. UNFPA CO put TMA in their workplan this year, but it has been somewhat side-lined, and is now on the plan for next year.	• Interview, UNFPA CO, Vientiane
Lao PDR • UNFPA is regarded as a **key partner and supporter of family planning** in Lao PDR, and the only entity providing family planning products. UNFPA is working closely with Government, partners, and having	• Interviews CHAI, World Bank, MoH, Vientiane

Evaluation Question Seven: The catalytic role of UNFPA Supplies	Sources of Evidence
important effect through, e.g. conducting the pivotal first National Family Planning Conference (May 2017) (explaining the now widely known concept of the 1 USD -7 USD cost benefit of family planning), etc. Many have noted the catalytic effect this conference has had on government leaders' and MoH's attitudes and motivations towards expanding SRH/FP in Lao PDR. After the conference, for the first time each provincial governor was talking about how to plan, how to integrate.	
Nigeria • UNFPA efforts at **improving financing for commodities have mainly focused at federal level through the commodity basket fund**. Sub-national level financing should be explored by UNFPA and partners. For example, with the planned Basic Health Care Provision Fund (BHCPF), states should be able to allocate for family planning commodities and services through state Primary Health Care Development Committees (PHCDCs), based on their forecasted need and demand creation plans. • **The Global Financing Facility (GFF) presents an additional opportunity**. Currently, it has planned a pilot in three states - Niger, Osun and Abia, with financing for the BHCPF of which 45% will be directed to the state PHCDAs for operations and commodities, including family planning. Another 50% of financing will be allocated to the National Health Insurance Scheme (NHIS) to support the development of state social health insurance schemes, including case rates for packages of services (which may include family planning).	• Horstman, R. et al, *Access to Family Planning Commodities in Nigeria, 2011-2016, End of Programme Evaluation Report,* 2017, p.32
Nigeria • In **2016 UNFPA engaged consultants to work with the Federal Ministry of Health (FMoH) to draft a Sustainability Plan for the Family Planning Programme** including incremental funding from Government at national and sub-national levels as well as innovative financing mechanisms. Ongoing efforts are underway to finalise the plans in 2017. • A **risk assessment of the sustainability of the basket funds was conducted in 2016**. In addition, efforts were made to ensure family planning funding was included in the GFF Investment case for RMNCAH. The Federal Government has renewed its agreement to continue to contribute to the Basket Fund for the period 2017-2020 (this is done every four years). It is expected that this will encourage partners also to renew commitment to the basket fund in the next four years. • Through the **Family Planning Blueprint, State Governments followed suit with State Blueprints or Costed Implementation Plans (CIP)** that demonstrated significant support for family planning initiatives.	• Horstman, R. et al, *Access to Family Planning Commodities in Nigeria, 2011-2016, End of Programme Evaluation Report*, 2017, p.15-16
Sierra Leone	• Interview: Department for Policy, Planning and Information (DPPI), MoHS

Evaluation Question Seven: The catalytic role of UNFPA Supplies	Sources of Evidence
• As well as from **UNFPA Supplies**, the **Directorate of Drugs and Medical Supplies (DDMS) receives support** from the Health Metrics Network (for the DHS, MICS, etc.) they also receive support for MHIS from WHO, USAID/DFID (through UNICEF) and the Global Fund which provides a Health Systems Strengthening grant. • They get DFID support under the SLP. • DDMS is receiving support through MSH to further integrate CHANNEL into the RMNCH Score-card system which will use data from both the DHIS2 and CHANNEL.	
Sierra Leone • **DFID has been the government's key partner** on the **Free Health Care initiative** since its beginnings. Last year they procured almost 100% of the FHC commodities. DFID provided 15 million GB pounds (in 2017) for procurement and five million GB pounds for distribution of FHC drugs and commodities. • They have told the GoSL that this will be the last year they procure the FHC commodities • **The Saving Lives Programme** came on board in the second half of 2016. The contribution agreement was signed in 2016. It is for 150 million GB pounds over five years. UNFPA received 700,000 for the UNFPA Supplies programme under SLP for 2017. • When **DFID** agreed to provide 20 million GB pounds for FHC commodities procurement and distribution in 2017, they **made it clear that this is** a **one-year commitment**. The national government needs to make this a priority. • **The SLP programme** runs from August 2017 until March 2021. It provides 65 million GB pounds in the first two years and just under 30 million GB pounds in the last three years. It is being administered through: Three UN agencies (UNICEF, WHO, UNFPA); CHAI (the Clinton Health Access Initiative) AECOM and a consortium of NGOs. • **DFID** Sierra Leone are **very concerned about sustainability and look to other partners, including UNFPA to strongly advocate for increased national investment in the FHC commodities and in family planning** (as well as more funding by other development partners).	• Interview: DFID (UK), Freetown
Sierra Leone • **The PPASL rely on a number of sources of funding** but UNFPA is by far the most important and is the core of their funding for RH/FP. Up to end of 2016, UNFPA Supplies provided 70-80% of funding for work in RH/FP by PPASL.	• Interview: PPASL, Head Office, Freetown
Sierra Leone	• Interview: WICM, Head Office, Freetown

Evaluation Question Seven: The catalytic role of UNFPA Supplies	Sources of Evidence
• **Women In Crisis Management (MICM)** also works with the Global Fund and UNAIDS but have worked with UNFPA since 2001. WICM is a "UNFPA baby," they got funding from the UNFPA Supplies in 2013, 2014, 2015 and 2016 (funding from the UNFPA Supplies Trust Fund ZZT05). • UNFPA helped them apply for grants and programme funding by providing technical support and recommendations.	
Sierra Leone The Matei Initiative Empowerment Programme for Sustainable Development **(MATCOPS)** received funding from UNFPA Supplies in 2013, 2014 and 2015 but not in 2016. 2013 =51,807 USD, 2014 = 50,00 USD, 2015 = 20,000 USD • In 2016 MATCOPS began to receive support from UNFPA under its End-Child Marriage programme which will run until 2019. The End Child Marriage programme also has a family planning component which allows MATCOPS to carry on their work on demand creation. • UNFPA has worked with MATCOPS to help them mobilize resources by helping them call meetings with potential donors. The RH/FP focal person at the UNFPA CO also helps them apply for funds from different sources.	• Interview: MATCOPS Head Office, Freetown
Sierra Leone • UNFPA was the main supporter of the **Fambul Initiative Network for Equality (FINE SL)**; they have no other donor supporting the Peer Educator Network. • In 2016 there was a shift to a new programme called HOPE (Health, Opportunities for Protection and Employment) with funding from IRISH AID and UNFPA (not Supplies) with 308, 202,000 Leos of funding.	• Interview: Fambul Initiative Network for Equality (FINE-SL) Head Office, Freetown
Sudan • **UNFPA is the only supplier/ funder of family planning commodities in Sudan**. The Government of Sudan does not finance any family planning commodities. Nor does the national Medicines Supplies Fund. However, the MoH said that although the UNFPA and Reproductive Health Unit work together to agree a UNFPA workplan and activities, when the final version is signed by the Secretary of Health and the UNFPA Country Representative, the activities have changed, been reduced or removed from the final plan. This happens without consultation and without negotiation.	• Interview, MoH RH Unit
Sudan • A new country programme cycle for 2018 to 2021 has been agreed with the government of Sudan in broad terms and the details and activities are being shaped now (2017).	• Interview, UNFPA reproductive health team in Khartoum

Evaluation Question Seven: The catalytic role of UNFPA Supplies	Sources of Evidence
• There is **an integrated approach to planning both across disciplines and funding streams**. As a result, several sources of funding can contribute to an activity or workstream.	
Sudan • UNFPA funding allocations should take account of what other funding sources are available in a country. **For example, in Sudan, where UNFPA is the only partner working on family planning, more UNFPA Supplies funding should be available to the CO because there is so much to be done and resources are too stretched**. In other countries where there is so much funding from a wide range of donors, UNFPA should not get so much for commodities or for activities but rather focus on improving the supply chain, improving demand etc. It has been hard to move CPR much (although it has started shifting after years of stagnation. It requires a huge effort and also more staff, more commodities, more activity funding.	• Interview, UNFPA CO, Khartoum
Malawi • **DFID has supported Family planning programme with 512, 000 USD for the procurement of Microgynon and Cupid female Condoms** under the third party procurement for the Ministry of Health. This is secondary to a proposal that the submitted to DFID in the new SRHR business case for Malawi. • **Girls' education SRHR programme;** there is a committed fund amounting to 6.5 million USD for 2017 to 2020 for three out of the 28 Districts in the country. This funding has a component on family planning demand creation for Modern methods by sexually active adolescents and Young people as well as commodity procurement for Sexually Transmitted Infections.	• UNFPA, *Third Quarter 2016 Quarterly Project Monitoring Report, Malawi*
Nepal • UNFPA **Supplies funding has remained catalytic in re-positioning the family planning agenda and in leveraging resources for FP/RHCS**. The technical and financial assistance has enabled better co-ordination between government and external development partners (EDPs), including UNFPA, DFID, USAID, KFW, IPPF/FPAN, CRS, MSI and PSI for strengthening RHCS/FP programmes. Coordination meetings jointly funded through UNFPA supplies and regular resources, have also been instrumental in promoting national ownership and in avoiding duplication of resources amongst different partners.	• UNFPA Nepal, *2016 template for country annual joint reporting; for the reproductive health thematic trust funds (TTFs) and joint programmes (JPs*) (Reporting period 2015)
Nepal • In 2016 **UNFPA Nepal was successful in securing USD 4.6 million (GBP 3.7m) from DFID for family planning programme for four years (2017-2020).** The funding will be instrumental in taking forward the activities initiated through UNFPA supplies funding (and the grant received through FP2020 in 2016) and also targeted interventions to reach out the most marginalized and unreached population with family planning services.	• UNFPA Nepal, *Annual Progress Report 2016*, p. 3

Evaluation Question Seven: The catalytic role of UNFPA Supplies	Sources of Evidence
Assumption 7.2: The process for planning, budgeting, implementing, reviewing and monitoring UNFPA Supplies at country level is **responsive to the needs of national stakeholders** (national authorities, development partners, NGOS, civil society and the private sector) including in humanitarian settings. It also contributes to **strengthened/increased action** to address needs.	
Supporting identification of national needs and responding to national priorities	
Nigeria • UNFPA assisted the **FMoH to hold a "Day of Dialogue" on family planning in Nigeria**: o To **review the progress** of Family Planning Programming in Nigeria with regards to concrete results, quality of service and resource mobilization o To **provide updates on FP2020** developments and progress o To **engage stakeholders** with regard to Family Planning activities and continue to build momentum	• FMoH and UNFPA, *Report of the Family Planning Stakeholders meeting of 30 April, 2013*
Nigeria • According to a SWOT analysis done in 2015 to review the period 2013-2015, UNFPA Nigeria reported the following: UNFPA Nigeria supports the FMoH and partners to initiate and implement evidence-based programming using the Nigeria Demographic Health Survey (NDHS) and other studies. • **Examples of successes in UNFPA Nigeria support to Government to use data for evidenced- based programming and advocacy** are stated below: o Conduct of Willingness to Pay Survey in 2010 which provided evidence on cost as a prohibition for access and led to Government Free Contraceptives Distribution policy in April 2011 o Use of evidence on impact of contraceptives programme to persuade Government to commit resources to commodity procurement through the basket funds o The support to FMoH and National Population Commission to use evidence from annual survey on availability of essential medicines at service delivery points from 2011 to 2015 (with funding from UNFPA Supplies Programme). o UNFPA Nigeria also supports conduction of the National Demographic Health Surveys and the National Census as well as other population-based surveys like the MICS in collaboration with other partners. UNFPA Nigeria has also supported sub analysis of the 2003, 2008 and 2013 NDHS to documents the trends of specific family planning indicators including CPR, unmet need, teenage pregnancy, etc. • UNFPA Nigeria uses the **convening collaborative advantage to convene annual family planning Stakeholders' Consultative meetings** in 2013, 2014 and 2015 which led to significant resolutions and contributed to re-strategizing the National family planning Programme and rallied support from sub-national government and other development partners.	• UNFPA West and Central Africa Regional Office, 2015, *SWOT Analysis: UNFPA Family Planning Interventions in West and Central Africa 2013-2015 (Nigeria)*

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situations
Assumption 4.4: UNFPA Supplies programme procures, packages and delivers **emergency RH/FP kits** and individual products with the **appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises**, to enable those affected to meet their RH/FP requirements. And, **Assumption 4.5**: UNFPA Supplies has provided **effective support to RH/FP services** as one element in **a national response to humanitarian crises** (not only through the provision of commodities).

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
Nature of humanitarian crises requiring a UNFPPA Supplies Response	
Global • **UNFPA Supplies priority countries**: Those with the lowest mCPR have been affected by conflict or humanitarian emergencies. Almost 50% of UNFPA Supplies focus countries experience natural or man-made disasters and have the highest Maternal Mortality Ratios in the world; More than 80% of the high mortality countries which did not achieve the MDGs, have suffered a recent conflict, recurring natural disasters or both.  UNFPA Supplies supports countries **to access kits** using the "*UNFPA Country Reproductive Health Kit Forecasting Tool*" which helps calculate needs and appropriate kit orders based on demographic, health system and burden of disease information.	• *UNFPA Supplies in Humanitarian Contexts,* Presentation to the UNFPA Steering Committee, 2017
Nigeria	• Interview: UNFPA CO staff, Abuja, Nigeria.

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
• The **North-Eastern region is affected by the Boko Haram Insurgency**. Health facilities have been destroyed and deserted. This led to the suspension of routine resupply activities. UNFPA works with facilities in IDP camps where commodities are provided, demand creation activities also implemented and providers are trained. UNFPA also does outreach services using local NGOs like Royal Heritage Foundation. • The **UNFPA response** to the humanitarian situation in the North East **is multipronged**: Routine distribution/resupply + Service provision in IDP camps + Outreach services. • **Demand creation is the big challenge** as host communities are unaware of the availability of family planning services.	
Sierra Leone • "In May 2014, Sierra Leone discovered its first laboratory confirmed case of **Ebola Haemorrhagic fever** in Koindu Chiefdom of Kailahun district. The situation progressively worsened and cases spread rapidly nationwide resulting in the declaration of a Public Health Emergency of International Concern by the World Health Organization and the GoSL. As of 13th January, 2015, a total of 7,389 cases had been laboratory confirmed and the number of deaths was 2,718, with a case fatality rate of 34.6 percent. The **weak health system in Sierra Leone, coupled with lack of effective prevention controls accelerated the spread of the outbreak**."	• UNFPA, *2014 Sierra Leone Annual Joint Reporting for the Reproductive Health Thematic Trust Funds. 2015*. p.11.
Sudan • The **UNFPA humanitarian programme** distributes commodities and undertakes activities in the emergency/ humanitarian affected areas which are the five Darfur states (east, west, south, central, north), Blue Nile, and White Nile. The programme distributes kits 2 to 12 especially kit three (post-rape kit). The humanitarian response plan is developed based on need. The response is determined by resource availability and access. There's been a recent mapping of high dependency / most affected populations which shows that needs are not decreasing but increasing.	• Interview, UNFPA Humanitarian Team, Khartoum
Haiti • **Haiti presents a very strong social and environmental vulnerability.** Six years after the earthquake, **hurricane Matthew** hampered health delivery capacity in the South region. 80% of EmONCs were deteriorated and part of the equipment and the supplies were damaged by the hurricane. Furthermore **post electoral violence negatively impacted the implementation of some activities due to road blocks and political manifestations** and a prolonged strike of public health facilities during four months pushed women to stay in the communities to give birth.	• UNFPA Supplies *2017 Annual Work Plan, justification, Haiti*
Nepal	• World Bank Country Overview: Nepal, 2017.

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
• Nepal **experienced devastating earthquakes in 2015 followed by trade disruptions leading to a fuel crisis, which impacted the entire economy**. The heavy monsoon rains sweeping across South Asia in 2017 affected 1.1 million Nepalese.	Available at www.worldbank.org/en/country/nepal/overview
Togo • In 2015, UNFPA Supplies supported activities to **improve access to services among Ghanaian refugees living in Togo, including training of 2 UNFPA staff, 30 national master trainers and 23 regional focal points** (covering all 30 districts) in the "MISP" for RH in emergencies. UNFPA Supplies also funded an assessment of the capacity of refugee health facilities to offer RH/FP/GBV services.	• Togo desk study, January 2018.
Decision-making within UNFPA to deploy UNFPA Supplies resources to respond	
UNFPA Humanitarian and Fragile Contexts Branch (HFCB) • UNFPA **is usually there before the crisis occurs**. The mechanism for using humanitarian funds to address the crisis is that first the crisis is declared by the government or OCHA. If the crisis is serious and requires additional support, **UNFPA in country will work with government to divert resources from the regular programme to respond to the crisis.** If that is not possible (or UNFPA is not in the country), there is the possibility to use the **emergency funds set aside each year from UNFPA Supplies (ear-marked three million dollars)**. • What does the UNFPA Humanitarian and Fragile Contexts Branch (HFCB) do? HFCB **works at policy level, updating guidelines and tools, operating the emergency fund, coordinate global procurement (RH kits), manages the interagency RH kits in collaboration with PSB**. In addition, the humanitarian branch also **supports technical assistance to country offices to respond to crises**; capacity-building prior to deployment to countries; support MISP training which helps focus efforts on reducing maternal death and morbidity, consequences of GBV, STIs.	• Interview, HFCB, New York.
UNFPA HFCB • **How does HFCB work with CSB?** Regular meetings/workplan to take stock where we are. Frank conversations about where we are and what we need to do and how to improve. UNFPA Supplies is the easiest internal partner to work with. We work to update the kits together; jointly review reports from country offices on the utilization of emergency funds or use of kits. Good practices for reaching out to youth in humanitarian settings. For example, in Jordan at the Zatary camp, UNFPA supported commodities from the beginning and has successfully supported the delivery of 7000 babies without a single death. But it is easier in a camp to monitor what is being done. How do you monitor and assess in northern Nigeria?	• Interview, HFCB, New York.

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
• **Manage training and maintain a deployment roster**: Minimum deployment time is within 72 hours. For about two months. Internal deployments can go up to three months and standby partners, up to six months. Interagency SRH roster is managed by the Norwegians and has successfully sent SRH specialists to work with UNFPA in Tanzania, Burundi, Greece and elsewhere.	
Togo • An MoU was signed between **UNFPA and UNHCR** to strengthen the capacity of these facilities. RH emergency kits were distributed to the Savanes and Maritime Regions.	• Togo desk study, January 2018.
Key informant – global level • The **Humanitarian Branch should have more support from the Supplies programme, greater involvement in decisions about the allocation of Supplies funding and more links to what happens at country level**. UNFPA does not (or cannot) provide much detail about either collaboration between the two departments (and the outcome of this) or how UNFPA Supplies supports the humanitarian priorities of UNFPA.	• Global Key informant interview
UNFPA Supplies headquarters Support in 2016 to humanitarian responsiveness: • **Surge training**: Internal (144) and External Rosters (66) • **Surge deployments** (56 in 26 countries): Senior Emergency Coordinators; SRH, logistics, Adolescent SRH, Communication • **Global Logistics Coordinator** (HFCB, New York): To improve SCM in humanitarian settings • **UNFPA Global Humanitarian Consultation**: UNFPA wide stock taking and capacity building	• *UNFPA Supplies in Humanitarian Contexts*: Presentation to the UNFPA Steering Committee, 2017.
Global Key Informant • The ***link between SRHR in humanitarian settings and the UNFPA Supplies*** *programme seems* ***"quite opaque".*** *It is not clear to those outside the organisation how UNFPA Supplies contributes to supporting SRH in humanitarian settings* ***or their contribution to****:* *(a)* ***building a sustainable supply chain*** *in humanitarian settings* *(b)* ***making decisions about procurement*** *of different products/ kits or* *(c****) support to humanitarian response*** *especially at the onset or as crises settle into chronic situations.*	• Global key informant interviews.

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
• It *appears there are quite a* ***few issues that are not sufficiently discussed either around how UNFPA Supplies invests in supporting a rapid response*** *through prepositioning of kits or* ***investing in capacity building*** *at the country level.*	
Global Key Informant • **UNFPA** *heads up the sub-cluster on gender based violence (GBV) in the protection cluster led by UNHCR and it leads on the SRH sub-cluster in the health cluster led by WHO. They do not lead a cluster. This* ***lower level of influence has several effects****.* • *Perhaps one of the most immediate is that* ***although UNFPA itself has indicators that it uses to track SRH in a humanitarian setting, it has not been able to get these agreed at international/ global level*** *and thus they are not included as standard trackers along with other measurements in humanitarian settings. This lack of systematic evidence means that it is not really possible to assess the role that UNFPA generally and UNFPA Supplies in particular plays in a humanitarian setting.*	• Global Key informant interviews.
When and where are Reproductive Health kits distributed?	
Sierra Leone • In 2015 UNFPA procured **RH Humanitarian relief kits in response to the flooding**: Kits number 6A, 6B, 11 and 12.	• Interview: UNFPA CO staff, Freetown
Sudan • **In North Darfur** (2.5 million refugees and IDPs), **they use the following UNFPA kits: 2, 3, 4, 5, 6, 7, 8, 10, 11a. 11b and 12**. The decision to select the type of kit and quantities is **based mainly on the situation and need**. However, UNFPA funds kits from humanitarian funding channels and only sometimes from UNFPA Supplies. However, maternal drugs (lifesaving drugs) may be funded from UNFPA Supplies.	• Field visit to North Darfur State
Sudan • Since 2014, **funds for humanitarian support have declined. In 2015, for example, only 30% of need met for RH**. For funding, UNFPA mostly depends on the CERF and the CHF to procure kits now. **Demand exceeds supply on all fronts in relation to the humanitarian team efforts**. They send products/kits to the Al Fasher maternity hospital because it receives a lot of IDPs especially kits 3, 8-12 and 6a/ 6b. Darfur has a high need for fistula repair kits. They send equipment as well. Mainly funded from non-UNFPA Supplies	• Interview, UNFPA Humanitarian Team, Khartoum

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
sources but they also work through the NMSF. MoH stores were insufficient and poorly capacitated so it is better now with NMSF.	
Sudan • **MSF always face a shortage of clean delivery kits** and the amount getting from UNFPA is not enough; they have more than 1200 deliveries in 2016, and the amount they got from UNFPA is sufficient to less than 25% of the need.	• Field visit to North Darfur State
Sudan • Current stock of kits in Al Fasher: Kit 2A – 3.5 kits in hand; Kit 2B – 2 kits in hand; Kit 3 – 1 kit in hand; Kit 6A – 2 kits in hand; Kit 5 – 3 kits in hand. **Each kit meets the needs of ten thousand people for one month**.	• Field visit to North Darfur State
Sudan • Kits: RH, post rape, fistula, STIs. Only kits 0 and 1 (a and b) not procured. Low demand for condoms and "*NGOs not allowed to hand them out*".	• Interview, UNFPA Humanitarian Team, Khartoum
Malawi • In 2013: **Supplied RH Kits to affected flood victims in five districts in Malawi** (Note: southern Malawi was devastated by the worst floods in living memory, stranding at least 20,000 people. These floods affected more than a million people across the country, including 336,000 who were displaced and an estimated 64,000 hectares of cropland were washed away).	• UNFPA, *Annual country reporting questionnaire 2013 for GPRHCS II performance monitoring.* 2014
Nepal • UNFPA Supplies has been instrumental during the humanitarian crisis. **During 2015 earthquake, the fund was used to undertake comprehensive RH camps and provide RH kits**. RH kits were delivered to government health facilities and NGO facilities. Again, in recent 2017 floods, the fund was used to provide RH camps. **The Supplies programme is used to train health workers for MISP which is essential for delivering quality services during the crisis**. Furthermore, the supplies support has always been crucial during the crisis.	• Interview, Logistics Management Department, MoH, Nepal
Nepal • To allow RH response to Nepal **Earthquake 2015**, UNFPA procured **more than 1300 RH Kits through UNFPA Supplies** (for approximately USD 0.5 million), donor funds mobilized for the earthquake response and regular resources. The RH kits were distributed to 214 public health facilities in the 14 most EQ affected districts and individuals sufficient to cover a population of 28 million over three months.	• UNFPA, *2016 template for country annual joint reporting; for the reproductive health thematic trust funds (TTFs) and joint programmes (JPs)* (Reporting period 2015)

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
UNFPA HFCB • **The issue faced with country offices is dependency on the kits**; easier for country offices; the supply chain is broken so it takes a lot of energy to fix it. • Reliance on kits is not encouraged for more than three months and **countries are recommended to go back to the national supply chain, unless it totally collapsed**. • Logistics is not easy to manage especially in conflict areas. Besieged areas with insecurities are the most difficult situations. Fixing the supply chain is hard and there is no easy solution. **If it is a protracted problem, then based on UNFPA knowledge of the situation, we evaluate** and talk with other agencies, and have requests from NGOs that work on the ground requesting commodities and they say they need these kits. • For example, **UNFPA might request a consultant to work with a country office, where we know there is a good supply chain to really press them on determining whether they really need emergency RH kits or could revert to the use of individual commodities**. Would be paid for by CERF or other humanitarian response funds whereas commodities funding from UNFPA Supplies is just for kits.	• Interview, HFCB, June 2017, New York.
Online Survey: How does UNFPA support countries during emergencies • *"**Distribution of emergency kits**; Training of health personal; Procurement of contraceptives and ERH kits; Improvement in storage conditions to assure quality of RH commodities; Capacity building for supply chain management and MISP; **Delivery of life-saving commodities to affected areas**; Community mobilization and sensitization for SRH/ FP services;* Advocacy to advance women's rights *to SRH/FP; Technical assistance; Partnership and coordination with stakeholders at various levels."*	• Online survey, selected responses provided to Q11
• *"These **kits have helped many of these vulnerable people in the crisis area** to be able to get some tests done and equally treat some of them."*	
• *"The UNFPA Supplies **contributes to saving the lives of mothers and children in humanitarian setting where the service is not available for delivery** even the caesarean section and safe blood transfusion. The supplies also include support to services at the community level and the clean delivery kits for the mother. The UNFPA facilitates the training of health cadres to plan and use emergency Reproductive Health Kits in the affected states*."	
• **Countries supported with ERH kits in 2016 included** DRC, Turkey, Congo, Syria, Ecuador, Kenya, Bangladesh, Ghana, Uganda, Somalia, Nigeria, Mali, Gambia, Haiti, Cuba, Swaziland, Ukraine. Countries supported with a range of life saving reproductive health interventions from basic clean delivery, to clinical	• UNFPA *Supplies in Humanitarian Contexts:*

<table>
<tr><th>Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation</th><th>Sources of Evidence</th></tr>
<tr><td>management of rapes, FP, STIs treatment, basic and comprehensive Emergency Obstetric care etc.·1,896 out of a total of 13,043 ERH kits were procured with support from UNFPA Supplied and sent to these COs to support their response to crisis in 2016. Publication in 2017 of: Good practices to reach adolescent girls in disasters and conflicts (Guidance for Programming).
<table>
<tr><th>Description</th><th>Total (UNFPA)</th><th>UNFPA Supplies</th><th>%</th></tr>
<tr><td>RH Kits procured in 2016</td><td>13,043</td><td>1,896</td><td>15%</td></tr>
<tr><td>Countries supported with RH kits in 2016</td><td>48</td><td>17</td><td>35%</td></tr>
<tr><td>Cost of the RH kits</td><td>8,822,863 USD</td><td>1,821,666 USD</td><td>21%</td></tr>
<tr><td>Estimated people directly targeted by RH kits services</td><td>15.7 M</td><td>2.5 M</td><td>16%</td></tr>
<tr><td>Estimated people reached directly with RH kits services</td><td>1,103,700</td><td>117,261</td><td>11%</td></tr>
</table></td><td>presentation to the UNFPA Steering Committee, 2017.</td></tr>
<tr><td>• Annual Volume of Emergency Kits Shipped</td><td>• Communication by email from the PSB (UNFPA Copenhagen)</td></tr>
</table>

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence

UNFPA SUPPLIES PROGRAMME - VOLUME OF KITS SHIPPED FROM STOCK (2013-2016) *

	2013	2014	2015	2016	Total
ERH Kit 0 - Administration and	0	0	5	0	**5**
Fistula Repair Kit 1 - Surgica	0	30	5	0	**35**
ERH Kit 1A - Male Condom Kit	9	36	150	115	**310**
ERH Kit 1B - Female Condom Kit	0	16	13	26	**55**
ERH Kit 2A - Clean Delivery Ki	33	129	477	211	**850**
ERH Kit 2B Clean Delivery Kit	0	81	280	95	**456**
ERH Kit 3 - Rape Treatment Kit	82	99	240	136	**557**
ERH Kit 4 - Oral and Injectabl	9	12	124	172	**317**
ERH Kit 5 - STD Drug Kit	39	107	255	177	**578**
ERH Kit 6A - Clinical Delivery	38	88	249	182	**557**
ERH Kit 6B - Clinical Delivery	99	66	233	205	**603**
ERH Kit 7 - Intra Uterine Devi	12	50	175	32	**269**
ERH Kit 8 - Management of Comp	10	24	223	116	**373**
ERH Kit 9 - Suture of Cervical	79	37	190	85	**391**
ERH Kit 10 - Vacuum Extraction	0	0	0	25	**25**
ERH Kit 11A - Referral Level K	19	43	37	42	**141**
ERH Kit 11B Referral Level Kit	22	21	59	58	**160**
ERH Kit 12 - Blood Transfusion	22	16	28	26	**92**
	473	**855**	**2,743**	**1,703**	**5,774**

UNFPA SUPPLIES PROGRAMME - AVERAGE PRICES OF KITS SHIPPED FROM STOCK (2013-2016) *

	2013	2014	2015	2016
ERH Kit 0 - Administration and	$ -	$ -	$ 123	$ -
Fistula Repair Kit 1 - Surgica	$ -	$ 287	$ -	$ -
ERH Kit 1A - Male Condom Kit	$ 567	$ 522	$ 584	$ 499
ERH Kit 1B - Female Condom Kit	$ -	$ 369	$ 358	$ 320
ERH Kit 2A - Clean Delivery Ki	$ 517	$ 534	$ 531	$ 576
ERH Kit 2B Clean Delivery Kit	$ -	O	$ 85	$ 97
ERH Kit 3 - Rape Treatment Kit	$ 626	$ 601	$ 593	$ 859
ERH Kit 4 - Oral and Injectabl	$ 442	$ 446	$ 438	$ 440
ERH Kit 5 - STD Drug Kit	$ 673	$ 590	$ 562	$ 615
ERH Kit 6A - Clinical Delivery	$ 484	$ 484	$ 484	$ 763
ERH Kit 6B - Clinical Delivery	$ 511	$ 512	$ 512	$ 576
ERH Kit 7 - Intra Uterine Devi	$ 229	$ 50	$ 181	$ 183
ERH Kit 8 - Management of Comp	$ 573	$ 573	$ 573	$ 614
ERH Kit 9 - Suture of Cervical	$ 377	$ 377	$ 377	$ 307
ERH Kit 10 - Vacuum Extraction	$ -	$ -	$ -	$ 909
ERH Kit 11A - Referral Level K	$ 525	$ 525	$ 525	$ 594
ERH Kit 11B Referral Level Kit	$ 3,797	$ 3,801	$ 3,801	$ 4,161
ERH Kit 12 - Blood Transfusion	$ 1,088	$ 1,088	$ 1,088	$ 1,349

Wider UNFPA Supplies response (beyond kits)

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
Sierra Leone • "In the context of the **outbreak of EVD** [Ebola Virus Disease] UNFPA has been designated by the GoSL, UNMEER [The UN Mission for Ebola Emergency Response] and the NERC [National Ebola Response Centre, Freetown] to take a **leading role in contact tracer training and provision of incentives**. Alongside MoHS and WHO, UNPFA is the co-lead of the Surveillance Pillar and has provided support to all surveillance related efforts in the Ebola Response". **Contact Tracing (EVD Response)** • "In partnership with the Ministry of Health and Sanitation, UNFPA has **trained a total of 5,211 contact tracers, 378 ward councillor supervisors and 347 technical supervisors.** GPRCHS funds were reprogrammed to cover gaps in contact tracing activities, including incentives, visibility materials and costs associated with staff support to monitoring and evaluation."	• UNFPA, *Narrative Report for funds received from GPRHCS for Support to Surveillance (Contact Tracing).* UNFPA Freetown, 2014. p.1
Sierra Leone • During the **2015 flood emergency near Freetown**, UNFPA was the very first UN Agency to be part of the response. The government established camps in the national stadium and in the east end of Freetown • **UNFPA Supplies provided dignity kits and supported the work of midwives** to provide services to pregnant and lactating mothers. They also provided transport for the midwives.	• Interview: RH/FP Programme, MoHS, Freetown
Sierra Leone • The EVD outbreak disrupted all aspects of the UNFPA Supplies programme. Ever since MoHS, NGOs and partners have been **slowly rebuilding the PHC System**. During the EVD crisis there was no reliable data on service access and use. Last DHS was 2013 and there was no GPRHCS Facilities Survey in 2014.	• Interview: UNFPA CO, Freetown
Sierra Leone **Independent Monitoring of Contact Tracing Activities** • "To improve upon the quality and independently verify the performance of contact tracers, GPRHCS has supported **independent monitoring through the use of Civil Society Community Monitors**. • To verify and report on whether contact tracers are tracking people who were in contact with symptomatic EVD cases, monitors verify the number of functional contact tracers in each district and establish and document the actions taken in the case of contacts who develop signs of EVD including removal from communities, home management and referral to holding/treatment centres."	• UNFPA, *Narrative Report for funds received from GPRHCS for Support to Surveillance (Contact Tracing).* UNFPA Freetown, 2014. p.2
Sierra Leone **Support to DHMTs Data Entry Systems**	• UNFPA, *Narrative Report for funds received from GPRHCS for Support to*

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
• "GPRHCS funds were used **to strengthen the data entry and management in all districts**. UNFPA supported the Surveillance Pillar partners and MoHS in conducting an assessment of Information Communication and Technology (ICT) needs. Further to the consultation of national counterparts and needs, it was decided to proceed with the procurement of equipment to support the surveillance pillar data collection and management. For the purpose of improving the speed and accuracy of case investigation and contact tracing data, data entry clerks were deployed to all districts. Additionally, 13 desktop computers, printers and hard drives were provided [one set in each district]. This has enhanced the timeliness of data dissemination and let to more targeted response efforts."	*Surveillance (Contact Tracing).* UNFPA Freetown, 2014 p.2
Sierra Leone • During the EVD crisis UNFPA, focused on **building confidence for maternal health services** and overcoming the myths and suspicions built up around the health facilities and health workers • However, they **failed regarding prevention of teenage pregnancy and on gender based violence** during the crisis but they did make progress on female genital mutilation.	• Interview: UN Women Offices, Freetown
Sierra Leone • With support from UNFPA Supplies, **MSSL did a major outreach push during the EVD crisis**. MSSL worked with Ebola contact monitors supported by UNFPA Supplies, especially in Port Loko district. • There was a gap in providing family planning services and commodities to Ebola survivors and they were able to provide services with funding from Japan and commodities provided through UNFPA. • During the **2015 flood emergency they provided SRH services to displaced people located at the national stadium** with support from UNFPA Supplies for operational costs and commodities.	• Interview: MSSL Head Office, Freetown
Sudan • UNFPA has responded to the emergency in **Darfur** by opening an office and providing: o **Kits,** contraceptives and lifesaving drugs o **Medical equipment** to support maternity, deliveries, and blood bank o **Demand creation** through provision of training to midwives and community health workers in the camps o Support **referral** from camps to hospitals and provided ambulances o However, this support is financed from a range of sources and over the period of 2013 -2016 almost **completely ceased to be funded from UNFPA Supplies**.	• Field visit to North Darfur State

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
Sudan • **Al Fasher maternity hospital** is supported by UNFPA. It received 125, 130, and 135 deliveries in July, August and September. It **offers all types of contraceptives except condoms**.	• Field visit to North Darfur State
Sudan • UNFPA facilitated **access by INGOs to provide essential commodities at NMSF** (like oxytocin, misoprostol, magnesium sulphate etc.).	• Interview, UNFPA Humanitarian Team, Khartoum.
Sudan • UNFPA has so far **trained more than 92 midwives in 2017 from the IDP communities** to provide counselling, awareness raising and distribution of pills among the women and girls in the camps.	• Field visit to North Darfur State
Sudan **UNFPA support to improving access to commodities in humanitarian areas** • **MSF signed an MOU in 2017 with NMSF and UNFPA to provide reproductive health supplies right to Khartoum** and then MSF would collect and distribute to lower level according to their need. They also work in South Khordofan and White Nile states. This MOU thus allows them to build stock predictability into their supply chain. They now want to negotiate the quantity they take from NMSF – all the quantities should be agreed up front as a predictable amount – as at the moment, they are not guaranteed a specific amount. **The big challenge is that they are the only organization providing services in three camps as all other organizations have left. They observed that when any organization leaves and hands over the health site to public authorities, functionality declines and sometimes the facility is closed down**.	• Field visit to North Darfur State
Haiti **UNFPA support following the declaration of an emergency** • Haiti was struck by **Hurricane Matthew in October 2016** which had devastating material and human consequences. In the South Department, 28% of health facilities sustained severe damage and 8% were closed. 80% of EmONC sites were deteriorated and part of the equipment and supplies were damaged. In Grand'Anse Department, 43% of health facilities were severely damaged and 7% were closed." UNFPA Supplies supported the following activities related to the subsequent humanitarian emergency: • **A joint assessment in collaboration with the MoH Direction of Health Service Organization** to assess the impact of the damages on the health system and identify rehabilitation needs	• Haiti Desk Study, January 2018

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
• **Supply of 261 reproductive health kits likely to cover the needs of 390,000 persons in the most affected departments of the Hurricane**. The kits include drugs, contraceptives, medical equipment needed to cover safe deliveries and obstetric complications, clinical management of Survivors of Rape • Distribution of **deployment of midwifery teams** for support to the affected institutions and communities via mobile clinics resulting in: - 1,197 consultations of women, including 522 pregnant women, who received ANC. - 40 home visits to the most disadvantaged women. - Distribution of 161 condoms, 194 injections of hormonal contraceptives, and hormonal implant to 12 new recipients - Provision of services for victims of GBV • **Rehabilitation of 15 maternity wards.** • Organisation of **"training sessions in support to the departmental directorates of health** for the health-care providers and also coordination sessions to comply with the operational and organizational requirements originating from the humanitarian situation." • **Training** for 10 Health departmental directorate and UNFPA staff and Partners on **MISP** in 2015 and 2016.	
Funding for the humanitarian response	
Sierra Leone • During the EVD crisis, in 2014 and 2015, **UNFPA Supplies funding was used to support CHWs in carrying out contact monitoring functions**. UNFPA was the lead UN agency for contact monitoring. Provided incentives, vehicles (motorbikes) and fuel.	• Interview: UNFPA CO staff, Freetown
Haiti • **«** L´UNFPA fournira l´accès aux services de santé sexuelle et reproductive à travers des centres de santé à guichet unique, qui seront dotés de sages-femmes locales, ayant obtenu leur diplôme d´une école de sages-femmes appuyée par l´UNFPA. **L´UNFPA financera également la réhabilitation de 15 maternités et soutiendra l´organisation de cliniques mobiles pour les survivantes de violence basée sur le genre**. (…) L´UNFPA a déjà distribué des milliers de kits d´hygiène, alimentaires et de cuisine au bénéfice des femmes et des filles des zones les plus touchées. »	• UNPFA (2016). Les établissements de santé dévastés par l'ouragan Matthew : "Je ne pouvais pas laisser les femmes mourir". Feature Story, 27 October 2016
Nepal • **"We did not receive funds from UNFPA Supplies to support demand creation**. We mainly got UNFPA supplies for commodities and training (…) except for the **support we received after the earthquake to run**	• Interview, FPAN

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
mobile clinics and female friendly spaces, which included some communication and awareness activities. But that was only for six months, after that UNFPA Supplies funding ended. Although we did recently produce a six minutes video on MISP" • "We receive **funds from other donors to work with community-based organisations**. We provide them with commodities and training. They provide services and awareness activities to the populations. Of the 178 CBOs we support, approximately 50% are active"	
Nepal • UNFPA had **sufficient funding** to respond to an urgent need for commodities during the 2015 earthquake and the 2017 flooding. The CO used UNFPA Supplies funds, core funds and resources mobilised from bilateral partners to procure and distribute emergency RH kits during these two humanitarian crises.	• UNFPA Nepal, *2016 template for country **annual joint reporting**; for the reproductive health thematic trust funds (TTFs) and joint programmes (JPs)* (Reporting period 2015)
Togo • « Le MOU UNFPA - UNHCR a porté sur **l'offre de services SR/PF aux réfugiés ghanéens qui étaient dans le district de Tandjouaré.** A ce titre, l'UNFPA a appuyé la formation et l'équipement de 29 réfugiés ASC pour les activités DBC y compris l'injectable, au sein des différentes communautés de réfugiés dans le district de Tandjouaré. • Dans le même temps, tirant les leçons des échéances électorales **l'UNFPA a appuyé le Ministère de la Santé dans la formation des prestataires de santé en DMU, puis prépositionné des kits DMU dans la région des Savanes et Maritime**, en prévision à d'éventuelles troubles sociopolitiques liées aux élections présidentielles de 2015. »	• Email from UNFPA Supplies Focal Point in UNFPA Togo Country Office
Togo • **Conducted assessment of the demand, supply and use of RH kits in humanitarian and fragile context**. Les besoins des formations sanitaires d'accueil des réfugiés au Togo pour l'offre de services SR/PF/VIH/VBG sont identifiés grâce l'évaluation faite. **Increased capacity of partners and UNFPA staff to implement the Minimum Initial Service Package (MISP) in humanitarian settings**: - Un MoU a été signé entre l'UNFPA et le HCR pour la mise en œuvre des interventions dans les centres de santé qui accueillent les réfugiés. - Une équipe (30 personnes) nationale a été formée sur le Dispositif Minimum d'Urgence (DMU) - Les points focaux régionaux ont été formés (23 personnes) sur le DMU pour couvrir les 40 districts sanitaires du pays, - Des kits d'urgence ont été pré-positionnés dans les Savanes (au Nord) et dans la Maritime (au Sud).	• UNFPA Supplies, *2015 annual progress report, p. 7-8, Togo*

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
- 02 staff du bureau UNFPA/Togo ont été formés sur les préparatifs minimum d'urgence - Les capacités du Togo et du Bénin pour l'offre de services intégrés SR/PF/VIH/VBG au profit des populations transfrontalières en situation d'urgence ont été renforcées lors de la célébration de la Journée Mondiale de la Population (141 bénéficiaires de services PF, 304 CPN réalisées)	
Togo • **«** On a pas eu de crise humanitaire, mais dans le cadre de l'élection présidentielle de l'année passe **UNFPA a donné des kits d'urgence dans toutes les régions,** « au cas au » il y en aura du besoin. il y a souvent des carences pendant cette phase. »	• Interview, MoH, Togo
Global Key Informant Interview **Funding flows and resources management:** "UNFPA has **an inflexible approach to funding**. They cannot spend money based on donor commitments (where other UN agencies working in a humanitarian context can). This means that: • A donor has to **transfer funds to UNFPA before they will even begin the process of ordering** let alone delivering supplies. • **No credit system operates** or other mechanism to release funds right away (for example through a finance guarantee scheme). • Knows of **complaints from NGOs and other partners that the kits are too slow to arrive** in country. • **Systems support and capacity building are not included** in the humanitarian response • **Commodities are not prepositioned** in countries where the greatest likelihood of need is (despite evidence that the funds invested are more than re-paid down the line). • Linked to this, there was recent information that one donor (Australia) had taken a decision to **support prepositioning of SRH supplies in Asia and Pacific countries doing this directly through the UNFPA regional office working directly with country offices**. They do not go through UNFPA Supplies programme.	• Global Key informant interview, September 2017.
Prepositioning, preparation and buffer stock	
Sudan • **UNFPA** works through MoH and other partners like MSF and Relief International. The UNFPA state office at Al Fasher always keeps a quantity of reproductive health and lifesaving commodities as a buffer stock (for security) to enable them to respond immediately to any emergency. This stock is stored in the UNFPA store and not the National Medical Supplies Fund warehouse or the MoH store. The lead **time to get**	• Field visit to North Darfur State.

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
emergency kits from UNFPA headquarters is quite long and usually takes between five and six months. **The buffer stock is not adequate to cover gaps when there is a large emergency.**	
Sudan • **UNFPA** Sudan used to pre-position stock in its sub-national warehouses in order to be ready for a crisis. However, one of the findings of the 2015 audit was that **stock management was not to a sufficient standard and stocks were regularly going out of date**. The audit required UNFPA Sudan to stop pre-positioning materiel.	• UNFPA, *2015 Audit report, UNFPA Internal Audit of Sudan UNFPA CO*
Madagascar • In 2013, **UNFPA supported the revision and implementation of the national emergency contingency** plan to better integrate RH and GBV prevention strategies.	• MoH, *Annual progress report 2013*
Nepal • **Humanitarian activities are mostly supported though regular resources**. Orientation on MISP to health workers and District Disaster Relief Committee (DDRC)/Reproductive Health Coordination Committee (RHCC) members was carried out. • **MISP has been incorporated in contingency plans of 15 districts** so far and disseminated to health workers and stakeholders. **Using regular resources,** UNFPA prepositioned three sets of Emergency Reproductive Health kits (0-10) with the Red Cross and redistributed ERH kits 0-9 in three districts affected by floods and landslides in August 2014 (Banke, Bardia, Surkhet). In addition, a total of 4,125 dignity kits were provided to flood affected women in the same districts and Dang with funds from CERF and regular resources.	• UNFPA Nepal, *Annual Joint Reporting ; for the reproductive health thematic trust funds (TTFs); and joint programmes (JPs)*(reporting period 2014)
• **Building Resilient Supply Chain Systems** is a **leading objective of UNFPA Supplies and HFCB** and includes: Supply chain management review; strengthens national capacity and expertise; stronger LIMS; visibility and stock- outs of commodities; tools and methodologies for forecasting supply, use, demand and for accountability (with JSI).	• *UNFPA Supplies in Humanitarian Contexts,* presentation to the UNFPA Steering Committee, 2017
UNFPA HFCB • Kits are prepositioned with the suppliers. We have done studies to evaluate where **we determined warehousing was not a good idea for UNFPA.** There is more than one supplier in different parts of the world. Demands have increased in recent years and **HFCB has done a study with JSI to forecast global demand which suggests the need may be 10 M USD for commodities annually**. Airfreight is the biggest expense – more than the commodities themselves. One of the things HFCB is looking at is different modalities such as using the World Food Programme or private partners.	• Interview, HFCB, UNFPA New York

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
Minimum Initial Service Package	
Sudan **UNFPA contribution to humanitarian response** • When asked what UNFPA's contribution has been, both the WHO and the SFPA said (among other things) that **UNFPA's promotion of the Minimum Initial Service Package (MISP)** has been important to guide the humanitarian response.	• Interviews with WHO Sudan and with SFPA, 18 and 17 October 2017 respectively, Khartoum.
Malawi • In 2014 **UNFPA supported the training of personnel of partners** (and for UNFPA) **to implement the MISP** based on OCHA focus model. This was basic MISP training, in country, (government, UNFPA, NGO) less than five days. Type of support: financial, technical guidance, training materials, RH commodities (RH kits) for training purpose etc.	• UNFPA Malawi, *Annual country reporting questionnaire 2013 for GPRHCS II performance monitoring 2014*
Nepal • Humanitarian **activities were for the most part supported though regular resources and additional funds mobilized from bilateral donors.** Orientation on MISP to health workers and District Disaster Relief Committee (DDRC)/Reproductive Health Coordination Committee (RHCC) members was carried out. MISP has been incorporated in contingency plans of 15 districts so far and disseminated to health workers and stakeholders.	• UNFPA, *2016 template for country annual joint reporting; for the reproductive health thematic trust funds (TTFs) and joint programmes (JPs)* (Reporting period 2015)
Nepal • **Humanitarian situation:** During earthquake, UNFPA to support FPAN/IPPF to provide RH services (MISP) in the affected areas. FPAN/IPPF also established the FFS "Female Friendly Space" – area were women can have safe services in a tent – specially trained counsellors for GBV and other RH services, and distribution of dignity kits. **Key activities supported by UNFPA**: - **Mobile Camp** (13 days per site)- using FPAN/IPPF and government service providers - **Female Friendly Spaces** - **Maternity** Transit **Homes** - **Distribution of RH kits and dignity kits**	• Interview, FPAN/IPPF, Nepal
Nepal • After the earthquake, **MISP training to health workers was conducted in seven districts** with funds mobilized from bilateral donors. From those seven districts around 474 health workers were trained in MISP during emergency. The trainings were conducted in close coordination with the Epidemiology and Disease Control Division (EDCD), the government division in the MoHP responsible to look after emergency, disease outbreaks and more.	• UNFPA, *2016 template for country annual joint reporting; for the reproductive health thematic trust funds (TTFs)*

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
	and joint programmes (JPs) (Reporting period 2015)
Haiti • Activity 3: **promotion of long lasting methods** including family planning methods in humanitarian settings (awareness is raised among 150 members of main stakeholders' organizations) Activity 9: training in MISP. • Activity 10: **procurement of RH kits.** • Activity 11: **Training for ten Health departmental directorate and UNFPA staff** and Partners on **MISP.**	• UNFPA Supplies, *2015 Annual Work Plan, Haiti*
Haiti • Within **the first four months** after the Hurricane Matthew struck in Haiti (4 October 2016), UNFPA provided the following support (through the UNFPA Emergency Fund): • **Supply of 261 reproductive health kits likely to cover the needs of 390 000 persons** in the most affected departments of the Hurricane. The kits include drugs, contraceptives, medical equipment needed to cover safe deliveries and obstetric complications, clinical management of Survivors of Rape.	• UNFPA Supplies*, Four months after Hurricane Matthew struck in Haiti*
Madagascar • UNFPA supported **SRH and GBV service delivery for 600,000** in 2016, including 3 EmONC facilities and 6 "safe spaces" in the areas affected by the El Nino climate phenomena (which caused drought and food insecurity in Southern Madagascar).	• UNFPA website: www.unpfa.org/emergencies/madagascar-humanitarian-emergency
Consequences of humanitarian emergency for UNFPA programmes	
Sierra Leone • The EVD response could have been better in that they were perhaps not quite fast enough to get back on to the family planning programming in a really active way. This applies to the government, NGOs and all the development partners, not just to UNFPA. During the **recent landslide/floods** UNFPA provided a three-month contract to PPASL to **provide RH/FP services to the effected communities**, especially by providing outreach services to women and girls who had been relocated.	• Interview: PPASL Head Office, Freetown
Haiti • In the **areas of the South most affected by Hurricane Matthew**, "The government faces **challenges in restoring health facilitie**s" in affected areas and urgent repairs to restore functionality have been identified. In Sud Department, 28% of health facilities sustained severe damage and 8% are closed, while in Grand'Anse, 43% of health facilities were severely damaged and 7% are closed. Of the 74 cholera and	• UNFPA (2016). Haiti needs support to restore, rebuild health services after Hurricane Matthew

Cross Cutting Issue: The role of UNFPA Supplies in humanitarian situation	Sources of Evidence
acute diarrhoea treatment facilities in Haiti, 34 are fully functional, while 40 sustained various levels of damage.	
Nepal • "After the earthquake **most of the resources of the government are diverted to reconstruction reducing the budget for contraceptives and family planning activities**. Thus, we anticipate receiving **ad-hoc request from government** to support in family planning commodities."	• UNFPA Nepal, 2015 *Mid-year progress report on programme activities Funded through GPRHCS Nepal*
Nepal • The earthquake led to a shift in government priorities which affected **implementation of already approved activities under the UNFPA programme**. • While Nepal was still struggling to recover from the devastating earthquake months after it had happened, a political crisis gripped the country with strikes and agitations in the Terai region (bordering India) starting in August, following the decision to endorse a new Constitution and a number of demands to amend it by agitating parties. • The country is suffering from **shortages of essential commodities such as fuel, gas and medicines** which has adversely affected the government, large sectors of the population as well **as implementation and monitoring of developmental and humanitarian programmes.**	• UNFPA Nepal, *UNFPA CO contribution to UN joint reporting for the reproductive health thematic trust funds (TTFs) and joint programmes, 2015*.
UNFPA Supplies HQ and UNFPA Humanitarian Branch • UNFPA Supplies is **Global Public Good** in support of humanitarian preparedness and response worldwide (beyond focus countries) • UNFPA Supplies, contribution to **UNFPA to be better fit for purpose** in humanitarian situations - "Leave no one behind" • **Open Global Platform** (UNFPA Procure) for procurement of emergency RH kits for humanitarian response • **Extensive partnerships in countries for response to crisis** o Custodian of Inter-Agency Emergency Reproductive Health Kits (IAWG) o SCM vulnerability assessment in humanitarian settings o Working with NGOs (MSI, MSF, AMC, etc.)	• *UNFPA Supplies in Humanitarian Contexts*, Presentation to the UNFPA Steering Committee, 2017.

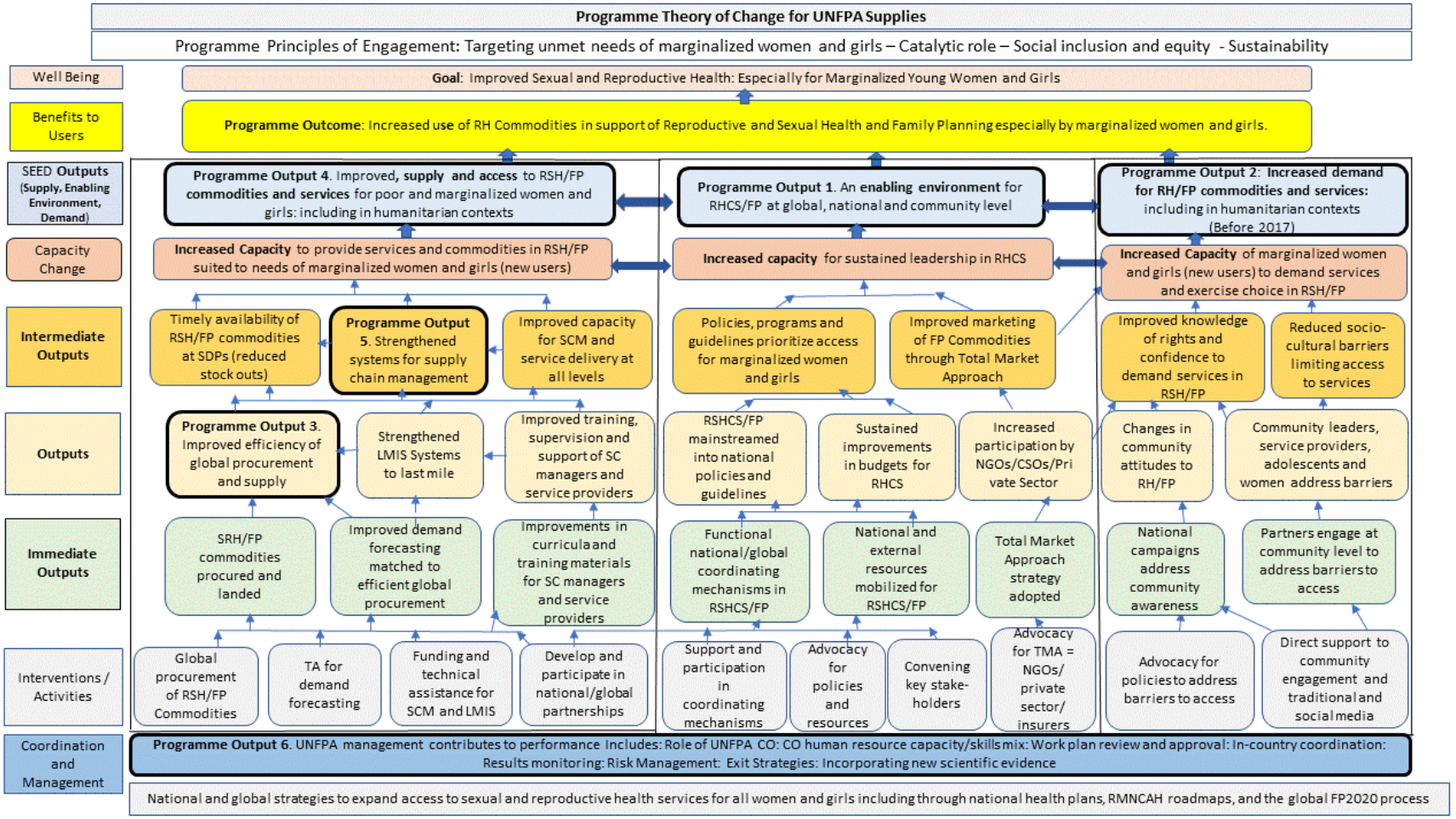
ANNEX 2: OVERALL AND PATHWAY THEORIES OF CHANGE FOR UNFPA SUPPLIES

Annex 2 presents the **overall and pathway theories of change** (ToC) for UNFPA Supplies. The overall programme ToC allowed the evaluation to describe all the key causal linkages in the programme and to identify all of the planned results of UNFPA Supplies at different levels in the chain of effects (from interventions, through outputs and outcomes to the achievement of the programme goal).

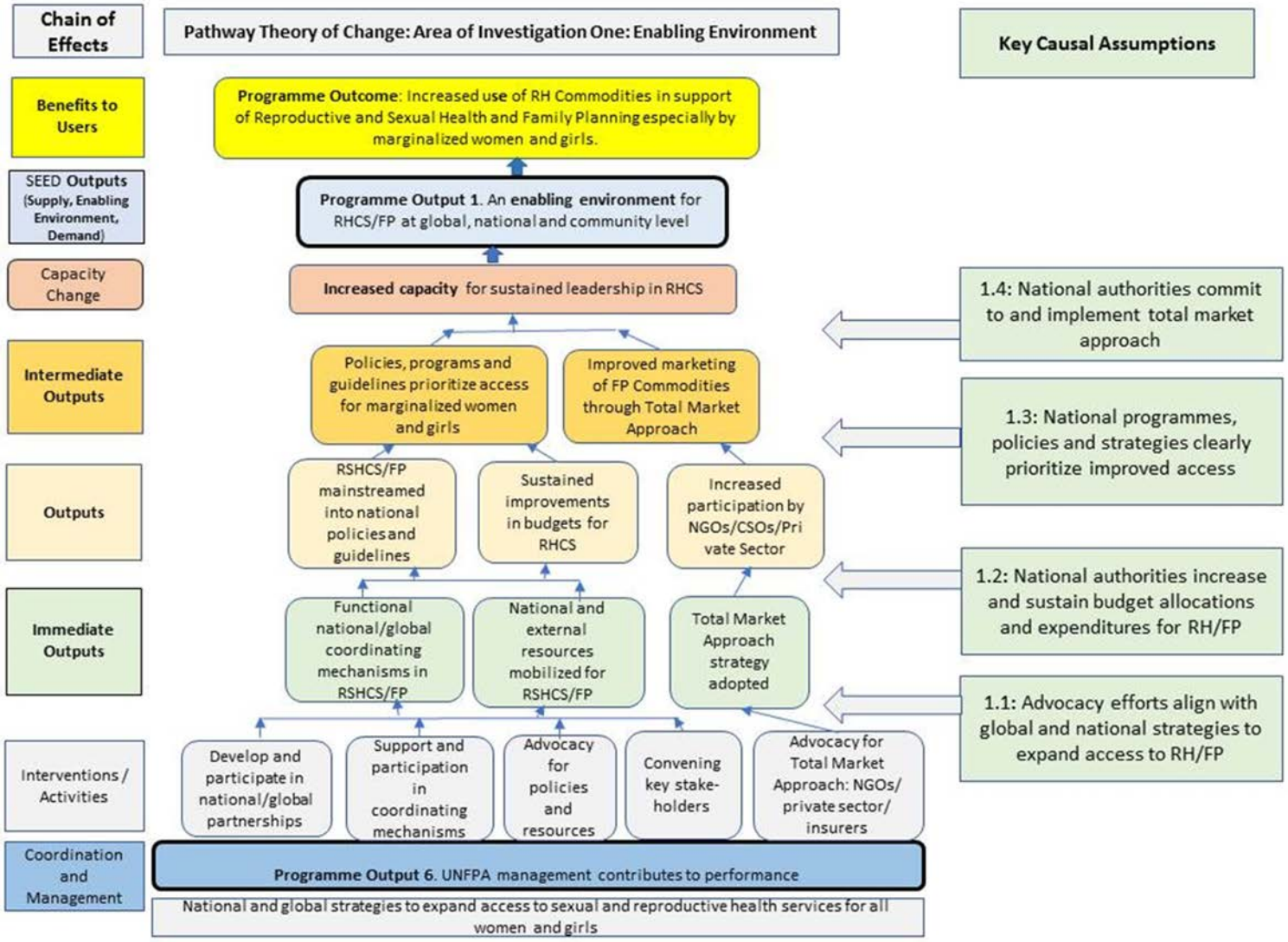
However, to identify the most important causal assumptions for testing during the evaluation, it was necessary to isolate and describe the **causal pathways which correspond to the areas of investigation** which are so important to this evaluation. This type of pathway ToCs are often referred to as a "nested" ToCs since they depict the causal relationships in one segment of the overall programme ToC.

1. Comprehensive programme theory of change
2. Pathway Theory of Change: Enabling environment
3. Pathway Theory of Change: Increased demand
4. Pathway Theory of Change: Improved efficiency of procurement and supply
5. Pathway Theory of Change: Improved supply and access

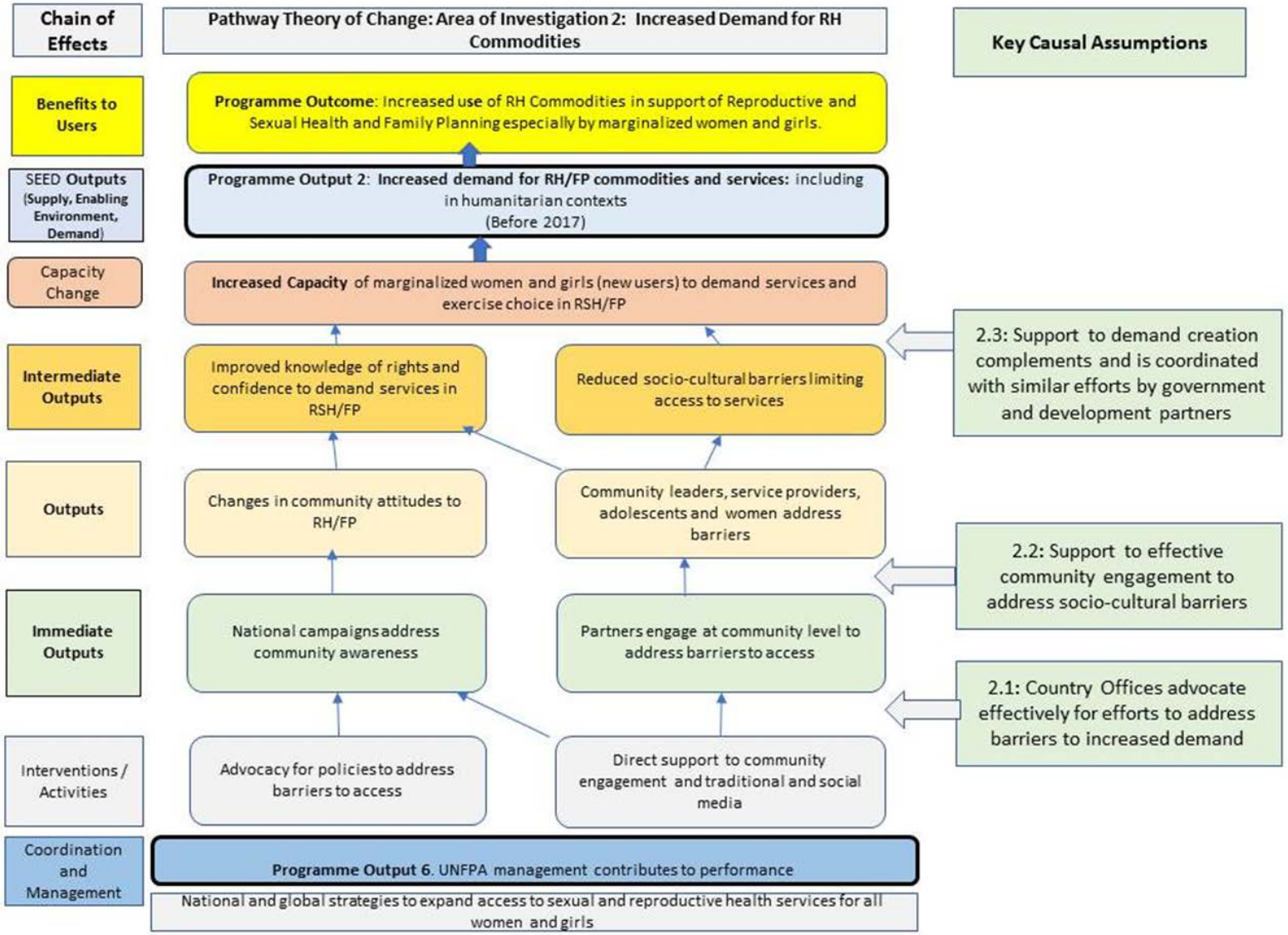
1. Comprehensive programme theory of change



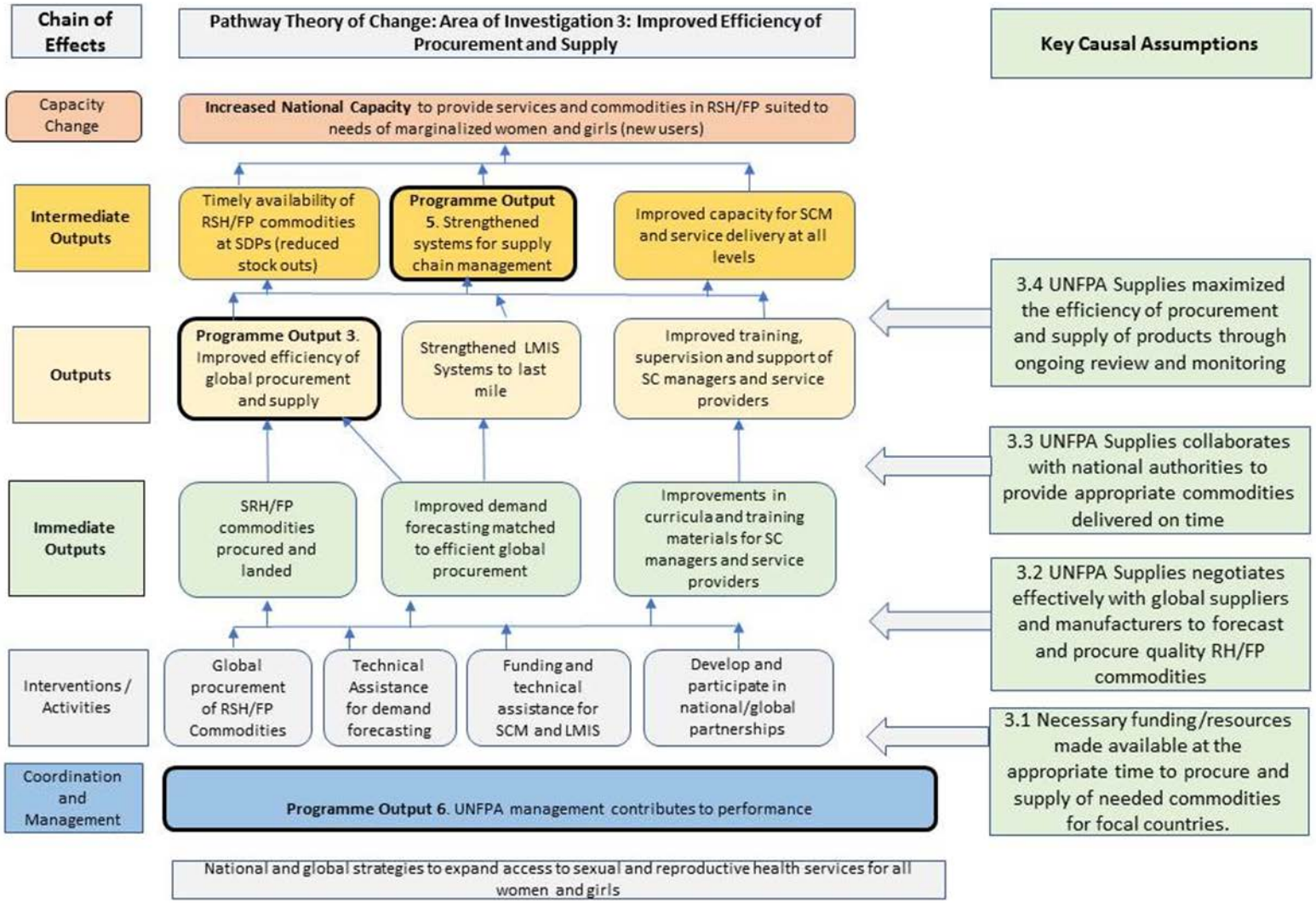
2. Pathway Theory of Change: Enabling environment



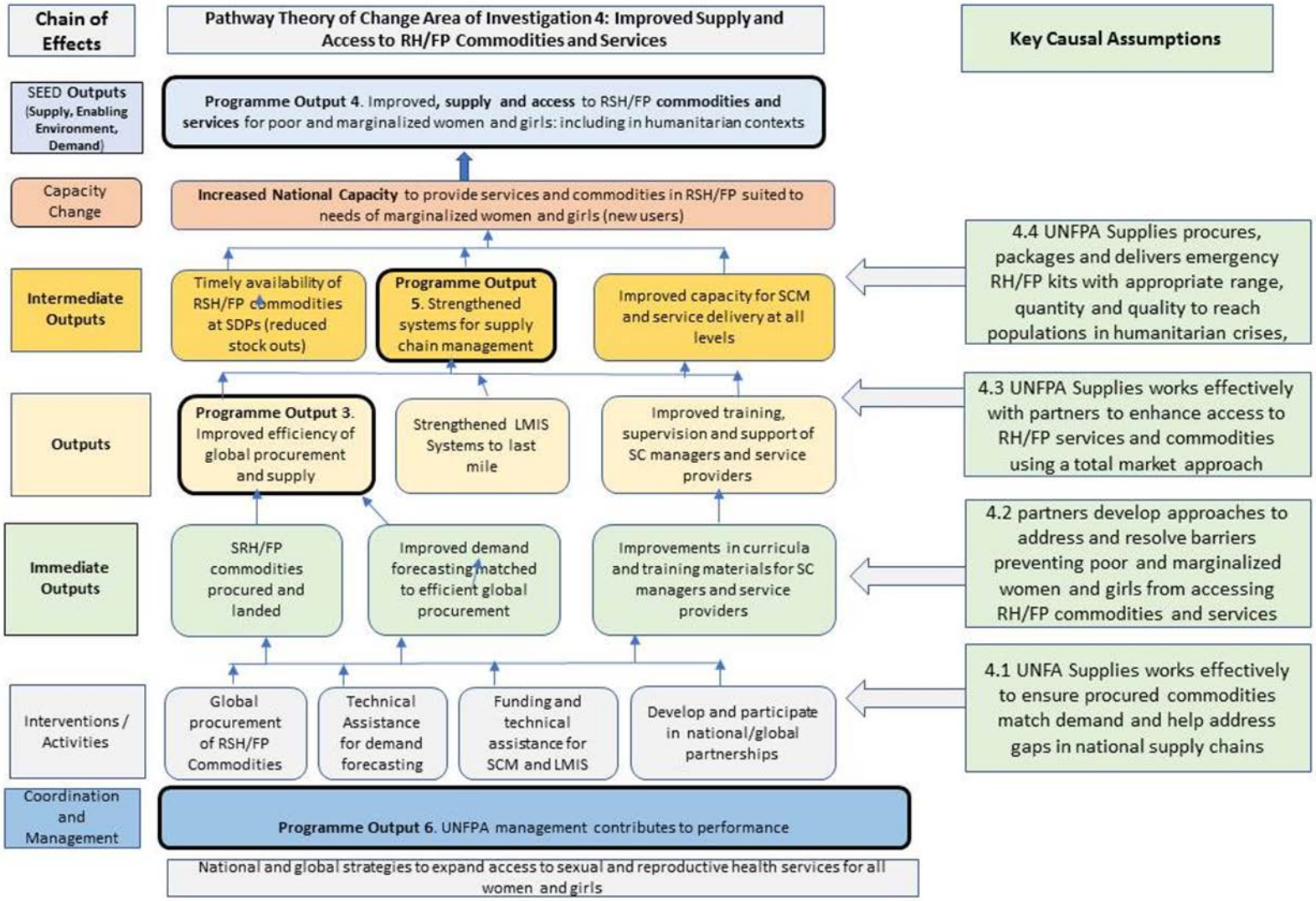
3. Pathway Theory of Change: Increased demand



4. Pathway Theory of Change: Improved efficiency of procurement and supply



5. Pathway Theory of Change: Improved supply and access



ANNEX 3: METHODOLOGY

Annex 3 presents key tools developed the inception phase and used during the data collection and analysis phase of the evaluation.

ANNEX 3 - Part One: Draft evaluation matrix with assumptions, indicators and data sources
ANNEX 3 - Part Two: Interview guides for field-based country case studies
ANNEX 3 - Part Three: Online survey questionnaire (English Version)

Part one presents the **draft evaluation matrix** as developed during the inception phase of the evauation. For each area of investigation, the draft evaluation matrix identifies: (i) the evaluation question; (ii) the corresponding evaluation criteria; and (iii) the rationale for including this area in the evaluation. This is followed by (iv) the "unpacking" of the questions into a series of assumptions, (v) together with their indicators and (vii) sources of information, both quantitative and qualitative.

Part two presents the **interview guides for field-based country case studies**. The interview guides provide cross-referenced questions and subject-matter guidance for a wide range of key informant interviews, group discussions and site visits conducted during the four field-based country case studies: Lao PDR, Nigeria, Sierra Leone and Sudan. The persons interviewed or participating in group discussions included UNFPA country representativies and staff of COs, national health authorities, officials of other government ministries, staff of implementing partners, service providers in reproductive health and family planning at national, regional and district level, multilateral and bilateral development partners, NGOs and clients and end-users. For a full list of persons interviewed see Annex 4.

Part three presents the **online survey questionnaire**. The online survey was used to collect evaluation evidence in and beyond the nine case study countries. It directly addresses the evaluation questions and key causal assumptions. A total of 494 potential respondents were invited to complete the online survey. During the survey period, potential respondents were reminded to complete the survey on three different occasions. The evaluation was able to secure 134 completed responses from 39 of the 46 programme countries. Of those that responded, the largest group consisted of staff of national health authorities (32.1 percent) followed by NGOs (26.1 percent) and other UN/multilateral organizations (23.1 percent).

ANNEX 3 - Part One: Draft evaluation matrix with assumptions, indicators and data sources

An enabling environment for Reproductive Health Commodity Security (RHCS) and Family Planning (FP)	
Evaluation Question 1: To what extent has UNFPA Supplies contributed to **creating and strengthening an enabling environment for RHCS/FP** at global, regional and national level?	
Sub-Questions: a) To what extent has UNFPA Supplies been effective **in engaging with global and regional partners to secure commitments and mobilize resources** in support of country needs in RHCS/FP? b) To what extent has UNFPA Supplies been effective in **advocating with national partners** so that RHCS and family planning are **integrated into** and **prioritized in national budgets, programmes, and health policies and strategies** (including guidelines, protocols and tools)? c) To what extent has UNFPA Supplies been **effective in strengthening and participating in coordination mechanisms** at all levels to ensure support and programming aligns with **global and national strategies to expand access to RH/FP commodities and services**, especially (but not exclusively) for poor and marginalized women and girls and other new users? d) To what extent has UNFPA Supplies been **effective in advocating for and supporting a total market approach** strategy for marketing of family planning commodities and services?	
Evaluation Criteria	Relevance, effectiveness, coordination, sustainability
Rationale	Recent evaluations in reproductive health and family planning (the **Evaluation of UNFPA Support to Family Planning** and the **End-Line Evaluation of the H4+ Joint Programme Canada and Sweden**) have found that effective programming requires adequate attention to the enabling environment at global, regional, and especially at national levels.[1] This is consistent with the SEED model of Sexual and Reproductive Health (SRH) programming and reflects the importance given to addressing the enabling environment in the design of UNFPA Supplies (where it has been designated as output number one). A strengthened enabling environment is also an essential element in sustaining improved outcomes in RHCS/FP. From 2017 onward, UNFPA Supplies has varied the level of commodities it procures for each country depending on its capacity to sustain national programmes and budgets in RHCS/FP. This capacity will, itself, depend on the strength and durability of the enabling environment for RHCS/FP.

[1] The Engender Health, *SEED Programming Model,* indicates that the conditions for a positive enabling environment for improved Sexual and Reproductive Health have been attained when: "the *policy, programme and community environment, coupled with social and gender norms, support functioning health systems and facilitate healthy behaviors"*. See: https://www.engenderhealth.org/our-work/seed/

Question 1: Key Assumptions	Indicators	Sources of Evidence
Assumption 1.1: UNFPA Supplies **advocacy efforts** at global, regional and national level **are coordinated and aligned with national and global strategies** to **expand access to RH/FP services and commodities.**	• Coherence/alignment between global and national strategies in RH/FP and UNFPA Supplies advocacy and communication messages at global/regional/national level • National RH/FP strategies and plans (including in national health plans and reproductive health roadmaps) include focus on expanded access, including access for marginalized women and girls • Views of UNFPA staff at global, regional country level • Views of national health authorities • Views/experience of multilateral/bilateral partners	<u>Data and document reviews</u> • Global plans and strategies in RH/FP (Every Woman Every Child (EWEC), Global Strategy 2.0, FP2030 etc.) • National strategies, plans, and roadmaps in RH/FP • UNFPA Supplies global, regional and country workplans • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies advocacy and communications material <u>Interviews, group discussion, site visits</u> • UNFPA staff at global, regional, country level • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs engaged in RH/FP
Assumption 1.2: Drawing on global, regional and national sources for financial support, **national health authorities have been able to achieve (and to varying degrees, sustain) increased budget allocations** and expenditures for RHCS/FP.	• Levels of external support designated to RHCS/FP over time (including UNFPA Supplies and other sources • Budget line item for RHCS/FP or components implemented and trend over time in budget allocations • Views/experience of national health authorities • Views/experience of multilateral/bilateral partners and UNFPA staff	<u>Data and document reviews</u> • UNFPA Supplies country workplans • UNFPA Supplies annual reports and results framework reports • National Health Accounts Reports • National health budgets <u>Interviews, group discussion, site visits</u> • UNFPA Country Office (CO) staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs engaged in RH/FP <u>Online Survey</u> • Questions on financial commitments • Questions on factors encouraging support to family planning

Question 1: Key Assumptions	Indicators	Sources of Evidence
Assumption 1.3: National **programmes, policies and strategies** (including guidelines, protocols and tools **prioritize improving access** to RH/FP services and commodities, including access **for poor and marginalized women and girls**.	• Relative priority given to improved access for marginalized women and girls in national programmes, policies and strategies • Views and experience of health authorities at national and sub-national level and of service providers regarding priority of focus on marginalized women and girls • Active measures included in guidelines, protocols and tools for improving access to poor and marginalized women and girls. • Views of implementing partners (national health services, NGOs, CSOs)	Data and document reviews • National strategies, plans, and roadmaps in RH/FP • National health service guidelines, protocols and tools covering delivery of RH/FP services • UNFPA Supplies annual reports and results framework reports Interviews, group discussion, site visits • UNFPA staff at global, regional, country level • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery • Staff of national, provincial, district level service delivery points for RH/FP services (including Community Based Distributors (CBD) • Site visits to service delivery points and distribution sites in the capital and in more remote districts Online Survey • Questions on policies and strategies • Questions on outcomes
Assumption 1.4: National authorities are receptive to a **total market approach strategy for RH/FP services and commodities** which encourages **increased participation by NGOs, civil society and the private sector** and potentially can contribute to **improved marketing and increased demand**.	• Identification of a total market approach (TMA) approach in national plans and programmes for increased use of RH/FP commodities • Trend over time in participation in national programmes for demand creation by NGOs, civil society and the private sector • Views of national health authorities, international and national NGOs active	Data and document reviews • National strategies, plans, and roadmaps in RH/FP • National health service guidelines, protocols and tools covering marketing and delivery of RH/FP services • UNFPA Supplies annual reports and results framework reports Interviews, group discussion, site visits • UNFPA CO staff • National health authorities/Multilateral/bilateral partners supporting RH/FP

Question 1: Key Assumptions	Indicators	Sources of Evidence
	in RH/FP, civil society organisations and private sector representatives • Views of UNFPA staff and of bilateral and multilateral development partners supporting RH/FP	• International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery • Staff of national, provincial, district level service delivery points for RH/FP services Online Survey • Questions on partnership and implementation strategies

Increased demand for RH commodities by poor and marginalized women and girls	
Evaluation Question 2: To what extent has UNFPA Supplies **contributed to increasing demand for reproductive health and family planning commodities and services,** including demand by poor and marginalized women and girls in keeping with their needs and choices (including in humanitarian situations)?	
Sub - Questions: e) Has UNFPA Supplies **advocated effectively for policies and programmes to strengthen demand and address barriers to access** (including but not limited to harmful socio-cultural norms) while taking account of the needs of marginalized women and girls? f) Has UNFPA Supplies been effective in **supporting engagement by community leaders, service providers, adolescents and women to build demand and address barriers to access**? g) To what extent have policies and programmes supported by UNFPA Supplies contributed to **improving knowledge and attitudes, reducing barriers and improving the capacity** of women and girls **to demand services and exercise choice** in accessing RH/FP commodities in a range of settings? h) **From 2017**, with UNFPA Supplies **no longer providing direct support to increasing demand**, what processes and mechanisms have been/will be used to **ensure that improvements in supply complement and are coordinated with demand generation actions of partners**?	
Evaluation Criteria	Relevance, effectiveness, sustainability
Rationale	While recent decisions have re-directed UNFPA Supplies away from direct demand creation efforts, in most countries, the programme supported efforts to strengthen demand creation from 2013 through 2016. As a result, the Mid-Term Evaluation should examine the effectiveness of demand creation efforts. In addition, given the inter-related dynamic between the areas of Supply, Enabling Environment and Demand, it will be useful to examine the extent that UNFPA Supplies has been able to link efforts to support action across all three of these important programme outputs. Evaluation Question 2 and its sub-questions allow the evaluation to examine programme effectiveness in achieving this output and to establish the linkages, if any, across important elements of the programme.

Question 2: Key Assumptions	Indicators	Sources of Evidence
Assumption 2.1: UNFPA COs **advocate effectively for sustainable policies, programmes and investments addressing socio-cultural norms and other barriers** to improve **the knowledge and capacity of marginalized women and girls to demand access to RH/FP commodities**, including through community engagement and use of a total market approach.	• Coherence/alignment between national strategies in RH/FP and advocacy messages supported by UNFPA Supplies at national level • National RH/FP strategies and plans focus on addressing socio-cultural norms and other barriers to access for marginalized women and girls • National RH/FP programmes include active measures to strengthen knowledge and capacity of marginalized women and girls through community engagement and TMA • Views of UNFPA CO staff • Views of national health authorities • Views/experience of multilateral/bilateral partners active in RH/FP • Views/experience of staff of national health systems, international and national NGOs, civil society organisations, private sector entities active in community engagement and service delivery • Views/experience of community members (including community leaders) • Views/experience of marginalized women and girls participating in community engagement activities	<u>Data and document reviews</u> • National strategies, plans, and roadmaps in RH/FP • National health service guidelines for community engagement and demand generation • UNFPA Supplies annual reports and results framework reports <u>Interviews, group discussion, site visits</u> • UNFPA CO staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery and in community engagement (especially implementing partners of UNFPA Supplies) • Staff of national, provincial, district level service delivery points for RH/FP services. • Community leaders (traditional leaders, teachers, police, etc.) • Marginalized women and girls participating in community engagement activities or accessing services <u>Online Survey</u> • Views on advocacy and leadership • Significance of barriers to change
Assumption 2.2: UNFPA Supplies supports policies and programmes including effective community engagement to **directly address socio-cultural barriers to improving the knowledge and ability of marginalized women and girls to**	• Community engagement activities supported by UNFPA supplies include documented and specific measures to address socio-cultural barriers to improving knowledge and ability of marginalized women and girls to demand appropriate services	<u>Data and Document Reviews</u> • National and sub-national budgets and programme reports on community engagement and demand generation activities • UNFPA Supply annual country workplans

Question 2: Key Assumptions	Indicators	Sources of Evidence
demand appropriate RH/FP commodities of their choice.	• Opinions and experience of key stakeholders as indicated	• UNFPA Supplies country annual reports and results framework reports <u>Interviews, group discussion, site visits</u> • UNFPA CO staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery and in community engagement (especially implementing partners of UNFPA Supplies) • Staff of national, provincial, district level service delivery points for RH/FP services • Community leaders (traditional leaders, teachers, police, etc.) • Marginalized women and girls participating in community engagement activities or accessing services
Assumption 2.3: UNFPA Supplies support to increasing demand **in partnership with governments and others for RH/FP commodities** complements and is coordinated with support from other sources at national and sub-national levels.	• Evidence that other programmes address socio cultural barriers to effective demand • Existence of functioning national and sub-national structures to coordinate support and interventions in demand generation for RH/FP (including community engagement • Evidence of active participation by UNFPA in national and sub-national coordinating bodies • Views of UNFPA CO staff, national health authorities, multilateral and bilateral development partners, international and national NGOs	<u>Data and document reviews</u> • Mandate letters/statements and minutes of meetings of national coordinating bodies in RH/FP • UNFPA Supplies annual reports and results framework reports <u>Interviews, group discussion, site visits</u> • UNFPA CO staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery and in community engagement (especially implementing partners of UNFPA Supplies) <u>Online Survey</u>

Question 2: Key Assumptions	Indicators	Sources of Evidence
		• Views on growth in demand for commodities and services
Improved efficiency for procurement and supply of RH commodities (global focus)		
Evaluation Question 3: To what extent has UNFPA Supplies, through its global operations and advocacy interventions, contributed to **improving the efficiency of the procurement and supply** of reproductive health and family planning commodities for the 46 target countries?		
Sub-Questions a) To what extent has UNFPA Supplies contributed to improving the **efficiency of global procurement of SRH/FP products** across all critical dimensions of performance (quality, mix, price, lead time, supplier performance, etc.)? b) Is there evidence that UNFPA Supplies has helped to **improve global forecasting, prequalification, pricing** and **long-term agreements** with a variety of suppliers. c) To what extent has UNFPA Supplies, in coordination with national authorities and partners, helped to **avoid global supply disruptions, over-stocking, over-paying, and quality issues**? d) Is there **evidence** of **increased choice** (prequalified suppliers and products), competitive pricing, reduced lead times, and increasing volumes distributed to key populations, including populations experiencing humanitarian crises? e) To what extent has UNFPA Supplies helped to **improve the global supply chain** of these commodities, and to **shape the global market** for them (influencing price, quality, innovation, and availability), using its global reach and purchasing power?		
Evaluation Criteria	Relevance, effectiveness, efficiency	
Rationale	UNFPA Supplies acts as a major force in the global system for forecasting needs and procuring and shipping appropriate RH/FP commodities to the programme's 46 countries. As a result, through the combined operations of UNFPA Country and Regional Offices, Commodity Security Branch (CSB)and Procurement Services Branch (PSB), UNFPA Supplies is in a position to exercise considerable influence on the global market for the commodities it provides. This evaluation question aims to determine how well UNFPA Supplies has used its influential position to shape the global market and to improve the overall market conditions to enable the programme to forecast global demand accurately and procure and deliver the appropriate, quality RH/FP commodities. This should also be done in accordance with national needs (and in coordination with national authorities and other partners), with deliveries on time and at the most competitive price possible. It is important to capture this global effect because, if realized, UNFPA Supplies' ability to shape the global market for RH/FP commodities should increase the effectiveness of programme interventions in each of the programme countries.	

Question 3: Key Assumptions	Indicators	Sources of Evidence
Assumption 3.1: UNFPA Supplies had **the necessary funding/resources made available** at the appropriate time in the 2013-2016 period to meet its mandate in procurement and supply of RH/FP commodities for focal countries.	• Trends in funds mobilized by UNFPA Supplies over time • Expenditures by UNFPA Supplies at global, regional, national level • Identified funding gaps and time lags • Trends in external support (including by UNFPA Supplies) to RHCS/FP • Views of key stakeholders in RHCS/FP at global, regional and national levels	<u>Data and Document Reviews</u> • UNFPA Supplies annual reports and results framework reports • Minutes of the UNFPA Supplies Steering Committee • Reports on global support to RH/FP (Countdown, FP2030, etc.) • PSB procurement and shipment data • Supplies Programme financial data <u>Interviews, Group Discussion, Site Visits</u> • UNFPA Procurement Service Branch Staff (headquarters (HQ)) • UNFPA Commodity Services Branch Staff (HQ) (Including financial managers) • UNFPA CO Staff • Multilateral/bilateral partners supporting RH/FP at global level • International NGOs active in RH/FP at global level
Assumption 3.2: Using its global reach and purchasing power, UNFPA Supplies **collaborates with national authorities and other partners** to **negotiate effectively with global suppliers and manufacturers** to forecast and procure quality RH/FP commodities, seeking the most cost-effective, reliable, efficient supply stream for UNFPA Supplies. This has the effect of **influencing and helping to shape the market** for these products, affecting aspects of	• Evidence/records of coordination meetings and consultations to identify goals and determine negotiating positions prior to contracting with global suppliers • Functioning mechanisms/processes for forecasting demand for selected quality RH/FP commodities • Trends over time in prices and choice of products available for a sample of RH/FP commodities as identified in long and short-term agreements • Functioning mechanisms/processes for quality assurance and quality control for commodities/products procured and shipped with support of UNFPA Supplies	<u>Data and document reviews</u> • Records of coordination meetings/consultations chaired or organized by Procurement Services Branch • UNFPA Supplies annual reports and results framework reports • Price, quality and shipment data for selected RH/FP commodities over time (PSB and CSB data, UNFPA Supplies reports, national facilities surveys, Logistics Management Information System (LMIS) reports, citizen group reporting on stock-outs). • Long-term agreements (LTAs) with global suppliers <u>Interviews, group discussion, site visits</u> • UNFPA Procurement Service Branch Staff (HQ) • UNFPA Commodity Services Branch Staff (HQ)

Question 3: Key Assumptions	Indicators	Sources of Evidence
quality, price, innovation and supply.	• Downward trend in instances of sub-standard quality and delays in shipment of products/commodities • Examples of innovation in RH/FP commodities and products procured	• UNFPA CO Staff • National health authorities • Multilateral/bilateral partners supporting RH/FP at global level • International NGOs active in RH/FP at global level
Assumption 3.3 UNFPA Supplies actively participates in national commodity forecasting and planning processes and collaborates with national authorities to **provide appropriate commodities delivered on time to the 46 countries.** It also collaborates with national authorities and with other global and country-based partners, to ensure forecasting and supply functions are efficient and not duplicative.	• Functioning mechanisms/processes for forecasting demand for selected RH/FP commodities • Functioning mechanisms/processes for quality assurance and quality control for commodities/products procured and shipped with support of UNFPA Supplies • Downward trend in instances of sub-standard quality and or delays in shipment of products/commodities • Reductions over time in country stock-outs of selected RH/FP commodities and products (and in wastage or non-use because of inappropriate products) • Absence or reduction in instances of overlap or duplication in mechanisms for global forecasting, procurement and shipment • Products procured and shipped adhere to orders received and comply with international quality standards	<u>Data and document reviews</u> • Records of meetings/consultation/oversight of demand forecasting mechanisms • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies CO workplans • Price, and shipment data for selected RH/FP commodities over time • Facilities surveys and stock out reports (country level) <u>Interviews, group discussion, site visits</u> • UNFPA Procurement Service Branch Staff (HQ) • UNFPA Commodity Services Branch Staff (HQ) • UNFPA CO Staff • National health authorities • Multilateral/bilateral partners supporting RH/FP at global level • International NGOs active in RH/FP at global level
Assumption 3.4 UNFPA Supplies works (through PSB and CSB) to **maximize the efficiency and effectiveness** of its procurement and supply of products through	• Existence of monitoring processes and reports on efficiency of procurement and supply (procurement reports and data on products procured, ordered, shipped and delivered on time and in full)	<u>Data and document reviews</u> • UNFPA Supplies annual reports and results framework reports • Minutes of the UNFPA Supplies Steering Committee • Review mission reports

Question 3: Key Assumptions	Indicators	Sources of Evidence
ongoing review and monitoring including of family planning methods, new designs, quality issues, supplier performance and compliance, global prices, reports of adverse effects or toxicity, and shifting demand trends.	• Evidence of ongoing monitoring and periodic research examining innovations in family planning methods, designs, quality assurance etc. • Ongoing monitoring reports tracking supplier performance and compliance, global prices, adverse effects and shifting demand trends (with procurement adjusted accordingly)	• Selected UNFPA country programme evaluation reports • PSB procurement and shipment data <u>Interviews, group discussion, site visits</u> • UNFPA Procurement Service Branch Staff (HQ) • UNFPA Commodity Services Branch Staff (HQ) • UNFPA CO Staff • Multilateral/bilateral partners supporting RH/FP at global level • International NGOs active in RH/FP at global level <u>Online Survey</u> • Views of UNFPA Supply's role in supply chain management (SCM) strengthening in different countries

8.4 - Improved access to quality RH/FP commodities and services	
Evaluation Question 4: To what extent has UNFPA Supplies contributed to **improved security of supply, availability and accessibility of RH/FP commodities and services** in programme countries, especially for poor and marginalized women and girls, **in keeping with their needs and choices**, including in humanitarian situations?	
Sub-Questions: a) To what extent has UNFPA Supplies contributed to the **development of effective strategies and approaches** for making **high-quality RH/FP commodities and services available and accessible** for marginalized women and girls? b) To what extent has UNFPA Supplies been effective in supporting efforts to **strengthen the capacity of service providers for the delivery of quality RH/FP services and related commodities** and to integrate family planning into other services? c) Has UNFPA Supplies been effective in **brokering and managing partnerships that maximize the reach of efforts by all partners** to locate and provide a **secure and constant supply of high-quality RH/FP services and commodities** to poor and marginalized women and girls? d) To what extent has UNFPA Supplies worked effectively with national authorities, and other partners to provide a **timely, secure and constant supply** (and related services) of RH/FP **commodities to women and girls in areas affected by humanitarian crises**, using the MISP kits and guidance as well as other necessary commodities and services where appropriate?	
Evaluation Criteria	Relevance, effectiveness, sustainability

Rationale	These questions are directly focused on access for poor and marginalized women and girls. In the case of UNFPA Supplies, access involves the ability of poor and marginalized women and girls to demand and receive the RH/FP commodities and services when and where they need them and at prices they can afford. The question of access also serves as a strong link between supply and demand promoting activities in the SEED model of effective programming in RH/FP (see Figure 1). With this question, the evaluation is able to assess how the programme has contributed to the availability and accessibility of a supply of RH/FP commodities (and services) which responds to the needs and choices of poor and marginalized women and girls.

Question 4: Key Assumptions	Indicators	Sources of Evidence
Assumption 4.1: UNFA Supplies works effectively to ensure procured commodities match demand and help **address gaps in national supply chains** (including gaps resulting from crises), to enhance the secure flow and constant availability of affordable RH/FP commodities that are accessible to marginalized women and girls.	• Reduction in frequency, duration and severity of stock outs at national and sub-national levels • Absence or reduction in the frequency and level of over-supply and unused inventory • Changes and adjustments/reallocation of procurement and shipment of RH/FP commodities and products to match changes in demand • Timeliness of shipment of identified needed commodities and products during humanitarian crises • Views and experiences of UNFPA staff, national health authorities, national medical stores staff, service providers and women and girls accessing commodities	Data and document reviews • Records of coordination meetings/consultations at global, regional, national level (including in humanitarian contexts) • UNFPA Supplies annual reports and results framework reports • Price, quality and shipment data for selected RH/FP commodities over time (PSB data, UNFPA Supplies reports, national facilities surveys, LMIS reports, citizen group reporting on stock-outs). Interviews, group discussion, site visits • UNFPA Procurement Service Branch Staff (HQ) • UNFPA Commodity Services Branch Staff (HQ) (Country Leads) • UNFPA CO Staff • National health authorities • Staff of national medical stores at national and sub-national level • Service providers in RH/FP (health authorities, international and national NGOs, CSOs, private sector agencies • Women and girls accessing commodities, including in humanitarian settings

Question 4: Key Assumptions	Indicators	Sources of Evidence

Assumption 4.2: UNFPA Supplies and Country Offices work effectively (with national authorities, and other partners) to **develop new approaches** to **address and resolve barriers preventing poor and marginalized women and girls** (including those in humanitarian crises) from accessing RH/FP commodities and services across the entire market (public, private, NGOs, etc.).	• National RH/FP plans, strategies and programmes include measures to address and resolve barriers to access for poor and marginalized women including:
	  • Geographic access
	  • Price and affordability constraints
	  • Timely delivery and stable supply
	  • Choice of methods
	  • Harmful social norms limiting access
	• In humanitarian settings, UNFPA Supplies engages with national authorities to ensure that its support (including emergency kits) is targeted to all women and girls at risk, including poor and marginalized.
	• Views of UNFPA CO staff, national health (and emergency response) authorities, multilateral and bilateral partners supporting RH/FP
		<u>Data and document reviews</u>
		• National strategies, plans, and roadmaps in RH/FP
		• National health service guidelines for community engagement and demand generation
		• UNFPA Supplies annual reports and results framework reports
		• Monitoring reports, field mission visit reports and real-time evaluation reports of UNFPA response to humanitarian crisis
		<u>Interviews, group discussion, site visits</u>
		• UNFPA CO staff
		• UNFPA Supplies HQ country lead staff
		• National health authorities
		• Multilateral/bilateral partners supporting RH/FP
		• International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery
		• Staff of national, provincial, district level service delivery points for RH/FP services
		• Community leaders (traditional leaders, teachers, police, women's group leaders, etc.)
		• Marginalized women and girls participating in community engagement activities or accessing services
		• Women and girls accessing RH/FP commodities including contents of UNFPA Kits for use in humanitarian contexts
		<u>Online Survey</u>
		• Views on barriers to access
		• Factors constraining or promoting access and UNFPA's role in addressing these

Question 4: Key Assumptions	Indicators	Sources of Evidence
Assumption 4.3: UNFPA Supplies works effectively with national authorities, and other partners, to enhance availability and ease of access to RH/FP services and commodities using a **total market approach** (engaging a full range of public, NGOs, and private sector providers including social insurers and social marketing outlets and kiosks/dispensers for condoms, etc.).	• Identification of a TMA approach in national plans and programmes for increased use of RH/FP commodities. • Increased participation in national programmes for demand creation by non-state actors • Trend over time in use of modern methods and in unmet need • Views of national health authorities, international and national NGOs active in RH/FP, CSOs and private sector representatives • Views of UNFPA staff and of bilateral and multilateral development partners supporting RH/FP	Data and Document Reviews • National strategies, plans, and roadmaps in RH/FP • National health service guidelines, protocols and tools covering marketing and delivery of RH/FP services • UNFPA Supplies annual reports and results framework reports • Demographic and Health Survey (DHS) and other reports of unmet need Interviews, group discussion, site visits • UNFPA CO staff • UNFPA HQ country lead staff • National health authorities • Central medical stores staff • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery • Staff of national, provincial, district level service delivery points for RH/FP services
Assumption 4.4: UNFPA Supplies procures, packages and delivers **emergency RH/FP kits** and individual products with the **appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises**, to enable those affected to meet their RH/FP requirements.	• Programme humanitarian response plans include explicit matching of content of emergency RH-FP kits with identified needs of women and girls in the specific humanitarian emergency • Humanitarian response plans identify the number of kits needed to meet needs arising from the crisis along with strategies and approaches for effective delivery • Those involved in service delivery report kits and their contents were appropriate, of high quality and delivered in a timely manner	Data and document reviews • Records of coordination meetings/consultations at global, regional, national level (including in humanitarian contexts) • UNFPA Supplies annual reports and results framework reports • Review mission reports and real-time evaluation reports of UNFPA response to humanitarian emergencies Interviews, group discussion, site visits • UNFPA CO Staff

Question 4: Key Assumptions	Indicators	Sources of Evidence
	• Women and girls affected by the humanitarian crisis report access to needed, appropriate and quality RH/FP commodities and products	• National health and emergency response authorities • Service providers in RH/FP (health authorities, international and national NGOs, civil society organisations, private sector agencies. • Women and girls accessing commodities, including in humanitarian settings Online Survey • Views on reliance on emergency kits • Views on the value and utility of kits

Strengthened systems and capacity for Supply Chain Management	
Evaluation Question 5: To what extent has UNFPA Supplies contributed to **improving systems and strengthening capacity for supply chain management** for reproductive health and family planning commodities in programme countries?	
Sub-Questions: f) To what extent has UNFPA Supplies enhanced the ability of programme countries **to move commodities** from their point of arrival through various supply channels to the **last mile and service delivery points?** g) To what extent has UNFPA Supplies strengthened supply chains for RH/FP commodities in areas affected by humanitarian crises? h) To what extent has UNFPA Supplies contributed to strengthening the **capacity of supply chain managers and service providers** to forecast, order, receive, store, distribute and report on commodities? Has programme support addressed the capability, opportunity and motivation of supply chain managers and service providers? i) Has UNFPA Supplies been effective in **improving systems (both computerized and manual) and procedures** for supply chain management (including LMIS) and systems for inventory management, distribution, tracking and tracing of products), by working with **public, NGO and private sector actors**? Have countries reported positive results in tracking and managing these products? j) To what extent have UNFPA Supplies interventions incorporated a focus on **sustainability of supply** (to mitigate the potential risk of supply disruptions) through increased national ownership and support?	
Evaluation Criteria	Effectiveness, efficiency, sustainability
Rationale	Strengthened systems and capacities for supply chain management (UNFPA Supplies Programme Output 5) are an essential pre-requisite for improving the availability of RH/FP commodities and thereby improving access to those commodities by poor and marginalized women and girls. This is illustrated clearly in the programme Theory of

	Change (ToC) (Figure 2), where strengthened systems for supply chain management contribute to improved national capacity to provide needed services and commodities in RH/FP which, in turn, contributes to improved availability and access (Output 4). In addition, these questions focus directly on the improvements in automated and manual systems and procedures which can aid the overall strengthening of supply chain**s**. Alongside investments in systems and technology, the evaluation question addresses the needed improvements in the capacity of supply chain managers and service providers to play their essential roles in forecasting need, managing supplies, and carrying out distribution so that national supply chains can operate effectively. Finally, these questions and assumptions address the need for system improvements to be sustainable. For external programmes to move from a process of supporting ongoing systems management to strengthening systems themselves they need to be sustainable over the medium and long-term.

Question 5: Key Assumptions	**Indicators**	**Sources of Evidence**
Assumption 5.1: UNFPA Supplies engages with national supply chain managers and development partners in countries to **discern key areas of supply chain management requiring support** (while seeking consensus among stakeholders regarding gaps and requirements to address them), and works to **supply targeted training, technology, and innovations to address the identified gaps**.	• Mechanisms for joint assessment of national supply chains and identification of gaps and weaknesses are operational • UNFPA Supplies initiatives to strengthen supply chain management are targeted to addressing agreed weaknesses • UNFPA Supplies support to strengthening supply chain management does not overlap or duplicate support from other bilateral or multilateral partners or national programmes • Efforts to strengthen supply chain management address staff capabilities and motivation as well as needed improvements in systems and technology • Positive findings on training outcomes and results reported • Trends in supply chain performance data	<u>Data and document reviews</u> • Records of coordination meetings/consultations at national level (including in humanitarian contexts) • UNFPA Supplies annual reports and results framework reports • Cost benefit analysis reports, review mission reports and audit reports on introduction and roll-out of new manual and automated systems funded by UNFPA Supplies (Including installation, upkeep and ongoing development of CHANNEL software) • Supply chain management training and capacity building assessments and evaluation reports <u>Interviews, group discussion, site visits</u> • UNFPA CO Staff • UNFPA Supplies HQ country lead staff • National health authorities • Supply chain managers at national and sub-national levels • Central medical stores staff or their equivalent

Question 5: Key Assumptions	Indicators	Sources of Evidence
		• Multilateral and bilateral development partners including those supporting alternatives systems (in some countries) • Staff of international and national NGOs engaged in distribution of RH/FP commodities and accessing the supported supply chains <u>Online Survey</u> • Views on the supply chain and how it functions at country level • Views on UNFPA role in identifying/researching gaps in supply chain management and possible solutions
Assumption 5.2: UNFPA Supplies (through Country Offices) **collaborates effectively with country officials**, to enable **introduction and roll-out** (with requisite training) **of required new manual and automated supply chain management systems** and procedures including LMIS, inventory management, distribution to the last mile, track-and-trace mechanisms, etc.	• Examples of successful introduction and roll out of new or improved manual or automated systems for supply chain management (including LMIS, inventory management and distribution) • Absence of examples of unsuccessful, duplicative or excessively delayed or expensive introduction or role out of new systems, especially automated systems supported by UNFPA Supplies • Views of UNFPA CO staff, national health authorities, national supply chain managers and facilities managers at national and sub-national level • Evidence of use of LMIS and other supply chain management tools • Examples of how improved systems have (or have not) improved inventory management, stock-outs, unused inventory, etc.)	<u>Data and document reviews</u> • Records of coordination meetings/consultations at national level (including in humanitarian contexts) • UNFPA Supplies annual reports and results framework reports • Cost benefit analysis reports, review mission reports and audit reports on introduction and roll-out of new manual and automated systems funded by UNFPA Supplies (Including installation, upkeep and ongoing development of CHANNEL software). • Guidelines, procedures and operational manuals introduced as technical assistance to support new systems <u>Interviews, group discussion, site visits</u> • UNFPA CO Staff • UNFP Supply HQ country lead staff • National health authorities • Supply chain managers at national and sub-national levels • Central medical stores staff or their equivalent

Question 5: Key Assumptions	Indicators	Sources of Evidence
		• Multilateral and bilateral development partners including those supporting alternatives systems (in some countries) • Staff of international and national NGOs engaged in distribution of RH/FP commodities and accessing the supported supply chains
Assumption 5.3: UNFPA Supplies has access to **high-quality supply chain management systems and to capability/expertise**, and the **ability to convey these and to share technologies** (for example CHANNEL software) with the 46 programme countries.	• Examples of UNFPA Supplies documentation of best/good practices in supply chain management. • Systems and mechanisms for UNFPA Supplies to access specialized expertise in supply chain management (software, systems development expertise, consultants, academics) and to make these available to partners in programme countries. • Views of national health authorities and supply chain managers on quality of technical assistance provided by UNFPA Supplies • Examples of successful introduction and adoption of new systems and approaches for SCM at national level supported by UNFPA supplies	<u>Data and document reviews</u> • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies documents and materials on good/best practice in supply chain management • UNFPA Supplies global, regional and country workplans • Review mission reports, case studies and audit reports on UNFPA Supplies technical support to supply chain management • Independent assessment and evaluation reports on UNFPA supply chain support (e.g. CHANNEL software) and the quality of UNFPA technical assistance <u>Interviews, group discussion, site visits</u> • UNFPA global, regional and CO Staff • Bilateral and Multilateral Partners supporting improvements in SCM at global and country level • National health authorities • Supply chain managers at national and sub-national levels • Central medical stores staff or their equivalent • Staff of international and national NGOs engaged in distribution of RH/FP commodities and accessing the supported supply chains

Question 5: Key Assumptions	Indicators	Sources of Evidence
Assumption 5.4: At the country level, UNFPA Supplies support **focuses on providing incremental value** (adding to the efforts of government and others without duplication), supporting **sustainability**.	• UNFP Supplies support to strengthening supply chain management includes explicit exit strategies and sustainability plans • National commitments to continued strengthening of SCM after completion of UNFPA Supplies support (including appropriate budgets and financial resources) • Evidence of burden sharing and commitment of financial and technical resources to strengthening supply chain management by other multilateral and bilateral partners and national governments (trends 2013-2016) • Continued operation of improved SCM systems in the period after support by UNFPA Supplies (i.e. use of improved software systems, active and supportive supervision, etc.	Data and document reviews • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies country workplans and operational programme plans, especially those aimed at strengthening supply chain management • Review mission reports, case studies and audit reports on UNFPA Supplies support to supply chain management Interviews, group discussion, site visits • UNFPA CO Staff • Bilateral and multilateral partners supporting improvements in SCM at country level • National health authorities • Supply chain managers at national and sub-national levels • Central medical stores staff or their equivalent • Staff of international and national NGOs engaged in distribution of RH/FP commodities and accessing the supported supply chains

Improved programme coordination and management
Evaluation Question 6: To what extent have **the governance structures** (UNFPA Supplies Steering Committee) **management systems and internal coordination mechanisms** of UNFPA Supplies **contributed to** overall **programme performance?**
Sub-Questions a) To what extent have the UNFPA Supplies Steering Committee and UNFPA programme managers (HQ, regional and COs) been effective in **providing strategic direction and oversight** to UNFPA Supplies as well as **internal programme coordination** at the global, regional and national level? Are Steering Committee members satisfied with the current governance structure? b) Have systems for **work programming, budgeting, review and approval** been effective at the global, regional, and country level? Has UNFPA Supplies been **effectively integrated into UNFPA country programmes**? c) Has UNFPA Supplies been able to assemble and deploy the **required human resources with the appropriate mix of skills and capabilities** to effectively support programme implementation at global, regional and national levels?

d) To what extent have the **systems for results-monitoring, reporting and accountability** for UNFPA Supplies been effective? Have they contributed to **learning and knowledge management** and to ongoing programme management?

Evaluation Criteria	Effectiveness, efficiency
Rationale	In order for UNFPA Supplies to contribute effectively to programme outputs and, ultimately, to the goal of improved SRH for poor and marginalized women and girls, it must be effectively governed and managed. This, in turn, requires the right mix of skills and capacities among programme managers at all levels. It also requires effective systems for programme planning, budgeting, review and approval along with effective systems for results monitoring and accountability. Finally, it is important that UNFPA Supplies benefits from a governance structure in which key stakeholders bring the necessary expertise to provide strategic direction and oversight. However, the evaluation is not an in-depth management review of the UNFPA Supplies programme. In examining efforts to improve coordination and management over time, the evaluation must focus on the extent that these efforts contribute to achieving the targeted results of the programme as expressed in Outputs 1 to 5.

Question 6: Key Assumptions	Indicators	Sources of Evidence
Assumption 6.1: Systems for work planning, budgeting, approval and review of UNFPA Supplies at the country level incorporate **meaningful participation by national health authorities, implementing partners and other key stakeholders**.	• National mechanisms for planning, budgeting, implementation and review of programmes in RH/FP encompass issues of RHCS and supply • National mechanisms for coordination in RH/FP include participation by all key stakeholders at national and sub-national levels, including international and local NGOs and sub-national staff of health authorities	<u>Data and document reviews</u> • Minutes of national coordinating mechanisms in RH/FP and RHCS • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies country work plans • UNFPA Country Programme evaluation reports • Collaboration agreements and memoranda of understanding <u>Interviews, group discussion, site visits</u> • UNFPA CO staff • UNFPA Supplies HQ country leads • National health authorities • Multilateral/bilateral partners supporting RH/FP • Staff of international and national NGOs engaged in distribution of RH/FP commodities at country level <u>Online Survey</u> • Views on coordination mechanisms

Question 6: Key Assumptions	Indicators	Sources of Evidence
Assumption 6.2: UNFPA Supplies has been able to access **appropriate and needed human resources** at the global, regional and national level.	• Numbers and roles of staff assigned to support UNFPA Supplies at global, regional and national level • Perceptions regarding the fit between demands of the UNFPA Supplies programme and available skills and capacity of UNFPA staff at global, regional and national level • Views of UNFPA staff at global, regional and CO level • Human resources data on rates of turnover among staff designated to support UNFPA Supplies	<u>Data and document reviews</u> • UNFPA Supplies staffing reports • Evaluation and audit reports <u>Interviews, group discussion, site visits</u> • UNFPA global, regional and CO staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • Staff of international and national NGOs engaged in distribution of RH/FP commodities at country level <u>Online Survey</u> • Views on adequacy of UNFPA human resources
Assumption 6.3: The systems and processes for the **governance of UNFPA Supplies** (including the UNFPA Supplies Steering Committee) have been effective in balancing the viewpoints of donor partners, programme country health authorities, programme managers and other key stakeholders in providing **strategic direction and over-sight** which is **responsive to differing contexts and changing conditions**.	• Views of members of the UNFPA Supplies Steering Committee • Decisions of the UNFPA Supplies Steering Committee reflect inputs from donor partners, programme managers and other key stakeholders (including regional UNFPA staff and national health authorities) • Views of multilateral and bilateral partners at global level • Views of international NGO partners • Views of national health authorities in programme countries • Experience of national health authorities with the implementation of the McKinsey report recommendations on levels of procurement support by country	<u>Data and document reviews</u> • Minutes and decisions of the UNFPA Supplies Steering Committee <u>Interviews, group discussion, site visits</u> • Members of the UNFPA Supplies Steering Committee • UNFPA global, regional staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • Staff of international NGOs engaged in developing global strategies and approaches in RH/FP

Cross Cutting Theme: The Catalytic Role of UNFPA Supplies
Evaluation Question 7: To what extent has UNFPA Supplies **played a catalytic role** by leveraging increased investment by other actors and supplementing existing programmes in RH/FP at global, regional and national levels?

Sub-Questions

d) To what extent has UNFPA Supplies been able to leverage increased investments and commitments by other actors in support of RH/FP commodities and services at global, regional and country level?
e) To what extent has UNFPA Supplies programming been **sufficiently flexible and responsive to changing country needs and priorities**, including during and after humanitarian crises?
f) To what extent has UNFPA Supplies supported **effective action to mitigate environmental risks** in procurement and disposal of RH/FP commodities?

Evaluation Criteria	Effectiveness, efficiency, coordination
Rationale	The financial, technical and material support provided by UNFPA Supplies in the 46 programme countries should complement national resources and programmes as well as support from other partners. The support should also be catalytic by mobilizing external and national resources for RHCS/FP. To achieve this, the programme would need to be flexible and responsive to changing national needs and priorities (in the context of global strategies and lessons learned). It would also need to be ready and able to support the introduction, testing and scaling up of innovative approaches in RHCS and FP. However, support to innovation was not identified as a key programme output in the original or the reconstructed ToC for UNFPA Supplies. Thus, while the evaluation can identify and assess specific efforts to support innovation, it is not feasible to devote significant evaluation resources to systematically documenting and analysing the programme's strategy, approach, systems and processes for supporting innovation.

Question 7: Key Assumptions	Indicators	Sources of Evidence
Assumption 7.1: The **design of UNFPA Supplies** as reflected in strategic documents and in systems and processes for programme planning, approval and review, takes account of the roles of other actors and sources of support to RH/FP and attempts to influence them in their programming.	• Deliberations/decisions of the steering committee emphasis the complementary and gap-filling role of UNFPA Supplies • Guidance to COs for developing work plans includes reference to catalytic role • Allocations of commodity budgets by CSB to specific countries take account of other sources of financing • Views and experience of UNFPA headquarters staff (CSB and PSB) • Views and experience of steering committee members	Data and document review • Minutes and decision records of the steering committee • UNFPA Supplies annual workplans (country level) • Guidelines for development of country workplans • McKinsey study recommendations on country allocations Interviews, group discussion, site visits • UNFPA headquarters (CSB and PSB), regional and CO staff • Steering committee members
Assumption 7.2: The process for planning, budgeting, implementing, reviewing and	• Documented changes in annual workplans and allocations of UNFPA Supplies commodity budgets at national level in response to changing	Data and document review • Minutes and decision records of national coordinating mechanisms

Question 7: Key Assumptions	Indicators	Sources of Evidence
monitoring UNFPA Supplies at country level is **responsive to the needs of national stakeholders** (national authorities, development partners, NGOS, civil society and the private sector) including in humanitarian settings. It also contributes to **strengthened/increased action** to address needs.	conditions/needs (including humanitarian emergencies) • Records of consultative and coordinating mechanisms at country level indicate programme changes in response to changing national needs and priorities (including at sub-national level and in humanitarian emergencies) • Joint mechanisms for programme planning, monitoring and review include participation by key stakeholders, including non-government partners and stakeholders at sub-national level	• UNFPA Supplies annual workplans (country level) • Annual allocation of commodities by country Interviews, group discussion, site visits • UNFPA headquarters (CSB and PSB), regional and CO staff • UNFPA Supply Steering committee members • National health authorities • Staff of central medical stores • International and national NGOs engaged in delivery of RH/FP commodities • Sub-national and district level health authorities and service providers • Women and girls accessing commodities and services provided by UNFPA Supplies

ANNEX 3 - Part Two: Interview guides for field-based country case studies

Table 1: Interview guide for key informants based in the capital city

Topic Area and Questions	Respondents by Type					
	UNFPA Staff	National Health Authori-ties	Central Medical Stores	Dev. Partners	Imple-menting Partners	Others
Enabling environment for RHCS/FP						
1. Are UNFPA CO advocacy and communications efforts (in support of UNFPA Supplies) consistent and aligned with global and national strategies in RHCS and family planning? What processes help with this?	X		X	X	X	X
2. To what extent has the UNFPA CO been able to use its role in administering UNFPA Supplies to influence the national government to increase or sustain budget allocations in support of RH/FP commodity security and access?	X	X		X	X	X
3. To what extent has UNFPA Supplies (including through the advocacy work of the CO) been able to influence national plans, priorities and programmes in RH/FP to improve access, especially for marginalized women and girls? What has worked or not worked in this effort	X	X				
4. Has adopting a "total market approach" for promoting RH/FP commodities and services been a feature of UNFPA advocacy? Have national authorities been receptive to this message and what has been the result?	X		X	X		
Increasing Demand for RH/FP Commodities and Services						
5. How has your advocacy work (supported by UNFPA Supplies) contributed to strengthening national efforts to promote demand, including by over-coming socio-economic barriers for marginalized women and girls to exercise effective demand for RH/FP commodities and services?	X	X		X	X	X
6. Has UNFPA Supplies been effective in supporting community engagement to identify and overcome socio-cultural barriers to improving the knowledge and ability of young women and girls, including the poor and marginalized? How?	X	X			X	X
7. How has the demand promotion work of UNFPA Supplies been coordinated with efforts by the national government and support from other development partners? Is there an effective national coordinating mechanism? How does this partnership work?	X	X		X	X	X
8. As UNFPA Supplies exits its role in direct support of demand generation efforts by implementing partners, what will be the effect on the national effort to increase demand for RH/FP commodities and services?	X	X		X	X	X

Topic Area and Questions	Respondents by Type					
	UNFPA Staff	National Health Authori-ties	Central Medical Stores	Dev. Partners	Imple-menting Partners	Others
Improved efficiency of procurement and supply (Global)						
9. Have UNFPA Supplies operations at a global level (including market shaping efforts) improved the availability, quality, price and reliability of procurement and shipping of RH/FP commodities? How? Is there data which illustrates this improvement?	X	X	X	X	X	X
10. In particular, has UNFPA supplies improved demand forecasting (nationally and globally) and used its negotiating power with global suppliers and manufacturers to improve the cost-effectiveness and reliability of supply streams for RH/FP commodities in _____?	X	X	X	X		X
11. Has UNFPA supplies improved the proportion of appropriate (i.e. needed and demanded) RH/FP commodities which are delivered on time? How?	X	X	X	X	X	X
12. To your knowledge, how does UNFPA Supplies (globally and at country level) monitor the effectiveness of procurement and supply operations? This would include efforts to monitor new family planning methods, new product designs, supplier performance, compliance with standards, price competitiveness, etc.	X	X	X		X	
Improved access to quality RH/FP Services						
13. Have UNFPA Supplies and its relevant partners been able to identify effective approaches to addressing and overcoming barriers preventing poor and marginalized women from accessing the RH/FP commodities and services they need and choose? This includes accessibility and availability of a choice of commodities and services that are timely and affordable?	X	X		X	X	X
14. Does this country engage the full range of potentially effective service providers and delivery mechanisms including social marketing outlets, NGOs, faith-based organizations, social insurers, and private sector outlets to reach women and girls with RH/FP commodities and services? (Total market approach)	X	X		X	X	
15. Has UNFPA supplies procured, packaged and delivered **emergency kits** (and individual products) with **appropriate contents and quality and that have reached the women and girls most in need in a timely way during humanitarian crises**? What factors enabled or limited success in reaching those affected?	X	X	X	X	X	X
Strengthened systems and capacities for Supply Chain Management						

Topic Area and Questions	Respondents by Type					
	UNFPA Staff	National Health Authori-ties	Central Medical Stores	Dev. Partners	Imple-menting Partners	Others
16. How has UNFPA Supplies collaborated with national authorities and other stakeholders to identify gaps and weaknesses in national supply chains (including gaps resulting from crises)? Especially those effecting poor and marginalized women and girls?	X	X	X	X	X	X
17. How has UNFPA Supplies collaborated with national authorities to enable introduction and roll-out of needed SCM systems (including LMIS) helping to improve distribution to the last mile? Are the systems supported by UNFPA Supplies functioning effectively? Why or why not?	X	X	X	X	X	
18. Does UNFPA have access to high-quality SCM systems and to the capabilities and expertise needed to support those systems at country level (drawing on resources in the Country Office and at regional and global level)?	X	X	X	X		
19. Does UNFPA Supplies provide support to supply chain strengthening which is incremental and which adds to the effectiveness of efforts by the national government and other partners? Does it avoid providing support which duplicates or overlaps with the work of others?	X	X	X	X		X
20. To what extent is the support provided by UNFPA Supplies promoting the sustainability of national policies and programmes in RHCS and family planning? Is there a medium or longer-term exit strategy for UNFPA Supplies? Is it realistic?	X	X	X	X		X
Improved Programming and Management						
21. Does the process for work planning, budgeting, approval and review of UNFPA Supplies activities allow for meaningful participation by a range of stakeholders (national health authorities, INGOs, other implementing partners)? Does it extend from the capital to the district and local level? How big a part is played by implementing partners?	X	X	X	X	X	X
22. Does the UNFPA Country Office have access to the appropriate needed and technically competent human resources to implement the programme at country level? Can it draw on technical assistance and other needed resources from the global and regional levels? Is this support adequate? Is it timely?	X	X	X	X	X	X
How have strategic decisions on programme direction and content (for example, the decision to eliminate increased demand creation as an output of the programme, or the decision to alter the allocation of procured commodities based on a country's perceived	X	X	X	X	X	X

Topic Area and Questions	Respondents by Type					
	UNFPA Staff	National Health Authori-ties	Central Medical Stores	Dev. Partners	Imple-menting Partners	Others
progress toward sustainability) enhanced or impeded the effectiveness of the programme in _____? Did these decisions take account of inputs from the national authorities?						
The Catalytic Role of UNFPA Supplies						
How well does the design and operation of UNFPA Supplies in ____ take account of the roles of other actors and other sources of support to RHCS/FP (national and external)? Has UNFPA Supplies avoided duplication and overlap with other sources of support?	X	X		X	X	
To what extent has UNFPA Supplies been able to mobilize and leverage additional resources for support to RH/FP? How has it contributed to strengthening national ownership?	X	X		X		
Has UNFPA Supplies been able to contribute to the increased effectiveness of national programmes in RHCS and family planning? Has it strengthened programmes receiving support from other sources, including other development partners? How?	X	X		X		

Table 2: Draft Interview Guide for Key Informants Engaged in Delivery of RH/FP Services Supported by UNFPA Supplies and Located Outside the Capital City

Topic Area and Questions	Respondents by Type					
	Staff of Regional/ District Stores	Staff of Govt. SDPs	Staff of NGO Run SDPS	Private Sector Staff (Kiosks)	Women and Young Girls	Women's Organisa-tions
Enabling environment for RHCS/FP						
Have you experienced increased, sustained or decreasing budget and other resource allocations in support of RH/FP commodities and services in recent years? What about during the and after the Ebola Virus Diseases (EVD) crisis? (This latter question for Sierra Leone only…for other countries, insert specifics, e.g. for Nepal the 2015 earthquake)	X	X	X	X		
In your experience, what has been done in recent years to improve access for women and girls (especially for marginalized women and girls) to the RH/FP commodities and services they need? Has this worked or not?		X	X	X	X	X
Increasing Demand for RH/FP Commodities and Services						

Topic Area and Questions	Respondents by Type					
	Staff of Regional/ District Stores	Staff of Govt. SDPs	Staff of NGO Run SDPS	Private Sector Staff (Kiosks)	Women and Young Girls	Women's Organisa-tions
What are the most significant socio-economic barriers for marginalized women and girls to demand the RH/FP commodities and services they need? What has been done to overcome these barriers? Has it worked?		X	X	X	X	X
Who works at the community level to identify and overcome socio-cultural barriers to improving the knowledge and ability of young women and girls, including the poor and marginalized? How do they engage with the community? Which group (s) are most active and are they effective?	X	X	X		X	X
Do you think the work done to engage with the community around overcoming barriers to increased demand for RH/FP commodities and services by young women and girls has increased trust and improved the relationship between poor and marginalized women and girls and service providers? How and why?		X	X	X	X	X
Do you think there is enough work being done to increase demand for RH/FP commodities and services in your community? Is this work effective? Which organizations (other than UNFPA) are active in supporting increased demand creation? Do they work with UNFPA at all? Will they continue working in your community in the future?	X	X	X	X	X	X
In recent years and months have you seen an improvement in the ability of girls and women to get the FP/RH commodities and services they need on time, at an affordable price and without stock-outs or other disruptions? Why do you think this situation improved (or did not)? How about during and after the EVD crisis (or earthquake, etc. – use country specific info here)?		X	X	X	X	X
Improved efficiency of procurement and supply (Global and National)						
Is the supply stream for reproductive health and family planning commodities and services (all the way to the end user) becoming more reliable over time? Are stock-outs reducing? Are the commodities that women and girls want and need available in sufficient quantities at all times? If not, why not?	X	X	X	X	X	X
Do women and girls (including poor and marginalized young women and girls) have sufficient choice of methods of family planning? Do they get to choose a method which suits their needs and is available when they need it at an affordable price? If not, why not?	X	X	X	X	X	X

Topic Area and Questions	Respondents by Type					
	Staff of Regional/ District Stores	Staff of Govt. SDPs	Staff of NGO Run SDPS	Private Sector Staff (Kiosks)	Women and Young Girls	Women's Organisa-tions
Who monitors the availability of RH/FP commodities in your community? Do they report publicly on stock-outs or over-supplies? Do these happen frequently? What happens when stock-outs occur?	X	X	X		X	
Improved access to quality RH/FP Services						
What have service providers done to help young women and girls to overcome problems of access and barriers which limit the accessibility of services in RH/FP? Has it worked? What more could they do?	X	X	X	X	X	X
Who provides RH/FP commodities and services in this community? Government clinics and primary health care posts, NGO clinics, faith-based organizations, private pharmacies and/or kiosks? Others? If more than one type, which is most effective and why?	X	X	x	X	X	X
During the recent EVD crisis (or, in Nepal, the 2015 earthquake), did your community receive products from emergency kits of RH/FP commodities? If so, were the products of good quality and did they reach the women and girls most in need in a timely way?	X	X	X	X	X	X
Strengthened systems and capacities for Supply Chain Management						
What do you see as the main gaps and weaknesses in national supply chains for RH/FP commodities (including gaps resulting from crises)? Especially those effecting poor and marginalized women and girls?	X	X	X	X		
Has the national government (with UNFPA Support) introduced and rolled out needed new or improved supply chain management systems (including LMIS) in recent years? Have these systems helped to improve distribution to the last mile? Are they functioning effectively? Why or why not?	X	X	X	X		X
In your opinion are the SCM systems in use (including LMIS systems) of high quality? Do national authorities have access (including from UNFPA) to the technical capacity and financial resources necessary to maintain these systems?	X	X	X	X		
In your experience, is the support provided to SCM systems by development partners (including UNFPA) well coordinated? Have you seen examples of support in this area which duplicates or overlaps with the work of different partners?	X	X	X	X		

Topic Area and Questions	Respondents by Type					
	Staff of Regional/ District Stores	Staff of Govt. SDPs	Staff of NGO Run SDPS	Private Sector Staff (Kiosks)	Women and Young Girls	Women's Organisa-tions
What is your opinion of the sustainability of national policies and programmes in RHCS and family planning? Will the necessary financial and technical resources be available in the medium-term future to allow _____ (country) to procure and distribute needed RH/FP commodities without support from UNFPA (or other development partners?	X	X	X	X		
The Catalytic Role of UNFPA Supplies						
Do you think that services in reproductive health and family planning in your area and community are improving over time? If so how? Do you see the level of effort increasing? Are service providers more skilled and knowledgeable? If they are improving, do you think that is because of national programmes or are there other reasons?	X	X	X	X	X	X
Do you have any other comments you would like to add?	X	X	X	X	X	X

ANNEX 3 - Part Three: Online survey questionnaire (English Version)

Introduction Your participation in this online survey will make an important contribution to the successful completion of the mid-term evaluation of the UNFPA Supplies Programme and will help to make the programme more effective as it moves forward. Please answer the following questions to the best of your knowledge. The survey should take less than 30 minutes to complete.		
1	In which country do you work?	
2	Your position/title	
3	How would you classify the organisation you work for?	
		National/sub-national health department
		Other UN/multilateral agency
		Bilateral donor or foundation
		NGO
		Professional association or academia
4	At what level do you work?	
		National/sub-national
		Regional/district
		Global
5	Is there a national reproductive health strategy in your country (or a RMNCAH Road Map or Investment Plan?)	
		Yes
		No
		Don't know
		If yes, please give the dates it covers:
6	What is the highest national authority that approved the plan (Directorate in the Ministry of Health, Minister of Health, State President, Parliament etc.)?	
7	In your country, what is a) the baseline and b) the target contraceptive prevalence rate to be reached by the end of the current national strategy? Please answer in the box below. If you are not familiar with these data, just type in "Don't know"	
8	Has your country experienced a humanitarian crisis in any region in the past three years (include any current humanitarian crisis)	
		Yes
		No
9	Please answer in the box below: a) what is the nature of the humanitarian crisis from the previous question; b) how long it lasted – from (commencing year) to (ending year) or whether it is ongoing	
10	Does your country order or rely on any of the Reproductive Health Emergency Kits that UNFPA Supplies is able to provide?	
		Yes
		No
		Don't know
11	To your knowledge, has UNFPA Supplies made a significant contribution to the response to the humanitarian crisis noted above?	
		Yes
		No
		Don't know
		If yes, please describe the contribution made by UNFPA Supplies

12	What are the main commodity-related challenges or obstacles to reaching national target contraceptive prevalence rate? Please select the most important 3 to 5 and number these from 1-5, with 1 being the most urgent challenge						
		1	2	3	4	5	
	Absolute shortage of commodities available to meet demand						
	National quantification process does not estimate needs accurately						
	Insufficient mix of commodities to meet demand						
	Procurement delays in commodities delivery in the country						
	Delays in distribution of commodity to the health facility						
	Facility level issues like stock outs or imbalance of methods						
	Supply chain management weaknesses						
	Task shifting so that lower level/informal health workers could offer more methods						
	Health workers training to improve quality of services						
	Don't know						
13	What are the critical factors in the enabling environment that help or constrain access to reproductive health commodities? Use the text box below and list up to three in each group, under a) helpful enablers, and b) constraints: (Enabling environmental factors could be the presence of, for example, political commitment to family planning and reproductive health; adequate funding for services; human resources policies; integration of family planning into broader services; a clear role for private sector; social norms change around adolescent access or access by all women; the availability of free services etc.)						
14	Has UNFPA influenced any of these enabling factors from question 13?						
		Yes					
		No					
		Don't know					
15	Does UNFPA participate in country based reproductive health coordination platforms?						
		Yes					
		No					
		Don't know					
16	If you answered "yes" to the previous question – does UNFPA take a leadership role in coordinating and strengthening the reproductive health sector?						
		Yes					
		No					
		Comments					
17	What are the main contributions that the UNFPA Supplies programme makes to the RH/FP results in your country (you can tick more than one)?						
		Support to government policy development					
		Promote or raise the profile of family planning – e.g. through advocacy within the health sector					
		Promote or raise the profile of family planning with other sectors beyond health (e.g. education, environment etc.)					
		Support to legal reform					
		Institutional capacity building					
		Supply chain management					
		Support to national quantification exercises					
		Commodity procurement					
		Community-based work on attitude change					
		Knowledge management (e.g. research, use of evidence, best practice)					

		Nothing
		Don't know
		Other (please specify):
18	Has the type of support provided by UNFPA for family planning changed 2013-2016 – and if so, how? Please describe in the box below	
19	Has the procurement and supply chain management system in your country improved since 2013?	
		Yes
		No
		Don't know
		Please describe the changes whether positive or negative:
20	Did UNFPA contribute to the change from the previous question?	
		Yes
		No
		Don't know
		If yes, please describe how they contributed
21	Has the government budget for family planning increased in your country since 2013?	
		Yes
		No
		Don't know
22	Did UNFPA contribute to this through advocacy or some other means?	
		Yes
		No
		Don't know
23	If the budget for family planning has increased, do you think it is sustainable?	
		Yes
		No
		Don't know
		Please state the reason for your answer:
24	Has UNFPA support to investment led to more reliable, quality services for marginalised and hard to reach women and girls?	
		Yes
		No
		Don't know
		If yes, please describe how it has done this
25	Does UNFPA take a leadership role in supporting the expansion of reproductive health services to adolescents and young people?	
		Yes
		No
		Don't know
		If yes, how does it do this? Please answer below

26	Do you have any other comments about UNFPA's role in your country, particularly concerning reproductive health commodities and/or family planning services? If yes, please write them down in the comment box below.

ANNEX 4: PERSONS INTERVIEWED

The evaluation team carried out structured interviews and group discussions with key informants selected across the spectrum of UNFPA Supplies stakeholders. Key informants were first identified using stakeholder maps developed at global and country levels. Additional key informants were identified during the process of data collection.

International Interviews and UNFPA offices in New York and Copenhagen

Persons Interviewed: Field-based and desk-based country case studies

Table 1: Persons Interviewed Lao PDR field-based country case study
Table 2: Persons interviewed Nigeria field-based country case study
Table 3: Persons Interviewed Sierra Leone field-based country case study
Table 4: Persons Interviewed Sudan field-based country case study
Table 5: Persons interviewed during desk-based country case studies

International Interviews and UNFPA offices in New York and Copenhagen

Organisation	Name	Position
UNFPA	Ayman Abdelmohsen	Commodity Security Branch (CSB) Global Operations Coordinator
UNFPA	Gifty Addico	CSB Chief
UNFPA	Agnes Anglin	Technical Division Project Management Specialist
UNFPA	Kabir Ahmed	CSB Lead, Supply Chain Management
UNFPA	Udara Bandara	Procurement Services Branch (PSB) Procurement Specialist, Anglophone Africa
UNFPA	Andres Blasco	PSB Team Lead, Eastern and Southern Africa
UNFPA	Agnes Chidanyika	CSB Technical Specialist
UNFPA	Hennia Dakkak	Humanitarian and Fragile Contexts Branch Technical Adviser
UNFPA	Bidia Deperthes	Sexual and Reproductive Health Branch HIV Prevention Adviser
UNFPA	Eric Dupont	PSB Chief
UNFPA	Klaus Greifenstein	Non-Core Funds Management Unit Technical Specialist
UNFPA	Sennen Hounton	CSB Technical Adviser Reproductive Health
UNFPA	Benoit Kalasa	Technical Division Director
UNFPA	Ternald Knuttson	Sexual and Reproductive Health Branch Chief
UNFPA	Desmond Koroma	CSB Technical Specialist, Programme Monitoring and Reporting
UNFPA	Ben Light	CSB (Brussels) Senior Policy Adviser, RH/FP
UNFPA	Seloi Mogatle	PSB Quality Assurance Specialist
UNFPA	Julie Morizet	Resource Mobilization Branch Resource Mobilization Specialist
UNFPA	Bouchta Mourabit	Humanitarian and Fragile Contexts Branch Humanitarian Specialist
UNFPA	Kristian Nielsen	PSB

Organisation	Name	Position
		Demand Forecasting Associate
UNFPA	Ingegerd Nordin	PSB Procurement Coordinator
UNFPA	Cristina Palau	PSB Procurement Assistant
UNFPA	Sarker Sukanta	CSB Technical Specialist
UNFPA	Anneke Ternald	Sexual and Reproductive Health Branch Chief
John Snow Inc.	Dana Aronovich	Senior Technical Adviser
Marie Stopes International	Frederiek Chatfield	Procurement Branch Supply Chain Management Director
Government of the UK	James Droop	Global Funds Department, DFID Senior Adviser
Government of the UK	Meena Gandhi	DFID Health Adviser
John Snow Inc.	Alexis Heaton	North Carolina Office
Government of Canada	Ryan Hutter	Global Affairs Canada, Immunization and Newborn Health, Senior Adviser
RH Supplies Coalition	Brian McKenna	Deputy Director
Marie Stopes International	Sarah Shaw	Policy Department Head of Advocacy
Government of the UK	Juliet Whitley	Humanitarian Team, DFID Sexual and Reproductive Health Adviser
Government of the Netherlands	Frank Van De Looij	Ministry of Foreign Affairs, Health and AIDS Division, Technical Specialist
John Snow Inc.	Edward Wilson	Centre for Health Logistics Director

Persons Interviewed: Field-based and desk-based country case studies

Table 1: Persons Interviewed Lao PDR field-based country case study

Organisation	Name	Position
UNFPA Country Office (CO)	Ms Siriphone Sally Sakulku	Programme Coordinator, SRH team
	Ms Oulayvanh Sayarath	Programme Analyst for HSS
	Ms Frederika Meijer	Representative
Ministry of Health (MoH) Centre for Information Education for Health (CIEH)	Dr Visith Khamleusa	Behaviour Change Communication Coordinator
UNICEF	Dr Hendrikus Raaijmakers	Chief of Health and Nutrition section

Organisation	Name	Position
WHO	Dr Shogo Kubota	Health system strengthening specialist
MoH Department of Planning and International Cooperation (DPIC)	Dr Chansaly Phommavong	HMIS/DHIS2 data manager
MoH Food and Drug Department (FDD)	Dr Bounxou Keohavong	Deputy director
MoH Department of Training and Research (DTR)	Mrs Sengmany khamseng	Deputy director
Clinton Health Access Initiative (CHAI)	Mr Garrett Young	Country director
	Ms Oriel Fernandes	Country coordinator
Promotion of Family Health Association (PFHA)	Dr Souphon Sayavong	Director
	Dr Manisone Oudom	Deputy director
	Dr Khemphon Phonekhamphou	Health counsellor
Population Services Internationa (PSI)	Mr Eric Seastedt	Country Director
Ministry of Education and Sport, (MoES) Non-Formal Education Centre (NFEDC)	Mr Hongthong, director	Director
	Ms Amphone Lorkham	Trainer
MoH Medical Product Supply Centre (MPSC)	Dr Thanom Insall	Director
	Dr Mani Thammavong	Deputy director
Vientiane Youth Centre (VYC)	Ms Dalayvanh Keonakhone	Director of VYC
	Dr Phoummalinne	Health counsellor
MoH National Medical Products Supply Centre (MPSC Warehouse) in Ban Noi Xiengda	Dr Kitsada Senthep	Deputy director
	Ms Viphalack Sayaline	*mSupply* manager
MoES Department of General Education	Ms Somphone Vilaysom	Head of division of Lower Secondary Education at Ministry of Education and Sport
MoES Research Institute for Education and Science (RIES)	Mr Khamchanh Bounhom	Deputy head of division, product curriculum of biology
World Bank	Ms Banthida Komphasouk	Health specialist

Organisation	Name	Position
	Ms Emiko Masaki	Senior Health Economist
Provincial Health Office (PHO), Savannakhet	Dr Bongsouvanh Phanthavongsa	Director
	Dr Keovilay Phounsavann	Deputy head of planning and international cooperation unit
Asing Health Centre, Nong district, Savannakhet	Mr Boungner Keosombath	Chief of the village community (covers 9 villages, 506 households, 629 families (total population 3356)
	Ms Phanmaha Nongthilath	Midwife - qualified in 2015
	Ms Phonevilay Somsiya	Secondary nurse - qualified in 2015
Nong District Health Office	Mr Souksamay PongOunkham	Acting director
	Mr Phonethong Khangsanong	Coordinator UNFPA project
	Mr Santisouk Phetsavann	Food and drug unit responsible on mSupply
	Ms Phongsaly Vongchanmixay	Responsible on MCH
Nakai Health Centre, Vilabouly District	Mr Khammany Sisamran	Acting head and secondary nurse
	Ms Kieng Keobounhuam	Secondary nurse
	Ms Piengthai Karasin	Midwife
Vilabouly District Health Office	Ms Souksavan Ponounkham	Pharmacy
	Ms Naly Samlan	Pharmacy
	Ms Sengmany Ms Kainchanh	Mother and Child Health
Savannakhet Regional warehouse (serves two provinces: Savannakhet and Khammouane)	Dr Pathoumvanh Rajvong	Chief of the warehouse
	Dr Thavisan Inthisarn	*mSupply* head
	Dr Phethanongsay Sayavong	
	Mr Khonsavan	
	Ms Souvanthong Bounlieng	
MoH, Department of Health Care (DHC), Youth Friendly Service	Dr Bounnack Saysanasongkham	Associate Professor
	Dr Oraphinh Phouthavong	Director

Organisation	Name	Position
	Dr Vilavanh Vilayseng	External relations unit working with all UN projects under DHC
MoH Department of Hygiene and Health Promotion (DHHP) Mother and Child Health Centre (MCHC), RMNCH Secretariat & RHFP Division	Dr Kaison Chounlamany	Director
	Dr Sengpaseuth Vanthanouvong	Coordinator
Nasaithong District Hospital	Ms Soukphansa Saysamone	Programme Associate UNFPA
	Dr Kanchana Simmanivong	Medical officer
Grand Duchy of Luxemburg Embassy in Lao PDR (Lux Development)	Mr Claude Jentgen	Chargé d'affaires

Table 2: Persons interviewed Nigeria field-based country case study

Organisation	Name	Position
Abuja/Federal Capital Territory (FCT) Interviews		
UNFPA CO Nigeria, Abuja	Diene Keita	Representative
	Dr Eugene Kongnyuy	Deputy Representative
	Olanika Adedeji	National Programme Specialist FP/RHCS
	Amaka Anene	National Programme Analyst
	Dr Sabrina Pistilli	Maternal Health Advisor
	Emilene Anakhuekha	Programme Associate
	M. Fatima Daura	Reproductive Programme Analyst, Humanitarian Team
	Zubaida Abubabakar	ASRH/HIV Officer
	Rabiatu Sageer	National Programme Analyst, Maternal Health
	Dashe Dasogot	National Programme Analyst, Demography
	Dr Samson Ezikeanyi	Health Systems Specialist
	Elisha Musa	Programme Officer
Federal Ministry of Health	Dr Bimpe Adebiyi	Director, Family Health Department

Organisation	Name	Position
	Dr Kayode Akintola Afolabi	Head of Reproductive Health Division, Department of Family Health
	Dr Bose Adineran	Former Director, Reproductive Health
National Primary Health Care Development Agency	Mrs N. C. Nelson	Deputy Director, Primary Health Care Systems Development
UK DFID	Dr Ebere Anyachukwu	Health Advisor
	Edem Hogan	Programme Manager, Human Development
USAID Nigeria	Emmanuel A. Ogwuche	Logistics & Commodities Programme Manager, HPN Office
	Kayode Morenikeji	Program Manager, Reproductive Health, HPN Office
Global Health Supply Chain – Procurement and Supply Management (Chemonics)	Kenny Otto	Deputy Country Director, Technical
	Antonia Ibeme	Quantification Manager –forecasting and Supply Management team
	Fatiya Askederin	Field Programme Management from warehouse to last Mile
	Bennett Urama	Forecasting and Supply Planning Advisor
National Supply Chain Integration Project	Linus Odoemene	NSCIP National Coordinator
Area 2 Clinic, Garki	Awoniyi Eniola	FP Focal Person
FCT Family Planning Store, Area 2 Clinic, Garki	Kikelomo Alonge	Store Keeper
Dutse Primary Health Care Clinic	Shola Taiwo	Family Planning Focal Person
Association for Family and Reproductive Health (AFRH)	Professor O. A. Ladipo	President and C.E.O.
	Kehinde A. Osinowo	Director, Programmes
Education as Vaccine (EVA)	Bem Alugh	Service Delivery and Information Sharing
	Patrick Enwerem	Advocacy and Policy Planning
John Snow Inc.	Elizabeth Igharo	MEASURE Evaluation, Project Director
Marie Stopes International of Nigeria (MSIoN)	Lucky Palmer	Director of Programmes
	Ademola J. Bello	Inventory and Asset Management Coordinator

Organisation	Name	Position
	Udeagbaja Philips	Grant Accountant
	Amade Samuel	
Nursing and Midwifery Council of Nigeria (NMCN)	Yusuf Alheri	Deputy Registrar
Planned Parenthood Federation of Nigeria (PPFN)	Dr Ibrahim Muhammad Ibrahim	Executive Director
	Gokum Nenthok	Supply Chain Manager
	Ada Iluno	Programme Officer
	Abiola Awolaye	Programme Officer (Humanitarian)
	Okai H. Aku	Acting Director of Programmes
Society for Family Health (SFH)	Jennifer Anyanti	Deputy Managing Director Programmes
	Dr Omokhudu Idogho	Deputy Managing Director, Social Business Enterprise
Kaduna Interviews		
UNFPA Nigeria, Kaduna sub-Country Office	Mariam Darboe	RH Representative
	Dr Matthew Onoja	Monitoring and Evaluation Analyst
Kaduna State Ministry of Health and Human Services	Dr Paul Manya Dogo	Commissioner of Health
	Dr Ado Mohammed Zakari	Director of Public Health
	Cecilia J. Marcus	State Family Planning Coordinator
Drug and Medical Supplies Management Agency, Kaduna State	Ramatu Abdulkadir	Executive Secretary
	Samuel T. Noma	Programme Officer, Free Services
	Yohanna Lekwot	Director, Logistics and Operations
Pamela Steele Associate Ltd.	Stephen Akut	Country Representative
Logistics Management Coordination Unit (LMCU) Office, Kaduna State Ministry of Health and Human Services (workshop)	Mercy Boyis	LMCU Coordinator
	Hope S. Tokan	LMCU Data Analyst
	Samuel Nzeto	Logistics Interns (GHSC-PSM)
	Hope G. Bulus	Data Consultant, NSCIP
	Alamide S. Joshua	Logistics Advisor (GHSC-PSM)
	Sandra Onwuegbusi	CRS
	Agnes P. Dadogot	CRS

Organisation	Name	Position
	Juliet Eze	Volunteer
	Helen Malgwi	Volunteer
	Abba Boyis	Volunteer
Child Spacing Technical Working Group – Kaduna (group discussion)	Bashir Adamu Bashir	MNCH2 Project (Palladium) Kaduna
	Friday Echu	MNCH2 Project (Palladium), Kaduna
	Dr Sani Dahiru Abubakar	CHAI, Kaduna
	Emmanuel Gutep	PPFN
	Bathsheba Halid	Voluntary Rights-based FP Project (Palladium)
	Dr Sakina Bello	Pathfinder
	Dr Kenny Ewulum	Pathfinder
	Dr Mansur Tukur	Palladium, BMGF/Technical Support Unit
	Dr Amina Mohammed	UNICEF
	Olaitan Martins	Pathfinder Abuja
	Khadijah A. I. Nuhu	NURHI 2
Sabon-Gari PHC, Kujama Chikun Local Government Authority (LGA)	Genevieve I. Emeanuru	Facility-in-charge
	Rebecca M. Mairabo	RH Focal Point
Badarawa Primary Health Centre (PHC)	Asma'u Abubakar	Facility-in-charge
Lagos Interviews		
UNFPA Nigeria Lagos sub-Country Office	Dr Omosemi	RH Representative
	Dr Titiola Duro-Aina	National FP/Maternal Coordinator
	Samson Ayeni	Logistics Associate
Lagos State Ministry of Health (SMoH)	Dr Moysore W. Adejumo	Acting Permanent Secretary Lagos SMOH and the Director of Pharmaceutical Services
	Margaret Adedapo	LMCU Coordinator
Lagos State Central Medical Stores	Tayo-Olufemi Aderonke Olamide	State Logistics Officer

Organisation	Name	Position
Family Planning Technical Working Group (TWG) Lagos State (group discussion)	Ify Vistor-Uadiale	National Urban Reproductive Health Initiative (NURhI)-2nd in-charge
	Ayo Anebusoye	Chairman PHSAI
	Evelyn Kutelu	Marie Stopes International of Nigeria (MSIoN
	Tayo A. O. Olufemi	Logistics Officer
	Mariam Olaideyegun	Palladium
Sango PHC, including youth friendly centre	n/a	
Okwu-Awo Youth Friendly Facility, Lagos Island	Michael Oluwaseunfunmi Dare	Youth Officer/Site Coordinator
	Catherine Ugwuezuoha	Officer in Charge
	Aisha Sadiq	Health Attendant
	Adeola Birch	ASRHO/LSMOH

Table 3: Persons Interviewed Sierra Leone field-based country case study

Organisation	Name	Position
UNFPA CO	Kim Eva Dickson	Representative
	Safiatu Agnes Foday	Programme Analyst RH/FP
	Dr Abiodun (Chris) Oyeyipo	Technical Advisor, Family Planning
	Sayed Nauman Ul Hassan	Advisor for RHCS
MoHS, Freetown	Dr Sulaiman G.Conteh	Manager, RH/FP
	Mr Wogba Kamara	Monitoring and Evaluation Specialist
	Mr Dennis Thomas	Interim NPPU Operations Director
	Mr Bassie Turay	Director, Directorate of Drugs and Medical Supplies
	Edward P. Williams	Central Information Officer
District Health Management Team (DHMT), Freetown (Western Urban)	Samual S. Bailor	District Pharmacist
	Mariama Y Kanu	Public Health Sister
	Aminata Nunie	Senior Public Health Sister
	Dr Thomas T.Samba	District Medical Officer
DHMT, Pujehun District	Dr David Bome	District Medical Officer

Organisation	Name	Position
	Timothy Sesay	District Information Officer
	Jude Williams	District Pharmacist
DHMT, Port Loko District	Katumu Bengue	Maternal and Child Health Aid
	Abdul Kabia	District Pharmacist
	Kallon Hawa	District Health Sister
	Kargbo Abu Bockarie	Laboratory Assistant
	Kamara Ishmael	District Information Officer
	Dr Tom Sesay	District Medical Officer
Bandajuma Community Health Centre	Kamara Massah	Maternal Child Health Aid
	Josephine Massaquoi	Midwife Maternity
	Mohamed Sawanneh	Community Health Officer In Charge
	Sellu Onita Y.	Midwife
Rogbere Junction Peripheral Health Unit,	Salamatu Bequia	State Enrolled Community Health Nurse
	Isha Kamara	Maternal and Child Health Aid
Ministry of Education, Science and Technology, Freetown	Mrs. Olive Musa	Director of Non-Formal Education
National AIDS Secretariat, Freetown	Abu Bakarr Koroma	IEC-BCC Coordinator
Marie Stopes Sierra Leone (MSSL), Freetown	Edward J.Benya	Senior Programme Manager, Sierra Leone
Planned Parenthood Association of Sierra Leone (PPASL), Freetown	Idrissa Conteh	Youth Officer
	Mrs Gladys Gobba	Regional Manager West and Northern Regions
	Dr Victor Massaquoi	Director
	David E. Williams	Executive Director
Women in Crisis Management (WICM) Freetown	Daniel Ansumana	Coordinator, Kailahun
	Juliana Konteh	Executive Director
	Malikie	Assistant Finance Officer
	L. Mohamed Sellu	Monitoring and Evaluation Officer
	Saidu Jonathan	Head of Programmes

Organisation	Name	Position
	Jabbie Sidique	Data Entry Officer, Head Office
	Benedict Tucker	Programme Officer, M&E
	King David Vandi	Programme Officer
Matei Initiative Empowerment Programme for Sustainable Development (MATCOPS)	Joseph D. Labia	Programme Manager
	Mustapha N'Dai Sesay	Head of Finance
	Mamusu William	Executive Director
Family Initiative Network for Equality (FINE SL)	Rev. Songaye D.George-Buanie	Executive Director
Health for All Coalition (HFAC), Freetown	Al Hassan Kamara	Programme Manager
PPASL, Wesley Street Clinic, Freetown	Victoria Bannerman	Clinic Assistant
	Fatmata Conteh	Midwife
	Steven Gabba	Laboratory Technician
	Moseray Huliamatu	Theatre Nurse
	Ogwarie Sylvia	Clinic Coordinator
	Hannah Saccoh	Service Delivery Manager
	James Tway	Finance Assistant
PPASL Mobile Clinic, Freetown	Edith Roy Macaulay	Mobile Clinic Nurse
	Joseph (Bob) Musa	Project Supervisor
MSSL Waterloo Clinic, Freetown	Alhaji A. Kamara	Finance Administrative Assistant
	Adama Kumba Manger Olmangu	Waterloo Rural Reproductive Health Progamme Manager
	Massah Maccela Sherrif	Centre Nurse
	Morris Vandi	Senior Laboratory Technician
MSSL Outreach Clinic, Futa Kpejeh	Kamara Sheku	Driver and Registrar
	Elizabeth Mattia	Senior Nurse
	Mustapha Zombo	Community Mobilizer
PPASL Outreach Clinic, Lunsar Community	Fatmata Bangura	Outreach Nurse
	Fofanah Samuel	Laboratory Technician
	Matilda Kamara	Clinical Nurse

Organisation	Name	Position
	Joseph (Bob) Musa	Project Supervisor
	Thomas Neale	Nurse
DFID	Dr Amit Bandari	Senior Health Advisor
United Nations Children's Fund	Dr Alison Jenkins	Chief, Child Survival and Development
UN Women	Baindu P. Massaquoi	Programme Specialist
World Health Organization	Dr Fatu Forma	Team Lead, Reproductive and Maternal Health
The World Bank, Freetown	Shiyong Wang	Senior Health Specialist
Management Sciences for Health	Murtada Mohammed Sesay	Country Progamme Director

Table 4: Persons Interviewed Sudan field-based country case study

Organisation	Name	Position
Federal Level Interviews: Khartoum State		
Federal MoH (FMoH) - Reproductive Health unit	Nuhaa Abdul Datah Salheem	FMoH, RH/Unit Manger
	Elghazali Ahmed	FMoH, RH/RHCS focal person
	Hiba Elhaj	FMoH, RH/Safe motherhood focal person
	Iman Babikir	M&E and planning officer
Khartoum State MoH - Reproductive Health and Free Medicines	Rayan Taha Elamin	KH-MoH/FP coordinator
	Amani Nour	KH-MoH/Free medicines coordinator
UNFPA	Lina Musa	UNFPA/Country representative
	Mohamed Lemine	UNFPA Deputy Representative
	Mohamed Sideahmed	UNFPA/RH unit manger
	Elhabib Hamdok	UNFPA/Gender Specialist
	Sufian Abdin	UNFPA/RHCS officer
	Haytham Taha	UNFPA/HIV officer
	Rowaym M Elhassan	UNFPA/RHCS Officer
	Inas Mubarak	UNFPA/HIV officer
	Abeer Salam	Humanitarian coordinator

Organisation	Name	Position
UNDP - Global Fund for AIDS, TB and Malaria	Eltayeb Saeed	Supply Analyst
WHO	Wisal Mustaffah	Consultant Obstetrician
	Hiba Hussein	WHO Gender coordinator
	Maison Elamin Hamid	Safe Motherhood coordinator
National Medical Supplies Fund (NMSF)	Tahani Ebdelrahim	NMSF/States Affair manager
	Isra Musa	NMSF/Supply officer
	Aiman Ali	NMSF/Stock control manager
Sudanese Family Planning Association (SFPA)	Nagat Mohamed	SFP/Programme Director
	Mohamed Gafar	SFP/Supply officer
	Amtig Mohamed Osman	SFP/Coordinator
	Salma Kanain	SFP/
Omdurman Maternity Hospital	Mahasin Ali	Nurse -Family planning
	Mumin Widda	Main store keeper
Alta Widat Health Centre, Khartoum	Ihlam Hassan	Health Centre Coordinator
	Amer Mohamed	Physician
	Fatima Ibrahim Ali	FP-Certified Nurse
	Hajir Gism	FP-Certified nurse
State Level – North Darfur State		
UNFPA state office	Hussein Bahar	Office Manager
State MoH Reproductive Health unit	Hassanat Elnour	RH department director
	Abubaker Mohamed	NMSF – State Branch
Sudanese Family Planning Association – State Branch	Huida Mohamed	
	Khalil Adam	SFP-Manager
	Mastura Yahia	FP-certified nurse
El Fashir Maternity Hospital	Ahmed Alnour	Pharmacist assistant
	Amal Ahmed Abuelgasim	Physician
Satellite Health Centre – Abu Shouk Refugee Camp	Amal Ahmed Abuelgasim	Physician
	Halima Abdallah Adam	Medical Assistant
Médecins sans Frontières	Ibrahim Ali Balah	Health coordinator

Organisation	Name	Position
State level – Kassala state		
UNFPA state office	Moamar Eltaib	Director, UNFPA State office
State MoH - Reproductive Health Unit	Abdelgadir Abdelwahab	Deputy RH Coordinator
	Mohmed Ahmed Hassan	Reproductive Health Supply Manager
	Tarig Amin	Drug store keeper
	Dr Tahani Khader	Nutrition Coordinator
NMSF – State Branch	Yassin Mohamed Ali	State Medical Supplies Fund
El Saudi Maternity Hospital	Abker Ramadan	Medical Director
	Omer Suliman	Senior Pharmacist
	Awadia Abdoelrazik	Family Planning Nurse
Health centre – Al Hidaya PHC	Mohamed Mineh	Clinic Health Assistant
Jasmar (umbrella NGO)	Mohamed Ali Abdullah	Coordinator

Table 5: Persons interviewed during desk-based country case studies

Organisation	Name	Position
Haiti		
Fondation pour la Santé Reproductrice et l'Education Familiale (FOSREF)	Dr Fritz Moïse	Directeur Exécutif FOSREF
MoH	Dr Reynold Grand Pierre	Medical Officer
UNFPA	Marielle Sander	Representative
UNFPA	Barbara M Bonnie	Logistics officer
US AID	James Maloney	
US AID	Réginalde Gerlus Massé	RH/FP Advisor
Madagascar		
Ministère de la Santé	Dr Razafy Sylvain Andrianomenjanahary	Assistant Technique chargé de la Coordination Nationale du Projet SR UNFPA MSANP CNP
SALAMA-Central Warehouse	Dr Jeannine Razafiarisoa	Coordonnateur des Programmes Verticaux
UNFPA	Dr Jovith Ndahinyuka	Technical Specialist Reproductive Health Commodity Security

Organisation	Name	Position
Malawi		
MoH	Dr Fannie Kachale	Director Reproductive Health Services/TA OAFLA
UNFPA	Milika Mdala	RHCS/ Family planning National Programme Manager
Nepal		
MoH	Gyan Bahadur BC	Logistics Management Information Systems (LMIS) Section Chief Logistics Management Division (LMD)
Family Plannning Association of Nepal (FPAN) IPPF	Subhash C. Shrestha	Programme Director
UNFPA	Chandra Mani Dhungana	Supply Chain Management Programme Analyst
UNFPA	Latika Maskey Pradhan	Assistant Representative
Togo		
MoH	Idrissou Daoudou	Chargé de Suivi/Evaluation et de la Logistique
UNICEF	Komi Abalo (Alex)	
UNFPA	Yawo Agbigbi	
UNFPA	Dr Guy Ahialegbedzi	
ATBEF (IPPF) – Togo Family Planning Association	Mme APETI-AGBOLO Talè Blandine	Chef Division Approvisionnement et Services Généraux

ANNEX 5: REFERENCES

Appleford, G. and Ibeh, C.C., *Access to Family Planning Commodities Programme in Nigeria, Narrative Report.* 2016.

Coordinated Supply Planning Group (CSP) (2017). *RHSC Brief, Factsheet 2017.*

DFID (2015). *Annual Review: Support to UNFPA's Global Programme for enhancing Reproductive Health Commodity Security.*

EngenderHealth. *SEED Programming Model. Available from: http://www.engenderhealth.org.*

Every Woman Every Child (2015). *The Global Strategy for Women's, Children's and Adolescent's Health (2016-2030).*

Federal Government of Nigeria (2014). *Nigeria Family Planning Blueprint (Scale-Up Plan), Oct 2014.*

Government of Lao PDR, Ministry of Health (2015). *National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn, and Child Health 2016-2025*.

Government of Lao PDR, Ministry of Health (2015). *Success Factors for Women's and Children's Health*. http://www.who.int/pmnch/knowledge/publications/lao_country_report.pdf

Governman of Lao PDR. (2014). *Disaster Management Reference Handbook - Lao PDR – Feb 2014*. https://reliefweb.int/report/lao-peoples-democratic-republic/disaster-management-reference-handbook-lao-pdr

Government of Nigeria, Federal Ministry of Health (2013). *Increasing Access to Long-Acting, Reversible Contraceptives in Nigeria: National Strategy and Implementation Plan (2013-2015).* 2013.

Government of Nigeria, Federal Ministry of Health (2013). *Facility Assessment Reproductive Health Commodities and Services in Nigeria.*

Government of Nigeria, Federal Ministry of Health (2014). *Facility Assessment Reproductive Health Commodities and Services in Nigeria, 2014 Survey Report*.

Government of Nigeria, Federal Ministry of Health (2016). *Facility Assessment Reproductive Health Commodities and Services in Nigeria, 2015 Survey Report.*

Government of Sierra Leone (2016), *Ministry of Education, Science and Technology. Annual Activity Report for UNFPA Country Programme, 2016. Freetown, January 2017.*

Government of Sierra Leone (2017). *Ministry of Health and Sanitation, Human Resources for Health Country Profile 2016. Freetown, 2017.*

Government of Sierra Leone (2010). *Ministry of Health and Sanitation. Reproductive, Newborn and Child Health Strategy, 2011-2015.*

Government of Sierra Leone (2013,2015,2016). *Ministry of Health and Sanitation. Reports of the Annual GPRHCS Surveys, 2013, 2015, 2016.*

Government of Sudan, Directorate of Family Health, Ministry of Health (2015) *Knowledge, Attitude, Practice Survey, Baseline KAP study on RMNCH/FGM related issues in Sudan*.

Government of Sudan (2012). Federal Ministry of Health Directorate General of Human Resources for Health Development, *National Human Resources for Health, Strategic Plan for Sudan, 2012-2016.*

FP2020 (2017). Available from http://www.familyplanning2020.org/

High-Impact Practices in Family Planning (HIPs) (2014). *Mobile outreach services: expanding access to a full range of modern contraceptives.* Washington, DC, USAID, May 2014. Available from http://www.fphighimpactpractices.org/briefs/mobile-outreach-services.

John Snow Inc. (2017.) *Analysis of Sierra Leone FP/FH Supply Bottlenecks.*

Marie Stopes Sierra Leone. *Annual Project Summary, Integrated Sexual Reproductive Health and ANC Outreach Services including Family Planning.* December, 2016.

Marie Stopes Sierra Leone (2014). *Narrative UNFPA Report for the Period January to December 2013*, December 2014.

Matei Initiative Empowerment Program for Sustainable Development (2015). *Annual Report – January to December*, 2015.

Planned Parenthood Association of Sierra Leone (2016). *Consolidated Annual Report for UNFPA – 2016 GPRHCS.* December 2016.

Mayne, John (2008). *Contribution Analysis. An approach to exploring cause and effect. ILAC Brief, 16.*

Mayne, John (2015). *Useful Theories of Change Models. Canadian Journal of Programme Evaluation, Fall 2015, p.119-142*

Medical Sciences for Health, International Medical Products Price Guide. Accessible at http://mshpriceguide.org/en/home/.

National Population Commission (NPC) [Nigeria] and ICF International. (2014). *Nigeria Demographic and Health Survey*. 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

Nigeria Urban Reproductive Health Initiative. *Demand Generation Strategy, 2011.* Accessible at: www.nurhitoolkit.org.

Reproductive Health Supplies Coalition (2016). *Strategic Plan 2015-2025.*

The Global Fund (2016). *Audit Report: The Global Fund's In-country Supply Chain Mechanism - GF-OOO-11-111, Dec 2016.*

Office of the United Nations High Commissioner on Human Rights*. Frequently Asked Questions on Economic, Social and Cultural Rights: Fact Sheet 33*. (2015).

Track20.0rg. Available from http://www.track20.org/download/pdf/S_Curve_One_Pager.pdf

UBRAF and MHTF (2013). *Annual joint reporting for reproductive health thematic funds RHCS/FP, Nepal.*

UNFPA (2015). *2015 UNFPA Supplies Mid-year progress report, GPRHCS Nepal.*

UNFPA. *Contraceptives Price Indicator, (2014, 2015, 2016).*

UNFPA (2017). *Draft Supply Chain Management Strategy: 2018-2021.*

UNFPA (2017). *End-Line Evaluation of the H4+ Joint Programme, Canada and Sweden, 2011-2016.* UNFPA, New York, May 2017.

UNFPA (2013). *Family Planning Strategy Choices Not Chances (2012-2020).*

UNFPA. *General ledgers and certified financial statements 2013-2015.*

UNFPA (2017). *Guide to Allocating Resources for UNFPA Supplies 2018,* New York, 2017. Excel Spread Sheet.

UNFPA (2017). *Inception Report of the Mid-Term Evaluation of UNFPA Supplies, UNFPA, Sep 2017.* Available at https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_Supplies_Mid-Term_Evaluation_-_Draft_INCEPTION_REPORT_Volume_1_-_121017.pdf

UNFPA (2017). *PowerPoint presentation – UNFPA Supplies: UNFPA's Thematic Fund for Family Planning (filename: 16Jan2017 - D MFA (003).pptx).*

UNFPA (2001). *Reproductive Health Commodity Security: Partnerships for Change, A Global Call to Action*, UNFPA, New York, 2001.

UNFPA (2017). *Strengthening Reproductive Health Supply Chains: A Collaboration between UNFPA and JSI, Executive Summary, March 2017.*

UNFPA (2017). *Supply Chain Management Strategy: 2018-2021 (Final Draft) 14 Dec 2017.*

UNFPA Supplies Steering Committee (2017). *Minutes, Oct 2017.*

UNFPA (2017). *Strengthening Reproductive Health Supply Chains: A Collaboration between UNFPA and JSI, Executive Summary, March 2017.*

UNFPA (2012). *Synthesis Report, UNFPA Global Programme to Enhance Reproductive Health Commodity Security, Mid-Term Review, 2012.*

UNFPA (2016). *Terms of Reference, Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020). Evaluation Office, UNFPA, Oct 2016.* Available at https://www.unfpa.org/sites/default/files/admin-resource/ToR_Mid_Term_evaluation_of_UNFPA_SUPPLIES_2013-2020_F_I_N_A_L.pdf

UNFPA (2017). *UNFPA Supplies Annual Report 2016,* New York, June 2017.

UNFPA (2017). *UNFPA Supplies New Governance Structure: Steering Committee meeting, March 2017.*

UNFPA (2017). *UNFPA Supplies Planning Meeting Report, Johannesburg, South Africa, 5-7 Dec 2016.*

UNFPA and John Snow Inc. (2017). *Strengthening Reproductive Health Supply Chains: a collaboration between UNICEF and JSI, Executive Summary, 2017.*

UNFPA Nigeria (2015). *Joint Thematic Trust Funds Annual Progress Report, 2015.*

UNFPA-PSB (2016). *Competitive Pricing 2013-2015 – "UNFPA unit prices compared to average price of international procurers", 2016.*

UNFPA-PSB (2016). *Brochure – Generics Savings, Oct 2016.*

Watson, N. Noel, and J. McCord (2015). *Evaluating Last Mile Distribution Systems in Nigeria.* Arlington, VA. USAID/DELIVER, Task Order No. 4. 2015.

WHO. *WHO's Procurement and Supply Management (PSM) Toolbox platform*. Available from http://www.psmtoolbox.org/en/tool-details%7CInventory-Management%7CCHANNEL%7C261

ANNEX 6: UNFPA SUPPLIES COMMODITIES PROCURED AND THEIR PURPOSE/FUNCTION

Selected individual commodities and their uses

Classification	Name	Examples of use
Contraceptives	**Condoms** (male and female)	Barrier method for preventing pregnancy.
	Combined contraceptive pills such as **Levonorgestrel** 0.15mg + **ethinylestradiol** 0.03mg	Hormonal contraceptives.
	Progesterone only pills such as **Levonorgestrel** 0.03mg or **Norethindrone** 350mg	Hormonal contraceptives for breastfeeding women.
	Emergency contraception such as **Levonorgestrel** 1.5 mg	To post exposure pregnancy prevention.
	Implantable contraceptives such as **Levonorgestrel** 75mg	Longterm implant for three or five years contraceptive effect.
	Injectable contraceptives such as **Norethisterone** enanthate 200mg **Sayana Press**	Four weeks' to three months contraceptive protection. Low dose preloaded injectable contraceptive lasting three months.
	Intrauterine device (IUD)	Inserted contraceptive device.
Anaesthetics	**Ketamine** hydrochloride (injection) **Lidocaine** hydrochloride (injection)	For general and local anaesthesia (eg to repair vaginal tears and to perform caesarean sections).
Antibacterials	**Amoxycillin** (tablets, powder for suspension and injectable) **Azithromycin** tablets Benzthine benzylpenicillin (injectable penicillin) **Cefexime** tablets **Ciprofloxacin** tablets **Doxycycline** tablets **Tetracycline** eye ointment	To prevent and treat infections including sexually transmitted infections, post-partum infections, and infections associated with miscarriage and unsafe abortion.
Antifungals	**Clotrimazole** vaginal tablets	Treatment of fungal infections such as thrush.
Oxytocins and anti-oxytocics	**Ergometrine maleate** injection, **Misoprostol** tablet and **Oxytocin** injection **Mifepristone** tablet	All of these medicines cause the uterus to contract and are used to induce labour, increase contractions, and stop bleeding during and after childbirth. Used to end pregnancies and often taken in conjunction with misoprostol.
Other pharmaceuticals	**Atropine sulphate** injection **Magnesium sulphate** injection **Calcium gluconate** injection **Nifedipine** capsule	To treat bradycardia (low heart rate) in women or their newborns. Treatment of preeclampsia and eclampsia in pregnant/ post-partum women. Used to treat hypocalcaemia (lack of calcium) in pregnancy.

Classification	Name	Examples of use
		Used to treat hypertension (high blood pressure) in pregnancy.
Diagnostic kits	HIV, Hepatitis, Pregnancy and Syphilis diagnostic kits	Contains rapid test kits and associated material and information.
Kits	Medical kits	Various types of kits which have the material, supplies and equipment needed to manage and repair obstetric fistula.
	Dignity kits	Sanitary towels and other products to manage menstruation.

Emergency kits: purpose and contents

Kit Number	Name/ Purpose	Contents and examples of use
Kits intended for one month of supplies for a population of 10,000 people		
1a	Male condoms	Contains condoms and leaflets; Used as contraceptives and for the prevention of HIV and sexually transmitted infections (STIs).
1b	Female condoms	
2	Clean delivery kit Used to support normal deliveries in the community by individuals and health workers.	Contains plastic sheeting, soap, razors, cotton cloths, gloves and an apron, flashlight, poncho etc. for the health worker.
3	Post rape treatment Management of the immediate consequences of sexual violence	Contains medications for post exposure prophylaxis, pregnancy tests, antibiotics to treat STIs, emergency contraception information (subject to local laws and practices).
4	Oral and hormonal contraception To respond to women's needs for hormonal contraception	Contains combination and progesterone only pills; emergency contraception; injectable contraception.
5	Treatment of STIs To treat people presenting with the symptoms of common STIs	Contains a range of antibiotics (injectable penicillin, azithromycin, cefixime, metronidazole), antifungals (clotrimazole), condoms, antiseptics and associated supplies.
Kits intended for three months of supplies for a population of 30,000 people		
6a & b	Clinical delivery assistance (maternity) To perform normal deliveries; suture episiotomies, perineal tears under local anaesthesia, manage obstetric complications prior to referral)	a. Equipment, (stethoscope, scissors, tourniquet, resuscitator, forceps, instrument tray), lighting, sterilising equipment. b. Essential drugs (antibiotics, magnesium sulphate, oxytocin), disinfectants, injection solution, consumables (sutures, gloves, syringes).

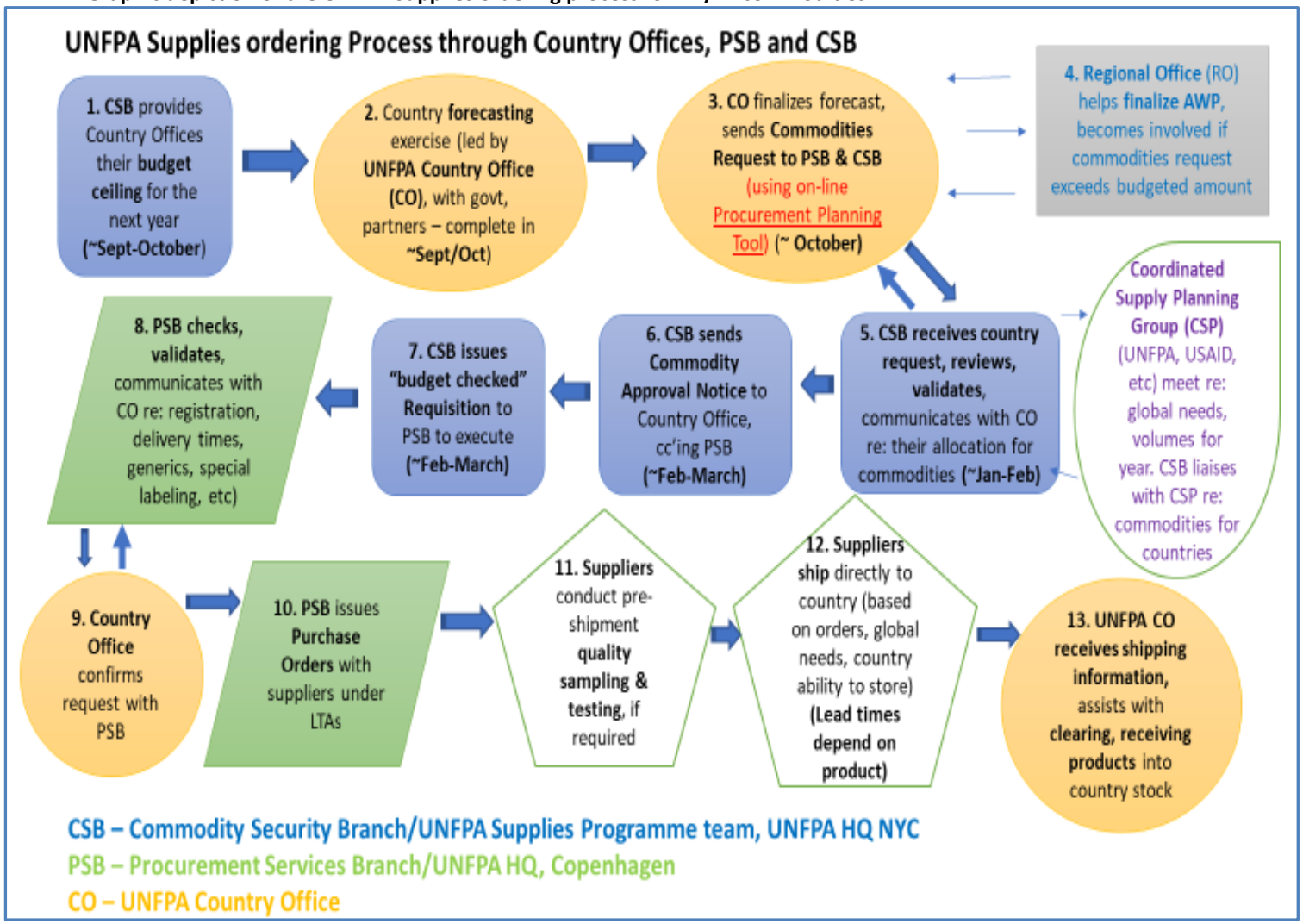
Kit Number	Name/ Purpose	Contents and examples of use
7	Intrauterine device (IUD) To insert and remove IUDs and to provide preventive antibiotic treatment.	Contains intrauterine devices, doxycycline (antibiotic) and equipment and supplies (gloves, speculums, forceps, gauze).
8	Management of Miscarriage and complications of abortion To treat the complication arising from spontaneous miscarriage and unsafe induced abortions including sepsis, incomplete evacuation and bleeding.	Contains antibiotics (aerobic and anaerobic), misoprostol, analgesics, associated equipment and supplies; manual vacuum aspiration, and equipment to support dilatation and curettage.
9	Suture of tears (cervical and vaginal) To suture cervical and high vaginal tears and to examine women who have been sexually assaulted.	Contains disinfectants, lubricants, sutures, gauze, gloves, equipment like scissors, speculums, and forceps.
10	Vacuum extraction delivery To perform manual vacuum extraction during delivery	Contains a vacuum extractor and information.
Kits intended for three months of supplies for a population of 150,000 people		
11	Caesarean section Contains the (a) equipment and (b) drugs necessary to perform caesarean sections and other surgical interventions; to resuscitate mothers and babies; to provide intravenous treatment for puerperal sepsis or eclampsia.	Contains (a) equipment and supplies (forceps, surgical tools, scissors) disinfecting material, resuscitation kit and (b) medicines (antibiotics, analgesics, anaesthetics such as lidocaine and ketamine, antifebriles) and associated supplies (cannulas, syringes, sutures, gloves).
12	Blood transfusion To perform safe blood transfusions after testing for HIV, syphilis, Hep B and C	Contains blood group testing kits, HIV and hepatitis testing kits, associated material, bags, gloves.

ANNEX 7: UNFPA SUPPLIES ORDERING PROCESS AND SUPPLY CHAINS IN FOUR COUNTRIES

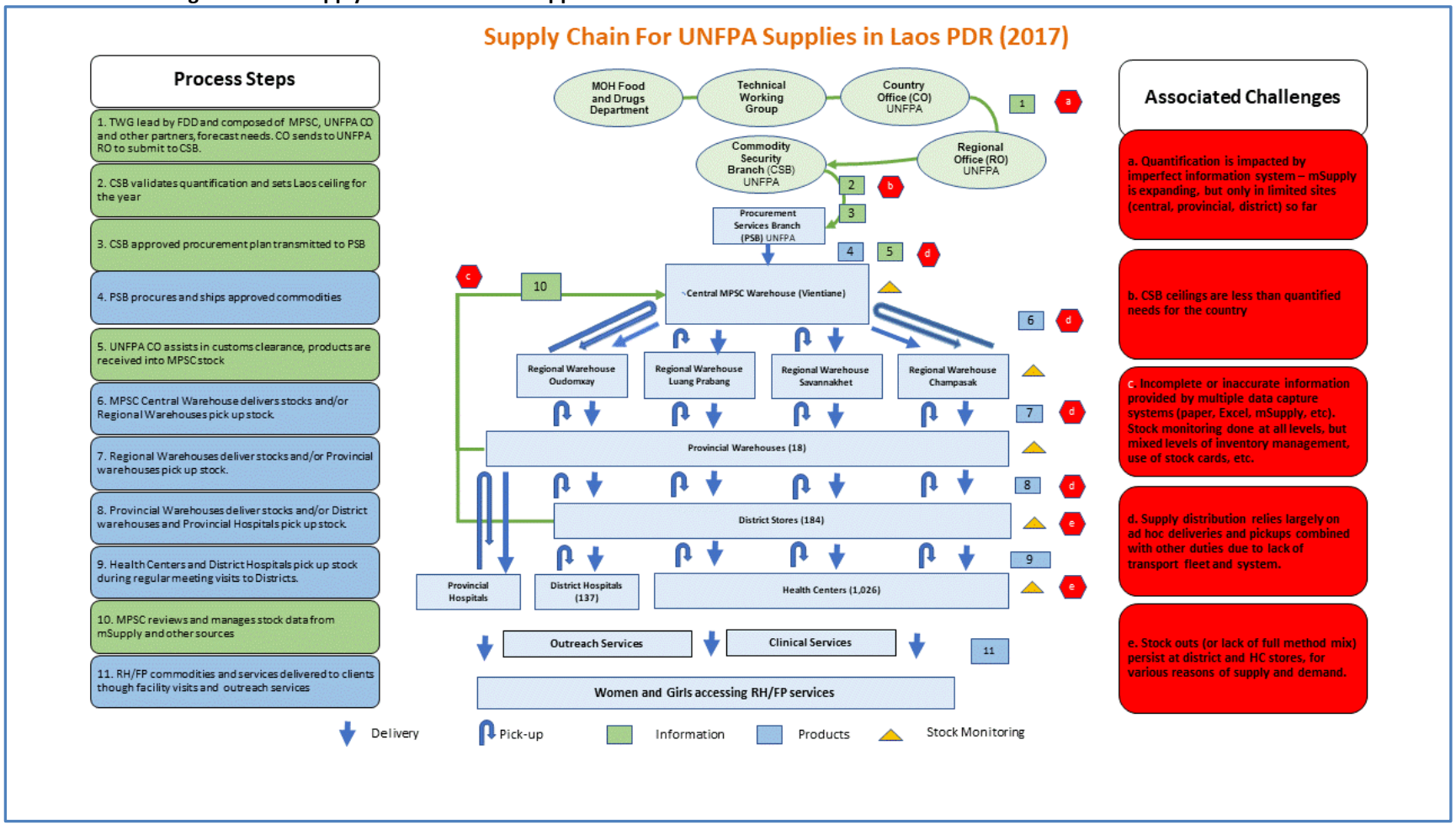
The evaluation developed diagrams for the process of needs assessment, budgeting, ordering and shipping commodities to programme countries at both the overall level and for each of the four field-based country case studies. For the latter, the process diagrams included distribution to the last mile and identified significant bottle necks in the supply chain.

1. Graphic depiction of the UNFPA Supplies ordering process for RH/FP commodities
2. Process diagram of the supply chain for UNFPA Supplies commodities in Lao PDR
3. Process diagram of the supply chain for UNFPA Supplies commodities in Nigeria
4. Process diagram of the supply chain for UNFPA Supplies commodities in Sierra Leone
5. Process diagram for the supply chain for UNFPA Supplies commodities in Sudan

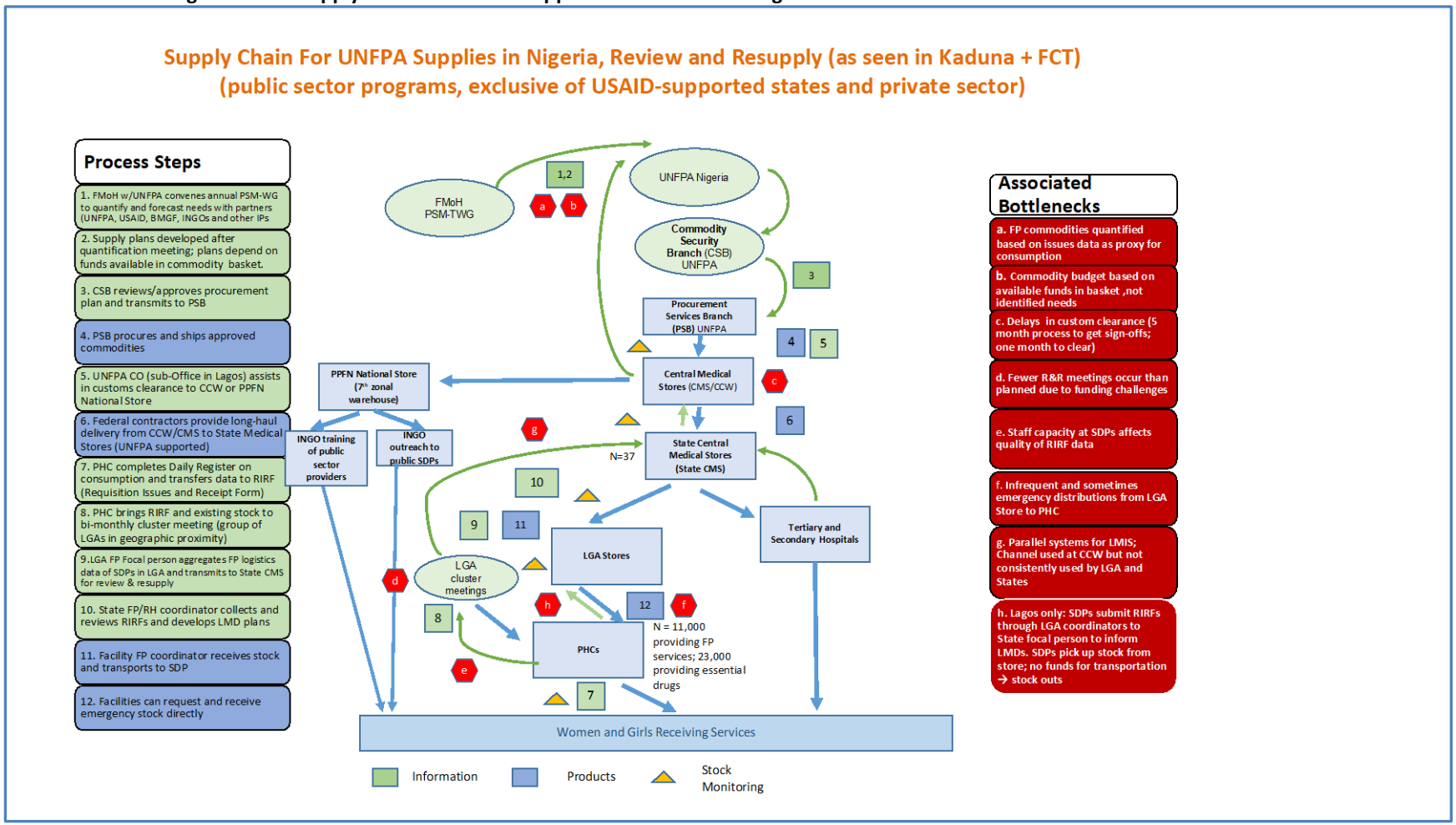
1. **Graphic depiction of the UNFPA Supplies ordering process for RH/FP commodities**



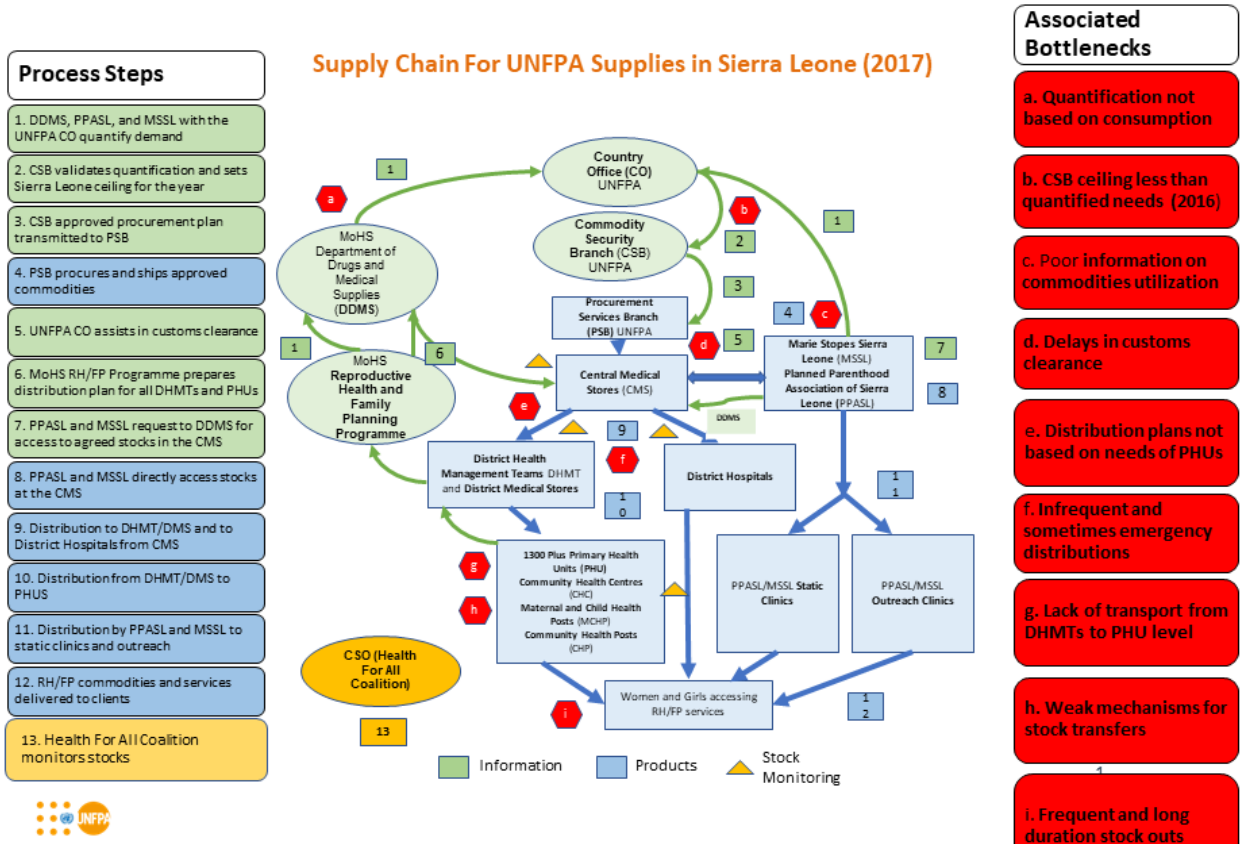
2. Process diagram of the supply chain for UNFPA Supplies commodities in Lao PDR



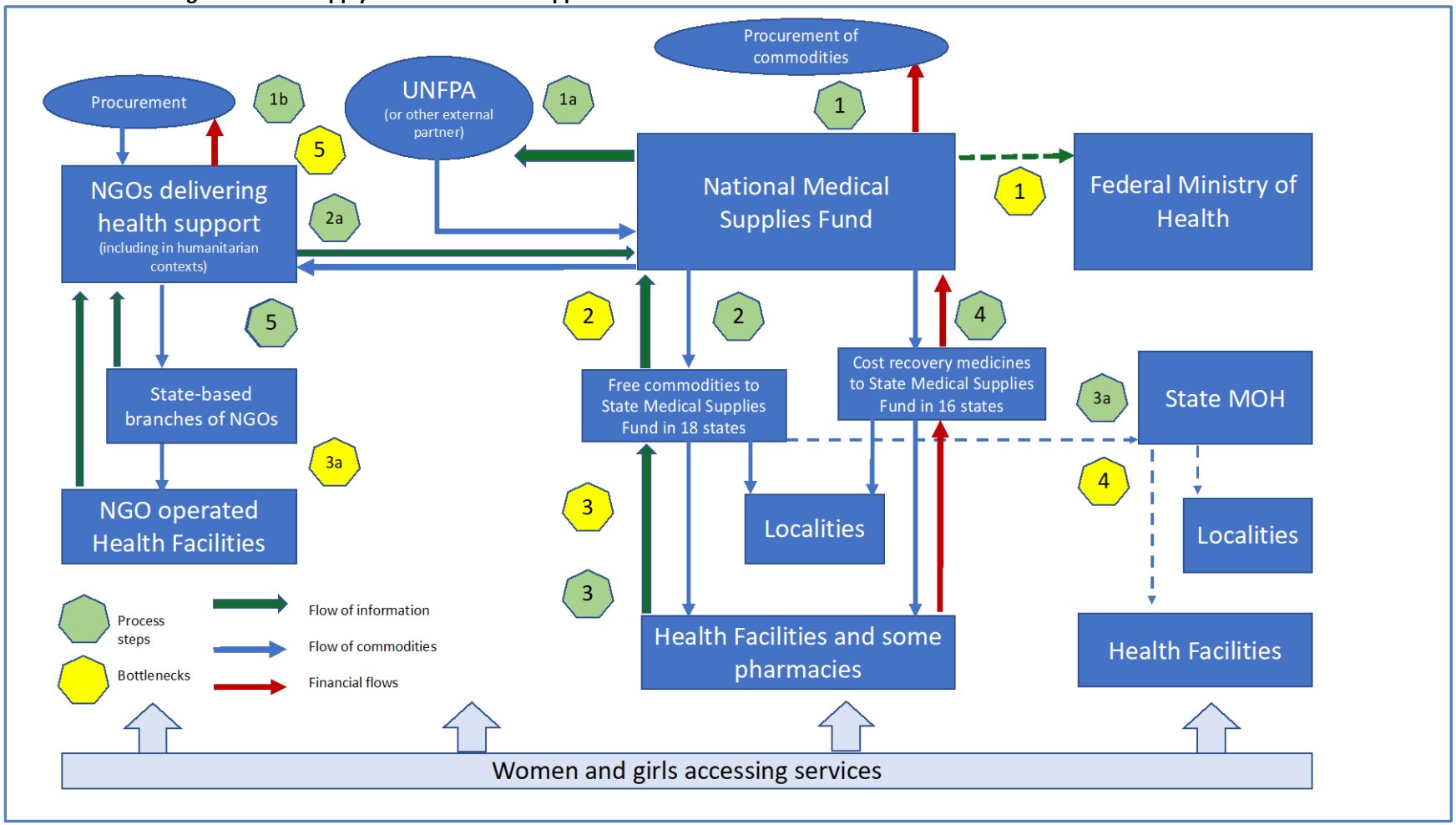
3. Process diagram of the supply chain for UNFPA Supplies commodities in Nigeria



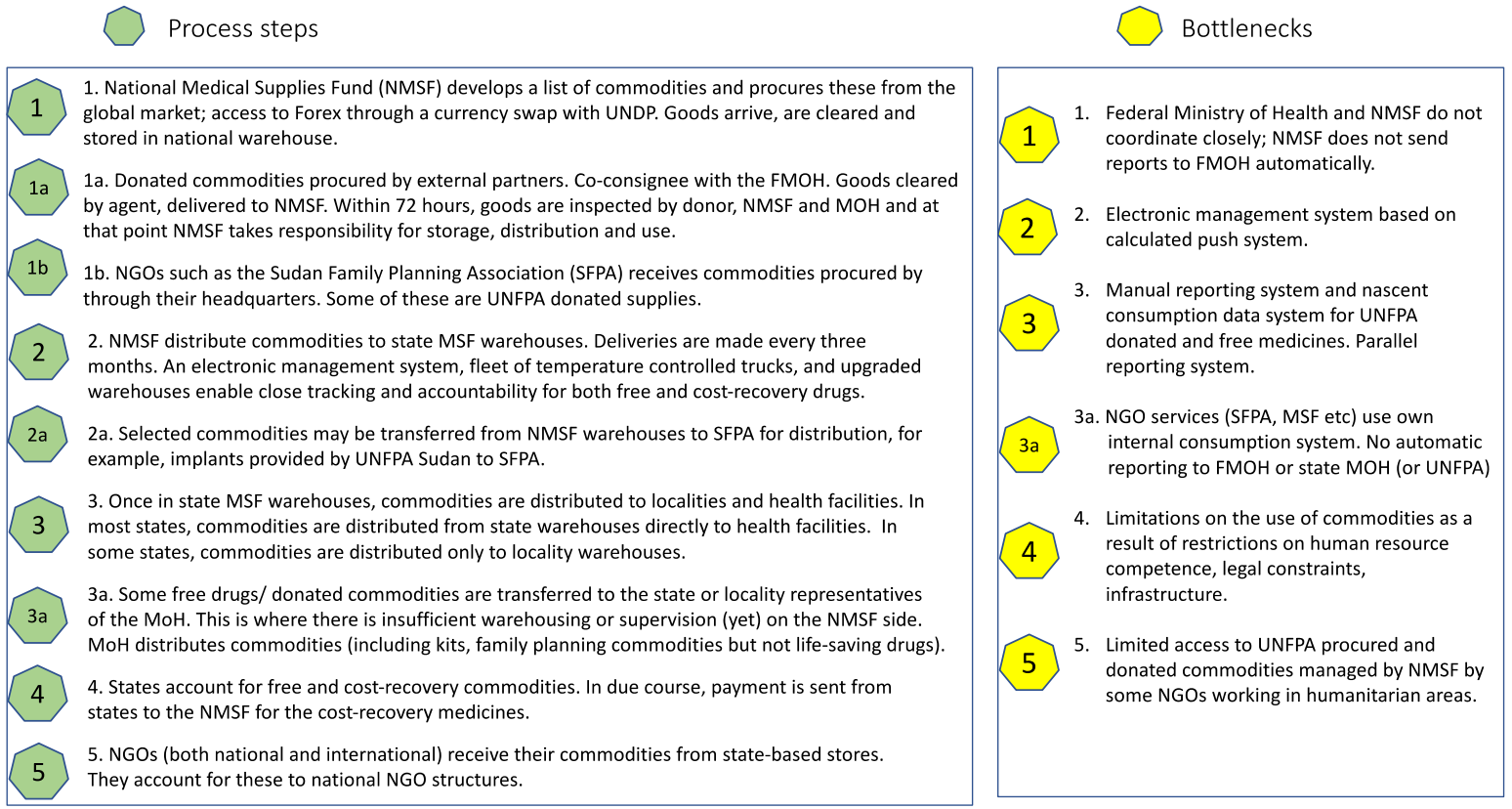
4. Process diagram of the supply chain for UNFPA Supplies commodities in Sierra Leone



5. Process diagram for the supply chain for UNFPA Supplies commodities in Sudan



For legend, see next page.


Process steps
1. National Medical Supplies Fund (NMSF) develops a list of commodities and procures these from the global market; access to Forex through a currency swap with UNDP. Goods arrive, are cleared and stored in national warehouse.
1a. Donated commodities procured by external partners. Co-consignee with the FMOH. Goods cleared by agent, delivered to NMSF. Within 72 hours, goods are inspected by donor, NMSF and MOH and at that point NMSF takes responsibility for storage, distribution and use.
1b. NGOs such as the Sudan Family Planning Association (SFPA) receives commodities procured by through their headquarters. Some of these are UNFPA donated supplies.
2. NMSF distribute commodities to state MSF warehouses. Deliveries are made every three months. An electronic management system, fleet of temperature controlled trucks, and upgraded warehouses enable close tracking and accountability for both free and cost-recovery drugs.
2a. Selected commodities may be transferred from NMSF warehouses to SFPA for distribution, for example, implants provided by UNFPA Sudan to SFPA.
3. Once in state MSF warehouses, commodities are distributed to localities and health facilities. In most states, commodities are distributed from state warehouses directly to health facilities. In some states, commodities are distributed only to locality warehouses.
3a. Some free drugs/ donated commodities are transferred to the state or locality representatives of the MoH. This is where there is insufficient warehousing or supervision (yet) on the NMSF side. MoH distributes commodities (including kits, family planning commodities but not life-saving drugs).
4. States account for free and cost-recovery commodities. In due course, payment is sent from states to the NMSF for the cost-recovery medicines.
5. NGOs (both national and international) receive their commodities from state-based stores. They account for these to national NGO structures.
Bottlenecks
1. Federal Ministry of Health and NMSF do not coordinate closely; NMSF does not send reports to FMOH automatically.
2. Electronic management system based on calculated push system.
3. Manual reporting system and nascent consumption data system for UNFPA donated and free medicines. Parallel reporting system.
3a. NGO services (SFPA, MSF etc) use own internal consumption system. No automatic reporting to FMOH or state MOH (or UNFPA)
4. Limitations on the use of commodities as a result of restrictions on human resource competence, legal constraints, infrastructure.
5. Limited access to UNFPA procured and donated commodities managed by NMSF by some NGOs working in humanitarian areas.

ANNEX 8: TERMS OF REFERENCE

TERMS OF REFERENCE

Mid-term Evaluation of the *UNFPA Supplies* Programme (2013 – 2020)

EVALUATION OFFICE
October 2016

Contents

List of acronyms 224

1. Introduction 225

2. Rationale 225

3. Users of the Evaluation 225

4. Context 226

4.1 Overview of GPRHCS Phase I (2007-2012) 226

4.2 Overview of UNFPA Supplies (2013-2020) 227

5. Evaluation Purpose, Objectives and Scope 229

5.1 Purpose 229

5.2 Objectives 229

5.3 Scope 230

6. Evaluation Criteria and Indicative Areas of Investigation 230

6.1 Evaluation Criteria 230

6.2 Areas of Investigation 231

7. Evaluation Methodology and Approach 233

7.1 Logical Reconstruction of UNFPA Supplies Intervention Logic and Theory of Change 234

7.2 Finalization of the Evaluation Questions and Assumptions 234

7.3 Well-designed Country Case Studies 235

Desk-based country case studies 236

7.4 A Wide Range of Data Collection Tools (Quantitative and Qualitative) 236

7.5 A well-structured evaluation matrix to ensure the validity of evaluation findings 237

8. Evaluation Process 238

8.1 Preparatory phase 238

8.2 Inception phase 239

8.3 Data collection phase 239

8.3.1 Desk Study 239

8.3.2 Field Study 240

8.3.3 Online Survey 241

8.4 Reporting Phase 241

8.5 Management response 242

8.6 Dissemination 242

9. Management and Governance of the Evaluation 242

10. The Evaluation Team 243

11. Quality Assurance 245

12. Indicative Time Schedule and Deliverables 246

13. Specification of Tender, Cost of the Evaluation and Payment Modalities 247

13.1 Specification of Tender 247
13.2 Evaluation Budget 249
13.4 Payment Modalities 250
Annex 1. Selected Bibliography 252
Annex 2. Structure for: Inception Report; Country Case Study Brief and Desk Country Case Review; Evaluation Report 256
a. Inception Report 256
b. Country Case Study Brief and Desk Country Case Review 257
c. Final Report 257
d. Reports Cover 258
e. Editing Guidelines 259
Annex 3. Code of Conduct and Norms for Evaluation in the UN System 261
Annex 4. Quality Assurance of the Evaluation Report 264
Annex 5. List of UNFPA Supplies Countries 269
Annex 6. UNFPA Supplies: Theory of Change 271
Annex 7. Country Profiles of UNFPA Supplies Programme Countries 272
Annex 8. Structure of the Evaluation matrix 287
Annex 9. Budget and Expenditures by Country 289

List of acronyms

CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
CO	Country Offices
CSB	Commodity Security Branch
DFID	Department for International Development
EQA	Evaluation Quality Assessment
EO	UNFPA Evaluation Office
ERG	Evaluation Reference Group
FP	Family Planning
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
GPS	Global Positioning System
HIMS	Health Information Management System
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HRB	Humanitarian Response Branch
ICPD	International Conference on Population and Development
LMIS	Logistics Management Information Systems
MCB	Media Communication Branch
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MISP	Minimum Initial Service Package
NGO	Non-governmental Organization
OECD DAC	Organization for Economic Cooperation and Development-Development Assistance Committee
PSB	Procurement Services Branch
RH	Reproductive Health
RHC	Reproductive Health Commodity
RHCS	Reproductive Health Commodity Security
RFID	Radio Frequency Identification
RO	Regional Office
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
ToR	Terms of Reference
UK	United Kingdom
UN	United Nations
VAN	Visibility and Analytics Network
TD	Technical Division
RHCS TTF	Reproductive Health Commodity Security Thematic Trust Fund
UNAIDS	Joint United nations Programme on HIV/AIDS
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees

1. Introduction

Evaluation at the United Nations Population Fund (UNFPA) serves three main purposes: (a) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (b) support evidence-based decision-making; (c) contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).[2]

The Evaluation Office (EO) will conduct an independent mid-term evaluation of the UNFPA Supplies programme (formerly referred to as the Global Programme to Enhance Reproductive Health Commodity Security - Phase II) to inform decision-making and policy formulation as per the quadrennial budgeted evaluation plan 2016-2019[3] approved by the UNFPA Executive Board in 2015.

This evaluation will commence in November 2016 and its results will be presented to UNFPA in 2018. It will be managed by the UNFPA Evaluation Office and conducted by a team of external specialists.

The preparation of this terms of reference was based on a document review and initial consultations with key stakeholders and the Evaluation Reference Group (ERG). The evaluation team will conduct the evaluation in conformity with the terms of reference, under the management of the UNFPA Evaluation Office and guidance of the ERG.

2. Rationale

The mid-term evaluation of the UNFPA Supplies programme is expected to provide an independent assessment of the progress made in this implementation period with a view of identifying key lessons learned from the first year of implementation and improving upon the interventions in progress. Learnings from the evaluation will also contribute to the implementation of the on-going UNFPA family planning strategy namely, *Choices Not Chance* 2012-2020.

3. Users of the Evaluation

The evaluation will serve programming and management purposes. The main users of the evaluation include:

- UNFPA Commodity Supplies Branch (CSB)
- Technical Division and other UNFPA units;
- Regional and Country Offices;
- UNFPA Supplies Steering Committee, including donors that have funded the programme;
- counterparts in programme countries, including national health entities and other agencies that form part of national health systems;
- civil society organizations and diverse stakeholders (including NGOs) in the UNFPA target countries.[4]

[2] See UNFPA evaluation policy (revised, 2013) - DP/FPA/2013/5
[3] DP/FPA/2015/12
[4] See list in Annex 5.b

4. Context

Reproductive Health Commodity Security (RHCS) provides an important platform for global stakeholders to align efforts with national priorities to accelerate the reduction of unmet need for family planning, to improve maternal health, and to enable women and girls to exercise their right to reproductive health. Moreover, RHCS plays a pivotal and strategic role in achieving internationally agreed goals set forth in the 1994 International Conference on Population and Development (ICPD) Programme of Action and contributes directly to the UN Secretary-General's Global Strategy for Women's and Children's Health.

In 2000, UNFPA and partner agencies developed the Global Strategy for Reproductive Health Commodity Security to ensure universal access to reproductive health commodities, contributing to the ICPD goal of universal access to reproductive health care.[5] The strategy served as the initial framework for integrating reproductive health commodity security into all UNFPA country programmes with a focus on resource mobilization and sustainable financing, coordination for efficiency, and national capacity development.

In 2004, UNFPA created the RHCS Thematic Trust Fund (TTF) in order to pool resources from different donors, thereby minimizing transaction costs, facilitating coordination, and maximizing cost efficiency, particularly in commodity procurement. The TTF guidelines allocated roughly 90 per cent of resources to avoid stock-out situations.

In 2007, the second phase of the RHCS-TTF developed into the first phase of the Global Programme to Enhance Reproductive Health Commodity Security 2007-2012 (GPRHCS). The programme was designed to push for a more systematic and sustainable country-driven approach for securing essential reproductive health supplies as well as ensuring their effective use.

From its launch in mid-2007 through 2013, donors have included: Australia, Canada, Denmark, European Commission, Finland, France, Ireland, Liechtenstein, Luxembourg, Netherlands, Norway, Spain, Spain (Catalonia), United Kingdom, and private/individual contributors.

4.1 Overview of GPRHCS Phase I (2007-2012)

The first phase of GPRHCS aimed to provide strategic and catalytic support to promote RHCS in priority countries. It also supported the Millennium Development Goals, with particular focus on goals 5 (universal access to reproductive health by 2015) and goal 6 (universal access to comprehensive HIV prevention by 2010).

The programme was designed to increase availability, access, and utilization of reproductive health commodities for voluntary family planning, HIV/STI prevention, and maternal health services in priority countries. Interventions were both at the global and country levels focusing on: (i) supporting national governments in the development, coordination and implementation of their strategic plans; (ii) enhancing the political and financial commitment for RHCS; (iii) strengthening the capacity and systems for RHCS; and (iv) mainstreaming RHCS into UNFPA core business.

[5] UNFPA, Reproductive Health Commodity Security: Partnerships for Change, A Global Call to Action, UNFPA, New York, 2001

The GPRHCS focus countries were grouped into three 'streams' according to the nature of the support provided.[6]

- **Stream 1**: Multi-year funding was provided to twelve countries that received support of up to US $5 million per year for commodity supply and for interventions in the programme output areas.
- **Stream 2**: Countries received some support for commodities and a lesser amount for capacity building to strengthen targeted elements of RHCS based on country context, e.g. family planning service delivery.
- **Stream 3**: This emergency funding delivered commodities in countries facing humanitarian situations, including natural or man-made disasters, often in cooperation with the Humanitarian Response Branch (HRB) at UNFPA and the United Nations High Commissioner for Refugees (UNHCR). The number of Stream 3 countries varied from year to year.

To promote the prioritisation and mainstreaming of RHCS, the first phase of GPRHCS focused its efforts around: (i) providing reproductive health commodities (procurement, product and technologies for family planning, condom programming); (ii) strengthening health information management system (HIMS) for forecasting and logistics; and (iii) building governments' capacities in 46 countries as well as in countries facing commodity stock-outs and humanitarian needs.

Funding for the first phase initially started with US $15 million in 2007 and increased to US $181 million in 2012 for a total of US $565M; with 68 per cent going to commodities and 32 per cent to capacity building.

In 2011, a mid-term review[7] of the programme was conducted. The review reported positive results, particularly in the 12 priority countries (Stream 1) which received the most comprehensive support. The review also found that the GPRHCS had successfully set up country level building blocks for reproductive health commodity security.

4.2 Overview of UNFPA Supplies (2013-2020)

Responding to the lessons learned from the mid-term review, the second phase of the programme was designed to build on the achievements in the programme's first phase as well as other complementary results achieved by the Maternal Health Thematic Fund and a number of other related UNFPA supported initiatives. The second phase was designed to complement the existing country programmes, serving as the main vehicle for UNFPA support to RHCS in full alignment with and support of the objectives of the UNFPA Family Planning Strategy, as well as broader international commitments. These commitments include: the ICPD Programme of Action, the Millennium Development Goals 5a and 5b on improving maternal health and universal access to reproductive health (which includes contraceptive prevalence), the post-2015 sustainable development agenda, the UN Secretary General's Global Strategy on Women's and Children's Health, the London Summit

[6] Annex 5.a contains a complete list of countries for Phase I.

[7] Source: Synthesis Report, UNFPA Global Programme to Enhance Reproductive Health Commodity Security Mid-Term Review, January 2012, www.hlsp.org

on Family Planning (FP2020), the UN Commission on Life-Saving Commodities for Women and Children and in Africa, the Maputo Plan of Action and the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

Established in 2015, GPRHCS II, was renamed "UNFPA Supplies". UNFPA Supplies focuses its efforts on 46 target countries[8] that receive integrated, multi-year support for an initial five-year period (2013-2017). The focused effort reflects an expansion of the support provided to the 12 "Stream 1" countries during Phase I. Two additional special focus countries (Afghanistan and Somalia) received humanitarian support with a view to transitioning these countries into target countries. There are also 16 strategic support countries that continue to receive some capacity building to advance on progress already made in Phase I, and to further catalyse national commitment to RHCS.[9]

UNFPA Supplies continued efforts in the original focus areas of GPRHCS and expanded its activities in the following: (i) improving the enabling environment for RHCS; (ii) increasing demand for RHCS; (iii) improving efficiency for procurement and supply of RHC; (iv) improving access to quality RH commodities/family planning services; (v) strengthening capacity and systems for supply chain management; and (vi) improving results-based planning, monitoring and reporting.

With the addition of US $64.5 million in 2013, UNFPA Supplies has mobilized US $630 million between its launch in mid-2007 and the conclusion of its sixth year of operation in 2013. In 2014, expenses and payments totaled US $185 million, which has been the highest amount since the programme began in 2007 and represents a 13 per cent increase compared to 2013.[10] The following figures illustrate an overview of the total expenditures broken down by region (table 1) and by usage of funds (table 2). Annual budget and expenditure for each UNFPA Supplies target country for the years 2013 through 2015 are provided in Annex 9.

Table 1: Total expenditures by region and year[11]

Region	**2013** Total (USD)	% of Total	**2014** Total (USD)	% of Total
Arab States	4,197,067	3%	4,884,232	3%
Asia Pacific	5,867,677	4%	12,224,554	7%
E. Europe/Central Asia	2,973,458	2%	1,753,551	1%
East and South Africa	63,480,015	39%	67,902,102	37%
Latin America	12,409,176	8%	6,564,831	4%
West and Central Africa	53,573,688	33%	74,194,368	40%
HQ	13,908,949	8%	10,678,165	6%
NGO[12]	7,695,432	5%	6,977,277	4%
Grand Total	**164,105,462**	**100%**	**185,179,079**	**100%**

[8] Annex 5.b
[9] Ibid
[10] UNFPA Supplies Annual Report 2013, 2014
[11] Source: The Global Programme to Enhance Reproductive Health Commodity Security Annual Reports for 2013 and 2014; 2015 financials is not available yet.
[12] NGO refers to funds provided to NGOs

Table 2: Total expenditures by usage of funds (commodities vs. capacity building)[13]

Type of expense*	**2013** Total (USD)	% of Total	**2014** Total (USD)	% of Total	**2015** Total (USD)	% of Total
Commodities	108,252,803	66%	111,449,393	60%	98,967,172*	67.0%
Capacity Building	55,852,962 **	34%	62,500,265	34%	37,648,916*	25.5%
Human Resources	--	---	11,229,421	6%	11,032,056*	7.5%
Grand Total	**164,105,765**	**100%**	**185,179,079**	**100%**	**147,648,143**	**100.0%**

*Includes 7% IC

**HR (human resources) expenditures make up US $7.3 million of capacity building activities. Approximately 90 per cent of HR costs are estimated to be programmatic in nature (Programme/Technical/Supply) and 10 per cent are for Administrative/Finance positions.

In 2014, an evaluability assessment was completed which explored key issues surrounding the programme as well as potential mechanisms to facilitate the evaluation of the programme. The exercise conducted in-depth case studies in 8 countries, varying in context and characteristics. The evaluability assessment identified key issues for further investigation, including: (1) linkages between Family Planning Strategy and UNFPA Supplies; (2) the viability multi-year work plan to support scale up efforts; (3) support to national health human resources and partnership with private sector to support demand creation; (4) level of coordination and partnership among public, private and non-state sector service providers; (5) extent of country office leadership and ownership; (6) clarity of the role of regional offices; (7) extent of integration of thematic funds in-house; (8) division of labour between the Commodity Security Branch (CSB) and the Procurement Services Branch (PSB) in coordination of procurement and forecasting; and (9) sufficient funding.

5. Evaluation Purpose, Objectives and Scope

5.1 Purpose

The purpose of the mid-term evaluation is to assess the progress in the implementation of UNFPA Supplies since 2013. The evaluation is expected to support ***learning*** among key stakeholders to inform the implementation of the remainder of the programme as well as other strategies such as, the current UNFPA Family Planning Strategy *Choices not Chance* (2012-2020). The mid-term evaluation will also support ***accountability*** of UNFPA through taking stock of the progress accomplished and results achieved under UNFPA Supplies.

5.2 Objectives

The primary objectives of the mid-term evaluation are to assess the progress made thus far in the implementation of UNFPA Supplies. In particular, the evaluation will aim to:

- Assess the relevance of the objectives and the approach of UNFPA Supplies;
- Assess the effectiveness and efficiency of the implementation of UNFPA Supplies at global, regional, national and sub-national levels;

[13] Source: The Global Programme to Enhance Reproductive Health Commodity Security Annual Reports for 2013, 2014 and 2015.

- Assess the results achieved in UNFPA Supplies at global, regional, national and sub-national levels and the extent to which sustainability considerations have been built-in;
- Assess the extent to which issues of gender equality, social inclusion and equity have been taken into consideration;
- Assess the extent of coordination with national partners and other prominent actors in the area of commodity security with a view to creating synergies and partnerships;
- Assess the extent to which the UNFPA Supplies programme has played a catalytic role at all levels (global, regional, national);
- Identify lessons and good practice from the implementation of UNFPA Supplies, and opportunities to improve current planning, programme formulation, appraisal and implementation, as well as to feed into the planning of UNFPA strategic documents.

5.3 Scope

As a UNFPA flagship programme for family planning, UNFPA Supplies has a wide range of activities that overlap into the Fund's other areas of work, and thus may have been covered in other recent, or ongoing evaluations. With a view to avoiding duplication, the evaluation will follow a focused scoping and will further build upon issues already identified in previous evaluations and reviews.[14]

The evaluation will cover UNFPA Supplies programmatic interventions during the period 2013-2016. The evaluation will be forward-looking and will provide lessons and actionable recommendations to improve on the future performance of the programme.

The geographical scope includes all countries in the UNFPA six regions of operation where the programme interventions are being undertaken: Western and Central Africa; Eastern and Southern Africa, Asia and the Pacific, Arab States, Eastern Europe and Central Asia, Latin America and the Caribbean.[15]

6. Evaluation Criteria and Indicative Areas of Investigation

6.1 Evaluation Criteria

The evaluation will be informed by the OECD DAC criteria of relevance, effectiveness, efficiency, and sustainability as well as other criteria relevant to the UNFPA Supplies programme.

The above mentioned criteria are translated into indicative areas for investigation, which in turn, will be further refined through the formulation of evaluation questions in the inception report. Each question may address one or more of the criteria in its intent. The evaluation questions are intended to give a more precise form to the evaluation criteria and articulate the key areas of interest to stakeholders, thereby optimising the focus and utility of the evaluation. The Evaluation Office, in consultation with CSB and other relevant units at UNFPA, developed the following indicative areas of investigation.

[14] E.g. Evaluations of the UNFPA Support to Family Planning (2008-2013) and UNFPA support to Adolescents and Youth. See: http://www.unfpa.org/evaluation

[1515] See section 7.3 (and related Annex 5) on the selection of countries for field and desk-based case studies for the evaluation.

6.2 Areas of Investigation

The areas of investigation cover the programme's five outputs, the management output, as well as a cross-cutting theme: the catalytic role of UNFPA Supplies.

Output 1: **An enabling environment for RHCS, including FP, at national, regional and global levels**

The extent to which UNFPA Supplies has been supporting the creation of an enabling environment at national, regional and global levels in which: (i) RHCS and family planning are prioritized in national policies and strategies (incl. guidelines, protocols and tools); (ii) global and regional partners demonstrate commitment in support of country needs; (iii) coordination mechanisms at all levels are strengthened; (iv) country processes are functional to ensure availability of RH commodities; (v) resources for RHCS and family planning have increased and are used as planned.	
Evaluation criteria	Relevance, effectiveness, coordination
Special attention to	• Global level: how UNFPA advocacy/partnering at global level contributes to enabling environment at the national level • Regional level (regional entities; regional training institutions) and interaction with UNFPA ROs • Alignment with national strategies and timelines • Capacity of UNFPA Supplies to trigger and sustain governments' commitment • UNFPA efforts to act as a broker to promote RHC as core to FP (all levels: global, regional and national levels)

Output 2: Increased demand for RH commodities by poor and marginalized women and girls

The extent to which UNFPA Supplies has been reaching poor and marginalized women and girls by promoting policy dialogue and advocacy in RHCS using a total market approach as well as community mobilization and awareness-raising resulting in increased knowledge of family planning and modern contraceptives, and of the reproductive and maternal health services offered.	
Evaluation Criteria	Relevance, effectiveness, sustainability
Special attention to	• Cost-effective demand-generation strategies to reach the poor and marginalized • Capacity of UNFPA supplies to broker partnership to maximize reach and increase coordination among partners • ICT opportunities to generate demand • Sustainability considerations built into *UNFPA Supplies* interventions

Output 3: **Improved efficiency for procurement and supply of RH commodities (global-level focus)**

The extent to which UNFPA Supplies has improved the procurement and supply of reproductive health commodities to ensure appropriate quantity, appropriate quality and the appropriate method mix at the appropraite time to countries based on their needs.	
Evaluation Criteria	Relevance, effectiveness
Special attention to	• Cost-effectiveness: negotiation of commodity prices, use of long-term agreements, use of generic medicines • UNFPA innovative strategy to enhance cost-effectiveness in procuring and delivering commodities (e.g. Access RH; Channel) • Coordination with partners on scaling-up interventions and on prequalification of RH commodities • Coordination with partners to shape reproductive supply markets for the long term benefit of national purchasers and consumers

	• Visibility to countries into the status of orders throughout the procurement and delivery process • The roles of the Procurement Services Branch and the Commodity Security Branch

Output 4: Improved access to quality RH/FP services for poor and marginalized women and girls

The extent to which UNFPA Supplies has been addressing marginalized women and girls' unmet need – including in humanitarian settings – through improved access to RH commodities and family planning services that integrate gender, HIV and maternal health, as well as childhood immunization.	
Evaluation Criteria	Relevance, effectiveness, efficiency, sustainability
Special attention to	• Integration of services with family planning, maternal health, HIV, gender, childhood immunization • Capacity of health and community service providers (including task shifting) • UNFPA Supplies to support to FP and commodity security in conflict and humanitarian settings • Sustainability considerations built into *UNFPA Supplies* interventions

Output 5: **Strengthened capacity and systems for supply chain management**

The extent to which UNFPA Supplies has been strengthening in-country supply chain management systems to improve demand forecasting and procurement, as well distribution and stock monitoring.	
Evaluation Criteria	Effectiveness, efficiency, sustainability
Special attention to	• Existing national logistics management information systems (LMIS) plans and how UNFPA Supplies contributes to supply chain system strengthening • National government leadership of and commitment to the planning, managing, and monitoring of public health supply chains; Capacity of national staff • UNFPA Supplies training practices, capacity building in procurement and supply chain management • Use of technology (e.g. electronic Logistics Management Information System (eLMIS), Visibility and Analytics Network (VAN), GS1-based Radio Frequency Identification (RFID) or Global Positioning System (GPS) systems for electronic track- and trace)[16] • Functionality of the supply chain system (forecasting, supply planning, procurement, inventory management, warehousing, distribution, and recording) • Visibility of supply and demand data throughout the supply chain • Private sector engagement • Innovative practices for system design • Sustainability considerations built into *UNFPA Supplies* interventions

Management Output: **Improved programme coordination and management**

The extent to which the UNFPA Supplies management mechanisms and internal coordination processes at all levels (global, regional, countries) have contributed to the overall performance of the programme.

[16] GS1 designs and manages global standards for use in the supply chain. GS1 standards provide a framework that allows products, services, and information about them to move efficiently and securely. The following technologies (eLMIS, VAN, RFID and GPS electronic track and trace) are often utilsied in supply chain management to improve supply chain performance.

Evaluation Criteria	Effectiveness, efficiency, coordination
Special attention to	• Resource mobilization, allocation, utilization as well as accountability • Oversight of the UNFPA Supplies programme; role of UNFPA management (HQ, ROs), role of UNFPA Supplies Steering Committee • Human resources capacity/skill mix to support programme implementation • Country programming (work plans) review and approval • Risks management • Exit strategy • In-country coordination mechanisms • Integration of the UNFPA Supplies programme within country programmes; • Results-oriented monitoring • Dissemination of results and learning • Communication (MCB post)

Cross-cutting theme: **The catalytic role of UNFPA Supplies**

The extent to which the UNFPA Supplies programme has played a catalytic role at all levels (global, regional, and national).	
Evaluation Criteria	Effectiveness, efficiency, coordination
Special attention to	• Role of UNFPA Supplies as a broker at global, regional and country levels, acting in coordination and partnership with the public, private and non-state sector service providers • Fluidity and flexibility of UNFPA Supplies to respond to evolving country needs and context • Innovations to scale up good practices • Environmental risk mitigation (from policy formulation to service delivery -- e.g. green procurement policies; waste disposal strategy)

The wording of evaluation questions (including rationale, assumptions to be assessed, and corresponding qualitative and/or quantitative indicators) will be performed during the inception phase when the evaluation team will have acquired a clear understanding of the logic/rationale of the programme, as well as of the extent of implementation of UNFPA Supplies during the period under review. The evaluation team will also take into account issues raised by key informants. The potential usefulness as well as feasibility of each proposed evaluation question will be assessed in close collaboration with the ERG with a view to determining the final set of questions.

7. Evaluation Methodology and Approach

The evaluation will be **transparent, inclusive, and participatory, as well as gender and human rights responsive**. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary methods and collection of different sources of data will be deployed to ensure that the evaluation:

- responds to the needs of users and their intended use of the evaluation results;
- integrates gender and human rights principles[17] throughout the evaluation process including participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible; and

[17] UNEG Handbook on Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. See: http://www.uneval.org/document/detail/980

- triangulates the data collected to provide reliable information on the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups.

Data will be disaggregated by relevant criteria (age, sex, etc.) wherever possible. The evaluation will also be sensitive to fair power relations amongst stakeholders.

The evaluation will follow UNEG Norms and Standards for Evaluation and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.[18]

7.1 Logical Reconstruction of UNFPA Supplies Intervention Logic and Theory of Change

The evaluation will utilize a **theory based approach**, which means that the evaluation methodology will be based on the careful analysis of the intended outcomes, outputs, activities, and the contextual factors (that may have had an effect on implementation of UNFPA Supplies) and their potential to achieve the desired outcomes. The analysis of the programme's theory of change,[19] and the reconstruction of its intervention logic, as necessary, will therefore play a central role in the design of the evaluation, in the analysis of the data collected throughout its course, in the reporting of findings, and in the development of conclusions and of relevant and practical recommendations.

Evaluators will base their assessment on the analysis and interpretation of the logical consistency of the chain of effects: linking programme activities and outputs with changes in higher level outcome areas, based on observations and data collected along the chain. This analysis should serve as the basis of a judgment by the evaluators on how well the programme under way is contributing to the achievement of the intended results foreseen in the UNFPA Supplies programming documents. The mid-term evaluation should report on outputs and first results achieved at the outcome level.

The evaluation team will develop the evaluation methodology in line with the evaluation approach, and design corresponding tools to collect data and information as a foundation for valid, evidence-based answers to the evaluation questions and an overall assessment of the UNFPA Supplies programme. The methodological design will include: an analytical framework; a strategy for collecting and analyzing data; specifically designed tools; an evaluation matrix; and a detailed work plan.

7.2 Finalization of the Evaluation Questions and Assumptions

The finalization of the evaluation questions that will guide the evaluation should clearly reflect the evaluation criteria and indicative areas of investigation listed in the present terms of reference. They should also draw on the findings from the reconstruction of the intervention logic of the UNFPA Supplies programme. The evaluation questions will be included in the inception report.

The evaluation questions must be complemented by sets of assumptions that capture key aspects of the intervention logic associated with the scope of the question; this will enable evaluators to gauge if the preconditions – that allow for the contribution of UNFPA Supplies to the increased availability and utilization of RH commodities in support of reproductive and sexual health services and other improved health outcomes of the programme – are fulfilled. The data collection for each of the assumptions will be guided by clearly formulated quantitative and qualitative indicators.

[18] See Annex 3

[19] Annex 6: UNFPA Supplies: Theory of Change

7.3 Well-designed Country Case Studies

The evaluation will include both in-country (field) and desk-based case studies. The case studies will contribute to the overall evaluation with in-depth data and information, opinions, and analysis. Four case studies will undergo an in-country field-based review, while another five will be subject to a desk review.

Case studies will aim to maximize the breadth and depth of insights into the evaluation questions and provide a comprehensive and nuanced picture of the actions of the UNFPA Supplies and their effects. Case studies will, therefore, be illustrative (rather than statistically representative), exemplifying the range of contexts addressed and interventions undertaken by UNFPA Supplies. Data and information collected from the field-based country case studies will be analyzed and documented in a detailed evaluation matrix accompanied by a brief narrative ("Country Case Study Brief") for each country. Data and information collected through the desk-based country case studies will be consolidated into one single evaluation matrix accompanied by a brief narrative ("Desk Country Case Review").

The allotment of countries to either a field- or desk-based case study results from a consultative process and an assessment performed in close consultation with key stakeholders of the *UNFPA Supplies* programme. Country profile documents were developed to provide a snapshot of key contextual factors shaping the programme of work of the UNFPA Supplies as well as key data; these include indicators (such as contraceptive prevalence rate, maternal mortality, adolescent birth rate, unmet need, stock outs), social and demographic information, data on government effectiveness. The country profiles can be found in Annex 7.

The table below presents the results of the case study selection process.

Table 2: Selection of field-based and desk-based country case studies

Field-Based Country Case Studies	Desk-Based Country Case Studies
Nigeria	Haiti
Nepal	Madagascar
Sierra Leone	Malawi
Sudan	Myanmar
	Togo

A well designed case-study approach is expected to be at the center of the mid-term evaluation of the UNFPA Supplies programme. The case studies are meant to investigate the design and implementation of the programme's interventions, and the results achieved within the specific context of programme countries, both at national and local (subnational) level. Each case study shall rely on multiple sources and types of evidence (both quantitative and qualitative), to increase the validity of their findings and the resulting conclusions of the mid-term evaluation of the UNFPA Supplies programme. Attention will be given to issues of gender equality, equity and social inclusion throughout.

Field- based Country Case Studies

Evaluators are expected to begin data collection for the field-based case studies as part of their desk study, but will, in addition, have the opportunity to collect more primary and secondary data and

information during the visits to the respective countries. It is expected that at least one member of the core evaluation team will spend 10 working days (over a period of two weeks) in each of the four field-based case study countries. This international team will be supported by a national evaluator from the visited country.

The schedule for each country visit will be determined on the basis of the data requirements of the field-based case studies and on the basis of other data needs that have to be met to answer the overall evaluation questions.

Data collected from the field-based country case studies will be analyzed and documented in a Country Case Study Brief.[20]

Desk-based country case studies

The desk-based country case studies will serve two primary purposes:

1) They will allow evaluators to cover a wider range of country contexts in their data collection and analysis, thus widening the basis for internally and externally valid findings, conclusions and recommendations resulting from the evaluation;

2) They will help evaluators to prepare for the field-based case studies, particularly by allowing evaluators to compile and analyze available secondary information, and to start formulating more complete theoretical propositions (hypotheses) that will inform the specific design of the field case studies, supporting, therefore, the data collection during the field phase.

These desk-based country case studies will examine a sub-set of the case study questions and theoretical propositions that are being examined by the field-based case studies. Both the desk- and field-based case studies should examine the same units of analysis to facilitate cross-case comparison and analysis of results. The design of the desk case studies should include the same components as that of the field-based case studies.

Findings of desk-based country case studies need to be analyzed and documented in a Desk Country Case Review (see section 7.5).

7.4 A Wide Range of Data Collection Tools (Quantitative and Qualitative)

Data collection for the evaluation will utilize a range of different data collection tools, including but not limited to:

- **Comprehensive document review and data analysis.** The evaluation team will collect secondary data related to the UNFPA Supplies programme, including third party documents as well as socio-economic and health-related data (such as those from Demographic and Health Surveys) for programme countries. The evaluation team will also collect primary data by means of tools such as interviews, focus groups questionnaires/survey (see below), as well as through direct observations and field visits – e.g. logistics and supply systems, health facilities, training institutes,

[20] Structure for the Country Case Studies Brief and the Desk Country Case Review is presented in Annex 2b.

etc. The data collection work plan is to be finalized in the methodological design (inception report).

- **Group interviews and focus groups** will be conducted by the evaluation team with members of the UNFPA Supplies country teams, programme participants/beneficiaries, service providers, and decision/policy makers as well as other actors in RHCS, such as participating NGOs and CSOs. The initial protocols for focus group discussions will be developed during the inception phase, and will be finalized when preparing the field visits. When organizing focus group discussions and interviews, attention will be given to ensure: gender balance, geographic distribution, and cultural sensitivity, representation of population groups and representation of the stakeholders/duty bearers at all levels (policy/service providers/target groups/communities). In particular, the evaluation team will reflect on the categories of stakeholders targeted by the evaluation as an important component while choosing the type of focus groups (e.g., socially homogeneous groups *vs.* group of diverging point of views). Where applicable the evaluation team must detail the characteristics of each sample: how it is selected, the rationale for the selection, and the limitations of the sample for interpreting evaluation results.

- **Interviews with key informants** will be conducted by the evaluation team. Key staff from relevant country offices and headquarters/regional advisors/experts will be interviewed during the inception phase. During the field phase, interviews will be conducted with experts and staff involved in managing UNFPA Supplies interventions. Additional interviews will be conducted with policy makers and actors in relevant countries as well as with beneficiaries. Where appropriate, the evaluation team must detail the characteristics of each sample: how it is selected, the rationale for the selection, and the limitations of the sample for interpreting evaluation results.

- **An online survey on UNFPA Supplies interventions and results at country level with both open-ended and close-ended questions:** The sampling frame for this survey will need to be developed in close cooperation with members of the Commodity Security Branch (Technical Division), and with relevant staff in the UNFPA offices in programmes countries recipient of the UNFPA Supplies programme. Where appropriate, the evaluation team must detail the characteristics of each sample: how it is selected, the rationale for the selection, and the limitations of the sample for interpreting evaluation results. Once the on-line survey results are collected and analyzed, the evaluators will fine-tune findings through a series of interviews with key informants in a number of surveyed countries.

7.5 A well-structured evaluation matrix to ensure the validity of evaluation findings

To ensure that the collection and recording of data and information is done systematically, evaluators are required to set up and maintain an **evaluation matrix**.[21] This matrix, will help evaluators to consolidate in a structured manner all collected information corresponding to each evaluation question and to identify data gaps and collect outstanding information before the end of the field phase.

The evaluation matrix will play important but slightly varying roles throughout all stages of the evaluation process and therefore will require particular attention from the evaluators (see Annex 8).

[21] Annex 8: Evaluation Matrix Template

Owing to the changing role and function of the evaluation matrix over the course of the evaluation, the matrix will need to serve as a series of working tools throughout the evaluation process. It is essential that the final (published) version of the evaluation matrices (in the synthesis report, as well as in the Country Case Study Briefs and the Desk Country Case Review) are structured and drafted in a manner that facilitates the easy access of evaluation users to the evidence that support the answer of each evaluation question.

8. Evaluation Process

The evaluation will consist of six phases, subdivided in subsequent methodological stages and/or related deliverables. All evaluation deliverables will be drafted in English to the exception of the *evaluation brief* which will be produced in English, French and Spanish versions.[22]

Table 1: Overview of evaluation phases, methodological stages, and associated deliverables

Evaluation Phases	Methodological Stages	Deliverables
1. Preparatory	➢ Drafting of terms of reference ➢ Setting-up of reference group	➢ Final terms of reference (UNFPA Evaluation Office)
2. Inception	➢ Structuring of the evaluation	➢ Inception report
3. Data collection	• Desk Study ➢ Document analysis; analysis of other secondary data; formulation of hypotheses (preliminary answers to evaluation questions) • Field Study ➢ Collection of secondary and primary data and information in-country; collection of other data (surveys, etc.); verification of hypotheses/preliminary answer to evaluation question	➢ Presentation of the results of data collection • ➢ Four Country Case Study Briefs • ➢ Desk Country Case Review
4. Reporting	➢ Data analysis ➢ Formulation of evaluation findings (answers to evaluation questions, cross cutting conclusions) ➢ Development of recommendations	➢ Final report (draft, final)
5. Management response	➢ Response to recommendations •	➢ Management response (UNFPA Technical Division)
6. Dissemination	• ➢ Dissemination seminars/workshops	➢ Evaluation briefs (English, French and Spanish)[23] ➢ PowerPoint presentations of the evaluation results

8.1 Preparatory phase

[22] See Annex 2 for templates for the deliverables (e.g. Inception Report, Final Report)
[23] See section 8.6

The evaluation manager at UNFPA Evaluation Office leads the preparatory work. This phase includes:

- The compilation and initial review of the available documentation on the UNFPA Supplies, and its implementation in programme countries and at regional and global levels.
- Selection of 11 of the 46 programme countries for inclusion as country case studies.
- The constitution of an evaluation reference group. The evaluation reference group will consist of key staff members from the programme and technical divisions working on UNFPA Supplies as well as other relevant stakeholders.
- The drafting, review and approval of the Terms of Reference by the evaluation manager.
- Procurement of consultancy services of an external evaluation team.

8.2 Inception phase

The evaluation team will conduct the design of the evaluation in consultation with the EO evaluation manager. This phase includes:

- The compilation and review of all relevant documents relevant to the UNFPA Supplies Programme;
- A stakeholder mapping, prepared by the evaluation team (complementing a preliminary mapping prepared by UNFPA EO). The stakeholder mapping will be used to facilitate and illustrate the different (groups of) stakeholders relevant to the evaluation, and their relationships to each other;
- The reconstruction of the intervention logic of the UNFPA Supplies, i.e. the theory of change meant to lead from planned activities to the intended results of the support;
- The development of a list of evaluation questions addressing the main topics/issues identified above), and the identification of the assumptions to be assessed, as well as the respective indicators, sources of information and methods and tools for the data collection;
- The development of a data collection and analysis strategy as well as a detailed work plan for the field and reporting phases;
- The design of the field-based and desk case studies, including case-study questions, theoretical propositions to be tested, and units of analysis and data / data collection strategies;
- The evaluation team will produce an inception report, displaying the results of the above-listed steps and tasks. The evaluation team will submit the inception report and present it to the reference group. The inception report will be considered final upon approval by the evaluation manager.
- Other tasks and responsibilities included but not limited to section 8.2 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031.

The inception report will follow the structure as set out in Annex 2a.

8.3 Data collection phase

8.3.1 Desk Study

The desk study will analyze all existing and available documentation, data and information that have been compiled during the inception phase of the evaluation. With support from the members of the

ERG, the evaluators will identify informants and solicit information, documentation and data from programme countries.

To the extent possible, the desk study should produce information on all evaluation questions and associated indicators identified during the inception phase. Based on the available information, evaluators should form preliminary assessments of the assumptions they set out to test for each of the evaluation questions; the assessments should become the basis for preliminary answers of the evaluation questions.

Evaluators are also expected to use the desk study to carry out the data collection and analysis for the five desk country case studies; and the preliminary, preparatory desk-based portion of the data collection and analysis for the in-depth, four field-based country case studies, in accordance with the case study design developed during the inception phase of the evaluation. This is meant to ensure that the time the evaluators spend in-country can be used as effectively and efficiently as possible to deepen the inquiry for these case studies. For this purpose, evaluators should also use the end of the desk study as an opportunity to refine the scope of the subsequent field-based inquiry in the four field-study countries.

Findings of the desk study will be compiled and documented in an evaluation matrix (see annex 8). For each evaluation question, the associated "assumptions for verification" and the respective indicators, the evaluators are expected to present the evidence analyzed during the desk study. Where possible, evaluators are expected to formulate preliminary findings at the level of the "assumptions for verification." Findings are anticipated at each level (global, regional, national and subnational).

The country case studies will examine a sub-set of the case study questions and theoretical propositions. The case studies will examine the same units of analysis to facilitate cross-case comparison and analysis of results. Results from the desk case studies will be consolidated into a Desk Country Case Review.

8.3.2 Field Study

The field study will serve as the opportunity to carry out the in-depth country case studies and to collect other information in the four selected countries.

Each country visit will last 10 working days (over a period of two weeks). The evaluation team consisting of two experienced evaluators (one member of the core international team and one national) will conduct an in-depth documentary review, interviews and/or focus group discussions, and other methods to collect data in the field. At the end of each mission, the evaluation team will provide the UNFPA Country Office as well as partner donors, and key governmental and non-governmental stakeholders with a debriefing presentation on the preliminary results of the field-based case study, with a view to validating the preliminary findings and testing tentative conclusions to feed in the synthesis report. The list of participants in the debriefing meeting will be established by the UNFPA Country Office in close consultation with the evaluation team.

For each field-based country case study, the evaluation team will prepare a Country Case Study Brief which will be published as annexes to the final report.

For more information on the case study approach for this evaluation, please see Section 7.3.

8.3.3 Online Survey

A questionnaire based survey of key stakeholders among the 46 countries will be used to collect data from a wider sample of stakeholders beyond the country-specific case studies.

Intended respondents for the survey include: staff members of the country offices; health-sector government counterparts and other relevant line ministries; partners in supply chain management and procurement; health managers, service providers, health statisticians and logisticians; and other relevant stakeholders from civil society, faith-based organizations, and the private sector.

8.4 Reporting Phase

The reporting phase will open with a two-day analysis workshop bringing together the evaluation team and the evaluation manager to discuss the results of the data collection phase including the case study findings. The purpose of this analysis workshop is to generate a substantive and meaningful comparison between the different case studies. The objective is to help the various team members to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the report.

This first draft final report will be submitted to the evaluation manager for comments. Prior to submission, the evaluation team must ensure that it was internally quality controlled against the evaluation quality assessment grid provided in Annex 4 of the present terms of reference. The evaluation manager will assess the quality of the submitted draft report. If the quality of the draft report is satisfactory (form and substance), the report will be circulated to the ERG. In the event that the quality is unsatisfactory, the evaluation team will be required to produce a new version of the draft report.

Approximately two weeks after the draft of the final report has been circulated, the report will be presented to the ERG by the evaluation team.

On the basis of the comments expressed, the evaluation team should make appropriate amendments and submit the final report. For all comments, the evaluation team will indicate in writing how they have responded ("trail of comments"). The final report should clearly account for the strength of the evidence on which findings are made so as to support the reliability and validity of the evaluation. The report should reflect a rigorous, methodical and thoughtful approach. Conclusions and recommendations need to be built upon the findings of the evaluation. Conclusions need to clearly reference the specific evaluation questions they have been derived from; recommendations need to reference the conclusions they are responding to.

The report is considered final once it is formally approved by the Director of UNFPA Evaluation Office based upon the recommendation of the evaluation manager after consultation of the ERG.

The final report will follow the structure as set out in Annex 2.

8.5 Management response

During this phase, the CSB of the Technical Division will coordinate the preparation of the management response to the evaluation report for presentation to the Executive Board. The management response will be published on the UNFPA evaluation webpage.

8.6 Dissemination

The evaluation report and the evaluation brief (in English, French and Spanish) will be published on the UNFPA evaluation webpage.

The evaluation team is required to draft the "Evaluation Brief" which consists in a short paper documenting the process of the evaluation and presenting the main results. It is based upon the Final Report and is different and separate from the briefs produced for the case-studies.[24] The Evaluation Brief must be provided in three languages: English, French and Spanish. The professional translation in French and Spanish ad well as copy-editing of the French and Spanish versions of the brief is the responsibility of the evaluation team.

The evaluation team will be required to assist the evaluation manager during the dissemination phase. The results, the conclusions and recommendations of the evaluation will be presented to: (i) the UNFPA Executive Committee; (ii) the UNFPA Executive Board (informal session); and/or (iii) one workshop for stakeholders workshop (potentially the UNFPA Supplies Steering Committee) to be held at UNFPA headquarters in New York City.

9. Management and Governance of the Evaluation

The Evaluation Office will lead the management of the evaluation. Its main responsibilities are to support and oversee the evaluation processes and ensure the quality and independence of the evaluation (in line with UNEG Norms and Standards and Ethical Guidelines – see Annex 3). The main responsibilities of the office are:

- prepare the terms of reference
- lead the hiring of the team of external evaluation team, reviewing proposals and approving the selection of the evaluation team
- chair the reference group and convene review meetings with the evaluation team
- supervise and guide the evaluation team all through the evaluation process
- participate in the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases including in field missions.
- review, provide substantive comments and approve the inception report, including the work plan, analytical framework, methodology, and selection of countries for in-depth case studies
- review and provide substantive feedback on the country notes, as well as draft and final evaluation reports, for quality assurance purposes
- approve the final evaluation report in coordination with the reference group

[24] See example of evaluation brief at: http://www.unfpa.org/admin-resource/evaluation-unfpa-support-population-and-housing-census-data-inform-decision-making

- disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA
- Other tasks and responsibilities included but not limited to section 9 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031 .

The progress of the evaluation will also be followed closely by the **evaluation reference group** consisting of UNFPA staff as well as other key stakeholders such as donors and implementing partners who are directly interested in the results of this thematic evaluation. The reference group will support the evaluation at key moments of the evaluation process. They will provide substantive technical inputs, will facilitate access to documents and informants, and will ensure the high technical quality of the evaluation products. The main responsibilities of the reference group are to:

- contribute to the conceptualization, preparation, and design of the evaluation, participating in the selection of the evaluation team as required, and providing feedback and comments on the inception report and on the technical quality of the work of the evaluation team;
- provide comments and substantive feedback to ensure the quality – from a technical point of view - of the draft and final evaluation reports, including the evaluation matrices;
- act as a source of knowledge for the evaluation and facilitate access to information and documentation;
- assist in identifying external stakeholders to be consulted during the evaluation process;
- participate in review meetings with the evaluation team as required;
- contribute to learning, knowledge sharing, the dissemination of the evaluation findings and follow-up on the management response;
- design a dissemination plan of the evaluation results.
- Other tasks and responsibilities included but not limited to section 9 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031.

10. The Evaluation Team

This evaluation is to be carried out by a multi-disciplinary team that will externally recruited, and the team members (or the company they that work for) will not have been involved in the design, implementation or monitoring of UNFPA Supplies interventions during the period under review, nor will they have other conflict of interest or bias on the subject.

The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes (see Annex 3).

The **core team** is expected to be composed of three to four internationally recruited members, including the team leader. The core team should draw upon specialized technical expertise, research and editorial assistance as necessary. It will be complemented by national expertise for the country case studies and should include women and men of mixed cultural backgrounds. The team members must be able to communicate clearly in English and must have excellent analytical and drafting skills. In addition, at least one member of the evaluation team should have an excellent knowledge of French.

The **team leader** must have at least 10 years of extensive experience in leading evaluations of a similar size, complexity and character as well as technical expertise in the areas related to sexual and reproductive health and rights and experriene in assessing health systems of developing countries and/or humanitarian settings. The team leader should also have experience in gender and human rights, in particular, assessing programmes that employ the human rights-based approaches or that target poor and marginalized women. His/her primary responsibilities will be:

- guiding and managing the team throughout the evaluation phases
- setting out the methodological approach
- leading the first (pilot) field mission
- reviewing and consolidating the team members' inputs to ensure quality and timeliness of the evaluation deliverables
- liaising with the UNFPA Evaluation Office and representing the evaluation team in meetings with stakeholders
- delivering the inception reports, and evaluation report (including the country case study narratives) in line with the requested outlines and quality standards (see Annexes 2 and 4)

Fulfilling tasks and assuming responsibilities included but not limited to section 10 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031.The **team members** will bring together a complementary and balance combination of the necessary technical expertise in the thematic areas directly relevant to the evaluation, including an expert in family planning, sexual and reproductive health and rights, health systems of developing countries and/or humanitarian settings, and an expert in health logistics management, procurement, health commodities. The team members should also have expertise in gender and human rights. The team members should have at least 10 years of individual experience in their respective areas of technical expertise. They must also have experience in applying evaluation methods in their respective areas of expertise. Team members will:

- contribute to the design of the evaluation methodology
- undertake in-depth documentary review
- conduct field work to generate additional evidence from field visits and consultations of a wide range of stakeholders
- participate in team meetings, including with stakeholders
- prepare inputs and make contributions to the evaluation deliverables
- Fulfilling tasks and assuming responsibilities included but not limited to section 10 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031.

The evaluation team must ensure that the local team members (support to the core team members in preparation of, during, and following the country field work) present all necessary qualification and experience to plan and organize the field work as well as to actively participate in the data collection.

11. Quality Assurance

The first level of quality assurance of all evaluation deliverables will be conducted by the **evaluation team** prior to submitting the deliverables to the review of the EO evaluation manager.

The Evaluation Office recommends that the evaluation quality assessment checklist (see below) is used as an element of the proposed quality assurance system for the draft and final versions of the thematic evaluation report. The main purpose of this checklist is to ensure that the thematic evaluation report complies with evaluation professional standards.

Evaluation quality assessment checklist:

1. Structure and Clarity of the Report To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.
2. Executive Summary To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.
3. Design and Methodology To provide a clear explanation of the methods and tools used including the rationale for the methodological choice justified. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)
4. Reliability of Data To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.
5. Findings and Analysis To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.
6. Validity of conclusions To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritised and clustered and include: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion.
7. Usefulness and clarity of recommendations To ensure recommendations flow logically from conclusions; are targeted, realistic and operationally-feasible; and are presented in priority order. Recommendations include: Summary; Priority level (very high/high/medium); Target (administrative unit(s) to which the recommendation is addressed); Origin (which conclusion(s) the recommendation is based on); Operational implications.
8. SWAP - Gender To ensure the evaluation approach is aligned with SWAP.

The second level of quality assurance of the evaluation deliverables will be conducted by the **EO evaluation manager**.

The third level of quality assurance will be conducted by an **external evaluation advisory panel**. This panel will provide methodological advice on the draft inception report and draft thematic evaluation report.

The **Director of the Evaluation Office** maintains an oversight and quality assurance of the final thematic evaluation report.

Finally, the evaluation report will be subject to assessment by an independent evaluation quality assessment provider. The evaluation quality assessment will be published along with the evaluation deliverables on the Evaluation Office website (see annex 4).

The evaluation team will be expected to conduct quality control of all outputs prior to the submission to the UNFPA Evaluation Office. They will be expected to dedicate specific resources to quality assurance efforts, and must consider all time, resources, and costs related to this in their technical and financial bid. The bidder must present the quality assurance mechanisms which will be applied throughout the evaluation process as part of the technical offer.

UNFPA Evaluation Office quality assurance system, based on the UNEG norms and standards and good practices of the international evaluation community, defines the quality standards expected from this evaluation. A key element is the evaluation quality assessment grid (EQA),[25] which sets out processes with in-built steps for quality assurance and outlines for the evaluation report and the review thereof. The EQA will be systematically applied to this evaluation.

The first level quality assurance of evaluation reports will be conducted by the UNFPA Evaluation Office evaluation manager. The second level quality assurance will be conducted by the UNFPA Evaluation Office internal reviewer. To further enhance the quality and credibility of this evaluation, the ERG will also comment on the evaluation matrices[26] as well as the draft and final evaluation reports, notably to verify accuracy of facts presented and validity of interpretations of evidence.

The Director of the UNFPA Evaluation Office maintains an oversight and quality assurance role in terms of the final evaluation report.

12. Indicative Time Schedule and Deliverables

Evaluation Phases and Stages	Outputs or Deliverables	Dates	Meetings
PREPARATORY PHASE			
Consultations and documentary research with a view to drafting the Terms of Reference	Terms of Reference	May-June 2016	CSB Meeting on areas of investigation and countries selection ERG Meeting
Tendering Process	Terms of Reference for evaluation team	July 2016 – April 2017	
Review of technical proposal		March 2017	
Review of financial proposal (PSB)		March 2017	
Contracts Review Committee		April 2017	
Contract award		April 2017	
INCEPTION PHASE			

[25] Annex 4 presents the Evaluation Quality Assessment Grid.
[26] The evaluation report will include: (i) a Synthesis Report; (ii) four Country Case Study Briefs; (iii) a Desk Country Case Review.

Structuring stage /Desk study	Draft Inception report	May 2016	ERG meeting with evaluation team
Reporting stage	Final Inception report	June 2017	
	Presentation of the Inception report to ERG (PowerPoint)	June 2017	ERG meeting with evaluation team
DATA COLLECTION PHASE			
Field missions to selected countries	Debriefing presentations to country offices (PowerPoint)	July-November 2017	Exit meetings in country offices with evaluation team
	Country Case Study Briefs (draft)	2 weeks after the end of the country visit	
	Desk Country Case Review	July-November 2017	
	Analysis workshop	December2017	Evaluation team
	Presentation of the results of the data collection and preliminary findings to ERG (PowerPoint)	January 2018	ERG meeting with evaluation team
	Finalize (i) four Country Case Study Briefs and (ii) the Desk Country Case Review	January 2018	
REPORTING PHASE			
Synthesis and drafting stage	Draft final report	March 2018	
	Presentation of the Draft final report to ERG (PowerPoint)	April 2018	ERG meeting with evaluation team
	Final report	May 2018	
MANAGEMENT RESPONSE			
	Management response (TD and PD)	June 2018	
DISSEMINATION			
	Evaluation briefs (English, French, Spanish)	July 2018	
	Presentation of the evaluation results in a number of fora which may include: (i) UNFPA Executive Committee; (ii) *UNFPA Supplies* Steering Committee; (iii) stakeholders workshop; (iv) UNFPA Executive Board (informal session)	June-September 2018	Presentation by team leader and evaluation manager
	Presentation of evaluation results to Executive Board	TBD	Presentation to the Executive Board by the director of the Evaluation Office

13. Specification of Tender, Cost of the Evaluation and Payment Modalities

13.1 Specification of Tender

The bidder should submit a proposal consisting of two separate components: technical and financial. The technical proposal will be assessed by the UNFPA Evaluation Office while the financial proposal will be assessed by UNFPA procurement services. For detailed instructions on submissions requirements please refer to the RFP document.

The Technical Bid should be concisely presented and structured in the following order to include, but not necessarily be limited to, the following information:

1. Brief description of the firm and the firm's qualifications (1 page maximum).
   1.1. This section should provide information that will facilitate our evaluation of your firm/institution's substantive reliability, such as catalogues of the firm, and financial and managerial capacity to provide the services. This section should also address why you would be qualified for this project, highlighting strengths, values and similar prior experience with specific reference to deliverables.

2. Understanding of the Terms of Reference and requirements for services (2 pages maximum).
   2.1. This section should include any assumptions as well as comments on the scope of services as indicated in the TOR or as you may otherwise believe to be necessary.

3. Proposed Approach and Methodology of the mid-term evaluation, including a detailed description of the manner in which your firm would respond to the ToR (6 pages maximum).
   3.1. This section should address:

- (a) An understanding of the objective and scope of the evaluation (1 page maximum)
- (b) A presentation of the types of models and approaches that will be used to facilitate the reconstruction of the intervention logic / theory of change of the UNFPA Supplies programme, in view of its implementation at different levels (local, country, regional, global) (1 page maximum)

(c) A discussion on which established best practices and lessons learned could be used to inform the logical reconstruction of the intervention logic; and to help define clear, concrete and evidence-based assumptions in relation to the theory of change of the UNFPA Supplies programme to be tested by the evaluation (1 page maximum)

(d) A presentation of how the country case study approach will be combined with desk studies, questionnaires and other methods (1 page maximum)

(e) Comments on any challenges or difficulties, which might arise in structuring and conducting the evaluation, suggesting solutions when applicable (1 page maximum)

(f) A discussion on quality assurance mechanisms, which will be applied throughout the evaluation process, including reference to EQA in Annex 4 (1 page maximum)

4. Proposed Composition of the Evaluation Team (4 page maximum).
   4.1. This section should include:
   (a) The composition of the team proposed to conduct the evaluation, including the profiles and the work tasks (including supervisory) assigned to each member of the team
   (b) An organogram/organization chart illustrating the reporting lines, together with a description of such organization of the team structure

5. Detailed work plan and time line (2 pages maximum).
   5.1. This section should include:
   (a) The implementation plan and level of efforts of the different team members
   (b) The roles, functions, responsibilities of the Evaluation Team (including national consultants)

6. Annexes should include, but are not limited to, the following:
    (a) Information on environmental and social policies and any related documentation.
    (b) All standard forms as explained under clause Section I: Instructions to Bidders, clause **Error! Reference source not found.** of the RFP
    (c) The curriculum vitae of all the team members including national consultants proposed for the field country case studies.
    (d) Bidder's previous experience and past clients.

Bidder(s) should not include any information or indications related to their Financial Bid in their Technical Bid. Such action will definitely lead to disqualification of entire Bid.

13.2 Evaluation Budget

Maximum budget- **US $390,000**.

The costs of the evaluation include:

- The professional fees charged for the evaluation as defined in the Terms of Reference
- Other expenses as defined in the Terms of Reference associated with professional copy editing and and translation of the Evaluation Brief
- Travel related costs and 'Other' charges for participation in the reference group meetings; all field missions; analysis workshops; and dissemination meetings.

13.3 Travel Expenses

The Vendor will be responsible for the full cost of all travel, including in-country travel for case study country missions, accommodation to/from during the full mission period (s) of the consultants, including for national consultants, and security related costs.

All travel should be costed for economy class based on the most economical and direct route. Standard daily subsistence allowances should not exceed the UN DSA rates/diem. National consultant residing in the destination city will not be entitled to the payment of travel costs and daily subsistence allowance fees. Should travel be required outside of the destination city DSA as quoted in annex F price schedule form will apply.

Travel related expenses will be reimbursed based on the actual values up to, but not exceeding the amount offered by the firm in their financial bid. For contracting purposes, UNFPA reserves the right to analyse the financial proposal of the bidder against and in accordance with the UN travel rules and regulations.UNFPA reserves the right to request less than the maximum number of visits and/or visits shorter than the indicated number of days, should the project needs change as work progresses. Should this occur, UNFPA will pay only for the actual number of visits and actual duration of visits requested.

Should additional travel be required, UNFPA may ask the vendor to quote for the additionally requested expenses. For contracting purposes, UNFPA reserves the right to analyse the financial

quote against the previously submitted financial proposal and in accordance with the UN travel rules and regulations. UNFPA may alternatively chose to arrange the vendor's travel.

The Vendor shall be fully responsible for the safety and security of its personnel and for the safekeeping of all assets, equipment and supplies in the custody of the Vendor or its personnel. The Vendor shall:

a) Put in place and maintain its own security plan, taking into account the security situation in the country where the Services are being provided;

b) Assume all risks and liabilities related to the Vendor's security, assets entrusted to it by UNFPA and the full implementation of its own security plan.

13.4 Payment Modalities

The payment modalities will be as follow:

Professional Fees:

- 40% of total Professional Fees upon cceptance of the Draft Inception Report
- 12% of total Professional Fees upon acceptance of the Final Inception Report
- 12% of total Professional Fees upon acceptance of the Draft Evaluation Report
- 12% of total Professional Fees upon acceptance of the Final Evaluation Report
- 12% of total Professional Fees upon acceptance of the translated and copy edited Evaluation Briefs (English/French/Spanish)
- 12% of total Professional Fees upon presentation of Evaluation Results (PowerPoint presentation and participation in meetings)

Travel Related and 'Other' Out-of-Pocket expenses will be paid in a total of three instalments to be agreed upon contract signature.

It is the responsibility of the firm that all deliverables (including briefs and presentations) meet the UN editorial rules and high professional standards. The UNFPA Evaluation Office will reject any deliverables that do not meet these standards.

Note that no payment will be processed until the corresponding deliverables are formally approved by the evaluation manager.

* *

*

ANNEXES

Annex 1. Selected Bibliography

UNFPA strategic documents

Programme of Action of the 1994 International Conference on Population and Development (ICPD), 1994
https://www.unfpa.org/public/home/publications/pid/1973

ICPD Review Report, 2014
http://issuu.com/shiralevine/docs/icpd_review_global_report_a_69_62_e

UNFPA Strategic plan 2008-2011 (DP/FPA/2007/17)
http://www.unfpa.org/exbrd/2007/secondsession/dpfpa_2007_17_eng.pdf

UNFPA Strategic Plan - Midterm review of the UNFPA strategic plan, 2008-2013 (DP/FPA/2011/11)
https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2011&sessionType=SRS

UNFPA strategic plan 2014-2017 (DP/FPA/2013/12)
http://www.unfpa.org/public/home/about/strategic-direction

UNFPA Annual reports 2008 through 2013
https://www.unfpa.org/public/cache/offonce/home/publications/annual_reports

Relevant documents on family planning and SRHR

UNFPA - Making reproductive rights and sexual and reproductive health a reality for all. Reproductive rights and sexual reproductive health framework (2008-2011)
http://www.unfpa.org/webdav/site/global/shared/documents/UNFPA_SRH_Framework_Final Version.pdf

UNFPA - Choices not Chance: UNFPA Family Planning Strategy 2012-2020
https://www.unfpa.org/webdav/site/global/shared/documents/publications/2014/UNFPA%20CHOICES%20NOT%20CHANCE_final.pdf

UNFPA, Guttmacher Institute, Adding it up: Costs and benefits of contraceptive services, June 2012
https://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/AIU%20Paper%20-%20Estimates%20for%202012%20final.pdf

Family Planning High Impact Practices. High-impact practices (HIPs), when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy, 2012

Relevant Documents on UNFPA Supplies

UNFPA Office of Audit and Investigation Services (2016). Audit of the Governance and Strategic Management of UNFPA Supplies.
http://www.unfpa.org/internal-audit-reports-listing-page

GPRHCS Annual Reports 2009 through 2012
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/gprhcs_2009_annualreport.pdf
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Global_Report_2010_RH_2.pdf
https://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/GPRHCS_Annual%20Report%202011_Print.pdf
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/UNFPA%20GPRHCS%20Annual%20Report%202012_web%20final.pdf

Key Results of the GPRHCS 2007 – 2012
http://www.healthrights.mk/pdf/Vesti/English/2013/2/2007-2012%20GPRHCS%20brochure.pdf

Mid-term Review of GPRHCS 2007-2012
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/Synthesis%20Report%2011th%20January%202011-1.pdf

UNFPA - Increasing Access to Reproductive Health Key Results of the Global Programme to Enhance Reproductive Health Commodity Security 2007-2012
http://www.unfpa.org/public/home/publications/pid/14325

UNFPA Maternal Health Thematic Fund – Business Plan 2008-2011, UNFPA Contribution to the Joint United Nations Accelerated Support to countries in Maternal and Newborn Health
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/mhtf_business_plan.pdf

UNFPA, How universal is access to reproductive health? A review of the evidence, 2010
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/universal_rh.pdf

UNFPA Global Programme to enhance reproductive health commodity security. The Bill & Melinda Gates Foundation project "Strengthening Transition Planning and advocacy at UNFPA" with the GPRHCS, June 2012
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/Global%20Consultation%20on%20FP_Gates_GPRHCS_web.pdf

Family planning 20202 – Partnership in action
http://advancefamilyplanning.org/sites/default/files/resources/FP2020_PartnershipInAction_2012-2013_lores.pdf

UN Commission on life saving commodities for women and children – Commissioners report, September 2012
http://everywomaneverychild.org/images/UN_Commission_Report_September_2012_Final.pdf

UNFPA - Preventing HIV and Unintended Pregnancies: Strategic Framework 2011 – 2015
http://www.unfpa.org/public/cache/offonce/home/publications/pid/10575

UNICEF – Towards and AIDS-free generation - Children and AIDS: Sixth stocktaking report, 2013
http://www.childrenandaids.org/

UNFPA and Harvard School of Public Health -- *A Human Rights-Based Approach to Programming: Practical Information and Training Materials,* 2010
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/hrba/hrba_manual_in%20full.pdf

UNFPA - *Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned,* 2013
https://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/UNFPA%20Engaging%20men%20and%20boys_web-2.pdf

WHO - *Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations,* 2014
http://www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en/

Evaluation Reports

UNFPA – Evaluation Office, Thematic evaluation of UNFPA support to maternal health (2000-2011)
http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Thematic%20Evaluations%20-%20Sept%202013/MHTE%20-%20Sept%202013/MHTE_12_12R.pdf

UNFPA – Evaluation Office, Mid-term evaluation of the Maternal Health Thematic Fund contribution to maternal health, 2012
http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Maternal_health_report/MHTF%20evaluation%20report%2001.02.2013.pdf

UNFPA – Evaluation Office, Evaluation of the UNFPA Support to Family Planning 2008-2013, 2016

UNFPA – Evaluation Office, Evaluation of Adolescent and Youth

UNFPA – Evaluation Office, Independent Country Programme Evaluations
http://www.unfpa.org/public/home/about/Evaluation/EBIER/CPE

The following country programme (with a "GPRHCS" component) evaluation reports were assessed as of "good quality:"

- UNFPA – UNFPA Nigeria 6th Country Programme Evaluation, 2012
- http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=121

- UNFPA – Evaluation Finale 5ème Programme Togo-UNFPA 2008-2013
- http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=116

- UNFPA – Evaluation Indépendante du Programme de Pays Burkina Faso 2011-2015
- http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=167

- UNFPA – Independent evaluation of the UNFPA sixth country programme in Madagascar (2008-2013)
- http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=110

- UNFPA – Report on The Evaluation of the UNFPA 6th Country Programme of Assistance to the Government of the United Republic of Tanzania
- http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=58

- UNFPA - Evaluations of UNFPA country programmes managed by UNFPA country offices are also available at: http://web2.unfpa.org/public/about/oversight/evaluations/

Second independent evaluation of UNAIDS, 2011
http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/12/20111122_PCB%2029%20SIE.pdf

Annex 2. Structure for: Inception Report; Country Case Study Brief and Desk Country Case Review; Evaluation Report

a. Inception Report

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

1 Introduction
Should include: objectives of the evaluation; scope of the evaluation; geographical scope; overview of the evaluation process; purpose of the inception report.

2 The Global Context of Reproductive Health Commodity Security
Should include: progress in reproductive health commodity security across the world; the global response; contribution to universal access to SRH; London Family Planning Summit 2020.

3 UNFPA Supplies Strategy and Intervention Logic
Should include: an analysis of the *UNFPA Supplies* programme theory of change to identify the causal pathways (from activities to results) for each area of investigation. This should also include an overview of other relevant UNFPA strategic frameworks -- including UNFPA Strategic Plan 2014-2017; HIV/Unintended pregnancies framework (2011-2015); the Family Planning Strategy.

4 Methodology
Should include: methodology for data and information collection from UNFPA headquarters and decentralized units, international bodies, experts and other actors working in the field of family planning. This proposal will include: (i) a sample of countries to be surveyed; (ii) case studies identified as relevant with a view to respond to the evaluation questions (including criteria and rationale for each country case study); (iii) suitable methods of data collection within the case studies -- incl. data collection plan; preparation of interview and issues guides for interviews and focus groups; harmonization of approaches across country case studies; limitations; preparation process and logistics; recruitment of field teams.

5 Proposed Evaluation Questions
Should include: a set of evaluation questions with the explanatory comments associated with each question; overall approach for answering the evaluation questions; detailed proposed evaluation questions (including: rationale; method/chain of reasoning; assumptions to be assessed and corresponding qualitative and/or quantitative indicators; feasibility); coverage of theme/issues stated in the ToR by each evaluation questions. The aim is to adequately focus the evaluation taking into consideration the usefulness of the questions, available information, limitations and constraints.

6 Next Steps
Should include: a detailed work plan for the next phases/stages of the evaluation, including detailed plans for countries selected for field visits, including the list of interventions for in-depth analysis in

the field (explanation of the value added for the visits); team composition and distribution of tasks; the contractor's approach to ensure quality assurance of all evaluation deliverables.

7 Annexes
Should include: portfolio of *UNFPA Supplies* interventions; evaluation matrix; stakeholder map; template for survey; bibliography; list of persons met; terms of reference

(*) *Tables, graphs and diagrams should be numbered and have a title.*

b. Country Case Study Brief and Desk Country Case Review

Table of Contents
List of Acronyms

1 Context (2-3 pages)
Should include: country background; country health sector; health indicators; *UNFPA Supplies* response in the country

2 Main Findings (3-5 pages)
Should include: Brief answers to the case study questions (Note: the purpose is to answer the more specific case-study questions; not to answer the broader evaluation questions).

3 Conclusions (2-3 pages)

4 Evaluation Matrix (see Annex 8)

c. Final Report

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

Executive Summary

1 Introduction
Should include: purpose of the evaluation; mandate and strategy of UNFPA in reproductive health commodity security

2 Methodology
Should include: overview of the evaluation process; methods and tools used in evaluation design; analysis of *UNFPA Supplies* programmatic framework and related UNFPA strategic frameworks; evaluation questions and assumptions to be assessed; the typology of *UNFPA Supplies*-funded activities; staged sampling to define the geographical scope of the evaluation; methods and tools

used for data collection; desk review; survey; country case studies; limitations to data collection; methods and tools used for data analysis; methods of judgment; the approach to triangulation

3 Main findings and analysis
Should include for each response to evaluation question: assumptions to be assessed; evaluation criteria covered; summary of the response; detailed response

4 Conclusions
Should include for each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); evaluation criteria covered; related recommendations(s); detailed conclusion

5 Recommendations
Should include for each recommendation: summary; priority level (very high/high/medium); target (administrative unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized and targeted at specific business units; accompanied by timing for implementation; useful and operational; if possible, presented as options associated with benefits and risks.

The final version of the evaluation report will be presented in a way that enables publication without need for any further editing (see section e below).

Annexes will be confined to a separate volume
Should include: Evaluation matrix duly completed; Country Case Study Briefs; Desk Country Case Review; portfolio of interventions; methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

(*) *Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

See examples of evaluation reports at: http://unfpa.org/public/home/about/Evaluation

d. Reports Cover

UNFPA logo (there should be no other logo/ name of company)

Title of the evaluation:
Mid-term Evaluation of the *UNFPA Supplies* programme 2013-2020

Title of the report (example: Inception Report)

Evaluation Office
New York
Date

The following information should appear on page 2:

- Title of the evaluation
- Title of the report
- Name of the evaluation manager
- Names of the members of the reference group
- Names of the evaluation team

Any enquiries about this Report should be addressed to:
Evaluation Office, United Nations Population Fund
E-mail: evaluation.office@unfpa.org

See examples of evaluation reports at: http://unfpa.org/public/home/about/Evaluation

e. Editing Guidelines

Evaluation reports and notes are formal documents. Therefore they will be drafted in a language and style which is appropriate and consistent and which follows UN editing rules, in particular:

Spelling: The Concise Oxford English Dictionary, twelfth edition, is the current authority for spelling in the United Nations.

Acronyms: In each section of the report, words will be spelt out followed by the corresponding acronym between parentheses. The authors must refrain from using too many acronyms; acronyms or abbreviations should be used only when mentioned repeatedly throughout the text. In tables and figures, acronyms should be spelt out in a note below the table/figure.

Capitalization: Capitalize high ranking officials' titles even when not followed by a name of a specific individual. Capitalize national, political, social, civil etc. groups – e.g. Conference for Gender Equity, Committee on HIV/AIDS, Commission on Regional Development, Government of South Africa.

- Capitalize common nouns when they are used as a shortened title, for example, the 'Conference' (referring to the Conference on Gender Equity) or the 'Committee' (referring to the Committee on HIV/AIDS). However, do not capitalize when used as common nouns – e.g. 'there were several regional conferences.'
- Some titles/names corresponding to acronyms are *not capitalized* – e.g. human development index (HDI), country office (CO).
- Use lower case for: UNFPA headquarters; country office; country programme; country programme evaluation; regional office, country programme document; results framework; results-based monitoring framework; monitoring and evaluation system.

Numbers: Spell out single-digit whole numbers. Use numerals for numbers greater than *nine. Always spell out simple fractions and use hyphens with them (e.g. one-half of…, a two-thirds majority).*

Hyphenate all compound numbers from *twenty-one* through *ninety-nine*. Write out a number if it begins a sentence. Do not use any symbols such as # and & in the text. Use % symbol in tables and "per cent" in the narrative portion of the text

Terminology: Do not give possession to acronyms, abbreviations or inanimate objects. For example, do not write UNFPA's, UNDP's, UNICEF's, the Government's, the country's, etc. Such usage does not comply with United Nations editorial guidelines. Instead, write: the UNFPA programme, the government programme, the UNICEF programme, etc. Do not use the word 'agencies,' except in the expression, 'funds, programmes and specialized agencies of the United Nations system'. Instead, use the correct term, 'United Nations organizations.' Do not use 'sister agencies.' Instead, use 'partner organizations.'

Bibliography
Author (last name first), *Title of the book*, City: Publisher, Date of publication.
Author (last name first), "Article title," Name of magazine (type of medium). Volume number, (Date): page numbers, date of issue.
URL (Uniform Resource Locator or WWW address). Author (or item's name, if mentioned), date.

List of people consulted

- should include the full name and title of people interviewed as well as the organization to which they belong
- should be organized in alphabetical order (English version) with last name first
- should be structured by type of organization

Before submitting draft country notes and evaluation reports, please check them for grammar, spelling, punctuation, and perform a thorough editing.

See United Nations Editorial Manual Online at: http://dd.dgacm.org/editorialmanual/

Annex 3. Code of Conduct and Norms for Evaluation in the UN System

The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes. Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous and evaluators must demonstrate personal and professional integrity. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent.** The members of the evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject under evaluation, nor should they expect to be in the near future. Evaluators must have no vested interest and should have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. The evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.

3. At times, evaluations uncover **evidence of wrongdoing**. Such cases must be reported discreetly to the appropriate investigative body.

4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to, and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the dignity and self-worth of all stakeholders.

5. Evaluators are responsible for the **clear, accurate and fair** written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

A **declaration of absence of conflict of interest must be signed by each member of the team and will be annexed to the offer.** No team member should have participated in the preparation, programming or implementation of UNFPA Supplies during the period under evaluation.

See **Code of conduct for evaluation in the United Nations System** at:
http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines

See **Norms for evaluation in the United Nations System** at:
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Annex 4. Quality Assurance of the Evaluation Report

The following is a template of the evaluation quality assurance criteria for evaluation reports that this mid-term evaluation will be subject to.

Assessment Levels

Very good	strong, above average, best practice	**Good**	satisfactory, respectable	**Fair**	with some weaknesses, still acceptable	**Unsati s-factory**	weak, does not meet minimal quality standards

Quality Assessment Criteria	*Insert <u>assessment level</u> followed by*

	main <u>comments</u>. (use 'shading' function to give cells corresponding colour)
1. Structure and Clarity of Reporting *To ensure the report is comprehensive and user-friendly* • Is the report easy to read and understand (i.e. written in an accessible non-technical language appropriate for the intended audience)? • Is the report focused and to the point (e.g. not too lengthy)? • Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)? • Do the annexes contain – at a minimum – the ToRs; a bibliography, a list of interviewees, the evaluation matrix and methodological tools used (e.g. interview guides; focus group notes, outline of surveys)? *Executive summary* • Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation? • Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)? • Is the executive summary reasonably concise (e.g. with a maximum length of 5-10 pages)?	Assessment Level: Comment:

2. Design and Methodology *To ensure that the evaluation is put within its context* • Does the evaluation describe whether the evaluation is for accountability and/or learning purposes? • Does the evaluation describe the target audience for the evaluation? • Is the development and institutional context of the evaluation clearly described? • Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change? • Does the evaluation explain any constraints and/or general limitations? *To ensure a rigorous design and methodology*	Assessment Level: Comment:

• Is the evaluation approach and framework clearly described? Does it establish the evaluation questions, assumptions, indicators, data sources and methods for data collection? • Were the methods chosen appropriate for addressing the evaluation questions? Are the tools for data collection described and justified? • Is the methods for analysis clearly described? • Are methodological limitations acknowledged and their impact on the evaluation described? (Does it discuss how any bias has been overcome?) • Is the sampling strategy described? Does the design include validation techniques? • Is there evidence of involvement of stakeholders in the evaluation design? (Is there a comprehensive/credible stakeholder map?) • Does the methodology enable the collection and analysis of disaggregated data? • Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)?	
3. Reliability of Data *To ensure quality of data and robust data collection processes* • Did the evaluation triangulate all data collected? • Did the evaluation clearly identify and make use of qualitative and quantitative data sources? • Did the evaluation make explicit any possible issues (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues? I.e. did the evaluation make explicit possible limitations of the data collected? • Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations? • Is there adequate gender disaggregation of data? And if this has not been possible, is it explained? • Does the evaluation make explicit the level of involvement of different stakeholders in the different phases of the evaluation process?	Assessment Level: Comment:

4. Analysis and Findings *To ensure sound analysis* • Is information analysed and interpreted systematically and logically? • Are the interpretations based on carefully described assumptions? • Is the analysis presented against the evaluation questions? • Is the analysis transparent about the sources and quality of data? • Are possible cause and effect links between an intervention and its end results explained? • Where possible, is the analysis disaggregated to show different outcomes between different target groups? • Are unintended results identified? • Is the analysis presented against contextual factors? • Does the analysis include reflection of the views of different stakeholders (reflecting diverse interests)? E.g. how were possible divergent opinions treated in the analysis? • Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights? *To ensure credible findings* • Can evidence be traced through the analysis into findings? E.g. are the findings substantiated by evidence? • Do findings follow logically from the analysis? • Is the analysis of cross-cutting issues integrated in the findings?	Assessment Level: Comment:

5. Conclusions *To assess the validity of conclusions* • Are conclusions credible and clearly related to the findings? • Are the conclusions demonstrating an appropriate level of analytical abstraction? • Are conclusions conveying the evaluators' unbiased judgement of the intervention?	Assessment Level: Comment:
6. Recommendations *To ensure the usefulness and clarity of recommendations* • Do recommendations flow logically from conclusions? • Are the recommendations sufficiently clear, targeted at the intended users and operationally-feasible? • Do recommendations reflect stakeholders' consultations whilst remaining balanced and impartial? • Is the number of recommendations manageable? • Are the recommendations prioritised and clearly presented to facilitate appropriate management response and follow up on each specific recommendation?	Assessment Level: Comment:
7. Gender	Assessment Level: Comment:

To assess the integration of Gender Equality and Empowerment of Women (GEEW)[27] • Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? • Do evaluation criteria and evaluation questions specifically address how GEEW has been integrated into design, planning, implementation of the intervention and the results achieved? • Have gender-responsive evaluation methodology, methods and tools, and data analysis techniques been selected? • Do the evaluation findings, conclusions and recommendations reflect a gender analysis?	

[27] This assessment criteria is fully based on the UN-SWAP Scoring Tool, see Annex 7. Each sub-criteria shall be equally weighted (in correlation with the calculation in the tool and totaling the scores 11-12 = very good, 8-10 = good, 4-7 = Fair, 0-3=unsatisfactory). One question is if this criteria should be included in the overall evaluation quality assessment grid, or form a separate column and be assessed on its own.

Annex 5. List of UNFPA Supplies Countries

a. GPRHCS I : 70 Countries

Stream 1 Countries (Focus Countries)

Asia & the Pacific
Lao People's Democratic Republic
Nepal
Papua New Guinea
Timor-Leste

Arab States
Djibouti
Sudan
Yemen

Latin America & Caribbean
Bolivia
Ecuador
Haiti
Honduras

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

West & Central Africa
Benin
Burkina Faso
Central African Republic
Chad
Congo (Brazzaville)
Côte d'Ivoire
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Sao Tome and Principe
Senegal
Sierra Leone
Togo

Stream 2 Countries (Target Countries)

Asia & the Pacific
Afghanistan
Bangladesh
Mongolia
Pakistan
Philippines
Cluster of Central Asia Countries
Cluster of Pacific Island Countries

East & Southern Africa
Angola
Botswana
Namibia

Arab States
Somalia

West & Central Africa
Cameroon

Latin America & Caribbean
Nicaragua
Cluster of Caribbean Countries

Stream 3 Countries (Humanitarian Setting)

Asia & the Pacific
Iran
Sri Lanka

Eastern Europe & Central Asia
Moldova

East & Southern Africa
Comoros

Arab States
Iraq
Occupied Palestinian Territories

West & Central Africa
Cape Verde

Latin America & Caribbean
Peru

b. UNFPA Supplies: 46 Countries[28]

Target Countries

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

Middle East
Djibouti
Sudan
Yemen

Latin America & Caribbean
Bolivia
Haiti
Honduras

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

West & Central Africa
Benin
Burkina Faso
Cameroon
Central African Republic
Chad
Congo (Brazzaville)
Côte d'Ivoire
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Sao Tome and Principe
Senegal
Sierra Leone
Togo

Special Focus Countries (to prepare for eventual inclusion among target countries): Afghanistan, Somalia

Strategic Support Countries (for strategic, limited support to advance and/or maintain on-going progress towards RHCS)

Asia Pacific
Bangladesh
Central Asian Republics
Mongolia
Pacific Island Countries
Pakistan
Philippines

Latin America & Caribbean
Ecuador
Nicaragua
Selection of Caribbean Countries

West and Central Africa
Cameroon
Gabon

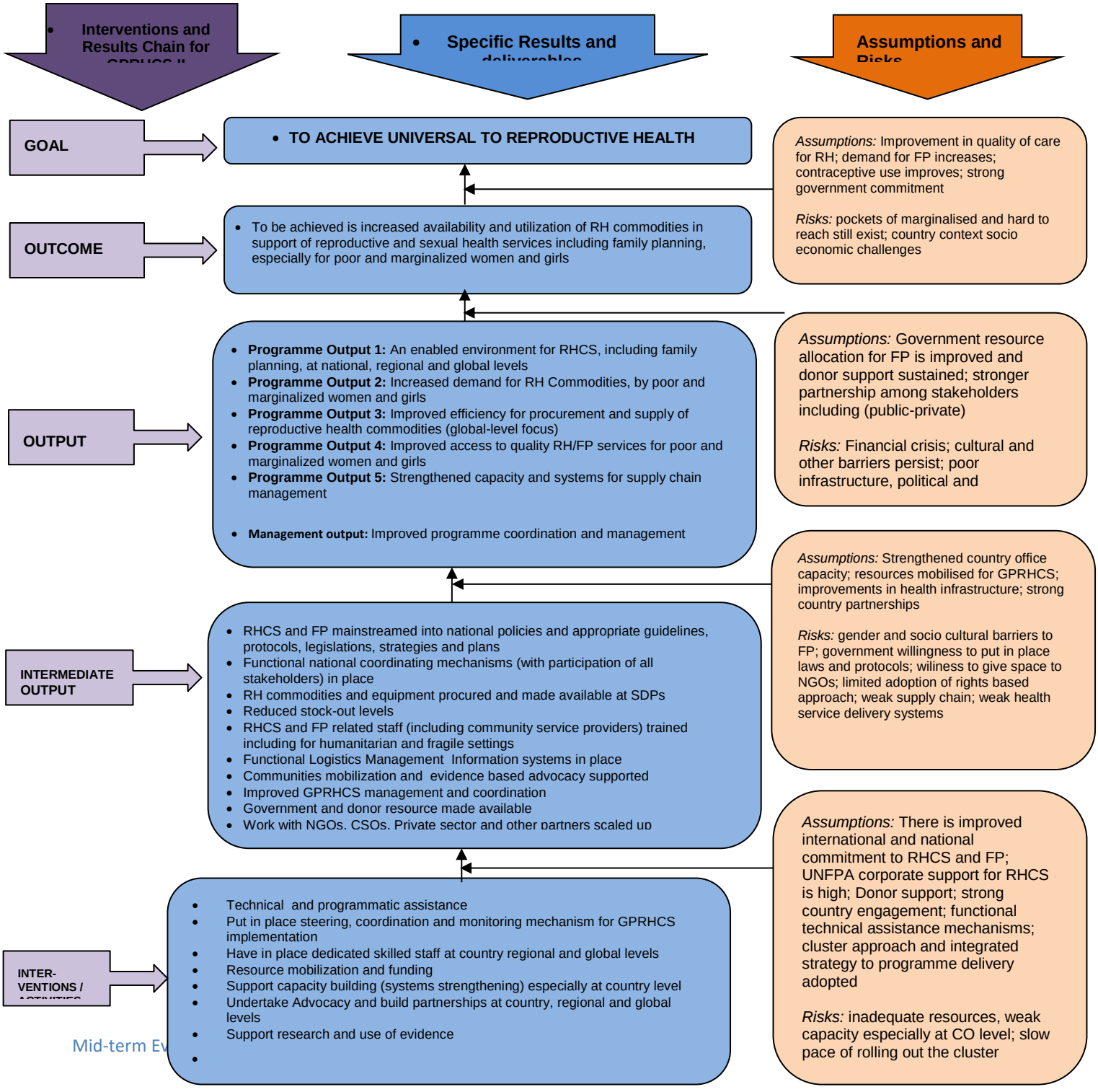
East & Southern Africa
Angola
Botswana
Comoros
Namibia
Swaziland

[28] The 46 countries have been selected on the following basis: i) chosen from the 69 world's poorest countries (GNI per capita of $2,500 or less); ii) need for support based on contraceptive prevalence rate, unmet need for family planning and maternal mortality ratio; iii) nearly all previously part of GPRHCS I (Streams 1 and 2); and iv) stability and good enabling environment (government commitment, strong partnership with stakeholders and capacity of UNFPA country offices).

Annex 6. UNFPA Supplies: Theory of Change

The following is a schematic representation that illustrates the theory of change for UNFPA Supplies presented in its original programme document. The theory of change is based on the premise that UNFPA will:

- intensify interventions in the focused countries through technical and programmatic assistance;
- expand human resources to support programme scale-up;
- put in place strengthened programme management, advisory and coordination mechanisms and mobilize adequate resources; adopt efficient procurement and delivery of RHCs and equipment;
- continue to advocate and develop partnerships at global, regional and country levels;
- support research and use of evidence (e.g. country situation analysis for FP);
- support country health systems strengthening; and
- promote inter-country (south-south cooperation) to scale up good practices.



Annex 7. Country Profiles of UNFPA Supplies Programme Countries

The country profiles below, including key contextual information, capture criteria – including reproductive health and family planning related data, social and demographic information, data on government effectiveness, and UNFPA Supplies expenditure – that sharpen the impact/contribution of the *UNFPA Supplies* programme.

Nigeria Country Profile		
Indicator	**2014**	**Data Source**
Population and Development		
Population, total	177,475,986	World Bank
Population growth (annual %)	2.7	World Bank
Life expectancy at birth, total (years)	53	World Bank
Human Development Index (HDI)	0.514	Human Development Report
Economic growth date (GDP growth %)	6.3	World Bank
World Bank Classification	Low-middle income	World Bank
Government effectiveness	12	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	71.1 (2015 data)	World Bank
Health expenditure per capita, public and private (current US$)	118	World Bank
Health expenditure, public (% of total health expenditure)	25.1	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	71.7	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	-	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	-	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	112	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	23 (2013 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	3.2	World Bank
Maternal mortality rate (per 100,000 live births)	814 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	109 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	21.8	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	15.4	UN DESA

Contraceptive use, modern methods (% of married or in-union women ages 15-49)	10.2	UN DESA
Births attended by skilled health staff (% of total)	38 (2013 data)	World Bank

Contextual Factors

- Largest country in the West and Central Africa region and one of the most populous countries in the world.
- Seventy-five per cent of the population is younger than 34 while 22 per cent are women of childbearing age. The spiralling population tasks the intervention efforts of government and partners in improving the health status of the population and highlights the core issues of sustainable development.
- Nigeria is only 2% of the world's population yet it accounts for over 10% of maternal deaths and contributes significantly to the global burden of obstetric fistula.
- While availability and effective use of family planning (FP) methods are not only essential in efforts to reduce fertility to replacement levels, FP can also contribute significantly to a reduction in Nigeria's maternal deaths which currently ranks as one of highest in the world.
- Nigeria faces significant challenges in achieving reduced population growth and improved health status: a young population, early age at childbearing, a high total fertility rate (TFR), high unmet need for contraceptives, significant gaps between knowledge and use of contraception, and a significant burden of both communicable and non-communicable diseases complicate prevention and implementation efforts.
- About 16% of Women of Reproductive Age who would like to use contraceptives are not using them (unmet needs) NDHS 2013. This has been adduced to the low social status of women and attendant inequalities that erode their capacity to demand and utilize FP and SBA information and services. Equitable use of SRH services is necessary to reduce maternal mortality.

UNFPA Supplies Budget and Expenditures: Nigeria

Year	Budget	Expenditure	% of Total Expenditures
2013	$3,421,411	$3,222,760	2.08%
2014	$6,242,550	$5,714,107	4.36%

Togo Country Profile		
Indicator	**2014**	**Data Source**
Population and Development		
Population, total	7,115,163	World Bank
Population growth (annual %)	2.7	World Bank
Life expectancy at birth, total (years)	60	World Bank
Human Development Index (HDI)	0.484	Human Development Report
Economic growth date (GDP growth %)	5.7	World Bank
World Bank Classification	Low income	World Bank

Government effectiveness	10	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	65.5 (2015 data)	World Bank
Health expenditure per capita, public and private (current US$)	34	World Bank
Health expenditure, public (% of total health expenditure)	38.4	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	46.2	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.588	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	-	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	92	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	17	World Bank
Prevalence of HIV, both sexes (% age 15-49)	2.4	World Bank
Maternal mortality rate (per 100,000 live births)	368 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	78 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	33.6	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	20.7	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	18	UN DESA
Births attended by skilled health staff (% of total)	45	World Bank

Contextual Factors

- The country has been in an demographic transition with a decline in fertility (index 5.17 in 1998 (EDS), 4.8 in 2013) providing an opportunity to benefit from the demographic dividend.
- Maternal and child mortality rates remain high and the prevalence of HIV infection (2.5%) is among the highest in the sub region.
- The health care system is poorly financed and cannot provide optimal health care and services. The availability of obstetric and neonatal emergency care "EmONC" is low, and the availability of contraceptives and products for maternal and child health are inadequate.
- The demand for contraception remains high with 37.2% of unmet needs; there is a low coverage by modern methods (17% in 2013); and the fertility of teenage girls remains high (88 in 1000)

UNFPA Supplies Budget and Expenditures: Togo

Year	Budget	Expenditure	% of Total Expenditures
2013	$1,158,664	$1,023,069	0.66%
2014	$2,539,954	$2,334,895	3.66%

Sierra Leone Country Profile		
Indicator	**2014**	**Data Source**
Population and Development		
Population, total	6,315,627	World Bank
Population growth (annual %)	2.2	World Bank
Life expectancy at birth, total (years)	51	World Bank
Human Development Index (HDI)	0.413	Human Development Report
Economic growth date (GDP growth %)	4.6	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	11	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	63.3 (2015 data)	World Bank
Health expenditure per capita, public and private (current US$)	86	World Bank
Health expenditure, public (% of total health expenditure)	17	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	61	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.65	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	0.96 (2013 data)	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	120	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	28 (2013 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	1.4	World Bank
Maternal mortality rate (per 100,000 live births)	1,360 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	120 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	26.2	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	15.9	UN DESA

Contraceptive use, modern methods (% of married or in-union women ages 15-49)	14.1	UN DESA
Births attended by skilled health staff (% of total)	60 (2013 data)	World Bank

Contextual Factors

- Since the end of its civil war in 2020, the country has made significant progress in peace consolidation, democratic governance, economic recovery and the fight against poverty; yet, the country has continued to be ranked at the bottom of the Human Development Index (183 out of 186 in 2013).
- Despite improvements in strengthening the health system, maternal mortality is ranked the highest in the world and is further worsened by the long term health complications among women, such as obstetric fistula, uterine prolapse, or infertility.
- There is no in country provided trained in Obstetric Fistula surgical repair and international experts are the main means of alleviating the patients' suffering.
- The provision of emergency obstetric and newborn care is further hinder by limited availability of essential and life-saving commodities, other medical supplies, and equipment.
- Trends in modern family planning practices have been positive and encouraging, as evident by an improvement in contraceptive prevalence rate (CPR) from 3 per cent in 2002 to 16 per cent in 2013. This largely explains the decline in the Total Fertility Rate (TFR) from 6.3 children per woman in 1985 to 4.9 in 2013.
- The country is one of the lowest in the sub-region, with a considerably high unmet need for family planning at 28 per cent.
- Knowledge of family planning is relatively low, with 69 per cent of all women and 82 per cent of men who have heard of any modern method of contraception.
- The Ebola outbreak had effects on the public health services, particularly in maternal and newborn care.
- Most health facilities have inadequate supplies of RH commodities and lack appropriate equipment, human resources and basic requirements for diagnostic imaging facilities, laboratory services including safe blood transfusion services, electricity and water supply to provide obstetric care. Only 35 per cent of facilities had basic equipment required for service delivery.
- The ability of health information systems to inform decision making is limited by the timeliness, completeness and quality of data
- Stock-outs of essential medicines are far too common, with recent data suggesting an average of 28 per cent of 14 essential medicines being available at facilities when they are needed.
- The number of trained midwives and skilled medical personnel to provide obstetric and neonatal care, especially at lower level health facilities, are still in adequate with a serious skewed distribution towards urban settings with 40 per cent of midwives currently serving 15 per cent of the country's population in the capital city.
- There is a strong need to continue massive outreach and sensitization programmes to raise awareness among rural and urban commitments (targeting women, youths, and adolescents) on obstetric fistula and other Ebola related women's reproductive health issues.
- The need for quality socio-economic and demographic statistics in Sierra Leone is characterized by gaps in the availability of disaggregated data for all development sectors, including reproductive health.

UNFPA Supplies Budget and Expenditures: Sierra Leone

Year	Budget	Expenditure	% of Total Expenditures
2013	$3,214,380	$3,134,770	2.02%
2014	$2,599,274	$2,517,563	3.85%

Madagascar Country Profile		
Indicator	**2014**	**Data Source**
Population and Development		
Population, total	23,571,713	World Bank
Population growth (annual %)	2.8	World Bank
Life expectancy at birth, total (years)	65	World Bank
Human Development Index (HDI)	0.51	Human Development Report
Economic growth date (GDP growth %)	3.3	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	9	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	58.9 (2015 data)	World Bank
Health expenditure per capita, public and private (current US$)	14	World Bank
Health expenditure, public (% of total health expenditure)	48.4	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	41.4	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	-	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	0.99	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	117	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	35 (2013 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	0.3	World Bank
Maternal mortality rate (per 100,000 live births)	353 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	50 (2015 data)	World Bank
Reproductive Health Commodity Security		

Unmet need for family planning (% of married or in-union women ages 15-49)	19	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	44.9	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	35.6	UN DESA
Births attended by skilled health staff (% of total)	44 (2013 data)	World Bank

Contextual Factors

There are 4 main UNFPA interventions in Madagascar, including:

- Increase access to voluntary, rights-based FP programmes through finalization of integrated RHCS/FP strategic plan (towards FP2020);
- Support the institutionalization of FP/RHCS by strengthening pre-service activities in medical and Nurses/Midwives training institutions;
- Improve availability of integrated quality FP services with the upgrading of primary health centres as integrated FP centres of excellence and FP training
- Centres with focus on youth/adolescents; Improve demand forecasting, procurement planning and logistics management through training for relevant health and logistics practitioners;
- Support in-service training for FP providers including for long-term FP methods;
- Improve availability of integrated FP information and services in remote areas targeting underserved and marginalized populations.

UNFPA Supplies Budget and Expenditures: Madagascar

Year	Budget	Expenditure	% of Total Expenditures
2013	$1,523,802	$1,717,937	1.11%
2014	$1,499,859	$1,399,555	2.26%

Malawi Country Profile		
Indicator	**2014**	**Data Source**
Population and Development		
Population, total	16,695,253	World Bank
Population growth (annual %)	3.1	World Bank
Life expectancy at birth, total (years)	63	World Bank
Human Development Index (HDI)	0.445	Human Development Report
Economic growth date (GDP growth %)	5.7	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	25	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	75.6 (2015 data)	World Bank

Health expenditure per capita, public and private (current US$)	24	World Bank
Health expenditure, public (% of total health expenditure)	62.7	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	12.7	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.611	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	1.00	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	137	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	36	World Bank
Prevalence of HIV, both sexes (% age 15-49)	10	World Bank
Maternal mortality rate (per 100,000 live births)	634 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	64 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	19.5	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	56.8	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	54.6	UN DESA
Births attended by skilled health staff (% of total)	87	World Bank

Key Contextual Factors

- The government of Malawi is currently undergoing significant transformation in national policies, stewardship, and commitments for family planning and gender equality. Targeted advocacy has helped increase funding for family planning and led to the addition of a family planning line item in the national budget (HPP, 2013).
- The National Sexual and Reproductive Health and Rights Policy 2009 provides a framework for implementing sexual and reproductive health programmes across the country. It offers a comprehensive approach to sexual and reproductive health opportunities to improve not only the health of childbearing women but also the needs of youth. The Policy also covers men. A number of reproductive health services target adult women of reproductive age (15–49 years) family planning, maternal and neonatal health, prevention of mother-to-child transmission, obstetric fistula, sexually transmitted infections, HIV/AIDS and reproductive cancers.
- Despite efforts to make services accessible to all, total fertility of 5.7 is still high. While family planning knowledge is universal (98%), the unmet need for family planning for married women aged 15–49 years is 26%.[1] Cervical cancer constitutes 78.6% of all documented female cancers while breast cancers are also on the increase.

- Passive surveillance for sexual and reproductive health is through the routine health management information system, which has been operational countrywide since 2002 and through the cancer registry maintained in central hospitals. Surveys such as the demographic and health surveys are also conducted at regular intervals to provide data on the various aspects of sexual and reproductive health.
- Demographically, the adolescent group (aged 15–24 years) constitutes about 20% of the total population of the country. These adolescents face many challenges due to harmful and cultural practices, premarital sex and lack of access to family planning education and services resulting in, among other things, unwanted pregnancies, unsafe abortions and early childbearing.
- The Malawi demographic and health survey 2010[1] also indicates that people marry early, as the mean age at marriage is 17.8 years for females and 22.5 years for males. Sexual activity among adolescents in Malawian society starts early: 26% of young women aged 15–19 years had started childbearing, 20% were mothers and 6% were pregnant with their first child. This early exposure to sexual activity exposes adolescents to pregnancy and sexually transmitted infections, including HIV/AIDS.

UNFPA Supplies Budget and Expenditures: Malawi

Year	Budget	Expenditure	% of Total Expenditures
2013	$286,074	$239,524	0.15%
2014	$426,737	$371,908	1.11%

Sudan Country Profile		
Indicator	**2014**	**Data Source**
Population and Development		
Population, total	39,350,274	World Bank
Population growth (annual %)	2.1	World Bank
Life expectancy at birth, total (years)	63	World Bank
Human Development Index (HDI)	0.479	Human Development Report
Economic growth date (GDP growth %)	3.1	World Bank
World Bank Classification	Low-middle income	World Bank
Government effectiveness	4	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	51.1 (2015 data)	World Bank
Health expenditure per capita, public and private (current US$)	130	World Bank
Health expenditure, public (% of total health expenditure)	21.4	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	75.5	World Bank
Gender Equality and Empowerment		

Gender Inequality Index	0.591	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	0.90 (2012 data)	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	80	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	-	World Bank
Prevalence of HIV, both sexes (% age 15-49)	0.2	World Bank
Maternal mortality rate (per 100,000 live births)	311 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	70 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	28.5	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	14.9	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	2.2	UN DESA
Births attended by skilled health staff (% of total)	-	World Bank

Key Contextual Factors

- Although 78 per cent of deliveries are conducted by trained health personnel, only 28 per cent of deliveries are inadequate resulting in more than 70 per cent avoidable deaths.
- One quarter of the population has no access to health facilities, while only 19 per cent of primary health-care facilities provide the minim healthcare package.
- Two thirds of rural hospitals offer basic emergency obstetric and neonatal and less than half provide comprehensive emergency obstetric and neonatal care.
- Obstetric fistula remains a key maternal disability, complicated by lack of timely emergency obstetric care for obstructed deliveries and by early child bearing (87 per 1,000 women aged 15-19).
- Poor supply chain management resulted in stock-out commodities in 22 per cent of health facilities.
- Socio-cultural barriers also contribute to low demand and utilization of reproductive health commodities.

UNFPA Supplies Budget and Expenditures: Sudan

Year	Budget	Expenditure	% of Total Expenditures
2013	$464,530	$424,732	0.27%
2014	$628,297	$552,882	3.12%

Myanmar

Country Profile		
Indicator	**2014**	**Data Source**
Population and Development		
Population, total	53,437,159	World Bank
Population growth (annual %)	0.9	World Bank
Life expectancy at birth, total (years)	66	World Bank
Human Development Index (HDI)	0.536	Human Development Report
Economic growth date (GDP growth %)	8.5	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	9	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	55.6 (2015 data)	World Bank
Health expenditure per capita, public and private (current US$)	20	World Bank
Health expenditure, public (% of total health expenditure)	45.9	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	50.7	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.413	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	0.99 (2015 data)	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	17 (2015 data)	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	-	World Bank
Prevalence of HIV, both sexes (% age 15-49)	0.7	World Bank
Maternal mortality rate (per 100,000 live births)	178 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	50 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	16.8	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	50.9	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	47.8	UN DESA
Births attended by skilled health staff (% of total)	-	World Bank

Contextual Factors

- RHCS is a priority in Myanmar – the government of Myanmar increased health budget including RH commodity since 2010.

- Stock imbalance in health facilities and unmet need for family planning with modern contraceptives is still present.
- The availability of modern contraceptives and RH commodities is still limited.
- Previously, Myanmar has had no national LMIS for RH commodity and forecasting and quantification of RH commodities was done based on the availability of services and health personnel. Since 2013 (when Myanmar was a targeted country for UNFPA Supplies), an RH-LMIS system was developed.

UNFPA Supplies Budget and Expenditures: Myanmar

Year	Budget	Expenditure	% of Total Expenditures
2013	--	--	--
2014	$265,609	$222,886	0.64%

Nepal Country Profile		
Indicator	**2014**	**Data Source**
Population and Development		
Population, total	28,174,724	World Bank
Population growth (annual %)	1.2	World Bank
Life expectancy at birth, total (years)	70	World Bank
Human Development Index (HDI)	0.548	Human Development Report
Economic growth date (GDP growth %)	5.4	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	20	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	72.2 (2015 data)	World Bank
Health expenditure per capita, public and private (current US$)	40	World Bank
Health expenditure, public (% of total health expenditure)	40.3	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	47.7	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.489	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	1.07	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	73	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	17 (2011 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	0.2	World Bank

Maternal mortality rate (per 100,000 live births)	258 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	36 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	24.8	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	51.3	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	46.9	UN DESA
Births attended by skilled health staff (% of total)	56 (2014 data)	World Bank

Key Contextual Factors

- While the country has made progress in reducing maternal mortality, MMR still remains high, given that there are still many women who deliver at home, often in difficult conditions and without skilled assistance; and a significant proportion of women who continue to suffer from debilitation obstetrics morbidities associated with poor quality of maternal services.
- For the past thirteen years, Nepal has made remarkable progress in increasing utilization of modern methods among currently married women from 35% (NDHS, 2001) to 47.1 (MICS, 2014).
- Demand satisfied by modern methods has also increased up to 63% (MICS, 2014) and unmet need for FP declined from 31% in 1996 (NFHS) to 25.2 in 2014 (MICS).
- There has been decrease in unmet need of FP from 27 in 2011 (NDHS) to 25.2 in 2014 (NMICS) however unmet need is high still among adolescents, postpartum women, migrants and Muslim women.
- There have been improvements in the method mix but female sterilization is still the most popular FP method and use of LARCs still remain low (IUCD - 1.3%, Implant - 1.2%).
- Stock-out of commodities remains a problem in Nepal. In a 2014 Facility Based Assessment of Reproductive Health Commodity and Services survey, it was found that 17% stock out was observed during the last six months preceding the survey for FP commodities from the government facilities. At the Primary Health Care (PHC) level, stock out was observed to be 66% but remains above 50% for all levels.
- The current National Health Sector Strategy (2015-2020) has prioritized maternal health and has included screening and services of selected RH morbidities in the essential basic health care package which means they are provided free of cost at different various public health facilities. Considering the low government budgetary allocation for RH morbidity services especially obstetric Fistula, the MHTF will remain instrumental to support national efforts.
-

UNFPA Supplies Budget and Expenditures: Nepal

Year	Budget	Expenditure	% of Total Expenditures
2013	$264,101	$28,509	0.02%
2014	$823,275	$747,568	2.32%

Haiti Country Profile		
Indicator	**2014**	**Data Source**
Population and Development		
Population, total	10,572,029	World Bank
Population growth (annual %)	1.3	World Bank
Life expectancy at birth, total (years)	63	World Bank
Human Development Index (HDI)	0.483	Human Development Report
Economic growth date (GDP growth %)	2.7	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	1	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	47.8	World Bank
Health expenditure per capita, public and private (current US$)	108	World Bank
Health expenditure, public (% of total health expenditure)	9.6	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	45.2	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.603	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	-	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	40	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	14 (2012 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	1.9	World Bank
Maternal mortality rate (per 100,000 live births)	359 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	69 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	33.6	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	36.8	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	32.7	UN DESA
Births attended by skilled health staff (% of total)	37 (2012 data)	World Bank

Contextual Factors

- Generally speaking the provision of reproductive health services do not meet the demand, the main causes being linked to other organizational deficit at the system level, a lack of infrastructure and skilled human resources deficiency and adapted to the needs of the country.
- Haiti faces significant challenges in securing reproductive health inputs. Stock-outs are increased and, according to the last GPRHCS survey, some 83.6% of the services lacked of at least one product during the last six months. There is an urgent imperative to address both supply of commodities, management, and commodity security in Haiti.
- There are two reproductive health supply models in place in Haiti today: one under the responsibility of the Ministry of Health, and the other under the responsibility of the SCMS (USAID). The SMCA model minimizes losses and stock-outs; but because it is completely self-contained and outside government involvement or control, it has the disadvantage of not strengthening the Ministry of Health's capacity and of duplicating procurement and efforts. The risk is when the USAID project concludes, the country's capacity to secure inputs will not be strengthened.
- UNFPA has worked closely with UN and national partners to develop an Adolescent Health strategy that incorporates HIV/AIDs prevention.

UNFPA Supplies Budget and Expenditures: Haiti

Year	Budget	Expenditure	% of Total Expenditures
2013	$1,578,255	$1,507,048	0.97%
2014	$1,449,381	$1,387,652	2.39%

Annex 8. Structure of the Evaluation matrix

The table below represents the structure for the evaluation matrix in which each evaluation question must be included.

The evaluation matrix will serve as a working tool throughout the evaluation process and will specifically be useful during:

- the **design of the evaluation (i.e., the inception phase, see Section 8.2 below),** the evaluation matrix will be used to capture core aspects of the evaluation design: (a) what will be evaluated (i.e. evaluation criteria, evaluation questions and related issues to be examined); (b) how to evaluate (sources of information and methods and tools for data collection). In this way, the matrix will also help evaluators and the evaluation manager to check the feasibility of evaluation questions and the associated data collection strategies.

- the **data collection phase of the evaluation (see Section 8.3 below)**, the evaluation matrix will help evaluators to: (a) approach the collection of information in a systematic, structured way; (b) identify possible gaps in the evidence base of the evaluation; and (c) compile and organize the data to prepare and facilitate the systematic analysis of all collected information.

- the **analysis and reporting phase (see Section 8.4)**, the evaluation matrix will help evaluators to conduct the analysis in a systematic and transparent way, by showing clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence.

- the **dissemination phase (see Section 8.6)**, and the actual use of the evaluation, the evaluation matrix plays a key role for making sure that users of the report can understand how evaluators interpreted the available evidence to arrive at their findings on the performance of Supplies, so that the findings are considered credible and valid.

Table 3: Outline for evaluation matrix for inception phase.

Evaluation Question 1		
[Text of Evaluation Question]		
Evaluation Criteria	*[DAC or UNFPA evaluation criteria covered by EQ, e.g. 'Relevance', 'Effectiveness']*	
Rationale	*[Short justification of why the question is important and how it is related to the UNFPA Supplies as the evaluated interventions]*	
Chain of Reasoning	*[Summary of how the 'Assumptions for verification' will be used to construct the answer to the evaluation question]*	
Assumptions for verification	**Indicators**	**Data collection method / sources**

Assumption 1.1 *[Assumption for verification narrow the evaluation question by further specifying what aspects of the intervention logic or theory of change the evaluators will investigate]*	Indicator 1.1.1 Indicator 1.1.2 Etc.	<u>Document review</u> • Programme documents • Monitoring reports • Country background documents • Etc. <u>Internet survey</u> <u>Country case studies</u> Etc. [Listing of data collection methods / sources to be used to build evidence base]
Assumption 1.2	Indicator 1.2.1 Indicator 1.2.2 Etc.	
Etc.		

This matrix (see above) will become the starting point for subsequent versions of the evaluation matrix that evaluators will use to compile and organize data and information throughout the evaluation process.

Annex 9. Budget and Expenditures by Country

The following country office budget and expenditure data was derived from Atlas, a financial and programme management tool, which is self-reported and often faces reliability and validity issues (particularly prior to the introduction of the Global Programming System in 2014). For example, project title, activity, and description fields do not necessarily reflect the actual work being done (though they may point to indicative trends). In this, the figures below may not directly compare to figures from other sources. For example, the figures presented in the terms of reference that were taken from the UNFPA Supplies Annual Report 2013-2014 and sourced from country office data. Though this is the case, estimates can still be made and trends can be identified.

UNFPA Supplies Budget and Expenditures by Country 2013

Country	Sum of Budget	Sum of Expenditure	% of Total Expenditures
Afghanistan - Kabul	$209,610	$164,430	0.11%
Angola - Luanda	$110,411	$109,041	0.07%
Arab States Reg. Office/Cairo	$31,147	$27,711	0.02%
Benin - Cotonou	$632,489	$617,238	0.40%
Bolivia - La Paz	$550,494	$517,980	0.33%
Botswana - Gaborone	$361,394	$222,364	0.14%
Burkina Faso - Ouagadougou	$3,671,169	$3,531,768	2.28%
Burundi - Bujumbura	$1,212,739	$1,091,549	0.70%
Central African Rep - Bangui	$169,900	$226,139	0.15%
Chad - N'Djamena	$1,690,810	$1,632,874	1.05%
Commodity Security Branch	$123,967,033	$105,165,108	67.90%
Comoros - Moroni	$18,872	$17,273	0.01%
Congo - Brazzaville	$629,761	$555,737	0.36%
Cote D'Ivoire - Abidjan	$1,863,765	$1,516,086	0.98%
Dem Rep Congo - Kinshasa	$1,377,720	$1,137,948	0.73%
Djibouti - Djibouti	$315,035	$239,046	0.15%
Ecuador - Quito	$702,550	$684,631	0.44%
EECA Reg. Office/Istanbul	$535,217	$527,835	0.34%
El Salvador - San Salvador	$5,281	$4,986	0.00%
Eng Speak Caribb Countrys B	$1	-$9,071	-0.01%
Ethiopia - Addis Ababa	$2,965,217	$916,709	0.59%
Gabon - Libreville	$601,231	$594,982	0.38%
Gambia - Banjul	$1,011,241	$847,288	0.55%
Gender, HR & Culture Branch	$50,000	$48,694	0.03%
Georgia - Tbilisi	$53,500	$53,467	0.03%
Ghana - Accra	$649,145	$297,569	0.19%

Guinea - Conakry	$1,423,105	$1,027,301	0.66%
Guinea-Bissau	$206,318	$185,891	0.12%
Haiti - Port-au-Prince	$1,578,255	$1,507,048	0.97%
HIV/AIDS Branch	$36,779	$36,779	0.02%
Honduras - Tegucigalpa	$465,971	$326,869	0.21%
Human. & Fragile Cont. Branch	$150,000	$2,153	0.00%
Kenya - Nairobi	$338,200	$282,005	0.18%
Kyrgyzstan - Bishkek	$93,090	$92,683	0.06%
Lao - Vientiane	$468,125	$427,855	0.28%
Lesotho - Maseru	$937,271	$627,323	0.41%
Liberia - Monrovia	$417,732	$398,610	0.26%
Madagascar - Antananarivo	$1,523,802	$1,717,937	1.11%
Malawi - Lilongwe	$286,074	$239,524	0.15%
Mali - Bamako	$342,634	$312,713	0.20%
Mauritania - Nouakchott	$360,730	$200,058	0.13%
Mongolia -Ulaan Baatar	$437,488	$407,764	0.26%
Mozambique - Maputo	$1,114,086	$986,487	0.64%
Namibia - Windhoek	$165,849	$181,459	0.12%
Nepal - Kathmandu	$264,101	$28,509	0.02%
Nicaragua - Managua	$640,930	$485,928	0.31%
Niger - Niamey	$3,853,776	$3,459,977	2.23%
Nigeria - Lagos	$3,421,411	$3,222,760	2.08%
Panama - Panama City	$30,110	$23,548	0.02%
Papua New Guinea- Port Moresby	$406,600	$190,896	0.12%
Peru - Lima	$24,000	$25,461	0.02%
Procurement Services Branch	$4,234,236	$4,054,101	2.62%
Regional Office/E&SA Region	$1,262,904	$1,184,499	0.76%
Regional Office/Panama City	$1,345,607	$1,267,286	0.82%
Regional Office/W&CA Region	$958,080	$397,624	0.26%
Rwanda - Kigali	$316,073	$205,124	0.13%
Sao Tome & Principe - Sao Tome	$37,450	$36,314	0.02%
Senegal - Dakar	$1,576,862	$1,358,408	0.88%
Sierra Leone - Freetown	$3,214,380	$3,134,770	2.02%
Somalia - Mogadiscio	$530,050	$457,659	0.30%
South Africa - Pretoria	$29,451	$27,585	0.02%
South Sudan - Juba	$512,218	$459,013	0.30%
Sub-Regional Office/Jo'Burg	$1	-$2,232	0.00%
Sub-Regional Office/Kingston	$693,806	$586,681	0.38%
Sub-Regional Office/Suva	$292,246	$258,928	0.17%
Sudan - Khartoum	$464,530	$424,732	0.27%

Swaziland - Mbabane	$823,744	$820,026	0.53%
Tajikistan - Dushanbe	$68,921	$68,762	0.04%
Tanzania - Dar-es-Salaam	$324,933	$148,672	0.10%
Timor Leste	$204,275	$109,643	0.07%
Togo - Lome	$1,158,664	$1,023,069	0.66%
Turkmenistan - Ashkhabad	$26,429	$25,505	0.02%
Uganda - Kampala	$308,549	$278,835	0.18%
Ukraine - Kiev	$160,500	$158,575	0.10%
Uruguay - Montevideo	$34,640	$34,653	0.02%
Uzbekistan - Tashkent	$43,326	$41,624	0.03%
Zambia - Lusaka	$427,967	$333,623	0.22%
Zimbabwe - Harare	$995,074	$844,514	0.55%
Grand Total	**$182,417,084**	**$154,874,914**	**100.00%**

UNFPA Supplies Budget and Expenditures by Country 2014

Country	Sum of Project Budget	Sum of Disbursement	% of Total Expenditures
Afghanistan - Kabul	$240,406	$211,761	0.73%
Arab States Reg. Office/Cairo	$276,103	$151,369	0.35%
Benin - Cotonou	$1,651,866	$1,562,777	0.92%
Bolivia - La Paz	$523,963	$504,512	3.75%
Botswana - Gaborone	$105,343	$61,862	1.34%
Burkina Faso - Ouagadougou	$4,828,121	$4,795,834	3.31%
Burundi - Bujumbura	$1,753,230	$1,563,061	1.65%
Cameroon - Yaounde	$2,173,875	$2,064,371	1.88%
Central African Rep - Bangui	$331,661	$296,160	1.02%
Chad - N'Djamena	$1,686,070	$1,420,934	1.40%
Commodity Security Branch	$148,696,338	$111,587,420	3.21%
Congo - Brazzaville	$1,369,193	$1,099,176	1.78%
Cote D'Ivoire - Abidjan	$2,709,919	$2,352,718	1.78%
Dem Rep Congo - Kinshasa	$2,752,156	$2,563,009	3.47%
Djibouti - Djibouti	$260,902	$263,224	0.38%
Dominican Rep - Santo Domingo	$48,001	$33,876	0.16%
Ecuador - Quito	$183,152	$156,818	0.51%
EECA Reg. Office/Istanbul	$737,197	$684,033	0.67%
Equatorial Guinea - Malabo		$0	0.03%
Eritrea - Asmara	$168,000	$130,842	0.13%
Ethiopia - Addis Ababa	$3,564,624	$3,309,718	1.78%
Gabon - Libreville		$5	0.13%
Gambia - Banjul	$1,002,500	$876,753	1.40%

Gender, HR & Culture Branch		$0	0.03%
Ghana - Accra	$840,428	$713,980	3.47%
Guinea - Conakry	$2,260,955	$2,164,133	1.75%
Guinea-Bissau	$492,580	$426,861	0.54%
Haiti - Port-au-Prince	$1,449,381	$1,387,652	2.39%
Honduras - Tegucigalpa	$630,791	$613,849	1.05%
Human. & Fragile Cont. Branch	$1,414,686	$452,695	0.35%
Kenya - Nairobi	$262,150	$240,654	0.57%
Kyrgyzstan - Bishkek		$0	0.16%
Lao - Vientiane	$311,758	$281,316	0.83%
Lesotho - Maseru	$671,751	$463,897	2.67%
Liberia - Monrovia	$1,911,162	$1,775,179	1.88%
Madagascar - Antananarivo	$1,499,859	$1,399,555	2.26%
Malawi - Lilongwe	$426,737	$371,908	1.11%
Mali - Bamako	$702,979	$503,484	2.10%
Mauritania - Nouakchott	$627,201	$629,930	1.24%
Media & Communications Branch	$177,570	$175,267	0.19%
Mongolia -Ulaan Baatar	$125,041	$111,028	0.89%
Mozambique - Maputo	$1,266,394	$1,103,633	2.45%
Myanmar - Yangon	$265,609	$222,886	0.64%
Namibia - Windhoek	$100,000	$52,769	0.67%
Nepal - Kathmandu	$823,275	$747,568	2.32%
Nicaragua - Managua	$406,398	$387,097	0.60%
Niger - Niamey	$3,493,630	$3,285,873	2.42%
Nigeria	$6,242,550	$5,714,107	4.36%
Papua New Guinea- Port Moresby	$344,250	$264,210	0.29%
Paraguay - Asuncion	$48,000	$47,974	0.06%
Procurement Services Branch	$1,718,957	$1,125,350	1.24%
Regional Office/Bangkok	$289,012	$163,720	0.25%
Regional Office/E&SA Region	$1,377,044	$1,117,271	0.92%
Regional Office/Panama City	$1,043,254	$1,033,465	1.24%
Regional Office/W&CA Region	$1,120,904	$746,669	0.70%
Rwanda - Kigali	$1,046,032	$975,774	1.05%
Sao Tome & Principe - Sao Tome	$120,000	$69,112	0.25%
Senegal - Dakar	$1,565,620	$1,185,937	2.70%
Sierra Leone - Freetown	$2,599,274	$2,517,563	3.85%
Somalia - Mogadiscio		$1,571	0.16%
South Africa - Pretoria	$52,107	$39,599	0.13%
South Sudan - Juba	$823,900	$767,530	0.99%

Sub-Regional Office/Kingston	$387,101	$310,137	1.72%
Sub-Regional Office/Suva	$642,237	$593,122	1.56%
Sudan - Khartoum	$628,297	$552,882	3.12%
Swaziland - Mbabane	$73,600	$71,092	0.41%
Tanzania - Dar-es-Salaam	$1,601,209	$1,235,790	1.37%
Timor Leste	$184,982	$155,981	0.45%
Togo - Lome	$2,539,954	$2,334,895	3.66%
Uganda - Kampala	$1,744,195	$1,262,811	1.59%
Uruguay - Montevideo	$20,000	$19,992	0.25%
Zambia - Lusaka	$807,141	$632,441	1.15%
Zimbabwe - Harare	$1,140,410	$1,010,323	2.19%
Grand Total	**$223,382,985**	**$177,150,764**	**100.00%**