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



UNFPA Evaluation Office

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## Purpose and Scope of the Evaluation

In 2007, UNFPA created the Global Programme to enhance reproductive health commodity security (GPRHCS) with the goal of promoting a more systematic and sustainable, country-driven approach to increase availability, access, and utilization of reproductive health supplies for voluntary family planning, HIV/sexually transmitted infection (STI) prevention, and maternal health services. Since 2013, the GPRHCS (now “UNFPA Supplies Programme”, hereafter referred to as UNFPA Supplies) has focused its interventions on 46 countries that receive integrated, multi-year support. It has expanded its activities in five areas aimed at: (i) improving the enabling environment for reproductive health commodity security (RHCS); (ii) increasing demand for reproductive health and family planning services; (iii) improving efficiency for procurement and supply of commodities; (iv) improving access to quality reproductive health commodities/family planning services; and (v) strengthening capacity and systems for supply-chain management.

The purpose of this mid-term evaluation is to assess the progress made in the implementation of UNFPA Supplies since 2013. The evaluation examines the interventions carried out during the period 2013 to 2017 and covers all 46 focus countries in the six UNFPA regions of operation where the programme interventions take place.

## Methodology

The evaluation aims to identify the contribution that UNFPA Supplies has made to improving results in key areas of reproductive health and family planning (RH/FP), including commodity security. To this end, the evaluation adopted a theory-based approach with careful analysis of the intended outcomes, outputs, activities, as well as an analysis of contextual factors and their potential to achieve the desired UNFPA Supplies outcomes. The evaluation team reconstructed the programme’s theory of change and, ultimately, developed key causal assumptions and related evaluation questions.

This information was captured in an evaluation matrix, which also identified relevant evaluation indicators, data sources and analytical methods. Data-collection methods included: country case studies in nine programme countries; comprehensive reviews of programme documents at global, regional and national level; interviews with key stakeholders; site visits and observations (warehouses, service-delivery points including hospitals, health centres, health posts and static and mobile clinics); group and individual interviews with beneficiaries; and an on-line survey covering all 46 programme countries.

The evaluation was closely accompanied by the support of an Evaluation Reference Group consisting of technical experts. The reference group supported the evaluation at critical milestones by providing substantive inputs, facilitating access to documents and informants, ensuring the high technical accuracy of the findings and co-authoring the recommendations to ensure their usefulness and feasibility. This participatory approach maintained throughout the evaluation process was instrumental in ensuring that the results of the mid-term evaluation will have a meaningful and practical impact on the operation of UNFPA Supplies as it moves toward 2020.

## Main findings

**UNFPA was able to use UNFPA Supplies to contribute to the strengthening of an enabling environment for family planning in different settings.** Depending on national context and national government priorities, the programme has been an important vehicle to promote family planning as a priority for health, gender equity, and national economic development. While UNFPA Supplies was able to support

countries to make important gains in contraceptive prevalence rates, its achievements around broadening sustainable financing, including from national government budgets, were less visible. At global level, UNFPA is perceived as having taken a leadership role in diversifying market approaches. At country level, however, there are few examples of the programme demonstrating direct support to, or leadership of, the total market approach or differentiated marketing strategies.

**UNFPA Supplies contributed to increasing the demand for family planning services.** It achieved this through efforts at policy level and via community engagement. In particular, it worked through effective partnerships with NGOs to link demand creation to service-delivery activities (mobile outreach services) in order to reach remote and marginalized populations. However, investments are often not large enough to go to scale and the results gained through demand activities are not well documented. The discontinuation of UNFPA Supplies resources for demand-generation activities as of 2017 (as advised by the programme's major donors) has been disruptive in those contexts where demand for modern contraception remains limited. On the other hand, when demand outstrips the capacity of the health system to ensure service and commodity availability, increased stress is placed on the supply chain and this can undermine hard-won gains in reproductive health.

**UNFPA Supplies and its partners contributed to expanded access to commodities and services, with focused attention on reaching marginalized youth and, depending on context, other underserved groups.** Approaches to improving access included: supporting NGO partners to conduct mobile outreach services, increasing the range of contraceptive options through training in long-acting reversible contraception, shifting tasks to lower cadres of providers, developing youth-friendly services and strengthening the capacity of midwives. Availability of commodities at service-delivery points has improved although in some focus countries stock-outs remain a serious problem and continue to affect the ability of clients to access their preferred methods.

**UNFPA Supplies contributed to improving the efficiency of procurement and supply of sexual and reproductive health and family planning commodities.** It achieved this through efforts to improve forecasting, introducing and supporting new logistics management-information systems (LMIS) and data quality improvements. At a global level, UNFPA Supplies has provided quality-assured sexual and reproductive health and family planning commodities, with significant increases in the volume and value of commodities over time. UNFPA Procurement Services (PSB) and Commodity Security Branches (CSB) are fully engaged in shaping the market through providing a greater choice of products, competitive prices, assured quality, greater access, and improving the efficiency of global procurement. However, continuing challenges relating to the security and predictability of longer-term funding hinder programme efforts to agree with manufacturers on multi-year service-delivery plans and commitments.

**UNFPA Supplies supports focused endeavours to address weaknesses in supply chains and improve supply-chain management capacity.** These efforts included investments to: improve forecasting, infrastructure, the training of information officers and the introduction and support of revised LMIS. These investments led to improved data availability, strengthened forecasting and had some effect on reducing stock-outs. Although UNFPA Supplies contributed to improvements in national supply chain strategies, in some countries, UNFPA, national health authorities and other development partners were not able to develop an agreed national strategy and/or effective joint programming to strengthen supply-chain management.

**UNFPA Supplies played a significant role in strengthening government-led platforms for coordinating action and support** to reproductive health and family planning in programme countries. The contribution of UNFPA is valued by governmental and non-governmental partners at global and country level, most notably in strengthening platforms for operational coordination of the supply function. However, the programme

faces challenges, especially the complexity of the annual process for: identifying needs, assigning financial ceilings, validating budget allocations, and ordering and shipping commodities to programme countries, with the attendant burden placed on UNFPA country office staff.

**UNFPA Supplies played a catalytic role:** it was an effective tool for supporting national assessments of ongoing needs and performance and for making changes in national strategies and programmes. On the other hand, UNFPA country offices had limited success in leveraging UNFPA Supplies to broaden the use of national sustainable sources of financing for the procurement of commodities. In the face of persistent high levels of dependency on the programme to finance commodities, UNFPA lacks effective tools and incentives to assist and encourage national governments to increase their investment in procuring commodities.

**UNFPA used UNFPA Supplies as a tool of first response in humanitarian emergencies** to help ensure that the reproductive and maternal health needs of women and girls are identified and met. UNFPA Supplies provides a resource of first resort to dispatch emergency reproductive health kits once country offices confirm they cannot respond adequately from their regular resources. The Minimum Initial Service Package (MISP) was used in a wide range of settings to identify and respond to priority needs and training. In some countries, the programme enables, and financially underwrites, the maintenance of a sub-national presence in conflict-affected areas using UNFPA Supplies country programme resources. In long-term humanitarian settings, this leads to a closer alignment of development programming with the humanitarian response.

## Evaluation conclusions

1. UNFPA Supplies is an effective vehicle for promoting family planning as a priority intervention. As such, UNFPA has leveraged the programme to foster positive environments conducive to normalizing family planning and supporting its integration into primary health services. Although UNFPA Supplies has been an important driver of action in support of family planning for country offices, UNFPA as an organization has not made full use of UNFPA Supplies as a platform for global and national leadership in advocating for effective family planning policies and programmes.
2. UNFPA Supplies has had limited success in broadening sustainable sources of financing for reproductive health commodity security and family planning and remains the dominant source of commodities used by the public sector in almost all programme countries. UNFPA Supplies still does not offer a range of effective tools and incentives to assist country offices in advocating national governments to increase their investment in procuring reproductive health and family planning commodities, despite the recent (2016/2017) change in the allocation formula for determining the share of the annual, country-specific UNFPA Supplies budget devoted to commodity procurement.
3. The contribution of UNFPA Supplies to increased demand for family planning has been especially important in some country contexts. By working in effective partnership with national health authorities, as well as national and international NGOs, UNFPA Supplies has helped to demonstrate an important link between demand creation and strengthened family planning service delivery. Although investments in community engagement to change social norms and attitudes toward family planning have often been small in scale, discontinuing UNFPA Supplies support to demand-creation activities (2017) has been counterproductive in contexts where demand for modern contraception is limited. In those contexts, there is a continuing need to robustly support demand generation, even if not funded by UNFPA Supplies.

4. UNFPA Supplies has made a significant contribution to expanding access to family planning products and services in programme countries. It has helped to extend the reach of mobile services, increase the range of contraceptive options, promote task-shifting among service providers and strengthen the capacity of midwives. It has also effectively supported efforts to extend the geographic reach of services to isolated and marginalized communities. However, stock-outs in some countries have negatively affected the ability of clients to access their preferred method.
5. UNFPA Supplies has made a positive contribution to ensuring that reproductive health and family planning services are accessible to marginalized women and girls and to adolescents and youth. The programme contributed to efforts to address gender equality through community engagement in order to remove socio-cultural barriers to access for women and girls. It has also devoted attention to selected aspects of a rights-based approach to family planning, notably: the increased availability and accessibility of commodities and services; a wider methods choice and options (sometimes weakened by stock-outs); and support to equitable, non-discriminatory services. Although it embraces the concept of rights-based family planning, UNFPA Supplies has not yet systematically applied existing UNFPA guidance to assess and operationalize the progressive realization of rights within contraceptive service delivery.
6. UNFPA (mainly through UNFPA Supplies) has achieved an established position as the world's leading procurer of family planning commodities and has the capability to use its purchasing power and influence to affect global markets. UNFPA has used its strong position to develop tools and devices to streamline the process of national needs-assessment and procurement. It has also effectively encouraged suppliers to produce, hold and manage stocks and has supported improvements in quality assurance. At the same time, attempts to shape global markets and reduce unit costs by providing longer-term and higher-volume commitments to manufacturers have been hampered by the short-term and inflexible nature of cash flows, a situation which has only partially been addressed by the recent creation of a bridge-funding mechanism.
7. UNFPA Supplies has provided important support aimed at filling gaps and addressing specific weaknesses in national and local capacities for supply-chain management and has also supported the development of national strategies for integrating and improving supply chains. However, in some countries, UNFPA country offices have not been able to capitalize on the importance of UNFPA Supplies to promote a government-led, national consensus on how supply chains should be strengthened or which roles should be played by supporting external partners. This has hampered efforts to address the continued fragmentation of supply chains and the lack of coordinated support to supply-chain management from external partners, especially considering the programme's large footprint (46 countries).
8. UNFPA Supplies has contributed directly to strengthening government-led platforms for coordinating national action and external support to RHCS at national level. This has been most evident around operational issues relating to coordinated procurement and shipping and makes UNFPA a valued partner at global and national level. However, in country offices (where the UNFPA Supplies team is almost always very small) both procurement and shipment as well as processes for quantifying national needs, assigning budgets, validating procurement requests and dealing with suppliers can all be overwhelmingly complex. These processes are also somewhat opaque from the perspective of implementing partners.

9. UNFPA Supplies has helped to improve the effectiveness of the UNFPA response to meeting the reproductive health and family planning needs of women and girls during humanitarian emergencies both at global and country levels. In some country offices, UNFPA Supplies programme funds have been used to train local emergency response personnel in the use of the MISP, an important tool for ensuring that women and girls are reached with the right package of services as quickly as possible. At global level the programme provides an annual funding allocation to enable UNFPA to deliver a rapid response in emergencies across the world mainly through the supply of emergency kits. However, commodity-delivery response times have been uneven and reproductive health and other emergency kits have sometimes been slow to arrive. There is also lack of clear understanding about when, where and under what circumstances it is appropriate to pre-position commodities, and guidance in these areas is currently under development.

## Recommendations

1. **Asserting leadership:** UNFPA, as a matter of organizational priority, should take steps to capitalize fully on the critical importance of UNFPA Supplies as a lever for asserting its leadership role in reproductive health and family planning at global, regional and national level (including in humanitarian contexts).
2. **Sustainable financing:** UNFPA Commodity Security Branch and country offices, with involvement from other units of UNFPA, should implement a flexible approach that is tailor-made to national contexts with a view to broadening and deepening the sources of sustainable financing for RHCS. It should reflect the evidence and experience of “what works” in terms of incentivising and supporting domestic resource mobilization, including lessons learned by other global funds on co-financing policies and innovative financing mechanisms.
3. **Adequate attention to demand generation:** UNFPA Commodity Security Branch and country offices should develop an evidence-based process for defining needs and assessing funding gaps for demand generation in priority countries and they should assess the capacity and capability of UNFPA to support high priority interventions. This should form the basis for determining the role and comparative advantage of UNFPA among other health partners in supporting demand-generation interventions.
4. **Human rights-based family planning services:** UNFPA Supplies should ensure the systematic application of a human rights-based approach to the provision of family planning services. This should include specific guidance on how to improve gender equality and social inclusion by addressing socio-cultural barriers that impede access to reproductive health and family planning services and commodities.
5. **Shaping global markets and reducing the opacity of processes:** UNFPA Supplies should build on progress already achieved and continue to support improved national demand-forecasting and annual supplies-planning and quantification. Efforts should be directed towards making the procurement, shipment, and delivery processes more visible to implementing partners.
6. **Coordinated, risk-based approach to supply-chain management:** UNFPA country offices should support national governments to coordinate a multi-partner approach to an agreed, nationally-led, coherent strategy and programme for managing and strengthening supply chains. This should reflect a differentiated, risk-based approach to supply-chain management, which adapts distribution models and supply-chain interventions according to the risk profile of a given country. It should include agreed

technical and financial supporting roles (while recognizing the context of broader health supply chain systems) and support to countries with post-emergency or protracted emergency settings with a view to moving away from emergency reproductive health kit procurement and creating sustainable medical commodity supply chains.

- 7. Responding to variations in national context:** UNFPA Commodity Security Branch and country offices should strengthen monitoring and oversight of programme planning, budgeting and implementation at country level in order to ensure that the programme addresses gaps and needs in: (i) the balance between demand generation, access to services, service delivery quality and security of supply; (ii) the national strategy and approach to strengthening supply-chain management; (iii) national strategies and policies regarding access to reproductive health and family planning services; (iv) national capacity for broadening and deepening sustainable investments in RHCS in general, and in procurement of commodities in particular; (v) efforts made by development partners and the private sector to provide or improve services at the national level.

For additional information, please refer to:

- Evaluation Report
- Volume 2: Annexes
- Evaluation Brief (English)
- Executive Summary in French and Spanish
- Country case study reports: Nigeria, Sierra Leone, the Sudan, the Lao People's Democratic Republic
- Management Response
- Presentation (PowerPoint) of the Evaluation's main results

These documents are available at <https://www.unfpa.org/evaluation>