



Independent mid-term evaluation of the UNFPA Supplies Partnership 2021–2030

Case Study

Cameroon



UNFPA Independent Evaluation Office

Louis Charpentier	Evaluation Manager
Nsanshya Faith Chilupula	Evaluation Analyst






Evaluation team

Salvador Bustamante	Team Leader and Evaluation Specialist
Katie Tong	SRHR, Gender and Community Mobilization Specialist
Jennifer Lissfelt	Supply Chain Management and Commodity Security Specialist
Virgile Capo-Chichi	Quantitative and Qualitative Evaluation and Operational Research Specialist
Giulia Mantovani	Data Analyst Researcher
Ted Freeman	Technical Adviser for the theories of change and contribution analysis
Lynn Bakamjian	Quality Assurance Manager
Michele Gross	SRHR Specialist, CEO of Euro Health Group



Copyright © UNFPA 2025, all rights reserved.

The analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund. This is a publication by the Independent Evaluation Office of UNFPA.

 unfpa.org/evaluation
 evaluation.office@unfpa.org
 [@unfpa_eval](https://twitter.com/unfpa_eval)
 [@UNFPA_EvaluationOffice](https://www.youtube.com/UNFPA_EvaluationOffice)
 **UNFPA Independent Evaluation Office**

Cover photo: After receiving information about family planning from a nurse in Luanda, 24-year-old Ester Nhambe chose to receive a self-injectable hormonal contraceptive that provides protection against pregnancy for three months. © UNFPA Angola/Noriko Hayashi.

This evaluation and related products are available at
www.unfpa.org/independent-mid-term-evaluation-unfpa-supplies-partnership-2021-2030

Evaluation Reference Group

Agnes Chidanyika	Technical Adviser, SRHR Branch, UNFPA
Ayman Abdelmohsen	Chief, SRHR Branch, UNFPA
Beatriz de la Mora	Resource Mobilization and Donor Relations Advisor, Public Funding and Financing Branch, UNFPA
Chilanga Asmani	Family Planning Adviser, WCARO, UNFPA
Desmond Koroma	Programme Adviser, Thematic Trust Fund Performance Management SRHR Branch, UNFPA
Federico Tobar	Financing for Development Adviser, Quality Programming Branch, UNFPA
Itamar Katz	Strategic Information Advisor, Programme Division, UNFPA
Jason Bremner	Senior Director, Data and Measurement, FP2030
Jennie Greaney	Knowledge Management Adviser, Programme Division, UNFPA
Jennie van de Weerd	Senior Health Expert, Ministry of Foreign Affairs, The Netherlands
Jill Keesbury	Programme Lead, UNFPA Supplies Partnership/Family Planning, SRHR Branch, UNFPA
Martyn Smith	Director, Reproductive Health Supplies Coalition
Mikaela Hildebrand	Maternal and Newborn Health (MNHF) Global Coordinator, SRHR Branch, UNFPA
Sarah Dabbaj	Senior Policy and Programme Manager, Health and Rights, Foreign, Commonwealth and Development Office, United Kingdom
Stephen Mawa	Resilience and Capacity Development Advisor, SCMU, UNFPA
Stephen Mupeta	Regional Family Planning Specialist, ESARO, UNFPA
Sylvia Lin	Deputy Director, Women's Health Innovations, Gates Foundation
Yann Lacayo	Programme Advisor, Family Planning, SRHR Branch, UNFPA

Country case study team members

Virgile Capo-Chichi	Country Case Study Team Leader
Francis Simo Peumo	National Consultant

Foreword

The UNFPA Supplies Partnership, established in 2007, is a flagship global health initiative dedicated to strengthening health systems by ensuring equitable access to quality-assured modern contraceptives and life-saving maternal health medicines for women and girls in the world's 54 low-income countries. Directly supporting the implementation of the UNFPA strategic plan, the Partnership is crucial in reducing unintended pregnancies, lowering maternal risks and promoting sustainable development. Now operating in its third phase (2021–2030), the Partnership is strengthening health systems by improving supply chains, developing stronger policies, and diversifying financing to reach the last mile and leave no one behind.

The independent mid-term evaluation of the Partnership (Phase III) comes at a critical moment, serving as both an accountability instrument and a learning tool to ensure the Partnership remains on track to achieve its goals by 2030. It provides an independent assessment of the Partnership's performance in expanding access to modern contraceptives and life-saving maternal health medicines for women and girls, particularly those in hard-to-reach settings. The evaluation also assesses the Partnership's contribution to strengthening health systems for long term sustainability and scale.

The evaluation found that the current phase of the Partnership has positioned UNFPA well as a catalytic global actor. The introduction of innovative financing tools, including Compacts, the Match Fund, and the Supplies Results and Accountability Tool (SRAT), is driving momentum toward sustainable domestic financing and enabling more tailored country engagement. The evaluation also finds that UNFPA has a strong position within the global SRHR landscape, reinforcing its role as both a convener and a strategic advocate. However, the evaluation also reveals that limited attention to health systems strengthening (HSS) and demand-side interventions persist and despite strong country demand for HSS, there is insufficient capacity to drive full systems transformation. Additionally, progress remains uneven across countries due to differences in political will, fiscal space, and institutional capacity.

To accelerate its progress, the evaluation recommends that the Partnership reflect further on its country classification in light of political, economic, and health contexts and policies. The Partnership should strengthen its engagement in humanitarian contexts, particularly in enhancing procurement, supply chain management, and last-mile delivery mechanisms where applicable. The evaluation also recommends diversifying the Partnership's funding sources and strengthening domestic resource mobilization in programme countries.

The evaluation offers a strong assessment of where the Partnership stands today and the direction it should take to achieve its 2030 goals. I am confident that the insights from this evaluation, along with its six actionable recommendations, provide a clear path for strengthening the Partnership, and ultimately enabling more women and girls to exercise their reproductive rights, strengthening health systems to deliver quality services and ensuring countries can sustain equitable access to life-saving reproductive health supplies.

Marco Segone

Director

UNFPA Independent Evaluation Office

Acknowledgement

The evaluation team extends its gratitude to the UNFPA Cameroon Country Office for their invaluable support and assistance in the weeks leading up to and during the country visit conducted from 21 to 31 October 2024. This visit was instrumental in preparing and executing the case study fieldwork for the Mid-term evaluation of the UNFPA Supplies Partnership (Partnership).

The evaluation team is particularly grateful to the following country office personnel with whom they worked most closely:

- Dr Justin KOFFI for his leadership and very helpful advice and constructive suggestions
- Mme Barbara BONNY for her coordination efforts
- Dr Christian EWANE for his invaluable support in organizing the fieldwork
- Mr Mokake MBUA for his support

The country office's support was critical in facilitating comprehensive engagement with a wide range of key stakeholders, implementers, collaborators, and beneficiaries of the Partnership programme in Cameroon. Their logistical assistance and provision of documents and data were essential and greatly appreciated.

The evaluation team also wishes to express sincere thanks to all individuals and organizations visited during this fieldwork. The time and feedback shared by interviewees were invaluable in enhancing our understanding of the Partnership's operations, strengths, and challenges in Cameroon.

Louis Charpentier, Ph.D.

Evaluation Manager, UNFPA Independent Evaluation Office

Table of Contents

Foreword	3
Acknowledgement	4
Abbreviations and Acronyms	5
Executive summary of the overall mid-term evaluation of the Supplies Partnership (2021-2030)	8
1 Introduction of the case study	1
2 Context	1
3 Case study findings	5
4 Conclusions	20
Annexes	22
Annex 1: Evaluation Matrix	22
Annex 2: List of persons consulted	123
Annex 3: Bibliography	125

Abbreviations and Acronyms

ACMC	Association Camerounaise pour le Marketing Social (Cameroonian Association for Social Marketing)
AFRIYAN	African Youth and Adolescents Network on Population and Development
CAMNAFAW	Cameroon National Association for Family Welfare
CENAME	Centrale d'Achat des Médicaments Essentiels et des Consommables Médicaux (Centre for Procurement of Essential Medicines and Medical Consumables)
CPD	Country programme document
DHS	Demographic and Health Surveys
DOSTS	Healthcare Organization and Health Technology Department
DSF	Direction de la Santé Familiale (Directorate for Family Health)
ExpandPF	Expand Family Planning and Sexual and Reproductive Health
GBV	Gender-based violence
GDP	Gross national product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HIV	Human Immuno-Deficiency Virus
HSS	Health system strengthening
ICPD	International Conference on Population and Development
IDP	Internally displaced people
INS	Institut National de la Statistique
IPPF	International Planned Parenthood Federation
IUDs	Intra uterine device
KfW	Kreditanstalt für Wiederaufbau
LMIS	Logistics Management Information Systems
LNOB	Leaving No One Behind
MAV	Matching Assistance for Voluntary Family Planning (funding stream)

MICS	Multiple Indicators Cluster Surveys
MINFIN	Ministry of Finance
MIST	Minimum Initial Service Package
MoH	Ministry of Health
NGO	Non-governmental organization
NLU	New and lesser used (products)
Partnership	UNFPA Supplies Partnership
PEPFAR	President's Emergency Plan for AIDS Relief
PIB	Public Investment Budgets
SCM	Supply chain management
SCOD	Supply Chain Operations Diagnostic
SDG	Sustainable Development Goal
SMART	Specific, measurable, achievable, relevant, and time-bound.
SRAT	Strategic Reflection and Assessment Tool
SRH	Sexual and reproductive health
SRHE	Sexual and Reproductive Health in Emergencies
TFR	Total fertility rate
TMA	Total market approach
UNFPA	United Nations Population Fund
USAID	United State Agency for International Development
SWEDD	Sahel Women's Empowerment and Demographic Dividend
WCARO	West and Central Africa Region
WGSS	Women and girls' safe spaces

Executive summary of the overall mid-term evaluation of the Supplies Partnership (2021–2030)

Background

The UNFPA Supplies Partnership (hereafter referred to as the Partnership) is a key global flagship programme, ensuring sustainable, equitable access to sexual and reproductive health (SRH) commodities, including modern contraceptives and life-saving maternal health medicines. It plays a central role in supporting countries with the greatest needs to address the unmet demand for family planning and preventable maternal mortality, aligning closely with global commitments to universal health coverage, gender equality, and the Sustainable Development Goals (SDGs). As a key driver of the UNFPA Strategic Plan, the Partnership directly contributes to achieving two of the three transformative results: eliminating unmet need for family planning and ending preventable maternal mortality.

Phase III (2021–2030) builds upon the achievements and lessons of previous iterations by advancing a more structured, sustainable and country-owned approach to reproductive health commodity security (RHCS). It represents a strategic shift from a programme-based model to a more inclusive partnership approach. It emphasizes government ownership, financial sustainability, and last mile delivery, with a broader mandate that incorporates health systems strengthening (HSS), strategic procurement, market shaping and enhanced governance. The Partnership operates across 54 countries, guided by four strategic objectives: SO1 – improving availability and choice; SO2 – strengthening supply chains; SO3 – increasing government commitment and domestic financing; and SO4 – enhancing operational effectiveness and efficiency.

Purpose and scope of the evaluation

The purpose of this mid-term evaluation is to assess the progress, effectiveness and strategic positioning of the Partnership and to inform any necessary adjustments for the successful continued implementation and achievement of its goals up to and including 2030. The evaluation has four main objectives: (1) assess the adequacy of the theory of change and causal logic; (2) examine progress across the four strategic objectives; (3) identify good practices and factors that contributed to or hindered results; and (4) provide evidence to enhance decision-making and implementation moving forward.

The evaluation covers the implementation period from 2021 to 2024, across all 54 Partnership countries. The evaluation's intended users include the UNFPA Sexual and Reproductive Health and Rights (SRHR) Branch, country and regional offices, the Partnership's Steering Committee, donors, governments, civil society partners, and other United Nations agencies.

Methodology

The evaluation adopted a theory-based approach grounded in contribution analysis. A reconstructed theory of change was used to guide the evaluation framework, encompassing causal pathways, assumptions, and interdependencies among the strategic objectives. A mixed-methods design was employed, integrating quantitative and qualitative data from 258 key informant interviews, a survey from 241 respondents across 54 countries, document and data reviews (194 documents), and seven country case studies (four field-based and three desk-based). In addition to assessing programme design, performance, and governance, two thematic studies focused on (1) the Match Fund co-financing mechanism, and (2) the Last Mile Assurance (LMA) process. Ethical considerations were embedded throughout, adhering

to UNEG standards. Data triangulation ensured the credibility of findings, while participatory methods enhanced ownership and learning.

Main findings

The evaluation highlights significant strengths, persistent challenges, and emerging opportunities across the four strategic objectives of the Partnership. The main findings are categorized into seven areas: design, country eligibility, governance and strategic alignment, strategic procurement, strengthening supply chains, enhancing domestic resource mobilization and the role and added value of the Partnership.

1. Design: Partnership model, sustainability and equity

Phase III of the UNFPA Supplies Partnership introduced a deliberate transition from a centrally managed programme model to a strategic partnership approach grounded in mutual accountability, sustainability and government ownership. This change is widely recognized and appreciated by stakeholders across all levels of implementation. The rebranding from “Supplies Programme” to “Supplies Partnership” reflects a broader vision, reinforcing the notion of shared responsibility among UNFPA, partner governments, donors and implementing actors.

New design elements and financing tools, such as the Compacts, Match Fund, and the Sustainability Readiness Assessment Tool (SRAT), were identified as critical to operationalize the Partnership’s focus on domestic financing. These tools have supported more tailored engagement at the country level and helped initiate a shift in thinking from donor-driven inputs to co-financed solutions. These tools offer significant potential, yet their uptake and effective use remain inconsistent. For instance, while most eligible countries have signed Compacts to signal commitment to sustainable financing, some lack the institutional readiness or fiscal flexibility to fully implement these tools.

The shift towards sustainable financing and country-led prioritization has had both positive benefits and introduced questions within the resource allocation model. The inclusion of new countries broadened geographic reach and equity, but it has also diluted available resources and introduced complexity in balancing long-standing needs with new country demands. Many stakeholders noted that the design does not adequately consider factors such as quality of care, social norms, and health workforce capacity. While these areas fall outside the Partnership’s direct focus on commodity provision, they are essential to achieving sustainable and equitable health outcomes and ignoring them may limit the Partnership’s overall impact.

2. Country eligibility, equity, and scope of coverage

In its phase III, the Partnership offers a more structured and transparent approach to country eligibility and classification compared to previous phases. The use of quantifiable indicators – GNI per capita, modern contraceptive prevalence rate (mCPR), and maternal mortality ratio (MMR) – has improved clarity and predictability. Initially conceived as a transitional measure, the “carryover” group of countries remains poorly understood and inconsistently applied, in part because the Partnership was unable to implement the planned exit strategy envisioned for phase III due to factors such as the unprecedented impact of the COVID-19 pandemic and the deprioritization of resources.

The inclusion of 54 countries has placed pressure on the Partnership's capacity to deliver high-quality, context-sensitive support across a highly diverse portfolio. While inclusivity is valued, geographic expansion could compromise depth, particularly in fragile or complex operating environments. Meanwhile, stakeholders in carryover countries expressed uncertainty regarding their status, the duration of their inclusion, and the implications for future support.

3. Governance, partnership and strategic alignment

Governance arrangements under phase III have become more inclusive and participatory. The Steering Committee and its sub-committees were established to provide strategic oversight, financial accountability, and technical guidance. Stakeholders generally perceived these structures as effective in fostering transparency and legitimacy. The inclusion of bilateral donors, implementing countries, civil society organizations, and private sector donors in governance bodies reflects a balanced and deliberate effort to support joint leadership.

Gaps remain in the operationalization of governance roles. For example, the flow of information between Steering Committee decisions and field-level implementation is inconsistent. There are also concerns about limited engagement of civil society and insufficient mechanisms for integrating country-level voices into strategic planning. Country-level stakeholders, in particular, reported that while governance structures exist at a global level, these do not always translate into participatory processes in-country.

Internally, the Partnership aligns well with UNFPA's broader strategic direction. Its coherence with the UNFPA Strategic Plan, Family Planning Strategy, and Humanitarian Supplies Strategy is evident in strategic documents and operational plans. At the operational level, integration with other UNFPA streams, such as gender-based violence, maternal health, and youth programming, is more limited and highly context-dependent. Externally, the Partnership's alignment with global health initiatives (for example, the Global Financing Facility for Women, Children and Adolescents (GFF), Global Fund and Gavi) remains informal and opportunity-driven rather than institutionalized.

4. Strategic procurement and adaptive supply solutions

UNFPA continues to maintain its comparative advantage as a global leader in reproductive health supply and market shaping, offering economies of scale, quality assurance and global price transparency. Stakeholders emphasize the reliability and credibility of UNFPA procurement mechanisms, including pooled procurement, long-term agreements, and support for third-party procurement services. These mechanisms have contributed to market shaping, especially for long-acting reversible contraceptives (LARCs), emergency contraception and maternal health medicines.

In humanitarian contexts, UNFPA remains a trusted partner for the delivery of emergency reproductive health kits and individual products. However, there are persistent challenges which include a lack of clarity or agreement on the Partnership's role in crisis response, as well as operational challenges such as procurement delays. In addition, there is also a lack of guidance on adapting procurement modalities for sudden-onset crises.

5. From diagnostics to delivery: strengthening supply chains

One of the most notable areas of progress under phase III has been in supply chain strengthening. Countries report improved visibility and efficiency in logistics through the rollout of eLMIS platforms, inventory management systems and routine diagnostics. The Partnership's investment in capacity building for logistics professionals and data managers has supported better forecasting, reduced wastage and improved stock management.

The LMA framework has been particularly instrumental in tracking delivery outcomes and enhancing accountability. However, its implementation remains uneven. In some countries, LMA has been integrated into national systems and has supported evidence-based decision-making. In others, it is perceived as donor-driven and resource-intensive and lacks ownership.

6. Incentivizing domestic financing for sustainability

The Partnership's emphasis on domestic resource mobilization has been well received and aligns with broader global movements towards country-led health financing. Tools like the Compact and the Match Fund have incentivized co-investment and sparked dialogue on sustainable financing within ministries of health and finance.

Nonetheless, progress remains uneven as political will, fiscal space and institutional capacity vary widely. Some countries have shown promising results in increasing domestic allocations for reproductive health commodities, while others continue to rely heavily on donor contributions. There is also limited data availability on government expenditures, which constrains monitoring of domestic financing commitments.

At the donor level, the Partnership benefits from a more diversified funding base compared to previous phases but also faces a concerning decline in overall contributions during phase III. This decline is attributed to broader geopolitical instability, economic slowdowns, and funding withdrawals by major donors, most notably USAID in 2025. Although new contributions demonstrate stability, the projected \$1.1 billion funding gap for 2026–2030 is indicative of the Partnership's constraints in meeting the full commodity needs of countries.

7. Role and added value of the Partnership in the SRH sector

The Partnership continues to deliver results in terms of increasing contraceptive availability, mobilizing domestic resources, expanding modern contraceptive method mix, and improving supply chain resilience. However, the measurement of downstream impact such as quality of care, client satisfaction and behavioural change is limited as many of these indicators are beyond the scope of the programme. Furthermore, the Partnership's monitoring framework remains heavily focused on commodity delivery and does not sufficiently capture system-level outcomes or rights-based metrics.

The Partnership's potential as a strategic influencer in global health and development is underutilized. Stakeholders note the absence of a clear and coordinated advocacy strategy to position reproductive health commodities as essential components of primary health care and universal health coverage (UHC). While UNFPA has strong technical credibility, its external communications and strategic partnerships are not fully leveraged to mobilize political will or financing for RHCS.

Conclusions

Evolution of the design

Conclusion 1 (strategic focus and value add): Phase III of the Partnership marks a strategic shift towards reinforcing government ownership, mutual accountability and sustainable financing. The emphasis on domestic financing, government ownership and partnership accountability aligns well with global development principles. However, mixed messaging through tools and indicators, as well as the rhetorical rather than substantive application of cross-cutting principles like HRBA and LNOB, among other reasons, has led to misalignment and lack of clarity about the Partnership's operational role and added value.

Conclusion 2 (country eligibility and classification): The eligibility and classification criteria developed in phase III are robust and contextually grounded. However, countries that no longer meet the criteria continue to receive support, leading to a dilution of the Partnership's financial and technical impact. The lack of a transition strategy remains a gap (which the Partnership plans to address in 2025).

Integration of humanitarian action

Conclusion 3 (humanitarian action across the continuum): The Partnership currently places limited emphasis on humanitarian action, as evidenced by the modest funding allocated to these activities. The Partnership has yet to clearly define its role within the humanitarian-development-peace (HDP) continuum. Although it has demonstrated operational relevance in crises, limited coordination with UNFPA's humanitarian structures in the absence of a joint operational framework constrains its impact in delivering context-specific SRH commodities.

Integration and coordination

Conclusion 4 (governance and agility): The governance reforms introduced in phase III, including the redefinition of the scope of the Steering Committee to strengthen its strategic leadership and oversight authority, as well as the establishment of its sub-committees, have enhanced transparency, inclusivity and stakeholder engagement. Striking the right balance between fostering a highly participatory process and the need for efficient and agile responses remains a key challenge, particularly during crises or donor shifts (for example, COVID-19). While the restructured governance framework has improved global accountability, the meaningful participation of civil society and country-level stakeholders remains uneven.

Conclusion 5 (partnerships and country coordination): While the Partnership has made significant strides in engaging with governments, particularly through mechanisms such as the Compact and the Match Fund, its approach to collaboration with other in-country strategic and implementing partners, especially local advocates for domestic resource mobilization (DRM), remains limited. This constrains the Partnership's ability to strengthen national ownership and sustainability. In addition, the Partnership has not fully leveraged its influence to address persistent structural barriers that affect the availability and choice of SRH commodities, such as expanding the base of commodity suppliers in the Global South and ensuring effective last mile delivery within the constraints of limited HSS funding.

Conclusion 6 (adaptability and programme responsiveness): The Partnership's ability to adapt to changing contexts is a key strength, supported by tools such as the Compact, Match Fund, Bridge Fund, country risk assessments, and the SRAT. These

instruments have enabled responsive programming, but maintaining up-to-date data and managing administrative burdens can strain country offices (COs). This stands in contrast with the long-term nature of HSS, which requires extended planning and identification timelines to support more strategic programming.

Financial sustainability

Conclusion 7 (securing financing commitments): The Compact and Match Fund have proven effective in catalysing national commitments to SRHR financing. However, the absence of robust accountability mechanisms, limited financial transparency and tracking gaps constrain their potential to sustain impact.

Conclusion 8 (financing tools and resource optimization): The Match Fund has proven effective in incentivizing results by linking funding to progress. Expanding the Match Fund's scope to include additional maternal health commodities may further enhance its relevance, provided safeguards are in place to avoid displacing funding for family planning.

Added value and strategic influence

Conclusion 9 (convening power and advocacy): UNFPA's strategic position enables it to serve as a powerful advocate and convener in the SRHR space. Current advocacy efforts are hindered by the absence of a coordinated global strategy, a structured measurement framework, and consistent support at the country level. As a result, activities often remain fragmented and reactive.

Conclusion 10 (funding gaps and opportunities): The slight decline in donor contributions since 2021 and the context of overall funding cuts experienced since the beginning of 2025 pose a risk to the Partnership's sustainability. While diversification efforts have expanded the donor base, and new initiatives such as the EIB initiative, complemented by bridge funding, could help fill gaps for SRH commodities in low- and middle-income countries, external factors such as geopolitical conflicts and donor funding reallocations are likely to impact the Partnership's financial security.

Conclusion 11 (resource allocation and technical capacity): Human resource constraints, especially in sustainable financing, supply chain management and advocacy, continue to limit the Partnership's implementation capacity. The transition from the Family Planning Branch to the integrated SRHR Branch, which now consists of the family planning team, the maternal and newborn health team and sexual health and HIV team, has created shared functions with the team across the Partnership and the Maternal and Newborn Health Fund (MNHF) without a commensurate increase in staffing, resulting in operational strain across all levels.

Recommendations

1. Guided by a refined theory of change, **the Partnership should clarify and consistently communicate its strategic focus**, as a global programme for the delivery of SRH commodities and supporter of pre-defined HSS interventions.
2. Going forward, the Partnership should **revise its classification of programme countries** to reflect their political, economic and health contexts and policies, and consider mapping out country transition pathways based on sustainability prospects.

3. The Partnership, in collaboration with the Supply Chain Management Unit (SCMU) and the Humanitarian Response Division (HRD), should **identify programming aspects and contexts for strengthening its work in humanitarian contexts**, including on enhancing procurement, supply chain management and last mile delivery mechanisms, where applicable.
4. The Partnership should **intensify its resource mobilization strategy**. This includes (1) expanding and strengthening efforts to mobilize resources from a diversified base of donors and other financing partners; and (2) strategically focusing on increasing the financial ownership and investment of programme countries by strengthening domestic resource mobilization.
5. The Partnership should **optimize the functioning of the Steering Committee and sub-committee processes** to improve responsiveness and efficiency, strengthen country representation, and improve transparency and accountability in governance.
6. In each of the 54 countries, the Partnership should **strengthen its support to UNFPA COs to enhance collaboration and coordination with in-country partners** (including NGOs and CSOs) to address systemic SRH challenges more effectively. This support should also focus on aligning all UNFPA-managed funding streams with national priorities and long-term objectives, ensuring coherence across planning processes. In doing so, the Partnership can maximize the collective impact of national initiatives while enabling more strategic use of tools such as the SRAT and improving the contextual adaptation of HSS programming.



Photo credits: ©UNFPA Cameroon

1 Introduction of the case study

Cameroon is one of four countries selected for a case study under the Mid-term evaluation of the UNFPA Supplies Partnership (Partnership) evaluation. The evaluation team reviewed documents and data provided by the UNFPA Cameroon Country Office and conducted a country visit from 21 to 31 October 2024. During the visit, the team met with UNFPA Country Office leadership, team members, and key Partnership stakeholders, including implementing partners (see Annex 2). These discussions enriched the evaluation with valuable context, as reflected in the findings presented below and the supporting data contained in the accompanying evidence matrix.

2 Context

Geographic and demographic: Cameroon has a population of 28.6 million (2023 estimate)¹ with a life expectancy of 66 for women and 54.5 years for men.² Maternal mortality, initially rising from 669 to 782 deaths per 100,000 live births between 2004 and 2011, improved to 467 deaths per 100,000 by 2018³. Births attended by skilled personnel increased modestly from 65% to 69% during the same period, with significant regional disparities⁴. Women of reproductive age (15–49 years) number approximately 14 million, with a total fertility rate (TFR) of 4.9 children, declining from 5.1 in 2011.⁵ Notable disparities in TFR exist by region, e.g. in the North the highest TFR of 6.2 is recorded with the lowest in Douala (2.8) and Yaoundé recording 3.5. On average 24% of women aged 15–19 are mothers or are pregnant.⁶

Figure 1: Map of Cameroon showing the 10 administrative regions and the health districts of Ebolowa and Sangmelima



The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

¹ The National Institute of Statistics

² The Central Bureau of Censuses and Population Studies

³ 2020 Cameroon 2018 Demographic and health Surveys

⁴ Ibid

⁵ Ibid

⁶ Ibid

Family planning and adolescent health: According to the 2018 Cameroon Demographic and Health Survey, modern contraceptive prevalence among women in union increased marginally from 14.4% in 2011 to 15.4% in 2018. The most used methods are condoms (5%), injectables (4%) and implants (3%). Pills are used by only 1% of women of reproductive age. Contraceptive prevalence varies by place of residence (21% in urban vs 11% in rural areas) and by region (28% in the East compared with 7% in the North). Contraceptive use among sexually active women not in union is 43%. Unmet family planning needs remain high, particularly in the Southern region (34%)⁷.

Addressing adolescent reproductive health remains a critical challenge. Adolescent girls account for 26% of maternal mortality. In addition, 24% of women aged 15–19 years are either pregnant or already mothers. Here, again, there are wide differences by place of residence (17% urban versus 32% rural) and by region (44% in the East compared with 7% in the South-West).

Health system and governance: Cameroon's health sector is guided by the 2016–2027 Health Sector Strategy and supported by national and international partners, with UNFPA playing a key role in reproductive health. Government investments primarily focus on public infrastructure through the Public Investment Budgets (PIB) for health facility construction and equipment, as well as civil servant salaries. Additional support, particularly in the northern and eastern regions, comes from community projects such as the health voucher scheme, which promotes mutual insurance for sexual and reproductive health (SRH) services.

The government has initiated a Universal Health Coverage strategy, representing a positive step forward, though refinement is needed for effective implementation. Other initiatives, like the provision of obstetric kits and Value for Results projects, aim to strengthen reproductive health indicators.

The health sector operates at three levels: central level – Led by the Ministry of Health (MoH) and Directorates, responsible for coordination, intermediary level – Regional Delegations for Public Health implement and translate central-level directives into actionable results; and peripheral level – Comprising 7,103 functional health facilities (out of 7,754)⁸, delivering services directly to the population.

Health facilities are categorized as follows: 1st and 2nd categories – teaching and referral hospitals; 3rd and 4th categories – district-level intermediary facilities; and 5th and 6th categories – health centres covering approximately 5,000 inhabitants.⁹ Public facilities account for 40.5%, private facilities 49.6%, and religious institutions 9.9%.

The primary health care system challenge remains the insufficient number and qualification of health personnel, which impacts the delivery and quality of healthcare services. According

⁷ 2020, Cameroon 2018 Demographic and Health Surveys

⁸ Healthcare organization and health technology Department (DOSTS), general census of health facilities, August 2024

⁹ Health Sector Strategy, 2016 – 2027

to WHO data on health workforce, there are only 11 qualified health personnel for 100,000 inhabitants and 1.1 physicians per 100,000 inhabitants in Cameroon.¹⁰

The supply chain: The National Centre for Procurement of Essential Medicines and Medical Consumables (CENAME) manages drug procurement and distribution within the public health system. From the central level, commodities are distributed to the 10 regional warehouses. In turn, the regional warehouses are responsible for onward delivery to the lower levels of the health system. Larger facilities (1st–3rd categories) are supplied directly, while smaller facilities must collect supplies either at the regional level or from the Health District's warehouse.

Health financing: Over the years, Cameroon's health expenditure as a percentage of gross national product (GDP) has shown some fluctuations, with a peak of 4.11% in 2000 and a low of 3.4% in 2017. Additionally, in 2021, the per capita healthcare spending in Cameroon was US\$64, marking a 9.79% increase from \$58 in 2020¹¹. In 2021, Cameroon's current health expenditure was 3.82% of its GDP. This figure represents the total spending on healthcare goods and services consumed within the year, encompassing both public and private expenditures. Notably, this percentage is below the global average of 7.21% for the same period.

Despite these expenditures, the country faces challenges in healthcare financing, with a significant portion of healthcare payments being financed through out-of-pocket payments, which can deter individuals from seeking necessary care.¹² Cameroon's health financing relies heavily on household contributions (70.6% of health funding), followed by the government (14.6%), the private sector (7.7%), and donors (6.9%). This places Cameroon among the top three sub-Saharan African countries with the highest household contribution to health, alongside Sudan and Nigeria.¹³

UNFPA in Cameroon: UNFPA is one of the key players (if not the key player) in the SRH health sector in Cameroon, both in terms of financial resources committed and actual duration of support. The current country programme document (CPD) which spans from 2022 to 2026 has committed to invest \$60 million in support SRH services. Other payers are United State Agency for International Development (USAID) with its \$7 million Expand Family Planning and Sexual and Reproductive Health (ExpandPF) project¹⁴. The ExpandPF project is a \$45 million regional project funded by USAID and implemented by International Planned Parenthood Federation (IPPF) that includes Cameroon, Côte d'Ivoire, Mauritania and Togo. Other players of a lesser extent are DKT International and Plan International Cameroon. UNFPA also receives funding from the World Bank and the Government of Canada to support SRH interventions in Cameroon.

¹⁰ Odette KIBU: Investing in health workforce for improved health outcomes in Cameroon. Nkafu Policy Institute, 2020

¹¹ <https://www.theglobaleconomy.com/cameroon> accessed Dec 22, 2024-13:05

¹² <https://www.macrotrends.net/global-metrics/countries/CMR/cameroon> accessed Dec 22, 2024)13:17

¹³ Multiple Indicators Cluster Survey, 2014

¹⁴ [U.S. Government Launches ExpandPF Activity to Enhance Sexual and Reproductive Health in Cameroon - U.S. Embassy in Cameroon](#)

The UNFPA Country Programme (2022-2026) builds on lessons from the 2017-2021¹⁵ cycle and aligns with national priorities outlined in the National Development Strategy 2030, as well as global frameworks such as the International Conference on Population and Development (ICPD) Programme of Action, the 2030 Agenda, and Agenda 2063. It focuses on five key areas: family planning, maternal health, adolescents and youth, gender-based violence (GBV), and demographic data for development. The Country Programme aims to increase the proportion of births attended by skilled health personnel in targeted regions by 10% by 2026, reducing preventable maternal deaths. This goal is supported by interrelated outputs on improving quality of care, empowering youth, transforming gender norms, and enhancing access to demographic data. Anchored in the principle of Leaving No One Behind (LNOB), the Country Programme prioritizes vulnerable populations, including women, girls, and youth in extreme poverty, those in fragile humanitarian contexts, and victims of harmful practices like forced marriage. The current CPD (2022-2026) has committed to support reproductive health activities with a total of \$60 million, two-thirds of which is devoted to family planning and youth programmes compared with \$32.5 million for the previous programme (2017-2021), where nearly 85% were devoted to family planning and youth programmes.

The Partnership has been active in Cameroon since 2017, providing approximately \$16 million worth of SRH commodities to reduce unmet needs in family planning and maternal mortality, as of 2024. A significant milestone in this collaboration occurred on 21 December 2022, when the Minister of Public Health and the UNFPA Resident Representative signed a country Compact. This agreement, titled the "Partnership Agreement for the Acquisition and Management of Contraceptive and Vital Maternal Health Products," underscores the Cameroonian government's commitment to contribute to the procurement of reproductive health products through domestic funds. This partnership aligns with Cameroon's 2020-2030 Health Sector Strategy and UNFPA transformative goals for 2020-2025, aiming to enhance access to quality reproductive health commodities across the country. In Cameroon, UNFPA is widely recognized as the Government's primary partner for the provision of reproductive health commodities. This perception is consistently shared across all stakeholders, including government officials, non-governmental organizations (NGOs), and bilateral and multilateral partners.

The table below presents indicative budget allocations under the Partnership for the year 2023. Cameroon was eligible for up to \$1.5 Million of Match Fund contribution but did not benefit from it as the government did not meet its financial commitments. In addition, the Partnership allocated \$222,976 to support the Country Office human resources, especially one professional level 3 (P3) manager, one national officer level B (NOB) personnel and one general services (G7). The amount of \$630,000 was, however, transferred to the MoH and other implementing partners as Transformative Action Grant Funding.

¹⁵ The main lessons learned are as follows: (a) capacity building and community empowerment are essential for scaling up emergency obstetric and neonatal care; (b) the humanitarian-development-peace approach addresses needs related to maternal health, family planning, and gender-based violence in humanitarian, security, and COVID-19 response contexts while strengthening community empowerment; (c) the coordination of cross-border interventions in the Lake Chad Basin by UNFPA teams in Cameroon, Nigeria, Niger, and Chad enhances community resilience (Source: Cameroon CPD, 2022-2026).

Summary - Planned Allocation to Cameroon in 2023 from UNFPA Supplies Partnership Regular Budget		
Budget Category	2023 Budget Allocation	Comments
Reproductive Health Commodities		
Routine Commodities	\$ 2,027,102	Orders will be managed by HQ. See attached excel file for order details.
New and Lesser-Used Commodities	\$ 0	NLU is allocated upon special request
Match Fund UNFPA Contribution	Up to \$1.5 million	UNFPA will only match government orders for quality-assured commodities that are <u>additional</u> to the minimum domestic financing requirement.
Total	\$2,027,102 + up to \$1.5M in Match Fund	Routine + NLU + potential Match Fund
Managing Accountability and Visibility		
Human Resources	\$222,976	The amount is for following position(s): P3, NOB, G7 (or HR contribution for equivalent amount).
Facility Surveys	\$0	For 2023 survey
Transformative Action		
Transformative Action	\$630,000	TA Amounts are transferred to your dept.

NB: Special restricted project funds are not included in the allocation table

In 2022, Cameroon experienced a major crisis that involved nearly \$1 million of UNFPA acquired commodities that expired or went missing. The main reason for this relates to difficulties faced by CENAME to monitor and distribute products to lower levels of the health system. In order to address this issue, UNFPA in Cameroon established a dedicated supply management unit to reinforce the supply chain and provide adequate support to CENAME in terms of supply chain management, particularly warehousing, product monitoring and distribution. In addition, the MoH through the DSF, also instituted a specific unit dedicated to the management of reproductive health commodities supply chain.

3 Case study findings

The Cameroon case study assessed the Partnership design, effectiveness, and challenges through six key evaluation questions as follows: Operating under four strategic pillars—Availability and Choice, Strengthened Supply Chains, Increased Government Commitment, and Operational Effectiveness and Efficiency—the Partnership integrates human rights-based approaches, gender-transformative actions, and principles of LNOB.

The present case study underscores the significant role of UNFPA in Cameroon. For most external respondents, distinguishing between the broader UNFPA country programme and the specific Partnership programme proved challenging. Consequently, reference is often made to UNFPA as a whole rather than to the Partnership specifically.

EVALUATION QUESTION 1: To what extent can the design of the Partnership contribute to addressing the needs of women globally and the current barriers to accessing a choice of quality reproductive and maternal health commodities in line with their needs and preferences, including in humanitarian situations?

Strengths and weaknesses of the Partnership design. Over the past two years, UNFPA in Cameroon has transitioned from solely procuring reproductive health commodities to adopting a more comprehensive approach that enhances the reproductive health supply

chain's overall functionality. This marks a significant shift compared to previous initiatives. Key changes include increased resource allocation to strengthen the health system, such as support to CENAME, and technical and financial assistance to the Directorate for Family Health (DSF) for leading forecasting exercises. In 2023, the Partnership led a training of stakeholders on specific, measurable, achievable, relevant, and time-bound (SMART) advocacy. The Partnership also allocates funds for domestic resource mobilization, especially in 2024.

The Partnership model incorporates essential principles such as inclusive collaboration, country-driven leadership, sustainability, health system strengthening (HSS), and advocacy. Its framework, featuring elements such as the country Compact and the Steering Committee, promoted accountability and strengthened cooperation with other actors.¹⁶

By positioning itself as a primary provider of reproductive health commodities in Cameroon, the Partnership has raised expectations that all needs will be met—an expectation that current resources cannot fully satisfy.

Some respondents indicated that the country Compact is extremely useful for engaging the Government and ensuring its continuous commitment to contributing to reproductive health commodities procurement. In addition, the Match Fund concept is also appealing in the sense that it encourages the Government to invest more to benefit from even more resources for its reproductive health commodities. However, this has not yet resulted in significant additional contributions from the Government. In addition, in the context of limited supply chain management (SCM) capacity, some fear that large quantities of commodities may result in backlogs and product expiry.¹⁷

Capacity to adapt to different context. The Partnership has effectively adapted to the Cameroonian context by conducting thorough analyses and identifying key barriers to achieving programme goals. The main barriers include:¹⁸

- limited capacity for commodities forecasting at central, regional and sub-regional levels
- inadequate warehousing infrastructure at central and regional levels
- inadequate transportation means

To address these issues, the Partnership provides technical and financial support to the national team to conduct forecasting of reproductive health commodities (see EQ 2) once a year since 2023. This has resulted in improved assessment of needs and funding gaps. In 2024, this exercise consisted in reviewing the 2023 document to ensure that it continues to be in line with the country's needs.

Another notable success of the Partnership is its proactive approach to addressing a longstanding challenge faced by the MoH: the issue of expired products. The Partnership invested its efforts to improve custom operations for reproductive health commodities at Douala and Kribi ports, as well as transit processes from the ports to the central warehouse. This has resulted in a reduction in delays for product delivery to the central warehouse.

The Partnership also allocated resources to enhance operations at CENAME in terms of warehousing at central and regional levels, and transportation from central to regional

¹⁶ DSF and DCOOP KIIs

¹⁷ DSF, CENAME and DCOOP KIIs

¹⁸ DSF, CENAME and UNFPA Supplies Unit KIIs

warehouses. Since the Partnership's implementation, reports of product expirations within the system have significantly decreased (by about 70%), due to improved monitoring of commodities and a more coordinated distribution system.¹⁹

Another example of adaptability is the integration by the Partnership of the needs of the most vulnerable groups such as the locally displaced people, victims of violence etc. into the forecasting exercise and, thereby, providing resources for sexual and reproductive health kits to be distributed to these groups whenever needed.

Overall, the Partnership has successfully adapted to national-level challenges in Cameroon. However, some challenges remain. These include logistical difficulties in ensuring the timely transportation of commodities from district-level to health facilities level which remain unresolved along with poor quality of consumption data at health facility level.

Adequacy of the approach for grouping and classifying countries - This is not easy to assess in the sense that most respondents do not have access to comparative information. In theory, the classification system uses economic indicators and national-level sexual and reproductive health metrics. This approach, therefore, overlooks regional disparities which are evident in the context of Cameroon.

However, these limitations are mitigated by the fact that the UNFPA 2021-2024 country programme and the Partnership has targeted its interventions to specific regions following an evaluation of these disparities and reflects UNFPA commitment to addressing the health and development challenges in underserved and crisis-affected regions. Under the CPD, UNFPA interventions in Cameroon are primarily concentrated in the following regions:

- Far North, North, and Adamawa: These regions are prioritized under the 8th Country Programme (2022-2026) for improving maternal health, increasing skilled birth attendance, and enhancing access to reproductive health services.
- North-West and South-West: In response to ongoing security crises, UNFPA carries out humanitarian interventions focused on sexual and reproductive health, GBV prevention, and support for affected populations.

Relevance of current funding streams (Supplies, HSS, Matching Assistance for Voluntary Family Planning - MAV) - The new approach of the Partnership, which involves allocating resources to support broader functions related to the availability of reproductive health commodities, is widely regarded as a positive development. Of the \$4.4 million allocated in 2023, 81% were dedicated to commodities procurement (including the Match Fund); 14% were used for transformative actions and about 5% covered human resources. From the government's perspective, this approach has helped address some but not all the pending challenges. The most cited example by key informants is the resolution of issues where commodities remained at the central level for extended periods, leading to expiration.

Additionally, the current Partnership support for the smart advocacy strategy (see also EQ4) has been instrumental in engaging key stakeholders and achieving results, for example the signing of the county Compact in December 2022. However, the failure of Cameroon to meet its Compact commitment means that the country could not benefit from the Match Fund to reduce the funding gap identified by the forecasting exercise.

Cross-cutting principles - In Cameroon, the Partnership prioritizes inclusivity, equity, human rights, and sustainability. It aligns with global commitments to LNOB by addressing the needs of the general population as well as marginalized groups such as internally displaced persons (IDPs), sexual minorities, indigenous populations, persons with disabilities,

¹⁹ CENAME and Western Regional Pharmacist KIIs

drug users, and prisoners. It has invested in reproductive health kits for humanitarian responses, particularly to support IDPs.

In 2023, UNFPA in Cameroon reported for its humanitarian intervention the following results for GBV: 167,346 people were reached with awareness-raising activities and GBV-lifesaving information in-person; 89,557 people were reached with GBV prevention, mitigation and response activities; 465 people received humanitarian cash and voucher assistance for GBV case management and other GBV response and GBV risk mitigation. 14 safe spaces were established nationwide to provide GBV services, including in emergency situations. Additionally, 3,000 individual delivery kits were distributed to visibly pregnant women.

Regarding prisoners, UNFPA initiatives focus on providing essential health services, education, and support to incarcerated individuals, particularly women and girls. Activities that benefitted prisoners include:

- Health education and awareness: Conducting sessions on SRH to raise awareness about family planning, sexually transmitted infections, and maternal health.
- Provision of health services: Offering medical consultations, prenatal and postnatal care, and distribution of contraceptives to female inmates.
- Hygiene and sanitation support: Distributing hygiene kits, including sanitary pads, soap, and other essentials, to maintain personal hygiene and prevent infections.
- Psychosocial support: Providing counselling services to address mental health issues, trauma, and GBV experienced by inmates.
- Capacity building: Training prison staff on SRH rights and services to ensure sustained support for prisoners.

Additionally, the Partnership actively supports youth-focused initiatives through its partnership with the local affiliate of African Youth and Adolescents Network on Population and Development AFRIYAN,²⁰ further demonstrating its commitment to equitable and comprehensive programming. Support for this group covers demand-creation activities for youth friendly family planning services, distribution of condoms and youth empowerment.

UNFPA has implemented several youth-focused SRH programmes in Cameroon, achieving notable results. For example, the Youth Behaviour Change Promotion project implemented during the 2023 University Games in Ngaoundéré reached approximately 82,497 young people with SRH services and commodities. The initiative provided family planning counselling, contraceptives, and SRH education to students aged 18 to 25 from various regions of Cameroon.²¹

UNFPA comprehensive sexuality education campaigns, initiated in the mid-2010s continues to date. With the introduction of a digital platform, the Comprehensive Sexual Education programme has reached over 26,000 adolescents and young people in schools and youth networks across Cameroon in 2023. These initiatives improved HIV and SRH literacy among the youth. They demonstrate UNFPA commitment to enhancing youth access to SRH information and services in Cameroon.

As of November 2024, UNFPA has established 17 Women and girls' safe spaces (WGSS) across Cameroon, primarily in crisis-affected regions such as the Far North, Northwest, and Southwest. These safe spaces provide essential services, including psychosocial support, GBV

²⁰ A youth focused NGO

²¹ [UNFPA Republic of Cameroon | Promoting Youth behavior change in SRH during the 2023 University Games in Ngaoundere](#)

prevention and response, and sexual and reproductive health information. For instance, in October 2024, 587 women and girls participated in psychosocial activities within these spaces.²²

Additionally, in May 2024, UNFPA expanded its support by opening three new WGSS in Fotokol and Mozogo in the Far North, and Nkambe in the Northwest region. These safe spaces play a crucial role in providing a secure environment where women and girls can access vital services, acquire new skills, and receive support to rebuild their lives amidst ongoing humanitarian challenges. While these WGSS primarily focus on women and girls, they often provide services and activities that benefit the broader population, including vocational training, health education and psychological support

Collaboration with the private sector has also been a key element of the Partnership's strategy in Cameroon. Partners such as Cameroon National Association for Family Welfare (CAMNAFAW) and ABEF have contributed to expanding sexual and reproductive health and family planning services, particularly for women who prefer private facilities due to concerns about stigma, privacy, and service quality. It is expected that the adoption of a total market approach (TMA) will improve understanding of the contraceptive market in the country and provide insights that will help design strategies to further improve the availability of affordable contraceptives through both public and private channels.

EVALUATION QUESTION 2: To what extent is the Partnership effective at increasing availability and choice of reproductive health and family planning commodities for all women who want and need them, including marginalized groups and those in humanitarian situations, through Partnership strengths in global forecasting, procurement, quality assurance, and delivery?

Availability and choice - Over the past two years, significant progress has been made in improving the availability of commodities at central and regional levels. The Partnership has greatly enhanced the availability and diversity of family planning commodities by utilizing UNFPA global purchasing power to secure high-quality products at competitive prices. Procurement is fully managed by UNFPA, while CENAME oversees warehousing at national level and distribution to regional level. Collaboration with the MoH has led to effective forecasting exercises, resulting in the efficient procurement and distribution of contraceptives, including pills, injectables and implants. Meanwhile, the uptake of long-acting methods such as intra uterine devices (IUDs) remains low due to insufficient provider training, misconceptions, and infrastructure limitations

Support to NGOs conducting demand-creation activities under the Partnership (such as CAMNAFAW, Association for Social marketing (ACMS) and AFRIYAN) is also highlighted as a valuable improvement, further enhancing the effectiveness of UNFPA assistance in the country. These NGOs, as implementing partners, benefit from commodities purchased under the Partnership and funding to develop and implement awareness-raising activities.

A study conducted by the Institut National de la Statistique (INS) with financial and technical support from the Partnership in 2023 revealed that between 60% and 70% of pills, injectables and implants used by women of reproductive age are procured in public sector

²² UNFPA Cameroon : Situation report #25

facilities while 90% of morning-after-pills were procured from private sector providers, including private pharmacies.²³

However, the availability of funds to procure commodities does not fully address all challenges related to the overall supply of products within the country. Persistent issues include delays at various stages of the supply chain, such as global transportation disruptions and customs clearance bottlenecks. Despite these challenges, notable improvements have been observed in recent months, in terms of forecasting, waiting time for clearance, warehousing conditions and distribution to regional warehouse facilities. This indicates progress, due to the active engagement of the new staff recruited by the UNFPA Cameroon Country Office following the 2022 product expiry crisis.

In 2023, the Partnership launched a programme to foster collaboration between public reproductive health services and private pharmacies. The initiative involved training pharmacy owners to administer Sayana Press implants to women of reproductive age, provided they had an initial prescription from public healthcare providers. However, sales of Sayana Press through pharmacies remains because of the need for users to pay their first visit to a health facility for consultation and prescription before they can be allowed to get it from a pharmacy.

This type of constraints affect particularly young women's access to sexual and reproductive health and family planning services, and are compounded by cultural barriers and gender dynamics, resulting in high rates of teenage pregnancies and related vulnerabilities. While urban youth often benefit from youth-friendly spaces, rural youth face greater challenges, exacerbated by misinformation within the education system itself. In response to this challenge, the Partnership, together with the UNFPA Cameroon Country Office, is leveraging UNFPA credibility in Cameroon to provide support for youth access to SRH and family planning services through AFRIYAN and other implementing partners in urban and rural areas alike.

Support and contribution to forecasting and procurement – the Partnership has played a pivotal role in supporting forecasting exercises in Cameroon over recent years. The contributions include financial assistance for the preparation and execution of these exercises, technical support through training, and engagement with other partners to secure their participation and support. Without this support, it is unlikely that forecasting would occur regularly, let alone twice a year.

The annual forecasting exercise, conducted annually, is effective at the central level and includes an in-country assessment of needs and data validation at regional and central levels. This assessment considers marginalized groups such as IDPs, sexual minorities, indigenous populations, persons with disabilities, drug users, and prisoners. While the resources allocated by the Partnership for procurement are insufficient to fully meet identified needs, the forecasting exercise serves as a valuable tool to assess gaps and for the MoH to advocate to other partners for additional resources. Discussions with UNFPA, DSF and CENAME indicate that about 50% of current needs are covered by available resources, all donors included. It also fosters improved collaboration among stakeholders, including various Directorates within the MoH and other partners. This collaborative dialogue enables the identification of solutions and the addressing of bottlenecks.

However, the exercise faces many challenges. Data quality issues (such as incomplete reporting of product consumption, internal inconsistencies) and insufficient resources to

²³ INS (2024) Analyse de l'offre et de la demande de planification familiale dans les sept régions du Cameroun selon l'approche du marché total en 2023

involve system actors from the grassroots level limit its effectiveness.²⁴ There is a strong need to enhance the participation of these actors from the lower level of the health system to ensure the exercise is informed by accurate, high-quality data. The MoH and its partners hope that funding from partners increases, training efforts will improve data quality and enable more effective forecasting from the ground up.²⁵

Expansion of method choice - In terms of expanding method choice, the Partnership has effectively aligned with the needs articulated by the Cameroon Government through the DSF. All procured products are vetted and approved by the Government, reflecting a tailored approach to the country's requirements. Condoms, injectables and implants are the most used methods in Cameroon and represent about 80% of all contraceptives used in the country.²⁶ Method use statistics indicate that pills and long-acting methods such as IUDs are least used methods. The low level of adoption of IUDs may be partially attributed to a provider-bias that results from a lack of competence, which, in turn, affects the forecasting exercise. Additionally, through its support for enhancing the overall supply chain, the Partnership has demonstrated a clear commitment to ensuring that commodities are available to sub-national levels. This involvement has also contributed to greater visibility for UNFPA presence and interventions in Cameroon.

The commodities distribution system has introduced greater flexibility by allowing health facilities that have dedicated transportation resources to collect and distribute required commodities to those that do not have such resources. Feedback from regional and district reproductive health services managers indicates that availability is satisfactory at regional and district levels. The Partnership's support to the national supply chain system is widely praised for increasing the overall satisfaction rate for essential drugs, particularly reproductive health/family planning commodities.

In addition, outreach strategies have been critical in expanding method choice and reaching underserved populations. In 2022, 171 campaigns and five mobile clinics were organized by UNFPA implementing partners. 41 health facilities were supported to get accredited for family planning social franchising. 21 Youth and adolescent reproductive health units and 11 multifunctional youth promotion centres were equipped to provide reproductive health services. These activities resulted in 229,446 new users of modern family planning methods, including those opting for long-acting methods²⁷. Collaboration facilitated by UNFPA between the MoH and the private sector, particularly through the integration of Sayana Press, has resulted in the training of private sector pharmacists to enhance service delivery.

UNFPA also supported the training of health providers in adolescent reproductive health units on securing reproductive health products to further support method choice for youth.²⁸ However, challenges persist in ensuring equitable access to family planning services, especially in regions with limited provider skills and fewer service delivery points to offer a full range of methods, such as Far North and Adamaoua. Main challenges include: a shortage

²⁴ DSF and UNFPA KIIs

²⁵ Douala regional KII, DSF KII, CENAME KII

²⁶ 2018 Cameroon DHS

²⁷ UNFPA Cameroun. Rapport Annuel 2022 p7.

²⁸ Narrative Report Template for 2023, p.2

of qualified personnel, inadequate storage facilities, and insufficient equipment at all levels of the supply chain. Interviews and field visits to West and Central regions, including hospitals, local health facilities and pharmacies, also highlighted specific issues. For instance, while the movement of products from central to regional and district levels is relatively efficient, obstacles arise in distribution beyond the district level. Respondents cited a lack of resources to cover transportation costs, necessitating the use of case-specific solutions to address these distribution gaps. For example, health facilities that have funds to cover transportation costs may collect commodities destined to others and deposit them on their way back, however, only if doing this does not induce additional costs.

Humanitarian settings - In Cameroon, frequent clashes between government armed forces and rebels in the North, along with periodic civil unrest, lead to population displacements, violence, and widespread destruction. The Partnership plays an important role in UNFPA humanitarian response to these crises by including humanitarian kits in the forecasted commodities. Key interventions include the provision of SRH services, support for safe childbirth, and the distribution of safe delivery kits, baby boxes, and dignity kits. The commodities distributed by UNFPA are part of the forecasting exercise and procured using the Partnership's funds.

As an active member of the Sexual and Reproductive Health in Emergencies (SRHE) technical working group, UNFPA Cameroon participates in all activities undertaken by the group. These include emergency response efforts, preparedness activities, and actions to ensure alignment with national protocols adopted by the Cameroonian Government.

In humanitarian settings, such as IDP camps, UNFPA partners organize access and provision of family planning services and access to reproductive health products.²⁹ These efforts align with commitments to ensure the implementation of a minimum emergency package. Despite progress, gaps remain in addressing the needs of vulnerable populations, particularly adolescent girls and women in fragile contexts. Additionally, staffing shortages and skill gaps in all regions of the country hinder the consistent delivery of quality family planning services in emergency situations. Limited funding from the Partnership and the lack of resources from the Government to procure enough commodities remain a significant challenge, constraining the ability to fully meet the needs of beneficiaries.³⁰

EVALUATION QUESTION 3: To what extent is the Partnership **effective at ensuring that reproductive health commodities reach the “last mile” and promote harmonization and integration of supply chain systems** in countries for all women who want and need them, including marginalized groups and those in humanitarian situations?

Identification of key areas of SCM - The Partnership has conducted a thorough analysis of the reproductive health commodities supply chain in Cameroon, gaining a deep understanding of its main functions, key players, and critical bottlenecks.

In 2023, following the expired products crisis, two coordination meetings were held with supply chain stakeholders to strengthen collaboration and share technical and programmatic insights on contraceptive supply chain management.³¹ This support enabled the MoH to make

²⁹ Ibid, p.4

³⁰ UNFPA Supplies unit KII

³¹ Narrative Report Template for 2023, p.2

well-informed decisions in securing optimal reproductive health commodities. Additionally, with support of the Last Mile Assurance Unit, an in-country assessment was conducted at central and regional warehouses (Littoral and South regions), identifying areas for improvement and providing actionable recommendations. In 2024, the Partnership worked with the MoH, CENAME and other actors to improve the SCM system. However, gaps remain in data coordination and implementation, such as fragmented data collection systems, inadequate integration of digital health tools, inconsistencies in stock forecasting and distribution planning and limited capacity for real-time data analysis.

This informed approach has allowed the Partnership to strategically invest in high-impact areas to improve the overall supply chain and its management. For example, to minimize customs delays, the Partnership has established a strategic partnership with local transit and transportation companies. Additionally, investments have been made in acquiring a truck and other equipment to strengthen the national distribution system. The Partnership has also allocated resources for acquiring forklifts, storage racks, pallets, and temperature monitoring devices to optimize the warehousing of reproductive health commodities. In addition to the annual quantification exercises for reproductive health and family planning commodities, UNFPA has also supported the training of 31 supply chain staff on managing reproductive health kits (e.g., Minimum Initial Service Package).

The Partnership, together with other partners such as the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), has contributed to strengthening the Logistics Management Information System (LMIS), but its involvement in this process has been limited to a pilot phase. Hence, the e-LMIS project is still at an early phase. Despite these efforts and progress, some systemic inefficiencies persist, including logistical mismanagement (e.g., shortages, overstocking, expired products at facility level) due to continued use of manual reporting and fragmented data coordination, which, in turn, limit decision-making effectiveness.

Despite these advancements, challenges remain in SCM. Several of these fall outside the Partnership's direct scope because of the structural nature of their causes (e.g. limited transportation infrastructure, lack of resources at facility level to cover transportation costs). Advocacy to find practical and sustainable solutions for those structural issues remains insufficient, which, in turn, limit the potential to effectively reach the last mile.

Reaching the last mile - In Cameroon, product availability is being actively addressed with support from the Partnership. Stakeholders report clear improvements in the availability of products in terms of quantity, quality, and variety. There is also harmonization in the distribution system across regions, allowing for easier tracing of products to the district level. However, distribution below the district level remains inconsistent. Product availability below the district level is not systematic, often depending on opportunistic circumstances (e.g., supervision visits, availability of other health facilities to collect), availability of resources to pay for transportation, and specific requests from health facilities. A major contributing factor to these challenges is the lack of stock management training among providers at health facilities below the district level. This results in frequent stock-outs and negatively impacts the availability and quality of product use data, which, in turn, significantly affects central-level forecasting exercises.³²

³² Littoral and Western Region pharmacists KIIs

Other critical components of service delivery also face ongoing challenges. Interviews and facility visits reveal that a large proportion of family planning service providers are either untrained or were trained several years ago, leading to outdated knowledge, especially for new and lesser used (NLU) products. Additionally, many health facilities lack proper equipment. These constraints pose significant risks to achieving last-mile assurance and require urgent attention to ensure sustainable improvements in the supply chain and service delivery.

The MoH DSF team benefitted from Sahel Women's Empowerment and Demographic Dividend (SWEDD) funds to participate in workshops in Côte d'Ivoire and Senegal to discuss the use of drones for reproductive health commodities distribution to hard-to-reach areas. However, this initiative is still to be implemented with planning in progress.

EVALUATION QUESTION 4: To what extent is the Partnership contributing to **strengthening an enabling environment** where governments take up the responsibility of providing choice to quality reproductive health commodities to those who want or need it?

Increasing and diversifying government financial contributions - Like many African countries, Cameroon is highly reliant on partners to finance its health system. The Partnership has played a pivotal role in facilitating increased and diversified government financial contributions for family planning and reproductive health commodities. The UNFPA Compact aims to enhance the sustainability of the reproductive health programme by fostering shared financial responsibility with host country governments. By signing the Compact and its Annex A in 2022, the Government of Cameroon committed to increasing its share of commodity procurement to ensure the availability of quality reproductive health products for those who need or want them, including a minimum government contribution of \$121,875 in 2023.³³ To address funding gaps, Cameroon also committed to covering associated procurement and storage costs for reproductive health commodities through its national health budget for an amount up to \$2 million, an amount that could have reduced the commodity gap by nearly 25%.

The process leading to the signing of the Compact was positively received by the MoH stakeholders, who appreciated the capacity-building efforts through the SMART advocacy training, for example, and the development of advocacy tools that can be adapted for future needs if necessary. However, the government commitment is tempered by the fact that no funds have been disbursed to date. Continued advocacy toward and by MoH will be crucial to securing the release of these funds and ensuring the sustainability of reproductive health commodity procurement.

The Partnership provided technical assistance and capacity building efforts, through the SMART Advocacy training, to secure the Government commitment to the acquisition of reproductive health commodities. The Partnership has also created an environment where other partners contribute to the funding stream of reproductive health commodities. For example, given the funding gap identified with the 2023 forecasting exercises, the Partnership has successfully mobilized \$2 million from the World Bank's SWEDD project. Other partners such as USAID, KfW and GIZ also contribute to the acquisition of condoms, but these are often directly delivered to specific projects supported by these entities.

Advocacy and data generation towards policy - Through SMART advocacy training supported by UNFPA West and Central Africa Region (WCARO), a strategic, locally-led effort

³³ Contract – Implementation, p.4

has been developed to mobilize political and financial support for family planning. This resulted in the creation of a follow-up committee by the MoH, ensuring sustained engagement on government commitments.³⁴ The SMART advocacy training received by MoH personnel has been extremely useful during the preparation of the Country Compact Document as it helped them engage effectively with other counterparts at the Finance and Justice Ministries.

While these efforts have resulted in the successful signing of the Compact, significant challenges remain, in terms of lobbying by the MoH, to ensure disbursement of the funds promised. These challenges require continued advocacy efforts for a long-term commitment from the Government and a steady increase in funding.

A significant milestone, in the process of improving the market situation of reproductive health commodities in Cameroon, includes the conduct of the TMA survey supported by UNFPA, which identified equity and access gaps, providing evidence to inform the upcoming national family planning strategy. The survey was implemented in 2023 and the preliminary report made available in 2024. However, according to the UNFPA country office supplies unit, further analyses are required to ensure all aspects of the TMA approach are presented and discussed.³⁵

Furthermore, Cameroon's participation in high-level platforms such as the Universal Health Coverage conference, again supported by UNFPA, amplified political will and highlighted family planning as a critical development priority.³⁶

The use of the Strategic Reflection and Assessment Tool (SRAT) to identify key areas to focus on sustainability - The Partnership supports the MoH to utilize the SRAT to identify key priority areas for reproductive health/family planning sustainability. The tool was instrumental for the MoH to formulate advocacy plans and set concrete financial goals. Specific targets include increasing the Government's family planning commodity contribution from \$121,875 to \$500,000 by 2024 for reproductive health products up to the last mile and mobilizing \$200,000 from corporate partners under the leadership of Groupement des Entreprises du Cameroun (GECAM) for the same purpose.³⁷

Data from the Cameroon SRAT exercise for 2022 and 2023 indicate a 14% increase in the overall sustainability score between 2022 and 2023. The most significant progress is observed for Governance and Humanitarian assistance. Overall, five out of the seven components of sustainability that were assessed (except political environment and service delivery capabilities) showed some improvement.

To ensure sustainability, the Government has committed to annual quantification exercises and developing complementary funding requests under the Transformative Action programme. The SRAT process also emphasized the involvement of decentralized territorial communities, aligning their advocacy efforts with the national decentralization strategy.

³⁴ Narrative Report Template for 2023, p.3

³⁵ UNFPA KII

³⁶ Narrative Report Template for 2023, p.4

³⁷ RAPPORT INTERNE DE MISSION_Atelier SMART-SRAT_Fév 2024, p.1

Relevance and utility of key financial tools (Match Fund; Bridge Fund) - Overall the Match Fund has proven to be an effective financing tool for leveraging additional funds. The 1:4 matching ratio enables the government to significantly increase family planning commodity stocks with minimal investment, providing a clear pathway to resource mobilization. It is designed to incentivize government co-funding of reproductive health/family planning commodities. Additionally, Bridge Funding mechanisms addressed immediate gaps in commodity availability and facilitated last-mile delivery.

According to the 2023 Partnership budget allocation letter, Cameroon was eligible to receive Match Funds of up to \$1.5 million, contingent on releasing the funds committed at the signing of the Compact. Unfortunately, these funds were not disbursed because the commitment was made after the Government's Annual Budget had already been submitted to and approved by Parliament. As of October 2024, the MoH is actively collaborating with the Ministry of Finance to expedite the release of these funds.

EVALUATION QUESTION 5: To what extent are the **governance mechanisms, processes, and structures** of the Partnership efficient at supporting the achievement of other strategic objectives and to what extent is this supported institutionally by UNFPA?

Strengths and weaknesses of the governance structure - The governance structure of the Partnership in Cameroon is guided by the Country Compact Agreement with a collaborative framework that involves various national institutions and international partners to enhance reproductive health commodity security. Key institutions and roles include:

- Ministry of Public Health (MINSANTE): Oversees health policy formulation, implementation, and coordination of reproductive health services.
- Ministry of Finance: Manages budget allocations and financial oversight for health programs, including funding for reproductive health commodities.
- UNFPA in Cameroon: Provides technical assistance, supports capacity building, and facilitates the procurement and distribution of reproductive health supplies.
- NGOs and civil society organizations such as CAMNAFAW, ACMS: Participate in service delivery, community mobilization, and advocacy to ensure access to reproductive health services at the grassroots level.

This collaborative framework aims to strengthen supply chain systems, leverage funding opportunities, and improve reproductive health outcomes across the country. While the exact meeting schedule is not specified, the governance structures typically convene at least once a year, and more often if needed, to coordinate activities, monitor progress, and address challenges.

These meetings are considered by UNFPA and stakeholders alike to be valuable and useful as they provide opportunities to discuss important issues related to programme implementation. For example, the issue of government commitment to funding of commodities acquisition was discussed at the last meeting (June 2024) and the MoH and Ministry of Finance are collaborating to resolve the last pending issues, such as timely introduction of the request to fit in the annual Government budget adoption timeline.³⁸

Coordination and synergies across actors - The Partnership solidifies UNFPA position as a key leader in the reproductive health sector in Cameroon. Most stakeholders in this field look

³⁸ DSF, UNFPA and DCOOP KIIs

at UNFPA to take a leading role, particularly in commodities procurement. UNFPA leadership in forecasting and distribution is also widely recognized and commended. Additionally, based on a MoH recommendation, UNFPA has facilitated the use of the vaccine cold chain for storing oxytocin whenever feasible.³⁹ The Partnership also represents UNFPA in the SRHE working group meetings and coordinates efforts for forecasting commodities for humanitarian needs.

However, other actors also play important roles in providing specific reproductive health products and services. For instance, the Global Fund significantly contributes to condom distribution as part of HIV prevention efforts.

While collaboration and resource-sharing among various actors is often complex, local and national development stakeholders are increasingly finding ways to work together effectively in many areas of reproductive health programming. In particular, UNFPA collaborates with various donors and partners in Cameroon to enhance sexual and reproductive health services, address GBV, and support youth empowerment. For example, in regions like the Far North, Northwest, and Southwest, UNFPA collaborates with donors such as USAID's Bureau for Humanitarian Assistance to deploy mobile clinics and provide lifesaving SRH services to displaced populations and host communities.

Adequacy of MAV funds and human resources for the implementation of the programme - Until 2022, the UNFPA Cameroon Country Office had only one staff member responsible for implementing the Partnership programme. This individual, a pharmacist, primarily focused on commodity acquisition, with limited competencies required for the broader programme management. Following a product expiry crisis in 2022–2023, UNFPA took corrective action by recruiting two supply chain specialists (one P3 level and one NOB level) to manage the programme. This strategic move significantly improved programme operations. Since then, the MoH and other partners have expressed their satisfaction with the collaboration, as the programme continues to run effectively.

The newly country office established team has demonstrated a strong understanding of both global and local contexts, as well as comprehensive knowledge of key stakeholders. Their expertise has contributed to driving change within the MoH, particularly in supply chain management practices. The UNFPA team has fostered a productive working relationship with CENAME and other supply chain actors, enhancing information sharing and decision-making processes. The presence of qualified personnel within the UNFPA Supplies Unit has been catalytic in achieving these positive outcomes.

Following the signing of the country Compact, the Government of Cameroon committed to contribute up to \$2 million toward commodities procurement. This amount would have resulted in \$1.5 million matching funds. Unfortunately, the funds committed have not been released to date and, as a result, the country has not yet benefitted from the opportunity of the Match Funds.

Linkages between pillars and strategic objectives - Interviews and document reviews at the country level indicate that the Partnership has actively worked towards achieving all four strategic objectives: availability and choice, supply chain strengthening, government

³⁹ MoH. Décision No 5367/D/MINSANTE/SG du 20 Décembre 2023 rendant exécutoire les procédures opérationnelles standard d'intégration de l'ocytocine dans la chaîne de froid du programme élargi de vaccination

commitment, and operational effectiveness and efficiency. Through its procurement activities, UNFPA has established itself as a leading actor in the reproductive health sector.

The Partnership's support for SCM not only enhances its visibility but also addresses a critical barrier to delivering quality services to those in need. This dual impact has bolstered UNFPA credibility and contributed to the success of its smart advocacy initiatives, leading to the Government's commitment to allocate funds for reproductive health commodities procurement through the signing of the Compact. Despite these achievements, challenges remain, particularly in securing sustained government commitment to fully realize the Compact's objectives. Continued advocacy and engagement will be crucial in overcoming these hurdles.

EVALUATION QUESTION 6: To what extent is the Partnership **aligned with, complementing, and filling gaps of other UNFPA initiatives** as well as other global initiatives aimed at strengthening access and use of quality reproductive health commodities, while also considering the Nexus approach?

Alignment with the country programme and other initiatives - The UNFPA CPD for Cameroon (2022–2026) sets out to reduce maternal mortality through qualitative improvement in several factors including reproductive health services. The Partnership aligns well with this goal. By the way it is designed, the Partnership is an essential component of UNFPA in Cameroon's overall efforts to address reproductive health challenges in the country. In many ways, the country programme cannot succeed without the vital support provided by the Partnership in terms of commodities.⁴⁰ The Partnership concentrates on the supply side through commodities procurement and transformative actions. Its focus on improving SCM through forecasting, procurement, warehousing and distribution makes it a unique player for both the UNFPA country programme and for the MoH in Cameroon. The Partnership works transversally to support all four health areas of the country programme: family planning, maternal health, adolescent health and GBV. The Partnership also supports UNFPA humanitarian intervention through the provision of humanitarian-related commodities for all these health areas. As a result, the Partnership is perceived as an integral and essential part of the broader UNFPA interventions in the country.

Through the provision of reproductive health commodities to local NGOs such as CAMNAFAW, ABEF, and ACMS, the Partnership also aligns well with other health initiatives in the country, such as maternal and child health programmes, HIV/AIDS prevention efforts, and broader universal health coverage strategies aimed at improving access to essential healthcare services. The Partnership collaborates closely with policymakers at the MoH to align with government strategies and fill in critical gaps. In particular, regular meetings with MoH representatives (DSF, CENAME, regional directorates) and other key partners (whether local, bi or multi-lateral) serve as crucial opportunities for tracking progress, addressing challenges, and facilitating knowledge sharing. These meetings contribute to strengthening the Partnership's alignment with other UNFPA initiatives, such as advocacy, youth engagement, training, supply chain management, and demand generation.

Overall, The Partnership is well-integrated into UNFPA broader efforts and aligns with domestic priorities. The main challenge that remains relates to funding limitations that do not permit to fully address pressing needs at the county level, such as expanding the method mix,

⁴⁰ UNFPA & DSF KIIs

strengthening the supply chain management and improving the capacity of healthcare providers.

Added value and complementarity with Global Health Initiatives - The Partnership's strategic focus on supporting the reproductive health commodities SCM system is commendable, as it addresses a critical gap in delivering quality reproductive health services to the population. This intervention complements other SCM improvement initiatives, such as those implemented by the Immunization Programme and the Global Fund's efforts on malaria and HIV-related commodities. Notably, the signing of the oxytocin-related decision by the MoH in December 2023 highlights the Partnership's success in fostering synergies with other global health initiatives.

The Partnership's efforts also align well with the work of other partners, including USAID and GIZ. While USAID's reproductive health activities in Cameroon are more limited in scope, the organization, alongside the Global Fund and PEPFAR, has supported the MoH in developing a national strategy to strengthen the health commodities SCM.⁴¹ This collaborative effort began in 2022 and underscores the importance of coordinated approaches.

Complementarities with demand generation activities - The Partnership allocates some resources to demand-generation activities by local NGOs, particularly targeting youth. But these resources are limited. For example, in 2023, AFRIYAN Cameroon, the local affiliate of the global Africa Youth Associations Network for Population and development, received a \$30,000 grant. The Cameroonian ACMS⁴² was allocated \$4,800 and Cameroon National Family Welfare (CAMNAFAW) the local IPPF affiliate received \$9,000. AFRIYAN activities are of national scope, though through social media networking. Discussions with UNFPA and the AFRIYAN team revealed that the programme is well received by the youth in Cameroon and reaches primarily those living in urban areas. But coverage of rural areas is also expanding as internet connectivity improves in those places.

UNFPA collaborates with these entities by supplying reproductive health commodities to support their demand-generation initiatives. This collaboration not only places UNFPA in a strategic position but also enhances its visibility within the reproductive health sector, reinforcing its role as a key player in supporting comprehensive reproductive health programmes.

Humanitarian development nexus - The Partnership is an integral part of the Cameroon country programme, which is rooted in the principle of LNOB. It emphasizes reaching the most vulnerable populations, including women, girls, and young people living in extreme poverty, insecurity, and fragile humanitarian settings. This focus extends to those living with HIV, persons with disabilities, individuals exposed to violent extremism, and those with limited access to health, education, and protection services. Specifically, the CPD prioritizes addressing the needs of women and adolescents at highest risk of maternal death and obstetric fistula, as well as survivors of GBV and harmful practices like forced marriage.

The Partnership effectively integrates the humanitarian-development nexus through its active participation in the SRHE technical working group, preparedness activities, and the provision

⁴¹ See « Plan stratégique national pour le renforcement de la chaîne d'approvisionnement publique des produits de santé au Cameroun ». March 2022

⁴² Association Camerounaise de Marketing Social

of essential services and commodity kits for populations in humanitarian settings. This dual approach underscores the program's commitment to bridging immediate humanitarian needs with long-term development goals.

The Partnership integrates reproductive health commodities for humanitarian response into the forecasting and procurement processes. The humanitarian kits procured by the Partnership are distributed whenever humanitarian response is required. The procurement of reproductive health humanitarian kits complements efforts of other partners and donors that intervene for humanitarian crises, such as UNICEF.

Funding for humanitarian intervention is primarily supported by the country programme through its collaboration with the UNFPA Humanitarian Response Division. This integration of part of the costs of humanitarian interventions into the CPD ensures critical short-term needs are attended to.

4 Conclusions

The Partnership has established itself as a cornerstone of the Cameroon reproductive health sector, addressing critical gaps in commodity security and aligning closely with national priorities. By leading efforts in forecasting, procurement, and supply chain strengthening, the Partnership has positioned itself as a trusted and indispensable partner to the Government and other stakeholders. The programme's integration of inclusive approaches, such as prioritizing marginalized groups and addressing humanitarian needs, underscores its commitment to equitable access and the LNOB principle.

Significant progress has been made in improving the availability and variety of reproductive health commodities at central, regional, and district levels, supported by investments in warehousing, transportation, and distribution systems. However, last-mile delivery remains a challenge, with distribution below district levels being inconsistent and dependent on the availability of funds at facility level to cover transportation costs. Poor stock management and insufficient infrastructure at lower levels of the supply chain exacerbate these issues, highlighting the need for targeted capacity-building efforts to ensure effective and sustainable delivery.

The Partnership's advocacy and collaboration efforts have been instrumental in securing Government commitment, as evidenced by the signing of the Compact in 2022. However, the fact that pledged funds are still not disbursed to date reflects ongoing challenges in transitioning to shared financial responsibility. Stakeholders' reliance on UNFPA resources raises concerns about sustainability, emphasizing the need for strategic planning to promote local ownership, resilience, and reduced dependency.

Overall, the Partnership has demonstrated its value in strengthening reproductive health commodity security, fostering partnerships, and addressing systemic challenges in the Cameroon's reproductive health sector. Long-term impact and effectiveness will require focus on addressing limited funding, last-mile delivery structural barriers, as well as enhancing data systems, and sustaining government engagement.

OTHER MATERIALS FROM THE EVALUATION Available on the UNFPA Evaluation Office website • Evaluation report • Evaluation one-page brief (En, Fr) • Executive summary (En, Fr) • Evaluation presentation • Annexes (Volume II) • Country case studies (Benin, Sudan, Uganda, Zambia) • Management response • Evaluation Quality Assessme

Annexes

Annex 1: Evaluation Matrix

EVALUATION QUESTION 1: To what extent can the design of the Partnership contribute to addressing the needs of women globally and the current barriers to accessing a choice of quality reproductive and maternal health commodities in line with their needs and preferences, including in humanitarian situations?					
CRITERIA	Relevance	AREA OF INTEREST	Design of the Partnership	LINKAGES TO THE THEORY OF CHANGE	Linked to the area of inputs and resources included at the bottom of the reconstructed theory of change
RATIONALE	<p>The purpose of this evaluation question is to determine the significance and appropriateness of the Partnership design. The analysis is focused on assessing the relevance of the design of the Partnership, and the extent to which it contributes and maximize the Partnership capacity to address its expected goals. The evaluation question looks at whether the Partnership model remains responsive and relevant to evolving demands within its operating environment (soundness of the Partnership design). Addressing this question is critical given that the Partnership design in its Phase III presents a major departure point from prior phases, notably due to its intense focus on sustainable financing.</p> <p>The evaluation question will appraise whether the new approach and strategy—including its emphasis on sustainable financing, structure as a partnership, and custom-tailored approach for partner countries with special attention to the LMA are relevant and aligned with diverse contexts—including regional variations, developmental stages, humanitarian needs, and fragile states. The criteria used for grouping and supporting countries into categories and the various modes of engagement that have been defined will also be evaluated for suitability. Moreover, the question will address whether the design of the existing funding streams, such as HSS, supplies, bridge fund, and match fund, are pertinent. Another significant consideration of this question is how well the Partnership adheres to human rights principles, gender equality, and LNOB. commitments. Meanwhile, the extent to which the design is being effectively implemented is considered in subsequent question (evaluation question 2).</p>				

Assumption 1.1 The Partnership approach, with a focus on sustainable financing and framed as a partnership, includes relevant measures to ensure the effective adaptation to different and changing contexts with a view to maximizing contribution towards expected goals.	
Indicators	
<p>1.1.1 Extent to which the Partnership establishes detailed responsibilities and commitments of all stakeholders.</p> <p>1.1.2 Reported measures, adaptive management strategies and contingency plans designed to ensure the relevance and adaptability of the model of the Partnership to different and changing contexts, while considering the development-humanitarian nexus.</p> <p>1.1.3 Views and experience of UNFPA staff at global, regional country levels, partners and health authorities at global and national level, and multilateral/bilateral partners regarding the adequacy of the Partnership’s approach and design to adapt and innovate to achieve expected goals in a diversity of contexts.</p> <p>1.1.4 Key stakeholder experiences and opinions on the extent to which the Partnership successfully responds to cases of new global health challenges at country or regional levels.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
Since 2017, UNFPA has been supporting the Government in FP and HM products, which has been in decline (from nearly 1.7 billion to 1.4 billion).	L'équipe nationale de plaidoyer, Cameroun (n.d.). Stratégie de Plaidoyer pour la Mobilisation des Ressources Domestiques (MRD) en vue de l'Approvisionnement en produits SR/PF au Cameroun. (pg2)
UNFPA Supplies Partnership (PUS) for Expanding Access to Contraceptives and Maternal Health Medicines: initiative to increase domestic financing for quality reproductive health/family planning commodities that will require a national contribution that would allow UNFPA to match national contributions for RH/FP commodities	L'équipe nationale de plaidoyer, Cameroun (n.d.). Stratégie de Plaidoyer pour la

Assumption 1.1 The Partnership approach, with a focus on sustainable financing and framed as a partnership, includes relevant measures to ensure the effective adaptation to different and changing contexts with a view to maximizing contribution towards expected goals.	
	Mobilisation des Ressources Domestiques (MRD) en vue de l'Approvisionnement en produits SR/PF au Cameroun. (pg3)
I think this approach is quite inclusive in the sense that activities are done by involving all stakeholders . The main weakness that I see relates to the overall budgeting that does not take into account some aspects of the distribution system . For example, the cost for moving the goods from one level to the other can be a reason for delays.	KII with Ministry of Health Cameroon. October 2024.
<p>Strengths</p> <p>The most notable strength is the availability of funds to help with the implementation of activities. After this point has been neglected by all for a long time, then debated many times. RFHPs, even if they remain insufficient, are now allocated for the transport of the acquired inputs from central level. UNFPA would benefit from continuing to bear this because the costs of storage and handling are incompressible.</p> <p>Weaknesses:</p> <p>The pharmacist believes that the increase in the price of fuel by nearly 50% since March 2022 in 2 waves could not be anticipated at all and therefore had a negative impact on the various operations and plannings. This has a negative impact on the final distribution of the RH products acquired.</p>	KII with CENAME. October 2024.
The changes observed are: the emphasis is no longer only placed on the procurement of but also on the strengthening of the supply chain, therefore the effects are more sustainable than in the previous phases. Currently, the emphasis is on the availability and accessibility of commodities up to the last. It has been noticed in the previous years, there were major gaps and losses in some countries. To reinforce the countries capacity, many supply chain positions were created. These changes have improved the overall supply chain.	KII with UNFPA Cameroon Country Office. October 2024.

Assumption 1.1 The Partnership approach, with a focus on sustainable financing and framed as a partnership, includes relevant measures to ensure the effective adaptation to different and changing contexts with a view to maximizing contribution towards expected goals.	
Strengths: With the country compact approach, the Government is also involved since they are also committed to procure the commodities for the country at a certain percentage that increase every year. This approach is sustainable since in the long run, the Government will be able to take full charge of the procurement of the commodities.	KII with UNFPA Cameroon Country Office. October 2024.
Weaknesses: Weaknesses: There is a list predefined areas that are eligible. However, since the context has changed there is a need also to review the list and extend the funds to support more activities to address the gaps (customs clearance, distribution, infrastructure, IT equipment's to support eLMIS).	KII with UNFPA Cameroon Country Office. October 2024.

Assumption 1.2 The existing approach for grouping and classifying countries for their eligibility and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition. (Linked to theory of change causal assumption 8)	
Indicators 1.2.1 Documented report alignment between countries classification and type of support (country stage) provided with declared country needs and relevant health-related strategies. 1.2.2 Limited and justified discrepancies (surplus, gaps) between established country commodity allocation and ceilings based on existing indicators and the declared country needs. 1.2.3 Views and experiences of UNFPA staff at global, regional and country level; views and experiences of partners and health authorities at global and national level about the relevance of the existing system to classify and define support provided to countries.	
OBSERVATIONS	SOURCES OF EVIDENCE

Assumption 1.2 The existing approach for grouping and classifying countries for their eligibility and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition. (Linked to theory of change causal assumption 8)	
Cameroon is classified in category 3. The classification is based on the economic index. Cameroon has a minimum of 5% to contribute to the procurement of commodities that increase on 1% annually. The ceiling received is based on that, and this conduct sometimes to gap. This is what happened in 2024 where there is a gap that was filled by another donor.	KII with UNFPA Cameroon Country Office. October 2024.
This also help with the system strengthening. Once the Government has contributed, it will also take appropriate actions to avoid waste and losses. With this contribution, they can support the delivery of commodities to last mile.	KII with UNFPA Cameroon Country Office. October 2024.

Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
Indicators 1.3.1 Levels of funding allocation by main funding stream (and sub streams, including the humanitarian contingency plan, the match fund, and others) and evidence of re-allocation across streams in response to changing contexts and/or with a view to creating synergies. 1.3.2 Extent to which the three levels of resource allocation considered in the design of the Partnership ensure that resources are directed where they are needed most and where they can make the biggest difference to accelerating the achievement of Partnership goals. 1.3.3 Documented examples of resource allocation decisions constrained or limited by the existing allocation formula (75 percent supplies, 15 percent HSS and 10 percent MAV). 1.3.4 Extent to which programme support allocated in accordance with the current allocation formula matches the needs and national context as identified in situation analysis and planning documents. 1.3.5 The LMA approach is adequately addressed and funded through the existing MAV and HSS funding streams for its implementation.	

<p>Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability.</p> <p>(Linked to theory of change causal assumption 8)</p>	
<p>1.3.6 Views and experiences of UNFPA staff, implement partners at global, regional country level, as well as Steering Committee and subcommittees' members on the adequacy of the existing funding streams and sub-streams to achieve expected results.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE

<p>Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles.</p> <p>(Linked to theory of change causal assumption 9)</p>	
<p>Indicators</p> <p>1.4.1 Human rights-based approaches and gender transformative approaches are embedded within the design of the Partnership and effectively implemented.</p> <p>1.4.2 LNOB principles are embedded within the design of the Partnership and effectively implemented.</p> <p>1.4.3 Views and experiences of implementing partners and right-holders' organizations on the strength of human resources, gender equality and LNOB principles in the design of the Partnership interventions.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>"Yes, it is important to ensure that human rights and gender equality are respected in all activities that are being implemented under UNFPA Supplies Partnership. This is being taking into account during training held by the CO and IPs. The women are being considered during these trainings. Women and girls are always among the beneficiaries of our programs.</p>	<p>KII with UNFPA Cameroon Country Office. October 2024.</p>

Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles. (Linked to theory of change causal assumption 9)	
Challenges putting principles into practice: Here in Cameroon, there are taboo subjects, such as LGBT subjects, on which it is very important to be precautionary when talking about these subjects. For example, during the MISIP training, the trainers did not go too far into the subject of LGBT when addressing the modules. "	
Service reference documents: Any center offering RH services must make at least the following reference documents available to staff: - National health policy ; - The national reproductive health program ; - RH services policy documents, standards, norms and procedures; - The list and addresses of centers offering RH services, the services available and the list of reference laboratories.	Ministere de la Sante Publique Republique du Cameroun (2018). Normes et standards en SR/PF au Cameroun. (pg16)
SR CUSTOMER RIGHTS - SR customers are entitled to : - to information ; - access to services ; - your choice ; - safety ; - privacy; - confidentiality ; - to dignity; - to have an opinion; - comfort ; - service continuity.	Ministere de la Sante Publique Republique du Cameroun (2018). Normes et standards en SR/PF au Cameroun. (pg13)

EVALUATION QUESTION 2: To what extent is the Partnership effective at increasing availability and choice of reproductive health and family planning commodities for all women who want and need them, including marginalized groups and those in humanitarian situations, through the Partnership strengths in global forecasting, procurement, quality assurance, and delivery?					
CRITERIA	Effectiveness/ coverage	AREA OF INTEREST	Strategic objective 1 – Availability and Choice (supply dimension)	LINKAGES TO THE THEORY OF CHANGE	Linked to the green boxes for strategic objective 1 in the middle of the theory of change.
RATIONALE	This evaluation question focuses on assessing the contribution made to the achievement of strategic objective 1 about increasing the availability and choice of quality-assured reproductive and maternal health commodities. Given the strong				

	<p>focus of the Partnership on availability (75 percent of funds) versus access (15 percent of funds), this area of investigation strongly emphasizes the supply dimension of the Partnership and the interlinkages between strategic objective 1 and the other strategic objectives. These interlinkages (and particularly with strategic objective 2, also focused on the supply dimension) highlight the broader impact of improving availability on various facets of reproductive and maternal healthcare, ultimately contributing to a more robust healthcare system. Additionally, by focusing on supply chain efficiencies, the Partnership aims to create a sustainable and scalable model that not only addresses current gaps but also anticipates future demand in reproductive and maternal health services.</p> <p>The question examines the strength of the Partnership procurement planning and efficiency, while addressing UNFPA market-shaping capacities. Additionally, the related key assumptions also test the provision of a wide range of high-quality SRH commodities to countries, including in humanitarian settings. Finally, the question also addresses the adaptability of the Partnership to distribute routine commodities as well as new and lesser-used commodities across different country and regional contexts.</p>
--	---

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the **efficient and timely forecasting and procurement** of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.

Indicators

- 2.1.1** Reproductive health commodities by type and volume (including dollar amounts) procured and shipped to partner countries (per their requests/orders) by the Supplies Partnership over time.
- 2.1.2** Records of coordination meetings and consultations to identify goals and determine negotiating positions prior to contracting with global suppliers.
- 2.1.3** Functioning mechanisms/processes for forecasting demand for and planning timely delivery of selected quality reproductive health/family planning commodities, including through coordination efforts with other in-country partners.
- 2.1.4** Trends over time in prices and choice of products available for a sample of reproductive health/family planning commodities as identified in long and short-term agreements.

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>2.1.5 Functioning mechanisms/processes for quality assurance and quality control for commodities/products procured and shipped with support of the Partnership.</p> <p>2.1.6 Downward trend in instances of sub-standard quality and delays in shipment of products/commodities.</p> <p>2.1.7 Examples of innovation in reproductive health/family planning commodities and products procured.</p> <p>2.1.8 Stakeholders' perception of the Partnership's ability to forecast and procure Reproductive health commodities, and to influence and help shape the market for these products.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>An environment marked by: - the existence of a dynamic private sector; - the existence of companies invested in a CSR (Corporate Social Responsibility) strategy; - the existence of civil society organizations committed by their mandate to the promotion of the health of populations.</p>	<p>L'équipe nationale de plaidoyer, Cameroun (n.d.). Stratégie de Plaidoyer pour la Mobilisation des Ressources Domestiques (MRD) en vue de l'Approvisionnement en produits SR/PF au Cameroun. (pg2)</p>
<p>As in 2018 and 2020, the main reasons for the non-availability of contraceptive methods in health facilities are low or non-existent customer demand for the service, and delays in replenishment by the main supplier.</p>	<p>Ministère de la Santé Publique République du Cameroun (2022). Enquete sur la disponibilite des contraceptifs et des produits vitaux de sante</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
	maternelle dans les points de prestation de services au Cameroun, 2022. (pg99)
He thinks that the collaborator isn't there yet. Initially, he wasn't aware, but other partners do change the person attending the quantification session , for example, which doesn't encourage continuity. In his opinion, the same person should always attend the meeting, which is what he did and withdrew himself when he realized the importance.	KII with Association Camerounaise de Marketing Social (ACMS).
The main challenges I see are two-fold. First, there is a challenge in getting the products to the country . This is due to delays in the global transportation system . Even when commodities are procured, it can take a long time to get to the country. For example, we have commodities that were ordered since 2023 and still have not reached the central warehouse. There are many reasons for this. Delays in transportation to the Port of Douala; delay with customs etc. The first is out of our control. The second is administrative and have been like that since, even though things have improved.	KII with Ministry of Health Cameroon. October 2024.
<p>I also think the programme has influenced the current market for RH commodities, at least in the public sector. What we do during the quantification sessions is extremely useful for defining the products mix. We first identify what is already what the needs are, what is already available with which partner before we decide on what to procure. So, the public sector market is no longer filled with unnecessary products.</p> <p>Of course, the process is still dependent on the available data whose quality may not be as great as we would like but the is a good starting point and as time goes, I am sure things will improve.</p>	KII with Ministry of Health Cameroon. October 2024.
Definitely, YES! I have already alluded to that in my previous response. The sessions on quantification are well prepared and based on actual distribution and usage data. The sessions also involve all stakeholders so that we have a panoramic view of the needs and what is already available. This approach helps us to avoid cluttering of products and the risk of expiry of large quantities that we used to have.	KII with Ministry of Health Cameroon. October 2024.
They can say yes, because the products can already be found in the health facilities , even after they have expired. The presence of the supply project has encouraged health facilities to invest in activities, even if they are unpaid or free of charge. Communication and awareness-raising have been stepped up. Information, Education and Communication modules,	KII with Cameroon National Association for

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>post-partum FP and FP related to adolescents have enabled the training of over 400 agents. For example, they used to be confined to specific regions (East, Adamawa, Far North and North) shared with ACMS, but the supply project enables them to identify precise or specific needs in any part of the country, and this means they can intervene even in areas where partners are not necessarily hustling for position. In 2023, CAMANFAW launched a pilot project with 20 health facilities in the Littoral region, where preliminary results shows that the staff in these facilities are not trained and do not have FP inputs such as the SAYANA PRESS®.</p>	<p>Family Welfare. October 2024.</p>
<p>Yes, he can say that the impact on procurement is positive, with all the actors (PTF, Donors, Government) getting together and analyzing stocks and strategies. During the product quantification workshops, many problems were resolved during the meetings, and the actors made concrete commitments, even exchanging products. In his opinion, almost 80% of the partners' difficulties are resolved thanks to or at the end of the consultation/quantification meetings. For this reason, sub-committee meetings should also be held in the regions and even at DS level. There have also been exchanges of SR products at national level. Following a quantification meeting, UNFPA was able to mobilize a large stock of condoms from CARE to CAMNAFAW, which needs them.</p> <p>They estimate that, with the current changes, 85% of FP methods are currently available in the country.</p>	<p>KII with Cameroon National Association for Family Welfare. October 2024.</p>
<p>"The ownership of the government is very appreciable. For instance, during meetings, invitation letters and sent by the MOH and UNFPA just provide finances and technical support.</p> <p>The purchase of inputs is presently solely done by UNFPA but soon, USAID is going to do it through the Expand PF project. This will be a add up to the SWEED project of the Word bank that injected 2 million USD this year for purchase of inputs. "</p>	<p>KII with Cameroon National Association for Family Welfare. October 2024.</p>
<p>An advantage is that there is an improvement as every year, there is a quantification exercise which rationalizes the availability of these products, supply plans are respected by UNFPA and there also exist task forces to monitor allocation plans. A Stock Situation Report tool in Google Sheets that provides information on the availability of stock movements at regional level. There is a coordination meeting for supplies every 2 weeks, during which the situation of all medicines, including those for RH, is analyzed.</p>	<p>KII with Department of Pharmacy, Medicines and Laboratories. October 2024.</p>

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.	
<p>The project has had a positive impact on drug stock availability in health facilities, she also thinks that logically the assessment of availability to the last mile will show an improvement.</p>	<p>KII with Department of Pharmacy, Medicines and Laboratories. October 2024.</p>
<p>The process leading to orders or deliveries of inputs in FP is not very clear. However, it is not always clear how UNFPA places orders? Is this following the overall demand of the country?</p> <p>UNFPA did a lot more social marketing via CHWs upon the arrival of SAYANA Press® in Cameroon so that today, this input competes with the traditional Depo provera®. If other contraceptive methods overall were included, it would be a great help. Long-acting contraceptives should also benefit from similar awareness campaigns so that patients are covered over a longer period.</p>	<p>KII with GIZ. October 2024.</p>
<p>One of the Technical Advisor thinks this question has double speed answers. They think that today, there is availability in quantity and variety of products. It made things quite ok, especially for the west region even right down at the level of the health facilities may be because GIZ worked with them for a long time. But for a mini campaign that needed to be done in the South region, no RH product was available and they had to buy all inputs. While inquiring, we were told that the last training of personnel on FP methods was since 2014.</p>	<p>KII with GIZ. October 2024.</p>
<p>"Question : what is the effect of the quantification exercise on the availability of products at the last MILES ?</p> <p>The positive effect of the quantification exercise on RH inputs is still to be proven. They are carried out at the end of the year without any further revision and on the other hand, it is not the same actors who participate in the different sessions because of the instability of the staff and the inconsistent representation designations.</p> <p>This quantification exercise would benefit from being carried out by region, even if there is only one meeting at the national level. The difficulties of the Regions are not the same. "</p>	<p>KII with GIZ. October 2024.</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>Question: <i>What do you think of the annual quantification exercise carried out as part of the supplies project?</i></p> <p>Answer: She finds this very good because for several years, they no longer take into account distribution data but actual use on the ground. They can thus better adapt the orders to reality.</p> <p>Question: <i>Do you have any improvements to suggest to the program?</i></p> <p>She has concerns with the current stock of SYANA Press® which expires in April 2025 even though it had just been restocked after a significant stockout.</p> <p>Question: <i>Which additional agents do you think should participate in the quantification exercise?</i></p> <p>Answer: She thinks that we should add some GAS FP of a few DS (1 efficient and the other less efficient). This would get others to get to work and want to participate as well. It will also work as experience sharing.</p>	<p>KII with GIZ. October 2024.</p>
<p>Weaknesses: As concerning the weaknesses, we can mention:</p> <p>The availability and quality (completeness, promptitude, coherence and integrity) of data for quantification. The high turnover of staff (from 6 to 9 months).</p> <p>The lack of supervision. There is also no clarity on who is responsible for the inputs of the priority programs. <i>When a stock expires or has an outage, who is supposed to be held accountable?</i></p> <p>They have also observed that there is a kind of laxity here as compared to the management of essential drugs that are purchased by the health facilities.</p> <p>Certain inputs are not systematically found in the health facility's pharmacy, either they are not even counted as input, or they are directly delivered to the end service without being counted, or the monitoring is not exhaustive after reception.</p>	<p>KII with ISAHC project - USAID. October 2024.</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>Tools such as purchase orders and achievement sheets are also unavailable in health facilities. Data validations are not effective. At their level, they must constantly purify this data.</p>	
<p><i>How do you plan the acquisition of RH inputs?</i></p> <p>Free supplies were delivered exclusively on a top-down basis, but other RH inputs were delivered on the basis of orders from the various regions, subject to stock availability. For some years now, with UNFPA supplies, deliveries have been disposable using a bottom-up approach, and even if there are pushes, they are informed pushes, where we can decide to reduce or increase the quantities offered to us. Thanks to the quantification exercise, which is already bearing fruit.</p> <p>RH doesn't have a partner at LT level, so it's difficult to bring about change. Most of the time, they just take advantage of meetings organized by other partners to upgrade or pass on information. At a meeting in Edéa, all 24 DISTRICTS decided that they no longer wanted a push strategy because of all the difficulties it entails, but there was talk of these DISTRICT transmitting consumption figures, but this is not yet the case. No supervision, no data validation meetings, which are necessary at least 1 or 2 times a year, so it's not possible to hold them every quarter.</p>	<p>KII with RDPH and Regional Fund for Health Promotion Littoral. October 2024.</p>
<p><i>What are the main challenges currently facing the healthcare system in general in the Littoral region in terms of the acquisition and disposal of RH products?</i></p> <p><u>The FP for RH in the Littoral Region :</u></p> <p>In the context of product security, they mention product availability at the RFHP, transport via the DISTRICT and, finally, availability in health facilities and distribution at the price approved by the Ministry of Health.</p> <p><i>Can prices therefore vary per facility?</i> Yes, we have to admit it, and this is due to stock-outs, which lead health facilities to obtain supplies from other wholesalers through this loophole, thus applying cost prices that are in line with each other. In the event of a</p>	<p>KII with RDPH and Regional Fund for Health Promotion Littoral. October 2024.</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>shortage, health facilities must refer to the fund to obtain approval to buy from another approved wholesaler. So, without close supervision, even after the rupture has stopped, the health facility will buy from the RFHP and continue to apply higher prices for greater profitability.</p> <p><u>The FP for Supply and Inventory Management (GAS):</u></p> <p>Availability : the products are available even if there is a problem with the quantity which is reduced. Orders are placed by the HEALTH FACILITY and the largest are collected directly from the fund, for small HEALTH FACILITY, grouped orders are disposable by DISTRICT.</p> <p>Planning : The RFHPs distribute inputs to the smallest HEALTH FACILITYs and the largest collect on their own. For RH inputs, the distribution is disposable and deposited in the DISTRICT which fight with their means to transport this to the HEALTH FACILITY upon return from coordination meetings or others. Because the monthly meetings are not always effective, there is therefore this difficulty of access until the last km.</p>	
<p>From the field data, the compilation is done at the DISTRICT level, a correction is disposable at the regional level according to the data closest to reality (demographic, consumption and clinical data) according to the products. Last year, each region decided what type of data they used to carry out this quantification exercise.</p> <p>We hope that each Region can hold its quantification meeting before national consolidation is done. The region itself following quantification meetings at the level of each health district. Supervisions from the health district headquarters to the HEALTH FACILITY are also necessary to ensure the quality of the data.</p>	<p>KII with RDPH and Regional Fund for Health Promotion Littoral. October 2024.</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p><i>Question: is this not already the case for quantification from the base to the national level?</i></p> <p>No, at the regional level, they only make projections and corrections of data given that actors at DISTRICT level often share erroneous or uncleaned data. It is necessary to work with the different districts to clearly explain to them what is expected of them, what this will be used for, etc.</p> <p>During quantification, the regions include 1st and 2nd category hospitals in their estimates while the central level also delivers products to them according to the CENAME plan. This therefore creates a duplicate in the estimates which is difficult to correct when pushing in very large quantities.</p>	
<p>MINSANTE supports them with RH products including contraceptives to reduce maternal mortality. Upon receipt, distribution plans are established for the different Districts. They also carry out the actual arrival in the health facilities and their use. In return, the data provided by the field are analyzed and entered into the DHIS2 software.</p> <p>They also receive support for emergency obstetric and neonatal care monitoring. Networks established are monitored regularly every quarter.</p> <p>Support for the use of these inputs was provided through the recruitment and provision of midwives based in some health facilities.</p> <p>They are participating in the quantification exercise on a national scale, logistics data are now available and validated. Stockouts are now reduced. The direct causes of maternal mortality are well taken into account, even if the direct contribution of RH inputs is not quantifiable, the reduction of the maternal mortality rate is. In 2023, it was at 160 deaths / 100,000 live births, at September 2024 ending, there was a decrease to less than 100 deaths / 100,000 live births. This is the result of the permanent</p>	<p>KII with Regional Delegation for Public Health, West Region. October 2024.</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>availability of RH products; thanks to the UNFPA supplies project. We no longer have cases of eclampsia that result in death. They have all the evaluation tools which was not the case before.</p>	
<p><i>Question: what is your opinion on the quantification exercise?</i></p> <p>Initially, it was little known. Gradually, the exercise have allowed us to practice on our own at the regional level, we are already taking control but there are still concerns about the completeness of data coming from the field.</p> <p><i>Question: how do you assess the participation of stakeholders in the quantification exercise? Are all the actors present or do some need to be included?</i></p> <p>At the national level, all parties are represented but given that quantification is not yet organized at the regional level. Actors on the ground are starting to get the reasons behind and we should also institutionalize this at their level.</p>	<p>KII with Regional Delegation for Public Health, West Region. October 2024.</p>
<p><i>Question: who are the actors involved in the quantification exercise?</i></p> <p>Answer: the data managers of the DISTRICT, the GAS FP of the DISTRICT, the RH FP of the DISTRICT, the large hospitals. All that is missing at the end users who provide them at the health facility level, which we will have to think about associating for better relevance.</p> <p>Private structures do not obtain their supplies directly from the RFHP. They instituted group orders for public and private health facilities. We see that some private individuals often use certain products more than the public.</p>	<p>KII with Regional Delegation for Public Health, West Region. October 2024.</p>

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.	
<p>The influence acts on the environment with products available in terms of quantity and variety? For the moment, only UNFPA provides FP commodities to the country at a very low price. There are private structures that are selling FP commodities in the country at a high price. During the previous years, the commodities supplied to MoH remained at the CENAME level, and there was stock out at the decentralized levels. Currently, there are some major improvements. But there are still things to be done</p>	<p>KII with UNFPA Cameroon Country Office. October 2024.</p>
<p>UNFPA supply helps the country by financing quantification exercises, it also finances workshops or training with different donors who are involved in the supply chain and can help in FP matters. Since consumption data on the ground is unreliable to be used during the quantification exercise, the team uses logistics data, data of distribution to the regions and demographics to estimate the country's needs.</p> <p><i>Question: What role do other partners play?</i></p> <p>The IPPFs CAMNAFAW, ACMS, RFHP also participate to the quantification exercise and incorporate their needs. This is followed by the combination of the results of more in-depth analyses. A small number of supply plan workshops are then organized at central level, financed according to need and available funds. One important end result is that the UNFPA Supplies Partnership financed 2 M USD for in 2023 to procure RH commodities and advocacy at the local level with the SWEED project of the World Bank made it possible to finance the remaining 2 M to cover the gaps.</p>	<p>KII with UNFPA Cameroon Country Office. October 2024.</p>
Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
Indicators	
<p>2.2.1 Documented increased availability of reproductive health commodities in targeted countries to which the Partnership has contributed, through (a) technical assistance; (b) capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; (e) advocacy.</p>	

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
2.2.2 Documented increased quality of Reproductive health commodities in targeted countries linked to the Partnership, through (a) technical assistance; (b) capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; and (e) advocacy.	
2.2.3 Percent of targeted countries where NLU contraceptives have been introduced.	
2.2.4 Reported experiences of UNFPA staff and health authorities at central, regional and district levels regarding availability of an appropriate mix of SRH and maternal health commodities.	
2.2.5 Stakeholders' perception of the Partnership ability to expand contraceptive method choice.	
OBSERVATIONS	SOURCES OF EVIDENCE
Goal : All women and girls in Cameroon have access to a range of quality reproductive health commodities when they want or need them. Objective 1: MINSANTE increases the budget of the government's contribution of \$121,875 to \$500,000 by the end of 2023 for the availability of PF/SR products up to the last mile. Objective 2: By December 2023 and as part of the FP2030 commitments, the Ministry of Public Health commits to increasing by at least 5% each year the amount defined in the agreement between UNFPA and Cameroon (country compact) for the acquisition of SR products. Objective 3: By June 2024, within the framework of Corporate Social Responsibility (CSR), the President of GICAM obtains USD 200,000 from the Group's member companies as a contribution to the government's efforts to mobilize domestic resources for the purchase of FP/RH products.	L'équipe nationale de plaidoyer, Cameroun (n.d.). Stratégie de Plaidoyer pour la Mobilisation des Ressources Domestiques (MRD) en vue de l'Approvisionnement en produits SR/PF au Cameroun. (pg5)
The country programme commits to increasing the proportion of births attended by skilled health personnel in the target regions by 10% by 2026	UNFPA (2021). Country programme document for Cameroon. (pg3)
A. Family planning 24. Output 1: By 2026 , strengthen the capacity of systems and institutions to provide high-quality, comprehensive and integrated voluntary family planning services (including products).	UNFPA (2021). Country programme document for Cameroon. (pg6)

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
<p>25. Priority interventions include: (a) advocacy and policy dialogue with key stakeholders to ensure the sustainability of contraceptive supplies; (b) institutional capacity building in supply chain management to ensure availability of products to the "last mile"; (c) capacity building of health care providers in innovative strategies, community-based distribution and community-led interventions in age-appropriate reproductive health, HIV prevention among adolescents and young people, and voluntary family planning; (d) strengthen the capacity of key stakeholders to use digital tools and create demand for voluntary family planning among vulnerable groups, in particular adolescent girls, young people and people with disabilities; (e) strengthen the capacity of institutions to ensure voluntary family planning and the implementation of a minimum emergency package in humanitarian contexts and in the context of the COVID-19 pandemic.</p>	
<p>Conclusion: Almost all health facilities (93%) regularly provide at least three modern contraceptive methods as part of their normal service provision. This proportion is highest among urban (94%) and tertiary (100%) facilities. This situation is almost identical to that of 2020.</p>	<p>Ministère de la Santé Publique République du Cameroun (2022). Enquête sur la disponibilité des contraceptifs et des produits vitaux de santé maternelle dans les points de prestation de services au Cameroun, 2022. (pg99)</p>
<p>More than three out of five health facilities (61%) had at least 3 modern contraceptive methods offered in accordance with national laws, guidelines and protocols, on the day of the survey. This would reflect a slight drop in the availability of at least three contraceptive methods compared with 2020, when this indicator was 66%.</p>	<p>Ibid</p>
<p>89% of health facilities offering maternal care have at least seven vital drugs for maternal or reproductive health, including magnesium sulfate and oxytocin. This percentage was 87% in both 2020 and 2018.</p>	<p>Ibid</p>

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
Three out of five health facilities (60%) have not experienced a stockout of at least three contraceptive methods offered in accordance with national laws, guidelines and protocols over the last three months. This reflects a slight improvement in contraceptive stock management performance compared with 2020, when the proportion was 52%.	Ibid
More than four out of five health facilities (83%) have not experienced a stockout of at least three contraceptive methods offered on a regular basis as part of their normal service provision over the past three months. This proportion was 84% in 2018 and 78% in 2020.	Ibid
Seven out of ten (71%) health facilities offering family planning services obtain their medical supplies from a warehouse or regional institution (Fonds Régional pour la Promotion de la Santé). This was the case for one out of two facilities in 2020.	Ministère de la Santé Publique République du Cameroun (2022). Enquete sur la disponibilite des contraceptifs et des produits vitaux de sante maternelle dans les points de prestation de services au Cameroun, 2022. (pg100)
Nearly a quarter (24%) of health facilities have not received any supervision in the last 12 months. During supervision, the FP clinical practice of staff was not assessed in almost 90% of cases.	Ibid
The vast majority of clients interviewed (96%) said that FP providers had taken their preferences into account, almost 81% had received explanations on how to use the chosen method, while 89% had been informed about the common side effects of the chosen method and 96% about what to do in this case.	Ibid
Almost all the clients interviewed (97%) acknowledged that they had been treated with courtesy and respect by health service providers. However, 18% of clients said that staff at the FP service delivery point had forced or insisted that they accept a family planning method.	Ibid
Conclusion: Overall, progress towards 2020 in the availability of modern contraceptive methods and vital maternal health products at service delivery points in Cameroon is slight in most aspects studied, and should be consolidated and strengthened to meet	Ibid

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
the growing needs of the population. To this end, appropriate measures must be taken to ensure adequate availability of all essential products at all service delivery points.	
<p>In his view, the training of CENAME agents has improved the management and distribution of inputs.</p> <p>In 2024, UNFPA supported CENAME in the workshops to develop the texts for the change of status and the organizational chart of CENAME from a Public Establishment of a Technical Character to a Public Establishment of a Special Nature.</p> <p>From the quantification and in the Mix-market strategy, the needs of the private sector will be taken into account, products are returned to them at affordable prices, we also receive positive feedback from its peripheral actors.</p>	KII with CENAME. October 2024.
A system called " Oxytocin Cluster " has been set up and which goes as far as the inclusion of oxytocin in the EPI cold chain . There are also training courses such as the training of CENAME support staff in management and logistics. Training in quantification techniques for more sustained profiles and training and monitoring of emergency obstetric kit management, are all supported by UNFPA.	KII with CENAME. October 2024.
<p>Strengths: the program has increased the availability of RH products on the field.</p> <p>Weaknesses: The low capacity of the West RFHP's cold chain for the large quantity inputs that are often transported to them.</p> <p>Question: <i>you are talking about large volumes but are you not the one ordering the quantities of products that will be sent to you?</i></p>	KII with GIZ. October 2024.

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
<p>Answer : Yes, they are the ones ordering, but they can have an idea of the quantities but not of the volume that the products will occupy. Also, currently, the EPI is carrying out a campaign so this reduces their ability to help them. They take advantage of other trips to transport what they can to the districts.</p> <p>Statements of product needs for each region are requested based on the initial stock communicated as present at the DSF level.</p> <p>Question : <i>if this is once again the case for orders by region, how come you are overstocked?</i></p> <p>Answer : They ask to use the PEV cold chain, so between ordering and receiving the products, time has passed and there is therefore this clash of activities at the level of the same cold chain.</p> <p>If these are the products they order and which are intended for sale, there is no storage problem. But for those that are sent to them by push or allocation, especially with conservation constraints, there is a challenge.</p> <p>The other concern is the availability of inputs at the CENAME level. The situation has improved but stockouts persist. Male condoms have been out of stock since September 2024. The magnesium sulfate was not delivered to them in the last order they placed in June 2024 and they have relaunched it. They currently have the IUD, POLYGYNA®, JADEL®, DEPO PROVERA®, SAYANA PRESS® and IMPLANON Next®.</p>	
<p><i>What about the availability and variety of products?</i></p> <p>Do not think the products are available, as long as the Government is not involved in ordering and distribution, the partners actions are limited. They also realized that in the deployment, the visibility on the private sector is not good, nor on</p>	<p>KII with Global Financing Facility</p>

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
the social marketing organizations (PSI, ACMS, DKT) on which they did not have their figures while they were ordering and distributing large quantities of SRMNEA inputs.	Cameroon. October 2024.
Availability of products has improved because agreements have been made with CENAME and with the RFHP , large orders have been made with frequent deliveries. Civil society organizations that had large campaigns in hard-to-reach areas were also provided by the DSF. So the availability of inputs has necessarily improved.	Ibid
Currently, apart from male, and female condoms and magnesium sulfate, they have products for at least 4 months. Question: <i>Were all these products ordered from the regional level or is this a request made from the health facilities?</i> Answer: The male condom was present in quantity but there were shortages in the HIV/AIDS control program. Stocks also went out to Community-based Organizations that can collect boxes of 7200 which may be our needs for two weeks in the region. This increase in the needs of atypical customers has created this artificial break. As for female condoms, they no longer order them because the demand is low (barely 5 per month). Question : <i>what is your general opinion on the availability of products in the region up to the health facilities and in the community?</i> Answer : Not be able to say that there is no product at the last mile, health facility managers or pharmacy clerks who are proactive will have the medications but those who lag behind may not have them. On the other hand, informant does not have access to the DHIS2 software, it would be up to the Delegation to respond precisely.	KII with RDPH West Region.
Question: <i>What are the other difficulties as concerns RH products?</i> Answer: The most significant challenge is the availability of products at the CENAME level. They currently have a satisfaction rate of 4% on their CENAME orders. The order placed in March 2024 had a rate of 4.24%. They had ordered 96	KII with RDPH West Region.

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
<p>products including those from the RH and the delivery was made with only 5 products of which 3 were from the RH. The satisfaction rate for RH products was 75% (3/4). In the absence of these RH products, the satisfaction rate would be even more catastrophic. The order placed in June 2024 has not been delivered.</p> <p>Question : <i>in the event of a shortage of inputs at CENAME, what are your other sources of supply?</i></p> <p>Answer : for contraceptive products, they don't really have any other competitive alternatives. Only misoprostol (Misofem®) can be taken at Laborex®. For other non-RH products, the satisfaction rate can be 60%. When a product is not available at CENAME, it is quite difficult to obtain it at an affordable cost elsewhere.</p> <p>Question : <i>when you acquire products outside CENAME, do you also distribute them for free?</i></p> <p>Answer : No, since they buy them, it is the stock given for free which is also free of charge for clients but in the event of a shortage, it is no longer free as someone has to bear the cost.</p>	
<p>"The project has enabled all products to be available; misoprostol is currently available continuously, unlike previous shortages.</p> <p>Quantification allowed regions to have figures for their product use.</p> <p>Expiry dates due to overstocking are virtually eliminated. "</p>	<p>KII with Regional Delegation for Public Health, West Region. October 2024.</p>
<p>Key Accomplishments: High ranking officials from the Ministries of External Relations (MINREX), of Public Health (MINSANTE), and of Economy, Planning and Regional Development (MINEPAT) alongside Civil Society Organisations, media persons & other stakeholders receive a training on advocacy for domestic resource mobilisation for sustainable financing for FP, with the</p>	<p>UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies</p>

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
support of UNFPA Supplies. This training was focused on “SMART Advocacy” —a practical, adaptable & transformational approach focused on decision makers to get broad, long-term goals.	Partnership Annual Report 2023. (pg1)L
Advance strategies have been developed by the NGOs and some health facilities supported by UNFPA to organize mobile clinics to reach about 5000 new users of FP and contraception including long lasting methods. These activities have helped to reached women with sexual and reproductive health services and supplies, including contraceptives, and safe delivery	Ibid
MoH, through the Directorate of Family Health organized a training with the private sector, particularly pharmacists, on RH/FP service offering in the private sector, especially the integration of Sayana press. A pool of 34 pharmacists from the private sector were trained. It was a huge step in facilitating the collaboration between the private sector and the Directorate of Health Family/MoH, to ensure that health care providers have the technical and behavioral skills required for effective care.	UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg2)
A training for health care providers of Adolescent Reproductive Health Units (USRA) in the principles of Securing Reproductive Health Products (SPSR) was organised by DSF/MoH with the support of UNFPA Supplies. Providers in adolescent/youth reproductive health units are trained in the principles of SPSR. A training session for 19 providers from adolescent reproductive health units in the principles of SPSR	Ibid
A platform for youths was launched in order to facilitate access to youths to information on family planning services and awareness. This is a network of learning and sharing of experiences between UNFPA, youths’ organizations, local media and various other youth groups	Ibid
How did your work in FP expand choices and new methods? Outreaches strategies have been conducted by NGOs where 5000 new users of Family planning and contraception including long lasting methods were recruited. - Health providers were trained on health care provide to adolescents and youths in the USRA in the principles of Securing Reproductive Health Products (SPSR)	UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg4)

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
- Training with the private sector, particularly pharmacists, on RH/FP service offering in the private sector, especially the integration of Sayana press. A pool of 34 pharmacists from the private sector were trained.	
Human resources: the government is the primary provider of personnel for the management of FP programs and, above all, for the provision of services in health care facilities. Currently, the majority of staff available in the field do not have sufficient skills to offer quality FP services. Training in contraceptive technologies was rare before 2014. In the program of these trainings, the duration of training in FP counseling was very short. Yet the country no longer offers specific counseling training sessions. There are regions where training sessions for FP agents were no longer organized more than five (5) years ago for lack of PTF to provide support. In the southern region, for example, UNFPA trained 100 providers this year after a hiatus of more than five (5) years. If the lack of skills to offer FP services is general, it is more important when it comes to skills in inserting and removing implants and IUDs.	Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg21)
Service provision: There are some 3,700 health facilities. The minimum package of activities (PMA) recommends that FP be offered in all health facilities. But according to the information reported by RH focal points during the summary analysis of the situation, 71.3% of facilities offer short-acting methods, 19.4% offer implants, 18.8% offer IUDs and 4.5% offer VCT. So there are very few health centers able to offer a full range of FP products. Today, there are three categories of TFP supporting the provision of services. In the public sector, there's UNFPA and GIZ, and in the private sector there's ACMS with its social franchise model.	Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg22)
The Husband's School experience is an innovative strategy for involving men in promoting RH and encouraging behavior change at community level. This initiative is funded by UNFPA and implemented in Niger. The aim is to carry out a study tour, experiment in two health zones and then gradually extend to 5 districts annually from 2015 to 2020 by contracting with CSOs.	Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg40)
The UNFPA Supplies Partnership will serve as a key vehicle for expanding access and availability, building on significant impact and learning since its inception in 2007.	UNFPA (2022). UNFPA Strategy for Family Planning 2022–2030: Expanding choices, ensuring rights in a diverse and changing world. (pg24)

<p>Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers emergency reproductive health/family planning kits and individual products with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their reproductive health/family planning requirements.</p>	
<p>Indicators</p> <p>2.3.1 Extent to which clear roles and responsibilities are established between the Partnership and the Humanitarian Response Division at the global, regional and national levels to ensure Partnership countries at a higher risk of rapid onset emergencies integrate humanitarian principles (e.g. basic humanitarian functions integrated into the supply framework) to strengthen preparedness and resilience.</p> <p>2.3.2 Programme humanitarian response plans include explicit matching of content of emergency Reproductive health and family kits with identified needs of women and girls in the specific humanitarian setting, in concert with the Humanitarian Response Division.</p> <p>2.3.3 In humanitarian settings, the Partnership engages with national authorities to ensure that its support (including emergency kits) is targeted to all women and girls at risk, including the poor and marginalized.</p> <p>2.3.4 Those involved in service delivery report products were appropriate, of high quality and delivered in a timely manner during humanitarian crises.</p> <p>2.3.5 Extent to which at-risk women and girls report access to needed, appropriate and quality reproductive health/family planning commodities and products.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>Interventions also take account of humanitarian situations, when that is necessary. I must say that when it comes to humanitarian kits, things go even quicker than others.</p>	<p>KII with Ministry of Health Cameroon. October 2024.</p>
<p>"Yes, humanitarian cases are taken into account in the free provision of RH products to improve accessibility to disadvantaged groups (displaced people, inhabitants of conflict zones). Kits are reserved for disadvantaged target groups.</p> <p>Question: Are these kits ordered separately?</p>	<p>KII with Regional Delegation for Public Health, West Region. October 2024.</p>

Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers emergency reproductive health/family planning kits and individual products with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their reproductive health/family planning requirements.	
Answer: assessments are always made to know who should benefit. I find this normal otherwise, they will even go to those who are not the target. "	
Humanitarian needs in terms of products are taken into account during the quantification but GBV kits are not taken into account but the quantification of the entire country is including humanitarian zones.	KII with UNFPA Cameroon Country Office. October 2024.

Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.	
Indicators	
2.4.1 Documented changes in annual workplans, distribution and supply plans, and allocations of the Partnership commodity budgets at the national level in response to changing conditions/needs, including humanitarian emergencies.	
2.4.2 Documented examples of programs/project/policy design changes including mitigating measures to address challenges to NLUs including: <ul style="list-style-type: none"> • engaging a single manufacturer • addressing registration/waiver issues • taking proven (piloted) solutions to scale. 	
2.4.3 Documentation on mitigation measures against challenges for NLUs – demand generation; capacity building; single manufacturer; registration / waiver issues; moving from pilot to scale-up.	
2.4.4 Existence of analysis and systematic processes for applying different funding mechanisms (match funding, routine funding, NLU commodities, emergency Reproductive health commodities kits) effectively to different contexts, i.e. analysis reports, fund applications).	

<p>Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.</p>	
<p>2.4.5 National reproductive health/family planning plans, strategies and programmes include measures to address and resolve barriers to access for poor and marginalized women including:</p> <ul style="list-style-type: none"> • Geographic access • Price and affordability constraints • Timely delivery and stable supply • Choice of methods • Harmful social norms limiting access. <p>2.4.6 Views of UNFPA country office staff, national health (and emergency response) authorities, multilateral and bilateral partners on the availability of a range of high-quality reproductive health/family planning commodities in both development and humanitarian settings.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>B. Maternal health</p> <p>26. Output 2: By 2026, strengthen the capacity of the health system, institutions and communities, in line with universal health coverage, to provide integrated, high-quality maternal and newborn health services, including in humanitarian contexts and public health emergencies.</p> <p>27. The priority interventions are to: (a) conducting advocacy and policy dialogue in line with the universal health coverage strategy for the recruitment of midwives in maternity units in emergency obstetric and neonatal care networks supported by UNFPA ; (b) conduct advocacy and policy dialogue in line with the universal health coverage strategy for a further reduction in the costs of reproductive, maternal, neonatal and adolescent child health services; (c) strengthen emergency obstetric and neonatal care, the associated national network and the use of telemedicine; (d) strengthen the capacity of stakeholders to implement decentralised and community-based interventions, with a focus on adolescent girls, people with disabilities and women with obstetric fistula; (e) support the accreditation of midwifery schools in line with International Confederation of Midwives (ICM) standards to improve the training of midwives; (f) strengthen institutional capacity to ensure the implementation of the minimum</p>	<p>UNFPA (2021). Country programme document for Cameroon. (pg6)</p>

Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.	
<p>emergency package and the provision of emergency obstetric and neonatal care; (g) support the development of a national network for emergency obstetric and neonatal care and the use of telemedicine.</p>	
<p><i>Describe how the Partnership has influenced the expansion of routine commodities and NLU products through programming and distribution?</i></p> <p>I would say YES! The distribution system is now better structured so that orders from local to regional and regional to central levels are taken care of more rapidly. The distribution system has greatly improved.</p>	<p>KII with Ministry of Health Cameroon. October 2024.</p>
<p>According to him, the entry of products into Cameroon even when they have already left the boat is not easy. For example, products expected to be used in 2023 have not yet been made available. All this is due to a transit problem first at the international and then national level. Exoneration documents were reportedly not available.</p>	<p>KII with CENAME. October 2024.</p>
<p>They have not put in place a mechanism to ensure this availability, as each structure still travels to the Regional Fund for Health promotion (RFHP) to acquire its drugs including RH inputs. So, we can't say that distribution to the end-user is guaranteed.</p>	<p>KII with Department of Pharmacy, Medicines and Laboratories. October 2024.</p>
<p>How did your work in FP expand choices and new methods?</p> <p>UNFPA partners organize the provision of family planning services and contraception in IDPs camps.</p>	<p>UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg4)</p>

EVALUATION QUESTION 3: To what extent is the Partnership effective at ensuring that reproductive health commodities reach the “last mile” and promote harmonization and integration of supply chain systems in countries for all women who want and need them, including marginalized groups and those in humanitarian situations?

CRITERIA	Effectiveness/ coverage	AREA OF INTEREST	Strategic objective 2 – Strengthened Supply Chains Ensure supplies for reproductive health commodities reach the “last mile” and promote harmonization and integration of supply systems in countries	LINKAGES TO THE THEORY OF CHANGE	Linked to the green boxes for strategic objective 2 in the middle of the theory of change
RATIONALE	This evaluation question focuses on assessing the contribution made to the achievement of strategic objective 2, which aims at ensuring that reproductive health commodities reach the “last mile” while promoting improved functionality and tracking within supply systems in countries. This question focuses on assessing the needs for supply chain strengthening to improve availability of reproductive health commodities, addressing these needs, improving data visibility for better data-driven decision making and supplies management, and reaching service providers and end users at the “last mile”, including in humanitarian and fragile or conflict settings. Following the logic set up in the reconstructed theory of change, this question mainly focuses on modes of engagement of (a) technical assistance, (b) capacity building, (c) service delivery, and (d) evidence generation and dissemination. Additionally, since this question focuses on access to reproductive health commodities, it will also address the criteria of coverage linked to humanitarian actions, which addresses the extent to which population groups facing life-threatening conditions were reached by humanitarian action.				

Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to **identify key areas of supply chain management requiring support** and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.

Indicators

3.1.1 Mechanisms for joint assessment (with partners) of national supply chains and identification of gaps and weaknesses are operational.

3.1.2 The Partnership initiatives to strengthen SCM are targeted to addressing agreed weaknesses.

<p>Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.</p>	
<p>3.1.3 The Partnership support to strengthening SCM contributes to but does not overlap or duplicate support from other bilateral or multilateral partners or national programmes.</p>	
<p>3.1.4 Views/experiences of national supply partners on the adequacy of the identification of needs toward strengthening the SCM and systems.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>Overall, 15% of health facilities have no cold chain. Electric refrigerators are the most common type of refrigeration equipment used in health facilities (82%), and the national grid (81%) is the main source of electricity.</p>	<p>Ministère de la Santé Publique République du Cameroun (2022). Enquete sur la disponibilite des contraceptifs et des produits vitaux de sante maternelle dans les points de prestation de services au Cameroun, 2022. (pg99)</p>
<p>At the CENAME level, a budget had been made for the purchase of a truck and fork-lifts. These are in the process of being acquired and made available to CENAME. Storage racks, pallets and temperature monitoring devices were also acquired through this Supply project. All this helps to ensure a good reception, transport and storage of all inputs, including RH, in better conditions that I would describe as optimal nowadays.</p> <p>Some other additional efforts are also being made at the CENAME level. After they have received products, communication to stakeholders, distribution of products as soon as possible also allows a certain efficiency, of course this is not directly quantifiable but they assume that these changes are just as part of the notable improvements.</p>	<p>KII with CENAME. October 2024.</p>

Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.	
The statute and organizational chart of the structure had just been reviewed precisely in order to optimize performance.	
<p><i>What are the main challenges currently facing the healthcare system in general in the Littoral region in terms of the acquisition and disposal of RH products?</i></p> <p><u>The FP for RH in the Littoral Region :</u></p> <p>In the context of product security, they mention product availability at the RFHP, transport via the DISTRICT and, finally, availability in health facilities and distribution at the price approved by the Ministry of Health.</p> <p>Can prices therefore vary per facility? Yes, we have to admit it, and this is due to stock-outs, which lead health facilities to obtain supplies from other wholesalers through this loophole, thus applying cost prices that are in line with each other. In the event of a shortage, health facilities must refer to the fund to obtain approval to buy from another approved wholesaler. So, without close supervision, even after the rupture has stopped, the health facility will buy from the RFHP and continue to apply higher prices for greater profitability.</p> <p><u>The FP for Supply and Inventory Management (GAS):</u></p> <p><u>Availability:</u> the products are available even if there is a problem with the quantity which is reduced. Orders are placed by the HEALTH FACILITY and the largest are collected directly from the fund, for small HEALTH FACILITY, grouped orders are disposable by DISTRICT.</p> <p><u>Planning:</u> The RFHPs distribute inputs to the smallest HEALTH FACILITYs and the largest collect on their own. For RH inputs, the distribution is disposable and deposited in the DISTRICT which fight with their means to transport this to the HEALTH FACILITY upon return from coordination meetings or others. Because the monthly meetings are not always effective, there is therefore this difficulty of access until the last km.</p>	KII with RDPH and Regional Fund for Health Promotion Littoral. October 2024.

Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to **identify key areas of supply chain management requiring support** and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.

Capacity building: **The staff is very changeable, hence the need for permanent briefings, and the choice of staff is not disposable on a prior basis** (random choice in the departments without real training in medicines). This can also be addressed through formative supervision.

Reporting: with the data present in the DHIS2 (completeness, timeliness, quality, and reliability including consistency), we had the **support of the partner UNFPA to organize the quantification meeting but we note inconsistencies and we think that it is necessary to purify them, and proceed with revalidations within the DISTRICT themselves**. Supervisions would also be a big help.

The distribution of free RH products is easy and it is very easy to associate with other programs (malaria, HIV) which have distribution cycles which are not linked to others. On the other hand, RH products that are not free are difficult to coordinate with other programs.

There is also the thorny problem of the non-existence of management fees for RH products as in other programs.

Concerning the problem of storing oxytocin in the cold chain, we are obliged to store them within their capacity. Large volumes of oxytocin arriving recently have posed this storage problem. We must make an urgent distribution program as soon as received to avoid bottlenecks or clashes with the EPI program. Orders placed outside the descent schedule are very often not quickly honored and therefore may be the cause of shortages in the HEALTH FACILITY. We are seeing with the HEALTH FACILITYs how to negotiate and for grouped orders to be collected on a rotating basis by HEALTH FACILITYs who would bear the supervision costs for everyone during collection and benefit from compensation in other months.

Why charge HEALTH FACILITYs for medicines if the acquisition cost is so low that the trip is not worth it? It depends on MINSANTE (DSF) or partners, it will perhaps be up to UNFPA to answer us. In fact, free as observed during campaigns or pushes does not work. This leads HEALTH FACILITYs to think that RH products are free and if they are not provided, they do not order either. For example, oxytocin and magnesium sulfate often expire in the HEALTH FACILITY when they are distributed free of

<p>Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.</p>	
<p>charge in the HEALTH FACILITY because they do not consider this profitable for their usual cost recovery. Some will even charge a fee for highly subsidized products. Some actors place the IUD at 10,000 F CFA and implants at 5,000 F CFA while at the RFHP level they do not exceed 2,000 F CFA for the IUD and 500 F CFA for implants. It is therefore necessary to accustom field workers to always ordering inputs. This will also help them to control their average monthly consumption because for free medicines, they do not count anything and use it until the stocks expire.</p> <p>Is this the same with HIV products? No, their products are available, there are no substitutes and they receive enough supervision to compensate for these abuses. Inputs to combat malaria are also going well because they are paid for.</p>	
<p>The main challenges in securing these products are: Overcome the security challenges and immediate availability of data not directly typed when the activity is carried out.</p> <p>The problem of telephone network and internet coverage.</p> <p>The conservation of inputs in the field is also a subject for discussion, MINSANTE has released the note to point out that the integration of the conservation of oxytocin in the EPI system is the beginning of a solution but they are used until the last Mile while the EPI stops higher up and continues in advanced strategy.</p> <p>There is also the challenge of training service providers in the recent contraceptive methods. Trained actors are few.</p> <p>Logistics is also a challenge as highlighted above.</p>	<p>KII with Regional Delegation for Public Health, West Region. October 2024.</p>

Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.	
The last Facility survey was carried out 2 years ago, in 2022. The Total Market Approach (TMA) study on 7 of the 10 regions of the country is really recent and one aspect is devoted to product availability. The supervision and training of the Littoral Region and District helped the actors to become aware. The RH subcommittee of UNFPA supplies on securing inputs led by the DSF and the DPML allows for questioning and raises the responsibility of the actors in monitoring.	KII with UNFPA Cameroon Country Office. October 2024.
Two coordination meetings were organized with the stakeholders within the supply chain. These meetings were based on coordinating and sharing technical and programmatic information on the management of the contraceptive supply chain and, strengthening the system by supporting the DSF/MoH in its making of informed decisions for securing optimal reproductive health commodities.	UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg2)
A consultant hired by LMA unit has conducted an In-Country assessment at the central warehouse and two regional warehouses and health facilities in Littoral and South regions.	UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg2)
Through the "SMS for life" system already in place, with the support of UNFPA, managers of FP services in health facilities will regularly (on a monthly basis) inform regional focal points of the status of contraceptive products , using the following three indicators: - Quantity available ; - Quantity distributed ; - Losses/Adjustments. This information will be shared via SMS. RH/FP focal points will give instructions for the supply or redistribution of products between health facilities, or between health facilities and depots.	Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg72)
Table 18: Budget by activity and potential sources of funding. Activity: D2.1 Promoting the experience of the husbands (male SR/PF champions). Total cost of project: 404 079 228. TFPs already in possession of financing: UNFPA	Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg78)L

Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.	
Table 18: Budget by activity and potential sources of funding. Activity: O1.1 Integration of the range of long-acting in 100% of facilities offering only short-acting methods. Total cost of project: 377 000 000. TFPs already in possession of financing: UNFPA, USAID, KFW/ACMS	Ibid
Table 18: Budget by activity and potential sources of funding. Activity: O1.3 Integration of FP activities into the CSA activity packages for other programs currently underway, in their offering contraceptive methods (pills, injectables). Total cost of project: 755 105 800. TFPs already in possession of financing: UNFPA, KFW/GIZ	Ibid
Table 18: Budget by activity and potential sources of funding. Activity: O1.5 Strengthening FP activities in the advanced strategy interventions through all health districts. Total cost of project: 1 686 240 000. TFPs already in possession of financing: KFW/GIZ, UNFPA	Ibid
Table 18: Budget by activity and potential sources of funding. Activity: O2.1 Technology training for service providers for new sites in the public and private sectors Total cost of project: 647 925 000 TFPs already in possession of financing: UNFPA, KFW/GIZ, KFW/ACMS	Republique du Cameroun (2014). Plan opérationnel de planification familiale, 2015-2020. (pg79)
Table 18: Budget by activity and potential sources of funding. Activity: O2.5 Equipping health facilities to offer quality FP and counseling services Total cost of project: 732 640 000 TFPs already in possession of financing: UNFPA, USAID	Ibid
Table 18: Budget by activity and potential sources of funding. Activity: O3.1 Training of 25% health facility providers to offer FP services adapted to adolescents and young people Total cost of project: 436 450 000 TFPs already in possession of financing: UNFPA	Ibid
Table 18: Budget by activity and potential sources of funding. Activity: O5.1 Availability of contraceptives in quantity and quality at all levels of the health pyramid and at service delivery points Total cost of project: 11640003850 TFPs already in possession of financing: UNFPA, USAID	Ibid
Table 18: Budget by activity and potential sources of funding. Activity: O5.2 Organize regular supervisions to ensure product availability Total cost of project: 134839200 UNFPA, TFPs already in possession of financing: KFW/ACMS, KFW/GIZ	Ibid

Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.	
Table 18: Budget by activity and potential sources of funding. Activity: O5.3 Training of product managers contraceptives at all levels of the pyramid sanitation in SIGL Total cost of project: 1189200250 TFPs already in possession of financing: UNFPA	Ibid
Table 18: Budget by activity and potential sources of funding. Activity: C1.2 Organization of training supervision at all levels of the health pyramid Total cost of project: 1 730 692 500 TFPs already in possession of financing: UNFPA	Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg81)
Table 18: Budget by activity and potential sources of funding. Activity: C2.2 Updating and multiplying data collection media for all health facilities Total cost of project: 1 229 824 000 TFPs already in possession of financing: UNFPA	Ibid

Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures , including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)
Indicators 3.2.1 Examples of successful introduction and roll out and adoption of new or improved manual or automated systems for SCM (including LMIS, inventory management and distribution) supported by the Partnership. 3.2.2 Documented efforts to strengthen SCM to address staff capabilities and motivation as well as needed improvements in systems and technology. 3.2.3 Positive findings on training and capacity building outcomes and results reported. 3.2.4 Views of UNFPA country office staff, national health authorities, national supply chain managers and facilities managers at national and sub-national level on quality and usefulness of technical assistance provided by the Partnership.

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc.</p> <p>(Links to theory of change causal assumption 6)</p>	
<p>3.2.5 Examples of how enhanced systems have (or have not) led to improved inventory management, stock-outs, unused inventory, etc.) without duplicating efforts, causing undue delays or expense .</p> <p>3.2.6 Reported qualifications of supply chain managers and/or levels of vacancy and turnover in SCM over time.</p> <p>3.2.7 Positive trends in supply chain performance data indicating improved skills and management.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>"Programmatic commitments:</p> <ul style="list-style-type: none"> - Conduct annual quantification of reproductive health and family planning commodity needs - Develop complementary requests under the ""Transformative Action"" programme - Work to enstre the availability and accessibility of reproductive health/family planning commodities for all targets to the last mile. " 	<p>UNFPA, Government of the Republic of Cameroon (2022). Annual Implementation Contract for the Cameroon-UNFPA Supplies Partnership. (pg2)</p>
<p>Upon receipt of the UNFPA Supplies Partnership products, the Government of Cameroon will take charge, on a non-exclusive basis, of making the products available to the implementing partner(s), according to the national distribution plan validated by the stakeholders, notably the MINSANTE (CENAME and RFHP), CAMNAFAW, CASM, CBCHS. The latter will ensure that the said products are available up to the last mile.</p>	<p>UNFPA, Government of the Republic of Cameroon (2022). Annual Implementation Contract for the Cameroon-UNFPA Supplies Partnership. (pg5)</p>

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc.</p> <p>(Links to theory of change causal assumption 6)</p>	
<p>The country programme will promote the provision of voluntary family planning services down to the "last mile". It will focus on strengthening the resilience of supply chains, as well as on partnering with the private sector to transport products and with other stakeholders to step up the installation of solar panels in health facilities, which will enable reproductive health and contraceptive products to be stored more effectively and limit stock-outs in remote areas. Strengthening the capacities and participation of all community stakeholders and the use of virtual services such as mobile learning to disseminate information and services that stimulate demand will improve the distribution of FP products in communities. The UNFPA Supplies Partnership will continue.</p>	<p>UNFPA (2021). Country programme document for Cameroon. (pg4)</p>
<p>...it is essential to define a reference framework for better management of the public supply chain, and to set out the priority areas of intervention for a given period, which are adapted to the objectives of performance, transparency and sustainability demanded by the NDS30. To this end, the Ministry of Public Health, through the Directorate of Pharmacy, Medicines and Laboratories, in collaboration with development partners, the private sector and other stakeholders in the pharmaceutical sector, has drawn up the Strategic Plan for Strengthening the Public Supply Chain in Cameroon for the period 2022 to 2026.</p>	<p>Ministere de la Sante Publique Republique du Cameroun (2022). Plan Strategique pour le renforcement de la chaine d'approvisionnement public des produits de sante au Cameroun: 2022 – 2026. (pgiv)</p>
<p>Since 2015, Cameroon has been engaged in the process of implementing Universal Health Coverage (UHC) for its population. However, a dysfunction in the healthcare product supply chain has made itself felt through poor logistical management (shortages, overstocking, out-of-date products) and poor availability of the quality data needed for decision-making, which has a negative impact on case management and disease prevention.</p>	<p>Ministere de la Sante Publique Republique du Cameroun (2022). Plan Strategique pour le renforcement de la chaine d'approvisionnement public des produits de sante au Cameroun: 2022 – 2026. (pg1)</p>

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc.</p> <p>(Links to theory of change causal assumption 6)</p>	
<p>Notwithstanding the initiatives undertaken to improve the supply chain, significant changes have not been observed due to the absence of a reference framework for strategic orientation and coordination of interventions. It was therefore necessary to draw up a strategic plan to strengthen the public supply chain for healthcare products in Cameroon for the period 2022 to 2026.</p>	Ibid
<p>Point According to current regulations, each health product should obtain a registration issued by the Minister of Public Health after consultation with the national commission, which must take into account the results of the quality analysis carried out by the Laboratoire National de Contrôle de Qualité des Médicaments et d'Expertise (LANACOME). However, this laboratory generally fails to deliver test results on time, and also lacks WHO pre-qualification.</p>	Ibid
<p>Point At each border health post, pharmacists are responsible for checking the regularity of incoming shipments, despite the fact that market surveillance, which should be carried out jointly by the General Inspectorate of Pharmaceutical Services and Laboratories (IGSPL), the Directorate of Pharmacy, Medicines and Laboratories (DPML), LANACOME and the regional brigades of the Regional Public Health Delegations (DRSP), is not effective.</p>	Ibid
<p>Points: The Centrale Nationale d'Approvisionnement en Médicaments Essentiels et consommables médicaux (CENAME) is the public body responsible for supplying the following regions, but its structural difficulties mean that it cannot guarantee the continuous availability of healthcare products.</p>	Ibid
<p>There have been several levels of training. For example, at the central level, we have activities that help us understand the data that are needed to do the quantification exercise right. Because different actors are involved in the process, this creates discussions and, in the end, we benefit from the competencies of one another.</p> <p>We also have the training of those at the lower level so they know the procurement process at their level. Similar with regional actors.</p>	KII with Ministry of Health Cameroon. October 2024.

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc.</p> <p>(Links to theory of change causal assumption 6)</p>	
<p>I don’t know if the CB/TA activities are based on best practices but, for sure, they are very valuable and help improve the competencies of those involved in the procurement, distribution and monitoring activities.</p>	
<p>There is no doubt that the partnership programme has been instrumental in creating a facilitating environment for all the aspects you talked about. For example, regarding the LMIS, you can see that the project statistician sits in this same room with us. His computer is here and all statistics are managed from here and sent to the health statistics office on a monthly basis.</p> <p>The issue of last mile has also become important for all of us. Of course it is not all resolved and there are still many challenges. But at least, people are aware of it and working to identify the factors involved. For example, by taking into account the discrepancies between free and apaid products and working on the dispatching plan accordingly. Another example, is that to facilitate the availability of oxytocin at the health facility level, the MoH has now issued a recommendation to keep it in the same cold chain as vaccines, something that was not possible before.</p>	Ibid
<p>In his opinion, and in line with the findings of the RH product security sub-group (in conjunction with MOH), the real challenge in securing RH is last-mile is monitoring. It is important to monitor the post campaigns RH stocks during at least one supervisory meeting a year.</p> <p>These sub-committee meetings should be financed. At present, they are held at national level under UNFPA funding, but not at regional or district level by lack of funding. This should also be a government’s responsibility.</p> <p>The movement of products already available from one zone to another remains very complex, if not impossible. Recently, there was an expiry of available products (which had an interval of 2 months) in the Adamawa region but which could not be redeployed to the East for a CAMNAFAW activity which needed them for a health campaign.</p>	KII with Cameroon National Association for Family Welfare. October 2024.

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc.</p> <p>(Links to theory of change causal assumption 6)</p>	
<p>Capacity-building in open LMIs has been carried out in several occasions, but the software itself is still not available in the structures, even at the central level. The LMIs version that does exist is basic and paper-based.</p>	
<p>Yes, there has been a lot of training in capacity building: results-based management, SMART Advocacy meetings (6-7 meeting), workshops on product management and bipartite technical assistance meetings.</p>	Ibid
<p>The training has been carried out and has borne fruit, the difference between the handling agents who have followed assiduously and the others is very easily felt, so during certain activities such as unloading or packaging, the presence of trained agents is almost always necessary.</p> <p>UNFPA has requested CENAME's expertise to train actors at the central and peripheral levels on various topics.</p> <p>CENAME has also received training for warehouse workers from UNFPA Copenhagen.</p>	KII with CENAME. October 2024.
<p>Yes, we have received training and capacity building that has improved our skills and performance. The needs were multiple, we did not solve them all but we took a big step forward.</p>	Ibid
<p>Establishment of a stock monitoring system called LMIs enabling the DPML to monitor stocks at regional level, the 2nd phase was to extend this monitoring tool to health facilities. At one level, there was no fluidity between the RFHP, and a study was carried out to remedy this. Strengthening the supply chain, building stakeholders' capacity.</p>	KII with Global Financing Facility Cameroon. October 2024.
<p>How did your work in FP expand choices and new methods?</p>	UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc.</p> <p>(Links to theory of change causal assumption 6)</p>	
<p>MISP sessions were conducted for supply chain staff, emphasize were also focused on the managing of Reproductive health kits. A total of 31 persons were trained, including supply chain staff</p>	<p>Partnership Annual Report 2023. (pg4)</p>
<p>RECOMMENDATION: Prepare a consultation meeting to assess the needs in LMIS and LMIS for the eventuality of an extension of digitalization to the level of CDS in order to control the availability of SR inputs. RESPONSIBLE: DCOOP/DPML/DSF/, CIS/CTN-CSU/Africa CDC/UNFPA. TURNAROUND TIME: TBD</p>	<p>UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024. (pg3)</p>

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p> <p>(Links to theory of change causal assumption 7)</p>	
<p>Indicators</p> <p>3.3.1 Reported and/or observed improvements in demand forecasting/quantification over time in partner countries (i.e. reduced positive or negative gaps in estimated national demand and procured supply).</p> <p>3.3.2 Reported or observed improvements or deterioration in distribution levels from national to regional and district warehouses and, finally, to service delivery points.</p> <p>3.3.3 Changes in scheduling/availability of services to improve access for women and girls.</p> <p>3.3.4 Reduction in frequency, duration and severity of stock-outs at national and sub-national levels.</p> <p>3.3.5 Absence or reduction in the frequency and level of over-supply and unused inventory.</p>	

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p> <p>(Links to theory of change causal assumption 7)</p>	
<p>3.3.6 Improved data capture and reporting and tracking of commodities from port of entry to end users.</p> <p>3.3.6 Changes and adjustments/reallocation of procurement and shipment of reproductive health/family planning commodities and products to match changes in demand.</p> <p>3.3.7 Timeliness of shipment of identified needed commodities and products during humanitarian crises.</p> <p>3.3.8 Views and experiences of UNFPA staff, national health authorities, national medical stores staff service providers and women and girls accessing commodities.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>The average distance separating a health facility from its nearest supply point (62 km) has remained almost unchanged since 2020, when it was 64 km. Secondary-level health facilities, those located in rural areas and private denominational health facilities are the furthest from their supply point.</p>	<p>Ministère de la Santé Publique République du Cameroun (2022). Enquete sur la disponibilite des contraceptifs et des produits vitaux de sante maternelle dans les points de prestation de services au Cameroun, 2022. (pg99)</p>
<p>Weaknesses: The existence of stockout periods for inputs such as condoms and lubricants. This has nevertheless decreased since the arrival of the supplies program. There is a demand for contraceptive methods among young people. Few young people will ask for an IUD but more for condoms or lubricating gels which are rare or which reach us with very close expiry dates. The demand observed, although low, is not 100% satisfied.</p>	<p>FGD with AfriYAN Cameroon. October 2024.</p>

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p> <p>(Links to theory of change causal assumption 7)</p>	
<p>Data collection still has many challenges.</p> <p>The organization mentions non-participation in quantification workshops but their data is sent to the Ministry level through the DSF.</p> <p>The legal conditions where, for example, emancipated minors experience limitations to access FP.</p> <p>The capacity building of staff who provide these FP services is also lagging.</p>	
<p>We should work on the expiration date of RH products so that they do not expire very soon after arrival.</p> <p>Their analysis of the FP 2021 – 2030 commitment is that they appreciate the State's effort in general but they very much appreciate the institutionalization of the creation of adolescent reproductive health units in all category 1 to 3 health facilities. The texts setting them out have been introduced since 2015.</p>	Ibid
<p>Point: The Ministry of Public Health has a technical department responsible for the quantification of health products, but the processes are carried out individually by the programs without any real coordination, which means that the data is not always optimally available.</p>	Ministere de la Sante Publique Republique du Cameroun (2022). Plan Strategique pour le renforcement de la chaine d'approvisionnement public des produits de sante au Cameroun: 2022 – 2026. (pg1)
<p>The supply chain is characterized by a multitude of information systems and manual reporting. Since 2015, the country has undertaken phase1 of the project entitled. The "SIGLe/eLMIS (Système d'Information de Gestion Logistique</p>	Ministere de la Sante Publique Republique du Cameroun (2022). Plan

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p> <p>(Links to theory of change causal assumption 7)</p>	
<p>électronique/electronic Logistic Management Information System)" project has connected the ten FRPS, CENAME and DPML. Despite the implementation of this project, the level of logistics data and input availability remains low.</p>	<p>Strategique pour le renforcement de la chaîne d'approvisionnement public des produits de sante au Cameroun: 2022 – 2026. (pg2)</p>
<p>I think the first and visible impact of the programme is that it has helped us suppress a very big problem! That of large quantities of expired products. Before this programme, we had a stock of over 1 million USD of products that were expired. It created a big problem, even with UNFPA. Since the advent of this program, we have now cleared this and product expiry issues are something of the past.</p>	<p>KII with Ministry of Health Cameroon. October 2024.</p>
<p>The expiry and overstocking of products are something of the past with the implementation of the UNFPA supply project. Quantification also addresses the variety of products and the needs of all stakeholders.</p> <p>Overall estimates of stocks and needs are made with the other partners and make it possible to avoid duplication in the purchase and distribution of inputs.</p>	<p>KII with CENAME. October 2024.</p>
<p>The partnership is done by a joint planning and integration of activities, exchange of products as need be between the partners. This sustains continuity in activities.</p> <p>The strengthening of the First in First Out (FIFO) strategy also contributes to better management of pharmaceutical products in the channel and avoid expiries and stockouts.</p>	<p>Ibid</p>
<p>"The improvement has been made for the provision of all CENAME products up to the last mile and not only those of the RH.</p>	<p>Ibid</p>

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p> <p>(Links to theory of change causal assumption 7)</p>	
<p>The acquisition of two additional cold chains and the repair of the 3 faulty cells are to the credit of this project. In 2021, here at the central level, we had experienced losses of thousand of doses of products and we have made a change of team and a resumption on a new basis. "</p>	
<p>In terms of product security, data management remains a major weakness in terms of securing RH products. Data at service delivery points is not known in terms of use. This year, the supply project has supported data validation workshops at regional level (currently 8/10), to be followed by a national workshop.</p> <p>There is also a need for monthly follow-up at health facility level in the form of monthly data validation meetings.</p> <p>Product pricing is not always harmonized across the health facility; fortunately, the program has supported a harmonization workshop to differentiate the price of inputs, commodities and services.</p>	<p>KII with Department of Pharmacy, Medicines and Laboratories. October 2024.</p>
<p>Strengths: The question was not explored because of the distant, even if complementary, nature of GIZ's actions. Only RH inputs provided by UNFPA and distributed by CENAME at the central level are to be credited to UNFPA supplies.</p> <p>Weaknesses: the weaknesses are located at several levels: monitoring of inputs throughout the RH supply chain or statistics at different levels is very partial. Weak coordination at the central level and at the level of technical partners which most often tend to carry out their activities without sharing data with other actors. It has certainly already happened that we distribute inputs in an area where other partners have already been there. We also note a low capacity of the supply chain (some Districts do not master their Average monthly consumption).</p> <p>Poor training of FP stakeholders, resulting in low orders for long-term methods (implants or IUDs), for example.</p>	<p>KII with GIZ. October 2024.</p>

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p> <p>(Links to theory of change causal assumption 7)</p>	
<p>During the quantification workshops, the same things come up. No revisions were made during the year. We don't know if it's useful, and in what sense.</p> <p>Low accessibility of users to products. We can sometimes believe that there is a shortage of contraceptive products when it is probably a problem of delivery to the CENAME, to the RFHP, or to the actors of the health facilities.</p> <p>The poor training of stakeholders also leads to a mechanical decline in RH products due to low or absence of orders.</p> <p>Supply chain products are often ship with close expiration dates. This can lead to questioning the informed choice on the part of the client. Because the trend at the moment will be to push customers to consume the products before the expiration time is noted.</p> <p>We could also mention ineffective stock management (outages in health centers while there are stocks at the RFHP level, for example). On the other hand, when the SAYANA Press® was introduced in Cameroon, other methods were not available at all, these further questions the strategy and the final quantification procedure.</p>	
<p>Question: <i>According to your assessment, if we go to a Littoral health facility, what is the probability that we will have a stock out?</i></p> <p>Clarification: if we take HIV products, the probability of stock out is less than 5% for tracer products in large sites which represent around 90% of the regional active file.</p> <p>Question : <i>Do you have an equivalent figure for RH products in terms of shortages?</i></p> <p>Answer : No, they don't have an idea, supervision could provide answers but, in the analyses, they don't go to that level.</p>	<p>KII with ISAHC project - USAID. October 2024.</p>
<p>Strengths : effective and strong commitment of stakeholders, monitoring has changed positively. In phase 2, there were a lot of expirations but this phase 3 we no longer observed any. The products are regularly consumed. The provision of products respects the proper SYNAME circuit and is no longer based exclusively on pushes.</p>	<p>KII with Regional Delegation for Public Health, West Region. October 2024.</p>

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p> <p>(Links to theory of change causal assumption 7)</p>	
<p>Weaknesses : The transportation of these inputs up to the last mile is not ensured right to the end user. They are obliged to adhere to a quarterly frequency. If the inputs were directed as quickly as possible, that would be Ideal. Even from the central level, we just take advantage of other deliveries to insert RH products.</p> <p>Supervisions have so far been integrated into others when they are scheduled. Therefore they are not regular or certain.</p>	
<p>As a field actor, they can compare to other supplies such as HIV, tuberculosis, and malaria which have parameters such that the product is available in the health facilities in 2-3 days maximum. The system for collecting requirements and moving stocks between the different sites is digital and much more efficient.</p> <p>Question: why does CENAME not use this same system? Answer: He believes that there must be specific financial support that makes this possible with inputs from the Global Fund. However, historically, UNFPA has never paid management fees; other mechanisms might be needed to ensure the acceleration of deliveries.</p>	Ibid
<p>What interventions strengthened the supply chain?</p> <ul style="list-style-type: none"> - Supporting DSF/MoH to implement a push out distribution of maternal health commodities in the regions in order to reach last mile - Working closely with the pharmacists at the decentralized warehouses to collect quality data for a strong forecasting exercise - Field visits to address issues on close expiration date of commodities - In Country assessment was conducted in two regions. The recommendations from this evaluation are currently being addressed - Coordination meetings with partners and UN agencies to evaluate the strategic plan of the supply chain and to address issues regarding supply chain 	UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg4)

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p> <p>(Links to theory of change causal assumption 7)</p>	
<p>"Through the UNFPA Supplies Partnership, UNFPA will assure increased data visibility for country investments into family planning, and support more strategic investing by a wider range of existing and new partners."</p>	<p>UNFPA (2022). UNFPA Strategy for Family Planning 2022–2030: Expanding choices, ensuring rights in a diverse and changing world. (pg26)</p>
<p>Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.</p>	
<p>Indicators</p> <p>3.4.1. Global and Partnership data on “last mile” delivery showing percentage of countries that report having, with Partnership support, improved “last mile” delivery through better local distribution and on-time deliveries, avoidance of stock-outs at facility level, and other means.</p> <p>3.4.2 Developed strategies, adapted to different contexts, to improve “last mile” delivery and assurance using high-quality data and product tracking.</p> <p>3.4.3 Extent to which SCM and delivery to service delivery points has improved, or continued, across humanitarian/conflict/crisis Partnership countries.</p> <p>3.4.4 Extent to which available procurement and delivery data indicate products are reaching the “last mile” – the intended end users in Partnership countries – in a timely way.</p> <p>3.4.5 Views/experiences of UNFPA staff partners and other relevant stakeholders about the LMA approach.</p>	
<p>OBSERVATIONS</p>	<p>SOURCES OF EVIDENCE</p>

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
The project has made a lot of progress on the ground. The participatory approach is also an innovation even if exact estimates are not yet possible and still use estimates. According to them, the availability of products at the last mile can be rated 4/10 . There is a problem linked to the question of adaptation of the offer of services to young people and access to this population which is their group of interest.	FGD with AfriYAN Cameroon. October 2024.
For last mile, the issue multi-faceted. One is awareness. Most people know that the critical point is getting the product as much down as possible. This is a result of the work by the Partnership. There is also the issue of communication from the bottom to inform of their needs and make necessary orders. If this comes in late, there is nothing we can do to avoid late delivery. Finally, the issue of planning and availability of resources to take the product from one level to the other , especially free products. For paid products, there are few difficulties. Now we are trying to take up the opportunities for transportation of paid products if that exists to ship some free products. But this not all the time.	KII with Ministry of Health Cameroon. October 2024.
I can say that there is improvement in the reach to the last mile as compared to before. Specifically, now there is no more cluttering of products at the central level . The new system helps push the product to the regional warehouses and from there on, to the lower level. There are still a lot of challenges for this to be as one would like. For example, we lack resources for the distribution system . People don't seem to understand that when products are ordered, we need resources to take them from the central warehouses and deliver to regional warehouses. Also from regional warehouses to district level, resources are required etc. but this is not usually planned for and it can affect the distribution process in terms of speed of delivery.	Ibid
<i>Are there products available in the community?</i> He won't buy such statement, but in the field, you won't find the products at the last mile level because final distribution costs money, and it's not currently financed, and health facility agents aren't ready to commit to it or don't have the means. Usually, our mobile clinics are completed in 3-4 days into communities, after that, these products are available only at the facility level.	KII with Cameroon National Association for Family Welfare. October 2024.
With a last-mile distribution monitoring system fully operational and internal meetings with the RFHP, the vaccination centers are held once or twice a year to assess the situation, propose corrective measures, and announce next steps.	KII with CENAME. October 2024.
In his opinion, the major achievement is the fact that the consultation meetings have made it possible to finance the transfer of products to the last mile . The actors have understood that the problem is not only the arrival of inputs in the country but their transport to the peripheral level is also important in order to avoid expirations at the central level due to a lack of means of transportation.	Ibid

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
Currently, they have set up a shared funding mechanism, including the “in-country assessment of needs and gaps”.	Ibid
“Before 2022, I wasn't around, but I've noticed that there were some shortages due to overstocking in 2021 and 2022 or poor planning. But since the overstocking and expiry of the great volumes of oxytocin and the resolutions that have been taken, the concern no longer arises”.	KII with Department of Pharmacy, Medicines and Laboratories. October 2024.
<p>They think that there are still a lot of efforts for this action to make products available at the last mile. They organized mini-4-day's campaigns for areas with limited access during which the contraceptive is free of charge. Delivery to the last mile through programs for inputs available at the RFHP level .</p> <p>There is a big problem with the training of service providers, it is not all that the inputs are available but there is also this concern of knowing how to use the products when they are available.</p> <p>They propose that the State could be pushed to put its counterpart funds into the logistics and transport of inputs given to them free of charge. The State also has shortcomings in financial terms with funds disposal with a long delay via informed pushes but with medicines that have fairly close expiry dates.</p> <p>They propose that roles be distributed between actors (UNFPA buys the inputs, another partner transports GIZ could be present and train actors on the ground and the State would supervise agents in the effective use of RH commodities or inputs.</p>	KII with GIZ. October 2024.
Availability can't reach the last mile yet. A simple example concerning basic products is the Oral Rehydration Solution (ORS-Zinc) that is still out of stock once in a while. There is a need to take advantage of the other programs like malaria for RH products.	KII with Global Financing Facility Cameroon. October 2024.
The last mile strategy has not yet been achieved; it remains an objective that we want to achieve. It is still possible to reach 24 Districts but it is very difficult to reach 1,000 HEALTH FACILITIES in the region. The RFHP LT has enormous logistical difficulties in terms of vehicles (very aging vehicle fleet), the fleet needs to be reinforced. Stock shortages have largely decreased in the HEALTH FACILITYs thanks to the collection strategy at the DISTRICT level during coordination meetings. At least there is still the expiration of products like oxytocin stored in the DISTRICT but the HEALTH FACILITY does not necessarily come to collect them. They currently have stock that expires in 2 days and will need to be picked up soon for processing. Delivery was disposable from CENAME in 2 waves, one of which arrived at RFHP LT with an expiry period of 15 months and a second batch	KII with RDPH and Regional Fund for Health Promotion Littoral. October 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
<p>arrived with an expiry period of only 7 months. There was also the problem of preserving this oxytocin in the open air and not in the cold chain.</p> <p>Another hypothesis that caused unrest in the min of the actors is the delivery of a previous stock of oxytocin which needed to be kept at room temperature. When this stock expires, service providers have not necessarily read the new bottle instructions requiring storage at a particular temperature. Hence the participation in the expiration of certain stocks.</p> <p><i>How much oxytocin has expired?</i> The work of identifying expired stocks is still in progress, so we cannot yet quantify this.</p>	
<p>"The situation has evolved but remains to be optimized. With the delivery approach in all DISTRICT, stock shortages of inputs have been largely reduced. The last mile remains a huge challenge.</p> <p>The overall coordination of activities remains limited to address specific supply problems because many topics are discussed in a single day and the actors are tired during the sessions. We need at least one coordination meeting dedicated to medicines.</p> <p>The few errors observed in the management and storage of products are often disposable 4 months apart during facilitation with HIV supervision for example; this late observation poses other challenges. "</p>	Ibid
<p><i>Question: In your opinion, what motivated MINSANTE to make this decision for the conservation of oxytocin in the EPI cold chain?</i></p>	KII with Regional Delegation for Public Health, West Region. October 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
This was because the input was unavailable at all levels under the stated conservation method. The EPI prohibited the storage of anything other than the vaccine in the cold chain. This note therefore made it possible to further advance oxytocin towards the last mile. But there are still challenges as we mentioned above with the EPI channel which is not available everywhere.	
Between the central and regional level, there is no great difficulty; it may take 1-2 months. From the region to the district, it can take 2-3 months because the opportunities to deliver are reduced. But from the district to the health facility, the gap is reduced and does not exceed 1 month because there will be at least one opportunity to travel to the capital of the district. If supervision was effective and regular, this would make it possible to know where drugs are not yet distributed up to the end of the chain. The region does not even have a vehicle for these supervisions. <i>Question: After the woman's consultation, is payment expected before receiving contraceptives?</i> Answer: Since the 2014 circular, there has been a subsidized price per contraceptive method. This facilitates accessibility. Customers do not pay for a consultation but just the price to receive the product. The proposal to revise this document was made last week by the central level to further reduce costs. The only exception is during campaigns where inputs are distributed free of charge.	Ibid
"Several activities were developed this year, we had several meetings with regions which allowed last mile monitoring (Adamawa, North, Far North, Littoral, West and East). Peripheral actors are more inclined and responsible for making requests and delivering products to health centers. USAID support for transport was requested. GIZ, KfW have all provided funds for transport. "	KII with UNFPA Cameroon Country Office. October 2024.

EVALUATION QUESTION 4: To what extent is the Partnership contributing to strengthening and enabling environment where governments take up the responsibility of providing choice to quality reproductive health commodities to those who want or need it?					
CRITERIA	Sustainability	AREA OF INTEREST	Strategic objective 3 – Enabling environment dimension	LINKAGES TO THE THEORY OF CHANGE	Linked to the yellow box on the right of the theory of change representing the

					enabling environment dimension.
RATIONALE	<p>This question focuses on assessing the contribution to strategic objective 3, which aims to increase and diversify countries' financial and programmatic contributions to reproductive health as a core element of sustainable development. It aims to examine whether adequate conditions are implemented to maximise the sustainability of Partnership results.</p> <p>Following the theory of change, this is achieved mainly through advocacy and evidence-generation activities to promote and achieve government ownership of reproductive health supplies, including last-mile assurance and reaching those most left behind. Specifically, this includes the Partnership contribution to increased and diversified programmatic domestic financing for reproductive health, as well as the contribution to increasing and formalizing political commitment towards strengthening reproductive health and the health system in general. The question also examines the financing structure and tools of the Partnership itself to determine how well they support the increased sustainability of RHCS by promoting the achievement and measurement of increased political and financial commitment from targeted countries.</p>				

Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly **increase and diversify programmatic financial contributions, as well as to prioritize reproductive health** as a core element of sustainable development by governments.

Indicators

- 4.1.1.** Percent of targeted countries where governments have increased domestic financial resources to reproductive health commodities.
- 4.1.2** Percent of Partnership countries where there is evidence of diversified funds for reproductive health commodities.
- 4.1.3** Trends in allocation of reproductive health/family planning budgetary lines in targeted countries.
- 4.1.4** Evolution of the external support of reproductive health/family planning received by targeted countries (including UNFPA and other sources).
- 4.1.5.** Processes in place to verify governments' effective purchase of committed commodities.

Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.	
4.1.6 Perceptions of stakeholders, including national health authorities and other partners, expressing confidence in the contribution of the Partnership to the prioritization of reproductive health in Partnership countries.	
4.1.7 Views of UNFPA staff and other Partnership stakeholders at national level on context-specific strategies to implement funding to financing measures for RHCS.	
OBSERVATIONS	SOURCES OF EVIDENCE
Political commitments: The commitment made by the Government and its national and international partners within the framework of the International Conference on Population and Development (ICPD+25) in 1994 and reaffirmed in 2019, to prioritize reproductive health (RH) in general and family planning (FP) in particular as a core element of sustainable development at national level "Ensure healthy lives and promote well-being for all at all ages", (SDG3); Achieve gender equality and empower all women and girls" (SDG5).	UNFPA, Government of the Republic of Cameroon (2022). Annual Implementation Contract for the Cameroon-UNFPA Supplies Partnership. (pg2)
Systemic commitments: - Work towards strengthening the human rights-based approach and gender mainstreaming in national reproductive health and planning programmes - Issue, in accordance with the regulations in force, the authorisations required for the marketing of the products contained in the national supply plan - Make available quality inputs up to the mile.	Ibid
Financial commitments: - cover the additional costs from the MINSANTE budget to manage the purchase and storage of RH products, contribute to the financing of the acquisition of RH products, including products for the medical treatment of gender-based violence	Ibid

Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.	
The government had promised 180 million F CFA in 2023 over two years, with an increase of 1% per year. But we don't know how and when this used to be and will be spent. At the end of the year, they might just tell us what they have invested, and we will either be surprised or not.	KII with Association Camerounaise de Marketing Social (ACMS).
Some RFHP refuse to recover SR inputs from CENAME to the region if they are not supply with other drugs because they have outstanding debts from the COVID-19 period and unsold goods due to under-consumption. It is Important to note that the command of drugs is on a cash basis (pay before service) as each structure in independent.	KII with Department of Pharmacy, Medicines and Laboratories. October 2024.
There is no doubt that the 2020-2030 sectoral development strategy, broken down into national annual plans, shows that the Government is giving very high priority to FP . The need is much greater in the northern and eastern regions of Cameroon. As a partner, UNFPA has been supporting us for a long time in implementing government policy, but what has changed with this phase is greater government involvement and monitoring of commitments.	KII with Division of Cooperation (DCOOP), Ministry of Health. October 2024.
He also insists on the overall involvement in the financing of the health system in general (5%) with a distribution dedicated to SRMNEA not reaching 1%.	KII with Global Financing Facility Cameroon. October 2024.
We think that this is a very good news that the Government agreed with UNFPA supply to contribute, but we are afraid for the effectiveness measure . If we take the example of other programs such as the malaria program, where the Government was not able to mobilize more than 20-30% of what was planned. So, it's an overall challenge to finance the health system. His experience in various sectors (Public, Private, NGO, Faith-based) in CMR does not give room for hope. They are worried despite the government promises. Quantification is appreciated because there are quite significant advances, especially since the RFHP meet, talk to each other, evoke difficulties, stock movements. But in terms of supply, he does not seem to see too much visibility, especially since the state party that had set up a structure (CENAME) that was supposed to be very large, very strong, is causing	Ibid

Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.	
<p>suffering in the public and private sectors because there is this lack of economy of scale (several authorized confessional, private actors order their products separately).</p> <p>The supply is also a bit anarchic on the ground as facilities do not always purchase from authorized sources.</p>	
<p><i>Question : we note a commitment of the state in the acquisition of RH inputs? Is it a sustainable situation in your opinion? what are the challenges?</i></p> <p><u>FP GAS RFHP LT :</u></p> <p>...the ideal would be that the State takes care of its expenses. But everything depends on the will of the State to ensure that even if the UNFPA partner is not present, the State is autonomous. It will comfort us that the idea is sustainable. But is it logically possible? Gradually, they are doing it, let's look at what will happen next after signing this agreement at least for the first years.</p> <p><u>FP RH RDPH LT :</u></p> <p>I have no grievance against partners but we should get used to doing without partners and that they just come to support and not even limit ourselves to just 5%. What you buy is more important to you than what is free. When the price is known to us, we are more aware of the value of what we have. Everything should not fall apart after the possible departure of the partners.</p>	<p>KII with RDPH and Regional Fund for Health Promotion Littoral. October 2024.</p>
<p>The government made its commitments to contribute to procure reproductive health commodities however, there is no funding yet. The letter sent by the Government is still being followed up.</p>	<p>KII with UNFPA Cameroon Country Office. October 2024.</p>

Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.	
<p>How have your efforts made financing for family planning more sustainable?</p> <ul style="list-style-type: none"> - Support to the signature of the Annex A for the commitment of the Government to contribute to the acquisition of RH/FP commodities in the amount of \$121,875 for the year 2023. - Support the SMART advocacy training to establish a strategic, locally-led advocacy effort to increase political & financial support for Family Planning. - Support the participation of the country to the universal coverage conference at Abijan 	<p>UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg4)</p>
<p>ARTICLE 5.- COMMITMENTS OF THE GOVERNMENT</p> <p>The Government is committed to:</p> <ul style="list-style-type: none"> - Performing annual quantification of reproductive health and family planning product needs - Developing, updating and transmitting the national supply and distribution plan to UNFPA; - Issuing authorizations in accordance with the regulations in force for the placement of products on the market as contained in the national supply plan; - Ensuring Quality Control of products received; - Ensuring the market surveillance of products; - Developing complementary requests under the 'Transformative Action' budget; - Providing quality inputs up to the last mile 	<p>UNFPA, Government of the Republic of Cameroon (2022). Partnership Agreement Between the Government of the Republic of Cameroon and the United Nations Population Fund, on Financing, Availability and Accessibility of Reproductive Health Products. (pg4)</p>

<p>Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.</p>	
<p>- Supporting related costs of procurement management and storage of reproductive health products on the MISANTE budget, notably the contribution share provided for in article 9.2 below</p> <p>Convening, if necessary an annual review and planning meeting to enable stakeholders of reproductive health and family planning to discuss the following; (...) - Contributing to financing the acquisition of reproductive health products, including medical management of gender-based violence products.</p>	
<p>Following the recent validation of the SRMNI strategic plan (2014-2020) and the PNRMMNI (2014-2018), all the key players felt it necessary to develop a Family Planning Operational Plan 2015-2020 to ensure that all the technical and financial partners (PTF) would give it the attention and funding it required. With this in mind, we sought and obtained high-level technical assistance to help us in the process of drawing up this Operational Plan .</p>	<p>Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg3)</p>
<p>Partners who fund FP activities include multilateral aid (UNFPA, OCEAC) and bilateral support (KFW, USAID). Civil society organizations such as IPPF and PSI also make financial contributions, either from their own funds or from other donors. It must be acknowledged that the government has set aside a budget line for the purchase of contraceptive products, which has often been endowed with funds. These funds are often insufficient and have not yet been used to achieve the objective for which they were voted.</p>	<p>Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg21)</p>
<p>To enable adolescent girls to access quality FP services, it is necessary to find a third-party payer. To this end, intensive advocacy will be carried out with MINEPAT officials, PTFs and other key players to identify potential contributions.</p>	<p>Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg59)</p>
<p>Additional funds to be sought for the POPF: According to the information received during our interviews, which needs to be confirmed by the various stakeholders, 64.9% of the POPF budget could be financed by traditional partners such as UNFPA, KFW, USAID and IPPF. It will therefore be necessary to mobilize additional funds to cover 35.1% of the total POPF budget (cf. table 19). See table 19 Additional financing to be mobilized</p>	<p>Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg81)</p>

Assumption 4.1 The Partnership, through UNFPA Country Offices and partners, effectively supports national authorities to significantly **increase and diversify programmatic financial contributions, as well as to prioritize reproductive health** as a core element of sustainable development by governments.

APPENDIX 5: ASSUMED SOURCES OF FINANCING FOR THE OPERATIONAL PLAN					Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg124)
Organizations (PTF/State)	Date of discussion	Calculation method	Recommendation	Observation	
UNFPA	Discussion with S. Egal on September 30, 2014 at Ministry of health after the validation meeting	<p>UNFPA could mobilize around US\$5 million a year.</p> <p>The calculation was made using a US\$ rate of 500 FCFA and the following assumption 70% of which will be devoted to the implementation of activities</p>	<p>1- Get confirmation this proposal by the hierarchy of the local UNFPA office.</p> <p>2- Define the disbursement with the government for maximum absorption of the funds to be allocated</p>		
Represented Partners: The participants in this activity came from the Office of the Secretary General of MINSANTE, the Cooperation Division (DCOOP/MINSANTE), the Directorate of Family Health (DSF), the Directorate of Pharmacy, Medicines and Laboratories (DPML), the Programme for the Fight against Maternal and Infant and Juvenile Mortality (PLMI), the CTN-CSU, the Monitoring Unit of MINFI, Civil Society (CAMNAFAW, FESADE and AfriYan) and TFPs (UNFPA and GFF).					UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024. (pg1)
The overall objective of SMART advocacy has been reformulated as follows: By 2030, contribute to the reduction of specific morbidity and mortality related to reproductive health problems in maternal, newborn, child, adolescent/youth, as well as women and men; Similarly, the 3 SMART objectives selected at the end of the Douala workshop in June 2023, only 2 objectives were retained and reformulated as follows: a. Obtain from the Government, by December 2024, an increase in its contribution from USD 121,875 to USD 500,000, for the availability of FP/RMNCAH-Nut products up to the last mile; b. Obtain from the President of GECAM, by December 2024, the mobilization of USD 200,000 from its portfolio companies as a contribution to the government's efforts for the availability of FP/RMNCAH-Nut products up to the last mile.					UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024. (pg1)

<p>Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.</p>	
<p>After fruitful exchanges, work stopped on the plans at the level of detailed budgets taking into account the ceiling of 40,000 USD suggested by WCARO, and for SRAT at the level of the identification of priority activities on the basis of the milestones to be achieved.</p>	<p>UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024. (pg2)</p>
<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
<p>Indicators</p> <p>4.2.1 Advocacy strategies (private and public) and workplans included in programme planning documents and advocacy tools.</p> <p>4.2.2 Country reports contain substantial references to national-level government advocacy.</p> <p>4.2.3 Global monitoring data on advocacy initiatives, showing coherence between global and national strategies in reproductive health/family planning and UNFPA Supplies advocacy and communication messages.</p> <p>4.2.4 National reproductive health/family planning strategies and plans (including in national health plans and reproductive health roadmaps) focus on expanded access, including access for marginalized women and girls, and whenever possible, evidence of influence of UNFPA (e.g. reference to data, studies, publications, etc).</p> <p>4.2.5 Percent of Partnership countries where reproductive health commodities have been included for the first time, or increasingly prioritized, in PHC and UHC plans with a focus on expanded access and active measures to reach marginalized population groups.</p> <p>4.2.6 Stakeholders’ views on how advocacy has contributed to strengthening health systems, including improved access for marginalized population groups.</p>	

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
<p>4.2.7 National, regional and global level UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for Reproductive health commodities.</p> <p>4.2.8 Documented and/or reported Partnership use of UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for reproductive health commodities for advocacy purposes.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>Gaps/Challenges in Addressing National and Global FP/RH Commitments : Poor LMD support for SR/PF products; Low domestic budget allocation for reproductive health; Weak harmonization between certain commitments; Weak coordination of national commitments</p>	<p>L'équipe nationale de plaidoyer, Cameroun (n.d.). Stratégie de Plaidoyer pour la Mobilisation des Ressources Domestiques (MRD) en vue de l'Approvisionnement en produits SR/PF au Cameroun. (pg4)</p>
<p>This report presents the results of the fifth survey on the availability of contraceptives and vital maternal health products in health facilities in Cameroon, carried out in 2022 by the Institut National de la Statistique (INS), in close collaboration with the Ministry of Public Health. The survey was financed by the United Nations Population Fund (UNFPA) as part of the INS/UNFPA 2022 Work Plan of the 8ème Cameroon-UNPFA Cooperation Program.</p>	<p>Ministère de la Santé Publique République du Cameroun (2022). Enquete sur la disponibilite des contraceptifs et des produits vitaux de sante maternelle dans les points de prestation de</p>

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
	services au Cameroun, 2022. (pg5)
<p>The GPRHCS program, renamed "the UNFPA Supplies program", is entering its third phase for the period 2022-2030. The present survey, which constitutes the fifth edition, will enable us to measure the progress made since 2020. Its main objective is to assess the availability of modern contraceptive methods and vital maternal health products at service delivery points in Cameroon.</p>	<p>Ministère de la Santé Publique République du Cameroun (2022). Enquete sur la disponibilite des contraceptifs et des produits vitaux de sante maternelle dans les points de prestation de services au Cameroun, 2022. (pg25)</p>
<p>Strenghts:</p> <p>Investment in advocacy leads to State investment with the promise of investment.</p> <p>The integration of digital into distribution and strengthening the capacities of service providers. It is necessary to broaden the supply aspects not only on the offer of services but also on related interventions which nevertheless contribute to the success of RH in general. Innovate in terms of training and capacity building of staff on sites where FP and distribution are used because the context is favorable. Maximizing the use of IT and social networks.</p>	<p>FGD with AfriYAN Cameroon. October 2024.</p>
<p>He participates to all the different meetings, plea for the mobilization of additional funding. They set up a clear advocacy after training and the development of a document, but without any change since. But the idea was to make things move forward. They thought that the language used to get the Government to invest is not very appreciated, which makes the partners uncomfortable. Since FP has a socio-behavioral and political scope (presential elections upcoming in October 2025), it was decided to focus on all the products of the SRMNEA and not only on the FP.</p>	<p>KII with Global Financing Facility Cameroon. October 2024.</p>

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
<p>There was a common understanding that coordination towards supply is urgent and important, but in his opinion, we are not yet there. There are still steps to be reached.</p> <p>I think that this program has made it possible first of all through the training of actors in advocacy and the development of documents for decision-makers. The targeting of stakeholders is very important with the hyper centralization of decisions where even parliamentarians, senators, ministers do not have the full capacity to shift the lines or incur expenses, Only the presidency has the right to be heard in the end.</p> <p>After the development of the docs, the mobilization of the actors, we realize that there is a problem of confidence in the MOH. High corruption reaps despite good words, hence a half-hearted commitment from partners who are worried about the political future of CMR in 2025. Hence some are waiting to see or making a minimal investment.</p>	<p>KII with Global Financing Facility Cameroon. October 2024.</p>
<p>The project has an important place in the government strategy and is a major priority with an entire Ministry program dedicated to the fight against maternal mortality for the achievement of the SDGs, in particular SDG number 3 which the country is committed to achieving. These products must therefore be available. The project is therefore of great benefit.</p> <p><i>Question: In your opinion, is the project aligned with the Government's priorities?</i></p> <p>Answer: Yes, this is aligned.</p>	<p>KII with Regional Delegation for Public Health, West Region. October 2024.</p>
<p>With the support of UNFPA Supplies, a strategic partnership has been established based on the joint statement of GAVI-WHO-UNICEF for the integrated conservation of the oxytocins into EPI cold chain. A national regulatory document and Standard Operating Procedures (SOPs) have been approved by the Minister of Public Health. These documents will be disseminated in the health facilities.</p>	<p>UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg1)</p>
<p>With the support of WCARO, CO has organized a smart advocacy that was successful. Through this workshop, a committee was established and validated by the Minister of Health to follow up on the engagements of the Government regarding the Compact.</p>	<p>UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies</p>

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
	Partnership Annual Report 2023. (pg2)
<p>A survey on Total Market Approach TMA was conducted with the support of UNFPA supplies. The results of this survey will facilitate consensual development and aligns implementation of a national FP strategy that addresses access and equity imbalances.</p>	Ibid
<p>The Ministry of Public Health would like to thank the partners who have contributed to the process of developing reproductive health norms and standards in Cameroon since 2009. These partners include : UNFPA, UNICEF, GIZ/PASAR, ACMS</p>	<p>Ministere de la Sante Publique Republique du Cameroun (2018). Normes et standards en SR/PF au Cameroun. (pg6)</p>
<p>ARTICLE 7. -COMMON COMMITMENTS OF THE PARTIES. The Parties are committed to: - Working to ensure the availability and accessibility of Reproductive Health/Family Planning products for all targets up to the last mile;</p> <ul style="list-style-type: none"> - Reporting on progress made under this Agreement; - Communicating on all relevant activities relating to the implementation of this Agreement; - Working towards strengthening the human rights-based approach and gender mainstreaming in national reproductive health and FP programmes. 	<p>UNFPA, Government of the Republic of Cameroon (2022). Partnership Agreement Between the Government of the Republic of Cameroon and the United Nations Population Fund, on Financing, Availability and Accessibility of Reproductive Health Products. (pg5)</p>
<p>Correspondence between the USAID office, UNFPA and Cameroon's Minister of Public Health: This enabled the Ministry to express the need to develop its 2015-2020 FP Operational Plan</p>	<p>Republique du Cameroun (2014). Plan operationnel de</p>

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
	planification familiale, 2015-2020. (pg14)
Between 2015 and 2017: – Recruitment of a CSO capable of lobbying the various stakeholders; – Development of an advocacy plan; – Implementation of the advocacy plan; – Monitoring the results of the advocacy plan; – Organization of a negotiation meeting between the government and the PTFs to find the organization that will pay the costs of the products.; – Adoption of an administrative text instituting the policy of third-party; payment for FP for adolescents and young people; – Follow-up on decision implementation.	Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020. (pg59)
Program review: In the regions, the review will bring together : DRSP and other Regional Delegates (DR) from other Ministries involved, CAPR/FRPS Manager, CSSD, Regional RH/FP Officer, Head of SSM, National FP Focal Point, Civil Society, Regional PTF. At district level, the reviews will bring together: the CSSD, district FP manager, HD RH manager, health facility managers, regional RH/FP manager, civil society, PTFs in the health district.	Republique du Cameroun (2014). Plan operationnel de planification familiale, 2015-2020.

Assumption 4.2 The **advocacy and data generation** efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into **political commitments, including national development plans and strategies** aimed at strengthening health systems.

[links to theory of change causal assumption 10].

APPENDIX 4: CURRENT LOCATION OF PTF AND OSC IN HEALTH DISTRICTS

REGIONS	PTF INTERVENANT		OBSERVATIONS
Adamaoua	UNFPA, GIZ		OCEAC, UNFPA, USAID Country's supply of contraceptive products
Center	IPPF, PSI, PEPFAR	CAMNAFAW, ACMS, Ad lucem, CBCHS, CEPCA, RENATA, OFSAD	
East	UNFPA	AHA	
Far North	UNFPA, GIZ		
Coast	IPPF, PSI, PEPFAR	CAMNAFAW, Ad lucem, ACMS	
North	UNFPA	OFSAD	
North-West	IPPF, PSI, PEPFAR	CAMNAFAW, CBCHS, Ad Lucem, ACMS	
West	GIZ	Ad lucem	
South	UNFPA, IPPF		
South-West	GIZ, PEPFAR	CBCHS	

Republique du Cameroun (2014). Plan opérationnel de planification familiale, 2015-2020. (pg123)

Overall objective of mission: finalize the development of the 2024 advocacy plan for domestic resource mobilization for SRHR using the SMART advocacy approach. Specific objectives: Update the draft advocacy plan that was developed at the SMART

UNFPA Cameroon (2024). Rapport interne de mission_Atelier

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].	
Advocacy workshop in 2023; Costing the updated advocacy plan; Develop the SRAT 2023 tool with a view to identifying priority activities for the year 2024.	SMART-SRAT_Fév 2024. (pg1)
RECOMMENDATION: 01 month after the finalization of the RMNCAH-NUT strategic plan, organize advocacy with the various committees of the houses of parliament and with private companies. RESPONSIBLE: DCOOP/PLMI/DSF. TURNAROUND TIME: TBD	UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024. (pg3)
RECOMMENDATION: Revitalize the multi-sectoral platforms carried by the PLMI, the SR Technical Group under the lead of the SG because it allows the preparation of the elements of the Directorates such as the DSF, DPS and DPML. RESPONSIBLE: SG/DCOOP/PLMI. TURNAROUND TIME: End of Q1 2024	Ibid
RECOMMENDATION: Verify the inclusion of an allocation for the SMART advocacy envelope in the 2024 budget of the Ministry of Health. RESPONSIBLE: DCOOP. TURNAROUND TIME: June 2024	Ibid
RECOMMENDATION: Finalize the budget of the advocacy strategy at both the central and local levels (draft budget that should accompany the conduct of the SMART advocacy plan). RESPONSIBLE: SMART Core Team. TURNAROUND TIME: 09 February 2024.	Ibid
RECOMMENDATION: Send a letter to the Ministry of Health to present an update on the status of the MINSANTE-UNFPA SUPPLIES agreement, which sets out the gaps, shortcomings and needs for 2024. RESPONSIBLE: UNFPA. TURNAROUND TIME: 09 February 2024	Ibid

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).
Indicators

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>4.3.1 Documents that evidence the utility of the existing financing structures and co-financing incentives applied to the different levels of support provided (full, modified, technical and transition).</p> <p>4.3.2 Perceptions of stakeholders about the adequacy of the financing and co-financing components (HSS, Match Fund, etc.) to increase political commitments and move countries along the pathway to sustainable transition.</p> <p>4.3.3 Increase (number and frequency) of political commitments in Partnership countries.</p> <p>4.3.4 Percent of Partnership countries who agree funding streams are efficient and relevant to their contexts.</p> <p>4.3.5 Documented explanations of the rationale for application of different funding streams, and regular review.</p> <p>4.3.6 Percent/ratio of different funding streams applied across Partnership countries</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
The government's contribution will allow UNFPA to increase its contribution through the Matching fund	L'équipe nationale de plaidoyer, Cameroun (n.d.). Stratégie de Plaidoyer pour la Mobilisation des Ressources Domestiques (MRD) en vue de l'Approvisionnement en produits SR/PF au Cameroun. (pg2)
Matching Fund which is an additional option to allow the Government to increase the quantity of these SR/FP products: \$1 for the government in addition to the Government's parent contribution for 4 shares of UNFPA Supplies up to a maximum of \$1,500,000 million from UNFPA (hence an additional \$375,000 from the government to obtain \$1,500,000 in additional products)	L'équipe nationale de plaidoyer, Cameroun (n.d.). Stratégie de Plaidoyer pour la

Assumption 4.3 The **financing structure and co-financing schemes** of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).

		Mobilisation des Ressources Domestiques (MRD) en vue de l'Approvisionnement en produits SR/PF au Cameroun. (pg3)																						
<div>Table 1: Planned UNFPA Supplies Budget Allocation to Cameroon in 2022</div> <table><tr><th>Budget Category</th><th>2022 Budget Allocation</th></tr><tr><td colspan="2">Reproductive Health Commodities</td></tr><tr><td>Routine Commodities</td><td>\$1,254,175</td></tr><tr><td>New and Lesser-Used Commodities</td><td>TBC - upon request</td></tr><tr><td>Match Fund UNFPA Contribution</td><td>Up to \$1,440,000 *available from Jan 2022-Dec 2023 and requires government contribution of up to \$360,000</td></tr><tr><td>Total</td><td>\$2,694,175</td></tr><tr><td colspan="2">Managing Accountability and Visibility</td></tr><tr><td>Human Resources</td><td>TBC</td></tr><tr><td>Facility Surveys</td><td>TBC</td></tr><tr><td colspan="2">Transformative Action</td></tr><tr><td>Transformative Action Grant Funding</td><td>\$200,000-\$800,000</td></tr></table>		Budget Category	2022 Budget Allocation	Reproductive Health Commodities		Routine Commodities	\$1,254,175	New and Lesser-Used Commodities	TBC - upon request	Match Fund UNFPA Contribution	Up to \$1,440,000 *available from Jan 2022-Dec 2023 and requires government contribution of up to \$360,000	Total	\$2,694,175	Managing Accountability and Visibility		Human Resources	TBC	Facility Surveys	TBC	Transformative Action		Transformative Action Grant Funding	\$200,000-\$800,000	UNFPA (2022). UNFPA Supplies 2022 Budget Allocation Letter (Cameroon). (pg3)
Budget Category	2022 Budget Allocation																							
Reproductive Health Commodities																								
Routine Commodities	\$1,254,175																							
New and Lesser-Used Commodities	TBC - upon request																							
Match Fund UNFPA Contribution	Up to \$1,440,000 *available from Jan 2022-Dec 2023 and requires government contribution of up to \$360,000																							
Total	\$2,694,175																							
Managing Accountability and Visibility																								
Human Resources	TBC																							
Facility Surveys	TBC																							
Transformative Action																								
Transformative Action Grant Funding	\$200,000-\$800,000																							
<div>Cameroon: “Group 3” Country</div> <p>From 2022, all Partnership countries will be assigned to one of five groups (Group 1, 2, 3, 4 or the Carryover Group) using an economic index. Country groupings will be used to determine the level of commodity support that each country receives and the domestic financing contribution that needs to be made towards the cost of commodities from 2023 onwards.</p> <p>From 2022-2025, Cameroon will be classified as a “Group 3” country. This means that the government of Cameroon will need to contribute at least 5% towards the cost of routine commodities provided by UNFPA Supplies in 2023. This financing contribution is expected to increase by a minimum of 5 percentage points per year.</p>		UNFPA (2022). UNFPA Supplies 2022 Budget Allocation Letter (Cameroon). (pg1)																						

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>1. Commodities</p> <ul style="list-style-type: none"> ● In 2022, Cameroon can expect to receive the following support for reproductive health commodities: <ul style="list-style-type: none"> ○ \$1,254,175 for routine FP/RH commodities ○ Up to \$1,440,000 in additional commodity funding from the Match Fund <p>between January 2022 and December 2023. Cameroon will be entitled to access this funding on a 1:4 matching basis. This means that UNFPA will provide \$4 worth of reproductive health commodities for every \$1 raised by the government, up to a maximum contribution by UNFPA of \$1,440,000.</p>	<p>UNFPA (2022). UNFPA Supplies 2022 Budget Allocation Letter (Cameroon). (pg2)</p>
<p>2. Managing Accountability and Visibility (MAV)</p> <ul style="list-style-type: none"> ● Human resources: Support for staff positions will be communicated separately to UNFPA Country Offices on an annual basis. 	<p>Ibid</p>
<p>3. Transformative Action (TA)</p> <ul style="list-style-type: none"> ● Under Phase III, UNFPA Supplies Partnership will support partner countries to a) strengthen supply chain systems, b) diversify sustainable financing, c) strengthen the policy environment for commodity security and choice of methods, and d) seed funding for expanding women's access to new and lesser used commodities through the Transformative Action (TA) funding stream. UNFPA Cameroon will have the opportunity to apply for TA grants of between \$200,000-\$800,000 per year in 2022 and 2023 	<p>Ibid</p>

Assumption 4.3 The **financing structure and co-financing schemes** of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).

<p><u>2023 Budget Allocation</u></p> <p>This letter provides an overview of the UNFPA Supplies Partnership allocation to Cameroon for 2023.</p> <p>Summary - Planned Allocation to Cameroon in 2023 from UNFPA Supplies Partnership Regular Budget</p> <table><tr><th>Budget Category</th><th>2023 Budget Allocation</th><th>Comments</th></tr><tr><td colspan="3">Reproductive Health Commodities</td></tr><tr><td>Routine Commodities</td><td>\$ 2,027,102</td><td>Orders will be managed by HQ. See attached excel file for order details.</td></tr><tr><td>New and Lesser-Used Commodities</td><td>\$ 0</td><td>NLU is allocated upon special request</td></tr><tr><td>Match Fund UNFPA Contribution</td><td>Up to \$1.5 million</td><td>UNFPA will only match government orders for quality-assured commodities that are <u>additional</u> to the minimum domestic financing requirement.</td></tr><tr><td>Total</td><td>\$2,027,102 + up to \$1.5M in Match Fund</td><td>Routine + NLU + potential Match Fund</td></tr><tr><td colspan="3">Managing Accountability and Visibility</td></tr><tr><td>Human Resources</td><td>\$89,177</td><td>The amount is for following position(s): NOC (or HR contribution for equivalent amount).</td></tr><tr><td>Facility Surveys</td><td>\$0</td><td>For 2023 survey</td></tr><tr><td colspan="3">Transformative Action</td></tr><tr><td>Transformative Action</td><td>\$630,000</td><td>TA Amounts are transferred to your dept.</td></tr></table> <p>NB: Special restricted project funds are not included in the allocation table</p>	Budget Category	2023 Budget Allocation	Comments	Reproductive Health Commodities			Routine Commodities	\$ 2,027,102	Orders will be managed by HQ. See attached excel file for order details.	New and Lesser-Used Commodities	\$ 0	NLU is allocated upon special request	Match Fund UNFPA Contribution	Up to \$1.5 million	UNFPA will only match government orders for quality-assured commodities that are <u>additional</u> to the minimum domestic financing requirement.	Total	\$2,027,102 + up to \$1.5M in Match Fund	Routine + NLU + potential Match Fund	Managing Accountability and Visibility			Human Resources	\$89,177	The amount is for following position(s): NOC (or HR contribution for equivalent amount).	Facility Surveys	\$0	For 2023 survey	Transformative Action			Transformative Action	\$630,000	TA Amounts are transferred to your dept.	UNFPA (2023). UNFPA Supplies 2023 Budget Allocation Letter (Cameroon). (pg1)
Budget Category	2023 Budget Allocation	Comments																																
Reproductive Health Commodities																																		
Routine Commodities	\$ 2,027,102	Orders will be managed by HQ. See attached excel file for order details.																																
New and Lesser-Used Commodities	\$ 0	NLU is allocated upon special request																																
Match Fund UNFPA Contribution	Up to \$1.5 million	UNFPA will only match government orders for quality-assured commodities that are <u>additional</u> to the minimum domestic financing requirement.																																
Total	\$2,027,102 + up to \$1.5M in Match Fund	Routine + NLU + potential Match Fund																																
Managing Accountability and Visibility																																		
Human Resources	\$89,177	The amount is for following position(s): NOC (or HR contribution for equivalent amount).																																
Facility Surveys	\$0	For 2023 survey																																
Transformative Action																																		
Transformative Action	\$630,000	TA Amounts are transferred to your dept.																																
<p>Routine Commodities</p> <p>• \$2,027,102 for routine RH/FP commodities. The attached commodity approval notice details the approved contraceptives and maternal health medicines. The orders will be processed by HQ.</p>	Ibid																																	
<p>UNFPA Supplies Match Fund</p> <p>• Once the government has met its minimum contribution, UNFPA can match any additional contributions that are made in 2023 towards quality-assured RH/FP commodities up to a maximum of \$1.5m. Additional government contributions will be matched on a 1:4 basis, meaning that UNFPA will provide \$4 worth of RH/FP commodities for every additional dollar that is contributed by the government over and above the minimum domestic financing contribution.</p>	UNFPA (2023). UNFPA Supplies 2023 Budget Allocation Letter (Cameroon).(pg2)																																	

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<ul style="list-style-type: none"> To qualify for match funding, the government will need to demonstrate that; <ol style="list-style-type: none"> Total domestic expenditure on RH/FP commodities has either increased or remained constant since 2022; Products procured are either WHO Prequalified or have Stringent Regulatory Authority (SRA) approval. 	
New and Lesser-Used Commodities: <ul style="list-style-type: none"> Countries can request for new and lesser-used commodities outside of the allocated commodity ceiling. However, every request for a new or lesser used product, must be accompanied with a detailed costed introduction /implementation plan. 	Ibid
Human resources: <ul style="list-style-type: none"> An amount of \$89,177 has been approved for your department for the following positions: NOC. Additional transfers will be made if the actual costs for these approved positions exceed the transferred amount. HR funds must be used for positions directly linked to the thematic fund as noted in the UNFPA policy on Thematic Trust Fund guidelines, Para 17. Positions funded with these resources must contribute to programme implementation in one or a combination of the following functions: (i) Family Planning policy and advocacy, (ii) Health Financing for Family Planning, (iii) Contraceptive Method Mix and Choices, (iv) Supply Chain Management, (v) Knowledge Management and, (vi) Monitoring and Evaluation. The country office, in discussion with the Regional Office, can decide how best to use the funds within these functional areas based on their HR needs. 	Ibid
Survey Costs: <ul style="list-style-type: none"> An amount of \$0 has been approved and transferred to your department to fund survey activities. 	Ibid
Transformative Action (TA) <ul style="list-style-type: none"> An amount of \$630,000 has been approved and transferred to your department for support in the following 	Ibid

Assumption 4.3 The **financing structure and co-financing schemes** of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).

areas: a) strengthen supply chain systems, b) diversify sustainable financing, c) strengthen the policy environment for commodity security and choice of methods, and d) seed funding for expanding women's access to new and lesser used commodities through the Transformative Action (TA) funding stream. The fund code for UNFPA Supplies Partnership is ZZT05.

Budget	Approved budget of previous years		Budget for the current year 2022	Budget for future years (indicative)	
	Year	Amount (FCFA) (USD ¹)		Year ²	Amount (FCFA) (USD)
Common/most used products ⁶	2021	1,502,374,400 (2,347,460)	802,672,000 (1,254,175)	2023	1 524 272 000 (2,381,675)
Other funds for the purchase of products ³	2021	0	931,812,480	Not applicable	
“Transformative action” budget ⁴	2021	284,396,934	343,733,977	2023	To be prepared and defended
Total					

UNFPA, Government of the Republic of Cameroon (2022). Annual Implementation Contract for the Cameroon-UNFPA Supplies Partnership. (pg4)

The Government of The **Republic of Cameroon shall make its earmarked contribution to the cost of the UNFPA Supplies Partnership products, to the tune of 5% of FCFA one billion**, five hundred and fifty-nine million, nine hundred and ninety-seven thousand, one hundred and twenty-five (1,559,997,125) (that is 2,437,495 USD), corresponding to the value of the products to be procured from 2023, corresponding to FCFA seventy-eight million or 121,875 USD.

Ibid

For the year 2023, the Government of the Republic of Cameroon commits to subscribe to the Matching Fund of the UNFPA Supplies partnership at least to the amount of FCFA 100,000,000. Moreover, to ensure the annual availability of contraceptive and vital Maternal Health products up to the last mile, the Cameroonian Government undertake to ensure the associated cost relating thereto up to 15% of the value of the stock acquired.

UNFPA, Government of the Republic of Cameroon (2022). Annual Implementation Contract for the Cameroon-UNFPA Supplies Partnership. (pg5)

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>Proposed assistance from the United Nations Population Fund (indicative) :</p> <p>60 million: \$19 million from regular resources and \$41 million from co-financing arrangements or other resources</p>	<p>UNFPA (2021). Country programme document for Cameroon. (pg1)</p>
<p>No I am not that familiar with the funding mechanisms at the international level; All I know is that with this programme, the Government of Cameroon has committed to paying part of the costs for procurement. I believe 5%, with 1% increase each year, starting from 2023.</p> <p>This creates a sense of ownership from the Government. But I know it is something to make the commitment. It is something else to ensure the money is disbursed in good time. I am not sure the Government has already released the funds they promised last year.</p>	<p>KII with Ministry of Health Cameroon. October 2024.</p>
<p>The request for the government to contribute to activities is a good thing. In the early years of the PSM project, quantification was carried out after parliamentary sessions, but the recommendation was made to move these sessions ahead of parliamentary meetings. The CMR government is already contributing to tax exemptions on certain products. At a sub-regional forum on primary health care, they tested a strategy of 1 local USD for 4 USD from partners. The experiment was conclusive and the trend is to generalize to 1 local USD for 2 USD from partners.</p> <p>MsH is working with USAID to set up an agency that will regulate marketing authorization for drugs with an online registration process that can speed up the country's acquisition of products, reducing product costs. For example, Contracif®, equivalent to Depo provera®, could be acquired at a low cost.</p> <p>The ESCAPE project also plans to be part of the monthly consultation meeting between partners.</p>	<p>KII with MSH. October 2024.</p>

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>Is there anything else that stands out for the year?</p> <ul style="list-style-type: none"> - CO has mobilized resources for the procurement of 5 drones for the distribution to last mile delivery in hard-to-reach areas - CO has also mobilized resources to cover the gap of reproductive health commodities that UNFPA Supplies could not cover 	<p>UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg5)</p>
<p>ARTICLE 6.- COMMITMENTS OF UNFPA</p> <p>UNFPA is committed to:</p> <ul style="list-style-type: none"> - Contributing to financing the acquisition of reproductive health products including medical management of gender-based violence products. - Supporting the Government and other partners involved in the preparation of procurement requests; - Supporting the Government and other partners involved in the development of the distribution plan for reproductive health and family planning products in the country; - Supporting the Government and other partners involved in the processing of supplementary supply requests, UNFPA Supplies requests, and the request for funds under the "Transformative Action" envelope; - Complying with the requirements for Quality Assurance / availability at the last mile, in accordance with the regulations and standards in force in this area; - Meeting the requirements of reporting and reporting deadlines in accordance with the results framework. 	<p>UNFPA, Government of the Republic of Cameroon (2022). Partnership Agreement Between the Government of the Republic of Cameroon and the United Nations Population Fund, on Financing, Availability and Accessibility of Reproductive Health Products. (pg5)</p>
<p>ARTICLE-9.-MEANS OF FINANCING</p>	<p>UNFPA, Government of the Republic of</p>

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>1) This Agreement shall be implemented with joint funding by the Government and UNFPA.</p> <p>2) The Government's contribution shall be 5% of the demand for products to be acquired from 2023, increasing by 1% per year.</p>	<p>Cameroon (2022). Partnership Agreement Between the Government of the Republic of Cameroon and the United Nations Population Fund, on Financing, Availability and Accessibility of Reproductive Health Products. (pg6)</p>

Assumption 4.4 The Partnerships mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>Indicators</p> <p>4.4.1 Documented evidence on the adequacy of the Sustainability Readiness Tool – systems readiness assessment tool to effectively identify gaps and bottlenecks in the different programmatic areas and inform decisions around the types of activity supported through the HSS funding stream.</p> <p>4.4.2 Percent of Partnership countries using SRAT and results / subsequent improvements in domestic financing.</p> <p>4.4.3 Percent of Partnership countries that have signed Compacts and increased domestic financing</p> <p>4.4.4 Perceptions of stakeholders on the relevance of the Compact and Annex A, including frequency of renewal.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE

Assumption 4.4 The Partnerships mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>The signing of the compact in Cameroon is a very important step in that direction and the Partnership for supplies has played a very important role in this. Even, for Cameroon, the Government has decided to increase its contribution by 1% per year. From a political standpoint, this is positive and we are all proud of it here. Yes, all technical and financial partners can participate in the acquisition of RH commodities but the Government also will always take a part of that charge directly.</p>	<p>KII with Ministry of Health Cameroon. October 2024.</p>
<p>Concerning the strengths, support did not have the connotation that it has nowadays, each partner intervened according to its desires and duplications or even useless expenses were inevitable. The objectives/results were not achieved. The Government and UNFPA therefore decided to change strategy, and one of the UNFPA's requests in the UNFPA supply strategy is to help the Government to purchase RH inputs, on condition that the Government mobilizes a share of the purchases. In addition to this, the Government, through the Ministry of Finance (MINFI), contributes annually to UNFPA's operations, with a view to ensuring the sustainability of FP activities even after the departure of the partners.</p> <p>Concerning the weaknesses of the Supply project, we can mention the mobilization of funds within the required timeframe because the process is not fluid. For instance, the mobilization of funds for the period 2023 - 2025 is still pending, despite clear orders and commitments from the Government. There is also the appropriation of the RH issue by the Cameroonian State, which at first appeared to be casual or uninterested, but which fortunately has changed for most stakeholders.</p> <p>We cannot forget the low level of involvement of the target populations (young adolescents, women of childbearing age) in the planning and decision-making process. Are we sure that FP is what these target groups need? I don't think so. It might be important but they have other priorities.</p>	<p>KII with Division of Cooperation (DCOOP), Ministry of Health. October 2024.</p>
<p>Once again, on this question, the reality of which is on the ground, he thinks that the DSF, the Delegations and attached structures would be better placed to provide precise answers.</p> <p>The particular influence of the current project would be the effective involvement of the Government through a commitment to funding, the monitoring of amenities with better visibility on the implementation of the agreement.</p>	<p>KII with Division of Cooperation (DCOOP), Ministry of Health. October 2024.</p>

Assumption 4.4 The Partnerships mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>As far as he knows, the difficulties with the Compact partnership relate to the lack of understanding and involvement on the part of some stakeholders, who wonder why, given that things have already been done even if the results are not necessarily conclusive, there is still a need to sign a partnership agreement with the government, there are other programs that might be more pressing for them.</p> <p>The other difficulty is that funds are not always made available promptly, given that all government expenditure must be included in MOH's three-year Medium-Term Expenditure Framework (MTEF). By now, the expenditure approved in the MTEF for 2022 had been approved in the annual work plan, but it was not put at disposal. The MOH had to refer the matter to the Prime Minister to get an order of execution of this expenditure, to which the State had committed itself as a counterpart. But up till now 2024 ending, the planned sum has still not been made available to the Ministry of Health. This shows all the bottlenecks all the way.</p>	
<p><i>Country commitment? - Country Compact – Question : are you aware of the government promise of contribution of 5% and with a progressive increase of 1% per year? If yes, what are its advantages and disadvantages?</i></p> <p>One technical Adviser : At their level, they do not think that this contribution is perceptible. They think that the problem is very often located in the transport of medicines for the distribution of inputs. We should find slightly more restrictive methods for this so that the products received free of charge are at least sent to where the need is most pressing. This would be considered the State counterpart.</p> <p>The M and E : according to their experience, the State often has priorities that are not necessarily theirs.</p>	<p>KII with GIZ. October 2024.</p>

Assumption 4.4 The Partnerships mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).																																								
For the implementation of Country Compact, during the second year, actors such as the Division of Legal Affairs and Litigation (DAJC), the Division of Cooperation (DCOOP), the Directorate of Family Health (DSF), the Directorate of Pharmacy, Medicine and laboratories (DPML), the National Central Supply of Medicines and Essential Medical Consumables (CENAME) were present and participated in the drafting of the Compact 1 agreement , the signature of which took place the signature by MoH Minister and UNFPA CO Representative. Annex A was also signed. UNFPA supplies financially and technically facilitated the development of these documents.				KII with UNFPA Cameroon Country Office. October 2024.																																				
<table><tr><th>SUSTAINABILITY COMPONENTS</th><th>CONSOLIDATED SCORE IN 2023</th><th>PREVIOUS YEAR'S SCORE</th><th>PROGRESS RATE</th></tr><tr><td>POLICY ENVIRONMENT</td><td>3,71</td><td>3,71</td><td>0%</td></tr><tr><td>GOVERNANCE</td><td>4,00</td><td>3,20</td><td>25%</td></tr><tr><td>FINANCE</td><td>2,20</td><td>1,80</td><td>22%</td></tr><tr><td>PRODUCE</td><td>4,60</td><td>4,20</td><td>10%</td></tr><tr><td>SUPPLY CHAIN</td><td>3,60</td><td>3,20</td><td>13%</td></tr><tr><td>SERVICE DELIVERY CAPACITY</td><td>3,67</td><td>3,67</td><td>0%</td></tr><tr><td>HUMANITARIAN</td><td>3,00</td><td>2,00</td><td>50%</td></tr><tr><td>SCORE TOTAL</td><td>3,54</td><td>3,11</td><td>14%</td></tr></table>				SUSTAINABILITY COMPONENTS	CONSOLIDATED SCORE IN 2023	PREVIOUS YEAR'S SCORE	PROGRESS RATE	POLICY ENVIRONMENT	3,71	3,71	0%	GOVERNANCE	4,00	3,20	25%	FINANCE	2,20	1,80	22%	PRODUCE	4,60	4,20	10%	SUPPLY CHAIN	3,60	3,20	13%	SERVICE DELIVERY CAPACITY	3,67	3,67	0%	HUMANITARIAN	3,00	2,00	50%	SCORE TOTAL	3,54	3,11	14%	UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024. (pg2)
SUSTAINABILITY COMPONENTS	CONSOLIDATED SCORE IN 2023	PREVIOUS YEAR'S SCORE	PROGRESS RATE																																					
POLICY ENVIRONMENT	3,71	3,71	0%																																					
GOVERNANCE	4,00	3,20	25%																																					
FINANCE	2,20	1,80	22%																																					
PRODUCE	4,60	4,20	10%																																					
SUPPLY CHAIN	3,60	3,20	13%																																					
SERVICE DELIVERY CAPACITY	3,67	3,67	0%																																					
HUMANITARIAN	3,00	2,00	50%																																					
SCORE TOTAL	3,54	3,11	14%																																					
The Decentralized Territorial Communities (DTCs) will be involved in the SMART advocacy process, in line with the current decentralization strategy.				Ibid																																				
At the level of the OC's Supply Chain Management Unit, the next immediate step is the development of the draft correspondence to be sent to the Ministry of Health on the commitments to the Compact. Subsequently, it will be a question of finalizing and formalizing with the DSF the needs for SR/FP products for 2024, in order to clearly identify the gaps and address them. Finally, it will be a question of capitalizing on the commitment of the key strategic structures of MINSANTE (GS Services, DCOOP, PLMI and DSF) to strengthen the coordination of RMNCAH-Nut interventions				UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024. (pg3)																																				

EVALUATION QUESTION 5: To what extent are the governance mechanisms, processes, and structures of the Partnership efficient at supporting the achievement of other strategic objectives and to what extent this is supported institutionally by UNFPA?					
CRITERIA	EFFICIENCY	AREA OF INTEREST	Strategic objective 4 – Governance and management	LINKAGES TO THE THEORY OF CHANGE	Linked to the orange box of the theory of change representing the “governance and management” dimension. Linked also to the underlying list of inputs included at the bottom of the theory of change.
RATIONALE	<p>This question addresses strategic objective 4 on operational efficiency and improved management with shared accountability for results. This strategic objective is at the basis of the theory of change as it represents the basic conditions for the Partnership to achieve its expected goals. As a result, the capacity of the Partnership to deliver results is highly dependent on the achievement of this operationally related objective.</p> <p>As depicted in the reconstructed theory of change, this question focuses on three main modes of engagement: partnerships, integration and coordination, and governance. The areas of analysis considered for this evaluation question focus on the adequacy of the new governance and management structure (governance), as well as the strategy and implementation of external partnerships for synergetic results (partnerships). Moreover, the question addresses the extent to which the existing financial and human resources are adequate for the effective implementation of the Partnership, and the extent to which the four strategic objectives work in coordination as a system to maximize results (integration and coordination). The question also addresses efficiency toward achieving first-level results.</p>				

<p>Assumption 5.1 The improved Partnership governance and management have increased the engagement among main partners and promoted shared accountability for results and efficient decision-making.</p> <p>(Links to theory of change causal assumption 3.)</p>	
<p>Indicators</p> <p>5.1.1 Views of stakeholders on the Partnership governance and whether it has improved or worsened.</p> <p>5.1.2 Views of country representatives on the Partnership efficiency in Phase III.</p> <p>5.1.3 Documented improvements in governance processes within Phase III.</p> <p>5.1.4 Experience and views of Partnership secretariat staff and Steering Committee members on the efficiency of new Partnership governance structures, systems and processes.</p> <p>5.1.5 Documented examples of risk analysis and system analysis applied to identify gaps, challenges and weaknesses in Partnership governance and management</p> <p>5.1.6 Decisions of the UNFPA Supplies Steering Committee reflecting inputs from donor partners, Partnership managers and other key stakeholders (e.g. civil society organizations (CSOs), UNFPA staff and national health authorities).</p> <p>5.1.7 Stakeholders' views on the added value of Steering committee and sub-committees.</p> <p>5.1.8 Partnership countries who agree that overall governance structures and processes of Phase III add to the efficiency at the country level.</p> <p>5.1.9. Records of the Steering Committee and sub-committee meetings indicate efficient decision-making processes and the added value of each governance body.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE

<p>Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results.</p> <p>(relates to theory of change causal assumptions 1 and 5.)</p>	
<p>Indicators</p> <p>5.2.1 Perceptions of stakeholders about the extent to which partners have been selected based upon complementarities and for maximizing / leveraging synergies, across different contexts (i.e. humanitarian contexts, development contexts etc).</p> <p>5.2.2 Views of UNFPA country representatives on whether the relevant partners have been included within the Partnership in view of the objectives to be met at country level.</p> <p>5.2.3 Documented explanations of the rationale for choice of partners.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>AfriYAN is a global continental network which is present in 45 countries in the form of an organizational network also relying on community relays, they are the branch of the CMR with a base headquarters in Yaoundé in which the interview takes place . They also have a sub-regional office being set up in the Far North region. They work on the digital platform dedicated to young people and adolescents for access to information on FP. This is materialized by the development of the Youth for Family planning platform which aims to provide the right information to young people and adolescents specifically but to the Cameroonian population in general). The four pillars on which they operate are: Governance, Health and well-being, Youth leadership, access to health education for adolescents and young people.</p> <p>We also note a deployment in educational establishments for staff training, awareness raising among students, the provision of a range of services (HIV/AIDS screening, contraceptive offer) as an advanced strategy with mobile clinics set up. provision by UNFPA and the referral of cases of associated diseases diagnosed such as hepatitis.</p> <p>The organization in Cameroon recently became an implementing partner of UNFPA 1 year ago and is no longer confined to the Grants strategy.</p>	<p>FGD with AfriYAN Cameroon. October 2024.</p>

<p>Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results.</p> <p>(relates to theory of change causal assumptions 1 and 5.)</p>	
<p>Weaknesses : Popularization of the program among all partners.</p> <p>The involvement of all stakeholders because other related bills intervene for the well-being of the populations because without roads, without suitable cold chains, the inputs will not arrive at the last mile in good condition. The poor training of staff who must receive and administer FP products. Some staff do not know how to use the latest methods of contraception available to them.</p>	<p>FGD with AfriYAN Cameroon. October 2024.</p>
<p>Yes, the collaboration has been improved and it's a good practice. I know that many actors have been trained in various domains.</p>	<p>KII with Association Camerounaise de Marketing Social (ACMS).</p>
<p>The Partnership programme collaborates well with national authorities and its activities involves all the key stakeholders, including international and local NGOs such as USAID, ACMS, PSI, etc. DSF is not the only entity of PoH to be involved. We also have CENAME, DCOOP, PLMI, regional and peripheral entities that are involved in the distribution chain.</p>	<p>KII with Ministry of Health Cameroon. October 2024.</p>
<p>For several years, they have been collaborating with UNFPA in all their activities. They have a current partnership that runs from 2022-2026. UNFPA supports the government in making FP inputs available to CAMNAFAW, which then uses or distributes them free of charge.</p> <p>The DSF and CENAME analyze and plan needs before making inputs available to CAMNAFAW, which in turn positions them to their 7 health facilities to implement fixed and advance strategies.</p> <p>UNFPA is CAMNAFAW's sole partner for the implementation of RH.</p>	<p>KII with Cameroon National Association for Family Welfare. October 2024.</p>

<p>Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results.</p> <p>(relates to theory of change causal assumptions 1 and 5.)</p>	
<p>There is a team grouped under a platform dedicated to the search for additional funding. Normally, the government is part of this platform, but unfortunately their financial commitment is not always concrete. Fortunately, UNFPA has been able to mobilize USD 2 million in SWEED funding from the World Bank for the purchase of FP inputs.</p> <p>There is monthly, quarterly, half-yearly and annual meetings to monitor activities. Data is also filled in quarterly and shared with other actors.</p>	
<p>The main strength is the increased collaboration between all RH stakeholders under the technical lead of UNFPA. It should also be mentioned that this has brought in additional funding, such as a recent KfW grant which has just ended.</p>	Ibid
<p>The weaknesses that could be mentioned are as follows: they have noticed a drop in dedicated RH funding (Supply) even though they understand that this is a global phenomenon. Secondly, CAMNAFAW is not allowed to recruit dedicated UNFPA staff, and this is a handicap as they live on projects. To date, it is the Program Director who is responsible for all UNFPA activities. At least, they need a UNFPA staff member to take care of this liaison. UNFPA also needs to provide CAMNAFAW with a mobile clinic for advanced strategies.</p>	Ibid
<p>He was invited by UNFPA to the launching ceremony since the expanded meeting in 2021 in Ebolowa, which allowed the development of priorities for the implementation of this program. It began in 2022 with the UNFPA supply project, which runs until 2026.</p>	KII with CENAME. October 2024.
<p>He speaks under the control of UNFPA and says that at the CENAME level, they have not received the agreement on this supply chain project. However, they work closely during planning and review sessions to strengthen CENAME at all levels. He believes that it is necessary to formalize the relationship between CENAME and UNFPA, particularly with regard to the</p>	Ibid

<p>Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results.</p> <p>(relates to theory of change causal assumptions 1 and 5.)</p>	
processes of acquisition and storage of inputs. This would make it possible to clarify the roles and to have clearly established specifications.	
<p>As concerning strengths and weaknesses, she may not know what to say. <i>Question: where were you before 2022?</i> There was another FP of UNFPA supplies here, I wasn't even at DPML at the time.</p> <p>But she knows that the supply project integrates several activities that are meant to strengthening DPML's activities in general. There is an appreciable flexibility in the funding of DPML's activities by the UNFPA supplies as they propose whatever is necessary, but funding is based on the availability of cash and strict alignment after review. For sure UNFPA does not impose any obligations on the DPML, but follows them in activities.</p> <p>A weakness more often than not, the amounts are not sufficient. During campaigns, for example, we rarely receive support for all 10 regions. We have to spread them out over 2 years, for example.</p>	KII with Department of Pharmacy, Medicines and Laboratories. October 2024.
Collaboration is very fluid with CENAME and DSF, but with others such as Cameroon Baptist health Convention (CBHC) and CAMNAFAW, they have often had disagreements over the funding of their agents at meetings and workshops. They assumed that it was up to the DPML to take charge of them, whereas the DPML know that each PI takes charge of itself, or else the financing is with UNFPA.	Ibid
There is a strong collaboration with UNFPA through the Supplies project , collaboration is also observed between UNFPA and the Government to mobilize local funding in addition to catalytic funding. At the moment, when we buy inputs, it is as if we are forcing the government's hand.	KII with Global Financing Facility Cameroon. October 2024.

Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (relates to theory of change causal assumptions 1 and 5.)	
There is a partnership platform with civil society, government, UNFPA and others that takes place every 6 months . The permits to evaluate resolutions, bottlenecks. Other meetings have not been held at our level since funding ended.	
<i>Question: What changed with the arrival of UNFPA supplies?</i> The western region carries out more direct activities with the partner UNFPA , which was not the case before. Everything was going through MINSANTE. The partner and MINSANTE are more present through joint supervisions and missions. We no longer only follow ministerial instructions; monitoring of inputs goes all the way and no longer stops at the district level.	KII with Regional Delegation for Public Health, West Region. October 2024.

Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
Indicators 5.3.1 Views of, and percent of surveyed stakeholders/countries who agree the MAV funding streams are efficient and relevant to their contexts. 5.3.2 Documented explanations of the rationale for application of the MAV funding streams. 5.3.3 Percent/ratio of MAV funding stream applied across Partnership countries compared to size and need. 5.3.4 Perceptions of stakeholders on the adequacy of the MAV funding stream to ensure goal achievement in their contexts.	
OBSERVATIONS	SOURCES OF EVIDENCE

Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level. [Links to theory of change causal assumption 2.]	
Indicators 5.4.1 Level of effort at global, regional and country levels, and skill sets (numbers and roles) available across different levels of the organization assigned to support the Partnership. 5.4.2 Perception of staff regarding workload, required staffing levels, and necessary skill sets in relation to the demands of the Partnership. 5.4.3 Perception of staff on turnover (and its consequences) among staff designated to support the Partnership.	
OBSERVATIONS	SOURCES OF EVIDENCE

Assumption 5.5 All Strategic Objectives work as an integrated system to efficiently maximize synergies and complementarities, avoiding siloed work. [Links to theory of change causal assumption 4.]	
Indicators 5.5.1 Stakeholders' views on strategic objectives teams working as an integrated system and examples of synergies being maximized. 5.5.2 Percent of countries who can show how strategic objectives interlink. 5.5.3 Documents evidencing proactive efforts to avoid siloed work	
OBSERVATIONS	SOURCES OF EVIDENCE

EVALUATION QUESTION 6: EVALUATION QUESTION 6. To what extent is the Partnership aligned with, complementing, and filling gaps of other UNFPA initiatives as well as other global initiatives aimed at strengthening access and use of quality reproductive health commodities, while also considering the Nexus approach?					
CRITERIA	Coherence	AREA OF INTEREST	Alignment with other relevant internal and external efforts.	LINKAGES TO THE THEORY OF CHANGE	Linked to the area of inputs and resources, the pillar of the reconstructed theory of change.
RATIONALE	<p>This evaluation question aims to assess the extent to which the Partnership is aligned with, complements, and fills the gaps left by other UNFPA as well as other global initiatives aimed at enhancing access to and utilization of quality reproductive health commodities, with a particular focus on the Nexus approach. Evaluating the synergy between the Partnership and various internal and global frameworks is critical, given the limited resources available for reproductive health/family planning programmes and commodities.</p> <p>The analysis will include examining the linkages between the Partnership and other initiatives, ensuring that while the Partnership addresses mainly the supply dimension and governmental demand for reproductive health commodities and family planning, it also complements the efforts of other actors addressing individual-level demand. First, this question will focus on how well the Partnership aligns with the UNFPA Strategic Plan (2022-2025) and complements other UNFPA initiatives, including UNFPA country and regional programmes and the UNFPA Family Planning Strategy (2022-2030). Second, it will address the Partnership alignment with other GHI, including Gavi and the WHO, considering also relevant bilateral agreements (e.g., USAID), and global initiatives such as the ICPD and the SDGs. Third, this question will assess how effectively the humanitarian-development nexus is considered and integrated into the design and implementation of the Partnership.</p>				

<p>Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs, the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025).</p> <p>[Links to theory of change causal assumption 13.]</p>	
<p>Indicators</p> <p>6.1.1 Extent of alignment between the Partnership objectives and strategies and other relevant UNFPA strategies and programmes</p> <p>6.1.2 Extent to which non-Partnership UNFPA objectives, strategies and funded programmes address demand for contraception as a precondition for the Partnership effectiveness.</p> <p>6.1.3 Documented examples of coordinated activities and joint initiatives between the Partnership and other UNFPA programmes and initiatives.</p> <p>6.1.4 Perceptions of UNFPA staff and partners on the effectiveness of alignment efforts between the Partnership and other relevant UNFPA initiatives.</p> <p>6.1.5 Perception of UNFPA representatives and partners on the complementarities between the Partnership and other relevant initiatives, including the extent demand is secured from other relevant internal and external initiatives.</p> <p>6.1.6 Extent to which internal UNFPA documents reflect demand is being generated to meet the supply of reproductive health/family planning commodities in targeted countries.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
Pillar 2 of the NSD 30 relating to Human Capital and Well-being in its component of health system strengthening which includes supply and stock management. - Also, the 4th pillar of the Health System Transformation Agenda "Time to Act" highlights the supply of pharmaceuticals, especially family planning and maternal health to contribute to the reduction of mortality	L'équipe nationale de plaidoyer, Cameroun (n.d.). Stratégie de Plaidoyer pour la MRD en vue de l'Approvisionnement en produits SR/PF au Cameroun. (pg3)
Yes, there is an alignment with country program. The government even propose us to rationalize inputs purchase.	KII with Association Camerounaise de

<p>Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs, the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025).</p> <p>[Links to theory of change causal assumption 13.]</p>	
	Marketing Social (ACMS).
<p>Yes, there is alignment with the strategies, and UNFPA is a key player, intervening in virtually all areas in line with government objectives. They have also supported / drawn up all the technical and financial documents relating to FP.</p>	KII with Cameroon National Association for Family Welfare. October 2024.
<p><i>Q: Could you speak about how, in your view, the Partnership activities are aligned with UNFPA country programs and or regional programs?</i></p> <p>Yes, the FP-based supplies project is the third pillar of the RH and this is fundamental for the CMR.</p>	KII with GIZ. October 2024.
<p>Are we observing on the ground an alignment of UNFPA supplies in relation to national priorities?</p> <p>In the country's National Strategic Plan, there is a component of strengthening the supply chain on which the Minister places great emphasis as one of the Government's priorities. This is one of the priorities and workhorse of the Minister of Health, it is also ideal for the population to have access to products without too much effort.</p> <p>There is a need to strengthen this supply chain to be able to relieve the populations.</p>	KII with RDPH and Regional Fund for Health Promotion Littoral. October 2024.
<p>This "Reference Manual for the Operation of Adapted Health Services to adolescents and young people in health facilities and other service delivery points " will contribute to improving the national response to adolescent and youth reproductive health concerns in Cameroon. It is based on the major Fundamentals of adolescent and youth health, Adolescent and Youth Tailored Services (ATJS), minimum level of activities in line with global standards, and monitoring and evaluation of adolescent and youth services.</p>	Ministere de la Sante Publique Republique du Cameroun (2022). Manuel de reference du fonctionnement des services de sante adapte aux adolescents et aux jeunes dans des

<p>Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs, the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025).</p> <p>[Links to theory of change causal assumption 13.]</p>	
<p>In addition to global standards for adolescent and youth services, WHO is developing a model of quality of care based on the following criteria: Equitable : All young people, not just certain groups, have equal access to the health services they need.</p>	<p>formations sanitaires et les autres points de prestation des services. (pg3; 26)</p>
<p>General objective: Have a reference manual on the implementation and operation of Adolescent Girls, Youth and Gender-Sensitive Services to improve the availability, accessibility, acceptability and use of services by adolescents. Specific Objectives : Define a comprehensive set of services adapted to adolescents and young people at the different points of delivery per structure; Identify global standards for adolescent and youth-friendly services; Define the activities to be implemented according to national standards; Establish the modalities for the implementation and monitoring of activities; Arrange the various checklists for the implementation of services adapted to adolescents and young people.</p>	<p>Ministere de la Sante Publique Republique du Cameroun (2022). Manuel de reference du fonctionnement des services de sante adapte aux adolescents et aux jeunes dans des formations sanitaires et les autres points de prestation des services. (pg8)</p>
<p>Global standards for A/J service quality: Eight global standards developed by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UN/AIDS) define the level of quality required in the provision of services.. Each reflecting an important aspect in terms of quality of services. N.B: To meet the needs of adolescents, adolescents and young people, all standards must be respected.</p>	<p>Ministere de la Sante Publique Republique du Cameroun (2022). Manuel de reference du fonctionnement des services de sante adapte aux adolescents et aux jeunes dans des formations sanitaires et les autres points de prestation des services. (pg25)</p>

Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs , the UNFPA Family Planning Strategy (2022–2030), and to align with the UNFPA Strategic Plan (2022–2025). [Links to theory of change causal assumption 13.]	
FP/RMNCAH-Nut terminology has been adopted in place of SR/FP to facilitate alignment with the Single Strategic Plan being adopted: The RMNCAH-Nut Strategic Plan 2024–2030;	UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024. (pg1)
The strategy was developed through a process of internal and external consultations with stakeholders. It builds on learning from the UNFPA Global Consultation on Ending the Unmet Need for Family Planning and the Nairobi Summit on ICPD25 in 2019, as well as evaluations of UNFPA support for family planning and the UNFPA Supplies Partnership.	UNFPA (2022). UNFPA Strategy for Family Planning 2022–2030: Expanding choices, ensuring rights in a diverse and changing world. (pg2)

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.
Indicators 6.2.1 Extent to which situation analysis and planning documents identify gaps in support of reproductive health commodities as an element in global public health. 6.2.2 Extent to which the Partnership strategic documents map out activities in relation to other GHI to identify complementarities and gaps, as well as areas of potential overlap or duplication. 6.2.3 Key informants experience and opinion regarding Partnership activities at country level demonstrating complementarities with other donors' programmes and activities.

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
<p>6.2.4 Documented examples of the Partnership design incorporating or highlighting complementary activities building on, or contributing to other development partners' investments in reproductive health commodities and their distribution</p> <p>6.2.5 Stakeholders perception of the Partnership role in the global health landscape and its contribution to filling gaps.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
As part of the country programme, UNFPA will work with the United Nations system to strengthen peacebuilding initiatives and access to justice for women and girls, with UNDP, the United Nations Children's Fund (UNICEF) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).	UNFPA (2021). Country programme document for Cameroon. (pg5)
Strengths: We note the existence of the FP subgroup allowing exchanges and coordination between the different actors. Information is better shared since the start of the supply project. Integration into a large working group last year: the plea for technical support. The climate of recognition of FP has also evolved favorably.	FGD with AfriYAN Cameroon. October 2024.
The UNFPA supply program supported the creation of an online platform accessible online 24/7 www.youthfp.cm in August 2023. Over 8 days of activities, 227 peer educators and association leaders registered 944 teenagers and young people including 195 girls who head referrals to the Centers and 89 girls who benefited from modern contra methods (23 Implanon®, 14 SYANA press®, 50 IUDs, and 2 Jadel®).	Ibid
The project helped improve access to reproductive health. In previous years, the issue of sexual health was still almost taboo. Currently, things are evolving and we are receiving support from the Government and UNFPA supplies to carry out our activities with our target.	Ibid
A lot would be lost if the program stops now. We managed to question the strategies, to arouse the enthusiasm or at least the interest of the populations for FP. The SP 2030 commitments need funding to continue. Internal funds allocated to health are comparatively quite low, hence support is needed.	Ibid
UNFPA supply has done a great deal to generate demand and a good deal of buy-in for behavioral change. This may even lead to a review of the supply at their level and nationwide, as today's supply is no longer sufficient and is becoming outdated. We are currently receiving spontaneous requests from a number of civil society partners, and even from the Ministry of Education for HR campaigns in secondary schools.	KII with Association Camerounaise de Marketing Social (ACMS).

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
At this point, UNFPA is the only partner that procure RH commodities with participation from the Government. Other partners can also contribute. But not as substantially as UNFPA.	KII with Ministry of Health Cameroon. October 2024.
<p>Today, UNFPA is a reference in the field of sexual and reproductive health, and all the activities of our partners, old and new, are modelled on the normative documents drawn up thanks to UNFPA's technical support. He always advises all new actors or donors to approach UNFPA before taking any action, because there isn't a single RH area in which UNFPA hasn't already intervened.</p> <p>He believes that FP is a government priority. This is reflected in the official speech at meetings with senior officials such as the Secretary General of MOH or the Minister of Health himself. The results also bear this out, with the maternal mortality rate falling in recent years that declined from 782 to 406/100,000 live births, a reduction of almost 50% in 13 years.</p>	KII with Cameroon National Association for Family Welfare. October 2024.
<p><i>What can be done to complete the last mile?</i></p> <p>We need to communicate. At a meeting of the follow-up sub-committee, the DSF recognized this. Unfortunately, most donors no longer want to fund these activities. Jhpiego is currently focusing on local communication in local languages.</p>	Ibid
<p><i>Are there any partners providing funding for RH commodities?</i> Yes, partners like the USAID and the Global Fund provide resources for the purchase of condoms, but not for RH inputs as such.</p> <p>Alignment with the country's needs? Yes, in terms of the main pillars of the DPML, such as pharmaceutical regulation and pharmacovigilance, we are aligned.</p> <p><i>Relationship with DPML and CENAME?</i> We work together under the supervision of MOH, but CENAME has a separate board of Directors.</p>	KII with Department of Pharmacy, Medicines and Laboratories. October 2024.

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
What is your assessment of the relationship between DSF, CENAME and DPML? We work in close collaboration with CENAME and DSF, but there is no feedback from CENAME. For example, a monitoring tool would have been developed at CENAME level, but we don't know what it is at present.	
<p>It is not only UNFPA that is supporting the Government in implementing FP. There are many other partners (PSI, ACMS, CAMNAFAW, etc.) involved in the planning process initiated by the government, and they also have areas of intervention throughout the country.</p> <p>There are also occasional donations from various partners or organizations.</p>	KII with Division of Cooperation (DCOOP), Ministry of Health. October 2024.
<p>The loss would be enormous but appropriation at the state level is very weak and some state agents are skeptical.</p> <p>Withdrawal would also deprive beneficiaries who currently have reduced-cost products. There would be a feeling of unfinished business, particularly in terms of governance, coordination, and monitoring. An exit plan should be ensured if this ever happens.</p>	KII with GIZ. October 2024.
<p>Complementarity and collaboration with other actors like National Malaria Control Program (NMCP), National AIDS Control Committee, Expanded Immunization Program has also been initiated,</p> <p>The UNFPA and GAVI also agreed to use the cold chain available in health facilities so that SRMNEA inputs can be used through clear Standard Operating Procedures (SOPs). The process is underway.</p>	KII with Global Financing Facility Cameroon. October 2024.
In the last two years, there have been no very large interventions from the GFF , technical support is always requested by the country because it is good to always benefit from the positive experience of others, we can also test new systems and software both at the level of control and distribution.	Ibid
<i>Q: Need t to complement strategy on the demand side?</i>	Ibid

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
In his opinion, not much as document like the Health Sector Strategy, which are framework documents on which the UNFPA Supply program was based.	
<p>The gaps that would appear will be the lack of a framework for consultation that would make it possible to establish needs of actors. There will also be loss of synergy for placing orders and supply for a number of inputs.</p> <p>Overall negative impact on the SMRNEA because according to current projections, it is not certain that the indicators obtained in 2018 will be maintained. It is important to continue this type of partnership so as not to cause the system to suffer. As long as there are no products, there is no project.</p>	Ibid
ISAHC is a project on supply chain management that aims to enhance the availability of mostly HIV products at the level of health facilities. Activities also include the distribution of malaria products and some RH products like Oxytocin.	KII with ISAHC project - USAID. October 2024.
It would be chaos if the program stop, where would we find the products? The situation is not perfect but it has greatly improved. Testimonies exist in the regions and in the community.	KII with UNFPA Cameroon Country Office. October 2024.

Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus , ensuring that short-term emergency activities are aligned with long-term development goals.
<p>Indicators</p> <p>6.3.1 Extent to which the Partnership planning and approval documents, as well as strategic frameworks and operational plans incorporate humanitarian and relevant development objectives, with clear references to the humanitarian-development nexus.</p> <p>6.3.2 Extent to which regional and country-level Partnership implementation plans clearly include provisions for interventions to address humanitarian and emergency needs.</p> <p>6.3.3 Extent to which humanitarian response plans in Partnership countries include specific linkages and strategies to long-term development goals.</p>

Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus , ensuring that short-term emergency activities are aligned with long-term development goals.	
6.3.4 Experiences and opinions of UNFPA staff partners, beneficiaries and local authorities regarding the effectiveness of Partnership interventions to humanitarian and emergency needs while focusing on long-term development goals.	
OBSERVATIONS	SOURCES OF EVIDENCE
<p><i>How do you see emergencies?</i></p> <p>Yes, I received training in Douala and the MIUM Packages would be useful in conflict zones such as NOSO and floods in the northern regions (Mayo-danay). We need to strengthen the supply, as it's the only aspect left for FP needs that may arise in emergencies.</p>	<p>KII with Cameroon National Association for Family Welfare. October 2024.</p>
<p>Humanitarians are almost the only ones to date who still plan for transport costs for products to the periphery on a permanent basis. Sometimes, in the event of an epidemic or sudden humanitarian crisis, CENAME trucks are used to transport amenities to sites where the need arises. There are also cases where, due to the unavailability of CENAME logistics or an abundance of inputs, unapproved means of transport are used. The latter often has blockages, especially during roadside checks, which lead to a final delay in the delivery of cargo.</p>	<p>KII with CENAME. October 2024.</p>
<p><i>Q: humanitarian settings</i></p> <p>Yes, this approach was used at NOSO to continue to carry out activities and ensure the availability of contraceptive products during the years of crisis.</p>	<p>KII with GIZ. October 2024.</p>
<p>Internally displaced persons had been targeted over the past 3 years through certain local CSOs.</p> <p>Sexual minorities, indigenous populations, those with disabilities, internally displaced persons, IUDS, and prisoners were targeted from 2021 to 2023 for RH with a RH human rights subgroup of the FM under the NMF3 model. The actions helped to remove barriers to access to health services for key populations.</p>	<p>KII with GIZ. October 2024.</p>

Annex 2: List of persons consulted

Organization	Position
UNFPA Country Office	Supply Chain focal point
Ministry of Health central level	<p>Division of Cooperation (DCOOP)</p> <p>Directorate for family Health (DSF)</p> <p>Department of Pharmacy, Medicines and Laboratories (DPML)</p> <p>National Supply Centre for Essential medicines and Medical Consumables (CENAME)</p>
Ministry of Health regional level	<p>Littoral region:</p> <p>Regional Delegation of Public Health & FP Focal Point</p> <p>Regional Funds for Health Promotion (Administrator & Supply chain FP)</p> <p>ISAHC USAID Project</p> <p>District Hospital DEIDO (3rd category)</p> <p>Hôpital de District de BONASSAMA (3rd category)</p> <p>West region:</p> <p>Regional Delegation of Public Health & FP Focal Point</p> <p>Regional Funds for Health Promotion (Administrator & Supply chain FP)</p> <p>Hôpital de District de DEIDO</p> <p>Centre Médical d'Arrondissement de BANA (5th category)</p>
NGOs	<p>Cameroon Social Marketing Association (ACMS)</p> <p>African Youth and Adolescents Network in Population Development (AfriYAN)</p> <p>Cameroon National Association for Family Welfare (CAMNAFAW)</p>
Pharmaceutical dispensaries	<p>Pharmacie St James (Douala)</p> <p>Pharmacie Votre Pharmacie (Douala)</p>

Organization	Position
Partners	Global Financing Facilities (GFF) GIZ Management Science for Health (MSH)/USAID (ESCAPE Project)
Others	STAR s.a.r.l (Freight forwarder, Douala autonomous port)

Annex 3: Bibliography

Healthcare organization and health technology Department (DOSTS) (2024). General census of health facilities, August 2024.

INS (2024). Analyse de l'offre et de la demande de planification familiale dans les sept régions du Cameroun selon l'approche du marché total en 2023.

L'équipe nationale de plaidoyer, Cameroun (n.d.). Stratégie de Plaidoyer pour la Mobilisation des Ressources Domestiques (MRD) en vue de l'Approvisionnement en produits SR/PF au Cameroun.

Ministère de la Santé Publique République du Cameroun (2018). Normes et standards en SR/PF au Cameroun.

Ministère de la Santé Publique République du Cameroun (2022). Enquête sur la disponibilité des contraceptifs et des produits vitaux de santé maternelle dans les points de prestation de services au Cameroun, 2022.

Ministère de la Santé Publique République du Cameroun (2022). Manuel de référence du fonctionnement des services de santé adapté aux adolescents et aux jeunes dans des formations sanitaires et les autres points de prestation des services.

Ministère de la Santé Publique République du Cameroun (2022). Plan Stratégique pour le renforcement de la chaîne d'approvisionnement public des produits de santé au Cameroun: 2022 – 2026.

Odette KIBU (2020). Investing in a health workforce for improved health outcomes in Cameroon. Nkafu Policy Institute.

République du Cameroun (2014). Plan opérationnel de planification familiale, 2015-2020.

UNFPA (2021). Country programme document for Cameroon.

UNFPA (2022). UNFPA Strategy for Family Planning 2022–2030: Expanding choices, ensuring rights in a diverse and changing world.

UNFPA (2022). UNFPA Supplies 2022 Budget Allocation Letter (Cameroon).

UNFPA (2023). UNFPA Supplies 2023 Budget Allocation Letter (Cameroon).

UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.






UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024.

UNFPA, Government of the Republic of Cameroon (2022). Partnership Agreement Between the Government of the Republic of Cameroon and the United Nations Population Fund, on Financing, Availability and Accessibility of Reproductive Health Products.

UNFPA, Government of the Republic of Cameroon (2022). Annual Implementation Contract for the Cameroon-UNFPA Supplies Partnership.



Driving evidence-based actions
Ensuring rights and choices for all

 unfpa.org/evaluation
 evaluation.office@unfpa.org
 [@unfpa_eval](https://twitter.com/unfpa_eval)
 [@UNFPA_EvaluationOffice](https://www.youtube.com/@UNFPA_EvaluationOffice)
 [UNFPA Independent Evaluation Office](#)