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

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## Evaluation Management

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# Foreword

Established in 2007 under the name “Global Programme” and aimed at enhancing reproductive health commodity security (GPRHCS), UNFPA Supplies underpins nearly every aspect of the UNFPA mission to ensure that every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. It is the key vehicle for delivering on the UNFPA Family Planning Strategy 2012–2020 and is implemented in 46 focus countries.

The mid-term evaluation of the UNFPA Supplies Programme (hereafter referred to as UNFPA Supplies) was conducted as an independent assessment of the progress from 2013 through to 2017 with a view to identifying key lessons learned and improving upon the ongoing interventions. Learnings from the evaluation will also contribute to the implementation of the ongoing UNFPA family planning strategy, *Choices Not Chance* 2012-2020.

The evaluation highlights the important contributions UNFPA Supplies has made and notably how it has been an effective instrument to positively foster the integration of family planning into primary health services. The programme also made a significant contribution to expanding access to family planning products and ensuring that reproductive health and family planning services are accessible to adolescents and youth and notably marginalized women and girls, including in humanitarian settings. It also contributed to improving gender equality through community engagement and the removal of socio-cultural barriers that impede access for women and girls. UNFPA Supplies has also proved instrumental in filling gaps and addressing specific weaknesses in national and local capacities for supply-chain management.

The evaluation, however, points at the fact that the programme has not yet achieved its full potential in broadening sustainable sources of financing for reproductive health commodity security and family planning in programme countries. Although it makes a notable effort to prioritize increased domestic funding, UNFPA Supplies remains the dominant source of family planning products used by the public sector. While the programme has established UNFPA as a forerunner in the procurement of family planning commodities, the Fund has yet to make full use of UNFPA Supplies as a strategic platform for assuming global and national leadership.

This mid-term evaluation relied on many exceptional partners. The Evaluation Office is deeply appreciative of the considerable time and contributions of colleagues in the Technical and Programme Divisions, and notably the Commodity Security Branch as well as representatives from United Kingdom’s Department for International Development (DFID) and the Dutch Ministry of Foreign Affairs. This evaluation also benefitted from the invaluable insights of all technicians reunited in the Evaluation Reference Group, who co-authored a set of recommendations based on the independent conclusions of the report. The Evaluation Office is also extremely grateful to the colleagues in country offices who generously shared their knowledge. They played a key role in facilitating the extensive evaluation data collection which involved interviews, site visits and group discussions to obtain the perspectives of all stakeholders, including programme beneficiaries.

It is the hope of the Evaluation Office that the mid-term evaluation of UNFPA Supplies provides stakeholders with useful information for the management of the programme as well as the implementation of UNFPA family planning strategy *Choices Not Chance* through 2020.

**Marco Segone**  
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**The annexes are available in Volume Two**

# Abbreviations and Acronyms

<b>ANC</b>	Antenatal Care	<b>ERP</b>	External Review Panel
<b>ARFH</b>	Association for Reproductive Family Health (Nigeria)	<b>EVA</b>	Education as Vaccine (Nigeria)
<b>BEmONC</b>	Basic Emergency Obstetric and Newborn Care	<b>EVD</b>	Ebola Virus Disease
<b>BMGF</b>	Bill and Melinda Gates Foundation	<b>EWEC</b>	Every Woman Every Child
<b>CEmONC</b>	Comprehensive Emergency Obstetric and Newborn Care	<b>FCT</b>	Federal Capital Territory (Nigeria)
<b>CERF</b>	Common Emergency Response Fund (United Nations)	<b>FGM</b>	Female Genital Mutilation
<b>CHAI</b>	Clinton Health Access Initiative	<b>FINE SL</b>	Family Initiative Network for Equality (Sierra Leone)
<b>CHEW</b>	Community Health Extension Worker	<b>FPAN</b>	Family Planning Association of Nepal
<b>CIEH</b>	Centre for Information and Education on Health	<b>GBV</b>	Gender-Based Violence
<b>CIP</b>	Costed Implementation Plan	<b>GFF</b>	Global Financing Facility
<b>CLMS</b>	Contraceptive Logistic Management System (Nigeria)	<b>GHSC - PSM</b>	Global Health Supply Chain – Procurement and Supply Management
<b>CMS</b>	Central Medical Store	<b>GPRHCS</b>	Global Programme to Enhance Reproductive Health Commodity Security
<b>CPR</b>	Contraceptive Prevalence Rate	<b>HFCB</b>	Humanitarian and Fragile Contexts Branch (UNFPA)
<b>CSB</b>	Commodity Security Branch	<b>HMIS</b>	Health Management Information System
<b>CSO</b>	Civil Society Organization	<b>HRBA</b>	Human Rights-Based Approach
<b>CSP</b>	Coordinated Supply Planning Group	<b>INGO</b>	International Non-Governmental Organization
<b>DFID</b>	Department for International Development (United Kingdom)	<b>IPPF</b>	International Planned Parenthood Federation
<b>DHIS</b>	District Health Information System	<b>IUD</b>	Intra Uterine Device
<b>DHIS2</b>	District Health Management Information Systems Version Two	<b>ISG</b>	Integrated Supply Chain Group
<b>DHO</b>	District Health Offices	<b>JSI</b>	John Snow Inc.
<b>DIO</b>	District Information Officer	<b>Lao PDR</b>	Lao People's Democratic Republic
<b>DMO</b>	District Medical Officer	<b>LARC</b>	Long-Acting Reversible Contraceptive
<b>DMS</b>	District Medical Stores	<b>LMCU</b>	Logistics Management Coordination Unit
<b>DPPI</b>	Directorate of Policy, Planning and Information (Sierra Leone)	<b>LMD</b>	Last-Mile-Distribution
<b>eLMIS</b>	Electronic Logistics Management Information System	<b>LMIS</b>	Logistics Management Information System
<b>EML</b>	Essential Medicines List	<b>LTA</b>	Long-Term Agreement
<b>EmONC</b>	Emergency Obstetric and Newborn Care	<b>MATCOPS</b>	Matei Initiative Empowerment Programme for Sustainable Development
<b>ERG</b>	Evaluation Reference Group	<b>mCPR</b>	Contraceptive Prevalence Rate, modern methods
		<b>MDSR</b>	Maternal Death Surveillance and Response
		<b>MEST</b>	Ministry of Education, Science and Technology (Sierra Leone)

<b>MISP</b>	Minimum Initial Service Package	<b>RHCS/FP</b>	Reproductive Health Commodity Security/Family Planning
<b>MK</b>	Malawi Kwacha	<b>RHSC</b>	Reproductive Health Supplies Coalition
<b>MoES</b>	Ministry of Education and Sport (Lao People's Democratic Republic)	<b>RMNCH</b>	Reproductive, Maternal, Newborn and Child Health
<b>MoH</b>	Ministry of Health	<b>RMNCAH</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health
<b>MoHS</b>	Ministry of Health and Sanitation (Sierra Leone)	<b>SCM</b>	Supply-Chain Management
<b>MSH</b>	Medical Sciences for Health	<b>SDG</b>	Sustainable Development Goals
<b>MSI</b>	Marie Stopes International	<b>SDP</b>	Service-Delivery Point
<b>MSIoN</b>	Marie Stopes International of Nigeria	<b>SEED</b>	Supply, Enabling Environment and Demand
<b>MSSL</b>	Marie Stopes Sierra Leone	<b>SFFPA</b>	The Sudan Family Planning Association
<b>NFEC</b>	Non-Formal Education Centre	<b>SLDHS</b>	Sierra Leone Demographic and Health Survey
<b>NGO</b>	Non-Governmental Organization	<b>SLP</b>	Saving Lives Programme
<b>NMSF</b>	National Medical Supplies Fund (the Sudan)	<b>SRH</b>	Sexual and Reproductive Health
<b>NMCN</b>	Nursing and Midwifery Council of Nigeria	<b>STI</b>	Sexually Transmitted Infection
<b>NURHI</b>	Nigeria Urban Reproductive Health Initiative	<b>The Global Fund</b>	Global Fund for Aids, Tuberculosis and Malaria
<b>OCHA</b>	Office for Coordination of Humanitarian Affairs (United Nations)	<b>ToC</b>	Theory of Change
<b>OECD DAC</b>	Development Assistance Committee of the Organization for Economic Cooperation and Development	<b>TPP</b>	Third Party Procurement
<b>OIG</b>	Office of the Inspector General - Global Fund	<b>UN</b>	United Nations
<b>PEN</b>	Male Peer Educators Network	<b>UNFPA</b>	United Nations Population Fund
<b>PHC</b>	Primary Health Centres	<b>UNGM</b>	United Nations Global Marketplace
<b>PHU</b>	Primary Health Unit	<b>UNHCR</b>	United Nations High Commission for Refugees
<b>PMA</b>	Performance Monitoring and Accountability	<b>UNICEF</b>	United Nations Children's Fund
<b>PPASL</b>	Planned Parenthood Association of Sierra Leone	<b>USAID</b>	United States Agency for International Development
<b>PPFN</b>	Planned Parenthood Federation of Nigeria	<b>USD</b>	United States Dollar
<b>PSB</b>	Procurement Services Branch	<b>VAN</b>	Visibility Analytics Network
<b>PSI</b>	Population Services International	<b>VYC</b>	Vientiane Youth Centre
<b>PSM</b>	Procurement and Supply Management	<b>WHO</b>	World Health Organization
<b>RBFP</b>	Rights-Based Family Planning	<b>WICM</b>	Women in Crisis Management (Sierra Leone)
<b>RH</b>	Reproductive Health	<b>YFS</b>	Youth Friendly Services
<b>RH/FP</b>	Reproductive Health and Family Planning		
<b>RHCS</b>	Reproductive Health Commodity Security		

# Glossary of Medical terms

<b>BEmONC</b>	Basic emergency obstetric and newborn care (BEmONC) is defined as seven essential medical interventions, or 'signal functions', that treat the major causes of maternal and newborn morbidity and mortality and should be available as close to the community as possible. These signal functions include: antibiotics to prevent puerperal infection; anticonvulsants for treatment of eclampsia and preeclampsia; uterotonic drugs (e.g., oxytocics) administered for postpartum haemorrhage; manual removal of the placenta; assisted vaginal delivery; removal of retained products of conception; and neonatal resuscitation.
<b>CEmONC</b>	Comprehensive emergency obstetric and newborn care (CEmONC) includes all the signal functions of BEmONC plus blood transfusions, surgery (e.g. caesarean section), and advanced neonatal resuscitation. The skills, equipment and conditions for these functions should be made available at the referral level, such as a district hospital.
<b>EmONC</b>	Emergency obstetric and neonatal care (EmONC) is a package of services provided to the mother-baby couple that includes urgent services to prevent maternal death (e.g. access to essential pharmaceuticals, including antibiotics, anticonvulsants, and uterotonics) and life saving measures for newborns (e.g. clean cord care and neonatal resuscitation).
<b>Fistula</b>	Fistula is a hole between the vagina and rectum or bladder that is caused by injury, leaving a woman incontinent of urine or faeces or both. It requires a surgical repair. Obstetric fistula is a childbirth injury caused by prolonged or obstructed labour.
<b>Infant mortality</b>	Infant mortality refers to the death of a child between one and twelve completed months of life.
<b>Magnesium Sulphate</b>	Magnesium sulphate is used to prevent seizures in a woman with moderate to severe preeclampsia. It is also used to stop seizures (eclampsia) when they are occurring. When magnesium sulphate is used during labour and delivery, it is usually continued for at least 24 hours after delivery. Magnesium sulphate is given intravenously or by injection. It is stable at room temperature and does not need refrigeration.
<b>Maternal death</b>	Maternal death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental causes.
<b>MDSR/ MNDSR</b>	Maternal Death Surveillance and Response/Maternal and Neonatal Death Surveillance and Response (MDSR/ MNDSR) is a continuous action and surveillance cycle of identification, quantification, notification and review of maternal deaths followed by the interpretation of the aggregated information on the findings and the "avoidability" of the maternal deaths. It is used for recommending actions that will prevent future deaths. The primary goal of MDSR/ MNDSR is reducing future preventable maternal (and neonatal) deaths.
<b>Misoprostol</b>	Misoprostol is a uterotonic medicine used to induce the uterus to contract and thus to control post-partum haemorrhage or initiate labour. Misoprostol is on the WHO Essential Medicines List and comes in tablet form. It has a long shelf life and is stable at room temperature (so does not need refrigeration).
<b>Neonatal death</b>	Neonatal death refers to the death of an infant during the first month of life.
<b>Oxytocin</b>	Oxytocin is a uterotonic medicine given to a woman to cause contraction of the uterus. It may be given to start or increase the speed of labour, and/or to stop bleeding following delivery. Oxytocin is given through injection or intravenously. It requires refrigeration and cannot (currently) be stored at room temperature.
<b>Perinatal death</b>	The perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth. Perinatal mortality refers to the number of stillbirths and deaths in the first week of life (early neonatal mortality).
<b>Stillbirth</b>	Stillbirth is the death of foetus before birth. A macerated stillbirth is one where the foetus has died in utero some hours or days before the delivery. Fresh stillbirths are those where the foetus was alive going into labour but died in the course of the delivery. Both types of stillbirth are largely preventable. Numbering 2.5 million annually across the world, stillbirths have only recently begun to be counted systematically and data is difficult to interpret as a result. A declining number of stillbirths is the direct result of better maternity care (both antenatal and during delivery).



# Executive Summary

## 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 towards 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.

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## EVALUATION CONCLUSIONS

**CONCLUSION 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.

**CONCLUSION 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 to be devoted to commodity procurement.

**CONCLUSION 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 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.

**CONCLUSION 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.

**CONCLUSION 5: UNFPA Supplies has made a positive contribution to ensuring 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.

**CONCLUSION 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.

**CONCLUSION 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 very large footprint (46 countries).

**CONCLUSION 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.

**CONCLUSION 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 funds have been used to train local emergency response personnel in the use of the Minimum Initial Service Package (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 a 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.

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## RECOMMENDATIONS

**RECOMMENDATION 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).

**RECOMMENDATION 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.

**RECOMMENDATION 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.

**RECOMMENDATION 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.

**RECOMMENDATION 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.

**RECOMMENDATION 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.

**RECOMMENDATION 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.



# PART ONE

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# EVALUATION OVERVIEW

# 1

## OBJECTIVES AND SCOPE

**This report presents the results of the independent mid-term evaluation of the UNFPA Supplies Programme carried out by an external team of specialists under the management of the Evaluation Office of UNFPA.**

### BOX 1: DISTINGUISHING THE UNFPA SUPPLIES PROGRAMME FROM UNFPA

This report refers to the UNFPA Supplies Programme using the term UNFPA Supplies. When the report states a given investment or result was “supported by UNFPA Supplies” it means that UNFPA Supplies programme funds were used to procure and ship commodities or to support technical assistance. The programme also has indirect effects as a lever for advocacy and policy engagement by UNFPA. When referring to these, the report identifies the UNFPA unit involved and notes how UNFPA Supplies enabled or supported a particular action or result, marked reductions in both mortality and fertility rates.

- What results have been achieved by UNFPA Supplies at global, regional, national and sub-national levels and to what extent sustainability considerations have been addressed
- The extent to which issues of gender equality and social inclusion and equity have been taken into consideration
- The extent of coordination with national partners and other prominent actors in commodity security and whether synergies and partnerships were created
- The extent to which UNFPA Supplies played a catalytic role at all levels (global, regional, and national)
- Whether lessons and good practices from the implementation of UNFPA Supplies have been identified, as well as opportunities to improve programme planning, formulation, appraisal and implementation.

### 1.1 PURPOSE AND OBJECTIVES

The purpose of the evaluation is to assess the progress made in the implementation of UNFPA Supplies since 2013.<sup>1</sup> The evaluation was designed to support learning among key stakeholders to inform the implementation of the remainder of the programme, as well as other strategies such as the UNFPA family planning strategy, Choices Not Chances (2012-2020). The mid-term evaluation supports the accountability of UNFPA by taking stock of progress made and results achieved.

The objectives of the evaluation are to assess:

- How relevant the objectives and approach of UNFPA Supplies has been
- How effective and efficient implementation of UNFPA Supplies has been

### 1.2 SCOPE OF THE EVALUATION

The evaluation examines UNFPA Supplies interventions carried out during the period 2013 to 2017, recognizing, where appropriate, recent developments in the programme’s direction.

The geographic scope of the evaluation covers all 46 focus countries in the UNFPA regions where programme interventions are being undertaken: Western and Central Africa; Eastern and Southern Africa; Asia and the Pacific; Arab States, Eastern Europe and Central Asia; and Latin America and the Caribbean. In order to achieve appropriate geographic coverage, the evaluation conducted country case studies in nine programme countries (Table 1).

1. UNFPA, *Terms of Reference, Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020)*. Evaluation Office, UNFPA, October, 2016, p.9. [https://www.unfpa.org/sites/default/files/admin-resource/ToR\\_Mid\\_Term\\_evaluation\\_of\\_UNFPA\\_SUPPLIES\\_2013-2020\\_F\\_I\\_N\\_A\\_L.pdf](https://www.unfpa.org/sites/default/files/admin-resource/ToR_Mid_Term_evaluation_of_UNFPA_SUPPLIES_2013-2020_F_I_N_A_L.pdf)

**TABLE 1** *Field- and desk-based country case studies*

<b>Mid-term evaluation of UNFPA Supplies: case study countries</b>	
<b>Field-based country case studies</b> (in-country data collection)	<b>Desk-based country case studies</b> (documentation review and remote interviews)
Lao People's Democratic Republic	Haiti
Nigeria	Madagascar
Sierra Leone	Malawi
The Sudan	Nepal
	Togo

### 1.2.1 EVALUATION PHASES

The evaluation was carried out in three phases. The inception phase (June to August 2017) was used to reconstruct the programme theory of change and to develop and refine evaluation methods and tools, including the evaluation matrix (Annex 1).<sup>2</sup> The data-collection phase (September to December 2017) was followed by the analysis and reporting phase (January to June 2018), during which the four field-based country case-study notes and the draft final evaluation reports were issued. The inception phase was also used to develop seven main evaluation questions, as detailed in Box 2.

#### BOX 2: EVALUATION QUESTIONS

1. To what extent has UNFPA Supplies contributed to creating and strengthening an enabling environment for reproductive health commodity security/family planning (RHCS/FP) at global, regional and national level?
2. To what extent has UNFPA Supplies contributed to increasing demand for reproductive health and family planning (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)?
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?
4. To what extent has UNFPA Supplies contributed to improved security of supply, availability and accessibility of reproductive health and family planning 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?
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?
6. To what extent have the management systems of governance structures (for example, UNFPA Supplies Steering Committee) and internal coordination mechanisms of UNFPA Supplies contributed to overall programme performance?
7. To what extent has UNFPA Supplies played a catalytic role by leveraging increased investment by other actors and supplementing existing programmes in reproductive health and family planning at global, regional and national levels?

2. The evaluation methodology is described in section 3 below and, in more detail, in the inception report available at: <https://www.unfpa.org/admin-resource/mid-term-evaluation-unfpa-supplies-programme-2013-2020>. Data collection instruments are presented in Volume Two: Annex 3.

# 2

## THE UNFPA SUPPLIES PROGRAMME 2013–2017

### 2.1 UNFPA AND GLOBAL INITIATIVES IN REPRODUCTIVE HEALTH

#### 2.1.1 GLOBAL PARTNERSHIPS AND PROGRAMMES FOR FAMILY PLANNING

In 2012, the London Summit on Family Planning, hosted by the Bill and Melinda Gates Foundation (BMGF) and the United Kingdom's Department for International Development (DFID), helped to re-focus attention and interest in family planning among donors, governments and civil society. Family Planning 2020 (FP2020) was established as a major global partnership to track progress towards meeting commitments and goals, and now serves as a significant platform for knowledge-sharing and country-level action.<sup>3</sup> UNFPA is an active member of the FP2020 reference group and has played an important role in promoting national engagement and government commitment. UNFPA Supplies engages with programme countries in global and national goal and commitment setting under the FP2020 umbrella.

The global campaign Every Woman Every Child (EWEC) started in 2010, under United Nations leadership, to address the major health challenges facing women and children. The 2016 Global Strategy 2.0,<sup>4</sup> aligned with the Sustainable Development Goals (SDGs) was developed the same year, and explicitly includes family planning within its objectives and targets. UNFPA advocated to ensure that family planning would be an integral part of the SDGs.<sup>5</sup> This was critical if country commitments to reproductive, maternal, newborn, child and adolescent health (RMNCAH) were to include family planning as an important vehicle for saving lives.

The Reproductive Health Supplies Coalition (RHSC) is a global partnership of public, private and non-governmental

organisations that aims to ensure that all people in low- and middle-income countries can choose, obtain and use the supplies and services they need to safeguard reproductive health. RHSC is the largest reproductive health membership organisation in the world and is recognized for raising the profile of reproductive health commodity issues on the global agenda. It provides a platform to share knowledge, raise awareness and propose action to tackle issues. For example, RHSC has worked to harmonize metrics for measuring stock-outs and has ensured the visibility of reproductive health and family planning within the development of the Global Financing Facility (GFF).<sup>6</sup>

#### 2.2 THE ORIGINS AND EVOLUTION OF UNFPA SUPPLIES

As early as 2000, UNFPA and partner agencies recognized the importance of reproductive health commodity security (RHCS) as a platform for global stakeholders to align their efforts with national priorities with a view to accelerating the reduction of unmet need for family planning, improving maternal health, and enabling women and girls to exercise their reproductive rights. In response, UNFPA and partners developed the Global Strategy for Reproductive Health Commodity Security.<sup>7</sup>

In 2004, UNFPA created the RHCS Thematic Trust Fund to pool resources from different development partners and minimize transaction costs. In 2007, the second phase of the thematic trust fund developed into the first phase of the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS). The first phase of GPRHCS operated from 2007 through to 2012, with the goal of promoting a more systematic and sustainable country-driven approach to securing essential reproductive health supplies and ensuring their effective use.

3. FP2020 (2017). <http://www.familyplanning2020.org/about>.

4. Every Woman Every Child (2015). *The Global Strategy for Women's, Children's and Adolescent's Health (2016-2030)*, p.6.

5. See SDG Target 3.7 (universal access to RH/FP services by 2030) and indicators 3.7.1 (modern methods of family planning) and 3.7.2 (adolescent birth rate), accessible at: <https://sustainabledevelopment.un.org/sdg3>

6. Reproductive Health Supplies Coalition (2016). *Strategic Plan 2015-2025*, p. 16. <https://www.rhsupplies.org/>

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

GPRHCS provided support to focus countries classified in three streams. The most intensive support was provided to stream-one countries, which received both commodity support and technical and financial support to interventions aimed at other programme output areas. A mid-term review of GPRHCS conducted in 2011 reported positive programme results, especially in the 12 stream-one countries.<sup>8</sup> In response to lessons learned from the mid-term review, UNFPA developed a second phase of GPRHCS, which was renamed “UNFPA Supplies” in 2015. UNFPA Supplies focuses on 46 target countries that receive integrated, multi-year support for an initial five-year period (2013-2017) and, as such, it represents a major expansion from GPRHCS.

The 2016 UNFPA Supplies Annual Report stresses the programme’s importance: “UNFPA Supplies is the United Nations main programme to support the rights of women and girls to decide freely and for themselves, whether, when and how many children they want to have.”<sup>9</sup>

### 2.2.1 A STRATEGIC SHIFT IN 2016

In 2015, the DFID annual review of UNFPA Supplies highlighted several important challenges facing the programme, including:

- A continuing gap between programme financial needs and resources (with DFID providing 75 percent of 2014 programme financing)
- A very modest share of programme financing dedicated to work on improving commodity supply chains at country level
- Persistent management issues, including issues relating to governance and the operation of the steering committee.<sup>10</sup>

UNFPA responded by initiating a change management process which resulted in a shift in strategic direction. This shift was discussed in detail at a UNFPA Supplies planning meeting in Johannesburg, South Africa in December, 2016.<sup>11</sup> The new strategic direction emphasized the intent of UNFPA Supplies to:

1. Prioritize support to countries with greatest need where the programme’s contribution is unique
2. Catalyse country-led rights-based and sustainable pathways to RHCS
3. Scale-up proven interventions and strengthen core functions of the programme.<sup>12</sup>

The refreshed UNFPA Supplies strategy was accompanied by a change management plan that encompassed managerial and operational changes implemented in 2016 and 2017, including:

- A re-structured and revitalized governance structure with a reconstituted steering committee<sup>13</sup>
- The decision to exclude support to demand creation as a programme output after 2016
- The development and use of a points-based system for allocating the annual available budget for UNFPA Supplies at country level based on five objective criteria: (i) the modern contraceptive prevalence rate (mCPR); (ii) the percentage of women whose demand for contraception is met by a modern method; (iii) national income per capita as a measure of national fiscal capacity; (iv) the female population age 15-49 years; (v) the average UNFPA Supplies implementation score for the prior year

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

9. UNFPA, *UNFPA Supplies Annual Report 2016*, New York, 2017, p.xiii.

10. DFID, *Annual Review: Support to UNFPA’s Global Programme for Enhancing Reproductive Health Commodity Security*. 2015, p.3.

11. UNFPA, *UNFPA Supplies Planning Meeting Report*, Johannesburg, South Africa, 5-7 December, 2016.

12. UNFPA, *UNFPA Supplies Annual Report 2016*. New York, 2017, p.2.

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

**TABLE 2:** Country segmentation formula: 2017 resource-allocation system for UNFPA Supplies

Segment Number	Segment Name	Percent Allocated to Procure Commodities	Percent Allocated to Improve Capacity
1	Long-term engagement	75	25
2	Transitioning	75	25
3	Sustainable	30	70

● The use of a weighted scoring system. This system allocates countries into three different segments for determining the portion of the overall budget allocated to a given country office to be devoted to commodities versus technical assistance.<sup>14</sup> Three indicators are used (mCPR, percentage of women whose demand is met, and national income per capita) to assign a programme country to a category based on its progress towards sustaining national ownership of RHCS.

These changes in the strategic direction and operation of UNFPA Supplies began to take effect during the 2017 and 2018 programming years. As a result, they did not significantly influence the results observed during the evaluation data-collection phase. However, they have been noted in the evaluation, especially in the development of the evaluation's conclusions and recommendations.

## 2.3 PROGRAMME DESIGN

### 2.3.1 PROGRAMME GOAL AND OUTPUTS

"Increased contraceptive use, especially by poor and marginalized women and girls"<sup>15</sup> is the overall goal that UNFPA Supplies aims at achieving by increasing the availability and utilization of reproductive health and family planning commodities in support of sexual and reproductive health services, including family planning.

### TO REACH THIS OUTCOME, UNFPA SUPPLIES SUPPORTS INVESTMENTS IN SIX DIFFERENT PROGRAMME OUTCOME AREAS:

1. An enabled environment for RHCS, including family planning at national, regional and global levels
2. Increased demand for reproductive health commodities by poor and marginalized women and girls (discontinued for the 2017 programme year)
3. Improved efficiency for procurement and supply (with a global level focus)
4. Improved access to quality reproductive health and family planning services for poor and marginalized women and girls
5. Strengthened capacity and systems for supply-chain management at national level
6. Improved programme coordination and management.

### 2.3.2 SIMPLIFIED THEORY OF CHANGE FOR UNFPA SUPPLIES

The overall theory of change developed for the evaluation (Volume II, Annex I) details the many interlinkages between programme activities, outputs, and higher-level results. The simplified theory of change presented here illustrates how the programme's six main outputs are intended to: (i) strengthen the supply of reproductive health and family planning commodities; (ii) bolster the global and national enabling environment and (iii) lead to increased demand for family planning products and services. The goal is to contribute to improved reproductive health for marginalized women and girls.

14. UNFPA Supplies, *Guide to Allocating Resources for UNFPA Supplies 2018*, New York, 2017.

15. UNFPA, *UNFPA Supplies Annual Report 2016*, New York, 2017, p.5.

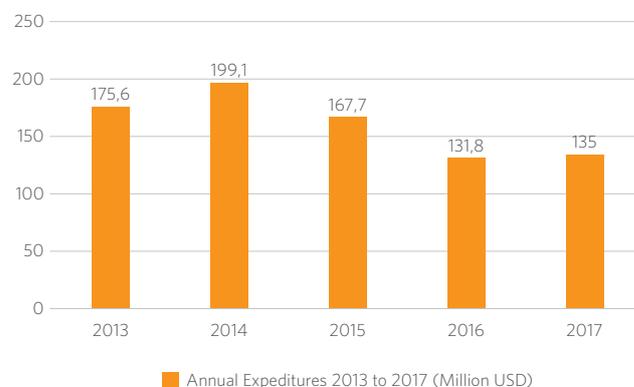
**FIGURE 1** Supply, enabling environment and demand: A simplified theory of change for UNFPA Supplies



## 2.4 PROGRAMME EXPENDITURES AND SOURCES OF FINANCE

From 2013 to 2016, UNFPA Supplies expenditures totalled USD 674.2 million. Expenditures reached their highest level in 2014 and declined somewhat in each of the following two years, amounting to USD 131.8 million in 2016. Expenditures in 2017 were projected to reach USD 135 million.<sup>16</sup>

**FIGURE 2** UNFPA Supplies expenditures 2013 to 2017



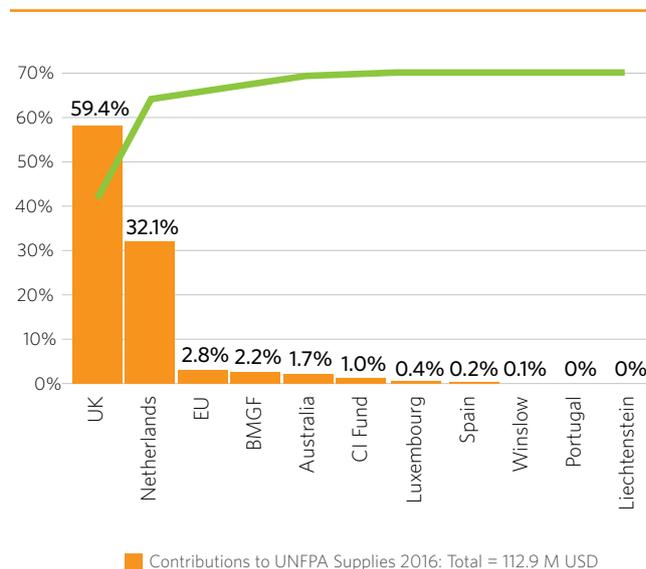
Source: UNFPA general ledgers and certified financial statements 2013-2015, and UNFPA Annual Report 2016.

<sup>16</sup>. Ibid., p.90.

Until 2017 (when output area two, demand generation, was eliminated), expenditures by UNFPA Supplies were classified under each of the six major programme outputs. Output three, improved efficiency of procurement and supply, includes the value of all commodities procured and shipped by UNFPA Supplies. Each year it has accounted for the largest share of programme expenditures. Output three stood at 68 percent of expenditure in 2016 (73 percent when indirect programme costs are eliminated from total spending).<sup>17</sup>

UNFPA Supplies receives support from a broad range of bilateral and multilateral development partners as well as private foundations and charitable funds. However, as Figure 3 illustrates, the programme relies for a very large part of its trust fund support on just two national contributors. The United Kingdom and the Netherlands together provided 91.6 percent of programme contributions in 2016. When contributions from the European Union and the BMGF are added to those of the United Kingdom and the Netherlands, the share of these four donors rises to 97 percent of the total.<sup>18</sup> The green line on the chart indicates how the total rises towards 100 percent as each contributor is added.

FIGURE 3 Shares of 2016 contributions to UNFPA Supplies



Source: UNFPA Supplies Annual Report 2016

TABLE 3 Share (percentage) of UNFPA Supplies expenditure by programme output: 2013 to 2016

Programme Output	2013	2014	2015	2016	Total 2013-2016
1. Enabled environment for RHCS	6	10	6	7	8
2. Increased demand for RH commodities	6	8	3	4	6
3. Improved efficiency of procurement and supply (includes commodities procured and shipped)	70	59	67	68	66
4. Improved access to quality RH/FP Services	6	10	10	9	9
5. Strengthened capacity and systems for supply-chain management	4	2	3	4	3
6. Improved programme coordination and management	7	10	11	7	9
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: UNFPA general ledgers and certified financial statements 2013-2015, and UNFPA Annual Report 2016

17. UNFPA Annual Report 2016, p.90.

18. UNFPA, UNFPA Supplies Annual Report 2016, New York, 2017, p.89.

# 3

## EVALUATION APPROACH AND METHODOLOGY

### 3.1 EVALUATION APPROACH

#### 3.1.1 CONTRIBUTION ANALYSIS AND PROGRAMME THEORIES OF CHANGE

The evaluation used contribution analysis as its central, theory-based analytical approach to exploring cause and effects in UNFPA Supplies. During the inception phase, the evaluation team prepared the base for subsequent data collection and analysis efforts by re-constructing a comprehensive theory of change for UNFPA Supplies (Annex 2).

The reconstructed theory of change for UNFPA Supplies was developed based on:

- The pre-existing UNFPA Supplies theory of change<sup>19</sup>
- A review of programme documents at global, regional and country level
- Stakeholder interviews carried out at UNFPA headquarters and by telephone
- A review of documents from other sources and agencies dealing with reproductive health and family planning commodities and services.

The reconstructed theory of change was shared with UNFPA Supplies staff and with the Evaluation Reference Group (ERG) before finalization and presentation in the inception report of the evaluation.<sup>20</sup> The overall theory of change for UNFPA Supplies was then used to develop specific pathway theories of change for each of the main output areas of the programme. The pathway theories of change (Annex 2) allows the evaluation to identify and make explicit the key causal assumptions which inform the links from programme activities to results. The causal assumptions specify what has to happen for the intended results to be realized at the most important links in the chain of effects from activities to results. Also, working from the overall and pathway theories of change,

the evaluation team developed evaluation questions (Box 2) and associated sub-questions (evaluation matrix, Annex 1) for each of the seven areas of investigation of the evaluation.

Based on the evaluation questions and the causal assumptions identified during development of the theories of change, the evaluation team elaborated a comprehensive draft evaluation matrix (Annex 3, Methodology). It specified: (i) indicators to be used to assess the extent to which the assumptions have been realized (to credibly support or question the results claimed in the theory of change); and (ii) the information sources to be used during data collection and analysis to address the causal assumptions and their associated evaluation questions.

#### 3.1.2 EVALUATION CRITERIA

The evaluation used criteria developed by the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD DAC). Table 4 illustrates the relationship between the evaluation questions and evaluation criteria.

#### 3.1.3 CROSS-CUTTING ISSUES: GENDER EQUALITY AND UNFPA SUPPLIES IN HUMANITARIAN CONTEXTS

In addition to the seven main evaluation questions/areas of investigation, the evaluation terms of reference identify two cross-cutting issues which could either be “mainstreamed” into all aspects of the evaluation or highlighted through specific data collection, analysis and reporting efforts:

1. The extent to which UNFPA Supplies takes into consideration issues of gender equality, social inclusion and equity
2. The role of the effectiveness of UNFPA Supplies in the UNFPA response to humanitarian crises.

The evaluation has taken a different approach to each of these cross-cutting issues.

19. UNFPA, *Terms of Reference, Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020)*. Evaluation Office, UNFPA, October, 2016, p.51

20. UNFPA (2017), *Inception Report of the Mid-Term Evaluation of UNFPA Supplies*: UNFPA, September, 2017 available at: <https://www.unfpa.org/updates/mid-term-evaluation-unfpa-supplies-programme-2013-2020>

**TABLE 4** *Evaluation criteria*

<b>Evaluation question/Area of investigation</b>	<b>Evaluation criteria</b>
1. Contributing to a strengthened enabling environment for RHCS/FP	Relevance, programme effectiveness, coordination, sustainability
2. Increasing demand for RH/FP commodities and services	Relevance, effectiveness, sustainability
3. Improving efficiency of procurement and supply (global)	Relevance, effectiveness, efficiency
4. Improving accessibility and availability of RH/FP commodities and services	Relevance, effectiveness, efficiency, sustainability
5. Strengthening systems and capacity for supply-chain management	Effectiveness, efficiency, sustainability
6. Improving programme coordination and management	Effectiveness, efficiency, coordination
7. The catalytic role of UNFPA Supplies	Effectiveness, efficiency, sustainability, coordination

Issues of gender equality, social inclusion and equity have been “mainstreamed” during data collection, analysis and reporting. Gender equality and social inclusion are particularly relevant when addressing evaluation questions two (increasing demand) and four (improving availability and access). These questions relate directly to efforts to address the needs of poor and marginalized women and girls. Gender equality, social inclusion and equity concerns are also linked to the programme’s rights-based approach to the provision of reproductive health and family planning commodities and services (section 5.2.5).

The effectiveness of UNFPA Supplies in humanitarian settings could also be mainstreamed throughout the data collection, analysis and reporting structure of the evaluation.

Evaluation questions two (increasing demand) and four (improving access) make specific reference to humanitarian situations. On the other hand, in many countries, the advent of a humanitarian crisis brings into operation specific elements of UNFPA Supplies, such as the procurement and distribution of specialized kits. In some countries, a crisis which is national in scope (such as the Ebola virus disease (EVD) in Sierra Leone) can lead to a general shift in the focus and content of UNFPA Supplies. In other countries, such as Nigeria or the Sudan, the humanitarian crisis is confined to a specific geographic area. As a result, UNFPA Supplies has a very different profile in the affected area than in other parts of the country. In light of these factors, the question of the role of UNFPA Supplies in humanitarian situations is addressed in Section 7.3.

## 3.2 DATA COLLECTION

### 3.2.1 DATA-COLLECTION METHODS USED

The evaluation used a combination of qualitative and quantitative methods for data collection and analysis, including:

- A comprehensive review of global, regional and country level documents
- Key informant interviews and focus group discussions with key stakeholders at global, regional, national and sub-national levels (interview protocols, Annex 3)
- Four field-based country case studies (Lao People's Democratic Republic, Nigeria, Sierra Leone and the Sudan)
- Five desk-based country case studies (Haiti, Madagascar, Malawi, Nepal, Togo)
- An online survey of key informants in all 46 programme countries (survey questionnaire, Annex 3). In each programme country, staff of the UNFPA country office identified a small number (8 to 12) of key informants to be invited to take part in the online survey, including staff of national health authorities, national and international NGOs engaged in reproductive health and family planning services, and multilateral and bilateral development partners.

The countries selected for both field- and desk-based case studies were chosen to provide an illustrative sample of the contribution to results made by UNFPA Supplies. They do not provide a statistically representative sample of the programme's results in all 46 focus countries. However, other data-collection methods such as the document review, review of programme-procurement data and the online survey do provide an overview of programme operations in all countries.

Quantitative methods (closed elements of the online survey, profiles of financial data, trend analysis of outcomes) were used to relate the programme operations to trends in activities, investments and outcomes, especially at national level. Qualitative methods (document reviews,

interviews, focus group discussions, open elements of the online surveys) were used to provide the evaluation with a deeper insight into the operations of UNFPA Supplies and its contribution to outputs and outcomes in reproductive health and family planning. Persons interviewed are identified in Annex 4, while key documentary references are listed in Annex 5. The qualitative and quantitative evidence relevant to each evaluation question was summarized and triangulated in the completed evaluation matrix (Annex 1).

### 3.2.2 DATA-COLLECTION RESULTS

The evaluation was able to access all the sources of information identified in the draft evaluation matrix. Relevant documentation and quantitative information was provided to the evaluation by UNFPA Supplies staff in New York and Copenhagen and by UNFPA country offices in the nine case-study countries.

With the aid of UNFPA staff, the evaluation team was able to identify and interview essential key informants (in one-on-one interviews, group discussions and during site visits) at global, regional and national levels. In each field-based case-study country, interviews, group discussions, and site visits provided the evaluation with information gathered from:

- UNFPA representatives and country office staff engaged with UNFPA Supplies
- Ministry of Health (MoH) officials responsible for reproductive health and family planning at national, provincial and district level
- Officials of other government ministries and agencies involved in reproductive health and family planning services, especially, those involved in the reproductive health and family planning commodities supply chain, including central, regional and district medical stores
- Officials of government ministries not directly involved in reproductive health and family planning service delivery, such as ministries of education (responsible for reproductive health and family planning relevant curriculum for

in-school and out-of-school youth) and ministries responsible for gender (involved in efforts to change harmful norms regarding family planning and gender-based violence)

- Bilateral and multilateral development partners
- International non-governmental organizations active in supporting reproductive health and family planning, especially those accessing reproductive health commodities provided by UNFPA
- National NGOs and civil society organizations (CSO) active in reproductive health and family planning
- Clients and users of reproductive health and family planning services at national, district and local levels
- Community leaders, advocates and other key informants as identified in each country.

The desk-based country case studies relied on documentation compiled by the concerned UNFPA country offices, supplemented by telephone interviews with a small sample of key informants (Annex 4).

The online survey of key informants began with a request that each country office identify 8 to 12 potential respondents with knowledge of UNFPA Supplies, including: staff of the country office, national health authorities, development partners and international and national NGOs.

The resulting sample frame included 494 potential respondents who 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 United Nations/multilateral organizations (23.1 percent).

### 3.3 LIMITATIONS AND EVALUATION RESPONSE

The national context confronting UNFPA Supplies varies significantly from country to country: from relatively compact countries like Sierra Leone to vast and diverse federal states like Nigeria. Deploying the same-sized evaluation team with a similar allocation of time in the field to very different countries required a different focus in each (in terms of geographic and organizational coverage). Similarly, the context for reproductive health and family planning services and for RHCS varies widely across the case-study countries. In the Sudan, for instance, UNFPA Supplies must engage with a very low level of demand for family planning services (section 5.1) and with a unified national supply chain for pharmaceuticals, including family planning commodities. In contrast, in Sierra Leone, a relatively high level of demand for family planning services is accompanied by a fragmented supply chain (section 6.2).

**TABLE 5** Online survey respondents by type of organization

Respondent's organization	Number of responses	Percent
National/sub-national health department	43	32.1
Other national government department	5	3.7
International or national NGO engaged in RH/FP	35	26.1
United Nations or multilateral (other than UNFPA)	31	23.1
Bilateral development partner or foundation	15	11.2
Professional association or academic organization	5	3.7
<b>Totals</b>	<b>134</b>	<b>100%</b>

UNFPA Supplies operates in a field with many actors, both national and international. At country level, UNFPA Supplies is often not the sole external source of reproductive health and family planning commodities and technical assistance (although it is a very significant partner). As a result, it is difficult to attribute a specific result to programme-supported activities and interventions: the evaluation must always be open to the possibility that other interventions and other actions also contributed significantly to the observed result.

Three of the four field-based case-study countries experienced some form of humanitarian crises during the evaluation period (2013-2017). Each of these humanitarian crises was very different in nature: from the Ebola virus disease crisis in Sierra Leone to conflict with Boko Haram in Nigeria, and a refugee influx in the Sudan. Each presented very different challenges to a field-based country case study.

The evaluation was designed in an effort to specifically address each of these limitations as well as limitations caused by the use and merging of information stemming from a number of tools (field-based and desk-based country case studies; online survey).

**TABLE 6** Addressing limitations of the evaluation methodology

Identified limitations	Evaluation response
<p>1. Diverse national contexts</p>	<p>The evaluation design allowed for some differentiation and specialization by country. For example, the field-based country case study of the Sudan was able to pay special attention to the ongoing humanitarian situation there as well as the effect of national policies on demand for family planning services and commodities. In Nigeria, the evaluation focused specifically on the problems of implementing broader national programmes and policies at sub-national level while the Lao People’s Democratic Republic and Sierra Leone studies focused strongly on supply-chain management.<sup>21</sup></p>
<p>2. Identifying the contribution of UNFPA Supplies in a field with many actors.</p>	<p>The challenge of identifying the contributions made by UNFPA Supplies was the specific reason for applying contribution analysis as the central analytical approach of the evaluation. It required the evaluation to: reconstruct and verify a credible programme theory of change; identify key stakeholders and supporters of RH/FP in the case-study countries; determine their roles in planning, coordinating and implementing support to RH/FP commodities and services; and document the specific role and influence played by UNFPA Supplies and, in particular, assess its relation to other actors and initiatives.</p>
<p>3. UNFPA Supplies in humanitarian situations</p>	<p>The evaluation design recognized that humanitarian contexts vary widely. In particular, the field-based country studies allowed for an examination of very different types of emergencies. From national in scope (Sierra Leone) to regional and local (the Sudan and Nigeria). In every case, the evaluation response focus was on how well UNFPA Supplies adapted to the changing humanitarian situation.</p>

21. The findings of the filed country case studies are presented in four country notes available at: <https://www.unfpa.org/updates/mid-term-evaluation-unfpa-supplies-programme-2013-2020>

Identified limitations	Evaluation response
<p>4. Combining field- and desk-based case-study results</p>	<p>The key to addressing this limitation was to understand the different purposes and uses of the two types of country case studies. The field-based country case studies provided the highest level of triangulated, ground-proofed evaluation evidence drawing on diverse sources of analysis and experience. The desk-based country case studies provided the evaluation with a more limited body of evaluative information across a wider set of national and programmatic contexts. They allowed the evaluation to identify and highlight findings which confirmed or provided exceptions to results of the field-based country studies.</p>
<p>5. Response to the online survey</p>	<p>The key to making use of the online survey results was to triangulate the observed results in the context of other evidence gathered during the evaluation. The online survey provided, in most cases, information for contextualizing or commenting on findings and observations from other data sources. For example, respondents to the online survey rated last-mile issues, including persistent stock-outs and delays in distribution to health facilities, as the most important commodity-related challenges facing reproductive health and family planning in their countries. This is consistent with the findings of the country studies.</p>

The evaluation relied on a single, over-riding strategy for dealing with the limitations inherent in an evaluation with the scope and depth called for in the terms of reference. This strategy required triangulation (drawing on and comparing evaluation evidence gathered from different sources using different data-collection methods to address each evaluation question or sub-question). The extent of this triangulation is fully illustrated in the completed evaluation matrix available in Annex 1.



**PART TWO**  
—  
ANALYSIS  
AND  
EVALUATION  
FINDINGS

To avoid duplication and overlap, the findings of the evaluation are organized and presented in four thematic sections, which, in turn, relate to the seven evaluation questions.

**TABLE 7** Organizing the evaluation findings

Thematic section headings	Evaluation questions (see Box 2)
Strengthening the enabling environment	1. Contribution to a strengthened enabling environment for RHCS/FP
Addressing demand and improving access	2. Contribution to increasing demand for RH/FP commodities and services 4. Contribution to improving accessibility and availability of RH/FP commodities and services
Efficient procurement and strengthened supply-chain management	3. Contribution to improving efficiency of procurement and supply (global) 5. Contribution to strengthening national systems and capacity for supply-chain management
Cross cutting issues	6. Improvement in programme coordination and management 7. The catalytic role of UNFPA Supplies a) UNFPA Supplies in humanitarian settings b) UNFPA Supplies: life-saving commodities

# 4

## STRENGTHENING THE ENABLING ENVIRONMENT

### Summary

Using different entry points, UNFPA has contributed to the strengthening of an enabling environment for family planning in different settings. UNFPA Supplies has been an important vehicle to promote family planning as a priority for health, gender equity, national economic development depending on context and national government priorities. In addition, UNFPA is clearly seen as a leader in sexual and reproductive health, both globally and at country level. The support offered by UNFPA Supplies in the form of commodities, technical assistance and logistics is valued by national authorities. While UNFPA Supplies has been able to support countries to make some impressive gains in contraceptive prevalence rates, its achievements around broadening sustainable financing, including from national government budgets, have been 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.

*For details of the evidence supporting findings in section 4 see Evaluation matrix: Assumptions 1.1, 1.2, 1.3, 1.4. Annex 1.*

### 4.1 ADVOCACY ALIGNED WITH NATIONAL AND GLOBAL STRATEGIES

UNFPA Supplies has enabled and supported countries to develop reproductive health strategies, and to articulate and advance FP2020 commitments, complete costed implementation plans, and in other ways, link family planning programmes to post-2015 reproductive, maternal, newborn, child and adolescent health (RMNCAH) strategic planning. For example, in Sierra Leone, UNFPA Supplies supported the definition and articulation of FP2020 commitments, the reproductive health strategic plan and the costed implementation plan. In Nigeria, it supported the development of the 2014 Family Planning Blue Print. There are many examples of tangible support leading to better strategies and plans, including FP2020 commitments, inputs into costed implementation plans and RMNCAH strategies (for example, in Haiti, Malawi and Togo).

UNFPA Supplies has supported countries to identify sound technical policies and build evidence-based programmatic approaches that reflect emerging priorities in reproductive health, particularly in support of marginalized women and

girls. A good example of this is the growing emphasis on services for adolescents, especially in rural and hard-to-reach communities. In Sierra Leone, this included support to the prioritizing of adolescent-friendly sexual and reproductive health services in the national reproductive, newborn and child health strategy.

UNFPA Supplies has – in many environments – worked closely with national and implementing partners to strengthen programming for marginalized groups. In the online survey, many respondents identified the support offered by UNFPA Supplies to developing national planning and strategy documents (including, adolescent programmes) along with their broader advocacy role especially with national authorities, as one of the programme's most important contributions.

In one case-study country (the Sudan), entry points to strengthen the enabling environment were not fully exploited and this oversight may have resulted in missed opportunities to fully align strategies and plans with all possibilities to increase access to family planning services.

Despite the increase in modern contraceptive prevalence rates (mCPR), the national nutrition strategy, aimed at improving nutrition outcomes for under-fives, did not identify birth spacing (and post-partum family planning) as a critical nutrition intervention. The UNFPA country office missed an opportunity to use UNFPA Supplies as an entry point for advocacy to include a family planning dimension in the nutrition strategy.

## 4.2 THE IMPACT OF UNFPA SUPPLIES ON SHAPING ENABLING ENVIRONMENTS

UNFPA country offices also built on investments made through UNFPA Supplies to support less tangible elements of policy formulation and included sustained, often carefully crafted, advocacy to promote shifts in public policy around reproductive health. For example, in May 2017, after months of sustained effort, UNFPA Supplies supported the Lao People's Democratic Republic Government to hold its first national family planning conference in the country. The conference theme was "investing in family planning for economic prosperity" and one of the successful outcomes of the conference was high level political endorsement of the Lao People's Democratic Republic's FP2020 commitments and its Sustainable Development Goal linked to family planning. Through advocacy and by providing technical, policy and financing support, UNFPA Supplies facilitated this important national event, which has led, among other outcomes, to a greater commitment by provincial governors to integrate family planning into their annual plans.

UNFPA Supplies has thus used its prominent role in focus countries: (i) to foster the creation of positive environments conducive to normalizing family planning, changing attitudes across the social spectrum (in the Sudan, Nigeria, Myanmar and Sierra Leone) and (ii) to support and promote the integration of family planning into primary services (in the Sudan and Nigeria). In the Sudan, for example, UNFPA leadership has helped reposition family planning as a routine primary health service and has supported the Ministry of Health to oversee an upward shift in modern contraceptive prevalence rates for the first time

in a decade. In the Lao People's Democratic Republic, Madagascar, Togo and other environments, UNFPA policy support has helped countries develop new legislation supporting reproductive health services and rights. When asked their views about the main contributions of UNFPA Supplies in their country, 87 percent of respondents to the online survey cited the contribution to government policy development. A similar proportion identified an important role in raising the profile of family planning through advocacy within the health sector and 55 percent also mentioned an advocacy role with other non-health sectors, including parliamentarians, ministries of finance and others as a key contribution of UNFPA Supplies.

However, at the global level, policy leadership by UNFPA Supplies was less visible and harder to identify. While the staff of UNFPA Supplies participate in a number of global fora, including the Reproductive Health Supplies Coalition, key stakeholders indicated that the UNFPA contribution to strategic vision building on coordinated global actions and new initiatives to advance global commodity security seem constrained by procedures, rules and financing restrictions, and by a need to identify a UNFPA-specific role. The global role of UNFPA Supplies is discussed further in section 4.4 and in section 5.

## 4.3 SUPPORTING AND STRENGTHENING COORDINATION MECHANISMS

In UNFPA Supplies focus countries, national authorities and development partners (and in some countries civil society organizations) look to UNFPA for leadership to support national authorities to convene partners, particularly around practical processes associated with the quantification, procurement and distribution of reproductive health commodities.

In Nigeria, for example, UNFPA co-chairs the Reproductive Health Commodities and Supplies Technical Working Group jointly with the Federal Ministry of Health. The group is the official coordinating body for reproductive health commodities and supplies and it provides the main channel to monitor family planning commitments across

all 36 states (plus the federal capital). It leads the mobilization of resources and identifies and manages critical gaps. In Sierra Leone, UNFPA Supplies played a major role in re-establishing and re-invigorating the Technical Working Group on reproductive health supplies (with participation by civil society organizations and other multi-lateral programmes, while in the Sudan, UNFPA co-chairs the national Reproductive Health Commodities Working Group, responsible for quantification and product selection. In Haiti, UNFPA acted as a focal point for FP2020 in support of the Ministry of Health while in Togo, UNFPA helped establish, fund and chair the National Committee for Commodity Security in 2014.

In summary, in all case-study countries, country offices have capitalized on UNFPA Supplies to take an active role in government-led mechanisms for coordinating reproductive health supplies. A full 83 percent of respondents to the online survey reported that the UNFPA country offices took a leadership role in reproductive health coordinating platforms. In some countries (Haiti and Sierra Leone), UNFPA Supplies has directly funded the operation of coordinating committees and working groups on supply.

#### **4.4 MOBILIZING NATIONAL AND EXTERNAL RESOURCES**

UNFPA Supplies finances the procurement, shipping and, in some cases, the distribution of family planning commodities in focus countries. In many cases, UNFPA Supplies is the main funder and supplier of commodities and the only or main funder of family planning services in a country. For example, in the Sudan, UNFPA Supplies provides all the commodities consumed in the public sector and a large share of those delivered by the largest non-state implementing partner - the Sudan Family Planning Association (SFPA), an International Planned Parenthood Federation (IPPF) affiliate. In Sierra Leone, Togo and other countries, the contribution of the UNFPA Supplies to all family planning commodities consumed reaches 90 percent or more. In country after country, there is a clear pattern emerging around the vital role of UNFPA as a leading provider of reproductive health commodities (see Table 12, section 7.2.1).

In fact, UNFPA Supplies is seemingly ubiquitous with annual work objectives identifying interventions to address the urgent need to: diversify funding options; to increase the pool of donor funders and to influence and advocate for increased national family planning budgets. Some success in mobilizing national resources for family planning has been found. For example, in Malawi, a budget line was created in the 2013/2014 national budget, with an initial allocation of one million Malawi Kwacha (MK) or USD 3,100 at the then-current exchange rates. Since then, there has been a steady increase in this allocation, which reached MK 75 million in the 2016/2017 budget. Funds from the national budget were used to procure a range of injectable, implant and barrier contraceptives. In the Lao People's Democratic Republic, government spending on contraceptives has been increasing year on year, reaching USD 45,000 in 2016. Although still small in relation to need, the Togo Government spent more on contraceptives in 2017 than in 2016 or 2015. In Nigeria, UNFPA advocacy led to a USD 4 million contribution by the government to the commodity basket fund in 2015.

However, the cases of Malawi, the Lao People's Democratic Republic, Togo and Nigeria are not indicative of a larger trend towards increased national investment. In many focus countries, UNFPA Supplies remains the principal provider of commodities (sometimes jointly with USAID) and national commitments to establish or increase budgets for family planning have not significantly advanced. For example, in Madagascar, government spending has remained static at USD 30,000 per year, while in Haiti, the national commitment to establish a budget line for family planning (made under FP2020) has not yet materialized. In the Sudan and Sierra Leone, the governments do not fund any family planning commodities.

Similarly, in many countries, especially those with few donors, there has been limited success expanding the pool of external funders for reproductive health. In the Sudan, the UNFPA Supplies annual work plan includes an objective to expand the pool of donors to reproductive health and family planning and in the four years covered by this evaluation, no progress was made to realize this ambition. Even in Nigeria, which attracts funding from a small group

of strong donors like the Bill and Melinda Gates Foundation (BMGF), USAID, and the United Kingdom Department for International Development (DFID), the network of funders has not significantly changed over the evaluation period. This issue is analysed more fully in section 7.2.

The reliance on UNFPA Supplies funding is a serious risk for sustainability: “The country is highly donor driven with insufficient/unclear sustainability strategy for FP programmes” and, “(t)he contribution from government to family planning commodities in real terms is quite small (about 2 percent). The bulk of family planning commodities are dependent on external aid, which is not sustainable”, and “... the contribution to family planning is not sustainable.”<sup>22</sup> Sustainability is a complex issue whereby donors and national resource commitments to reproductive health are affected by a range of interrelated factors which, in turn, are “very dependent on many different factors, including economic development of the country, the security situation, political stability, ongoing commitment to sexual and reproductive health and the level of donor support for other priorities”<sup>23</sup>.

Another dimension of this mixed success in broadening external and national funding commitments was the approach taken in 2015 and 2016 to restructure the programme globally following the recommendations of a strategic management review. The result was restrictions on the proportion of allocated funds that countries could use, either to procure commodities or to invest in systems strengthening without much country engagement in the decision-making process. In fact, this mode of allocation of a predetermined share of total programme funding to each focus country does not consider alternative options to leverage more financing for family planning. These options might have included matching grants, incentive packages for middle-income countries, innovation grants and other financing mechanisms currently in use by other

large global-funding mechanisms. It is possible that UNFPA Supplies is hampered by its own financial management processes and funding flows, which make it difficult to plan concretely (let alone make financial commitments) beyond one year or where funds are not already held in hand. This particular issue is discussed further in section 6.1.

### 4.5 PROMOTING A TOTAL MARKET APPROACH

The evaluation found limited engagement by country programmes in fostering and promoting a total market approach. Few countries linked to the UNFPA Supplies programme were actively pursuing a total market approach, although several have begun to examine the need for engaging the private sector and working through non-governmental implementing partners. In the Sudan, the main non-government implementer, SFPA, works with pharmacies, private health providers and through its own clinics to reach a wider population. But UNFPA Supplies in the Sudan, Nigeria, the Lao People’s Democratic Republic and Sierra Leone – for example – were not oriented around pursuing broader marketing approaches. In many cases, they cited the lack of organized private health services (in Sierra Leone and the Sudan) or were fully engaged in ensuring that public sector services were supported (in Nigeria and the Lao People’s Democratic Republic).

The poorly articulated role of the private sector or the lack of a comprehensive total market approach was raised by many as a constraint. “A huge barrier is the lack of public-private partnership and total market approach. By that I mean, the government currently supplies free commodities to all citizens and to the private sector... It would be best for the NGO, private and government sector to work together to constrain the overburden on the public sector so that lowest income individuals have the opportunity to access free services and individuals who have the means to pay, do.”<sup>24</sup>

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22. Online survey responses to question 23.

23. Ibidem

24. Online questionnaire response to question 13.

# 5

## ADDRESSING DEMAND AND IMPROVING ACCESS

### 5.1 INCREASING DEMAND FOR REPRODUCTIVE HEALTH COMMODITIES AND SERVICES

#### Summary

UNFPA Supplies contributed to increasing demand through efforts at policy level and via community engagement, especially working through effective partnerships with NGOs to link demand creation to service-delivery activities (mobile outreach services) in order to reach remote and marginalized populations. Investments are often not large enough to go to scale and the results gained through demand activities are not well documented. The discontinuation of resources for UNFPA Supplies for demand-generation activities as of 2017 is potentially disruptive in those contexts where demand for modern contraception remains very limited. On the other hand, when demand outstrips the capacity of the health system to ensure service and commodity availability, there is increased stress on the supply chain and this can undermine hard-won gains in reproductive health. In fact, it is clear that growth in demand and security of supply cannot be considered separately at country level, rather they are part of an interlocking system for supporting reproductive health and family planning, which encompasses demand, supply and the enabling environment.

For details of the evidence supporting findings in section 5.1 see Evaluation matrix: Assumptions 2.1, 2.2 and 2.3. Annex 1.

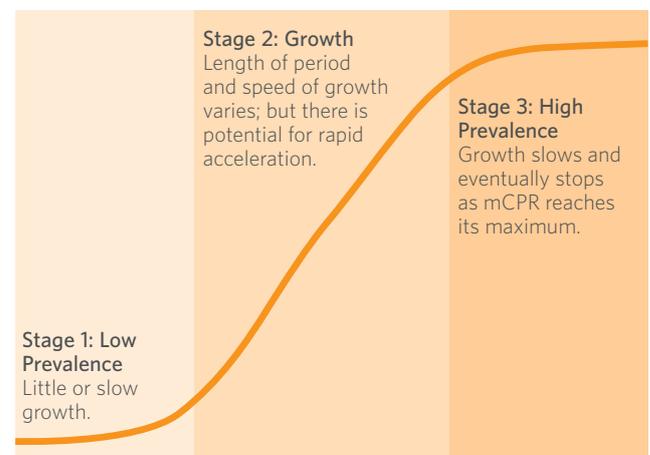
#### 5.1.1 STRENGTHENING DEMAND IN DIFFERENT CONTEXTS

##### Continuing UNFPA support and the context for demand creation

Overall, UNFPA Supplies spent 4 percent of programme funds on direct support to demand-creation activities during the period 2013-2016. In the countries visited by the team, this amount ranged from a low of 2 percent in the Lao People's Democratic Republic to a high of 16 percent in the Sudan. From 2017 onward, programme funds are no longer allocated to support demand-creation activities. However, in countries where demand remains a programmatic priority (and resources are available), such as in Nigeria and the Sudan, UNFPA country offices have used core funds and/or mobilized resources to continue supporting demand-creation activities.

Figure 4 is a graphic representation of the typical path of progress – the S-curve – a country makes as it moves from lower to higher levels of contraceptive prevalence. Each stage is marked by either rapid or slow growth and can be associated with different strategies to accelerate progress.

FIGURE 4 The S-curve for mCPR growth<sup>25</sup>



25. Track20.org. Available from: [http://www.track20.org/download/pdf/S\\_Curve\\_One\\_Pager.pdf](http://www.track20.org/download/pdf/S_Curve_One_Pager.pdf)

**TABLE 8** *Classifying stages of demand in case-study countries*

<b>S-curve stages for case-study countries</b>		
<b>Stage</b>	<b>Field-based case-study countries</b>	<b>Desk-based case-study countries</b>
<b>Stage 1:</b> Low prevalence	the Lao People's Democratic Republic, Nigeria (national), the Sudan	
<b>Stage 2:</b> Growth possible	Nigeria (Kaduna State), Sierra Leone	Haiti, Madagascar, Togo, Nepal
<b>Stage 3:</b> High prevalence	Nigeria (Lagos State)	Malawi

With specific respect to demand, investments are critically important in the early stages to counter political and socio-cultural resistance and to establish family planning as a social norm. While demand-creation activities are also needed in later stages, the focus shifts to promoting services and to addressing persistent barriers for equitable access to a wide range of contraceptive choices. Table 8 indicates the stages for each of the field-based case-study countries (and states in Nigeria) and provides context for the UNFPA Supplies demand-creation activities reviewed.<sup>26</sup>

Low prevalence (stage 1) is largely the result of persisting barriers related to acceptance and use, such as: desire for large families; conservative socio-cultural and/or religious norms as well as spousal resistance; lack of knowledge of contraceptive methods; health concerns and fear of side effects; lack of awareness of service availability; and poor quality health services, including poor treatment by health providers.

### **STAGE 1: Low demand countries**

In the Sudan, even where the supply of services is good, there is a significant lack of demand. For example, at Alta Widet Primary Health Centre (Figure 5) a trained family planning nurse presided over a well-appointed space, which offered several contraceptive options. The clinic was open all day and more than 100 women visited the centre, yet only eight consultations for family planning had taken place that day, indicating that availability of quality services is not the main issue. In Nigeria, the context differs by state. Contraceptive prevalence (using modern methods)

is relatively high in the southern state of Lagos where there is less cultural resistance to family planning than seen in the north. Kaduna State, at the crossroads of north and south in Nigeria, is more conservative. However, extensive investments by BMGF, DFID and others in demand creation, coupled with expansion of service availability, have resulted in significant increases in family planning demand and utilization. In the Lao People's Democratic Republic, although mCPR is higher than in Nigeria and the Sudan, paternalistic and conservative norms result in sexual and reproductive health being a sensitive topic and slow progress overall in advancing contraceptive use.

### **STAGE 2: The context of changing social norms and increasing demand**

The situation was different in Sierra Leone, where interviews with key stakeholders indicated that demand for modern contraception had increased following the end of the Ebola virus disease (EVD) crisis. For example, there was a dramatic increase in demand observed at outreach clinics with long waiting lines and staff reporting attendance three and four times higher than before the Ebola virus disease crisis. Interviews indicated that there has been a significant shift in social norms arising from community reaction to the very large number of teenage pregnancies reported during and after the Ebola virus disease crisis; such that mothers are often seen accompanying their teenage daughters to obtain modern contraception. In this context, the priority becomes ensuring availability of services and commodities, so that demand does not outstrip supply and compromises the gains achieved.

26. Field-based case-study countries are classified based on evaluation results in each country. Desk-based case-study countries are classified based as per current FP2020 classification accessible at: <http://progress.familyplanning2020.org/en/measurement-section/fp2020-and-the-pace-of-progress-core-indicators-1-2-additional-users-and-mcpr>

**FIGURE 5** *Contrasting levels of demand from the Sudan and Sierra Leone*



At the Alta Widet Primary Health Centre in the Sudan (left) mothers wait for medical consultations while family planning services are not sought (only eight consultations for family planning that day). In contrast, at the Planned Parenthood Sierra Leone clinic in Lunsar (right), long lines of women and girls are willing to wait for family planning services throughout the day.

### **UNFPA Supplies supported demand-creation activities**

In most field-based case-study countries, UNFPA Supplies supported demand-related activities conducted by public and private implementing partners. For example, in Sierra Leone, UNFPA Supplies supported a coalition of implementing partners, which engaged in a diverse set of activities aimed at demand creation, focusing on messages related to comprehensive sexuality education and reproductive health and family planning for adolescents and youth.

In both the Lao People's Democratic Republic and Nigeria, there were significant efforts to address demand through national scale initiatives. In Nigeria, demand creation was highlighted as a priority in the 2014 National Family Planning Blueprint (costed implementation plan) as an essential component for accelerating progress towards achieving the FP2020 goal. UNFPA Supplies has mainly addressed demand at the policy level, as part of its role to support the Government to coordinate overall family planning priorities and programme strategies. Activities included: support to the training of state health educators on effective demand creation; commissioning a desk review of barriers to family planning uptake; and assisting the Federal Ministry of Health to develop a national family planning communication plan, including a new logo

and brand to connote quality services. The new Green Dot logo – along with a tagline, “Modern Family Planning Methods – Safe and Trusted” – is to be displayed at all public and private facilities providing family planning. In the Lao People's Democratic Republic, UNFPA Supplies supported the Ministry of Health's Centre for Information and Education on Health (CIEH) for behaviour-change communication activities nationally, including the development of materials, training guidelines and action plans in support of village health committee capacity-building.

Stakeholders expressed concern that eliminating UNFPA Supplies support for demand creation is potentially disruptive in the countries where the demand-related factors serve as a major impediment to access to commodities and services and where UNFPA is a key player in supporting demand creation. This is true, for example, in the Lao People's Democratic Republic and Togo, where facilitating dialogue between community members proved an effective strategy to link demand to supply. However, the decision for the programme to focus more directly on supply is appropriate in those contexts where demand has increased (Sierra Leone) and where other implementing partners have the expertise and resources to conduct demand-generation activities to produce results (as in Kaduna, Nigeria).

### 5.1.2 COMMUNITY ENGAGEMENT TO ADDRESS SOCIO-CULTURAL BARRIERS TO ACCESS

Within its limited support for demand creation, there are many examples of activities undertaken by UNFPA Supplies to directly address socio-cultural barriers to improve the knowledge and ability of marginalized women and girls to access reproductive health and family planning services. For example, in the Lao People's Democratic Republic, UNFPA efforts to reach communities included working with village health committees, village volunteers, and community-based distributors. Support to village volunteers in the Lao People's Democratic Republic was concentrated in four districts in Savannakhet Province, while the work of the Lao Women's Union was nationwide. According to those interviewed, these efforts worked well as a means to inform clients and communities, especially in rural, hard-to-reach areas. Although support from UNFPA Supplies has ended, the village volunteers continue their work in the Lao People's Democratic Republic.

A major focus of the community engagement work conducted by UNFPA Supplies as evidenced by the country

studies is geared towards reaching youth, with much of it conducted through NGO partners. In Sierra Leone, UNFPA Supplies supported three NGOs to undertake mutually reinforcing interventions: conducting inter-generational dialogue to address barriers to access; engaging with marginalized women and girls to help them develop the knowledge needed to overcome barriers to access; and sensitizing men and boys to promote women's reproductive rights and access to reproductive health and family planning services.<sup>27</sup> Similar activities were undertaken to address access barriers and increase demand among youth, for example in Nigeria,<sup>28</sup> and the Lao People's Democratic Republic.<sup>29</sup> Comparable examples are also present in Madagascar, Malawi, and Togo.

In Kebbe and Sokoto States in northern Nigeria, UNFPA Supplies employed a "whole-of-society approach" for addressing sexual and reproductive health, including access to contraception. This approach engages community leaders, religious groups, women's groups and health workers to integrate efforts to advance gender equality, women's education and empowerment, and an end to early marriage. Interviews suggest that barriers

#### BOX 3: UNFPA SUPPLIES PARTNERS ENGAGED IN MOBILE OUTREACH

COUNTRY	MOBILE OUTREACH PARTNERS
The Lao People's Democratic Republic	<ul style="list-style-type: none"> <li>The Lao People's Democratic Republic's Women Union</li> </ul>
Nigeria	<ul style="list-style-type: none"> <li>Planned Parenthood Federation of Nigeria (PPFN)</li> <li>Marie Stopes International of Nigeria (MSIoN)</li> </ul>
Sierra Leone	<ul style="list-style-type: none"> <li>Marie Stopes Sierra Leone (MSSL)</li> <li>Planned Parenthood Association of Sierra Leone (PPASL)</li> </ul>
The Sudan	<ul style="list-style-type: none"> <li>The Sudan Family Planning Association (IPPF Affiliate)</li> </ul>
Nepal (desk-based study)	<ul style="list-style-type: none"> <li>Family Planning Association of Nepal (FPAN)</li> </ul>

27. Respectively: the Matei Initiative Empowerment Programme for Sustainable Development (MATCOPS); Women in Crisis Management (WICM); and the Fambul Initiative Network for Equality (FINE SL) – See Sierra country note at pp. 14-15.

28. Education as Vaccine Initiative (EVA) – See Nigeria Country Note at p. 16.

29. Vientiane Youth Centre of the Lao Women's Union (VYC) – See the Lao People's Democratic Republic country note at pp. 14-15.

are being reduced by engaging a broad range of partners, especially traditional leaders. In the Sudan, a similar approach is being employed to engage a range of community actors to undertake an integrated approach to overcoming deeply entrenched socio-cultural norms that support childhood marriage, early and frequent childbearing, female genital mutilation (FGM), and ignore the dangers of untreated fistula damage. However, UNFPA Supplies had limited capacity and resources available to undertake community mobilization. Furthermore, few resources were made available to evaluate and, consequently, the results of demand-generation activities are not well documented.

### **5.1.3 PARTNERING TO EXTEND REACH THROUGH MOBILE CLINICS**

#### **Improving access through mobile outreach**

In addition to the partnerships related to community engagement noted in section 5.1.2 above, UNFPA Supplies also supported one or more partners in each of the field-based and some of the desk-based study countries to conduct mobile outreach to extend access to quality information, commodities and services (Box 3).

Mobile outreach is an evidence-based, high impact programmatic service approach,<sup>30</sup> which includes a strong, coordinated demand and community mobilization component to ensure success and an adequate client load. This is especially important in underserved rural and urban communities that lack knowledge and have limited exposure to information about family planning. Mobile outreach teams generally engage community health workers to communicate the location and timing for the outreach services to coordinate with local authorities and to inform and educate potential clients. UNFPA Supplies has supported mobile outreach as a strategy to introduce long-acting reversible contraceptive (LARC) methods (in Nigeria and Sierra Leone), to reach geographically remote populations (in the Lao People's Democratic Republic, Nepal and the Sudan), and to serve internally displaced persons as a result of conflict and humanitarian crises (in Nigeria, discussed further in section 5.2.1).

### **5.1.4 BALANCING DEMAND GENERATION WITH STRENGTHENED SUPPLY**

#### **Evidence of increasing demand**

There is evidence that demand is increasing in those geographic areas where efforts to promote family planning demand have been closely tied to the provision of services. In Nigeria, demand has increased in Kaduna as a result of significant investment in a demand-generation strategy (mainly supported by the BMGF-funded Nigeria Urban Reproductive Health Initiative (NURHI) project). This strategy was based on formative research and utilized a comprehensive range of mass media, community engagement and interpersonal communication interventions.

There is a strong perception among key stakeholders in the Sudan that the demand-generation efforts supported by UNFPA Supplies and others have been instrumental in supporting the recent growth in mCPR from 9 to 12 percent. UNFPA Supplies has supported this growth by promoting task shifting, making available different methods and training health workers in community outreach in the six hardest-to-reach areas. However, it is recognized that much more is needed to build on this positive trend, including a focus on mass media and targeting service providers to ensure they offer accurate and unbiased information on contraception.

#### **Problems arising from increased demand not met by improved supply**

Sierra Leone offers an important example of the need to ensure that demand and supply are well-sequenced and linked. Interviews with NGO and district health management staff noted the spike in demand for family planning resulting from the Ebola virus disease crisis was fueling a change in norms. Staff of mobile and static clinics stated that mothers are accompanying teenage daughters to seek modern contraception. This was confirmed by exit interviews with adolescent girls and young women who indicated their preference and enthusiasm for LARCs (mainly implants).

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30. High Impact Practices in Family Planning (HIPs). 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>

Health system stakeholders expressed concern that the increased demand, in particular for LARCs, and notably implants, is a source of stress for the family planning supply chain. There is potential for demand to outstrip supply, with resulting unfulfilled demand, poor service quality and lack of trust in the health facility all of which, in turn, risk compromising the progress achieved to remove the barriers related to acceptance and use of contraception. The focus by UNFPA Supplies on strengthening supply in Sierra Leone is aligned with improving access to quality reproductive health and family planning products and services. However, it is clear that growth in demand and security of supply cannot be considered separately at country level, rather they are part of an interlocking system for supporting reproductive health and family planning.

## 5.2 IMPROVING ACCESS TO QUALITY REPRODUCTIVE HEALTH AND FAMILY PLANNING PRODUCTS AND SERVICES

### Summary

UNFPA Supplies and partners have 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: mobile outreach services, increasing the range of contraceptive options through training in long-acting reversible contraception, task shifting to lower cadres of providers, developing youth-friendly services in both public and private facilities, and strengthening the capacity of midwives. Availability of commodities at service delivery points has improved, although stock-outs remain and continue to affect the ability of clients to access their preferred methods. UNFPA Supplies has addressed some elements of a human rights-based approach (including equity and inclusion) and gender equality, although these concepts are not systematically or explicitly operationalized in programmes, nor documented in reports. As a result, UNFPA Supplies has missed an opportunity to promote the full realization of a human rights-based approach to family planning.

*For details of the evidence supporting findings in section 6.2 see Evaluation matrix: Assumptions 4.1 and 4.2 Annex 1*

### 5.2.1 APPROACHES TO IMPROVING ACCESS TO QUALITY SERVICES AND PRODUCTS

The contribution of UNFPA Supplies to improving access to quality services and products to ensure health system readiness was aligned with its efforts to improve the availability of commodities. Global UNFPA Supplies expenditures aimed at improving access in 2016 ranked second among programme outputs at approximately 9 percent of the total (Table 3). Expenditures devoted to improving access at country level were in line with global figures in Sierra Leone (11 percent), Nigeria (11 percent) and the Lao People's Democratic Republic (15 percent). However, in the Sudan access consumed more than half of total funding (57 percent). This reflects the low mCPR in the Sudan and the need to address major barriers to family planning services, such as restrictive medical eligibility criteria and the lack of trained health workers.

#### Expanding access to long-acting reversible contraception

A major focus of access efforts by UNFPA Supplies was on expanding access to a long-acting reversible contraception. The service-delivery approach of deploying mobile outreach teams (discussed in section 5.1.3) was a key strategy to extend access to these services and methods, particularly implants. In Nigeria and Sierra Leone, UNFPA Supplies partnered with affiliates of international NGOs expert in service delivery, such as Marie Stopes International (MSI) and IPPF, to support mobile outreach, which resulted in extended access and use of implants. Mobile outreach also included considerable effort to target adolescent girls and young women in Sierra Leone, while in Nigeria, the effort was geared more towards mainstreaming family planning as a routine health service. The exception in Nigeria was UNFPA Supplies support to PPFN to extend mobile services in north eastern states to serve individuals displaced by the Boko Haram conflict.

#### Integrating family planning with other health services

The evaluation team observed a few instances where UNFPA Supplies supported integration of family planning with other maternal health and/or HIV services. UNFPA Supplies partners in Sierra Leone, MSSSL and PPASL, offered family planning services integrated with diagnosis and

treatment for different diseases such as malaria, typhus, cervical cancer and HIV. In the Lao People's Democratic Republic, UNFPA Supplies supported a community-based development approach by the Ministry of Health's Mother and Child Health Centre to provide culturally appropriate and client-friendly family planning services in remote communities. This model was adapted for scale up and integration within the MNCH package, with agents expanding their offerings to include family planning services.

In Nigeria, where impact on national health is a key advocacy message for family planning, there is an emerging interest in postpartum family planning as an approach to address the high unmet need for contraception among women 0-12 months following a birth. This is not yet a major focus of UNFPA Supplies work; although it has been identified as a future priority for the next revision of the costed implementation plan for family planning.

Given the general lack of awareness and availability of family planning services in the Sudan, UNFPA Supplies missed opportunities to use the benefits of family planning to maximize entry and integrate within less controversial programmes, such as MNCH and nutrition. At present HIV and sexually transmitted infection (STI)-related services are not integrated with family planning. Across the country, there are 500 voluntary testing and counselling sites and 500 or more sites delivering STI services, with 38 facilities offering anti-retroviral therapies. Unfortunately, none have incorporated family planning information, counselling, referrals or services into their approach. However, UNFPA Supplies partnered with the SFPA to support a combination of fixed, mobile and outreach services to reach nomadic groups and other underserved populations with a basic primary care package of integrated services including sexual and reproductive health, antenatal care, immunisation, and child health.

However, UNFPA Supplies did support the Ministry of Health at federal and state level in the Sudan with the development of model centres for reproductive health and family planning. Model centres have a minimum number of family planning options available, trained staff, and upgraded facilities. With UNFPA support, 36 such

model centres have been opened nationally and include upgraded infrastructure and trained staff to: introduce family planning, provide information about different methods, support client decision-making and ensure commodities are available. Model centres have been shown to increase utilization of family planning services according to the Federal Ministry of Health staff and more are planned for the coming year. However, they do not integrate family planning with other services; for example, the nutrition policy does not refer to the critical role of birth spacing as a nutrition intervention in support of infant and child health (let alone maternal health).

### **Supporting integrated youth-friendly services**

Another major focus of UNFPA Supplies access efforts was the development of integrated youth-friendly services (YFS) to reach marginalized youth in partnership with government and NGO partners. In almost all countries visited by the evaluation team, there are examples of efforts to improve access to youth-friendly services. The exception is the Sudan, where neither UNFPA Supplies nor the Federal Ministry of Health had developed specific operational plans around targeting or reaching adolescents despite favourable policies in place.

In the Lao People's Democratic Republic, UNFPA Supplies supported the Ministry of Education and Sports' (MoES) Non-Formal Education Centres (NFEC) in four districts in the focus province of Savannakhet to develop training and educational materials, and to conduct training and outreach in six topics, comprising: legal rights, girls' and boys' health, signs of pregnancy, family planning, protection against STI and HIV, and prevention of drug/alcohol abuse. Box 4 illustrates the integrated approach for youth-friendly services undertaken in the Lao People's Democratic Republic, by the Vientiane Youth Centre operated by the Lao Women's Union. UNFPA is also supporting a new campaign ("Noi") in the Lao People's Democratic Republic, with funding from other (not UNFPA Supplies) sources to focus on nutrition in young girls. However, the programme is reportedly not linked to sexual and reproductive health information and services, indicating a missed opportunity for integration.

**BOX 4: VIENTIANE YOUTH CENTRE**

UNFPA has supported the Vientiane Youth Centre (VYC) since 2001. The centre, run by the Lao Women's Union, is a youth-friendly space where young people can obtain information, counselling, treatment, and family planning commodities anonymously. The Vientiane Youth Centre undertakes four main activities: outreach on sexual and reproductive health topics to in- and out-of-school youth (including factory workers), a telephone hotline where youth can call for information and assistance, a clinic, and use of media. The clinic now sees some 400 cases per month for treatment of sexually transmitted infections and for family planning services. The centre retains both a female and a male doctor on its staff, with separate entrances for boys and girls. The doctors also attend a mobile clinic (in a rented van) for outreach to provide family planning services. The Vientiane Youth Centre also provides technical support to health services in the provinces and hopes to install youth-friendly spaces in health facilities, with a priority for three provinces in 2018-2021. The centre reports that more young men who have sex with men (MSM) have been attending recently (approximately 200 per year in 2017). The Vientiane Youth Centre does not turn away patients who cannot afford to pay the fee, and they also see street children, sex workers, migrant workers and other marginalized groups in addition to general youth clients.

In Nigeria, the establishment of youth-friendly centres is a priority activity of the UNFPA country programme to support the development of life skills for young men and women. UNFPA Supplies partnered with a national NGO, Education as Vaccine Initiative, to improve adolescent access to sexual and reproductive health services in Benue, Cross River and the Federal Capital Territory (FCT) through the training of peer educators (25 per state) and providers (20 per state) in youth-friendly services. The youth-friendly service training was based on formative research with young people that revealed challenges associated with accessing family planning services, such as confidentiality and apprehension of being treated poorly by older health workers. Youth friendly reproductive health services supported by UNFPA Supplies in Nigeria

are mostly located within the grounds of public sector facilities, mainly primary health centres.

Another example in Nigeria is the establishment in Lagos of youth-friendly centres in primary health centres (PHCs). The evaluation conducted a site visit to a youth-friendly centre at the grounds of a primary health centre in Sango, where approximately 100 youth visit every day for life-skills training (including exploration of gender norms), reproductive health counselling and family planning referrals. Another centre, Okwu-AWO youth-friendly centre was located adjacent to a large slum on Lagos island to support easy access to its activities and services for marginalized youth, including unmarried teen mothers. Integrated services included pregnancy testing, antenatal care, malaria testing HIV/AIDS testing and referrals for sexual violence. While these activities were well-implemented, it is not clear whether and how they can be scaled up within Lagos state or nationally. Observations at primary health centres indicate a continuing need to reduce the biases of healthcare providers regarding contraceptive service provision to unmarried women and girls.

In Togo, considerable effort was made by UNFPA Supplies to improve access to youth-friendly sexual and reproductive health services through collaboration with, and capacity-building of, NGOs, community-based organizations and school-nurses. This support has increased access to, and use of, integrated services (contraceptives, HIV testing, STI treatment, gender-based violence (GBV) care and treatment, HIV positive referrals) among in-school and out-of-school youth and sex workers.

However, it seems that the mobile clinics, outreach and mobile strategies, as well as community-based distribution did not specifically target adolescents with services and messages, but rather were intended for the general population. Youth have to line up together with adults who are most often family members or neighbours. When youth access services through these outlets, they mostly use HIV services (HIV testing and condoms), not family planning services, presenting a missed opportunity for accessing family planning services. In the other desk-based study countries (Malawi, Madagascar, Nepal)

there was little documentation on UNFPA Supplies support to improve access to youth-friendly services. In Haiti, UNFPA Supplies supported youth-friendly services, but did not effectively advocate with the Government and the support to youth centres had low coverage and was of short duration. Besides, the interventions did not target the most vulnerable youth.

### **5.2.2 STRENGTHENING THE CAPACITY OF SERVICE PROVIDERS**

A common mantra used by contraceptive security advocates is: “No product, no programme”. However, without adequate availability and distribution of skilled, motivated and enabled providers, access to contraception – especially LARCs and permanent methods – will be limited; in other words, “No provider, no programme”.

#### **Support to in-service training**

UNFPA Supplies contributed to the improvement of access and availability of services through the in-service training of health workers to offer a broader range of contraceptive methods and services, including the task-shifting of skills to lower level cadres to extend access. For example, UNFPA Supplies directly supported the training of service providers in Sierra Leone in the insertion and removal of implants. This initiative involved task-shifting the insertion and removal of implants to maternal and child health assistants. UNFPA Supplies also provided direct support to the training of trainers on intra uterine device (IUD) insertion and removal in all districts, while supporting the development and printing of family planning service training manuals for use across Sierra Leone. The net result was the expansion of LARCS from 900 facilities in 2015 to 1335 facilities by early 2017.

In Nigeria, aligned with the national priority to extend services to primary health care level, UNFPA Supplies engaged in a range of partnerships to support the scale-up of health worker capacity to provide injectables and LARCs, and to reach rural and underserved populations. This included working with MSIoN to support the implementation of the National LARC Training Plan through the development of

a standardized, competency-based LARC training curriculum. The curriculum includes both clinical and counselling skills used to conduct in-service training of staff in over 800 health facilities in 12 states and the Federal Capital Territory. Further, UNFPA Supplies supported partners PPFN and the Association for Reproductive and Family Health (ARFH) to train community health extension workers (CHEWs) in the provision of injectables. The training included the piloting of “Sayana Press”, a new, lower-dose, easy-to-use injectable contraceptive that is administered every three months under the skin, rather than in the muscle. In the states supported by UNFPA to train CHEWs (Federal Capital Territory, Benue and Kaduna), most of those receiving the Sayana Press were new users, and had not used a Depo-Provera injection previously. UNFPA Supplies also supported the introduction of the Sayana Press in the Lao People’s Democratic Republic in a pilot in two provinces, but without a positive result, and district health officers indicated a return to Depo Provera.

#### **Capacity-building for midwives**

UNFPA Supplies has supported capacity-building of midwives as a strategy for extending access. In the Lao People’s Democratic Republic, it supported 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 reproductive health and family planning services from health workers who are usually men, exacerbating the resistance of some communities and clients. The effort also aims to increase the confidence of midwives as a critical cadre for reproductive health and family planning service provision. Almost all midwives are women who are able to provide support to pregnant women in antenatal, natal, and post-natal care, including family planning. In Nigeria, UNFPA Supplies worked with the Nursing and Midwifery Council of Nigeria (NMCN) to support 12 teaching institutions to upgrade pre-service education in an effort to address sustainability in capacity-building. This included assistance for the launch of a re-certification process, which included family planning training, including LARCs, with technical support and supervision from MSIoN.

In the Sudan, UNFPA is supporting the professionalization of community midwives via the improvement of training, with funding from the MNCH Trust Fund. Only doctors, sisters and medical assistants are trained to provide implants. However, task-shifting pilots are underway; for example, in North Kordofan State and Gadarfi State there is an ongoing pilot project to use misoprostol at the level of the community midwife (results were not available at the time of the evaluation mission).

### 5.2.3 MATCHING IMPROVED SUPPLY AND STRENGTHENED SERVICE CAPACITY – EFFECT OF STOCK-OUTS

#### Stock-outs at national level and their effects

UNFPA Supplies has supported a wide range of efforts to address stock-outs at national level (section 6.2). However, in the aggregate, across all programme countries, stock-outs remain an important issue. In 2016, UNFPA Supplies reported that 53.2 percent of service-delivery points (SDPs) had no stock-outs, with the probability of stock-outs higher at primary level service-delivery points (44 percent) than at secondary and tertiary levels (59 percent). Evidence from the countries visited indicate that there has been mixed progress reducing the number of stock-outs at service-delivery points during the period 2013-2016. Highlights regarding the effect of stock-outs on service access include the following:

- **The Lao People's Democratic Republic:** Stakeholders interviewed for this review did not see stock-outs as a major challenge restricting their ability to offer clients a choice. However, this is because staff do not believe it is a stock-out if only one, two or three types of commodities are unavailable. In other words, as long as they can provide an alternative, there is, from their perspective, no "stock-out." According to UNFPA and FP2020 data, over 30 percent of facilities had stock-outs of contraceptives in 2015, with female condoms, implants and IUDs having the highest stock-out rates.
- **Nigeria:** The data showed that the overall situation for stock-outs of modern methods of contraception was notably better in 2016 than in 2013 for almost all commodities,

with stakeholders crediting UNFPA (and USAID) efforts to support last-mile-distribution as the key factor in this turnaround. While interviews at facilities indicated stock-outs had decreased overall and clients were able to obtain their desired contraceptive, group discussions with implementing partners suggested that stock-outs still occurred and were an issue. They also indicated concern that the forthcoming transition to an integrated supply chain may negatively affect the availability of contraceptive commodities, thereby eroding the hard-won gains in access.

- **Sierra Leone:** Stakeholders interviewed from NGO and government-run service-delivery points frequently noted that stock-outs undermined their efforts to adhere to a human rights-based approach to delivering family planning services. Stock-outs of one or more modern methods place the client in a difficult position. They must either choose alternative methods they are not familiar with (and risk different side effects) or interrupt their contraceptive practice and run the risk of an unwanted pregnancy. Stock-outs also reinforce mistrust between clients and service providers, due to suspicion that commodities may have been diverted to private pharmacies.
- **The Sudan:** Sites visited by the evaluation team mainly reported no stock-outs of commodities included in national policies on which staff could provide specific services. However, most facilities did not have condoms, perhaps as condoms are not considered part of the family planning programmes. In addition, there were no IUDs, implants or life-saving drugs available at public sector primary health facilities. This is a function of restrictive family planning policies regarding who can provide services rather than a last-mile-distribution (LMD) systems failure. Regardless of the cause, these stock-outs severely impact access to services.

This mixed experience is mirrored in the desk-based country case studies. In Haiti and Togo there has been improvement when comparing data from annual facility surveys in 2014-2016. Similarly, availability of commodities has generally improved in Madagascar, although the percentage of facilities offering LARCS remains relatively low and stock-outs of these methods are more common.

**BOX 5: HUMAN-RIGHTS PRINCIPLES RELATING TO FAMILY PLANNING, FP2020<sup>31</sup>**

- **Agency and autonomy:** Individuals have the ability to decide freely the number and spacing of their children
- **Availability:** Health care facilities, trained providers, and contraceptive methods are available to ensure that individuals can exercise full choice from a full range of contraceptive methods
- **Accessibility:** Health care facilities, trained providers, and contraceptive methods are accessible —without discrimination, and without physical, economic, socio-cultural or informational barriers
- **Acceptability:** Health care facilities, trained providers and contraceptive methods are respectful of medical ethics and individual preferences
- **Quality:** Individuals have access to good quality contraceptive services and information that are scientifically and medically appropriate
- **Empowerment:** Individuals are empowered as principle actors and agents to make decisions about their reproductive lives and can execute these decisions through access to contraceptive information, services and supplies
- **Equity and non-discrimination:** Individuals have the ability to access quality, comprehensive contraceptive information and services free from discrimination, coercion and violence
- **Informed choice:** Individuals have the ability to access accurate, clear, and readily understood information about a variety of contraceptive methods and their use
- **Transparency and accountability:** Individuals can readily access meaningful information on the design, provision, implementation and evaluation of contraceptive services, programmes and policies
- **Voice and participation:** Individuals, particularly beneficiaries, have the ability to meaningfully participate in the design, provision, implementation and evaluation of contraceptive services, programmes and policies

Health facilities in Malawi also continue to face frequent selective stock-outs, during which they are unable to provide clients with a broad range of methods. UNFPA Supplies strengthened its role in commodity security in Nepal in 2013/2014 and, in response to requests from the national government, helped to address gaps in the response to a commodity stock-out crisis in 2015.

#### **5.2.4 PROGRESS TOWARDS A RIGHTS-BASED APPROACH**

##### **Elements of a rights-based approach**

According to FP2020, rights-based family planning (RBFP) encompasses ten key rights principles (Box 5). In keeping with UNFPA leadership on human rights-based approaches (HRBA) to development, UNFPA Supplies contributes to the operationalization of HRBA within family planning mainly

by addressing the following rights principles: increasing the availability and accessibility of commodities and services; increasing method choice and options; and supporting equity, non-discrimination and service quality.

While none of the countries visited systematically addressed all these principles while providing family planning services, there were several examples of how elements of HRBA were applied. In the Lao People's Democratic Republic, training and materials supported by UNFPA Supplies emphasize a human rights-based approach, with a focus on youth and rural populations as important target groups. Health workers noted that they provide counselling to girls and women first, explain various methods and options (as well as their potential side effects), and offer them a choice. However, challenges include the lack of privacy in health centres and women's and girls' discomfort (acceptability) with receiving services from male providers.

31. FP2020, available from: <http://www.familyplanning2020.org/microsite/rightsinfp>

In Sierra Leone, the evaluation team observed a strong focus on assuring clients' rights in family planning services. Discussions with staff, observations of counselling and service delivery, and exit interviews indicate that reproductive health and family planning services adhere to structured protocols for ensuring informed choice and quality counselling. Client privacy and confidentiality are protected and continuity of care (follow-up) is ensured for clients served by mobile outreach teams.

The principles of a rights-based approach to family planning are meant to be applied as a consistent whole, rather than as a collection of separate elements. However, the human rights concept of "progressive realization" applies to the realm of reproductive health and family planning. Under this concept, states and other actors must "take appropriate measures towards the full realization of economic, social and cultural rights to the maximum of their available resources".<sup>32</sup> The concept of progressive realization recognizes that differences in social contexts and available resources may affect the pace of progress towards full realization of rights. The essential point being that duty bearers should be committed to full realization of those rights over time.

UNFPA has recognized the need for a holistic approach to addressing human rights in family planning. The joint WHO/UNFPA guide for ensuring rights within contraceptive programming makes this point clear: "It is essential to recognize that the standards, along with the categories, are an integrated whole and must all be addressed together or incrementally, depending on local circumstances."<sup>33</sup> While UNFPA Supplies has contributed to realizing some of the principles of HRBA in family planning, it has missed the opportunity to advance systematic promotion of the full realization of those principles over time.

Recently, the UNFPA Supplies results-monitoring framework has been modified to include an indicator relating to rights-based contraception. Indicator 4.2.1, was introduced in support of the UNFPA Supply-Chain Management Strategy finalized early in 2018. The indicator tracks the "number of countries where a costed supply-chain management

strategy is in place that takes into account recommended actions of the UNFPA/WHO implementation guide on ensuring rights-based contraceptive delivery".<sup>34</sup>

### **Client satisfaction, accountability and the need for follow-up**

Annual facility surveys are supported by UNFPA Supplies in all focus countries. These surveys include client exit interviews as a means for tracking client experiences and providing the programme some level of accountability. Table 9 shows selected results for three of the four countries visited.

Data from exit interviews conducted during annual facilities surveys in the Lao People's Democratic Republic, Nigeria and Sierra Leone (all based on a statistically valid random sample of facilities) report a high level of satisfaction on the part of the women interviewed. These results are likely influenced by courtesy bias, and it is not clear how helpful this data is to guide improvement when trends in percentages remain very high over time. Answers to the final question are most worrisome as this question is: "client responding 'yes' to 'forced to accept' a family planning method." Any instance of forced acceptance is unacceptable, and almost half of all clients in the Lao People's Democratic Republic responded "yes" in the last two years. While the definition of what constitutes the "forced to accept" response is not clear, it nevertheless constitutes a major "red flag" for further investigation. There is no evidence whether this potentially negative data point has been reviewed.

There are other data sets in selected countries that can shed light on rights-based family planning. For example, in Nigeria, the Performance Monitoring and Accountability 2020 (PMA2020) survey (conducted in selected states) reports somewhat lower levels of choice and satisfaction than seen in the UNFPA facility surveys. For example, while women generally received their method of choice, less than half were informed of other methods or counselled on side effects. Given increased attention to family planning globally, especially to the achievement of quantitative goals, further programme attention is needed to monitor how clients experience choice, autonomy, respect and other rights principles.

32. Office of the United Nations High Commissioner on Human Rights, *Frequently Asked Questions on Economic, Social and Cultural Rights: Fact Sheet 33*. (2015). p.13.

33. UNFPA/WHO, *Ensuring human rights within contraceptive service delivery: implementation guide*, 2015, p.5.

34. Source: UNFPA Commodity Security Branch

**TABLE 9** GPRHCS/Supplies facilities survey exit interviews – selected questions, 2013-2016

<b>Client responses to exit interview questions (%)</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Provided with the method of their choice</b>				
The Lao People’s Democratic Republic	96.4	98.5	99	100
Nigeria	-	93.5	96.6	-
Sierra Leone	99.2	-	94.2	94.1
<b>Provider took clients preferences and wishes into consideration</b>				
The Lao People’s Democratic Republic	98.1	98.8	99.8	99.6
Nigeria	-	94.5	95.7	-
Sierra Leone	90.2	-	97.1	97.3
<b>Client told about common side effects of the method</b>				
The Lao People’s Democratic Republic	95	97.5	98.8	99.2
Nigeria	-	91.8	95.1	-
Sierra Leone	93	-	91.3	87.7
<b>Client indicated she was treated with courtesy and respect by staff</b>				
The Lao People’s Democratic Republic	99.2	99	99.3	99.2
Nigeria	-	94.1	96.4	-
Sierra Leone	98	-	98.1	95.4
<b>Client responded “yes” to “forced to accept” family planning method</b>				
The Lao People’s Democratic Republic	18	8	56	45
Nigeria	-	-	12.5	-
Sierra Leone	9.4	-	18.4	25.1

### 5.2.5 GENDER EQUALITY, SOCIAL INCLUSION AND EQUITY

#### Defining and reaching marginalized groups

At country level, UNFPA Supplies targeted results focus on meeting the sexual and reproductive health needs of women and girls, especially the poor and marginalized. However, each country programme differs in how it defines and targets marginalized groups, and this definition drives how the programme addresses social inclusion and equity. Most often, marginalization is identified in geographic terms with a focus on groups in remote rural areas or underserved urban communities of the very poor. These groups are mainly targeted through mobile outreach efforts as seen in Sierra Leone, the Lao People's Democratic Republic and Nigeria, as described in section 5.2.1.

Most country programmes reviewed for this evaluation also identified marginalized youth as important target populations for UNFPA Supplies. Overall, the primary gender equality focus of UNFPA Supplies is seen in the programme efforts

to secure improved access to quality reproductive health and family planning services for marginalized youth. Gender equality as a concept was also often integrated within community engagement work to address early marriage, teenage pregnancy and gender-based violence, as well as in life-skills training for vulnerable youth (see section 5.1.2). In Sierra Leone, specific efforts were also conducted to support transformative gender norms among men and boys.

UNFPA Supplies in Sierra Leone supported efforts to reach disabled clients with reproductive health and family planning services in mobile and static clinic settings. Prior to the clinics, community mobilizers identified disabled women and girls in need of reproductive health and family planning services and helped make arrangements for them to travel to the clinics. As observed by the evaluation in three clinics, disabled clients are encouraged to arrive for treatment in the early morning before the build-up of waiting lines and are systematically given priority. This is done to spare them a long wait and to recognize that they may need extra care. This specific attention for disabled clients was not observed in the other country case studies.

# 6

## IMPROVING EFFICIENCY AND SECURITY OF SUPPLY

### 6.1 IMPROVING PROCUREMENT AND SUPPLY-CHAIN MANAGEMENT

#### Summary

At country level, UNFPA Supplies has contributed to improving the efficiency of procurement and supply of sexual and reproductive health and family planning commodities, through efforts to improve the forecasting, introduction and support of new logistics management information systems and data quality improvements. At a global level, UNFPA Supplies has provided quality-assured sexual and reproductive health and family planning commodities required for national programmes, with significant increases in the volume and value of commodities over time. UNFPA Supplies works with countries, suppliers, and partners to improve efficiency of global procurement, but faces continuing challenges relating to security and predictability of funding. UNFPA Procurement Services Branch and Commodity Security Branch are engaged in ongoing efforts to shape the market through greater choice of products, competitive prices, assured quality and greater access.

*For details of the evidence supporting findings in section 6.1 see Evaluation matrix: Assumptions 3.1, 3.2, 3.3 and 3.4. Annex 1.*

#### 6.1.1 UNFPA SUPPLIES FUNDING TO IMPROVE EFFICIENCY OF PROCUREMENT AND SUPPLY

As the world's predominant source of funding for reproductive health and family planning commodities used in the public sector, UNFPA (mainly through UNFPA Supplies) is in a strong position to influence markets and improve the efficiency of procurement and supply at a global level. As noted in section 2.4, while overall UNFPA Supplies expenditures remain very significant, they have been on a downward trend during the evaluation period. Similarly, expenditures on procuring reproductive health and family planning commodities rose from USD 108 million in 2013 to a peak of USD 111 million in 2014, before declining to USD 88 million in 2016.<sup>35</sup> While UNFPA Supplies continues to receive and spend very large amounts on procuring reproductive health and family planning commodities, there remains a significant gap between expenditures and needs at a global level. In 2017, UNFPA identified the size of this gap suggesting that "[m]eeting all women's needs for modern contraceptives will cost USD 5.5 billion per year more than is currently being spent. The funding gap for UNFPA Supplies, to be able to support UNFPA contribution to the FP2020 goal, is USD 700 million (2017–2020)".<sup>36</sup>

The effectiveness of UNFPA Supplies is dependent on its ability to continue to make very large annual expenditures on procuring reproductive health and family planning commodities. As a result, the efficiency and effectiveness of procurement and supply-management processes are critical to overall programme success.

#### Managing the procurement process

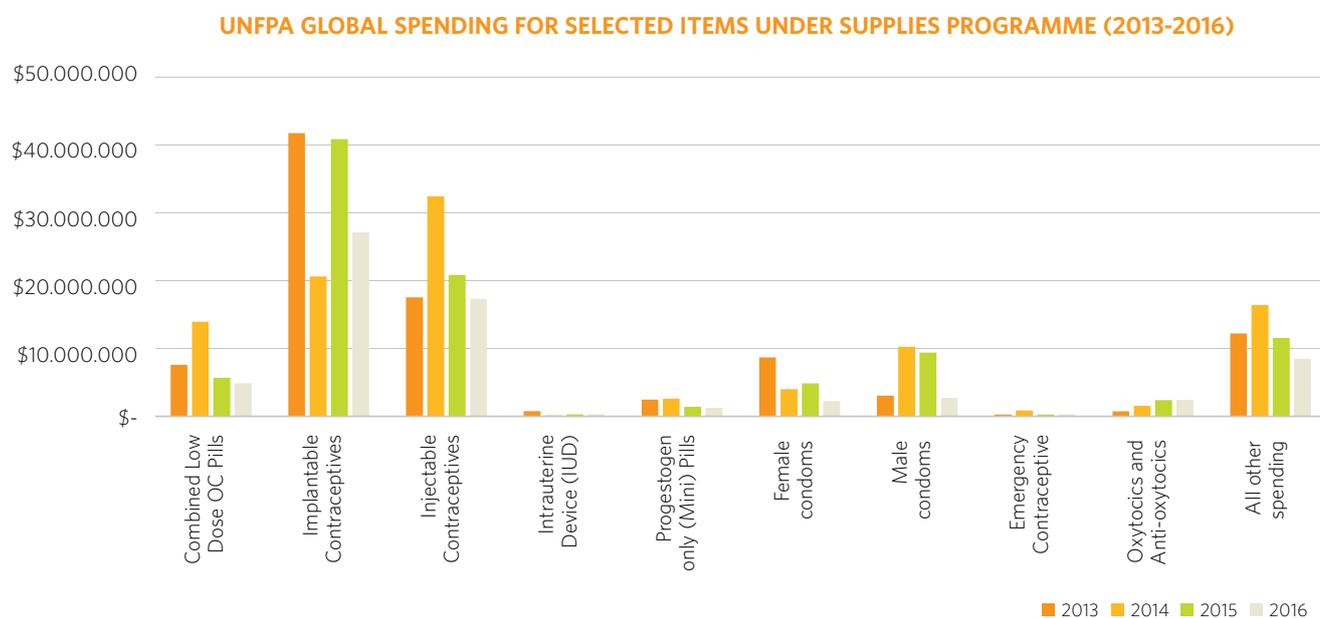
The Procurement Services Branch manages all UNFPA procurement for UNFPA Supplies and other programmes, as well as for third-party buyers (including the Global Fund, national budgets and international NGOs). UNFPA Supplies represents approximately 60 percent of total procurement by UNFPA (mainly in the form of family planning products, with approximately 10 percent for maternal and child health pharmaceuticals).<sup>37</sup> The Procurement Services Branch executes purchase orders to suppliers (under long-term agreements) for approved procurements for countries/recipients, and also holds stock of some items (male condoms and 18 different types of sexual and reproductive health and family planning kits for use in humanitarian situations) at suppliers' premises for rapid delivery.

35. UNFPA, *UNFPA Supplies, Annual Report 2016*, p.85.

36. UNFPA Commodity Security Branch, Power Point presentation – *UNFPA Supplies: UNFPA Thematic Fund for Family Planning*, 16 Jan 2017

37. PSB Copenhagen interview, Jan 22, 2018.

FIGURE 6 Annual expenditures by method



Source: UNFPA PSB Data - Purchase orders for UNFPA Supplies (2013-2016)

Key informants indicate that the main challenge faced by the Procurement Services Branch concerns accessible financing to allow rapid procurement when needed. Currently, the Procurement Services Branch requires funds in its accounts before an order can be placed with a supplier. This can cause delays, which can become exacerbated when combined with the time necessary for delivery from the supplier/manufacturer (and which are especially damaging in the instances of humanitarian crises). In 2017/2018 for example, a sharp increase in demand for Implanon caused lead times for this implant to rise from a reported average of 17 weeks to 9 to 12 months.

In response to the challenge posed by unpredictable funding flows, a bridge-funding mechanism was developed in 2017<sup>38</sup> and operationalized through a collaboration with DFID and BMGF.<sup>39</sup> The bridge-funding mechanism is intended to improve programme cash flows to avoid stock-outs at country level. It will also encourage a move towards greater responsiveness to national priorities through needs-based annual (and eventually multi-annual) forecasting and procurement

(rather than planning procurement based on when programme funds will become accessible in the budget).

Key informants also point to the need for UNFPA Supplies to have the ability to make greater volume commitments to suppliers, in order to ensure supply and reduced prices; this, in turn, will require greater access to multi-year funding. The mechanism came into effect in February 2018, when the Bridge-Funding Mechanism Joint Steering Committee approved a bridgeable ceiling of USD 64.1 million for the procurement of contraceptives through UNFPA Supplies. Of that amount, USD 40.5 million was immediately utilized to support procurement for 26 countries that were at risk of facing stock-outs for at least one commodity. In previous years, these countries would have faced procurement delays by at least two to three months until the next tranche of donors' funding commitments was received. With the bridge in place, UNFPA Supplies is able to place these orders with the Procurement Services Branch immediately utilizing the bridge funding and reimbursing the mechanism account once the donors' funding is actually received by UNFPA.

38. *Bridge Mechanism for UNFPA Supplies: Concept Overview and Evidence Base*, McKinsey, June 2017

39. DFID allocated GBP 10 million in cash and BMGF allocated USD 50 million in cash equivalents.

## 6.1.2 ADDRESSING THE EFFICIENCY OF GLOBAL PROCUREMENT

As a leading actor in the reproductive health and family planning procurement sphere, UNFPA plays a critical role in global procurement and the market for these products. The Procurement Services Branch in Copenhagen executes procurement actions for the programme following authorization from Commodity Security Branches.

The process of identifying national requirements, matching those with available funds and ensuring the final amounts procured and shipped match actual needs at time of delivery (including shipments by other development partners) is complex (Annex 7). The process of estimation, confirmation, validation and eventual procurement and shipping requires communications and consultations involving, among others, UNFPA regional and country offices and the Commodity Security and Procurement Services Branches.

During the evaluation period, UNFPA Supplies teams at the Commodity Security and Procurement Services Branches have worked to support and improve the efficiency and performance of the procurement process through a range of innovations:

- They have developed tools and devices to streamline and mechanize processes. For example, they have refined the online product catalogue, from which countries select commodities to procure. They have also refined the online procurement planning tool, product factsheets, and the budget calculator tool (showing best options for the buyer), as the basis for an online process to develop and place annual requests. A lead time calculator is also available online, providing lead times by product to help anticipate potential delivery timing. These procurement planning tools help buyers plan their orders and shipments in advance.
- They ensure that suppliers hold and manage stocks. The Procurement Services Branch procures products under long-term agreements with prequalified suppliers. Using long-term agreements allows suppliers to ship directly to the countries with the result that the Procurement Services Branch avoids warehousing expenses.

- They conduct supplier performance reviews and work with suppliers to improve performance. The Procurement Services Branch conducts supplier performance reviews twice per year (reviewing their compliance with lead times, delivery times, etc.). Countries feed into these reviews, the outcomes of which are also shared with the United Nations Global Marketplace (UNGM) system (so that all United Nations buyers can also be aware of performance levels when conducting their own procurement).
- They build purchasing power: procurement requests executed by the Procurement Services Branch also draw on sources of funding external to UNFPA Supplies (bilateral agency procurement for a designated country and governments procuring from their own budget) to extend the purchasing power of UNFPA.

Figure 6 shows the Procurement Services Branch procurement data and illustrates the trend in the USD value of annual procurement of various family planning commodities over the period under evaluation. Measured by value, implants and injectables represent the largest share of procurements across different methods of contraception. Prices for most commodities remained quite stable, as explained later in this section.

### The ordering and procurement process for countries

Each UNFPA country office receives information from the Commodity Security Branch annually regarding the budget ceiling for programme activities and for reproductive health commodities for the year to come, under the final country programme annual work plan. With this information, and using national forecasts developed with national health authorities and other partner organizations, each country office develops its procurement plan and commodities request. The Commodity Security Branch reviews the country office request and validates and checks it against the product plans for the country and the total funding allocation for commodities under UNFPA Supplies.

In addition, the Commodity Security Branch verifies with the Coordinated Supply Planning (CSP) Group and the country offices the country stock levels, average monthly consumption, months of stock on hand and other donor

support or government procurement. This is done to ensure that countries are not over supplied with commodities and do not face avoidable stock-outs. The Commodity Security Branch only sends a commodity approval notice to the country office and to the Procurement Services Branch to inform them of what has been approved when this process is complete. The Commodity Security Branch then issues a “budget checked” (funds reserved) requisition to the Procurement Services Branch to execute the procurement.

At this point, the Procurement Services Branch checks and validates the requisition and communicates with the country office on products in the requisition to ensure they are registered in the country concerned. The Procurement Services Branch also contacts the country office to: ensure delivery lead times are acceptable; enquire if generic equivalent products would be acceptable; determine if special marking/labelling is required for the country; and discuss any other specifics. The Procurement Services Branch also asks the country office to reconfirm products, volumes and delivery schedules to ensure that the country can deal with the volumes dispatched. This is important in cases where another request (from government or other donor) has been received for the country. After the Procurement Services Branch receives confirmation from the country office, staff contact suppliers to begin the process of procurement and issuing purchase orders.

The pre-procurement validation process (Procurement Services Branch - Commodity Security Branch - country office) ensures rational procurement, volumes within budget limits, and includes a check against duplication (for example, from other donors) through UNFPA contact with the Coordinated Supply Planning Group. However, some key informants question the efficiency of the ordering and procurement process at UNFPA (Annex 7), given the numerous steps, validations, communications, and players involved. Some countries have reported experiencing delays in procurements/shipments from UNFPA (for various reasons), and some have reported inadequate communications around shipments and timing. Some specific examples from countries include: the late delivery of

UNFPA and USAID-procured commodities in Madagascar in the fourth quarter of 2017, which led to stock-outs; and delays in UNFPA-procured shipments to Sierra Leone in 2015-2016. The latter reportedly disrupted planning, led to forecast inaccuracy, incurred demurrage charges and led to stock-out of oral contraceptives at some facilities.<sup>40</sup>

A recent John Snow Inc. review of sexual and reproductive health and family planning supply chains for UNFPA across four countries, identified the need for more partner visibility into UNFPA budgets, procurement plans and shipments.<sup>41</sup> There are opportunities to streamline and make the procurement and shipment process more transparent, and consistently well communicated to countries.

### 6.1.3 IMPROVING FORECASTING AND ENSURING QUALITY AT GLOBAL AND COUNTRY LEVELS

#### Coordinated forecasting

At country level, based on the importance of UNFPA Supplies, UNFPA staff either participate in or, more often, lead efforts to coordinated forecasting. UNFPA Supplies has been used, as in Sierra Leone, to establish, support and, sometimes, co-chair, the National Quantification Committee for sexual and reproductive health and family planning commodities. In responding to the online survey, 98.8 percent of respondents indicated that UNFPA country office staff took part in reproductive health coordination platforms and 83 percent indicated that this participation was in a leadership role.<sup>42</sup>

At a global level UNFPA takes part in the Coordinated Supply Planning Group with other development partners. The Coordinated Supply Planning Group meets monthly, sharing supply chain and procurement information and data, to coordinate sexual and reproductive health and family planning procurement globally and avoid global gaps or duplications in allocations and commodity flows. For UNFPA, both the Commodity Security and Procurement Services Branches participate actively in the group. Along with USAID, other members include:

40. JSI Inc. *Analysis of Sierra Leone FP/FH Supply Bottlenecks*, 2017, p.2.

41. UNFPA, *Strengthening Reproductive Health Supply Chains: A Collaboration between UNFPA and JSI – Executive Summary*, March 2017, p.6 and 8.

42. Online survey, response to questions 15 and 16.

the Clinton Health Access Initiative (CHAI), John Snow, Inc. (JSI), the Global Health Supply Chain - Procurement and Supply Management (GHSC-PSM) project funded by USAID, and the Reproductive Health Supplies Coalition (RHSC). The UNFPA Supplies Steering Committee noted that “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.”<sup>43</sup>

### **Reviewing stock availability to support quantification and forecasting**

UNFPA Supplies provides financial and technical support to annual stock availability surveys conducted in each focus country to assess the levels of stocks at various types of health facilities nationwide. National health authorities report that the annual surveys are helpful in providing them with a regular overview of the stock situation at service-delivery points.

### **Quality assurance and prequalification**

At a global level, UNFPA is the nominated agency conducting quality assurance and prequalification of condoms, lubricants, and IUDs for the WHO, United Nations organizations, and other buyers. UNFPA Supplies provides funding to enable quality assurance, and, according to key informants, works closely with the prequalification programme managed by WHO to ensure quality. UNFPA may only procure products prequalified by WHO, other stringent regulatory authorities or the External Review Panel (ERP). The External Review Panel provides temporary prequalification for products meeting standards, while awaiting full qualification. In summary, products procured by UNFPA Supplies must meet WHO and United Nations standards of quality, stability, and good manufacturing practice.

Key informants at global and national levels (for example, in the Lao People’s Democratic Republic) noted that UNFPA staff engage with national governments to ensure sexual and reproductive health and family planning commodities are included in national essential medicines lists (EMLs), and that quality assurance standards are met.

Procurement Services Branch staff noted that they work with a variety of suppliers, including those producing pre-qualified generic products (which are becoming more numerous). Procurement Services Branch staff also work to broaden the pool of qualified suppliers and expand the available global supply by communicating regularly with new suppliers seeking prequalification.

## **6.14 AVOIDING INEFFICIENCIES AND DISRUPTIONS IN THE GLOBAL MARKET**

### **Matching global demand and procurement planning**

By participating in the Coordinated Supply Planning Group with USAID, JSI, CHAI, and the GHSC-PSM project, UNFPA Supplies helps to ensure global supply disruptions are minimized by avoiding supply gaps and duplications that may arise for countries. Coordination with USAID to avoid disruptions and duplication is essential given that, between them, UNFPA and USAID accounted for almost all annual procurement of implants between 2013 and 2016.<sup>44</sup>

### **Issues in demand planning and a global response**

However, some key informants at global level indicated that there is a need for better and more strategic, global demand planning and forecasting in the reproductive health and family planning arena, with data not currently being captured, analysed, and used in a timely and accurate enough manner to support effective decision making. Donor agencies often only have accurate data on their segment of global procurement, without a sufficient understanding of global programmatic requirements and the role of national forecasting. The Coordinated Supply Planning Group attempts to coordinate and harmonize the global forecasting and provision of reproductive health and family planning commodities. In addition, the new Inter-Agency Supply Chain Group (ISG), currently chaired by UNICEF and WHO, focuses on the development of innovative supply chain measures. However, interviewees indicate, despite these efforts, there is not yet a readily available, complete and accurate portrait of global requirements, planned contributions and deliveries.

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43. UNFPA Supplies Steering Committee Minutes – October 2017, p.9.

44. Graphics provided by PSB (produced by BMGF).

The global Visibility Analytics Network (VAN) effort (with funding from the BMGF) is reportedly gaining momentum. The VAN has begun by incorporating reproductive health and family planning products with the intent to eventually encompass all health products and development partners. The foundation data for the VAN is gathered from national forecasts, which are used to calculate worldwide requirements and contributions. Procurement Services Branch staff noted that the development of the VAN presents both a major challenge and an opportunity. If UNFPA Supplies can effectively promote the availability of good, high-quality data, in cooperation with the VAN project, it can strengthen the quality of global and national forecasting data and promote its use for effective decision making. The challenge (and the opportunity) for UNFPA will be in strengthening national forecasting and logistics information management systems (LMIS) so that the VAN can, in turn, access data of high enough quality to support decision making.

During the period of the evaluation, no quality issues were reported by any of the 46 UNFPA Supplies countries regarding products funded by UNFPA as confirmed by global interviews and a review of available documentation. Global supply disruptions also appear to be minimal, except in the case of certain products (for example, implants) for which there are occasional global supply bottlenecks, resulting in longer lead times for orders, as mentioned previously.

### 6.1.5 MARKET SHAPING FOR INCREASED CHOICE AND COST EFFECTIVENESS

#### Efforts to shape, and challenges to shaping, the market

UNFPA Supplies (through the work of the Commodity Security and Procurement Services Branches) takes an active part in the effort to “shape” the market for sexual and reproductive health and family planning commodities, by:

- Encouraging the development, prequalification, and procurement of generic products (currently mainly contraceptive pills and implants). UNFPA Supplies reports over USD 1.5 million saved in the three years (2014-2016) by procuring generic products<sup>45</sup>

- Removing brand names from the UNFPA catalogue of reproductive health and family planning products in 2016 (only formulations are now listed so that national health authorities request procurement by formulation not by brand name)
- Encouraging environmentally responsible “green” production of condoms
- Developing and maintaining ongoing relationships with suppliers through long-term agreements
- Working with new suppliers to help them attain the required prequalification
- Implementing a DFID-funded project to increase the availability of prequalified products, and to harmonize quality assurance requirements across donors
- Continuing to lead the global quality assurance harmonization effort
- Working with WHO on collaborative multi-country registration to avoid delays from lengthy individual country processes
- Supporting the introduction of new family planning products (for example Implanon and Sayana Press) at country level.

As UNFPA Supplies attempts to use its dominant position as a global procurer of reproductive health and family planning commodities to shape the market and achieve increased choice, more secure and available global supply and cost-effective pricing, it continues to face important challenges. Interviews at global and national level highlight the following challenges:

- Year-to-year funding commitments hinder the programme’s ability to make longer-term, high volume commitments to suppliers in order to promote efficiency and reduce prices. When implemented the proposed bridge-financing mechanism should improve cash flow, but the annual funding limitation remains a challenge for the organization.
- Country-specific registration of reproductive health and family planning products can be an impediment to the

45. PSB Brochure: Generics Savings, Oct 2016, p.1-2.

introduction of newer, generic products to replace registered (and higher cost) brand name products.

- There is a continued absence of prequalified generic versions of some products.
- Delays in training of health services staff due to weak systems of human resources for health can delay the introduction of generic products.
- There are continuing problems in broadening sustainable sources of funding for procurement of reproductive health and family planning products, especially from national government budgets in programme countries (section 7.2).

### Prices

Purchase-order data provided by the Procurement Services Branch indicate varying price changes in most products procured for UNFPA Supplies over the four-year period from 2013 to 2016. Table 10 below provides unit prices for the main categories of contraceptives, calculated from Procurement Services Branch data providing volumes and values of purchase orders. While variations in unit prices were small in dollar terms, they were sometimes more significant in percentage terms. Only oral contraceptive pills were more expensive in 2016 than in 2013, while the average

percentage change in unit price by type of commodities over the four-year period was a decline of 10.6 percent.

According to UNFPA Supplies price indicator tables (provided by the Procurement Services Branch and available on the UNFPA website),<sup>46</sup> UNFPA prices (for all their procurements) 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.

However, UNFPA price indicator tables also suggest that UNFPA sales prices for most of the key contraceptive categories are notably less than benchmark prices published in the Management Sciences for Health (MSH) *International Medical Products Price Guide*.<sup>47</sup> UNFPA notes in *Competitive Pricing 2013-2015*: "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."<sup>48</sup> The Management Sciences for Health price guide represents a secondary source of evaluation information. Since the guide itself does not provide readers access to underlying price data, the comparison between UNFPA Supplies unit costs and those presented in the Management Sciences for Health price guide are subject to interpretation.

**TABLE 10** Trends in unit prices of UNFPA Supplies commodities

UNFPA Supplies average USD unit prices per unit of measure (2013 to 2016)					
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 (mini) 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

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

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

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

## 6.2 STRENGTHENING SYSTEMS AND CAPACITY FOR SUPPLY-CHAIN MANAGEMENT

### Summary

UNFPA Supplies supports efforts to strengthen supply chains and improve supply-chain management capacity in most programme countries. These efforts have included investments in improved forecasting, in infrastructure, training of information officers and introduction and support of revised logistics management information systems. These efforts have improved data availability, strengthened forecasting and have had some effect on reducing stock-outs in some countries. UNFPA Supplies has also contributed to changes in the national supply-chain strategy (often through integration of existing, fragmented, supply chains). However, some countries still lack a national strategy and supply chains remain fragmented. In some countries, UNFPA Supplies, national health authorities and other development partners have not been able to develop an agreed national strategy and effective joint programming to support strengthening supply-chain management. UNFPA Supplies developed and finalized a supply-chain management strategy in early 2018.

*For details of the evidence supporting findings in section 6.1 see Evaluation matrix: Assumptions 3.1, 3.2, 3.3 and 3.4. Annex 1.*

### 6.2.1 ADDRESSING THE CHALLENGE OF WEAK HEALTH SYSTEMS SUPPLY CHAINS

#### Weaknesses and challenges in supply chains for reproductive health and family planning commodities

Health system supply chains in most countries have significant weaknesses (fragmentation, inefficiencies, duplication), resulting in stock-outs, expired products, emergency orders and inadequate access to commodities. This weakness in supply chains is even more acute in countries experiencing chronic or acute, large-scale humanitarian emergencies. Fragmented supply chains limit the effectiveness of humanitarian response. In turn, the humanitarian emergency (as in the Ebola virus disease crisis in Sierra Leone) often further weakens supply chains as key trained personnel are affected.

As exemplified in the Sierra Leone supply chain for reproductive health and family planning products (Figure 7), challenges (red boxes on the right-hand side) facing programme countries are diverse and many. An in-depth review of the supply chains for reproductive health and family planning commodities in the Lao People's Democratic Republic, Nigeria, Sierra Leone and the Sudan indicates that these challenges can be organized under six main types (Table 11).

As indicated in Table 11, despite many efforts to improve supply chains and supply-chain management, capacity remains weak in many countries. Supply chains also become further strained as product and client volumes grow over time. Problematic supply chains negatively affect programmes and create losses for governments and partner organizations alike. As the Global Fund Office of the Inspector General (OIG) notes in an audit report on health supply chains globally: "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."<sup>49</sup>

Supply chains for sexual and reproductive health and family planning commodities face the same challenges as supply chains for other products and programmes. In some countries, these health supply chains are integrated (as in the Lao People's Democratic Republic), or are in the process of integration (as in Nigeria and Malawi). In Sierra Leone (Table 11), supply chains are fragmented across programmes (for example, HIV, malaria, family planning) and development partners, creating duplication and lost efficiencies.

49. The Global Fund, *Audit Report: The Global Fund's In-Country Supply Chain Mechanism - GF-000-II-III*, December 2016, p.4.

Integration is not a simple task, given the complexities of different product requirements, infrastructure and capacity constraints. In some UNFPA Supplies focus countries, leading donors (the Global Fund in Malawi, DFID in

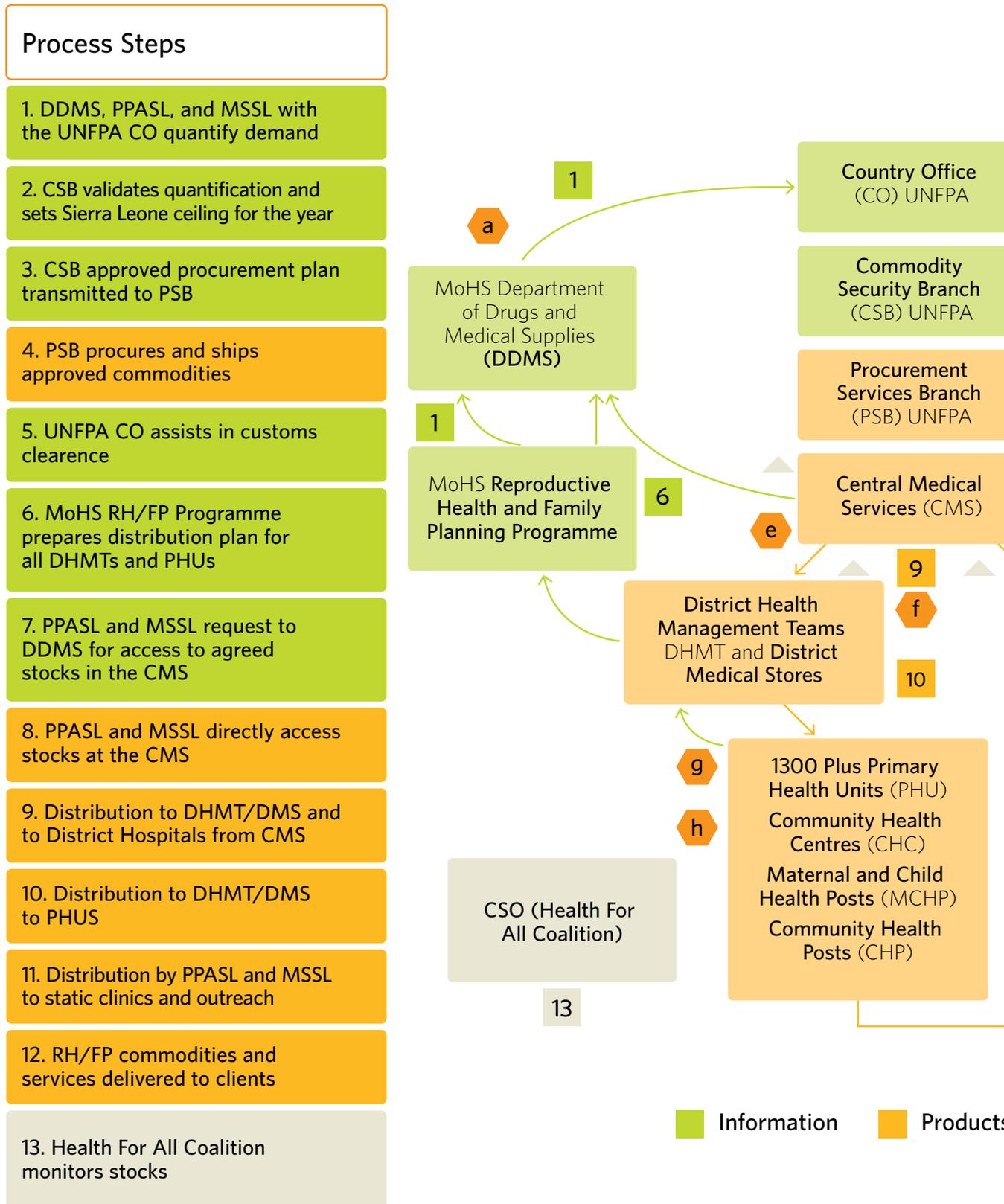
Sierra Leone) oversee parallel supply chains for products procured with funding they provide due to requirements placed on them to ensure last-mile-delivery.

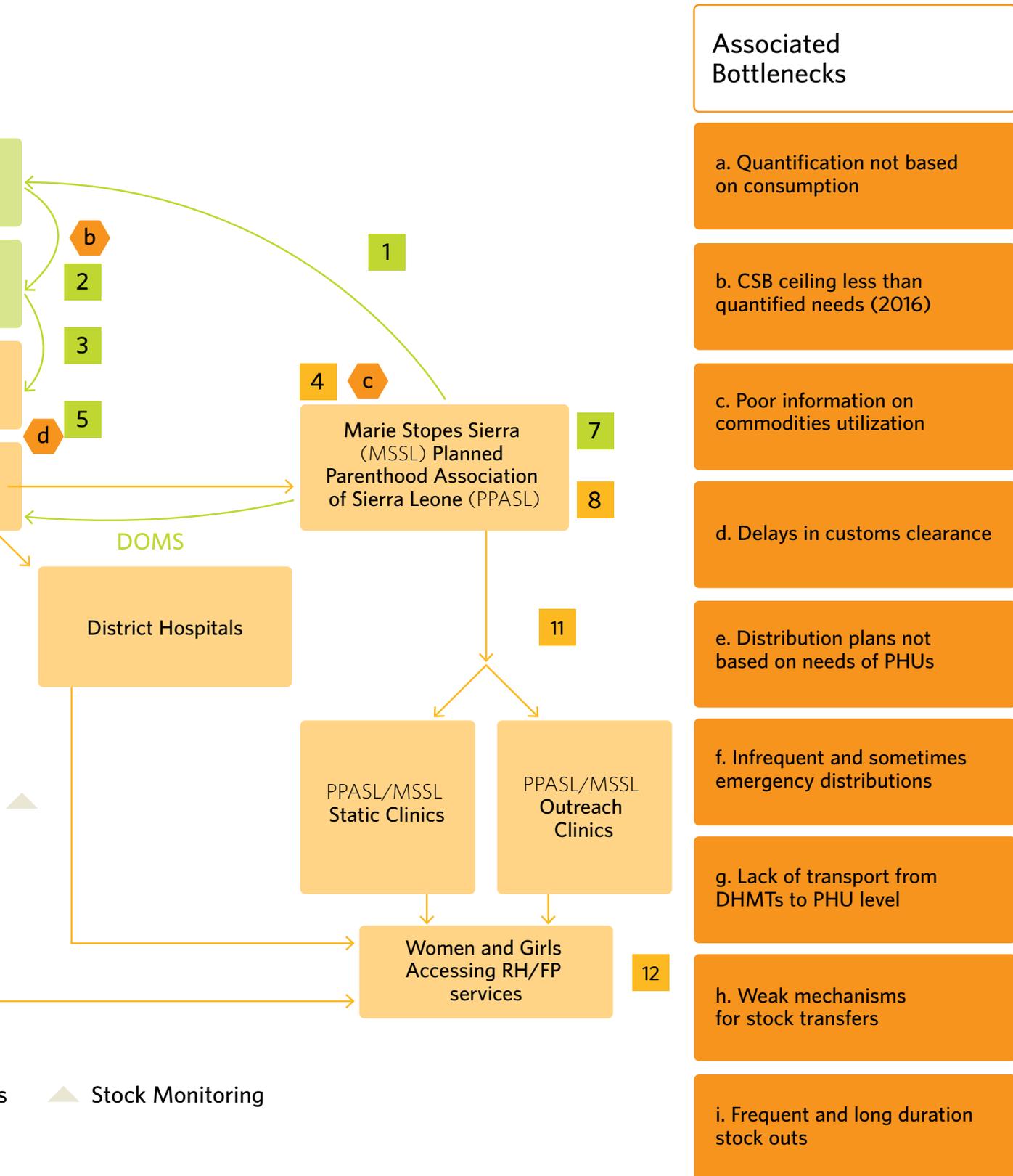
**TABLE 11** *Types of bottlenecks in supply chains*

Types of bottlenecks and examples	
<b>1. Quantification based on modified “push” system not linked to actual consumption data</b>	In the field-based case-study countries, quantification of annual need for commodities is based on an estimate of requirements at the service-delivery points using data on stocks rather than use by clients. This results in both over-stocks and under-stocks as distribution does not match actual usage or capacity at each service-delivery point
<b>2. Delays in customs clearance</b>	Serious delays in customs clearances were identified as a significant bottleneck. This placed an added burden on the UNFPA country office staff who took responsibility for advancing the necessary waivers through multiple offices of the national government. Customs clearance often requires months of work to secure necessary waivers and involves further delays in clearances after the arrival of shipments, with consequent demurrage charges
<b>3. Weak distribution plans and infrequent, ad-hoc distribution to service-delivery points</b>	Distribution from central and provincial or district medical stores to service-delivery points was identified as a critical weakness. This can result, at least in part, from lack of capacity for distribution planning in the national medical stores. Distribution is often severely constrained by lack of transport capacity, especially including funding for vehicle maintenance, fuel and drivers and other personnel. As a result, distribution is done through an ad-hoc, pick-up system in which community health workers pick up a small quantity of needed commodities when visiting district centres for business. This further contributes to problems of stock-outs
<b>4. Parallel and weak logistics management information systems</b>	Parallel LMIS systems are in use in some countries. CHANNEL <sup>50</sup> software is most often used at central level but is not consistently used by local government authorities. Use of multiple data capture and reporting systems sometimes results in inaccurate and incomplete data in LMIS systems
<b>5. Human-resource constraints, especially at district and local levels</b>	The evaluation identified problems in ensuring that staff involved in supply-chain management (including managers of district medical stores) had the required skills, experience and incentives. Recruiting, training, fielding and sustaining trained staff represents a major challenge to supply chains. This problem also extends to the primary health unit level, since service-delivery staff need to be capable of maintaining appropriate records and ensuring accurate data are transferred to higher levels or entered directly into the systems. They also need to be made aware of how this information can be used to improve services
<b>6. Fragmented and parallel supply chains</b>	While the supply chain for reproductive health and family planning products are integrated, or in the process of integration, in some countries, this is not always the case. In others, external partners support separate supply chains for drugs and medical supplies and for family planning commodities. Similarly, there are separate supply chains for commodities provided for HIV/AIDS programming and for malaria control. The result is duplication of effort and expense as well as an undermined public system and worsening of the stock-out situation for commodities distributed through government-run channels

50. For a full explanation of CHANNEL, please see section 6.2.4

FIGURE 7 Process diagram for the supply chain for UNFPA Supplies products in Sierra Leone





### Working to improve elements of national supply chains

At country level, UNFPA Supplies provides technical and financial support to efforts to improve the operation of different elements of national supply chains, adjusted according to the needs identified and prioritized by national health authorities. In all programme countries, UNFPA Supplies supports efforts to improve some elements of the national supply chain, including: forecasting systems and processes, electronic LMIS systems, national and local infrastructure, capacities of supply-chain managers and health workers, and accountability and awareness of nationwide stock levels through published annual facilities surveys.

There is evidence in some programme countries (for example, the Sudan, Nigeria and the Lao People's Democratic Republic) that the efforts of UNFPA Supplies represent an effective response to identified supply-chain challenges. In the Lao People's Democratic Republic and Nigeria, UNFPA contributes to national supply-chain management (SCM) strategy reform policies articulated by the governments. In most programme countries, UNFPA Supplies also supports important steps towards introducing better "informed push" needs quantification and distribution systems (for a more rational supply to meet real demand). These systems are more efficient than "pure push" models based on allocated volumes decided at the national level and often based on the catchment area or population service by a health facility regardless of its capabilities.

However, the efforts of UNFPA Supplies in strengthening supply chains can often be operational and gap-filling (for example, a paper system created in the Sudan to fill a data-collection need), rather than strategic. These efforts are clearly needed and widely appreciated by the countries (and partners). In some countries, this approach represents the best use of UNFPA Supplies resources. In others, however, there are opportunities to make these interventions part of a strategic, cohesive approach for greater impact. By reviewing existing supply-chain assessments (by Global Fund,

USAID, DFID and others), and assessing relevant gaps, it may be possible for UNFPA Supplies to take a more proactive and strategic approach at national level. There is an opportunity for UNFPA Supplies to further leverage its role as lead supplier of sexual and reproductive health and family planning commodities to strengthen national coordination of efforts to improve supply chains and to better ensure the security of these commodities to the end user.

A recent John Snow Inc. (JSI) review of sexual and reproductive health and family planning supply chains found that: "UNFPA has a fundamental role in supply chain (SC) strengthening upstream and at the national level, but is not well placed to be an implementer in most countries." The review recommends that: "UNFPA should focus on and strengthen core functions and capacity related to commodity financing, procurement, and supporting/coordinating commodity security (CS) at the national level; and should focus on "last-mile" only in countries where there are no other partners focusing on strengthening the national supply chain."<sup>51</sup> This would not preclude UNFPA Supplies from strengthening national capacity to report on last-mile delivery.

### A global perspective on strengthening supply chains

UNFPA respondents point to the current lack of a common, global "supply-chain vision" among both multilateral and bilateral development partners. At country level, as in Sierra Leone, this contributes to the absence of a common programme and plan for strengthening supply chains. However, USAID and the BMGF are leading a new Global Standard 1 (GS1) effort, including bar coding, and a global Visibility Analytics Network (VAN) to improve data/visibility in supply chains and traceability of products at all points in the chain. UNFPA is actively involved in the GS1 effort as a member of the Steering Committee, endorsing body and core user group. There is a clear need for a more coherent, strategic approach (with all donors) to improve supply chains and reduce duplications and the fragmentation so prevalent today.

51. UNFPA, *Strengthening Reproductive Health Supply Chains: A Collaboration between UNFPA and JSI – Executive Summary March 2017*, p.2.

### **UNFPA efforts to develop a strategy and address its own supply-chain management capacity**

UNFPA has a new *Supply Chain Management Strategy* document (February 2018), which defines 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 strategy identifies the overall goal of UNFPA and the roles it can play in strengthening supply chains. “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 supply-chain 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.”<sup>52</sup>

At the same time, the strategy recognizes that the organizational structure supporting UNFPA Supplies retains significant weaknesses in supply-chain management: “Currently, UNFPA's major weaknesses stem from inconsistent levels of organizational capacity in Supply-Chain Management (SCM) at all levels – HQ, regional, and country offices. 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.”<sup>53</sup>

This new strategic document represents an important effort to clarify and define the UNFPA Supplies mission in supply-chain management. Given its recent origin, the evaluation was not able to assess the likely effect of the strategy on the effectiveness of UNFPA Supplies as an instrument to support capacity development in supply-chain

management. At this stage, DFID began to support a new supply-chain manager position at the Commodity Security Branch in New York in October 2017 to help “boost UNFPA Supplies work in supply-chain strengthening”.<sup>54</sup> This position can play an important role in bolstering the programme staff competency in supply-chain management and ensuring that UNFPA Supplies coordinates and maximizes the value-for-money of UNFPA investments in supply-chain management strengthening.

### **6.2.2 FACING THE CHALLENGES OF DELIVERY TO THE “LAST-MILE”**

In almost all nine case-study countries, last-mile-distribution represents a major weakness in supply chains for reproductive health and family planning commodities. Problems in last-mile delivery arise from: lack of funding for in-country distribution, poor infrastructure in national and local warehouses, poor distribution planning, vehicle and fuel shortages, underfunded vehicle maintenance, an over-supply of health facilities (which further strains distribution) and parallel supply chains for different commodities and programmes (for example, in Sierra Leone and Malawi). It is extremely difficult to achieve efficient last-mile-distribution to primary health units where supply chains are fragmented, as is the case in many countries.

In many countries (for example, the Lao People's Democratic Republic, 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” by health workers or “drop-offs” by supervisors instead of scheduled deliveries to health facilities. UNFPA country office staff in Haiti noted that the country programme received sufficient funding to meet national needs for commodities but supply-chain management of last-mile-distribution remains underfunded. The result is continuing stock-outs despite availability of the needed commodities at national level.

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

53. *Ibid.*, p. 8.

54. UNFPA, *UNFPA Supplies Steering Committee Minutes – Oct 2017*, p.10.

Challenges to last-mile-distribution were identified during the country case studies:

- **Sierra Leone:** Donors and partners often place emphasis on critical programmes or needs (for example, the Ebola virus disease) while considering sexual and reproductive health and family planning less urgent/critical. Various partners insist on their own supply chains and the resulting fragmentation makes it challenging to efficiently ensure commodities reach the last-mile.
- **The Lao People's Democratic Republic:** Distribution is a challenge, due to insufficient vehicles and distribution plans. Most provinces lack trucks and district staff "pick up" needed supplies from provincial stores (usually by motorbike, one item at a time). Many remote villages and health centres are difficult to reach, especially in the rainy season.
- **Haiti:** There is a general lack of capacity to deliver to the last-mile, in particular in very remote areas. Facilities are unable to pick up products at the departmental warehouses.
- **The Sudan:** The National Medical Supplies Fund (NMSF) delivers to three localities in North Darfur only and other localities have to travel to the capital to collect their commodities. This is often done in an inconsistent manner and affects the availability of family planning commodities at some health facilities.
- **Togo:** Supply chain problems 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.
- **Madagascar:** Some health zones are very isolated and the districts have to use alternative strategies to distribute commodities from the districts to health facilities in those areas.

The UNFPA Supply Chain Management Strategy notes that "[i]n 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 supply chains that deliver those products to the

last mile"<sup>55</sup>. However, it is questionable whether UNFPA Supplies has access to the needed technical capacity (section 7.1) or the financial resources to provide the necessary support to last-mile-distribution in many programme countries.

### 6.2.3 STRENGTHENED CAPACITY OF SUPPLY-CHAIN MANAGERS

The capacity of personnel involved in the supply chain (pharmacists, store managers, nurses, logistics officers, Ministry of Health pharmacy department staff, etc.) is a critical factor in overall supply-chain functionality and management. The Global Fund, USAID and others have long invested in training, guidelines and manuals, workshops, online courses, mentoring, and other means to help build supply-chain management capacity at national level. Turnover among trained supply-chain staff is a recurrent problem in all countries, where trained staff with new skills leave their posts to seek opportunities outside the public sector, joining NGOs or private sector entities for better pay. As a result, capacity-building is a regular, ongoing need.

#### Working to strengthen capacity at national level

Respondents to the online survey were asked to identify the main contributions made by UNFPA Supplies to results in reproductive health and family planning in their country. Support to supply-chain management was cited as a significant contribution by 85 percent of respondents, ranking third highest after commodity procurement (91.5 percent) and support to policy development (86 percent).<sup>56</sup> The efforts of UNFPA Supplies to build supply-chain management capacity in countries is varied. It includes many different interventions depending on the country context and identified needs, including training of district health officers, as well as LMIS training for warehouse and health facility staff. It can also mean supporting the development and dissemination of training tool kits for midwives and other health workers. The following are examples from case-study countries:

55. UNFPA, *Supply Chain Management Strategy: 2018-2021 (Final Draft, December 14, 2017)*, p.6.

56. Online survey, responses to question 17.

- **The Lao People's Democratic Republic:** Savannakhet Province has seen significant improvements in the districts with UNFPA support in enhancing capacity for service provision, health education for women and communities on sexual and reproductive health and access, and informing communities and women about their health. UNFPA works with government departments (and partners such as CHAI) to support efforts towards capacity-building, outreach, provision of family planning products, LMIS, and transition planning.<sup>57</sup>

- **Nigeria:** In 2015, UNFPA Supplies 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 contraceptive logistic management system (CLMS) and LMIS in three states including capacity-building for the Logistics Management Coordination Unit (LMCU) responsible for implementing integrated last-mile-delivery of public health commodities.<sup>58</sup>

- **Sierra Leone:** UNFPA Supplies provided funding and technical support to recruit, train and sustain district information officers (DIO) in all districts in the country.

- **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 (DHOs) in all the 75 districts was undertaken, to regularize recording and reporting, through the web-based LMIS.<sup>59</sup>

It is unclear, at this point, what will be the primary focus of UNFPA Supplies efforts to strengthen supply chains at national level in future programming years. While there is an acute need for both technical and financial assistance to supply chains in programme countries, as noted in the UNFPA Supply Chain Management Strategy, UNFPA Supplies will need to strengthen its technical resources if it is to effectively engage in capacity development in this area at national level. The programme is also constrained in terms of the financial resources that can be allocated to technical assistance for supply-chain management, given

the overall requirement to allocate 75 percent of resources to procurement of commodities.

#### 6.2.4 SUPPORTING IMPROVEMENTS IN LOGISTICS MANAGEMENT INFORMATION SYSTEMS

##### Supporting CHANNEL and other electronic LMIS systems

UNFPA Supplies supported the development and ongoing introduction and support of an electronic (eLMIS) system called "CHANNEL". CHANNEL is an open-sourced software package developed in-house at UNFPA (and periodically revised). It is used to manage health supplies in warehouses and service-delivery points. CHANNEL can be used at central, regional, district, and health facility levels, and works with the country's public health distribution system. It is a customized software application, designed to manage up to 1,000 different products. The user enters stock data (quantities, products, expiry dates) on arrival to the site and on distribution or dispensing from the site. The platform produces various reports for use in stock management and forecasting, to allow logistics officers and managers to properly monitor and manage commodity pipelines and distribution plans across the country. In some countries (for example, Madagascar, Guinea), some entities are also using the UNFPA software to manage the supplies of mosquito nets and other non-reproductive health and family planning products. The software is free for countries that request it from UNFPA. It is meant to be user-friendly according to the WHO Procurement and Supply Management (PSM) toolbox platform.<sup>60</sup> According to UNFPA Supplies staff at headquarters and in country offices, supply chain employees can be fully trained in using CHANNEL through a participatory, three-day training course.

UNFPA Supplies supports eLMIS systems in most programme countries, using CHANNEL in some countries, but integrating with the government's chosen system in others (for example, the Lao People's Democratic Republic, where the "mSupply" system is rolling out with some

57. CHAI interview, UNICEF interview, MoH MCH department, Savannakhet Provincial Health interview, FDD interview, World Bank interview, PSI interview, the Lao People's Democratic Republic.

58. UNFPA Nigeria, Joint Thematic Trust Funds Annual Progress Report, 2015, p.17.

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

60. <https://www.psmtoolbox.org/en/tool/quantification/hiv-aids/medicines/channel/>

success and with UNFPA support). Commodity Security Branch staff explain that UNFPA Supplies is open to supporting the eLMIS system that national health authorities choose to fit their needs. However, they find that some national authorities feel that UNFPA has a special interest in promoting CHANNEL to the exclusion of other systems. In other countries, (for example, Sierra Leone) health authorities responsible for programming in reproductive health and family planning are familiar with CHANNEL and value the ongoing support they receive from UNFPA Supplies. For these informants, a move to a proprietary, closed source system with annual subscription fees and, presumably, without ongoing technical support from UNFPA seems a high-risk option.

Taken as a group, key informants report mixed views regarding CHANNEL and its adequacy and practicability today. Some respondents feel the software is too rudimentary for today's needs (not incorporating modern functions such as bar coding) and note that it is not endorsed by outside supply-chain experts. Despite revisions and upgrades over the years, it has repeatedly been found to be out of date and somewhat insufficient. Interviewees also note that, although CHANNEL is freely available from UNFPA, it comes with significant costs to install the system, to train staff and to maintain and use the programme (although UNFPA Supplies often supports these costs).

Another challenge facing CHANNEL (and other eLMIS systems) is the need to link data on stocks and shipments held in the LMIS system to the patient data of district health information systems (DHIS). When DHIS data can be linked with eLMIS data in a joint system, supply-chain managers are able to accurately check data on shipments and stocks with data on services provided to patients. This is essential in identifying and preventing leakage and in moving to genuine "pull" systems. Consumption-based pull systems would allow facilities to request and receive commodities based on the volumes actually consumed by their clients, rather than estimates based on changes in stocks. A number of UNFPA Supplies programme countries are working on linkages/integration of their DHIS and eLMIS systems to improve forecasting and commodity planning for their programmes.

The following are examples of UNFPA Supplies support to LMIS systems at country level:

- **The Lao People's Democratic Republic:** Data and data utilization are a weakness, which mSupply (an eLMIS) is helping to alleviate. UNFPA Supplies has been supporting the implementation of mSupply, leading the effort for the National Forecasting Working Group. The group has developed tools and is using them to assist with forecasting. Forecasting currently uses reported consumption data from DHIS2. In time, it is planned that the mSupply dispensing/stock data will be integrated into the DHIS2. In the Lao People's Democratic Republic, UNFPA does not use its CHANNEL system, but coordinates and integrates with government and other partners, and supports CHAI and the Ministry of Health in their efforts to introduce and roll out the mSupply system to enhance stock visibility and management. There is a concern however, as mSupply continues to be expanded nationwide, regarding the affordability of licenses for use on a national scale.
- **Sierra Leone:** UNFPA Supplies continues to support the use of CHANNEL software for LMIS. UNFPA Supplies recruited, trained and continues to support a district information officer in all 13 districts. However, the Ebola virus disease crisis had a significant negative impact on the operation of the LMIS. Post-Ebola virus disease, the operation of CHANNEL needed to be revitalized and re-examined if it were to be an effective basis for monitoring consumption and stocks and thus informing forecasting.
- **Nepal:** To improve the stock-out situation of essential drugs and commodities at the district stores and health facility levels in Nepal, UNFPA Supplies supported capacity-building for staff of district health offices (DHO) in all 75 districts. Training was aimed at regularizing and improving the quality of data recording and reporting, through the web-based LMIS system. In the future, UNFPA Supplies is intended to focus its scarce resources to pilot a new eLMIS system in 22 district health offices before it is rolled-out to health facilities level.
- **Haiti:** There are two LMIS software systems used in Haiti – CHANNEL, supported by UNFPA, and a system introduced by USAID. The Ministry of Health reportedly prefers the CHANNEL system and would prefer that it be rolled out in all health facilities, despite issues of funding.

### 6.2.5 ENHANCING SUSTAINABILITY OF SUPPLY

In an environment of constrained resources, and with the new funding allocation model in place for UNFPA, it is critical that sustainability be built into the work of UNFPA Supplies at country level. Country offices are working with governments to encourage more national funding for sexual and reproductive health and family planning commodities, and to transition away from full reliance on UNFPA. In the Lao People's Democratic Republic (where UNFPA Supplies provides virtually all contraceptives for the public sector), there are increasingly urgent discussions and planning efforts involving the government and all partners, as the country transitions to receive less donor support in future. A more complete discussion of efforts to engage with national governments in order to improve the sustainability of funding for procurement of reproductive health and family planning commodities is provided in section 7.2.

Sustainability and affordability are not only a concern when it comes to commodities costs, but also for LMIS systems. For example, the introduction of the mSupply system in the Lao People's Democratic Republic, with UNFPA support, has been accompanied by concerns over sustainability and the national government's ability and willingness to pay annual license fees and ongoing maintenance costs. In Sierra Leone, the Directorate for Policy Planning and Information (DPPI) of the Ministry of Health and Sanitation (MoHS) expressed their concern that the Global Fund is strongly advocating for the use of mSupply, although it may not be affordable in the medium term.

Some key informants advanced the view that UNFPA Supplies could be proactive in building a phased approach to encourage and assist countries to move in stages from fully donated to fully paid commodities. Currently, reproductive health and family planning products are either 100 percent donated through UNFPA Supply, or 100 percent paid by the countries, without a middle ground or much focus on sustainability. Some key stakeholders noted that the country categorization process (Table 2, section 2.2.1) should be applied with caution on a country-by-country basis.

### 6.2.6 ADDRESSING PERSISTENT PROBLEMS IN SUPPLY-CHAIN MANAGEMENT

Supply chains in most UNFPA Supplies focus countries face persistent challenges (Table 11) despite the many interventions and technical-assistance efforts of various development partners. UNFPA Supplies is actively working with governments and partners at country level to address identified reproductive health and family planning supply-chain weaknesses. It contributes to governments' overall efforts, often filling gaps, and working in limited geographical areas, it contributes (with limited resources) to larger efforts. Where national governments lack an overall supply-chain strategy (to which development partners can make efficient, targeted contributions), it is difficult for UNFPA Supplies to contribute to real and lasting changes. Without a cohesive, strategic approach by UNFPA in concert with other partners and governments, deep-rooted and systemic supply-chain challenges will persist in many countries.

UNFPA Supplies has an important role to play in supply-chain strengthening in at least some programme countries. However, as noted in the draft strategy and in the 2017 study commissioned by UNFPA and carried out by JSI, "large supply chain investments are usually required to improve performance; UNFPA is not currently set up to invest at this level [...and] the presence of other partners/donors working on supply chains in a country affects UNFPA's relative role for supply chain strengthening; in countries with limited support, the supply chain role of UNFPA is much more critical".<sup>61</sup> To have lasting effects on sexual and reproductive health and family planning supply chains in countries, it appears that UNFPA Supplies will need to leverage its resources and work in concert with other players.

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61. UNFPA, *Strengthening Reproductive Health Supply Chains: A Collaboration between UNFPA and JSI – Executive Summary March 2017*, p.14.

# 7

## CROSS-CUTTING ISSUES

### 7.1 IMPROVED PROGRAMME COORDINATION AND MANAGEMENT

#### Summary

UNFPA Supplies has played a significant role in strengthening platforms for coordinating action and support to reproductive health and family planning in programme countries. Its most important contribution to coordination has been in strengthening platforms for operational coordination of the supply function in reproductive health and family planning. UNFPA is a valued partner of government and non-governmental partners at global and country level. Similarly, the reproductive health and family planning teams responsible for UNFPA Supplies at country office level are valued for their engagement and expertise. However, the programme faces both challenges and opportunities in the area of programme coordination and management.

These include:

- The complexity of the annual process for identifying needs, assigning financial ceilings, determining and validating shipments, and ordering and shipping commodities to country level and the burden this places on country office staff
- Challenges in ensuring UNFPA Supplies has adequate access to expertise in supply-chain management at both global and national levels
- Ensuring that criteria for allocating financial resources to programme countries are flexible enough to address the most critical gaps in national capacity and reflect national contexts
- Allowing for a flexible approach to balancing support to commodity procurement and capacity development while actively encouraging sustainability.

*For details of the evidence supporting findings in section 6.1 see Evaluation matrix: Assumptions 6.1, 6.2 and 6.3. - Annex 1.*

#### 7.1.1 PROGRAMME MANAGEMENT SYSTEMS AND COUNTRY NEEDS

Key informant interviews at both global and country level indicated that UNFPA Supplies (and the UNFPA staff who implement the programme) are viewed as “good development partners” working to ensure the programme works in alignment with national priorities (section 4.1). A full 87 percent of respondents to the online survey indicated that support to policy development in family planning was one of the most important contributions made by UNFPA Supplies to results in sexual and reproductive health and family planning.<sup>62</sup> In the Lao People’s Democratic Republic, UNFPA Supplies is regarded as a key partner and supporter to family planning by working closely with government and exerting an impact on national policies and priorities; not least through support to the first national family planning conference in May 2017. In Nigeria and

Sierra Leone, UNFPA Supplies was described by government and non-government key informants as a responsive and visible partner.

However, key informants and documentation at global and country level identified some important challenges presented by the system used by UNFPA Supplies. These challenges are to: identify national needs; establish a financial ceiling at country level; validate requests for commodities to be procured; secure approval for commodity shipments; and issue purchase orders and shipping commodities to the national level. Notably, a graphic depiction of the budgeting and shipment process for UNFPA Supplies commodities (Annex 7) identifies 13 separate steps involving the UNFPA country office, the relevant UNFPA regional

62. Online survey, responses to question 17.

office, the Commodity Security and Procurement Services Branches, commodity suppliers and national authorities. As highlighted in discussions with country office staff and with staff of the Commodity Security and Procurement Services Branches, this process can be very daunting and complex when viewed from the perspective of the UNFPA staff person responsible for UNFPA Supplies in each of the 46 programme countries.

Specific challenges were also noted during the country case studies. In the Lao People's Democratic Republic, major international NGO partners, CHAI and Population Services International (PSI), noted that delays in funding, uncertainty in annual allocations, mismatches between provincial and national needs/plans and the final UNFPA Supplies allocation, all limit the effectiveness of UNFPA Supplies support. In Sierra Leone, an analysis of the supply chain for reproductive health and family planning commodities by JSI identified a lack of information on the timing of shipments planned to support the service provision activities of implementing partners as a weakness in UNFPA Supplies support.<sup>63</sup> The same analysis pointed to delays in shipments leading to forecasting inaccuracies, demurrage charges and stock-outs. In the Sudan, key informants at the Ministry of Health indicated that the sub-national focus of UNFPA Supplies support to community outreach activities in specific states was not flexible enough to respond to changing conditions during the current country programme assistance plan.

## 7.1.2 COORDINATION AT COUNTRY LEVEL

### **The role of UNFPA Supplies in supporting coordination at country level**

There is a considerable body of evidence indicating that UNFPA Supplies has served as a vehicle for UNFPA support to coordination in reproductive health and commodity security programming at country level. This is especially true in relation to operational coordination around supply issues concerning, for example, the timing of shipments, customs clearance, transport to national medical stores and distribution to sub-national warehouses and depots.

In Sierra Leone, key informants credited the UNFPA country office, working through UNFPA Supplies, with playing a major role in re-establishing and re-invigorating the Technical Working Group on Supply. Using UNFPA Supplies funding, the country office continued to provide technical and financial support to the operation of the working group. They were credited by the Ministry of Health and Sanitation with taking a leadership role and "fighting to get things done" in the working group. Similarly, in Nigeria, implementing partners noted that UNFPA has worked with them to improve collaboration, coordinate planning, reduce duplication and allow for cost-sharing across the implementing partners. In the Sudan, field visits to the state level, including North Darfur State, indicate that coordination between the UNFPA state level teams and the Reproductive Health Unit of the Ministry of Health is quite strong, with regular meetings and effective lines of communication.

The pattern of UNFPA participation in, and support of, national and sub-national coordination mechanisms, using UNFPA Supplies as a platform, is also evident. In all five desk-based country studies (Haiti, Madagascar, Malawi, Nepal and Togo) documents and key informant interviews pointed to an active role by UNFPA in national working groups and mechanisms for coordination in reproductive health and commodity security. In Haiti, Malawi and Nepal, UNFPA was also actively supporting efforts to coordinate policies and programming in family planning by supporting national commitments to FP2020.

### **Challenges for UNFPA Supplies in supporting national coordination**

The findings of the country case studies on the role of UNFPA Supplies in supporting national coordination are supported by the results of the online survey conducted during the evaluation. Ninety nine percent of respondents indicated that UNFPA participates in country-based platforms for coordinating programming in reproductive health and family planning. Of equal importance, 83 percent of respondents indicated that UNFPA takes a leadership role in coordinating reproductive health programmes.<sup>64</sup>

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63. JSI Inc. *Analysis of Sierra Leone FP/FH Supply Bottlenecks in Sierra Leone*, 2017, p.2.

64. Online survey, responses to questions 15 and 16.

At the same time, it is worth noting that the evaluation identified challenges faced by coordination platforms and mechanisms in many of the field- and desk-based case-study countries:

- In the Lao People’s Democratic Republic, key informants noted there was a need to streamline different coordinating mechanisms and committees to reduce duplication in advance of the transition to middle-income country status.
- In Sierra Leone, despite a functioning Supply Coordinating Committee and a Technical Working Group devoted to supply, moving beyond operational concerns to coordinate government and development partner policies remains a challenge. There is also an identified need for a more coordinated and strategic approach among development partners supporting capacity development in supply-chain management.
- The Sudan field-based country case study noted a lack of coordination between the Ministry of Health and the National Medical Supplies Fund at the state level.
- In Togo, document reviews and interviews point to ineffective national coordinating mechanisms for reproductive health and commodity security, especially up to 2015. The same sources do, however, note that UNFPA has taken a lead role since 2016 in supporting the Ministry of Health’s, Maternal and Child Health Division to improve overall coordination.

### 7.1.3 HUMAN RESOURCES

#### Observed UNFPA country office capacity

The field-based country case studies provided the evaluation with its most direct window on the human resources available to UNFPA country offices as they plan, implement and monitor the programme at country level. In all four case studies, the most direct partners of UNFPA Supplies, including staff of the Ministry of Health and local affiliates of international NGOs (IPPF and MSI) considered the UNFPA Supplies team to be technically competent, dedicated and active.

At the same time, notable human-resource challenges were identified in three of the four countries:

- In the Lao People’s Democratic Republic, the UNFPA country office has a small (two-person) unit supporting the sexual and reproductive health and family planning programming. The small size of the team is made more problematic by its relative isolation from an expanding youth-oriented programme (the “Noi” campaign) supported by UNFPA. There is a clear need and opportunity to ensure that the sexual and reproductive health and family planning concerns and priorities are integrated into the Noi campaign programme thus avoiding a concurrent risk of isolation of the reproductive health and family planning team within the country office.
- In Sierra Leone, UNFPA Supplies was the responsibility (until October 2017) of a three-person team that, according to senior officials in the Ministry of Health and Sanitation, was able to provide high quality, appropriate, technical support, especially to improvements in the LMIS system. However, the departure of the team member responsible for support to forecasting and supply-chain management leaves the team with important challenges at a time when the weak supply chain is a critical problem for reproductive health and family planning programming in Sierra Leone.
- In the Sudan, key informants indicated that the size of the UNFPA Supplies technical team does not match the extent of the task (and opportunity) to build national commitment to family planning. The same informants suggested there is a need to assign more staff to the reproductive health and family planning team in the Sudan, including international experts in family planning.

The human-resource-capacity problem that country offices face in managing UNFPA Supplies in all its dimensions, is made more acute by the complexity of the commodities budgeting, ordering and shipment process.

#### Capacity in supply-chain management

An important issue for UNFPA Supplies concerns access to expertise in different areas of supply-chain management, including forecasting and eLMIS systems. In March 2017, the collaborative JSI study of the role of UNFPA Supplies in strengthening reproductive health supply

chains stressed that the limited staff numbers and competing priorities (at country office level) mean that staff are spread thinly and cannot always focus on commodity security and supply chain needs.<sup>65</sup>

The need to strengthen the capacity of UNFPA to support supply-chain management has been recognized in the UNFPA Supply-Chain Management Strategy: 2018-2021. "Currently, UNFPA's major weaknesses stem from inconsistent levels of organizational capacity in SCM at all levels - HQ, regional and country offices. Current hiring processes, job descriptions and activities do not adequately convey expectations for staff members' roles and responsibilities related to SCM and UNFPA's supply chain mandate."<sup>66</sup>

The strategy identifies improving supply-chain capacity at UNFPA as one of four key outcomes. The Commodity Security Branch also reports that the first ever assessment of supply-chain management skills at UNFPA has been planned for mid-2018.

#### 7.1.4 MANAGEMENT CHANGES AND THEIR EFFECT ON COUNTRY PROGRAMMES

Three important elements of the change management strategy and process which began in 2016 and continue

to date had effects observable during the country case studies:

- The decision to eliminate direct support to demand generation as a programme output, which meant that some implementing partners could no longer be supported in working on community engagement
- The implementation of a points-based system (based on five criteria for allocating the share of the overall budget for UNFPA Supplies assigned to each of the 46 programme countries), which provided more transparency, predictability and focus to the resource-allocation process, but which limited responsiveness to different country contexts
- The use of the weighted, three criteria scoring system for dividing countries into different segments and, thereby determining the percent of the annual country ceiling that can be allocated to procuring commodities or supporting capacity development.

In particular, the last two of these three changes present real challenges to the management of UNFPA Supplies as it attempts to ensure that programme resources and the activities they support are best aligned with the changing context of reproductive health and family planning across 46 very diverse programme countries.

## 7.2 THE CATALYTIC ROLE OF UNFPA SUPPLIES

### Summary

There is evidence that UNFPA Supplies has been used by UNFPA country offices as an effective tool for supporting national efforts to assess ongoing needs and performance in reproductive health and family planning and to make needed changes in strategies and programmes. However, despite ongoing efforts in some countries, UNFPA Supplies has had limited success in broadening the use of sustainable sources of financing for the procurement of commodities in programme countries. The case-study countries continue to exhibit high levels of dependency on UNFPA Supplies to finance reproductive health and family planning commodities. The recent (2016/2017) change in the allocation formula to determine the share of the annual, country-specific UNFPA Supplies budget eligible for use in commodity procurement cannot yet be assessed for effectiveness given the limited time it has been in place. However, UNFPA Supplies has not yet developed or implemented effective tools and incentives to assist and encourage national governments to increase their investment in procuring commodities.

For details of the evidence supporting findings in section 7.2 see Evaluation matrix: Assumptions 7.1, and 7.2.-Annex 1.

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

66. UNFPA, *Draft Supply-Chain Management Strategy: 2018-2021*, 2017.

The transition from the Global Programme for Reproductive Health Commodity Security (GPRHCS) 2 to the UNFPA Supplies Programme was intended, among other goals, to allow the programme to “further catalyse national commitments to RHCS”.<sup>67</sup> Increasingly, development partners contributing to trust fund programmes are concerned that these programmes should fill a catalytic role. However, the nature of this catalytic role is not always clearly defined.

In the case of UNFPA Supplies, the evaluation distinguishes between the role played by UNFPA as a global and national leader and driver of change in the reproductive health and family planning policy “space” and the programme’s role in catalysing commitments (both in terms of targets and in financing) and influencing programmatic action.

Section 4 addresses the role played by UNFPA Supplies in encouraging policy commitments and goals in reproductive health and family planning at global and national level, often in conjunction with FP2020 processes. In addressing the specific question of the catalytic role of UNFPA Supplies, the evaluation focuses on three other key components of the programme’s claim to catalyse global and national action, namely: (i) efforts to broaden the base of sustainable financing for reproductive health and family planning at national level; (ii) flexibility in responding to national needs and priorities – filling gaps; and (iii) Influence on other programmes.

### 7.2.1 LEVERAGING UNFPA SUPPLIES TO BROADEN SUSTAINABLE FINANCING

#### Advocacy and support for broadening sustainable financing at country level

The nine country case studies provide an informative portrait of the efforts made by UNFPA country offices to encourage increased national investment in procuring reproductive health and family planning products. To the extent these efforts help and encourage countries to shift to sustainable financing options they should, in the medium to longer term, diminish the requirement for UNFPA Supplies financing.

In seven of the nine case-study countries, the evaluation found evidence of actions to encourage national investments. In the Lao People’s Democratic Republic, UNFPA Supplies supported the first national family planning conference in 2017, which produced a plan for increased government investments over the subsequent five years.

The UNFPA country office in Vientiane is also working with partners to plan a national financial sustainability workshop (originally planned for 2017) to discuss alternative sources of financing for family planning as the country transitions to lower-middle-income country status (and loses access to some forms of financing).

In Sierra Leone, Malawi and Nepal, country offices have used UNFPA Supplies to support the development of costed implementation plans (CIP) for programming in reproductive health and family planning. These plans have generally included, within them, a sustainability plan for broadening sources of financing, including from development partners and national sources. Similarly, most country offices report ongoing advocacy efforts, often relating to FP2020 processes, aimed at securing increased national investment in reproductive health and family planning commodity procurement. In Haiti, advocacy efforts focused on parliamentarians appeared to have little effect. In contrast, in Togo the UNFPA country office reported that early advocacy with parliamentary groups contributed to significant increases in the national budget for procurement (although the overall national budget for reproductive health and family planning fell in 2017).

#### Overall effect of advocacy/engagement

Unfortunately, the actions taken by UNFPA country offices to encourage and support enhanced national investment in reproductive health and family planning, especially in terms of national investment in procuring commodities, have not had a material effect on the high levels of dependency on UNFPA Supplies. In six of the nine countries (the Lao People’s Democratic Republic, Nigeria, Madagascar, Sierra Leone, the Sudan, and Togo), UNFPA Supplies still procures an estimated 90 to 100 percent of all family planning commodities distributed through the public

67. UNFPA, *Terms of Reference, Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020)*. New York (2016), p.8.

**TABLE 12** UNFPA Supplies and efforts to broaden sources of funding

Case-study country	Estimated share of RH/FP commodities procured for the public sector (2016)	National budget includes line item for procurement of family planning commodities (2017)	Supplemental use of funds from other development partners (2016-17)	Highlighted efforts to expand and broaden sources of financing
<b>The Lao People's Democratic Republic</b>	100%	Yes - Rose from USD 25,000 in 2013 to USD 38,000 in 2014, and USD 45,000 in 2016		2017 National Family Planning Conference produced plan for increased investment
<b>Nigeria</b>	100%	Yes - Regular contribution to RHCS basket fund	Yes - UNFPA accessed DFID funding under the Access to Family Planning Commodities Project (GBP 24 million, 2011-2019); USAID supports 30 percent of commodities but not through the basket fund	Supported sustainability plan for family planning
<b>Sierra Leone</b>	90%	Yes - but minimal amount committed and no evidence of follow through by Ministry of Finance	Yes - DFID funding USD 700,000 under the Saving Lives Programme in 2017	Supported resourcing plan in the CIP
<b>The Sudan</b>	100%	No	Yes - IPPF	None noted
<b>Haiti</b>	60%	No - despite national commitment to cover 5% of costs	No - USAID procures directly	Advocacy meetings with MoH and Parliamentarians
<b>Madagascar</b>	100%	Yes - but minimal amount (USD 31,260 in 2016); commitment for 5% increase annually	No - USAID procures directly for private sector and social market	None noted
<b>Malawi</b>	70%	Yes, substantial amount with annual increases (USD 98,000 in 2016)	Accessed DFID funding (USD 512,000) for procurement in 2017	Supported sustainability plan in the CIP
<b>Nepal</b>	60%	Yes, MoH data indicates budget for approximately 40 percent of RH/FP commodities (USD 3.1 million in 2017) with substantial annual increases	Accessed USD 4.6 million from DFID for 2017-2020 to support procurement and other activities in RH/FP	Supported national commitment in the CIP
<b>Togo</b>	90%	Yes - raised to USD 200,000 in 2016 (from USD 40,000 in 2015) reportedly due to UNFPA advocacy but total budget for RH/FP falling in 2017	2016 shortfall funded by USAID and IPPF but for their own procurement	Advocacy with the MoH and with Parliamentarians

sector (including those procured by UNFPA and allocated to national affiliates of international NGOs). Even where national budgets have been altered to include commitments to procure family planning commodities (for example in Sierra Leone and Madagascar) the amounts allocated have been very small or, as in Sierra Leone, have never been transferred from the Finance Ministry to the Ministry of Health and Sanitation.

Interviews with UNFPA staff at headquarters and in country offices indicate they are fully aware of the challenge UNFPA Supplies faces with regard to effectively encouraging and assisting countries to move towards sustainable financing of reproductive health and family planning commodity procurement. They point out that UNFPA Supplies is often one of a number of partners providing external financing to the health sector in general and to reproductive health and family planning (including procurement) in particular. This means that effective lobbying for increased national investment would need to be a joint exercise among all concerned development partners.

At the same time, UNFPA, through its role in the management and implementation of UNFPA Supplies, is in a critically important position and has a potentially decisive role to play in encouraging countries to move towards more sustainable sources of financing for reproductive health and family planning commodities. This is especially relevant given that:

- UNFPA has the mandated lead role in supporting countries to carry out the Programme of Action of the International Conference on Population and Development (ICPD) with an emphasis on the gender and human-rights dimensions of population<sup>68</sup>
- UNFPA, largely through its access to UNFPA Supplies, is the world's main procurer of family planning commodities (with USAID a close second), which means it has market-shaping power at a global level and a strong leadership position in each of its 46 programme focus countries
- In almost all programme countries, UNFPA is the development partner leading the national process for needs

assessment and quantification of requirements for procuring reproductive health and family planning products. It also takes a leadership position at global and national level in committees and technical working groups coordinating on reproductive health and family planning supply issues

- At both global and national level, development partners, including bilateral development agencies funding procurement of health commodities (DFID in Sierra Leone for example), indicate they are willing to join UNFPA in strongly advocating for increased national investment and in diversifying sources of financing for reproductive health and family planning commodities
- Through its work in support of FP2020 commitments and in the development of costed implementation plans, UNFPA Supplies provides country offices with an important role in the development of the investment case for national applications to the Global Financing Facility (GFF). This role provides UNFPA with a lever for ensuring that national governments commit to broadening their financial support to procuring reproductive health and family planning commodities under the umbrella of the Global Financing Facility.

While these factors provide a strong foundation for UNFPA country offices to play an important role in encouraging national investment in procurement of reproductive health and family planning commodities, they do not, in themselves, guarantee success. This would require a flexible approach on the part of UNFPA, tailored to conditions in each programme country and based on an aligned process of development partner support: all aimed at transitioning away from donor funds to domestic resources.

## 7.2.2 RESPONDING TO NATIONAL NEEDS AND STRENGTHENING PROGRAMMES

### Identifying needs and influencing strategies

UNFPA country offices have made considerable use of UNFPA Supplies as a tool to support national efforts to identify needs (beyond its role in supporting quantification of commodity needs on an annual basis) and to develop or alter strategies and programmes that address those needs.

68. Accessible at: <https://www.unfpa.org/frequently-asked-questions#mandate>

In Nigeria, in 2013 the precursor programme to UNFPA Supplies was used to support a “Day of Dialogue” on family planning to review national progress, highlight resource mobilization, provide updates on FP2020 development and engage national and external stakeholders. A feature of the approach used in Nigeria was to directly support efforts to gather evidence relevant to reproductive health and family planning programming. This support included, for example, a willingness to pay for studies and surveys, such as studies of the economic impact of contraceptives, demographic and health surveys, and the annual survey of the availability of reproductive health and family planning commodities and services at facilities level. In fact, UNFPA Supplies funding has provided support for the annual survey of facilities in all nine case-study countries and is also frequently used to support national demographic and health surveys.

In Sierra Leone, UNFPA and Ministry of Health and Sanitation staff point to efforts to develop and implement concrete plans for building capacity to deliver LARCs as an example of effective use of UNFPA Supplies to support a national shift in family planning strategy. The reproductive health and family planning unit of the Ministry of Health and Sanitation also cited support to community engagement aimed at preventing teenage pregnancy as an area where UNFPA Supplies was able to influence policies and programmes (in conjunction with other development partners, including DFID). In Togo, Ministry of Health officials point to UNFPA Supplies as a major influence on the strategy of community-based distribution – which, they contend, brings contraceptive services closer to the community and increases coverage and access and introduces family planning to new users.

### **7.2.3 CHANGING APPROACHES TO ENCOURAGING SUSTAINABLE FINANCING**

Partly in response to the persistently high levels of dependency on UNFPA Supplies among programme countries, in late 2017, UNFPA Supplies adopted the management changes referred to in section 2. The most important of these was the decision to adopt a weighted, three criteria scoring system for distributing countries into different

segments and, thereby, determining the proportion of the annual country ceiling allocated to procuring commodities or supporting capacity development. The aim of this change was to encourage countries to rely less on UNFPA Supplies to fund procurement of reproductive health and family planning commodities.

Thus, as countries transition from classification under segment two (Transitioning) to segment three (Sustainable), the proportion of the UNFPA Supplies budgetary allocation that can be devoted to procuring commodities drops from 75 to 30 percent and the share dedicated to capacity-strengthening technical assistance almost triples (from 25 to 70 percent).

It is too early to determine whether this new system will help UNFPA Supplies to be more effective in encouraging and assisting countries to increase their investments in procuring reproductive health and family planning commodities and, thereby, shift to a more sustainable system at a global level. There is a risk, however, that the rule will not allow for a nuanced approach and, overall, could weaken the programme’s ability to match the level of support it provides for procuring commodities to changing national capacities and contexts – especially changes in the level of demand. UNFPA Supplies has not yet developed and implemented effective approaches to working with countries in a more incremental way to create incentives that, in turn, could lead to a deepening of sustainable domestic sources of finance for reproductive health and family planning commodity procurement. This remains true despite the development in 2017 of a draft UNFPA Supplies Sustainability Strategy communicated to country offices assigned to category C, countries approaching sustainability. The sustainability strategy was “designed to provide guidance in particular about how to support countries to move towards financial sustainability in FP-RHCS”.<sup>69</sup> The evaluation field work was carried out from September to December 2017 and, as a result, the evaluation was not able to assess how the strategy was being used at country office level.

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69. UNFPA, *Draft UNFPA Supplies Sustainability Strategy*. May, 2017. p. 1.

## 7.3 UNFPA SUPPLIES IN HUMANITARIAN SETTINGS

### Summary

The goal of the UNFPA response in humanitarian emergencies is to ensure that the reproductive and maternal health needs of women and girls are identified and met. UNFPA Supplies sets aside funds each year (USD 3 million in 2017) for emergency commodities and these are programmed by the Humanitarian and Fragile Contexts Branch. Funds are used as a financing source of first resort to dispatch emergency kits once country offices confirm they cannot respond adequately from their regular budgets. For longer humanitarian situations, alternative funding channels are sought (usually from donors). Emergency reproductive health kits are the main centrally delivered response but programmatic activities are also important to strengthen targeting, quality of services, and impact. The Minimum Initial Service Package was used in a wide range of settings to identify and respond to priority needs and training. In some countries, UNFPA Supplies country programme resources are used by country offices to enable, and financially underwrite, the maintenance of a sub-national presence in conflict-affected areas. In protracted humanitarian settings, this leads to a closer alignment of development programming with the humanitarian response. A common finding across emergency contexts is the fragility of procurement supply chains and logistics management systems, which is very difficult to address especially during ongoing conflict.

*For details of the evidence supporting findings in section 7.3, see Evaluation matrix: Assumption 4.4 - Annex 1.*

### 7.3.1 RESPONDING TO DIFFERENT HUMANITARIAN SITUATIONS

#### Types and contexts of humanitarian crises

Almost half of all UNFPA Supplies 46 focus countries have recently experienced a humanitarian crisis, and all of those with the lowest mCPR have had, or are still experiencing, either recent conflict or humanitarian disasters, or both. Often, a humanitarian disaster affects the entire country disrupting all normal service delivery (the Ebola virus disease outbreak in Sierra Leone, Guinea and Liberia for example, or following Hurricane Matthew in Haiti). In these settings, UNFPA Supplies may have to suspend its programme, reorienting its support quickly to deliver a rapid humanitarian response. In Sierra Leone, for example, a good portion of UNFPA Supplies funding was re-profiled.

Often, the humanitarian crisis is contained to one part of the country and does not significantly disrupt services in other places. For example, in Nigeria, the north east is affected by instability resulting from the Boko Haram insurgency with significant economic, social and security consequences for surrounding states, but in many parts of the country the effects of the insurgency are not felt. For UNFPA Supplies, in such contexts, there may be a requirement to operate a dual-track programme at country level. For example, in the Sudan, UNFPA Supplies provides a package of support to

strengthen the delivery of public reproductive health and family planning services across the whole country. But in the areas to the west and south, which experience conflict and have regular influx of refugees from neighbouring countries, UNFPA has sub-offices that manage both the country-wide programme inputs and additional activities and inputs linked to humanitarian needs.

UNFPA Supplies at the global level also supports the delivery of emergency commodities in other settings beyond the 46 focus countries. In 2016, for example, the programme sent commodities to Turkey, Syria, Ecuador, Cuba, Ukraine, Greece and others. In terms of the international humanitarian architecture, UNFPA convenes the sub-cluster on gender-based violence under the protection cluster led by the United Nations High Commission for Refugees (UNHCR) and it also convenes the sexual and reproductive health sub-cluster in the health cluster led by WHO. UNFPA does not lead a cluster and, according to some key informants, has less influence in the global humanitarian response architecture to promote sexual and reproductive health as a first level priority. Whether for this reason or for another, there is no agreement on global indicators to track sexual and reproductive health service delivery in a humanitarian setting. There is a lack of systematic evidence from across a range of humanitarian settings to enable the assessment of the performance of UNFPA and to identify best practices.

### **Type of response from UNFPA Supplies**

The common response from UNFPA Supplies at global or country level is the distribution of reproductive and maternal health emergency kits. In all humanitarian or fragile settings where UNFPA Supplies is involved, their support always includes commodities, usually in the form of pre-packaged kits designed to meet the particular service needs of a certain size of population for a certain period of time. UNFPA country programmes can make use of a “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.

However, the response from UNFPA Supplies may extend well beyond the provision of kits. In Sierra Leone following the landslide in Freetown, the programme funded transport for midwives and training for data collection linked to disease surveillance. In the Darfur region of the Sudan, UNFPA Supplies provided ambulances, supervision support, and additional training for health workers to support maternal health care. In southern Madagascar, UNFPA supplies supported sexual and reproductive health and gender-based violence services for 600,000 people in 2016, including a full range of services in three emergency obstetric and newborn care (EmONC) facilities and six “safe spaces” in the areas affected by drought and food insecurity as a result of the El Niño climate phenomena. In many countries, the programme has invested in training and rolling out the use of the Minimum Initial Service Package, discussed in section 7.3.3 and providing practical day-to-day support, like transport for key health workers (midwives, sexual and reproductive health cadres etc.) to get to and from service-delivery points.

### **7.3.2 THE INTERFACE BETWEEN UNFPA SUPPLIES AND THE UNFPA HUMANITARIAN BRANCH**

The Commodity Security Branch and the Humanitarian and Fragile Contexts Branch (HFCB) have increased their collaborative approach over the last few years. When a crisis is first declared, by the government or the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), which requires additional support, UNFPA in-country staff will first work with the government

to divert resources from the regular programme to respond to the crisis. If that is not possible (or if UNFPA does not have a country presence), there is a possibility to draw on the emergency funds set aside from UNFPA Supplies (USD 3 million) for emergency and humanitarian needs. UNFPA Supplies is thus the funding instrument of first resort for rapid response in emergency situations (although not the only one, as the HFCB has its own funds).

In 2016 and 2017, UNFPA Supplies and the Commodity Security Branch co-signed a joint workplan to identify and channel UNFPA Supplies resources to key priorities including commodities, forecasting, training and deployment (surge response), global logistics capacity and support to provide better knowledge about how to target adolescents. In total, UNFPA Supplies set aside USD 2.5 million for commodities in 2016 and USD 750,000 for programming, including 50 percent of the cost of a logistics coordinator. In 2017, this increased to a total of USD 3.55 million.

At headquarters level, HFCB and the Commodity Security and Procurement Services Branches work together to agree on a coordinated approach, update guidelines and tools (such as the kit forecasting tool), allocate the emergency fund through the year, coordinate global procurement (reproductive health kits), and manage the inter-agency reproductive health kits.

### **7.3.3 THE DELIVERY OF REPRODUCTIVE HEALTH KITS AND THE MINIMUM INITIAL SERVICE PACKAGE**

#### **Reproductive health emergency kits**

There are twelve different emergency kits, each containing the commodities needed to meet a specific need for a defined period of time and population. For example, kits 6a and 6b are intended to provide the equipment (6a) and the commodities (6b) needed to support normal deliveries in a health facility for a population of about 30,000 people over a period of about three months. Kit 3 contains the commodities needed to manage post-rape care in a community of 10,000 people for one month.

Altogether in 2016, UNFPA Supplies procured and distributed 1,896 kits to 17 countries at a cost of USD 1.8 million. Although this represented about 15 percent of kits distributed

in 2016, it accounted for about 21 percent of the value of all emergency kits, suggesting that UNFPA Supplies procured some of the more expensive kits, for example, those aimed at supporting referral and hospital care. The proportion of all kits procured by UNFPA Supplies varies year-on-year and has been as much as 25 percent of all kits distributed. However, while the UNFPA Supplies programme is an important source of funding for emergency reproductive health kits, the converse is not quite true. As a proportion of all procurement, reproductive health emergency kits accounted for about 7 percent of total UNFPA Supplies expenditure in 2016, rising in some years to 9 percent.

Kits are considered convenient and easy to order and use. However, some countries found it could take a long time to receive them, especially if there were no stocks pre-positioned in the region. Others commented that the number of kits was often insufficient. The UNFPA HFCB tries to limit the use of kits to three months, preferring to redirect countries back to their national supply-chain systems after that. While the provision of kits was an immediate response, long-term protracted situations (for example, conflicts) drew on a range of commodity options. In the Darfur region of the Sudan, for example, there were multiple approaches used to access commodities. Implementing partners often sourced their own, importing them through the National Medical Supply Fund (NMSF). People living in the Darfur area (both residents and refugees) were able to access some national health facilities, for example, the Al Fasher Maternity Hospital where commodities were provided by both the NMSF and UNFPA Supplies through their country-wide programme. Some service-delivery points continued to rely on emergency kits as well (especially during an acute episode of what was otherwise a chronic humanitarian situation). Most of the warehouses in humanitarian areas of the Sudan contained a small number of kits, particularly kit 3 (post-rape management) and fistula kits (not part of the emergency kits but incidentally mainly required in the humanitarian areas).

### **The Minimal Initial Service Package**

The MISP was a prominent feature of the UNFPA response in a wide variety of settings. It enabled those first on the scene of a disaster to identify priority reproductive and

maternal health needs and quickly work out commodity, facilities and staff requirements to meet those needs. As a tool to identify priority needs (revised in 2011 and again currently) the MISP was identified in many different settings as a valued response. For example, when asked what UNFPA Supplies had most contributed to the humanitarian response in the Sudan, one implementing partner named the MISP and associated training as the most important contribution. MISP training was offered to OCHA colleagues, employees of implementing partners, national and district health workers, and others. Examples of the use of MISP, and training on the MISP were found in Malawi, Nepal, Madagascar, the Sudan, Togo, Haiti and elsewhere.

### **7.3.4 INTERFACE BETWEEN LONG-TERM PROGRAMMING AND HUMANITARIAN NEEDS**

UNFPA Supplies has supported the response to humanitarian emergencies through a number of activities (as set out in section 7.3.1). In UNFPA focus countries, it has been able to use its established presence and networks to support a rapid and appropriate response in ways that have been innovative, or have significantly improved the quality of the response, or the sustainability of services.

#### **A dual role in some settings**

In the Sudan, UNFPA Supplies has a dual role. It is concurrently supporting long-term development in reproductive health and family planning services across the country in partnership with the Ministry of Health while, at the same time, it is providing a response to the protracted humanitarian crisis operating in several parts of the country. Country offices can elect to use UNFPA Supplies programme funds to support district-based sub-offices. Although these sub-offices are based in the UNFPA Supplies focus districts (where programme activities are delivered), they are also well positioned in relation to areas with protracted crises.

When there is an acute episode, UNFPA Supplies in the Sudan can rapidly provide additional reproductive health kits. For more predictable long-term humanitarian needs, health service providers rely on funding from a Common Humanitarian Fund or the United Nations

Central Emergency Response Fund (CERF). Historically, NGO implementing partners have also been mainly responsible for sourcing their own family planning commodities in some of the more complex protracted humanitarian settings for distribution in their own health facilities. However, the UNFPA Supplies sub-office in Darfur has recently started to negotiate access to public sector family planning commodities (provided across the country through UNFPA Supplies) by NGO implementing partners working in the Darfur refugee camps. This shift would represent a significant step forward in guaranteeing access to reliable family planning commodities for refugees based in Darfur. It would afford public sector authorities some measure of quality control over services offered in their country and would simplify the logistics for international NGO service providers.

### **Re-purposing community distributors to support the Ebola virus disease response**

A major test of the role of UNFPA Supplies in responding to humanitarian crises in Sierra Leone arose in 2014 and 2015 following the Ebola virus disease outbreak. As part of the joint response to the Ebola virus disease, UNFPA was requested to take a leading role in contact-tracer training and the provision of incentives, transport and fuel to community contact tracers. It was able to do this in part by re-purposing its community distributors and rapidly re-training them to apply their existing skills and knowledge in a different way. A reported USD 400,000 of UNFPA Supplies funding was re-profiled for support to contact tracing. Altogether, 5,211 contact tracers were trained along with 378 ward councillor supervisors and 347 technical supervisors. UNFPA Supplies supported the work of civil society community monitors to verify and report on whether contact tracers were tracking all persons who had been in contact with symptomatic Ebola virus disease cases. The programme provided funds to strengthen data entry and management for contact-tracing information in all districts of Sierra Leone. Contact tracing was considered an important mechanism for slowing and reversing the Ebola virus disease outbreak.

### **Using established networks to extend services**

In Sierra Leone, UNFPA Supplies was also able to draw on implementing partners to provide reproductive health and family planning services during the Ebola virus disease crisis and to fill some of the gaps left by closures of government-run health facilities. By building close working relationships with these implementing partners before the crisis, the programme helped to build an institutional base and a presence within the affected communities. As a result, they were able to continue providing reproductive health and family planning services (at least in some locations) during the crisis. At the same time, humanitarian emergencies can cause lasting damage, which presents a major challenge to efforts to re-establish effective services in reproductive health and family planning. For example, following the earthquake in Nepal, the UNFPA country office reported “most of the resources of the government are diverted to reconstruction reducing the budget for contraceptives and family planning activities. Thus, we anticipate receiving an ad hoc request from government to support family planning commodities”.<sup>70</sup>

## **7.3.5 SUPPORTING A TIMELY AND SECURE SUPPLY OF COMMODITIES**

### **Pre-positioning commodities**

There is mixed evidence regarding effective pre-positioning of commodities by UNFPA Supplies. For example, the 2015 audit of the Sudan country office found that both risk management and inventory management were unsatisfactory.<sup>71</sup> In relation to inventory management, the audit found poor ability to control stock at national and local levels based on a lack of information on the location of commodities, time of arrival and priority of use to minimise losses – all contributing to expired commodities. As a result, the country office agreed to stop pre-positioning commodities -including humanitarian commodities - at the state level warehouses. On the other hand, in Nepal, UNFPA used regular resources to pre-position some stock and at a global level, UNFPA pre-positions kits with suppliers (not in countries). UNFPA has more than one supplier in each region.

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70. 2015 UNFPA Supplies mid-year progress report, GPRHCS Nepal, 2015.

71. Office of the Audit and Investigation Services, UNFPA, *Audit of the UNFPA Country Office in the Sudan, Final Report*, No SDN-103, 4 February 2015.

Demand for kits has been increasing and in 2017 a study undertaken jointly with JSI to forecast demand suggested USD 10 million would be needed. However, this includes airfreight costs, which are even greater than the cost of commodities themselves. HFCB is examining different modalities for distribution and delivery, including using the World Food Programme or private partners.

### Supply-chain management support

Supply chains appear to suffer early and often severely in humanitarian situations. Restoring functionality is almost never a first or even second level priority. The Inter-Agency Working Group on Reproductive Health in Crises recently commissioned a study called: *“SRH supply challenges in crisis settings: Global to Local Perspectives”*.<sup>72</sup> The study was undertaken by the Logistics Sub-Committee (of which UNFPA is a member). While recognizing the difficulties, the study presented a number of recommendations to support the better integration of supply-chain management into the early processes associated with addressing sexual and reproductive health in a crisis. The recommendations were specifically focused on supporting national supply-chain functionality. They include strategies to tackle capacity, funding, coordination and logistical challenges. HFCB identifies supply chain fragility as a major driver of prolonged reliance on kits rather than reverting to a pull system. In some contexts, however, national supply chains were dysfunctional or weak even before the crisis.

### 7.3.6 LIFE-SAVING COMMODITIES IN HUMANITARIAN CONTEXTS

Life-saving commodities refer to the maternal health drugs, oxytocin, magnesium sulphate and misoprostol. Maternal health drugs are mainly accessed in emergencies through kits 6 (normal delivery), 8 (management of miscarriage and complications from abortion) and 11 (to perform caesarean sections). Kit 6, the main source of life-saving drugs, was one of the most commonly requested from UNFPA Supplies.

UNFPA Supplies now offers countries access to an increasingly narrow range of high impact life-saving drugs

in addition to family planning commodities. The catalogue of options has become more focused over the evaluation period. For example, in 2013, life-saving commodities included antibiotics (azithromycin, penicillin etc.) and other commodities. The list has been gradually reduced and, in 2016, was concentrated on three maternal health drugs (magnesium sulphate, misoprostol, oxytocin).

Across all focus countries, about 7 percent of all commodities procured by UNFPA Supplies are life-saving medicines (life-saving commodities) but in some years, this has risen to 12 percent. Some countries procure much more, however. In the Sudan, for example, 22 percent of all UNFPA Supplies commodities are maternal health life-saving drugs and there is no other source of misoprostol or magnesium sulphate available.

The provision of life-saving commodities appears to have been vital to broadening access and has – almost certainly – helped to save maternal lives in both humanitarian and development contexts. Policy around commodity selection (what commodities are in the catalogue) is unclear and there has not been an internal assessment of the impact of non-family planning commodity procurement by UNFPA, its value for money or its impact on helping to improve maternal health outcomes in UNFPA Supplies focus countries.

In countries with strict abortion laws, misoprostol is not used outside tertiary settings due to concerns about improper use for abortion. Oxytocin requires an adequate cold chain and thus, for reasons related to the logistics systems, also may not be widely used at primary level. In some of the most resource-constrained settings therefore, UNFPA Supplies life-saving drugs may not be used to strengthen maternal health services at peripheral levels where many maternal deaths occur. There are some encouraging developments though. For example, in the Sudan, where four out of five babies are born in community settings, the Ministry of Health, with UNFPA support, will soon roll out a plan to equip community midwives with misoprostol in an effort to tackle the high burden of maternal mortality resulting from post-partum haemorrhage.

72. Inter-Agency Working Group on Reproductive Health in Crises, *SRH supply challenges in crisis settings: Global to Local Perspectives*, Inter-Agency Sub Working Group on Logistics Support, 2017. Accessible at: <http://iawg.net/areas-of-focus/logistics/logistics-sub-working-group/>



PART THREE  
—  
CONCLUSIONS  
AND  
RECOMMENDATIONS

# 8

## CONCLUSIONS

### 8.1 STRENGTHS AND CHALLENGES

The conclusions are based on the findings reported in sections 4 to 7 and provide clear answers to the evaluations questions (here presented in clusters). They highlight the contribution made by UNFPA Supplies from 2013 to 2017, its merits and worth as well as areas for improvements. The conclusions also point to some of the most important strategic choices facing the programme going forward.

The theory of change for UNFPA Supplies<sup>73</sup> (Annex 2) illustrates how the different activities supported by the programme can be organized under the three interlocking and interrelated outputs necessary to achieve the programme goals:

1. Improved supply and availability of reproductive health and family planning commodities and services (including improved access for poor and marginalized women and girls)
2. An enabling environment for reproductive health commodity security and family planning in a range of settings, including humanitarian
3. Increased demand for, and access to, reproductive health and family planning commodities by poor and marginalized women and girls.

These three outputs constitute the main components of the Supply, Enabling Environment and Demand (SEED) model of effective reproductive health and family planning programming first advanced by Engender Health.<sup>74</sup> Because all three outputs were included in the design and operation of UNFPA Supplies during the evaluation period, it is useful to examine the overall effectiveness of the programme through the lens of the three-component SEED model.

Figure 8 provides an overview of the strengths of, and challenges facing, UNFPA Supplies in relation to improved supply, a strengthened enabling environment

and increased demand for reproductive health and family planning commodities and services.

### 8.2 CONTRIBUTING TO REPRODUCTIVE HEALTH AND FAMILY PLANNING (2013-2017)

#### CLUSTER A: Strengthening the enabling environment

**Conclusion 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.

At country level, UNFPA Supplies has been used as a means to enable and support countries to develop reproductive health policies and strategies, articulate and advance FP2020 commitments, including financial commitments, and complete costed implementation plans for family planning programming. It has also enabled UNFPA country offices to engage with national authorities to promote strengthening of programmes for marginalized populations, including youth and adolescents. At the same time, key informants at national and global level have indicated that UNFPA could make better use of the programme as a lever for asserting leadership in reproductive health and family planning.

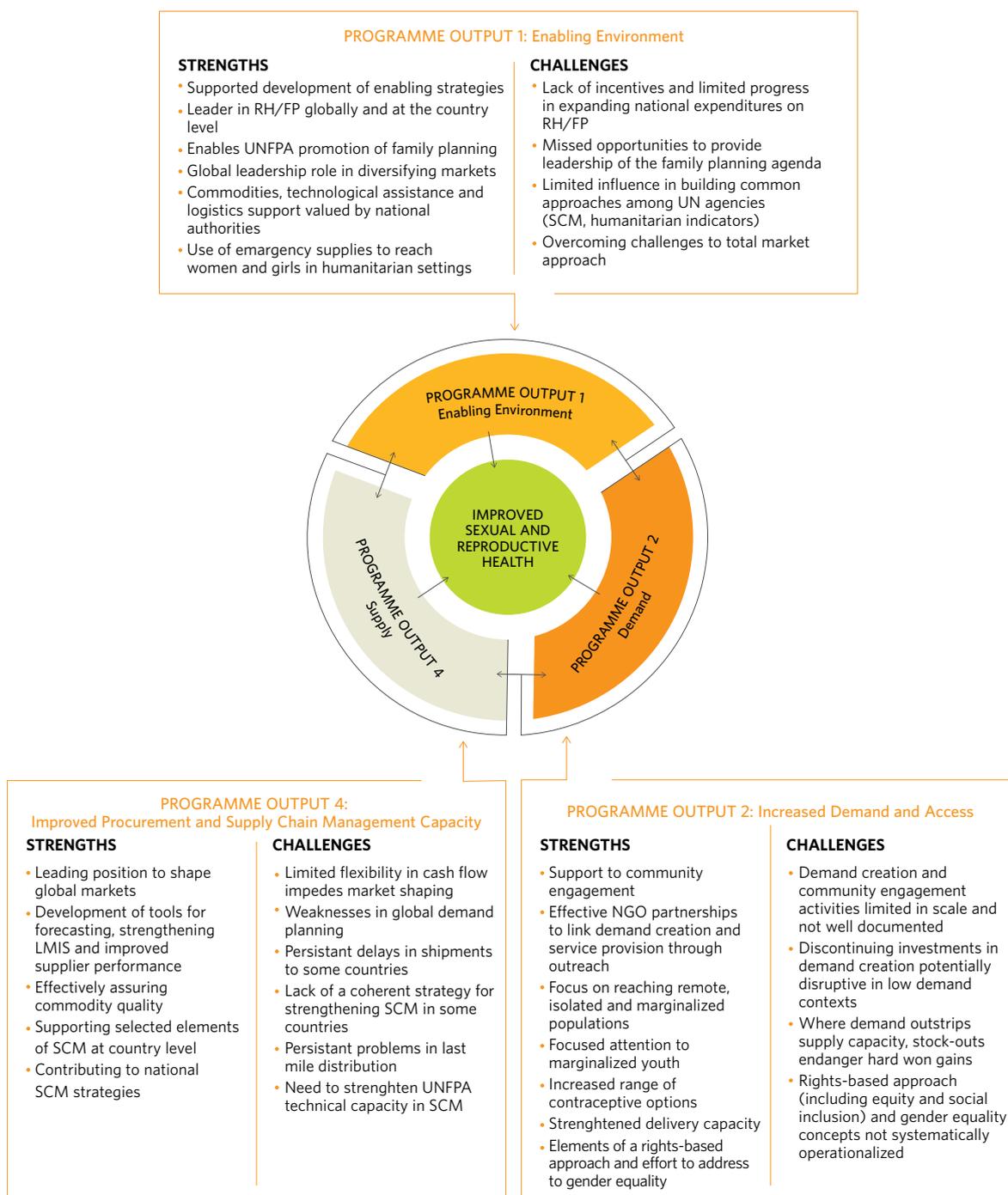
*Based on: Findings for evaluation question one: UNFPA Supplies contribution to creating and strengthening an enabling environment for reproductive health commodity security/family planning (RHCS/FP) at global, regional and national level.*

73. UNFPA, *Mid-Term Evaluation of UNFPA Supplies: Inception Report*. 2017, p.17.

74. *Ibid.*, p.15. Original model accessible at: [www.engenderhealth.org](http://www.engenderhealth.org)

**FIGURE 8** Strengths and challenges of UNFPA Supplies

**SUPPLY, ENABLING ENVIRONMENT AND DEMAND:  
UNFPA SUPPLIES STRENGTHS AND CHALLENGES**



**Conclusion 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 to be devoted to commodity procurement.

UNFPA Supplies has had some success in encouraging national governments to create a dedicated line for reproductive health and family planning commodities in their national budget. Some case-study countries (notably Malawi) have made substantial increases in allocations in recent years, often linked to FP2020 commitments. However, most of the UNFPA Supplies countries have either made very small financial commitments (Sierra Leone) or none at all. Some countries made commitments, but failed to follow through with increased spending allocations. The change management process undertaken by UNFPA Supplies in 2016 and 2017 attempted to address this problem by segmenting countries based on objective national criteria (national income, contraceptive prevalence rates, unmet demand). The aim was to graduate countries out of commodity support when they were considered to have sufficient fiscal space and capacity to support RHCS. While this could be an important mechanism for promoting sustainability, it lacks nuance and flexibility in relation to the very different contexts of the programme countries classified as sustainable. In addition, UNFPA Supplies lacks the tools, orientation and incentives to invest more effort into influencing national governments to increase domestic funding for RHCS.

*Based on: Findings for evaluation question one: UNFPA Supplies contribution to creating and strengthening an enabling environment for RHCS/FP and for evaluation question seven: the catalytic role of UNFPA Supplies.*

### CLUSTER B: Addressing demand and improving access

**Conclusion 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 towards family planning were often 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.

In most case-study countries, UNFPA Supplies, along with other partners and programmes, has contributed modest levels of funding invested through national and international NGOs in support of increasing demand and engaging with communities to change social norms and attitudes towards family planning. These efforts, in combination with the work of national and international partners, have been met in most instances by steady growth in demand. In other countries, such as the Sudan, demand for modern methods of family planning remains very low. In those contexts, there is a continuing need for strong support to demand generation, even if not directly supported by UNFPA Supplies.

*Based on: findings for evaluation question two: UNFPA Supplies contribution to increasing demand for reproductive health and family planning commodities and services and evaluation question four: improving the accessibility and availability of reproductive health and family planning commodities and services.*

**Conclusion 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.

In all country case studies, the evaluation found examples of the contributions made by UNFPA Supplies to improving both access and availability of reproductive health and family planning commodities and services. In some countries, this was done partly by ensuring that programmes for free delivery of essential health care included reproductive health and family planning commodities and services. It almost always included support to efforts to extend the geographic reach of services to isolated and marginalized communities.

*Based on: findings for evaluation question two: UNFPA Supplies contribution to increasing demand for reproductive health and family planning commodities and services and evaluation question four: improving the accessibility and availability of reproductive health and family planning commodities and services.*

### CLUSTER C: Addressing gender equality and social inclusion

**Conclusion 5:** UNFPA Supplies has made a positive contribution to ensuring reproductive health and family planning services are accessible to marginalized women and girls and to adolescents and youth. It also contributed to efforts to address gender equality through community engagement to remove socio-cultural barriers to access for women and girls. The programme 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.

In all case-study countries, UNFPA Supplies has invested in efforts to improve accessibility and availability of reproductive health and family planning commodities and services, especially for youth and adolescents, including marginalized young women at risk of early marriage and early pregnancy. However, and quite logically, the extent and depth to which UNFPA Supplies support was directed to different groups and segments of the overall population of women and girls requiring access to reproductive health and family planning commodities and services varied across countries. In countries like the Sudan, the task at hand is to normalize the very notion that modern methods of family planning are essential to national health and to national development. With extremely low levels of demand and access, virtually all women and girls in the Sudan have very limited access. In other countries like Sierra Leone, Nigeria and the Lao People's Democratic Republic, there is both a need and an opportunity to provide special attention to targeting, for example, teenage mothers who require access to services for reintegration to schooling. As already stressed in conclusion 4, the gains in gender equality and social inclusion resulting from interventions supported by UNFPA Supplies are placed at risk by persistent stock-outs at service-delivery points.

*Based on: findings for evaluation question four: improving the accessibility and availability of reproductive health and family planning commodities and services.*

### CLUSTER D: Improving efficiency of procurement and strengthening supply-chain management

**Conclusion 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.

UNFPA has made efforts to ensure that it has:

- Strengthened quality-assurance processes and ensured that commodities procured by UNFPA Supplies meet quality standards
- Sustained significant increases in the volume and value of commodities procured over time, especially following the expansion from 12 to 46 programme countries
- Ensured rational procurement through frequent pre-procurement validation exercises to confirm the fit between national needs, available budgets and quantities procured
- Cross checked and validated country procurement needs through multi-step processes involving country offices and the Commodity Security and Procurement Services Branches at UNFPA as well as liaising with the global Coordinated Supply Planning Group to avoid duplication.

Efforts by UNFPA Supplies to improve and rationalize procurement and shipping processes face continuing challenges, including:

- Continuing delays in procurement and late delivery of products to some countries
- Complexity of the process for moving from country needs-assessment to approved budgets and confirmed orders and shipments
- Somewhat opaque processes leading to limited visibility for implementing partners on UNFPA Supplies budgets, procurement plans and shipments.

*Based on: findings for evaluation question three: the extent UNFPA Supplies has contributed to efficiency of procurement and supply of reproductive health and family planning products to the 46 programme countries.*

**Conclusion 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).

Although the allocated share of programme financial resources devoted to strengthening national capacity for supply-chain management is very small (4 percent in 2016), UNFPA Supplies invests in an effort to strengthen supply chains in almost every programme country. In the Sudan and Nigeria, these efforts have included support to a national strategy to integrate supply chains for

medical supplies and reproductive health and family planning commodities. In some countries facing a humanitarian crisis, UNFPA Supplies has supported the creation of a temporary supply chain to ensure emergency kits and other commodities reach the affected communities.

In a number of programme countries, however, UNFPA Supplies has not been able to promote a national consensus on how supply chains should be strengthened or which roles should be played by supporting external partners. This has contributed, in countries like Sierra Leone, to continued fragmentation of supply chains and a lack of coordinated support from external partners. Finally, it is questionable whether UNFPA Supplies has the financial and technical capacity to provide effective support to supply-chain management in 46 programme countries. The need to strengthen human resources in this area has been identified as a key task in the 2017 Draft Supply Chain Management Strategy of UNFPA.

*Based on: findings for evaluation question five: strengthening systems and capacity for supply-chain management and evaluation question six: programme coordination and management*

#### CLUSTER E: Programme coordination and management.

**Conclusion 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.

UNFPA Supplies and the staff of UNFPA country offices charged with planning and supporting the programme at country level are viewed as “good development partners” who provide valued technical and operational support. However, in most countries, the reproductive health and family planning team is very small (two to three persons). Most often a single staff person is charged with most of the work of planning, implementing, monitoring and providing technical support to the supply function. This means that systems and processes for quantifying national need, assigning budgets, validating procurement requests, dealing with suppliers and actual procurement and shipment can seem overwhelming when viewed from a country office perspective. This process takes place over a compressed time frame and involves frequent communication between and among national health authorities, UNFPA country and regional offices and the Commodity Security and Procurement Services Branches. This places a premium on ensuring visibility and clear lines of communication among the different players and authorities in the process.

*Based on: findings for evaluation question six: improving programme coordination and management.*

**CLUSTER F: UNFPA Supplies in humanitarian settings**

**Conclusion 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.

UNFPA Supplies finances one quarter of the emergency reproductive health kits provided by UNFPA using a portion of the annual programme budget set aside for that purpose. The remaining three quarters are financed from country or crisis-specific humanitarian funds. The longer a crisis persists, the less likely it is that UNFPA Supplies funding is used to support kit procurement. UNFPA Supplies retains some kits ready to be despatched and kept by suppliers across the world but stock-outs, transport failures or other problems may affect delivery times. However, as implementing partners are unaware of the difference between kits procured by UNFPA with UNFPA Supplies funding or with other funding, the performance of each individual part of UNFPA during a crisis influences perceptions about the performance of all.

UNFPA Supplies funding at country level, can help UNFPA to maintain sub-national offices and networks of national partner organizations and this enables a more rapid and nuanced response during protracted humanitarian situations. For example, in the Sudan, the sub-national teams were able to use opportunities created through long-standing relationships with sub-national authorities, to influence reproductive health and family planning policy in ways that enabled international implementing partners to access national reproductive health commodities.

*Based on: findings for evaluation questions two and four as reported in section 7.2: Humanitarian and fragile contexts.*

**8.3 A STRATEGIC OPPORTUNITY: LEVERAGING THE ESSENTIAL ROLE OF UNFPA SUPPLIES**

The findings and conclusions of this mid-term evaluation illustrate an important pattern and give rise to an opportunity to strengthen UNFPA Supplies going forward. From a positive perspective:

- UNFPA Supplies has an established leadership position, both globally and in programme countries, based on the importance of the commodities it procures and ships and the effective support it has provided to many important programme outcomes
- UNFPA as an organization has had some important success in leveraging this leadership position to positively influence national priorities and programmes in reproductive health and family planning
- UNFPA Supplies has also had important effects at a global level, especially relating to efforts to coordinate and rationalize procurement and to ensure the quality and availability of needed commodities on a global scale
- Since 2015, changes to the structure and management of UNFPA Supplies have aimed at improving programme focus and prioritizing its commodity procurement and supply function, while encouraging a broadening of sustainable sources of finance at global and national level.

However, there are significant opportunities for UNFPA as an organization (and its donors and partners) to increase the effectiveness of UNFPA Supplies by more aggressively and effectively leveraging its crucial importance to programme countries. This would require:

**1. Refining and moving forward from the current criteria and decision rules for establishing country level programme budgets and segmenting programme countries according to their level of sustainability**

While these changes were important to provide transparency and predictability to programme countries and to signal a real commitment to finding sustainable sources of financing (especially at national level), they have important limitations. Most importantly, they do not encourage UNFPA staff and national health authorities to analyse needs and gaps in the national system or to match programme resources and efforts to the evolving national context. They also do not provide UNFPA country offices with tools and incentives to encourage countries to make incremental steps towards sustainability.

**2. Using the platform established by UNFPA Supplies to take a stronger leadership position in the family planning “policy space” both globally and at national level. This would include using its leadership position more actively for market shaping, promotion of a total market approach and leveraging towards national sustainability**

Many of the desired outcomes of the programme (especially promoting sustainability) cannot be achieved by UNFPA alone, but require cooperation and support from very powerful and significant programme partners. These include bilateral development agencies active in reproductive health and family planning, international NGOs and private foundations with a global reach: among which there is a strong consensus that UNFPA is indeed capable of taking a stronger leadership position. This, however, should not be seen as the sole responsibility of units (the Commodity Security and Procurement Services Branches and reproductive health and family planning teams in country offices) directly involved in the management and delivery of UNFPA Supplies. Rather, it requires UNFPA as a whole to engage with, and make better use of, UNFPA Supplies as an instrument of influence and leadership.

# 9

## RECOMMENDATIONS

### RECOMMENDATION ONE: 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).

**Priority:** High

**Based on conclusions:** 1 and 6

**Directed to:** UNFPA Technical Division, Commodity Security Branch, Procurement Services Branch, regional and country offices

#### OPERATIONAL REQUIREMENTS

- Requires UNFPA senior management to leverage UNFPA Supplies in global platforms for family planning, such as FP2020
- Requires a division-wide engagement by Technical Division on UNFPA Supplies strategic direction and operations
- Requires coordination of policy engagement and programmatic planning and implementation between sexual and reproductive health programmes (including maternal health) and UNFPA Supplies
- Requires effective communication by the Commodity Security and Procurement Services Branches to other units of UNFPA on the importance and potential use of UNFPA Supplies as a platform for leadership, for example on market shaping
- Requires reproductive health and family planning staff and UNFPA Supplies teams to work collaboratively at regional and country office levels
- Requires that country offices have access to the skill sets needed to engage in advocacy and leadership for commodity security and a rights-based approach to reproductive health and family planning, including in humanitarian settings.

### RECOMMENDATION TWO: 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 incentivizing and supporting domestic resource mobilization, including lessons learned by other global funds on co-financing policies and innovative financing mechanisms.

**Priority:** High

**Based on conclusion:** 2

**Directed to:** Commodity Security Branch, regional and country offices

#### OPERATIONAL ACTIONS

- Requires the Commodity Security Branch to update and disseminate guidelines on the transition to domestic resources underpinned by a clearer UNFPA Supplies policy that includes co-financing requirements
- Requires the Commodity Security Branch to adopt a more targeted approach to programme resource allocation informed by detailed knowledge of national contexts
- Requires country work plans and budget allocations (including the split between commodities and technical-assistance funding) to be informed by detailed, evidence-based analyses taking into consideration: the pressing needs facing reproductive health commodity supply and service delivery in a given country, the interventions required to increase domestic ownership, capacity-strengthening, and resource mobilization in relation to reproductive health programming

- Requires UNFPA to assess its own capacity and capability to provide support in priority areas, in order to clarify its role and comparative advantage among global health partners. It also requires agreement among UNFPA country offices, other funding partners and governments on an aligned process of support while transitioning away from donor funds to domestic resources
- Requires UNFPA Supplies to work with other global health funds and partners on innovative financing mechanisms and co-financing policies to support the transition process, taking into consideration evidence and experience of “what works” in terms of incentivizing and supporting domestic resource mobilization.

### RECOMMENDATION THREE:

#### 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.

**Priority:** High/Medium

**Based on conclusion:** 3

**Directed to:** UNFPA Technical Division (Notably Commodity Security Branch and Sexual and Reproductive Health Branch) and country offices

#### OPERATIONAL ACTIONS

- Requires strengthening the capability of the Commodity Security Branch to develop an evidence-based process for defining technical-assistance needs and assessing funding gaps (including for demand generation) in each of its priority countries

- Requires UNFPA to assess its own capacity and capability to support high priority technical-assistance activities, in order to clarify its role and comparative advantage among global health partners
- Requires UNFPA to collect and analyse high-quality data in order to assess the outputs and outcomes that are achieved by existing and future demand-generation activities. It also requires the Commodity Security Branch and country offices to: (i) agree on, and establish a protocol for, assessing the context of demand generation at national level and (ii) co-develop a strategy for ensuring demand-generation needs are met using all available resources
- Requires UNFPA leadership at country level to support national processes, influence RMNCAH investment plans, convene partners and embed consideration of demand in national planning
- Requires country offices to assist national authorities to establish demand-generation strategies and negotiate resource allocation from domestic sources, core funds and other donors
- Requires Technical Division-wide collaboration to ensure that the systematic assessment of demand for family planning commodities and services is adequately addressed in all relevant thematic areas
- Requires UNFPA to systematically document experiences, lessons learned and best practices including demand creation, which could form the basis for considering additional assistance to national governments and development partners.

#### **RECOMMENDATION FOUR: 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.

**Priority:** High

**Based on conclusion:** 5

**Directed to:** Gender Human-Rights and Culture Branch, Commodity Security Branch, regional and country offices

#### **OPERATIONAL ACTIONS**

- Requires the communication of existing guidance (including minimum and recommended standards) and the development of capacities of country offices and implementing partners to apply a human rights-based approach to family planning services in the use of UNFPA Supplies resources
- Requires the systematic use of a human rights-based approach as one of the results criteria used in programme monitoring and reporting. For example, this means that data gathered during exit interviews conducted as part of annual facilities surveys should be analysed and used to take action when results indicate it is required.

#### **RECOMMENDATION FIVE: 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 process more visible to implementing partners.

**Priority:** High/Medium

**Based on conclusion:** 6 and 8

**Directed to:** Commodity Security Branch, Procurement Services Branch, regional and country offices

#### **OPERATIONAL ACTIONS**

- Requires the Commodity Security Branch and regional offices to support country offices to work more effectively with in-country partners in order to adopt simplified and timely national commodities quantification processes
- Requires the Commodity Security and Procurement Services Branches and country offices to streamline communications and to commit to full visibility throughout the whole procurement, shipment, and delivery processes
- Requires UNFPA Supplies to proactively communicate to all stakeholders (Ministries of Health, UNFPA country offices and implementing partners) information on commodity lead times, and real-time updates on the status of product shipments
- Requires UNFPA Supplies to put in place mechanisms to address in a timely manner bottlenecks (including issues with manufacturers, customs clearance, etc.) in deliveries to relevant partners
- Requires the Commodity Security Branch and/or the Procurement Services Branch to clarify and clearly outline the boundaries of UNFPA procurement roles and responsibilities with regards to product procurement and shipment, in order to ensure that partners and stakeholders intervene in a timely manner to resolve bottlenecks that are outside the remit of UNFPA.

**RECOMMENDATION SIX:  
Coordinated risk-based approach to supply-chain management**

UNFPA country offices should support national governments to coordinate a multi-partner approach to providing assistance 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.

**Priority:** Very High

**Based on conclusion:** 4 and 7

**Directed to:** UNFPA Technical Division (notably Commodity Security Branch and Humanitarian and Fragile Contexts Branch), Procurement Services Branch and regional and country offices

**OPERATIONAL ACTIONS**

In keeping with the current UNFPA Strategy for supply-chain management, this:

- Requires the Commodity Security Branch and UNFPA country offices to develop a differentiated, risk-based approach to supply-chain management across each of its priority countries. This should include use of distribution models and supply-chain interventions according to the risk profile of a given country, and assessment of staff capacity accordingly. The approach would also tailor capacity-building efforts to country conditions as well as additional monitoring and accountability activities (such as supply-chain audits)
- Requires UNFPA country offices to advocate and support national authorities to lead efforts to develop a coordinated,

multi-partner approach to strengthening national reproductive health and family planning supply chains

- Requires technical capacity in supply-chain management made available to those country offices where it is needed, in line with a differentiated, risk-based approach
- Requires capacity-development for supply-chain management to support the humanitarian partners to move away from emergency reproductive health kits procurement (provided by UNFPA or another partner) in settings that experience protracted crises or that are in a post-emergency phase
- Requires UNFPA Supplies to support capacity-development for budget planning in protracted crises and when transitioning from humanitarian to development contexts
- Requires UNFPA to set up mechanisms to measure the effectiveness of supply-chain strengthening efforts and UNFPA contribution.

**RECOMMENDATION SEVEN:  
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.

**Priority:** High

**Based on conclusion:** 2, 3, and 7

**Directed to:** Commodity Security Branch, regional and country offices

## OPERATIONAL ACTIONS

- Requires UNFPA Supplies to develop a robust, systematic and evidence-based process for defining commodity and technical-assistance needs and funding gaps in each of its priority countries
- Requires an assessment of UNFPA capacity and capability to support high priority activities, in order to clarify its role and comparative advantage among global health partners
- Requires UNFPA Commodity Security Branch and country offices to implement robust monitoring arrangements in order to strengthen programme oversight and provide assurance that commodities are reaching intended beneficiaries
- Requires the Commodity Security Branch to effectively reinforce its oversight over programme planning in the 46 country offices
- Requires regional and country offices to develop or acquire the technical capacity to accurately assess national needs and capacities
- Requires flexibility in the allocation of UNFPA Supplies national level budgets among different programme activities and outputs
- Requires country office staff to demonstrate skills to effectively link UNFPA Supplies interventions to larger health-systems development processes, including universal health coverage, health-systems reforms and sector-wide processes.





Ensuring rights and choices for all

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