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

Case Study

Democratic Republic of the Congo

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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.

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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
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The UNFPA DRC Country Office's support was critical in facilitating comprehensive engagement with a wide range of key stakeholders, implementers, collaborators, and beneficiaries of the UNFPA Supplies Partnership programme in DRC. We are particularly grateful to Dr Mady Biaye, for his leadership and valuable insights and Mr Ali Dotian Wanogo, for managing this activity and facilitating all the meetings. Their technical and logistical assistance, provision of documents and data, and coordination of feedback from country office leadership and staff were essential and greatly appreciated.

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Abbreviations and Acronyms

ABEF-ND	Association pour le Bien-Etre familial – Naissances Désirées
AFRIYAN	African Youth and Adolescents Network on Population and Development
AIDS	Acquired Immuno-Deficiency Syndrome
APSME	Association de Promotion de la Santé de la Mère et de l'Enfant
BCZS	Bureau de Coordination de la Zone Sanitaire
CAAMEKO	Central d'Achat et d'Approvisionnement en Médicaments Essentiels du Kongo central Ouest
CDR	Centrale de Distribution Régionale
CPD	Country programme document
CSO	Civil society organization
CTMP	Permanent Multisectoral Technical Committee for Family Planning
DHS	Demographic and Health Survey
DKT	D.K. (Deep) Tyagi (International)
DMPA-SC	Depot medroxyprogesterone acetate-sub cutaneous
DPS	Division Provinciale de la Santé
DRC	Democratic Republic of the Congo
ECCAS	Economic Community of Central African States
Gavi	Global Alliance for Vaccines and Immunization
GBV	Gender-based violence
GDP	Gross domestic product
GHI	Global Health Initiative
HIV	Human Immunodeficiency Virus
HSS	Health system strengthening
ICPD	International Conference on Population and Development
IDP	Internally displaced person
INS	Institut National de la Statistique
IUD	Intra-uterine device
LARC	Long-acting reversible contraceptive
LMA	Last Mile Assurance
LMIS	Logistics Management Information System
LNOB	Leaving No One Behind
MAV	Matching Assistance for Voluntary Family Planning (funding stream)
MICS	Multiple Indicators Cluster Surveys
MINFIN	Ministry of Finance

MISP	Minimum Initial Service Package
MMR	Maternal mortality rate
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MSI	Marie Stopes International
NGO	Non-governmental organization
Partnership	UNFPA Supplies Partnership
PNAM	Programme National d'Approvisionnement en Médicaments Essentiels (National Programme for the Supply of Essential Medicines).
PNDS	Plan National de Développement Sanitaire
PNSA	Programme National de Santé des Adolescents
PNSR	Programme National de Santé de la Reproduction
SANRU	Soins de Santé en Milieu Rural
SCM	Supply chain management
SCOD	Supply Chain Optimization Dashboard
SDG	Sustainable Development Goals
SRAT	Sustainability and Readiness Assessment Tool
SRH	Sexual and reproductive health
STI	Sexually transmitted infections
TFR	Total fertility rate
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International development
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
ZS	Zone de Santé (Health Zone)

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: SO.1 – 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, t**he 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.

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1 Introduction of the case study

The Democratic Republic of the Congo (DRC) is one of four countries selected for a case study under the Mid-term evaluation of the UNFPA Supplies Partnership (Partnership) (2021-2030) evaluation. The evaluation team reviewed documents and data provided by the UNFPA DRC Country Office and conducted a country visit from 11-22 November 2024. During the visit, the team met with UNFPA Country Office leadership, team members, and key programme 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 evaluation matrix.

2 Context

Geographic and demographic: DRC, Africa's second-largest country by area, spans approximately 2,345,410 square kilometres. Its rich geographical diversity poses significant logistical challenges for development and infrastructure. With an estimated population of 102.5 million (2024),[1] DRC is among the continent's most populous nations. A median age of 16.7 years highlights a predominantly young population, driven by high birth rates and a total fertility rate of 5.56 children per woman (2023),[2] contributing to rapid population growth.

Maternal health is a critical concern, with a maternal mortality rate of 547 deaths per 100,000 live births (2020)[3] reflecting limited access to quality healthcare. Fragile security conditions, particularly in the eastern regions, exacerbate these challenges. Armed conflicts, militia violence, and instability displace millions, disrupt governance, hinder infrastructure development, and restrict access to essential services, perpetuating poverty and limiting economic progress.

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] RDC-PNSR Plan Stratégique National à vision multisectorielle de la planification familiale 2021-2025 avec regard sur 2030
[2] Ibid
[3] WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division. Trends in Maternal Mortality 2000 to 2020. Geneva, World Health Organization, 2023

Family planning and adolescent health: According to the 2023–2024 DRC Demographic and Health Survey (DHS), the modern contraceptive prevalence rate among women in union is 10.7%. The most commonly used methods are implants (3%), injectables (1.6%), and male condoms (1.6%). Natural methods, including the standard days method and breastfeeding, are utilized by 2.3% of women in union. Contraceptive use varies significantly by location, with 16% prevalence in urban areas compared to 8% in rural regions and 20% in North Kivu versus less than 2% in Bas-Uele. Among sexually active women not in union, contraceptive use is higher, at 24%. However, unmet family planning needs remain substantial, averaging 32% and reaching 46% in Haut-Uele. [4]

Adolescent reproductive health poses a significant challenge. As outlined in the Strategic Plan for Health and Wellbeing for Adolescents and Youth (2021–2025), one-third of the population is aged 10–24 years. Despite this, only 17% of youth and adolescents accessed health services in 2021. Teenage pregnancies are prevalent, with 20% of women aged 15–19 either mothers or pregnant. [5]

Health system and governance: DRC health sector is guided by the National Health Development Plan (PNDS) 2024-2033 and supported by both national initiatives and international partners, including WHO, UNICEF, UNAIDS, UNWOMEN, World Bank Group and UNFPA (the H6 Partnership Initiative which includes World Food Programme (WFP) and International Labour Organization in the case of DRC), with a focus on maternal, child and reproductive health. Government investments primarily target infrastructure through the National Public Investment Budget and personnel salaries, but the system remains heavily dependent on external funding for essential medicines and disease control programmes.

To improve access to healthcare services, the Government has adopted a Universal Health Coverage (UHC) policy- decreeing and launching free maternity and newborn care in the province of Kinshasa in 2023 which will gradually extend to the rest of the country-though implementation is hindered in part by financial constraints and infrastructure gaps. Programmes such as the National Programme for the Supply of Essential Medicines (PNAM) aim to ensure the availability and rational use of essential medicines, while the National Programme for Reproductive Health targets Reduction of Maternal and Neonatal Mortality hence, improved maternal and newborn health outcomes. The availability of medicines and essential equipment for maternal and newborn health is one of the priority axes of the universal health coverage strategy. This motivated the establishment of the Congolese Pharmaceutical Regulatory Authority which, in collaboration with other stakeholders, ensures the quality of medicines and the marketing of quality and effective medical products.

A. **Health system structure -** The health sector operates at three levels:

- **Central level**: The Ministry of Public Health, Hygiene, and Social Welfare provides leadership, strategic planning, and policy formulation
- **Intermediate level**: 26 provincial health divisions oversee policy implementation and provide technical support to health zones
- **Peripheral level**: Over 516 health zones (operational units) deliver direct care via a network of health centres, referral health centers and referral hospitals

[4] Ibid
[5] Ibid

B. **Health facilities -** Healthcare facilities are classified as:
   - **National referral hospitals**: Providing specialized care and training
   - **Provincial and general referral hospitals**: Providing intermediary care and referral services
   - **Primary health centres**: Providing community-level basic healthcare services

C. **Decentralized health zones -** The system is highly decentralized, with health zones serving populations of 100,000 to 200,000 as the primary delivery units. Public health facilities dominate service provision, supplemented by private and faith-based organizations, particularly in underserved areas.

D. **Key challenges -** The health system faces critical challenges:
   - **Human resources**: A severe shortage of health personnel, with only 1.9 physicians per 10,000 people (WHO data, 2022)[6]
   - **Infrastructure and supplies**: Inadequate facilities and limited medical supplies
   - **Financial barriers**: High costs constrain access to quality care for many of the population

These issues collectively limit DRC's progress toward achieving equitable and effective healthcare delivery.

The supply chain: The NationalProgramme for the supply of Essential Medicines (PNAM) is responsible for developing and promoting the National Essential Drug Supply System (SNAME) to implement the National Pharmaceutical Policy (PPN) including the supply chain. Beside PNAM which is a government entity, there is a network of Regional Distribution Centres (CDRs) at the central level called FEDECAME (Fedération des Centrales d'Approvisionnement en Médicaments Essentiels). The mission of FEDECAME is to supply the Federation's member distribution centers with medicines, medical consumables, equipment, reagents and other essential medical devices at the best prices and in compliance with current quality standards. There is no central warehouse, but regional distribution centers (CDRs) at provincial level that buy commodities directly from suppliers or through the FEDECAME network, stock them and distribute them to health zones or directly to last-mile health facilities.

From the provincial warehouses, supplies are delivered to health zone depots, which distribute them to individual health facilities. Larger facilities, such as general referral hospitals, receive supplies directly from provincial warehouses, while smaller health centres and posts collect their supplies from the nearest health zone depot.

The supply chain faces significant challenges, including inadequate infrastructure, logistical barriers, and funding constraints, which hinder the timely and efficient delivery of essential medicines. To address these issues, initiatives such as the integration of supply chain management (SCM) tools and partnerships with international organizations aim to enhance the availability and distribution of essential commodities across the health zones.

[6] https://data.who.int/indicators/i/CCCEBB2/217795A.

Health financing: DRC allocates a relatively small share of its resources to health, with health expenditure accounting for 4.3% of gross domestic product (GDP) in 2021—an improvement from previous years but well below the global average of 7.21%. Per capita health spending was US$19 in 2021, up from $17 in 2020, highlighting the persistently low investment in health services.

The health system heavily depends on out-of-pocket payments, which represent 42% of total health expenditure, creating significant financial barriers particularly for vulnerable populations. Public funding accounts for 30% of health financing, while private sector contributions stand at 15%. International donors play a critical role, providing 13% of health financing and supporting key areas such as maternal and child health, infectious disease control, and emergency care.

Efforts to mobilize resources for UHC have led to reforms like the Health Sector Financing Strategy and strengthened partnerships with international donors. However, substantial financing gaps persist, contributing to inequities in access and quality of care. Achieving sustainable and equitable healthcare financing will require increased public investment and innovative approaches to mobilize additional resources.

UNFPA in DRC: UNFPA plays a pivotal role in advancing sexual and reproductive health (SRH) in DRC, offering substantial financial and technical support. Under the fifth country programme document (CPD) 2021–2025, approximately $69 million has been allocated to improving SRH services, including initiatives targeting adolescents and youth. Key collaborators include USAID, through projects like Breakthrough ACTION, as well as non-governmental organizations (NGOs) such as Médecins Sans Frontières (MSF) and Deep Kumar Tyagi (DKT) International, which enhance access to contraceptives and maternal health services. UNFPA collaborations with the World Bank, UNICEF, and the governments of Canada, Sweden , Norway, Japan, Italy and UK are aimed at further strengthening health systems and SRH interventions.

The UNFPA programme aligns with the PNDS, the DRC Vision 2050, and global frameworks such as the International Conference on Population and Development (ICPD) Programme of Action, the Sustainable Development Goals (SDGs), and the African Union's Agenda 2063. It focuses on five strategic areas, with a total investment of $150 million, and adheres to the principle of Leaving No One Behind (LNOB). Special attention is given to marginalized groups, including women, girls, and youth in fragile humanitarian settings, survivors of sexual violence, and those at risk of harmful practices like early marriage.

In addition to its development work, UNFPA responds to humanitarian crises, delivering lifesaving SRH services and gender-based violence (GBV) response programmes, particularly in conflict-affected eastern provinces. Through increased investments and a strong partnership network, UNFPA continues to address critical health challenges while enhancing the resilience of DRC's reproductive health system.

UNFPA Supplies Partnership in DRC: Since 2016, the Partnership has provided approximately $60 million in SRH commodities to DRC to address unmet family planning needs and reduce maternal and newborn mortality. UNFPA, through the Partnership, is one of the leading partners (if not the lead partner) of the Government in terms of provision of reproductive health commodities. The Partnership supplies commodities to the Ministry of

Health (MoH) and many other implementing partners including local and international NGOs.[7] This includes a focus on ensuring access to modern contraceptives and life-saving maternal health supplies, such as oxytocin and magnesium sulphate, particularly for women and girls. Other efforts include strengthening logistics, storage, and distribution systems to ensure the timely availability of commodities throughout the health system. The Partnership also supports the Government in building sustainable health systems and adopting robust SCM practices.

Compact Agreement status: In November 2023, the DRC Government signed a Country Compact under the Partnership, formalizing its commitment to co-finance and sustain the programme. Prior to this agreement, the Government had already contributed to reproductive health commodity procurement, including $2.097 million in 2021 through UNFPA. In 2023, the Government pledged annual contributions of $5 million; however, at the time of developing this report, these funds have not been disbursed.

The Compact reflects a critical step toward achieving sustainable SRH commodity financing, but delays in releasing pledged funds underscore the ongoing challenges in resource mobilization and commitment fulfilment.

3 Case study findings

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: The design of the Partnership programme in DRC is widely recognized as an improvement over previous iterations, with several notable strengths including:[8]

- **Flexibility and responsiveness**: The adaptability of the Partnership programming allows it to address systemic challenges, such as warehousing, transportation, and distribution bottlenecks, ensuring reproductive health commodities reach even remote and conflict-affected areas. The proactive engagement of the UNFPA Country Office with partners enhances logistical efficiency and ensures timely delivery of supplies.

- **Capacity building and strategic engagement**: The Partnership strengthens the capacity of the MoH through technical assistance for forecasting and supply planning, financial support for forecasting meetings, and advocacy efforts aimed at increasing government commitment to reproductive health, particularly in mobilizing domestic resources for contraceptive and maternal health supply procurement.

- **Partnerships and advocacy**: Through platforms like the Groupe Inter-Bailleurs Santé (GIBS), the Permanent Multisectoral Technical Committee for Family Planning (CTMP), the H6 Partnership Initiative, the Partnership fosters collaboration among national and international partners and donors to secure commitments such as the signing of Annex A of the Country Compact. This collaborative approach addresses immediate needs while promoting the sustainability of reproductive health interventions.

[7] MoH DRC: Plan Stratégique National à Vision multisectorielle de la Planification familiale 2021-2025 avec regard sur 2030
[8] PSNR and PNSA KIIs

However, the Partnership also faces key challenges:

- **Resource insufficiency:** The Partnership's resources are inadequate to meet the extensive reproductive health needs of DRC's large population, particularly in underserved and conflict-prone areas. This leads to gaps in quality service delivery.

- **Systemic challenges:** Despite addressing some logistical and systemic issues, the scale and complexity of challenges—such as inadequate infrastructure, widespread disparities, and ongoing humanitarian crises—continue to strain efforts to deliver equitable access to reproductive health services.

Capacity to adapt to different contexts: DRC presents significant challenges for implementing Partnership activities due to its vast geography, limited transportation infrastructure, and fragmented health system. Despite these constraints, the Partnership has shown resilience and adaptability in ensuring the availability of reproductive health commodities, though critical issues persist.

A major challenge is the atypical structure of DRC's health commodities supply chain, which lacks a central warehouse and relies solely on provincial-level storage. This fragmented system complicates coordination and leads to inefficiencies, with development partners independently managing commodities at the central level.[9] Additionally, reproductive health commodities incur high landed costs—approximately 54% of procurement costs[10]—due to warehousing, transportation, and customs taxes, which are not covered by the Partnership, leading to delivery gaps.

The Partnership also struggles with inadequate warehousing infrastructure at the national and sub-national levels, which hampers the storage and timely distribution of supplies. At the sub-national level, logistical barriers further complicate the transportation of commodities from provincial hubs to remote health zones, especially in conflict-affected and hard-to-reach areas.

To address these challenges, the Partnership collaborates with organizations like the WFP and selected CDRs to secure cost-effective storage solutions closer to service delivery points. At the sub-national level, partnerships with entities such as UNICEF, Village Reach, and Soins de Santé en Milieu Rural (SANRU) (with whom the Partnership has a specific collaborative agreement for transport) help mitigate logistical barriers, especially in conflict-affected areas, improving the transportation of supplies to remote health zones as part of broader humanitarian efforts. [11]

Adequacy of the approach for grouping and classifying countries: The Partnership uses a classification system based on economic indicators and national reproductive health metrics to allocate resources effectively. However, this approach often overlooks regional disparities within countries like DRC, where underserved and crisis-affected regions face unique barriers to accessing reproductive health services.

To address this, the Partnership prioritizes regions with high maternal mortality rates (MMR) and limited healthcare access, such as Kasai,Kasai Central ,Equateur, and Ituri provinces. In conflict-affected areas like North , South Kivu and Ituri, reproductive health services are integrated into humanitarian responses to reach displaced populations and vulnerable

[9] PNAM 2023 - DRC National Supply Chain Assessment: Capability and Performance
[10] UNFPA DRC Supplies Unit KII
[11] PNSR Provincial Kongo Central KII

communities.[12] While these targeted efforts improve access, resource constraints and logistical barriers persist, highlighting the need for sustained investment and innovative solutions.

Relevance of current funding streams (Supplies, health systems strengthening(HSS), Matching Assistance for Voluntary Family Planning (MAV): Stakeholders, including the National Reproductive Health Programme (PNSR) and the National Adolescent Health Programme (PNSA), commend the Partnership's funding approach, which extends beyond direct procurement to address health system gaps such as forecasting, SCM, and coordination.[13] While the overall budget is insufficient to meet DRC's vast needs, the Partnership's funding serves as catalytic support, mobilizing additional resources from partners like USAID and Gavi for forecasting exercises and other critical activities. This approach ensures the forecasting process is adequately funded and has fostered collaboration among stakeholders, ultimately ensuring that the forecasting exercise is adequately funded and effectively implemented.[14]

Cross-cutting principles: The Partnership incorporates cross-cutting principles such as LNOB and humanitarian preparedness to ensure inclusivity and responsiveness. In 2023, efforts in provinces like Ituri, North Kivu, and South Kivu targeted 1.3 million people with reproductive health and protection services, distributing safe delivery kits, contraceptives, and post-rape care kits. In addition, the Partnership supports 31 delivery points across the three provinces, including health facilities, centres for holistic management of GBV, and safe spaces for women and girls with provision of family planning services, contraceptives and maternal health medicines. The partnership contributed in deploying mobile clinics for Family services delivery. [15] [16]

Youth empowerment is another critical focus, demonstrated through support for African Youth and Adolescents Network on Population and Development's (AFRIYAN) DRC chapter promoting SRH education and leadership opportunities for young people.[17] These multifaceted approaches address urgent humanitarian needs while fostering resilience, equity, and inclusivity.

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: The availability and choice of family planning products remain a significant challenge despite consistent efforts by the Partnership. Annual allocations of approximately $8 million for reproductive health commodities have remained stable but fall short of national family planning strategy needs, projected at $18 million in 2023 and $22 million in 2024.[18]

[12] UNFPA Supplies Unit KII
[13] UNFPA Supplies Unit, PNSR and PNSA KIIs
[14] UNFPA Supplies Unit KII
[15] UNFPA Humanitarian Response in DRC: Situation Report - July 2023
[16] UNFPA Supplies Unit, SANRU and Tulane University KIIs
[17] AFRIYAN is a network that brings together youth and adolescent leaders from across Africa with a focus on advocating for the rights, health, and well-being of young people on the continent. AFRIYAN DRC KII
[18] DRC MoH: Plan stratégique national à vision multisectorielle de la planification familiale 2021-2025 avec regard sur 2030

Commodity distribution relies on service utilization data to guide product choice and variety. However, inconsistent and inaccurate reporting from health facilities undermines the alignment of supply with actual demand. For instance, limited procurement of long-acting reversible contraceptives (LARCs), such as intra-uterine devices (IUDs), is not driven by a lack of client interest but, instead, by a shortage of trained providers to offer or recommend these methods. This disconnect creates significant gaps in meeting the potential demand for LARCs.[19]

Challenges persist at national and sub-national levels. Nationally, delays in global transportation, customs clearance, and warehousing lead to commodities being stuck in transit or storage, increasing risks of expiration and wastage. Inadequate storage conditions exacerbate these issues.[20] Sub-nationally, weak planning and coordination among stakeholders delay distribution and disrupt service delivery. Health facilities often lack adequate storage infrastructure, leading to product degradation and further restricting access to a full range of family planning products.

Support and contribution to forecasting and procurement: The Partnership plays a central role in forecasting and procuring reproductive health commodities in DRC. It provides financial and technical support for biannual forecasting exercises that are critical for identifying gaps in reproductive health commodity availability. These exercises involve in-depth assessments of data quality, the inclusion of marginalized groups such as internally displaced persons (IDPs) and survivors of GBV to address their specific needs, and capacity building for MoH officials to improve demand forecasting skills.[21]

The Partnership extends beyond technical assistance, and fosters collaboration among stakeholders, bringing together MoH directorates, international organizations, and implementing partners for joint problem-solving. For instance, data generated during forecasting exercises spearheaded by the Partnership facilitated increased funding from USAID, rising from $1.5 million in FY2021–2022 to $6.2 million in FY2022–2023.[22] The Partnership aligns with national priorities, working closely with PNSR and PNSA[23] to expand contraceptive choices, introducing innovations like Sayana Press (a self-administered contraceptive) and supporting policy changes that allow pharmacies to distribute implants and injectables.

Despite progress, systemic challenges remain. Poor transportation infrastructure, limited distribution capacity, and inadequate health system organization hinder the efficient delivery of commodities to remote and underserved areas. In addition, health facilities face barriers such as a lack of trained personnel to provide specialized contraceptive methods and outdated equipment,[24] particularly for LARCs and newer technologies, limiting the Partnership's impact on meeting population needs.

Humanitarian setting: The Partnership delivers multifaceted humanitarian interventions to ensure access to essential reproductive health services in crisis settings. Key activities include implementing the Minimum Initial Service Package (MISP) for sexual and

[19] PNSR and DKT KIIs
[20] UNFPA Supplies Unit, KAMEKO and PNSR Provincial Kongo central KIIs
[21] UNFPA Annual Reports 2022 & 2023
[22] UNFPA Supplies Unit KII
[23] Ibid
[24] UNFPA DRC Annual Report 2022

reproductive health in emergency settings providing safe childbirth assistance, distributing clean delivery kits , IARH kits ,dignity kits, and supporting basic hygiene and well-being needs for women and girls in conflict-affected areas like North Kivu and Ituri. In 2022, 14 mobile clinics supported by the Partnership reached nearly 16,000 people, offering contraception, maternal healthcare, and post-rape care.

Collaboration with humanitarian partners (such as WHO, UNICEF or the International Rescue Committee (IRC)) strengthens emergency responses, including training local healthcare providers on the MISP for reproductive health in emergencies.[25] The Partnership actively contributes to United Nations-led technical working groups (such as Reproductive Health Working Group led by UNFPA and Food Security Cluster**,** led by the WFP and FAO), and the influencing crisis preparedness and response planning while ensuring alignment with national protocols. Advocacy efforts have prioritized reproductive health in MISP protocols, embedding SRH services as an integral part of emergency interventions in DRC. These efforts underscore the Partnership's commitment to addressing the needs of vulnerable populations in humanitarian contexts.[26] [27]

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 including Supply Chain Optimization Dashboard (SCOD) tool: The Partnership demonstrates a deep understanding of the complexities of the reproductive health commodities supply chain in DRC, implementing adaptive strategies to address systemic challenges. Supply chain operations rely on the PNAM and provincial warehousing centres, which request an 8% fee for warehousing on commodity total costs, creating financial and operational barriers that delay distribution and strain the already resource-limited health system.[28] Additionally, DRC's vast geography and underdeveloped infrastructure, particularly in rural and conflict-affected regions like Kasai and Ituri, exacerbate inefficiencies. Poor road conditions and limited transport options hinder timely delivery, while an underdeveloped Logistics Management Information System (LMIS) and a shortage of trained personnel lead to unreliable forecasting, resulting in frequent stock-outs in some areas and over-stocking in others.[29]

The Partnership collaborates with the MoH and other stakeholders, avoiding one-size-fits-all solutions by tailoring approaches to provincial needs. In remote and conflict-affected areas like North Kivu, UNFPA partners with humanitarian organizations such as the WFP and MSF to utilize their established transport networks for commodity delivery.[30] Regular coordination meetings among donors, NGOs, and private sector actors further enhance alignment and promote best practices. Targeted training programmes have delivered tangible results, such as reducing contraceptive stock-outs by 30% in Equateur province.[31]

[25] Ibid
[26] UNFPA DRC Annual report 2022; UNFPA Supplies Unit KII
[27] ABEF-ND KII
[28] UNFPA Supplies Unit and KAMEKO KIIs
[29] PNSA & UNFPA Supplies Unit KIIs
[30] UNFPA Supplies Unit KII
[31] UNFPA DRC Annual Report 2022

The **Supply Chain Optimization Dashboard**: While the SCOD offers potential to address supply chain inefficiencies, its implementation in DRC is hindered by limited technical capacity, inadequate internet connectivity in remote areas, and the need for ongoing training. To unlock SCOD's benefits, investments in digital infrastructure, and strong commitment from both UNFPA and national authorities are essential.[32]

Support and contribution to reach the last mile: Reaching the last mile in the distribution of reproductive health commodities remains one of the most significant challenges for the health system. The country's rapidly growing population and high unmet family planning needs at an average of 32% (see Section 1) place immense pressure on the supply chain. Despite national forecasting exercises identifying needs, a substantial gap remains between required and available resources. For example, the Partnership allocated $8 million for commodities in 2024, far below the $22 million estimated in the DRC Government family planning strategic plan. This resource shortfall often results in uneven distribution, leaving vulnerable populations underserved.[33]

Systemic inefficiencies further complicate last mile delivery. Poor infrastructure, including impassable roads and limited transport options, causes delays and increases costs, particularly in remote areas like Equateur and Kasai, where boats or motorcycles are often required for delivery. Inadequate provincial warehouse facilities and a lack of cold chain infrastructure at health facilities exacerbate conservation challenges, leading to the wastage of sensitive products such as injectable contraceptives.

Innovative approaches help mitigate some of these challenges. For instance, The Partnership coordinates with partners like Marie Stopes International (MSI) and SANRU to include its commodities in their distribution runs, reducing costs and improving coverage in underserved areas. However, these efforts alone are insufficient to address broader systemic issues. Achieving equitable and efficient last mile delivery requires stronger coordination among stakeholders, and a strategic focus on addressing resource constraints and systemic inefficiencies, including sustained investment in infrastructure, which go beyond the scope of the Partnership programme.[34]

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?

In December 2018, parliament passed the Public Health Act with provisions favorable to Family Planning, including access for women and young people to Family Planning services without the prior consent of their spouse or legal tutor. This law came into force in March 2019, following its promulgation.

Support and contribution to diversify the Government's financial contribution: The DRC health system, particularly its reproductive health programme, remains heavily dependent on international partners for funding. To promote financial sustainability, the Partnership introduced the Compact initiative, fostering shared financial responsibility between the DRC Government and international donors.[35] Under this framework, DRC committed to contributing up to $5 million annually for reproductive health commodity procurement, marking a step

[32] Ibid
[33] PNAM & ZS Nsele KIIs
[34] DKT and ABEF-ND KIIs
[35] PNSR KII

toward reducing external dependency and strengthening local ownership. Before signing the Compact in 2023, the Government allocated $2.1 million in 2021, leveraging additional funding from the Match Fund, which amplified resources for commodity procurement and expanded access to contraceptives and maternal health supplies.[36]

The Compact has also bolstered donor confidence, encouraging alignment with national priorities. For example, USAID, Gavi and the Global Fund have recognized the Government's financial contributions and subsequently collaborated to strengthen supply chain infrastructure, ensuring that donor-provided products reach underserved areas effectively.[37] Additionally, the Compact has facilitated cost-sharing partnerships with local organizations like SANRU and Association pour le Bien-Etre familial – Naissances Désirées (ABEF-ND), enhancing commodity distribution and reducing delivery costs.[38]

Regional organizations, such as the African Union and the Economic Community of Central African States (ECCAS), have supported the Government's efforts since 2015 through technical assistance and emergency funding, particularly in conflict-affected areas. For instance, in 2022, the African Union technical advisory missions assessed gaps in reproductive health services, offering recommendations for integrating these services into broader national health plans. Similarly, the ECCAS mobilized emergency funds to address reproductive health needs in conflict affected areas, supporting the distribution of emergency kits for safe childbirth, post-rape care, and contraception. The emergency funding continued into 2023, addressing the acute needs of conflict affected areas.[39] These efforts underscore the importance of government ownership, regional partnerships, and diversified financial contributions in advancing DRC's reproductive health goals. However, sustained commitment and increased investment are necessary to further reduce external dependency and address persistent service delivery gaps.

Advocacy and data generation towards policy: Advocacy and data generation are central to the Partnership's efforts to strengthen Government commitment, improve resource allocation, and address barriers to reproductive health services. Through initiatives like the Compact, the Partnership has encouraged the DRC Government to pledge $5 million annually for commodity procurement, although actual contributions have yet to consistently meet this target. Engagement with policymakers and civil society organizations has driven policy reforms, such as enabling the introduction of injectable contraceptives and depot medroxyprogesterone acetate-sub cutaneous (DMPA-SC) through pharmacies, hence broadening access to family planning methods.

Data generation supports evidence-based advocacy and policy development. The Partnership collaborates with the MoH and partners to conduct annual forecasting exercises, highlighting gaps in funding and service provision, particularly in underserved regions. Data-driven advocacy has successfully led to the mobilization of additional resources and the sensitization of policymakers at national and provincial levels to prioritize reproductive health needs, hence contributing to resource allocation and policy adjustments that improve reproductive health outcomes.[40]

[36] UNFPA Supplies Unit KII
[37] MSI KII
[38] UNFPA Supplies Unit & ABEF-ND KIIs
[39] Ibid
[40] UNFPA DRC Supplies Unit and PNSR KIIs

U**se of the Sustainability and Readiness Assessment Tool (SRAT) to identify key areas to focus on sustainability**: Since 2022, the SRAT has been integrated into planning and evaluation processes, helping to identify systemic barriers and prioritize actions for sustainability of reproductive health programming. SRAT assessments have revealed persistent challenges, such as poor infrastructure, limited human resources, and unreliable data reporting, which contribute to supply chain inefficiencies and service delivery gaps.[41] Despite these obstacles, SRAT has provided actionable insights for aligning programme planning with evidence-based priorities.

For instance, SRAT analysis in 2024 highlighted opportunities for domestic resource mobilization from mining companies such as Kamoto Copper Company (KCC), Mutanda Mining S.A.R.L (MUMI), and Tenke Fungurume Mine (TFM), represented by IDAK (Sustainable Investment in Katanga Province). These resource mobilization initiatives demonstrate that SRAT is a tool with potential for guiding strategic investments and addressing systemic barriers that, in turn, can contribute to enhancing the sustainability of reproductive health programmes in DRC.[42]

Relevance and utility of key financial tools (Match Fund; Bridge Fund): The Match Fund and Bridge Fund are critical financial tools for supporting the predictability and sustainability of reproductive health programmes in DRC.[43] The Match Fund co-financing model, activated in 2022, leveraged the Government's $2.1 million contribution, increasing overall resources for contraceptive and maternal health supplies. However, there have been inconsistent Government contributions in subsequent years, (as no fund has been disbursed in 2023 and 2024) limiting its effectiveness and underscoring the need for stronger political commitment and improved financial planning to maximize impact.[44]

DRC also benefited from the Central Emergency Response Fund (CERF) as a financial buffer to ensure timely procurement and distribution of commodities, mitigating supply chain disruptions. In 2023, it played a pivotal role in delivering emergency reproductive health kits to conflict-affected regions like North Kivu and Ituri, ensuring that displaced populations received life-saving supplies during crises.[45] While these tools have demonstrated their value, their long-term impact depends on consistent domestic contributions and coordinated resource mobilization efforts to ensure sustainability.

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 new governance structure, global, and country level: Although the Partnership lacks a formal governance body in DRC, governance is effectively coordinated through the MoH, with participation from United Nations agencies (WHO, UNICEF), key partners (USAID, World Bank, Global Fund), and local NGOs (SANRU, ABEF-ND, DKT, TULANE, MSI, AFRIYAN). Governance is primarily managed through technical working groups, which address thematic issues like forecasting, SCM, and service delivery.

A. Strengths

[41] SRAT reports 2022, 2023 & 2024
[42] UNFPA Supplies Unit KII; Rapport SRAT 2024
[43] UNFPA Supplies and PNSR KIIs
[44] UNFPA DRC Supplies Unit KII
[45] UNFPA DRC Supplies Partnership Report 2023

- **Collaborative platform**: Technical working groups, such as the multisectoral CTMP, facilitate collaboration among diverse stakeholders. These groups ensure accurate forecasting, coordinate commodity acquisition, and address supply chain challenges, reducing stock-outs and overstocking issues.
- **National and provincial engagement**: Governance mechanisms exist at both national and provincial levels, fostering improved coordination and decision-making across different tiers of the health system. This multilevel approach enhances collaboration among stakeholders and ensures alignment of efforts.
- **Knowledge sharing and problem solving**: Regular engagement within technical working groups enables stakeholders to share knowledge, identify challenges, and develop solutions collaboratively, strengthening the overall program implementation process.[46]

B. Weaknesses

- **Lack of formalization**: The absence of a formal governance structure limits clarity in roles and responsibilities, which can lead to inefficiencies and gaps in accountability.
- **Dependence on stakeholder engagement**: The effectiveness of the governance process relies heavily on the active participation of partners and NGOs. Variability in engagement levels can undermine the consistency and effectiveness of decision-making. For example, inconsistent participation of some stakeholders in successive meetings related to a specific subject often result in delays of consensus building and decision-making as points discussed in previous meetings are brought back by those who were absent at previous meetings.

Coordination and synergies among relevant actors: Coordination and synergies among actors are essential for addressing logistical and infrastructural challenges in delivering reproductive health services. The MoH leads these efforts with support of the Partnership through the Strategic Plan for Family Planning, harmonizing SCM with donor support to reduce duplication and address inequities.

Some key strategic collaborations that enhance the impact of the Partnership programming are:

- **Civil society organisation (CSOs)** – The Partnership works closely with CSOs such as Femmes et Santé pour le Développement Intégré (FSDI), SANRU, and ABEF-ND to expand service delivery to underserved and conflict-affected areas. These CSOs play a vital role in community-based contraceptive distribution and family planning advocacy, bridging gaps between the formal health system and communities to enhance trust and service uptake.

- **International organizations:** Partnerships with USAID, WHO, and UNICEF improve the supply chain by funding procurement and ensuring last mile delivery. For example, USAID funds contraceptive procurement, while the Partnership ensures last mile delivery. Regular coordination meetings organized by the Partnership and the MoH address stock levels, supply chain bottlenecks, and emergency responses. Donors such as the **Bill & Melinda Gates Foundation**, the **European Union**, and the **Global Fund** align their contributions through the Partnership framework, pooling resources to reduce administrative burdens on the MoH.

[46] UNFPA Supplies Partnership Annual Report 2021; UNFPA Supplies Partnership Annual Report 2022

- **Humanitarian partnerships:** In conflict-affected areas such as North Kivu and Ituri, the Partnership collaboration with WFP ensures timely delivery of reproductive health supplies, including mobile clinics and dignity kits.

Despite progress, challenges like differing partner priorities and funding uncertainties persist. However, the shared commitment to improving reproductive health outcomes fosters ongoing dialogue and collaboration, improving access to services across DRC.

Adequacy of human resources for the implementation of the Partnership: Human resource gaps at national and sub-national levels hinder the effective implementation of the Partnership interventions. Nationally, a shortage of skilled personnel in forecasting, procurement, and logistics contributes to stock-outs and inefficiencies. At the sub-national level, many health facilities lack trained staff to manage inventories, maintain cold chains, and deliver quality services. For example, in Kasai, many health centres are unable to store temperature-sensitive commodities like oxytocin, leading to product degradation.

The Partnership addresses these gaps through capacity-building initiatives. For example, training workshops in provinces like in Haut-Katanga have led to improved inventory management and supply chain monitoring. Partnerships with organizations like SANRU bolster last mile delivery logistics. While these efforts have improved outcomes in targeted areas, systemic shortages of trained personnel and infrastructure limitations continue to impede full implementation of the Partnership's interventions across DRC.

The extent to which the different pillars/strategic objectives are linked and contribute to each other: The Partnership's four strategic objectives—availability and choice of commodities; supply chain strengthening; government commitment; and operational effectiveness—are closely interlinked, creating a holistic approach to advancing reproductive health outcomes.

- **Availability and choice: The** Partnership procurement efforts and policy advocacy have introduced LARCs like implants and IUDs, expanding method choice in underserved regions. Policies enabling injectable contraceptives through pharmacies further diversify access points have also been facilitated through the Partnership. Final year students in nursing and midwifery schools are also used as community based distributors of modern family planning methods including injectables and implants hence improving contraceptive uptake in their areas of jurisdiction

- **Supply chain strengthening:** Addressing customs clearing, warehousing and transportation inefficiencies, a focus for the Partnership in DRC, has improved last mile delivery. Collaboration with partners like SANRU ensures reliable distribution to conflict affected areas, reinforcing advocacy for increased efforts to diversify strategic partnerships.[47]

- **Government commitment:** Advocacy supported by data from forecasting exercises has led to the government's commitment under the Compact to contribute $5 million annually for commodity procurement. Though contributions remain below this target of $5 million, this represents progress toward financial sustainability.

[47] UNFPA Supplies Partnership Report 2022

- **Operational efficiency:** Integration of technical assistance to the MoH, forecasting improvements, and community-based initiatives throughout the country ensures that these pillars collectively reinforce each other. This integration enhances the Partnership's capacity to address reproductive health challenges sustainably, even in DRC's most underserved and conflict affected regions.

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 of the Partnership with the country programme and other UNFPA initiatives in the country: The Partnership aligns closely with UNFPA country programme and related public health initiatives, adopting an integrated approach to addressing reproductive health challenges in DRC. This alignment strengthens synergies across actors, particularly for underserved populations and those affected by crises. The Partnership complements key pillars of the UNFPA country strategy by increasing access to contraceptives, addressing sexual and GBV, and reducing maternal mortality. It ensures the availability of essential commodities such as contraceptives, safe delivery kits, and post-rape care kits, which are particularly critical in conflict-affected areas like North Kivu and Ituri.[48]

The Partnership leverages existing health infrastructure, such as the vaccine cold chain system, for distributing maternal health commodities thereby optimizing resources. Capacity-building initiatives including strengthening the supply chain and equipping personnel with skills in inventory management, forecasting, and digital tools help improve overall resilience of the health system to address some of the challenges it faces.[49]

In humanitarian contexts, the Partnership integrates reproductive health services into broader public health responses. Collaboration with organizations (such as WFP and UNICEF) addressing malnutrition and water, sanitation, and hygiene (WASH) issues ensures provision of a comprehensive package of care, including emergency reproductive health and dignity kits.[50] Advocacy efforts further align with national priorities, influencing policies and mobilizing resources to support UHC and sustainable health financing. These advocacy initiatives contribute to a cohesive strategy for resource mobilization and policy development in view of the long-term sustainability of health programmes in DRC.

Added value of the Partnership and complementarity with the work of other relevant Global Health initiative (GHI): The Partnership provides targeted support to fill critical gaps in reproductive health services, complementing the efforts of GHIs. By focusing on the availability of reproductive health commodities such as emergency contraceptives and post-rape care kits, the Partnership addresses needs that are often overlooked by other initiatives, particularly in underserved regions like Kasai.

Efforts to strengthen supply chains and address systemic inefficiencies contribute to enhancing service delivery and align with broader HSS initiatives. For example, capacity building activities improve forecasting and distribution including tools such as Channel software, complementing WHO-led efforts to bolster health systems. Advocacy and resource

[48] UNFPA DRC Supplies Partnership Report 2023
[49] MSI KII
[50] PNSR and PNSR Kongo Central KIIs

mobilization initiatives, such as the Compact agreement, amplify the impact of GHIs by encouraging domestic contributions and by aligning donor priorities with national needs.

Collaboration with GHIs creates mutually reinforcing impacts:

- The **Global Fund** focuses on HIV prevention through condom procurement, while the Partnership integrates condoms into reproductive health services, addressing both HIV prevention and family planning.
- **Gavi** collaborates with the Partnership by leveraging the vaccine cold chain system to store and distribute temperature-sensitive commodities such as oxytocin, enhancing efficiency.
- **USAID** focuses on procuring reproductive health commodities through NGOs, while the Partnership integrates these into government-led supply chain systems, fostering sustainability.

The Partnership's collaborative approach ensures reproductive health remains a core component of health initiatives, fostering sustainable progress.

Complementarities of the Partnership with demand generation activities: The Partnership operates in synergy with demand-generation initiatives, ensuring commodities are available to meet the needs generated by outreach efforts. By strategically positioning itself either through funding specific initiatives or working in areas not covered by others' intervention, the Partnership demonstrates active work towards increased complementarity. This alignment enhances programme effectiveness and expands access to reproductive health services. There are multiple examples of these complementarities, notably:

- **Alignment with community outreach and media campaigns:** Demand-generation activities led by CSOs such as SANRU, ABEF-ND, and FDSI, as well as youth-focused organizations like AFRIYAN, raise awareness and promote the use of reproductive health services through community outreach and mass media campaigns. For instance, youth-targeted campaigns encourage adolescents to access contraceptives and other services. The Partnership ensures that commodities such as oral contraceptives, injectables, and LARCs are stocked at health facilities, preventing stockouts and enabling individuals motivated by these campaigns to access the services they need.[51]

- **Strengthening service delivery points:** The Partnership strengthens health facilities by training health workers to manage inventory and expand contraceptive options, hence ensuring that facilities are prepared to handle client volumes generated by awareness efforts.[52]

- **Support for outreach in remote areas:** Mobile clinics stocked by the Partnership provide reproductive health services in isolated regions, bridging access gaps. In Equateur province, this approach has significantly improved access to health services in areas with limited infrastructure.[53]

[51] AFRIYAN KII
[52] Kongo Central DPS KII
[53] ABEF-ND KII

- **Youth-focused reproductive health services:** The complementarity between the Partnership and demand-generation activities is particularly evident in youth-focused initiatives. Campaigns promoting adolescent-friendly services emphasize the use of condoms and emergency contraceptives. The Partnership aligns with campaigns targeting adolescents, ensuring availability of commodities like condoms and emergency contraceptives at youth-friendly centres such as urban youth centres in Kinshasa.[54]

- **Integrated approaches to reproductive health delivery:** The Partnership advocates for integrated approaches that link demand-generation and supply-side efforts. For example, in regions like Kasai, collaboration between the MoH's campaigns and the Partnership has improved resource allocation and streamlined service delivery.[55]

- **Addressing logistical and systemic barriers:** While demand-generation activities tackle cultural and social barriers to service uptake, the Partnership addresses logistical and systemic challenges. For example, by improving cold chain systems, the programme ensures temperature-sensitive commodities like oxytocin reach facilities even in remote areas. This complementarity is evident in South Kivu, where reliable stocks for safe deliveries support ongoing maternal health promotion efforts.[56]

This complementarity ensures increased awareness translates into greater access and utilization of services, particularly in underserved regions.

The extent to which the humanitarian development nexus is considered under the Partnership: The Partnership bridges humanitarian and development strategies to address immediate reproductive health needs while building long-term system resilience.

- **Humanitarian interventions:** In regions like Ituri, North Kivu, and South Kivu the Partnership prioritized distributing emergency reproductive health kits and establishing safe spaces for women and girls. These efforts contributed to safeguarding health and dignity during crises, offering medical care and information on reproductive health.[57]
- **Development strategies:** Investments in SCM, such as expanding the LMIS and training personnel, contributed to improved service reliability and equity. These measures helped reinforce the health system's capacity to address future needs.[58]
- **Policy integration:** The incorporation of family planning services into the national health strategy has institutionalized reproductive health as a core component of the healthcare system, promoting sustainability.[59]

By linking immediate responses with systemic improvements, the Partnership aims at ensuring that reproductive health services are resilient and equitable, even in protracted crises. This comprehensive approach reflects a commitment to advancing outcomes in DRC, addressing urgent needs while strengthening long-term capacity.

[54] UNFPA Supplies Unit & AFRIYAN KIIs
[55] UNFPA DRC Annual report 2022 & 2023
[56] Ibid
[57] UNFPA DRC Annual report 2022 & 2023
[58] Ibid
[59] Ibid

4 Conclusions

The Partnership in DRC has achieved significant progress in addressing reproductive health challenges, demonstrating its adaptability to the MoH priorities and constraints. It plays a pivotal role as the primary supplier of reproductive health commodities, providing technical and financial support to strengthen the national supply chain system and reproductive health commodities forecasting. Capacity building initiatives have bolstered the commitment of the MoH to reproductive health and fostered collaboration among stakeholders, while efforts to improve delivery mechanisms have enhanced access to services at national and provincial levels.

Despite these accomplishments, critical challenges persist that fall outside of the Partnership's area of action. These are the inadequacy of transportation infrastructure and the lack of financial resources to distribute commodities below the provincial level. Additionally, shortages of trained personnel, insufficient equipment, and poor data quality limit the accuracy of forecasting and the delivery of quality reproductive health services. Furthermore, the lack of resources (from both Government and the Partnership) to cover landed costs presents a significant obstacle to the Partnership's ability to meet its commitments.

The evidence from the DRC country case study affirms the Partnership's alignment with the theory of change and highlights its essential contribution to the country's health system. Addressing systemic issues through sustained investment, enhanced coordination, and targeted capacity building will be critical to ensuring equitable access to reproductive health services, particularly for underserved and crisis-affected populations, and to further solidify the Partnership's long-term impact and sustainability.

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	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. 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).				

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 **1.1.1** Extent to which the Partnership establishes detailed responsibilities and commitments of all stakeholders. **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. **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. **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.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
In accordance with this agreement, the parties undertake to: Jointly report on progress in accordance with this Act, including Annex A ; to keep each other informed of all relevant activities relating to the implementation of the activities of this agreement; consult each other, where necessary, on all Yes relevant issues relating to this act; identify areas of common interest likely to lead to mutual collaboration.	République Démocratique Du Congo (RDC) Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg8)
Because it's the “santé de la reproduction” (SR) package that takes care of us. So far, it doesn't cover maternal and newborn health, or care for newborns. You can see that it doesn't cover all the SR packages. In terms of coverage, here in Kinshasa we're not at 100%. We must have around 1158 maternity units in the DHS2. It's the software that helps us report. But you will see that the “De la couverture de santé universelle » (CSU) has only contracted with 358 healthcare establishments. Which already makes a difference. It's not even 50%.	KII with Direction Provincialle de la Santé (DPS)
When you look at Kinshasa today, it is estimated that there are around 6,000 healthcare establishments in the city. 6,000 establishments. So, practically in these establishments, we take care of the mother and the new-born babies. But there are only 350 establishments that have signed a contract. You can already see the loss. Many women go to	KII with DPS

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.	
establishments that have not signed a contract. And there, until now, the beneficiaries, the mother and child, have had to pay for the care. There's still an obstacle. There is a cost that has to be paid. The cost to the beneficiaries is still enormous. We need to narrow this gap.	
Overall, in the Congo here, the costs known as "Gestion des Approvisionnement et des Stocks" (GAS) costs, including the costs of managing purchases and stocks, are estimated by PNAM through a workshop at around 54%. But in the 54%, when I look at it, they have included certain costs such as product distribution, they have included certain percentages for supervision, everything. But when I take all that out, we're talking about 45%. In other words, w**hen products are bought for USD 100, you have to allow around USD 45 for customs clearance, storage and distribution. And the challenge in this case is the lack of resources at the Country Office.**	KII with UNFPA
And one of the consequences is that the products may arrive at the port, by the time we're looking for the money, the demurrage will cost or well t**he products may arrive, be in the warehouse, but we don't have the money to take part in the field.** So those are the challenges.	KII with UNFPA
There is an exchange. It's true that at one point he had a branch and a representation of UNFPA. That closed in 2012, I think. When he had a branch, it was easier because everything we did went through the branch. Technical work, drawing up Annual Work Plans (AWPs). There was a team on site. But we closed the branch. Some time ago, there was also a respondent from UNFPA. Even if it wasn't all about reproductive health in general, it was more about sexual violence. But apparently, he was called back to Kinshasa again. We no longer have any information. But we're doing emails and telephone follow-ups.	Programme National de Santé de la Reproduction (PNSR) Province du Kongo Central (PROV KC)

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)
Indicators **1.4.1** Human rights-based approaches and gender transformative approaches are embedded within the design of the Partnership and effectively implemented. **1.4.2** LNOB principles are embedded within the design of the Partnership and effectively implemented. **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.

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)	
OBSERVATIONS	**SOURCES OF EVIDENCE**
The Partner is committed to upholding the nine principles relating to fundamental rights and intends to use this deed to strengthen respect for these principles with a view to helping the most vulnerable populations.	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC Et UNFPA". (pg3)e
The missions pursued by this partnership are: 1. **To create a world where everyone has access to quality contraceptives and other maternal and newborn health products they need. 2. Contribute directly to the third SDG - ' to enable all people to enjoy a life of good health and promote well-being for all at all ages**', as well as to the fifth SDG - 'to achieve gender equality and empower all women and girls.'	Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg3)
The Partner undertakes to advocate for increased attention to and accountability for the rights-based approach and gender mainstreaming in national reproductive health and family planning programmes, where appropriate.	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg9)
At country level, it's first of all **UNFPA which supports us by providing contraceptives and then funding to carry out our activities in the field.** We have activities with young people because we focus on the health of adolescents and young people with health and reproduction programmes for young people.	KII with Association pour de Bien-Etre familial – Naitssances Désirées (ABEF ND)

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)	
We also provide services. Above all, **we work with marginalised, vulnerable populations.** ABEF has six clinics of its own.	
And we fund the DPSs to **provide family planning services in the field. Especially for vulnerable or marginalised people. Working with people with physical disabilities and even those who are visually impaired, street children, street girls, and everything. Really, community.** We have the DPS for that. We have the Marie Stops NGOs, like ABEF and others, who work in the field with funding from UNFPA Supply to recruit new users of modern family planning methods.	KII with UNFPA
But given the current situation, we can't really do it for the whole country systematically. That's why I've **chosen priority provinces where the contraceptive prevalence rate is low, and we need to increase it. We can concentrate the few resources we have there, and we are encouraging NGOs to supply the others where they are based.**	KII with UNFPA
They are on the Equateur side, they are on the Maï-ndombe side, in the Kwango, where they use drones to send the products to the DPS. In the east, it's impossible because a drone flying medicines there in the context of the conflict won't get through. Even in Maï-ndombe, where we have Mobondo and all that. So, it's really, certainly, we're going to base ourselves on Ecuador where we **send the products to the DPS and from there the drones can take, fly over the rivers, the forest to drop off the products to further increase accessibility.** We're going to be working with Village Reach next year, and gradually we'll be trying to see how we, UNFPA, can get staff to manage these drones. Which isn't impossible, because Madagascar does that.	KII with UNFPA
These are activities in schools with pupils as part of a programme we have, the Women's Leadership Academy programme, which we are currently evaluating from the first cohort. It's a programme that was set up to try and help **solve the problem of the low representation of women in decision-making bodies**. But we realised that young women's careers take time.	KII with African Youth and Adolescents Network on Population and Development (AFRIYAN)

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 focus of the Partnership on availability (75% of funds) versus access (15% 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. 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.				

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.

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.	
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. **2.1.5** Functioning mechanisms/processes for quality assurance and quality control for commodities/products procured and shipped with support of the Partnership. **2.1.6** Downward trend in instances of sub-standard quality and delays in shipment of products/commodities. **2.1.7** Examples of innovation in reproductive health/family planning commodities and products procured. **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.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
A standard, harmonised contract for contracting with the Regional Distribution Centres (CDR) has been drawn up by the PNAM in collaboration with the CDRs and DRC UNFPA CO. This form will be used by the Government as part of its contractual arrangements with the CDRs, which will make it possible to benefit from reduced storage costs.	Democratic Republic of the Congo (DRC), 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg4)
The **pooling of contraceptive distribution between Chemonics (USAID) and UNFPA in the Haut Katanga provincial health division has made it possible to rationalise the availability of products in the health zones and reduce logistics costs.**	Ibid (pg6)
The strategic objectives of this Partnership are to: increase the availability of contraceptives and other products of quality-assured maternal and newborn health care	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg4)

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.	
In accordance with this agreement, the parties undertake to : Working together to contribute to the availability and accessibility of contraceptives and maternal and newborn health products for women, adolescents and young girls in the DRC	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg8)
The Country Office is committed to "working with the Government and other relevant partners to develop country plans for the supply and distribution of contraceptives and other maternal and newborn health products".	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg8)
Challenges identified: - The project started in November 2019, and it was also during this period that COVID-19 began, leading to the closure of borders, thus making it difficult to transport products and therefore lengthening delivery times with an increase in costs related to the supply of commodities. **- Increase in global demand for certain products such as implants, exceeding the supplier's production capacity.** These are particularly the implanons for which the products were not always available in sufficient quantities and the delivery times had thus become long, up to two years. **- The DPS in the intervention areas supported by the project's implementing partners are unable to estimate their needs, thus leading to overstocking or stock-outs.** - **Insufficient adequate storage space for the management of commodities according to storage standards**	UNFPA, 2022. "Rapport Annuel Du Projet PROMIS-PF - Periode 2021". (pg5)
This activity will: improve the supply of FP services, increase modern contraceptive prevalence, bring FP services closer to the community, make FP services available in the health authority or health centre that has not integrated them.	RDC Ministère De La Santé Publique, 2023. "Rapport Des Mini

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.	
	Campagnes PF Réalisées Et L'offre De Service PF Par Les Distribution à base communautaire (DBC) Dans La DPS Sankuru Au Mois De" (pg3)
Of particular note is the **introduction of new essential drugs:** Carbetocin and Tranexamic acid in the treatment of post-partum haemorrhage. These two compounds are still in the implementation phase.	Report 2023 - Workshop to Quantify the Needs of Contraceptives and other Maternal Health Medicines 2024-2026 (pg5)
We are dependent on Indo-Pakistani products. You can see that these are products that are somewhat on the market. In any case, these products have a problem. Normally, everyone should be able to obtain supplies from the CDR distribution centre. But this is not the case. **People are getting their supplies from here and there. I wouldn't say they're really good quality.** I don't want to say that they are good quality products, especially as not everyone goes through the CDR.	KII with DPS
When the national level has drawn up the plans, the national requisitions, a distribution plan is drawn up at the same time. So when the distribution plans are drawn up, they go to the CDRs in the provinces. The CDRs are now starting to distribute. That's according to the medicines I mentioned, the medicines that are bought by the partners, managed by the partners, including USAID, UNFPA, CHEMONICS and others. That's how it's done.	KII with DPS
UNFPA is the major supplier of products here, SR, in the DRC. I think it's followed by USAID. **But the big supplier is the UNFPA. Even the Government gives to it, it buys for the Government.** **He buys for the Government**. He's the big partner. The others, over there, you can see the breaks. But in any case, the UNFPA is often sought out.	KII with DPS

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.	
If we show you the statistics, for example, that we have **in terms of products, commodities received from UNFPA, you'll see that the curve has fallen**. There are many factors that explain this. Maybe you can see that, but there are a lot of factors. But when that doesn't hold, **we have to recognise the fact that there is still a very great improvement and the availability of products is assured.** "Santé Sexuelle et Reproductive » (SSR) products are guaranteed.	KII with DKT
They have sometimes run out of stock. But when products are available, they don't hesitate to make them available. And we at DKT, as an NGO, do social marketing, in other words we create demand. When we communicate about reproductive health, we communicate. That's also our strength, talking about contraception and creating needs. So sometimes we need more products, but unfortunately, given certain constraints like that, we still manage to get what we need. So it has to be said that when it comes to availability, **even though products may arrive late, even though there may be a few shortages, they do arrive in the end**.	KII with DKT
In your opinion, when the quantification is done, does UNFPA with the partners who are voluntarily involved in this process manage to meet all the needs that are identified? I can say yes. Not UNFPA alone. With all the other partners, we're managing to meet needs to some extent. There is still a lot of unmet need for family planning. But a **good proportion of women's needs are also met by the support or whatever is put in place by its partners, UNFPA, DKT, USAID and others. We manage to cover people's needs fairly well**.	KII with DKT
The UNFPA alone takes a fairly large share, a very small majority. Well, maybe 50%, but that's a lot. I think that what you've just said is that, **generally speaking, it's UNFPA that comes out on top**.	KII with DKT
There is also a group, a medicines committee in each province which, at **the appropriate time, quantifies the need in each province and centralises it, then brings it to the UNFPA level, which together with the Government validates the need**. And we think it was very important to take this approach of quantifying the need beforehand in order to make a prior assessment of the need at grassroots level, because we notice that from the top to the bottom, we have a whole chain of communication where there are community relays, there are service providers who are in contact with the patient, and if the patient doesn't come to the structures and offers of care, there are community-based distributors who can also go there. Because each partner who receives the UNFPA product also has its own policy and approach. There are distributors who will raise awareness and sometimes also offer the service at their base and sometimes if **UNFPA really has a certain quality of products and also has their marketing also**	KII with Association de Promotion de la Santé de la Mére et de l'Enfant (APSME)

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.	
have other products that are also attracted, all this is to make available to customers of all kinds and then good quality.	
Assessment of the volume of reproductive health products offered by UNFPA, compared with the needs: In reality it doesn't correspond, we know that the people in the field say that the needs are so enormous, we understand UNFPA also says that these are your orders that I'm doing it and we understand sometimes in discussions in meetings sometimes it's the time that it takes and our state partners don't understand these policies when UNFPA orders it can take six months it can take as long, UNFPA in its policy knows that it is given in relation to six months while waiting for the order to arrive, but its state partner has to manage the product properly and it's the management that poses the problem and that's the centre of any discussion. We understand that they get together to do the quantification, UNFPA executes but their management on the ground is what's not normal, UNFPA says I have to order the management report and sometimes the management report doesn't follow and we don't know how to order until we know how much we're going to consume, how much we had and there's an adequacy in relation to that and UNFPA at least respects its order deadlines.	KII with APSME
UNFPA is one of the partners that makes things easier when it comes to contraceptives and the purchase of products. we have a promised programme in which we have defined clauses with UNFPA. But beyond that, UNFPA provides additional products. But now, in terms of the actual management of products, UNFPA is not very involved. Once they've given the contraceptives, they're no longer there to provide security. So sometimes they may even give you products that you didn't ask for. This poses security problems.	KII with Tulane University (TULANE)
You store products that you don't know how to use. Inconsistencies can occur. For example, you have DMPA-IM. **We will send you DMPA-IM, but with a number of syringes that far exceeds the quantity of DMPA-IM. Once you've placed your order, you'll receive more than you asked for**. For example, at one point in the programme, we had a contract for the cycle collar, but they ran the programme for two years without being able to give out the collar. But the day they came to give it; they gave all the quantities.	KII with TULANE

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.	
It's true that UNFPA has made things a little easier for us. They have agreed to supply us with certain contraceptives in certain provinces. North Kivu and Haut Katanga in particular. But after that, you have to go to Lualaba, for example. You have to go elsewhere. You have to use partners' resources. Sometimes it's a bit heavy. It weighs down. So there you have it.	KII with TULANE
We take part in the national quantification exercise. But for the last two years, we have not been invited to take part in this national quantification exercise.	KII with TULANE
We don't manage to see everything we've planned. But the more people are involved, the more everyone knows how much they can do to improve coverage. **There's this exercise that needs to be done, and on the other hand, we need to improve the quality of the data, don't we? If th**e consumption data comes back, I think we'll have forecasts that are more or less accurate. And, thirdly, I think the question will be answered. It's much better than the estimates of the base's needs. That's much better. Because at the end of the day, it ends up creating a certain passivity. Those at operational level don't feel obliged to do this exercise. But they are only obliged to use the contraceptive.	KII with TULANE
Sometimes they place the order. Sometimes they don't even place the order. It's the central office that decides whether to give such and such a quantity, or to give such and such a quantity. **Sometimes it doesn't meet the need. We end up with situations where there is overstocking and situations where there are stock-outs. So that's what I can say about that.**	KII with TULANE
When a quantification has been made, at a given point in time, **it is impossible to assess the extent to which this quantification has been achieved. And that's one of the major challenges of this exercise.** It's all very well to make quantifications, but if after 3 chains, you're making quantifications without being able to evaluate, that poses problems.	KII with TULANE
UNFPA is one of the major suppliers, and they deliver products to many projects, not just the Promis project, there are other projects being carried out with ABEF-ND and others, and **they even manage to give products in certain health zones, even if there isn't a project**, but they do give. So UNFPA is well known in the DRC for its work in supplying contraceptives.	KII with TULANE
It's true that UNFPA is a great partner, but there's also a fairly negative image of UNFPA, for example, the issue of certain products that are close to expiry, that are delivered, that doesn't give a good image, sometimes the delay in delivery. For example, the Government, we have an advocacy framework here that works	KII with TULANE

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.	
with the Government to try to get Government funding for the purchase of contraceptives, and there is an organization that buys, which is UNFPA. But sometimes orders are delayed, so an order is placed, but the product is delivered two years later, and that doesn't give UNFPA a good image.	
There's UNFPA, there's USAID. Here in the DRC. First there's UNFPA, then there's USAID and then there's the Government. Because the other donors are DKT. There are DKTs, but KTs sell products. This is social marketing. So, at some point, when we don't have any products at UNFPA, we also buy from DKT. There's UNFPA, USAID and KT. These are the three suppliers of products here in the DRC. **And the Governments, at some point, but the Government's money goes through UNFPA because UNFPA buys for the governments.** We currently have the CAFI project about to start. And as part of the implementation of the CAFI project, there is also the purchase of contraceptive products for three years. For the three years it will cover UNFPA and consortium projects. The money will be channelled through UNFPA and the KTs to buy the products	KII with ABEF ND
This consumption can be calculated quarterly or half-yearly. For UNPA products, delivery is not really automatic. We have difficulty calculating consumption. It doesn't allow us to make the order. It's really difficult. We can estimate, we start with estimates. As we go along, we'll deliver and then we'll have real consumption figures. We're going to calculate the real consumption.	KII with Zone de Santé (ZS) NSELE
Sometimes you order the products, and you receive them a year later. For delivery times of 3 to 5 months, you can end up with 12 months or more. And this means that some partners may lose confidence in you, in your ability to buy. And that's really what we're talking about when we buy internationally to come to the country. The Government was completely angry with the 2.1 million.	KII with UNFPA
The challenges we face in terms of supply chains, in addition to these GAS costs, are the **administrative red tape, as I said, for customs clearance. It's huge that it doesn't take nearly three months to clear products through customs. It creates a lot of problems**.	KII with UNFPA
Estimate the quantities that have expired: The DPSs, w**hich are at our front door, where we have staff, we manage to do it because every quarter, with the plan, we finance what we call the follow-up with the last mile Insurance tool, where we actually go into the shop to do this whole exercise. But on a national scale, no.**	KII with UNFPA

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.	
It would be very expensive to go to every health facility to find out what's going on. We didn't do it this year, but we will next year. Every two years, we have the "Sécurisation des Produits de Santé de la Reproduction" (SPSR) study, the reproductive health product safety study, funded by the UNFPA Supply Partnership, which allows us to carry out this study on a national scale.	
This year, 2024, to be as close as possible to reality, we apparently haven't received any funding from UNFPA. In the cases where work has been done, technical sheets have been drawn up, but in any case, things have not come to fruition.	KII with PNSR PROV KC
I think that UNFPA has really moved closer to the Reproductive Health Programme and the National Drug Supply Programme. So at that level, I think they are very close and that they are allying themselves, that they are taking into account the real needs of the country. The **difficulty, as we said earlier, is perhaps the level of funding.** There is even a survey that we used to carry out regularly, the Health and Reproduction Product Segregation Survey. PNAM was in charge. It was a good survey because it questioned the structures and even the beneficiaries. We went into the health zones and people gave their opinions on the differences. It was interesting all the same. And it gives an idea of the activities in relation to those who want the country and those who share the same opinions.	KII with PNSR PROV KC
So the big challenge is to ensure that the product is available on time, and in sufficient quantity to be absorbed by the structures. Otherwise, there's the fear of expiry. If all that, we really have to... And in any case, there are inputs that sometimes come close to expiry. Sometimes close to expiry. Even from partners. It's a bit like all that. We make the services available to the various programmes. That's what we do. And the system requires the partners who support the DRC to align themselves with the system, with the organization that has been set up, through which we can get medicines to the grassroots level.	Central d'Achat et d'Approvionnement en Médicaments Essentials du Kongo Central Ouest (CAAMEKO)

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 **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.

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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 (New and lesser-used) 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**
Provides family planning services in humanitarian situations to women and girls living in IDP sites in the provinces of North Kivu, South Kivu and Ituri, through mobile clinics and community-based distribution	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg2)
Support for capacity-building of providers to create demand for and supply of family planning services to increase contraceptive prevalence in the provinces of Maniema, Kasaï, Tshopo and Sankuru in medical facilities.	Ibid
Organization of a workshop to **quantify needs for commodities, including contraceptives and other maternal health medicines. During this workshop, the country adopted the QUAT quantification software for future** estimates and quantification of needs.	Ibid
Support for the PROMIS project funded by FONARED/CAFI to offer family planning services, including the availability of contraceptive products at the last mile for use by vulnerable people as a response to the preservation of the environment and forests	Ibid
UNFPA contribution to achieving the three **transformative results** consisted of offering family planning services, particularly to the most vulnerable (...). Over 2,500,000 women of childbearing age have benefited from family planning services, 30% of them adolescents and young people. These services have prevented 1,695,253 unwanted pregnancies, 411,900 unsafe abortions and 5,952 maternal deaths. Contraceptives worth USD 9,300.00 were distributed, producing 3,639,705 Couple Year Protection.	Ibid. (pg3)
Family planning services were also offered by the Military Reproductive Health Programme (PMSR) in the garrisons of the province of Kongo Central (Mbanza ngungu, Boma, Matadi, Kitona). Among the women and girls who received family planning services in the military garrisons, 37% of **new acceptors** were in the 20 to 24 age group, and the oral	Ibid

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method (COC) was most commonly used (41%), followed by Sayana press (29%) in this age group. We also note that among the new acceptors in these three garrisons, 1406 new acceptors, or 30%, are in the 10 to 19 age group, which alerts us to the intensification of activities among young people and adolescents in military garrisons.	
There are still problems with the provision of post-partum planning (PFPP) and community-based distribution (CBD) services (lack of equipment and motivation for CBD agents)	Ibid. (pg4)
The implementation of scale-up in the province of North Kivu has made it possible, through **mobile clinics, to increase the access of internally displaced populations to the contraceptive methods of their choice.** With the AFRIYAN and ABEF, family planning services have been offered to adolescents and young people, people living with disabilities including adolescents and young people, and adolescents and young people living with HIV	Ibid.
In terms of strategic and special partnerships, **UNFPA Supplies has supported the provision of contraceptive products and other maternal health medicines to implementing partners. A large proportion of UNFPA resources have been allocated to partners**	Ibid. (pg5)
Provision of sexual and reproductive health/family planning services coupled with community awareness-raising in targeted health zones in 7 provinces: Kinshasa, Kongo Central, Kasaï-Central, Equateur, Haut Katanga, Sud Kivu and Tshopo, where more than 350,000 people were made aware of family planning.	Ibid.
It is with this in mind that the PNSR, in collaboration with the technical and financial support partner UNFPA, is organizing the above-mentioned activities in the 2 ZS (KALIMA and KIBOMBO) for the activity on the capacity building workshop for providers in the surveillance of maternal and perinatal deaths and the response; and in 4 ZS (Kalima, Alunguli, Kailo, and KINDU) for the activity on the FP Provider Capacity Building Workshop as well as contribute to the results of the Strategic Plan for family planning to achieve two main objectives, namely: 1. Increase the modern contraceptive prevalence of all women of childbearing age, from 15.5% in 2020 (FPET) to at least 23% by 2025, with an estimated increase of nearly 1.5% per year 2. Ensure access to and use of modern contraceptive methods for at least 5 million women by 2020.	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Rapport Des Activités De ZZT05 Pour La DPS Maniema. Division Provinciale De La Santé, Province Du Maniema". (pg2)
1st Activity Carried out: Training of DPS providers: Training of 102 DPS Maniema providers in family planning from KAILO, KINDU, KALIMA, ALUNGULI health zones	Ibid. (pg3)

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The **training activities** enabled the strengthening of providers for the creation and offer of FP services to increase the prevalence of family planning in Maniema in the medical facilities whose providers benefited from these trainings	IBID. (pg5)
5th Activity Carried out: Capacity building of the KALIMA AND KIBOMBO ZS Leadership Teams Maternal Death Surveillance and Response (SDMPR).	IBID. (pg5)
The objective is to help improve the quality of family planning services by building the capacity of DBCs in the 3 health zones (Kole, Lodja and Bena-Dibele). Specifically, by organising the distribution of free family planning services (FP mini-campaign) in the 15 health districts, i.e. 5 health districts per targeted health zone;	IBID. (pg3)
The mini-campaigns were organised in 3 health zones with the support of "Médecins D'Afrique" (MDA) after training 60 DBCs (Lodja, Kole and Bena Dibele health zones).	IBID. (p11)
Regarding the availability of medicines for maternal and reproductive health, nearly 7 out of 10 (65%) facilities in the health zones surveyed had seven vital medicines for maternal/reproductive health, including the essential medicines oxytocin and magnesium sulphate (...) **In accordance with national policy and guidelines,** 94.4% (IC95%:93-96) of Fosa surveyed offered at least three modern contraceptive methods and 75% (IC95%:72-77) of Fosa offered at least 5 modern contraceptive methods. In particular, 95% of primary-level Fosa offered at least three modern contraceptive methods and 81% of secondary-level Fosa offered at least five modern contraceptive methods.(...) **According to current and regular practices at Fosa level, 94% of Fosa offered at least three methods of modern contraception** (IC95% :92.5 -95.5) and 74% of Fosa offered at least five methods of modern contraception (IC95% :71 -76). In particular, 9% of primary-level Fosa offered at least three methods of modern contraception and 82% of secondary-level Fosa offered at least five methods of modern contraception.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2021. "Rapport final de l'évaluation des indicateurs pour le suivi du programme de sécurisation de produits de santé de la reproduction (SPSR) en République démocratique du Congo." Programme national de la Santé de la Reproduction. (pg5)
Key results: In compliance with regulations : • More than 9 out of ten health facilities offered at least three methods of contraception • The proportion of health facilities offering at least three methods was higher in rural areas than in urban areas.	Ibid. (pg25)

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• More than 7 out of ten health facilities offered at least five methods of contraception. • The proportion of facilities offering at least five methods was higher in the group of secondary-level facilities. In line with the regular offer : • More than 9 out of ten health facilities offered at least three methods of contraception • More than 7 out of ten health facilities offered at least five methods of contraception	
Staff training and supervision: 91% of service delivery points have staff trained in FP and 92% have providers trained in implant insertion and removal. It is in urban areas and in secondary and tertiary level facilities that these proportions are higher for the two types of indicator. In around 9 out of ten facilities, trained staff actually provide FP services. (...) **Less than one health facility in 10 had received FP training for its staff in the two months preceding the survey.** Slightly less than one facility in four had received training between 2 and 6 months, and more than half had received training for more than a year.	Ibid. (pg49)
18. Activity: Organize on-the-job training workshops for providers (doctors, nurses, midwives) in AQA, SONU-B and C at the national and provincial levels - Ongoing but needs persist (Resources to be mobilized) During this year, about 4 training workshops were organized for the benefit of about 120 actors/service providers	RDC Ministère de la Santé publique, Hygiène et Prévention, 2023. "Suivi de l'exécution du Plan d'Action Pluriannuel (PAP) - Dispositif minimum d'Urgence (DMU) DRC 2023-2024." Programme national de Santé de la Reproduction. (pg10)
21. Activity: Organize training workshops for clinical and community providers in the provision of short- and long-acting contraceptive methods at the national and provincial levels - Ongoing but needs persist (Resources to be mobilized)	Ibid. (pg11)
26. Activity: Organize training workshops for providers (doctors, nurses, midwives) on safe abortion procedures and value clarification - Ongoing on a small scale (Resources to be mobilized)	RDC Ministère de la Santé publique, Hygiène et

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	Prévention, 2023. "Suivi de l'exécution du PAP-DMU DRC 2023-2024." Programme national de Santé de la Reproduction. (pg12)
1. Capacity building of health facilities targeted at the provision of "santé reproductive des adolescents et jeunes (SRAJ) services: The objective of these trainings was to improve the access of adolescents and young people to quality SRAJ services. (...) **To achieve this, the specific objectives were to:** train 19 providers from the Matadi and Boma health centres in SRAJ, including the providers from the youth centres; trained 20 health centre providers in AJRS, and trained 20 DBCs in providing community-based contraceptive methods adapted to the needs of adolescents and young people. (...) **Capacity-building sessions for health care facility providers were organized in Kongo Central and Kinshasa.** The approach developed for these sessions was competency-based and was done by rotating station and theme. 4 stations were organized for 4 days, according to the themes used, and strengthened the practical capacities of 19 health providers to offer services by: - Family planning, - Comprehensive Abortion Care Component Postabortion Care (PAC), - Management of STIs/HIV, - Caring for Survivors of Gender-Based Violence	ABEF-ND & UNFPA, 2023. "Rapport final PTA 2023 ABEF-ND-UNFPA: Accès pour tous aux services de la SSR de qualité". (pg2)
As a result, the 20 enhanced health care providers had demonstrated that they had improved their practical capabilities in delivering RAJS services as well as in using the AFriChan app. In total, for the two capacity-building sessions, 39 providers were affected, 19 in Kongo Central as part of the revitalization of youth centres and spaces in Matadi and Boma, and 20 in Kinshasa as part of the improvement of the quality of SRAJ services in health care facilities that offer these services.	Ibid. (pg5)
2. Organization of the training of 20 "pairs-educateurs" (PEs) to set up a core of mentors to launch a performance-based and cluster-based Comprehensive Sexuality Education (CSE) mentorship programme in Congo Central, in the city of Kimpese and in Lubumbashi in Haut Katanga. General objective: - Establish a core of mentors trained in CSE	Ibid. (pg6)

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Specific objectives: - Train 40 mentors (20 Kimpese and 20 Lubumbashi) in CSE - Set up the Mentee Clusters by the trained mentors. (…) **For Kimpese:** This training lasted 5 days and was developed around the 7 modules presented above, however, given the relevance of the SRH theme, a particular focus was placed on SRH, in particular on family planning, STI management and abortion. (…) **In total, after this training session, 300 adolescents and young people were recruited to benefit from Health Education and Counseling (HEC) performance-based and cluster-based mentorship programme. (…) For Lubumbashi:** It was spread over a period of 5 days and consisted of developing the 7 modules presented previously as in Kimpese . (…) **As with Kimpese, the mentors trained in Lubumbashi were called upon to form groups of mentees and launch the organization of focus groups in the community.** Specifically, here, the choice was made on the student community. Thus, each mentor trained had set up his group of 15 adolescents and young people, for a total of 300 mentees recruited for the entire programme.	
3. Support from 4 Youth Spaces to continue to offer the friendly services of the SSRAJ including the "ESpace d'information et de Communication" (ESC) in Kinshasa, Matadi, Kwilu and Equateur. This support consisted of strengthening office supplies to maintain the functionality of the targeted youth spaces, and the exposure of adolescents and young people who attend these spaces to the **CSE programme in the provinces of Kinshasa, Kongo Central, Kwilu and Equateur. This was done in particular through awareness-raising sessions** in these youth spaces as well as in the communities around them, in schools, churches, mosques as well as during certain public events.	Ibid. (pg9)
In total for the 4 targeted provinces, 803 adolescents and young people were affected and benefited from the following packages during the year 2024: menstrual management, prevention against forms of GBV, prevention and management of STIs/HIV-AIDS and the benefits of family planning.	Ibid. (pg9)
5. Activities to create demand for and supply family planning services took place in the provinces of Kinshasa, Kongo Central, Kasai-Central, Equateur, Tshopo, Haut Katanga and South Kivu through mass campaigns, mobile teams, Tam Tam, the celebration of international days and open days. The target was young girls and women of childbearing age, community leaders, specific groups including military and policewomen and men, sex workers (PS), students, street girls, single mothers, etc. (…) **In total, 389284 people were sensitized on SRH/FP and 72212 new people accepted contraceptive methods,** including 34724 young people and adolescents.	Ibid. (pg12)

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6. Support for the organization of a girls' basketball tournament in the 4 districts of the city of Kinshasa coupled with SRH/FP awareness. The objective of this tournament was to promote ball basketball in the communities of Kinshasa by integrating the awareness of adolescents and young people on their Sexual and Reproductive Health during the competition. (...)The competition lasted 2 weeks and reached nearly 600 people during the awareness-raising on SRH. Indeed, while the matches were taking place, the PEs from the MAJ, went to the public and shared leaflets on the different themes developed in this regard. They also take advantage of the transitional poses between halves to this time raise awareness through a voice lance or loudspeakers at great range. **More than 280 people were referred to health centres for good care**. And to bring the public closer to the services, the referred people were directed to the service offer point of the USP, a partner of ABEF-ND in the Selembao ZS.	Ibid. (pg15)
7. Support for the organization of Open Days for students and parents of targeted schools in KIMPESE (Leadership Academy). Objective: To expose adolescents and young people attending school in the city of Kimpese to the CSE programme. (...) **These activities were carried out in the targeted classes**. Each of the targeted classes received 2 trained PEs. These PEs exposed and sensitized the class on the chosen theme, after this presentation, exchanges were initiated between the facilitators of the session and the participating students. At the end, students who wanted the services were referred to the Kimpese General Hospital for care. (...) S**upport for the organization of FP Tam Tam.** **Objective of the activity:** To improve the access of adolescents and young people to quality SRAJ services in underserved areas of Kinshasa. **Specific objectives pursued:** - Organize a “Planning Familial” (PF) Tam Tam during the Francophonie games - Organize 4 Tam Tam Tams of the FP in the ZS of Masina, Kingabwa, Selembao and at ISTM Kinshasa. (...) **In total, more than 382,000 people were reached during the awareness-raising sessions, 144,000 male condoms, 5,000 female condoms and more than 1,000 dignity kits were distributed. More than 3500 new contraceptive acceptors had been recruited and 490 cases of STIs treated**.	Ibid. (pg16)
The supply of contraceptives, consumables and management tools has been effective in the 7 provinces where the 2023 AWP has been implemented.	ibid. (pg20)
Final Sum: Number of new modern contraceptive adherents recruited by method, age and sex - 217 681 (expected target) - 175 990 (achieved target) The NAs were recruited mainly during the Tam Tam campaign, the Mass Campaign and the Mobile Teams. A major service provision activity, although planned, has not been funded, which explains why the target was not reached.	Ibid. (pg20)

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Final Sum: Number of young people and adolescents who are new users of contraceptive methods: - 118 347 (expected target) - 79 196 (achieved target) The NAs were recruited mainly during the Tam Tam campaign, the Mass Campaign and the Mobile Teams. A major service provision activity, although planned, has not been funded; which explains why the target was not reached.	Ibid. (pg21)
Final Sum: Number of people sensitized on SRHR, FP, HIV and sexual and reproductive rights: - 282 985 (expected target) - 389 284 (achieved target) The performance can be explained by a strong involvement of community actors DBC, PE, RECO, peer educators and MSL/MSI, particularly through door-to-door canvassing and mass awareness-raising	Ibid. (pg21)
Final Sum: Number of SAs (FOSA and DBC) supplied with quality PF products: - 21 (expected target) - 21 (achieved target) 21 SZs have been supplied through the 39 targeted FOXAs.	Ibid. (pg21)
Final Sum: Number of mobile teams of integrated SSR/PF services offered coupled with Open Days (JPO). - 84 (target reached); The Mobile Teams were carried out in the provinces of Kinshasa, Haut Katanga, South Kivu and Tshopo	Ibid. (pg21)
Final Sum: Number of integrated SRH/FP service offer campaigns targeting the general population completed: - 21 (expected target) - 1 (achieved target) 1 campaign to offer free FP services organized in the Kananga and Ndesha SZ in Kasai Central. A major service provision activity, although planned, has not been funded; which explains why the target was not reached.	Ibid. (pg21)
Final Sum: Number of former acceptors retained (renewal) and followed up, disaggregated by age: - 97 785 (expected target) - 63 446 (achieved target) AAs were recruited mainly during the Tam Tam campaign, the Mass Campaign and the Mobile Teams. A major service provision activity, although planned, has not been funded, which explains why the target was not reached.	Ibid. (pg21)
Context: The DRC, through the Ministry of Public Health, Hygiene and Prevention with its partners, is in the final phase of **developing a new national strategic plan** with a multisectoral vision from 2022 to 2025 for family planning. The objective assigned to this plan is to achieve a better performance of the family planning programme by	Programme National de Santé de la Reproduction (PNSR),

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significantly increasing the modern contraceptive prevalence among all women of childbearing age to reach a rate of 23%.	2022. "Rapport Atelier de Quantification des Contraceptifs et Autres Médicaments de Santé Maternelle pour la Période 2022-2025". Ministère de la Santé, RDC, with technical and financial support from UNFPA. (pg2)
And as we are part of the PNSA, which deals with the **health of adolescents and young people, we know that there are a number of difficulties, including cultural ones**. It's true that there is a cultural barrier. Some teenage girls may need access to this product but are blocked by culture. So with the peer-education approach, we find that with the involvement of the authorities, through the MoH, there are laws that allow teenagers access to contraception. That helps too, and we're working on that, but with all the stock-outs we have, especially in remote parts of the country, it's a big problem. C1: You mean that today there are still problems of availability in the last kilometre.	KII with PNSA
How the Partnership will help meet these challenges? I**t will provide product availability in relation to healthcare establishments. But we're seeing product shortages.** It's as if this supply is unable to fill the gaps. It's a question of volume.	KII with DPS
2005 to 2024 today, there have been significant improvements in terms of product availability. And in particular the products donated by UNFPA.	KII with DKT
Do you think that this partnership, this partnership supply programme, has really helped to expand the supply of reproductive health products in Kinshasa? **Yes, it has contributed to the offer. Because reproductive health is a whole package. Upstream, there's the creation of demand**	KII with DKT
There's the service offer itself. And you can create demand, but to offer the services, you need the facilities. You need trained service providers.	KII with DKT

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And the fact that, at a certain level, the products are already available is already a fairly significant step forward in the provision of services in general. Because when there are products that need to be trained, other organizations have a duty to train the service providers or the structures they support. And when the providers are trained and the products are available, the rest of the services follow. I think it's a pretty significant step forward in the range of services on offer.	
the work that's already been done upstream at community level means that the community takes ownership of this. And when they are under pressure, we confront them with the various challenges they face, and they readily accept the different products we provide. We know that this is still taboo in some communities, in some regions, but at least in general, we can say that the fact that we communicate a lot plays a very important role in the distribution or provision of services and amenities in the community.	KII with DKT
There's also **capacity building for healthcare staff.** Because it takes a lot of money to talk about quality of care. **Staff need to be trained.** So, for some time now, the partners haven't wanted us to spend too much money on training. Because they say that training costs too much money. It's true that before working with a structure, the structure has to be trained. But we consider that those who were trained maybe five years ago, maybe six years ago. But from time to time, you still need to update your knowledge. I think that's a challenge too.	KII with ABEF ND
Since 2021, with UNFPA, we haven't had many shortages. In any case, as in previous years, there have been no shortages. And then there is a variety of products that we are given. And as proof of ABEF, we are normally called upon by many partners to assist them in terms of supply, in terms of filling gaps in the provision of services. In any case, we believe that UNFPA ensures this supply side in terms of contraceptives.	KII with ABEF ND
UNFPA is a major supplier of contraceptive products in the DRC. In terms of coverage, of all the donors I've mentioned, **I think UNFPA is one of the partners that covers a large part.** But perhaps coverage isn't enough because there are still unmet needs.	KII with ABEF ND
On the other hand, with UNFPA, we have no control over when we place orders and when we deliver. So that's the way it is.	KII with ZS NSELE
What happens is that, at national level, UNFPA Supply gives the DRC an average of 7 to 8 million dollars each year to buy products. But what they don't do is pay the international transport costs first, they pay the international insurance until the products arrive at the port or airport, and then it's the Country Office that takes over and pays the storage costs, customs clearance first.	KII with UNFPA

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.	
But if it wasn't for UNFPA Supply, the country would be having a lot of trouble getting enough condoms. It's true that the Global Fund buys condoms and all that, but as soon as you talk about condoms, people look to UNFPA. **We supply a large proportion of the country's condoms, in other words the public sector. I'd say we're number one.** **I was saying that when it comes to condoms, UNFPA is number one in public sector supply**. And many other NGOs take products here. When it comes to contraceptives, we work with USAID, which buys contraceptive products. But USAID doesn't give to the Government like that.	KII with UNFPA
UNFPA Supply buys oxytocin, magnesium sulphate, misoprostol and carbetocin and makes them available to hospitals. So, if I look at the overall challenge, I see a reduction in maternal deaths, I see the empowerment of women who use these methods, enabling them to take up other income-generating activities. I see young girls who are not dropping out of school but who are using certain methods of contraception and continuing their studies.	KII with UNFPA
I think that UNFPA Supply's contribution really enables us to work on virtually all aspects of reproductive health and maternal health	KII with UNFPA
We need to buy enough products. We're not there yet. That's why we have to go to certain provinces to send supplies. But if you put too much emphasis on the provinces that are at 1% and abandon the provinces that are at 12-15%, they will also fall. There you have it. So that's a bit of a dilemma, but it's not really enough. We're doing a lot, but it's not enough.	KII with UNFPA
Generally speaking, we don't really have the problem of availability, because we, we can say networks, we have these privileges, I can say that we have these privileges of having the conveniences with UNFPA, but there are times when, for example, for the last activity, at UNFPA level, they didn't have the inputs, rather the products that we asked for. And so that, but generally speaking, there are these corners where there are, for example, centres, but which don't have facilities.	KII with AFRIYAN
It's a good thing for the provision of services, because I think that's what they're all about, including zero unmet need for family planning. **And I think they're doing a good job of that, and I'll testify to the work we're doing, as a partner of UNFPA**. And we have our branches where they provide services throughout the country. And even for government departments, when we talk about inputs in the DRC, **we're talking directly about the UNFPA. It makes a significant contribution to the availability of commodities in the country.**	KII with AFRIYAN

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 few difficulties we've had with availability have been with inputs. It's really the absence of a few products when we need them, and the quantity.	KII with AFRIYAN
Reproductive health does not have consistent and regular support for the province in terms of these products. UNFA supports us, or at least it's a partnership that goes back a long way.	KII with PNSR PROV KC
The availability of products, tracers, life-saving products, is a problem. In any case, we have to take into account the outlying areas	KII with PNSR PROV KC
UNFPA is still in charge, because that's really its mandate. The last time we received stocks of FP inputs was more than six months ago. This year there have been supplies from Kisantu. They put things in Kisantu and Mbanza-Ngungu. The needs are still there.	KII with PNSR PROV KC
And if we can move on to the second level of funding, there's more and more there too. **The only partner the PNSR can count on is UNFPA, the only one to date, in terms of training support, equipment, monitoring and supervision missions.** Because, as you know, the PNSR practically eats up the 40% of indicators that are in the DHIS 2. We have the most information. This means that the lack of support is an extremely sensitive indicator for us. And you'll soon realise that the SR indicators, instead of going up, are actually going down. **Because upstream, there is enough support, and further downstream, it's the drugs. To date, we have made almost no progress in terms of maternal deaths. Because that's the worst consequence.**	KII with PNSR PROV KC
In relation to the whole range. That is to say, at different rates, each zone, each structure, there can be breaks, I don't know, two months, three months already. It all depends on what we received at the start and how we used it. But it has to be said that there is a general shortage of products. Stock-outs are really frequent. I was saying that the major partner supporting reproductive health is UNFPA. **In terms of planning, UNFPA supports ten health zones. But terms of the regular health zone support programme, it's only three health zones**. There are 32 health zones in the province. That's still a huge challenge. We have some partners like the BOMOYI project, we have JPHIGO, JPHIGO is in two health zones.	KII with PNSR PROV KC
We know that family planning contributes a great deal to reducing maternal deaths. In any case, our long-term partner is UNFPA, and we've been reproducing for a long time now. We know about the breakdowns in contraceptive methods. For example, we don't really have the jadelle, we haven't had it for a long time, and our population knows about it.	KII with ZS BOMA

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.	
Indicators **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. **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. **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. **2.3.4** Those involved in service delivery report products were appropriate, of high quality and delivered in a timely manner during humanitarian crises. **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.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
Pre-positioning and distribution of contraceptive products, emergency reproductive health kits, dignity kits, tents and other maternal health medicines, particularly in remote humanitarian areas that are difficult to access (insecurity, impassable roads).	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg2)
Support for the operationalisation of the MISP in UNFPA areas of intervention in the humanitarian context (North Kivu, South Kivu, Ituri) with an emphasis on the provision of planning services and the use of emergency RH kits, both logistically (composition, management) and in terms of the provision of services (administration). The activity helped to train 30 health professionals.	Ibid
In the humanitarian context, in response to the various crises following armed conflict and natural disasters, during the scale-up activation in the east of the country from 16 June to 31 December 2023, the Country Office, through the commodities unit, received products (contraceptives, maternal health medicines including emergency reproductive health kits, dignity kits, tents and other medical materials and equipment) worth USD 3,052,997. As part of the humanitarian response, products worth USD 4,700,809.80, i.e. more than 100 tonnes, were distributed mainly in camps for internally displaced people and in other reception sites. These products prevented 352 maternal deaths, 24,422 unsafe abortions and 100,512 unsafe pregnancies	Ibid. (pg3)

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.	
1. Activity: Support the workshop on integrating disaster management and/or emergency response into SRH development policies and plans (PNSR, MNCNAH-NUT, NHP-HIV/AIDS, NHP PF, PS PNAH, etc.) (...). **Sub- activity:** Recruit a national consultant to support the integration of the DMU (DRM?)into development plans (PNDS, FP, SSR, HIV, SRMNA, PNAH) - Ongoing (planned budget: USD 3,400, executed budget: USD 6,800). (...) **Sub-activity**: Lead advocacy with SRH programme managers for the inclusion of disaster management and/or emergency response in SRH development plans - In progress (budget: NA) This activity is ongoing. A workshop on the integration of the DMU into selected strategic documents was organized from January 10 to 11, 2023. Awareness-raising and advocacy efforts should continue during coordination meetings of actors. (...) **Sub-activity:** Collect the different development plans for the integration of the SSR DMU - Completed (planned and executed budget: USD 200) (...) **Sub-activity:** Support the review of the 2020-2023 NHP-AIDS Response and the development of the 2023-2027 AIDS Response NSP for the integration of the EMR - Completed (Budget: NA). (...) **Sub-activity:** Organize the workshop to integrate the DMU SSR into the different plans collected - Completed (planned budget: 1000USD, executed budget: USD 2,800). (...) **Sub-activity:** Support the updating of forms and other data collection materials to integrate SSR EMD data - Partially Completed (Budget: NA) This activity is planned for Q3 2023 with a budget of USD 2000. However, it was lined up at Day 2 of the workshop. The presentation of the head of division of the "Système national d'Information Sanitaire" (SNIS) highlighted the 4 key steps for a successful integration. This process should continue. (...) **Sub-activity:** Develop the national emergency/disaster preparedness plan - In preparation (Planned budget: USD 3,200, Executed budget: USD 0). The PAP-DMU adopted in August 2022 plans this activity for Q2 2023 with an estimated budget of USD 15,000. The National Strategy for Disaster Risk Reduction and Priority Actions for the period 2024-2029 is being drafted – Contact is ensured with the Ministry of Social Affairs, Humanitarian Actions and National Solidarity (which has the lead) is taken to ensure that the DMU SSR is taken into account.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2023. "Suivi de l'exécution du PAP-DMU DRC 2023-2024." Programme national de Santé de la Reproduction. (pg1)
2. Activity: Develop the national emergency preparedness plan for health, including sexual and reproductive health - In progress (planned budget: USD 17,500, executed budget: ?). This plan should stem from the national strategy for disaster risk reduction and priority actions for the period 2024 - 2029. This activity will begin as soon as there is an advanced version of the national strategy (Q1)	Ibid. (pg4)
5. Activity: Develop the recovery plan including the return to full SRH services (planned budget: USD 8,900, executed budget: ?). The National Strategy for Disaster Risk Reduction and Priority Actions 2024-2029, which is currently being drafted, takes into account aspects related to recovery. It will be a question of taking this into account when developing the preparedness and response plan on the health theme.	Ibid. (pg6)

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.	
16. Activity: Supplying FOSAs with HIV and STI care supplies and equipment - Continuous as it is achieved but the needs persist. HIV and STI prevention and response supplies have been made available at both national and provincial levels (resources to be mobilized). Due to the complex and protracted humanitarian crisis in the DRC, it will be necessary to do the accounting and mapping of the kits distributed.	Ibid. (pg9)
19. Activity: Supplying FOSAs with delivery/equipment and SONU-B and C (6 A&B kits, 9 kits, 1 0O, 11 A&B and 12 kits) - Completed but needs persist (resources to be mobilized). A complex and protracted humanitarian crisis.	Ibid. (pg10)
24. Activity: Plan an effective referral system for access to comprehensive women-centred abortion care - Ongoing and small-scale (Resources to be mobilized). Safe abortion access interventions are delivered as a project supported by IPAS and other partners.	Ibid. (pg12)
During the scale-up that extended from the month of joining to December 2023, the reproductive health commodities supplies (RHCS) unit intervened by making available **the SR kits, dignity kits and medical equipment in the mobile clinics that were located in the IDP camps in the provinces of** North Kivu, South Kivu and Ituri. (...) From the above, it appears that the unit has contributed considerably to the achievement of the response objectives set up within the framework of the scale-up.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2023. "Rapport de fin d'année 2023 RHCS zone Est RDC." Unité Commodités zone Est RDC. (pg4)
We also have displaced people, a little in the eastern part of the town, with the TEKE conflicts, so there are a lot of displaced people, especially in the MALUKU 1 and MALUKU 2, NSELE, MASINA 1 and MASINA 2 health zones, which really have these displaced people who are not being looked after. Does the programme cover its humanitarian needs? In any case, not to my knowledge.	KII with DPS
UNFPA plays a very important role in that it assists the Government in quantifying the need for reproductive health products. Whenever there is a need to quantify reproductive health requirements, UNFPA always supports the Government. And it's through the Multisectoral Technical Committee on Family Planning (CTMP), where UNFPA plays a very important role in this committee. So that's proof enough that UNFPA is working with the Government to find out what	KII with DKT

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.	
the real needs are in terms of products, and then to see how the Government can be supplied on the basis of that quantification	
Even female condoms. Now, you know, to talk about the safety of products and the quality of care, **the whole range has to be represented, so that women can choose from the whole range. But at some point, certain products are sold out.**	KII with ABEF ND

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 programmes/project/policy design changes including mitigating measures to address challenges to NLUs including:

- 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).

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:

- Geographic access
- Price and affordability constraints
- Timely delivery and stable supply
- Choice of methods
- Harmful social norms limiting access.

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.	
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.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
Use of new technologies (mobile applications: Africhain, Kitumaini) to inform adolescents and young people and provide them with family planning services tailored to their needs, especially in health facilities where youth centres are integrated.	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg2)
Introduction of new drug molecules, including contraceptives, into the existing product range: introduction plans and roadmaps have been developed and pilot phases initiated. The process will continue in 2024	Ibid.
The organization of mini-campaigns has enabled these health areas to gradually improve the indicators relating to contraceptive prevalence, as the availability of FP inputs in the facilities alone has not been sufficient to ensure that clients use contraceptive methods. (...) **Extending the FP mini-campaign to other health areas and the regular monitoring** of DBCs by ITs, the "Equipe Cadre de la Zone de Santé" (ECZS) and the DPS remain noble strategies for improving contraceptive prevalence and promoting the use of contraceptive methods in our various communities.	RDC Ministère De La Santé Publique, 2023. "Rapport Des Mini Campagnes PF Réalisées Et L'offre De Service PF Par Les DBC Dans La DPS Sankuru Au Mois De" (pg11)
With a view to intensifying demand creation, social mobilisation and the provision of family planning services to people living in poverty, who are marginalised and difficult to reach, particularly women, PLHIV, young people and adolescents, the National Reproductive Health Programme *(PNSR Kwilu*), financed by UNFPA, is preparing a mobile team to raise awareness and provide free family planning services in the community, more specifically in the Mosango, Masimanimba, Kikwit North and South health zones.	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Rapport Narratif De La Mini Campagne De Planification Familiale Réalisée Dans La Zone De Santé De Mosango

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.	
	Du 28 Novembre Au 01 Décembre 2023". Programme National De Santé De La Reproduction, Province Du Kwilu. (pg4)
To meet this huge need for family planning, the DRC is making efforts to revitalise family planning services, hence this mini-campaign in the health zones of the Kwilu DPS.	Ibid. (pg5)
General objective: To contribute to access, information and provision of family planning services for underserved young people, including PLHIV, in Kwilu province. **Specific objectives:** Organise communication sessions (educational talks, counselling and home visits) for 20,000 people on the benefits of FP, existing contraceptive methods, their side effects and the facilities offering FP. Offer or administer contraceptive methods to 4,500 new acceptors and 3,000 former users, through community-based distribution and health establishments in targeted health zones.	Ibid. (pg5)
FP awareness-raising sessions were organised for various leaders. This campaign was coupled with the provision of family planning services in community-based distribution and in the Mosango and Kumbi Makopa health areas of the targeted health zone. The services were offered in the community by DBCs and in health facilities by providers.	Ibid. (pg6)
At the end of these four days of awareness-raising and free provision of contraceptive methods in the two health areas of the Mosango health zone, (...) support for mass activities was effective and had a positive effect on the population's adherence to family planning. **A total of 530 new acceptors received contraceptive methods; 887 male condoms were distributed, mostly to teenagers; 19 women came for jadelle withdrawal and 10 women for implano NXT withdrawal. Of all these women, 20 renewed their methods**. This mini-campaign contributed to access, information and the provision of family planning services in the Mosango health zone.	ibid. (pg14)
To mark this day, **the PNSR, with support from UNFPA, organised a mini campaign in the 8 ZS targeted by the DPS Kasaï Oriental, offering free family planning services with the** contribution of students from the ISTM MBM/UM and midwives (SCOSAF) trained in DBC from 06 to 10 October 2023. (...) **The aim of the mission:** Organise 2 campaigns offering free family planning services using fixed and advanced strategies in the DPS K.OR target health zones; one in September and the other in December.(...) **The general objective is:** To improve the quality of FP	RDC Province du Kasaï Oriental, 2023. "Rapport De La Mini Campagne D'offre Gratuite Des

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.	
services and contraceptive prevalence in the Province of Kasaï Oriental. (…) **Specific objectives** : 1. Organise two mini-campaigns with young “Agents de Distribution à Base Communautaire” (ADBC)s trained in FP in the health zones of the DPS K.OR, 2. Recruit 5,000 new users of modern contraceptive methods during the mini-campaign, 3. To improve the quality of FP service provision through formative supervision visits to fixed and advanced sites in the target health zones, 4. Organise the 1ère mini-campaign in September and the other in November or December 2023	Méthodes Contraceptives Par Les DBC Etudiants Et Sages Femmes A L’occasion De La Journée Mondiale De La Contraception (JMC) Septembre 2023 - Avec Appui De L’UNFPA". (pg3)
After five days of awareness-raising, 1059 households were visited, with an average of 35.3 per DBC student, 435 general interviews, 52 educational talks and 17 community debates. **A total of 3,7806 men and women responded positively to the message. (…) After compiling the data, 18,947 women and girls were reached, and 18,859 men,** including young boys, were also reached. (…) On the basis of this table, **the total number of new users (7315+1959=9274) is higher than the number of renewals, and the target has been achieved at 185.48%. The total number of users recruited during the 5-day campaign was 10446.**	RDC Province du Kasaï Oriental, 2023. "Rapport De La Mini Campagne D’offre Gratuite Des Méthodes Contraceptives Par Les DBC Etudiants Et Sages Femmes A L’occasion De La Journée Mondiale De La Contraception (JMC) Septembre 2023 - Avec Appui De L’UNFPA". (pg5)
The provincial and “Bureau Central de Zone Santé” (BCZ) supervisors carried out the first practice of contraceptive methods before the learner could do it alone on the clients, and their constant daily support at the sites contributed greatly to improving the quality of FP services and compliance with standards and asepsis.	Ibid. (pg7)

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.	
23. Activity: To supply health facilities with contraceptives and other consumables - Ongoing but needs persist (Resources to be mobilized)	Ministère de la Santé publique, Hygiène et Prévention, 2023. "Suivi de l'exécution du PAP-DMU DRC 2023-2024." Programme national de Santé de la Reproduction. (pg12)
27. Activity: **Integrate ART and post abortion care (PCA) on safe abortion into "Centre de Santé" (CS) and "Hôpital Général de Référence" HGR** - Ongoing, Carried out on a small scale (Resources to be mobilized)	Ibid. (pg13)
28. Activity: Supplying HCs and HGRs offering safe abortion services with appropriate supplies and equipment - Ongoing but needs persist (Resources to be mobilized)	RDC Ministère de la Santé publique, Hygiène et Prévention, 2023. "Suivi de l'exécution du PAP-DMU DRC 2023-2024." Programme national de Santé de la Reproduction. (pg13)
If disbursements don't keep up, that's the gap. **So even UNFPA can quantify, but afterwards, if disbursements don't keep up, resources won't be mobilised**. For example, apart from contraceptives, we have PTAs with UNFPA. At the beginning of the year, you might think, well, UNFPA promised to give us USD 500,000. But by the end, the resources hadn't been mobilised. And we may end up with USD 300,000. And I know that if money is like that, I think that from the point of view of mobilisation on the purchase of commodities, money is also a problem.	KII with ABEF ND

<table>
<tr><td colspan="6">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?</td></tr>
<tr><td>CRITERIA</td><td>Effectiveness/ coverage</td><td>AREA OF INTEREST</td><td>Strategic objective 2 – Strengthened Supply Chains
Ensure supplies for reproductive health commodities reach the
“ast mile and promote harmonization and integration of supply systems in countries</td><td>LINKAGES TO THE THEORY OF CHANGE</td><td>Linked to the green boxes for strategic objective 2 in the middle of the theory of change</td></tr>
<tr><td>RATIONALE</td><td colspan="5">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.</td></tr>
</table>

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.

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.	
3.1.2 The Partnership initiatives to strengthen SCM are targeted to addressing agreed weaknesses. **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. **3.1.4** Views/experiences of national supply partners on the adequacy of the identification of needs toward strengthening the SCM and systems.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
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.	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg2)
The tools for collecting and transmitting MfDR data are not used in some health areas and this has prevented the collection of previous data and data on the renewal of methods.	RDC Ministère De La Santé Publique, 2023. "Rapport Des Mini Campagnes PF Réalisées Et L'offre De Service PF Par Les DBC Dans La DPS Sankuru Au Mois De" (pg11)
It (This LMA Spot Check Mission) identified the strengths and weaknesses of the system as it currently operates. Immediate actions and recommendations were formulated at all levels to address them. As part of the audit, which will take place next month, it is vital that traceability is restored so that UNFPA can continue to support the KC's supply of RH/FP products.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2023. "Rapport de mission de spot check LMA réalisée dans la province du Kongo Central du 06 au 14

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.	
	août 2023." Programme national de Santé de la Reproduction. (pg10)
It should be noted that the LMA tool has 5 areas of verification, including : 1. Traceability of deliveries, 2. Distribution traceability, 3. Stock management, 4. Stock control 5. The risk of fraud.	Nanga, J., & Ngomakuku, J.-P., 2022. "Rapport de l'atelier de formation des cadres des DPS sur l'utilisation de l'outil de contrôle ponctuel (Spot Check LMA) organisé du 01 au 05 juin à Kinshasa. Programme National d'Approvisionnement en Médicaments, Ministère de la Santé Publique Hygiène et Prévention, République Démocratique du Congo". (pg9)
RESULTS : Objective 1. Verification of Deliveries: no discrepancies identified. **Objective 2.** Verification of the distribution of "Médicaments Essentiels Génériques" (MEGs) and specific inputs: Not applicable according to procedures.	Nanga, J., & Ngomakuku, J.-P., 2022. "Rapport de l'atelier de formation des cadres des DPS

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.	
Objective 3. Stock management: **everything was good except that we observed a discrepancy on just one product**, i.e. 25%. This discrepancy was justified by the that AL's stock sheet was not up to date, unlike the sheets for the other products **Objective 4.** Stock control: the **facility's pharmacy more or less meets standards**, but some things are missing; thermometer and hygrometer **Objective 5.** Fraud risk assessment: “Rien A Signaler” (RAS)	sur l’utilisation de l’outil de contrôle ponctuel (Spot Check LMA) organisé du 01 au 05 juin à Kinshasa. Programme National d’Approvisionnement en Médicaments, Ministère de la Santé Publique Hygiène et Prévention, République Démocratique du Congo". (pg15)
Around a third of the health facilities said they obtain their supplies from the Health Zone and one in four health facilities obtain their supplies from CDRs (22.8%). Rural health facilities obtain more supplies from CDRs than urban facilities (28.3% vs. 19.0%).	RDC Ministère de la Santé publique, Hygiène et Prévention, 2021. "Rapport final de l’évaluation des indicateurs pour le suivi du programme de SPSR en RDC." Programme national d'Approvisionnement en médicaments. (pg41)

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The survey showed that the majority of health facilities (83.9%) transport supplies and other inputs themselves. In 6% of cases, the Health Zone transports medicines to the health facilities. (…) **The survey showed that it takes less than 2 weeks from order to receipt of supplies in most service delivery points** (61.4%). However, there are small variations depending on the environment, type and manager of the facility	Ibid. (pg44)
Cold chain: more than half (68.0%) of the health facilities surveyed have their own cold chain. Paradoxically, health facilities in rural areas have more than those in urban areas. Between 83% and 85% of secondary and tertiary level facilities have their own cold chain, whereas only 63% of primary level facilities have their own cold chain. (…) **Overall, 55% of health facilities had at least one fridge and 4% had iceboxes.** Solar panels and national electricity grids are the main sources of energy	Ibid. (pg46)
Seven out of ten health facilities (70.1%) visited had staff trained in stock assessment (including knowledge of minimum and maximum stocks), **68.4% had staff trained in restocking and ordering procedures. Around seven out of ten facilities had staff trained in record keeping** (including the use of logistics forms and the maintenance of distribution and client records). And 69.4% of facilities had staff trained in the appropriate physical storage of products	Ibid. (pg51)
During supervision visits aspects relating to stock-outs and expiry of medicines (10.8%), completeness and quality of data, production of reports (17.1%), and evaluation of the use of a guideline or work tool specific to reproductive health (13.2%) were addressed	RDC Ministère de la Santé publique, Hygiène et Prévention, 2021. "Rapport final de l'évaluation des indicateurs pour le suivi du programme de SPSR en RDC." Programme national d'Approvisionnement en Medicaments (pg55)
General Objective: Contribute to improving the continuous availability of contraceptives and other maternal health medicines 2024-2026 (SCACF, HPP and ECLAMPSIE) down to the last mile.	Report 2023 - Workshop to Quantify

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	the Needs of Contraceptives and other Maternal Health Medicines 2024-2026 (pg2)
The presenter pointed out that in February 2022, a **workshop to quantify national and provincial contraceptive needs** for the period 2022-2025 and two other maternal health molecules was organised by the PNSR with technical and financial support from UNFPA. (...) **The objectives of the workshop were** to present the compiled forecasts of the contraceptive needs of the 26 DPSs for the period 2021-2023, to update contraceptive needs, to analyse the financial gap and to draw up a supply plan.	Ibid. (pg6)
In conclusion, the workshop went well and 85% of the objectives were achieved. It was not possible to validate the quantities selected for a number of maternal health products in all the provinces, given the time available. The same applies to the supply plan, due to a lack of information from the RH/FP Partners (...). Finally, quantification workshops will have to be organised in the provinces before the national level.	Ibid
We work with **youth networks**. In communication, because normally our approach is not... The approach we use is to first train young people, whom we call peer educators.It's now up to them to train and talk to their peers. That's the approach we use. These young people can be in associations, supervised by associations. That's our strategy. We're at a level where we also have to advise on certain documents. For example, we've noticed that although young people exchange information with each other, there's also a blockage on the parents' side. That's where we already have, even in the documents we've drawn up, the parent-child communication strategy. This is another way of breaking down that barrier.	KII with PNSA
As soon as we have the national plan, if the Government also has its contribution, it contributes, we buy, the drugs arrive, and then we start now to implement the distribution plans, we give by province. And if there's anything like that, it comes to the CDR. With RH products, the pattern is somewhat reversed, because partners often only support the structures with which they have contracted.	KII with DPS
There are also partner structures, but when we also have a need, we express it. We let UNFPA know, via a requisition, and UNFPA can make the products available. But unfortunately, that's not enough. **When we are really short of supplies, it's not unusual**	KII with DPS

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Lately, we haven't had any magnesium sulphate or calcium gluconate, so we've been out of stock. I also attended another workshop on the availability of SR products. This was linked to JPIHGO, where all the partners were together. I think the reports are available if you look for them in the reproductive health programme.	KII with DPS
We have what we call the **CTMP. Multi-sector committee for RH products**. Where all the partners get together. Everyone brings what they have. We make a common pot. Then we look at what's available. Agreed	KII with DPS
In relation to the workshop organised by PNAM. That was in relation to the different programmes. Each programme was designed to explain the chain, the maturing process and the problems that exist. Starting with governance and policy. So there was a file for every stage. I have the file here with me. I also have the file with me here.	KII with DPS
UNFPA: responds to the national priorities. expertise it brings is that" Partenaires techniques et Financiers" (PTFs) come with financial and technical expertise as well, it brings us a lot of consultants, UNFPA has consultants who help us. I can add that everything is important, but not everything is urgent. Everything is important, but is it really a priority? Does it meet the requirements that the province identified in the first place? So that's why we're asking for real collaboration between you and us, so that we can see what we've put in first place, what we've got because we're working with the operational level, they're the ones who tell us what the needs are, what's really urgent and what's not? Sometimes they come with the inputs, sometimes our need is in something else, sometimes it's that, even though it responds, sometimes it's not urgent.	KII with DPS
We have Kinshasa, which is by air. And by river or sea, via the port of Matadi. You have Lubumbashi, which is the second entrance. The third is Goma. This means the East, in principle, because most of the time it enters via Goma. And the fourth is Province Orientale, with Aru, Kassindi and so on. It's the same provincial directorate. The same provincial directorate. And each entry point has its own specificity. It has its advantages and disadvantages. When products come from India, China, Dubai or Saudi Arabia, it's faster in the East than here, because it has to go around. But when it comes from Europe, it's faster. So each point has its advantages and disadvantages that need to be addressed.	KII with TLC
Everything also depends on the products that arrive, because we already have customs officials dealing with **products that have arrived on the sell-by date**. It's borderline, because when you send a product that's six months out of date, I don't think the process of rolling it out across the whole country will be any quicker. This also poses a problem. On the other hand, if the product is two or three years past its sell-by date, that won't be a problem. And more often than not, in some cases, it's more the product that's coming to the end of its shelf life. And when they do reach the end of their shelf life, that's often what causes the real problems.	KII with TLC

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Customs clearance is a process that requires a lot of authorisation. Especially for exemption. But it also happens that it takes time, the exemption may be, it may be internally at UNFPA, it may be at Foreign Affairs, it may be at the DGDA. If it happens at Foreign Affairs and they go on strike, we don't have a bypass mechanism.	KII with TLC
In your opinion, is production a major challenge in the circulation of health products? The products that should be in the normal circuit, when we work with them, because as we told you, we were just at the storage level. So upstream, what happened, how did we collect the data, all that, to place the orders? For quantification, for research. We weren't involved.For us it was just about distribution. As soon as we send you an order form, we tell you the beneficiary structure, the beneficiary structure comes that way. That was the end of our role.Since we started working with UNFPA, it's been like that. We can say at the time. As the director said, initially it was for a specific volume.	KII with CAMESKIN
We'd always tell them, we need to **draw up a supply plan**, to communicate that this year such and such a product is going to come in, in such and such a quantity, at such and such a price, and all that. That way, we can plan too. That was the big problem.	KII with CAMESKIN
More and more, **we're running into stock-outs, sometimes of several SRH commodities, which are sometimes due to the fact that at international level, there have been a lot of changes**, a lot of pandemics that have occurred, notably COVID, which has slowed down many production industries and which is also having an impact on family planning and this is at the root of the stock shortage because demand is linked, it is growing, but this demand is still not being met due to a lack of products. I think that this is a fairly important factor that represents a challenge both internationally and here at home.	KII with DKT
I think that there is indeed this **complexity of the supply chain**, because apart from the commodities that we receive from the UNFPA, we ourselves at EDKT are also importers of products, so we encounter quite a few difficulties in organising the import of products from the factories to delivery in the country and distribution to the last mile.	KII with DKT
Are you used to reporting to UNFPA on your activities? yes **Spot check reports: we've done it, we can get that, even by e-mail we can send it, it's still activities, it's like supporting documents too, you can do it on the other side,**	KII with APSME
And there's also capacity building. You learn how to use the tools. And it's always UNFPA that finances it? Yes, it's always UNFPA.	KII with APSME

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First, there are the **issues around needs assessment.** That's a problem in our context here. And then, secondly, once we've assessed the needs, we need to be able to **satisfy the purchase of the products.Then there's the problem of getting products to the last kilometre**. There are challenges here. And now, the day-to-day management of products is also a major challenge.	KII with TULANE
There are **issues of human resources,** which from time to time do not have the skills they need in terms of on-the-job capacity building, which is also expensive. And sometimes the projects don't have the resources for that. **There is the problem of storage in terms of infrastructure.** We often don't have enough infrastructure to keep the product in the right conditions. That's the problem. **And then there are the reporting issues**. I'd say that's one of the most crucial problems. I don't know whether colleagues have reported. Because once you've provided the service, you've managed the products. Then you have to report. **We have problems of completeness; we have problems of promptness of reporting**	KII with TULANE
On the positive side, UNFPA also helped us every time with the assessment exercise. We were asked: "Are you sure your products are safe? Are you sure your products have arrived? Have the various distribution plans been drawn up? Are there distribution reports? So we're in an exercise, I'd call it an accompanying exercise, which, from time to time, also pushes us to see whether what's being done is being done right. **Sometimes they come down themselves, too. They give us a report saying that this, that and that has been observed in the field. And they give us recommendations for the exercise.** **It has to be said that it is one of the major suppliers of contraceptives in the DRC.** There aren't many of them. They supply us with a lot, and then there are the problems that Franck mentioned.	KII with TULANE
In the country, there are donors. There's UNFPA, there's USAID, there's the World Bank, there's DKT, which also brings in products, and FCDO. Yes, FCDO.	KII with TULANE
They've been trained. But normally, you always have to build capacity. But they have been trained. And the capacity-building is there too.	KII with ZS NSELE
So all the objectives we have in the strategic plan for family planning and all that, these results could not be achieved without the contribution of UNFPA Supply, which does a lot for this country, because UNFPA Supply, as I say, between 7 and 8 million dollars a year, that's the purchase of products, and **we give about 1.1 to 1.5 million each year also for capacity building.**	KII with UNFPA
Because of UNFPA, in 2022 we **set up a system called AfriChain**. W, we manage commodities and collect data on the ground about the distribution of commodities. For example, when we offer services, we use the application to	KII with AFRIYAN

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register the applicants and the products that are administered to them. And in the meantime, we know how much we had in stock, and how much remained just after the activity	
Generally, when we have these activities, we make the requests in relation to the objectives. When we need to raise awareness, we recruit organizations to go to different areas. And so we make the request for UNFPA to deposit the inputs for these activities in these areas. It's the quantity that we increase in relation to the objectives that have been set for us.	KII with AFRIYAN

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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. **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. **3.2.6** Reported qualifications of supply chain managers and/or levels of vacancy and turnover in SCM over time. **3.2.7** Positive trends in supply chain performance data indicating improved skills and management.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
The quality of the data collected for logistical and service decision-making is unreliable, especially at the level of health zones and training units.	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg4)

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There have been many stock-outs of contraceptive products (implants, pills and injectables) as a result of delivery delays and lengthy customs clearance times (strikes, introduction of local insurance, presence of the Inspectorate General of Finance at entry points).	Ibid (pg4)
The UNFPA Country Office undertakes to submit the **UNFPA Supplies Partnership results of the annual quantification of contraceptives and other maternal and newborn health products as well as the development and revision of the national supply plan including other relevant documents.**	République Démocratique Du Congo Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg9)
As such, since 2019, **UNFPA has organized at least two (2) spot-checks and an audit** of product inventory management to identify bottlenecks and propose solutions. In addition to these spot checks, U**NFPA, through the tools of the last mile Insurance (LMA), periodically collects information on the management of inputs made available to partners through transaction media and usage reports. The project's implementing partners were trained in the AML process and the use of related tools with the support of the UNFPA office in the DRC, the regional office based in Johannesburg and headquarters through the finance branch.**	UNFPA, 2022. "Rapport Annuel Du Projet PROMIS-PF - Periode 2021". (pg5)
With the support of the MoH, through the PNAM, the PNSR and the DPS, monitoring missions have been organized in health zones and health facilities to strengthen the capacity of staff in charge of the management of commodities.	Ibid. (pg5)
With the objective of strengthening the monitoring of FP activities, UNFPA financed its implementing partner in Q4 2023, **provided financial and technical support to the Province of MANIEMA in the activities of the Coordination of SDMPR, RMNCAH, the training of clinical providers in family planning and the strengthening of senior teams in the surveillance of perinatal maternal deaths r**esponse in order to contribute to UNFPA first transformative result by its international mandate on reproductive health.	République Démocratique Du Congo Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Rapport Des

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	Activités De ZZT05 Pour La DPS Maniema. Division Provinciale De La Santé, Province Du Maniema". (pg2)
For **products nearing expiry**, i.e. those that will expire within 6 months or within 6-12 months, as of the end of the reporting quarter, the CO should review downstream distribution plans and adjust these accordingly, to ensure timely consumption (…) Loss due to Expiration in Q4: USD 0K (6 products mainly, Mifepristone 200mg and Misoprostol 200mcg tablets contributing to the highest numbers)	"UNFPA, 2023. ""QSR Country Report: Central Level - Last Mile Assurance Supply Chain Management Unit 2023, Q4 "". (pg1)
For **products at risk of stockout** in the next 12 months, the CO is encouraged to review the national procurement plan and collaborate with the Demand and Supply Planning Team at SCMU, as well as with other partners and donors, to bridge commodity gaps. In Q4 9 products were at risk of stockout, and 7 products were stocked out.	Ibid
For **overstocked products**, the CO should review downstream distribution plans and adjust these accordingly, to ensure timely consumption.	Ibid
Expired items must be quarantined and destroyed, as per applicable national guidelines. The **CO should investigate the associated root causes and implement appropriated CAPAs** in collaboration with the implementing partner.	Ibid
Products lost due to causes other than expiration include products with an aggregate quantity of adjustments due to loss, damage and/or diversion observed during the reporting quarter, before and during the quarter's physical stock count. This does not include expired quantities or discrepancies in record-keeping. The CO should investigate the associated root causes and implement appropriate CAPAs in collaboration with the implementing partner. Stock Count Differences in Q4: USD 8,888	Ibid
The Project to improve the resilience of the health system to ensure the sexual and reproductive health and rights of women and girls (UNFPA/CANADA) is providing support to build the capacity of the province of Sankuru and the health zones to enable them to improve the provision of sustainable quality services	République Démocratique Du Congo Ministère De

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	La Santé Publique, 2023. "Rapport Des Mini Campagnes PF Réalisées Et L'offre De Service PF Par Les DBC Dans La DPS Sankuru Au Mois De" (pg3)
To better meet this fiduciary and programmatic responsibility, UNFPA has introduced Last Mile Assurance", designed to ensure visibility and better management of health products at the last mile of the supply chain. As part of this, a system of spot checks on sites has been set up by UNFPA and its partners to identify problems at an early stage and correct them if necessary.	République démocratique du Congo Ministère de la Santé publique, Hygiène et Prévention, 2023. "Rapport de mission de spot check LMA réalisée dans la province du Kongo Central du 06 au 14 août 2023." Programme national de Santé de la Reproduction. (pg2)
In 2021, the **Country Office and headquarters organised 4 spot-check missions in the provinces of Kinshasa, Kwilu, Kongo Central and Haut Katanga,** at the end of which appropriate recommendations were made on the traceability of the delivery of UNFPA commodities, the traceability of the distribution carried out by the partner, inventory management, inventory control and the risk of fraud.	Ibid.

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Specific objectives- Ensure the smooth running of the LMA evaluation mission in September 2023-Assess the implementation of the recommendations of the spot checks carried out in 2021.-Build up a database prior to the September 2023 evaluation.	République démocratique du Congo Ministère de la Santé publique, Hygiène et Prévention, 2023. "Rapport de mission de spot check LMA réalisée dans la province du Kongo Central du 06 au 14 août 2023." Programme national d4approvisionnement en medicaments(pg2)
As part of the drive to **strengthen monitoring of stock management and product use right up to the last kilometre**, the PNAM, with technical and financial support from APSME/UNFPA, **organised a workshop at CARITAS-CONGO** from 26 to 28 April 2022 to harmonise tools for monitoring and spot-checking stock management. (...) **At the end of the workshop,** tools for monitoring and spot-checking stock management, in this case the **spot-check tool, were selected as the best tool for monitoring at all levels** of the health pyramid. (...) **As a result,** training on the use of this spot check tool was organised in Kinshasa (...) from 01 to 05 May 2022 with a view to its appropriation by all stakeholders involved in the supply chain.	Nanga, J., & Ngomakuku, J.-P., 2022. "Rapport de l'atelier de formation des cadres des DPS sur l'utilisation de l'outil de contrôle ponctuel (Spot Check LMA) organisé du 01 au 05 juin à Kinshasa. Programme National d'Approvisionnement en Médicaments,

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	Ministère de la Santé Publique Hygiène et Prévention, République Démocratique du Congo". (pg6)
General objective: Contribute to improving supply chain management by strengthening SNAME players in the use of harmonised spot check tools. (...) **Specific objectives :** 1. Train provincial DPS trainers in spot checks on medicines management using the spot check tool. 2. Visit a number of facilities in Kinshasa to carry out spot checks on stock management.	Ibid.
Facilitation was provided by the team of MSPHP experts (PNAM and PNSR) trained in the tool and colleagues from APSME/UNFPA. (...) **The training was organised as a 5-day residential workshop** from 01 to 05 June 2022 (...) in Kinshasa. The first 2 days were devoted to theoretical training on the use of the tool, and the other 2 days were spent in the field carrying out stock control exercises.	Ibid. (pg7)
The first presentation covered the concept and overview of the stock management spot check tool (LMA), which is part of the 5 pillars of the LMA process: - supply chain map; - supply chain management capacity assessments; - CA management risk assessment; - the report on; programme supplies; - spot inspections and audits.	Ibid. (pg9)
The UNFPA focal point for the PNSR pointed out that this training meets a need, which consists of making inputs available at the service sites and avoiding losses due to expiry or diversion, bearing in mind that accountability to the donor is essential	Ibid. (pg10)
Twenty provincial trainers and 8 central trainers were trained in the use of the harmonised stock management spot check tool (LMA).	Ibid. (pg16)
The results of the post-test clearly show an **increase in participants' knowledge of the use of the harmonised stock management spot check tool (LMA).** With more than 80% using the harmonised stock management spot check tool (spot check LMA), the managers of the targeted DPSs will be able to facilitate the training of the BCZS managers.	Ibid. (pg18)

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With regard to the incidence of stock-outs of modern contraceptive methods in the last three months and in accordance with national policy and guidelines, the study showed that 84% (CI95%: 82 - 86%) of Fosa patients had experienced a stock-out of at least one of the modern contraceptive methods offered in the three months preceding the survey. The study also showed that 49% (CI95%: 46 - 52%) of Fosa had experienced a stockout of at least three of the contraceptive methods offered in the three months preceding the survey, and that 23% (CI95%: 20 - 25%) of Fosa had experienced a stockout of at least five of the contraceptive methods offered in the three months preceding the survey.	République démocratique du Congo Ministère de la Santé publique, Hygiène et Prévention, 2021. "Rapport final de l'évaluation des indicateurs pour le suivi du programme de SPSR en RDC." Programme national de la Santé de la Reproduction. (pg6)
Regarding the incidence of stock-outs of modern contraceptive methods on the day of the survey, according to national laws and directives, the study reported that 80% (IC95%: 78 - 83%) of Fosa had **at least one method out of stock among the contraceptive methods offered on the day of the survey**. It also showed that 43% (CI95%: 39 - 46%) of Fosa had at least three of the available contraceptive methods out of stock on the day of the survey and that 19% (CI95%: 16 - 21%) of Fosa had at least five of the available contraceptive methods out of stock on the day of the survey	Ibid.
Concerning the incidence of modern contraceptive methods being out of stock on the day of the survey, according to regular and current practices, the study showed that 68% (CI95%: 65 - 71%) of Fosa women had at least one method out of stock among the contraceptive methods offered on the day of the survey, that 32% (CI95%: 29 - 35%) of Fosa women had at least three of the contraceptive methods offered out of stock on the day of the survey and that 13% (CI95%: 11 - 15%) of Fosa women had at least five of the contraceptive methods offered out of stock on the day of the survey: 29 - 35%) of Fosa had at least three of the contraceptive methods offered out of stock on the day of the survey and that 13%(IC95%: 11 - 15%) of Fosa had at least five of the contraceptive methods offered out of stock on the day of the survey	Ibid.

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In an attempt to limit the analysis of long variance lists, it was recommended that we begin conducting monthly variance analyses. This recommendation will be applied during 2024, and **it will strengthen our stock management system.**	République démocratique du Congo Ministère de la Santé publique, Hygiène et Prévention, 2023. "Rapport de fin d'année 2023 RHCS zone Est RDC." Unité Commodités zone Est RDC. (pg3)
GOAL:- Contributing to the reduction of maternal and child mortality OBJECTIVES: **General Objectives:** - Contribute to improving the continued availability of contraceptives and other maternal health drugs (oxytocin, magnesium sulfate) at all levels of the health pyramid. **Specific objectives:** - Introduce the Contraceptive Quantification Tool - Present the forecasts of compiled contraceptive needs for the period 2021-2023 carried out 26 DPS - Update the country contraceptive needs of 26 DPS for 2022-2025 - Update country needs for other maternal health drugs (oxytocin, magnesium sulfate) for 2022–2025 Conduct the financial gap analysis for contraceptive acquisition for the period 2022-2025 - Develop the contraceptive and maternal health commodity supply plan for 2022-2025	Programme National de Santé de la Reproduction (PNSR), 2022. "Rapport Atelier de Quantification des Contraceptifs et Autres Médicaments de Santé Maternelle pour la Période 2022-2025". Ministère de la Santé, République Démocratique du Congo, with technical and financial support from UNFPA. (pg2)

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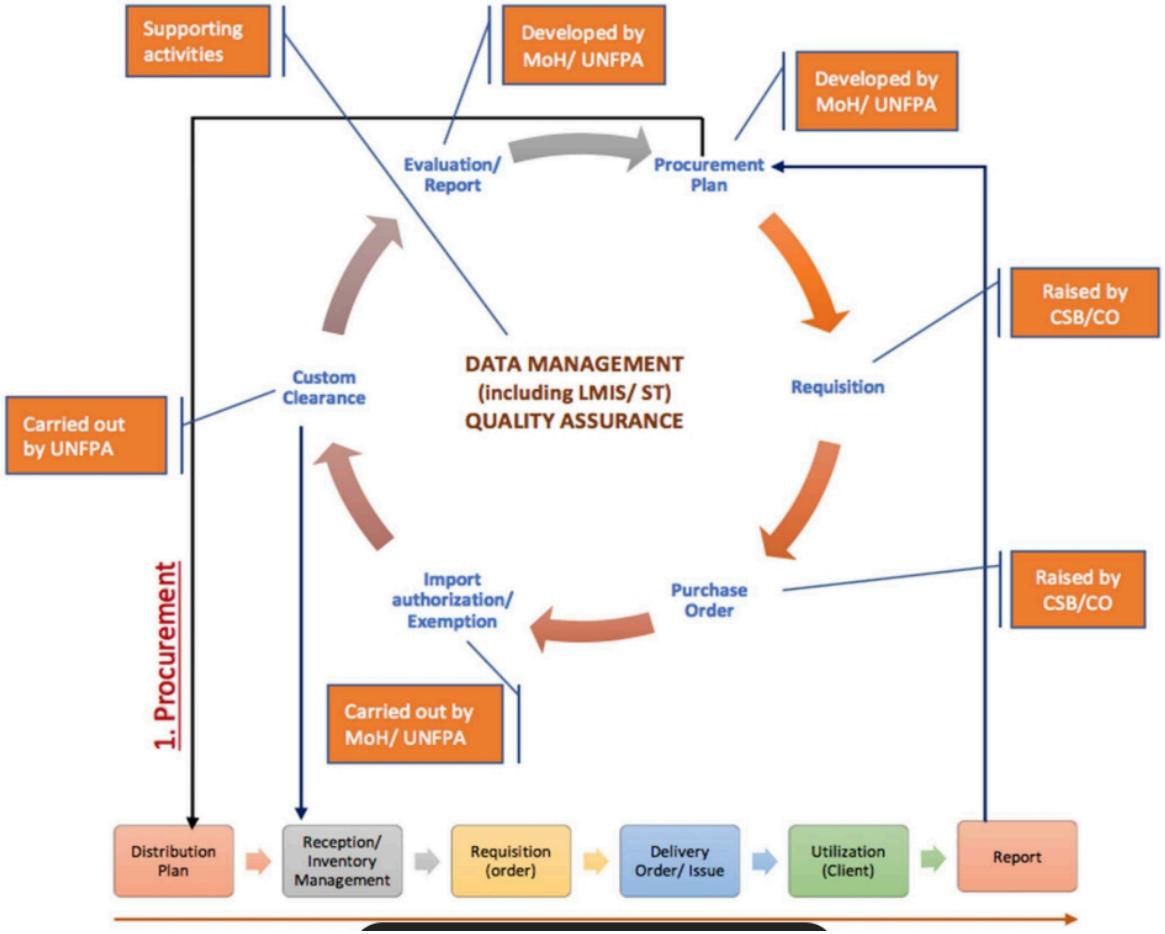
Discussion points of current challenges: - Notion of the new acceptor as reported in the DHSI2 - The hormonal IUD not registered in the country and not listed on the National List of Essential Medicines even though it is already in use **- Monitoring of unidentified products that are on the market, in demand and used by the population.** - **Marketing authorization** for hormonal IUDs - Updating the **mapping of interventions and stakeholders in family planning** through a framework Recommendations - Identification of products that are not in DHIS2 and integrating them into DHIS2. - Planning of activities to extend PMA surveys to other provinces through the PNSR	Ibid. (pg5)
Given the importance of reproductive health commodities, and therefore of SCM for programmes, the **UNFPA DRC Office has set up a commodities unit responsible for family planning and SCM.** The Unit is made up of around ten staff members working in the field of family planning and supply chain management, at both central and decentralised levels, under the direct or indirect supervision of the RHCS. Coordinator. It deals with the supply, storage and distribution of reproductive health products to reach last-mile users	Wanogo, D. A., & Charlotte, P., 2023. "Standard Operating Procedures: Gestion Supply Chain (Unité de SCM)". UNFPA. (pg2)
To achieve this objective, the Commodity Management Unit needs to put in place a robust system to build the capacity of national counterparts in SCM, place and monitor orders for HR products, clear products through customs, store and distribute products.	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)	
	Ibid

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Key tasks: 1.1. QUANTIFICATION 1.1.1. Estimating the need for reproductive health products (contraceptives and other maternal health medicines) [June and November]. 1.1.2. Develop, in collaboration with the MoH and other stakeholders, the national procurement plan for reproductive health products [June and November]. 1.1.3. Develop, in collaboration with the MoH and other stakeholders, the national plan for the distribution of reproductive health products [June and November].	Ibid.
Key tasks: 1.2. SUPPLY (international purchases only) 1.2.1. Project and programme managers must submit their procurement plans to the Commodities Unit (November - December). 1.2.2. Before ordering any products, the Amenities Unit must ensure that the products are registered in the country 1.2.3. Each year, the commodities unit organises a two (2) day meeting in Kinshasa, Lubumbashi and Goma respectively to draw up and validate a budgeted supply plan (1st meeting November year N-1; 2nd meeting June year N). 1.2.4. The supply plan to be implemented must be accompanied by a COA, the estimated dates of receipt of the products and the distribution plan (by November and December). 1.2.5. After receiving the complete procurement documentation (procurement plan, distribution plan) and confirmation of the purchase, the commodities unit will have 2 days to submit a request for quotation to SCMU (maximum of 2 days). 1.2.6. SCMU and the Amenities Unit agree to meet twice a month to follow up on planned and confirmed orders. 1.2.7. Routine order tracking is carried out using the Excel sheet, which is regularly updated by the Country Office and SCMU (and on the basis of Shipment Tracker (ST) data) [each time an order is placed or received. 1.2.8. The logistics focal point carries out evaluations of supply plans (quarterly).	Ibid.
Some tools and measurements to monitor SCM: MEASURES TO PREVENT ERRORS/DISCREPANCIES 2.3.1. Monthly gap analysis [UNFPA Warehouse/ST focal points]. (...) 2.3.2. Quarterly gap analysis [UNFPA Warehouse focal point, Inventory team Monitoring tools/data • List of CDR and PAM transactions (Warehouse focal point)	Ibid. (pg7)

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• List of UNFPA transactions (Warehouse focal point) • DS and PSDA (for the period under review) • RIR, damaged or lost property form • Form or proof of product relocation • Table of aged goods in transit • Table of expiring goods • Theoretical inventory report • Physical inventory report • ST Inventory Issuance Report • Reception report in ST (Physically received)	
As the programme has signed a contract through the general sector with our friends from the PMNS, previously it was with the PDSS, so there are always quarterly evaluations, and it is on the basis of this that we can be assessed to see what we have achieved in terms of performance. And in terms of follow-up, we have coordinators in the provinces and we also have partner NGOs with whom we work. They can also send us reports, and we analyse and monitor them to see how they are working with us. In this way, we can also analyse the data to see whether all the strategies we are implementing are working.	KII with PNSA
UNFPA could see how it could participate, contribute to the **delivery of products**. Especially in the delivery. Not only at central level, but also at peripheral level. at the central level, implementation takes place at the peripheral level. That's where the product is consumed. So if we stay at the central level, we need to monitor it, and monitor it every time, right down to the last kilometre. Where there are structures.	KII with PNSA
UNFPA supports us with inputs such as condoms, and sometimes even with certain communication materials, including printing materials such as leaflets to get the message across and support us. And that's how A supports us. For us, it's all part of that. And we know that they support us in training.	KII with PNSA
I took part in a workshop on the maturation of the supply chain for all medicines with PNAM. So we saw that, in any case in relation to the area that was discussed there, we are still a long way off. There was no area that was at 5, that had reached maturity 5. We swam between 1 and 3. There was a questionnaire on supplies, availability and quality. So there were problems. Even storage, there were all kinds of problems with the system. In any case, the country still has a lot of work to do to get there.	KII with DPS

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In general, we transport from point A to point B. And the **actual distribution is done by UNFPA and its implementation teams.** Most of the time, we are transporters from point A to point B. Maybe from the central depot, it could be CAMESKIN, PNAM, it could be ASTRAMES or PAM in Boma and take it to the health centres or a specific hospital. That remains the case. And the rest, I think UNFPA, is up to the implementation teams.	KII with TLC
Only the interior, which is manual, i.e. semi-computerised. While remaining within the procedure that the exemption is national, it is granted in Kinshasa, not in the interior. This means that there are longer processing times between the provinces and the capital. These are challenges that we need to address to reduce processing times.	KII with TLC
Kinshasa is the capital and at the same time the head office. And it is computerised. **We communicate with the DGDA's general management via computer systems. However, the internal system is still based on the 1948 manual system.** So everything is manual. You have to prepare the typed declarations, send them to Kinshasa, and have them manually stamped by Foreign Affairs. And from Foreign Affairs, it has to go up to the Directorate General manually. When it leaves the Directorate General, you have to write a letter in manual form and send it to the internal authorities in manual form. In Kinshasa, on the other hand, we do everything by computer. We launch directly and everything is more in charge.	KII with TLC
PNAM : Public service of the State whose mission is to guarantee the whole process that you mentioned, from quantification, selection and distribution through to putting medicines online. But there are functions in this process that are not carried out by the PNAM. There are functions that are not carried out by the PNAM. For example, distribution down to the last kilometre is the responsibility of the CDRs, who are there to contract and carry it out. We are also there to carry out the quantification process.	KII with PNAM
Another challenge is the quantification process. Up to now, we've started to train the operational and intermediate levels so that the data can be passed on to the national level for consolidation. But so far, we haven't managed to do it.	KII with PNAM
Several tools are currently being tested to ensure that we have reliable data from the operational levels. Another challenge relates to information, **to the promptness of information leaving the operational level at intermediate and national level. Because of connectivity problems, the information arrives a little late. Often, decisions are taken late when the information should have arrived on time.**	KII with PNAM

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We receive support from PNAM's traditional partners. We received support from the European Union in 2018, 2019 and 2020, which enabled us to **train and build the capacity of middle-level staff** here. In 2019, we trained the staff. But the problem with the staff trained here is also the instability of the staff trained. You train an agent today, but when you come back two years later, the person you find is not the one you trained. People, you know, countries, our countries here, when they find something better, they leave. And that's that. And that's how the PNAM, with the current leadership, has set up an online training system. So, instead of doing formal training in a classroom like that, we're putting training modules online so that, first of all, the cost advantage is lower, and it makes it possible to train, even when the person is newly infected, they can quickly register and be trained. So what we're doing here is turning formal training into online training.	KII with PNAM
And then there's the coaching that's done remotely to build capacity. So**, I was saying that with UNFPA here, we do receive support. As I said earlier, we have support from several partners, including UNFPA.** So, with UNFPA, the management method is also very easy. We draw up a work plan. We draw up an annual work plan	KII with PNAM
And on top of this annual work plan, we have two quarterly work plans. And in this work plan, each partner has the activities it supports. And when we do that, UNFPA also, with its support, we sign a PTA with it and it finances that PTA. Then we implement the activities. **But the big difficulty we've had since last year is that we haven't really or our activities with UNFPA haven't met with a favourable** response. So last year and practically this year, so far, we've had difficulties. We haven't had any funding.	KII with PNAM
About distribution, well, I think that first of all, it depends on the terms of our M.O.U. with the UNFPA and us, as implementation partner. For example, we've agreed that they'll give us the products and we'll take care of last-mile distribution. We do it, so they give what they can give and with DKT's resources, we organise ourselves to ensure last-mile distribution. In fact, when we look at it, **we think that the UNFPA should do a bit more in terms of supporting last-mile distribution and even demand creation too**, I think. Because otherwise, if we have the products and we don't know how to get them, for example, to the last kilometre, we don't know how to distribute them, so maybe it won't help	KII with DKT
There is a problem of accessibility because the Congo has a rather bizarre geography. Already, there are a lot of problems in terms of roads to reach the most remote areas. There is also a large part of the country, a large part of the population, that lives under water.	KII with DKT

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To get around these areas, you need means other than vehicles, speedboats and so on. These are all means that need to be put in place to be able to reach the last few kilometres. It's already a huge challenge to serve these remote populations. This is even at the root of overstocking in certain regions, where **we see that products are available in the big cities, but we can't reach the last mile because there are certain logistical constraints that mean we can't reach the last kilometre**. This is really the biggest challenge here in the DRC.	
Strengthening the supply chain. Yes, I think the partnership has contributed. In the sense, for example, of the various evaluations we've had with UNFPA. If I take the monitoring that is generally carried out, the reporting system that is also set up. Yes, I can say that I've lost track. So **UNFPA contribution has made a big difference to the supply chain.** Because we, for example, have a very large warehouse, with a very large capacity, where we manage a very large number of contraceptives. And through this partnership, several assessments have been made of good distribution practices, and so on. And UNFPA always provides recommendations on how to run the warehouse.	KII with DKT
I think **it has also provided a great deal of support in the product supply chain. And even on recommendations on distribution, on how to transport products from here to the facilities**, we've received a lot of recommendations that we've put in place, which, for me, represent a contribution from UNFPA in the management of our logistics chain. I don't know about other structures or other organizations that work together, but at least for us... and they can do that for 4 or 5 structures or 5 organizations.	KII with DKT
I think that this programme really belonged in the Government's support package because they did something. Firstly, **in terms of staff training, it's a real plus.** We've trained government staff, implementing partners and supply chain managers. This is very important. Secondly, we have **set up logistics units** in different types of provinces so that all the knowledge we have learned can be passed on to each province.	KII with APSME
the impact is firstly the availability and then the quality of the product, and the approach we have adopted or are implementing is last-mile assurance, which means making sure that products are available and of good quality right up to the last kilometre, to the last beneficiary, So we're raising awareness, we're teaching all the partners, whether state or private, to respect the supply chain, and we're training them in five areas, so we're really looking at everything to do with delivery and distribution, i.e. delivery, we see the UNFPA to the partner or to the country, and distribution, we see the partner who has received the product to the decentralised warehouses and then to the partner	KII with APSME

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again or to the relay depots and then we also question stock management, we look at how they store, how much has been delivered, how much has been distributed, what's left in stock, are there any out-of-date products, are there any broken products and then how do we manage the stock?	
Sometimes we tell them that there are WHO standards for storage, and we assess them to see if they have 10%, 20%, we check the storage conditions, do they have hygrometers, is the warehouse ventilated, is there a smoke detector and therefore what are the risks and frauds? Are they capable of detecting risk and fraud? Do they have internal controls and how do they manage products coming from UNFPA, which is SSR, and other partners who donate them? We've seen a lot of limitations, a lot of weaknesses that we've checked in relation to the same products that are managed by two partners or UNFPA is not well managed but for the other partner, the global fund, the same products are well managed because UNFPA gives and as soon as we become responsible we continue, but on this side they give, they do the follow-ups, they're behind it and they're afraid of people who are close to them being sanctioned, whereas if UNFPA gives, they say that we're giving to you.	KII with APSME
In one way or another, **the product reaches the last kilometre. And, as we said, it can arrive with delays because there are all the constraints in that chain to reach the last kilometre.** The principle for the DRC is that the product is managed at the level of the CDRs or general distribution centres.	KII with TULANE
But regional distribution centres already have very high costs. Management costs and distribution costs. I'll be clear with you: we never pay distribution costs to CDRs because they are enormously expensive. **And if UNFPA doesn't already have the means to subsidise this, the other partners won't be able to. We're looking for ways for the provinces themselves to find vehicles to take the products from the regional depots to the last mile. We're not going through the channels.** **You can understand the difficulties this can cause. There are regions where it rains almost all year round, and the roads are faulty. If you have to take products there, if you don't have large quantities, you're going to take them.**	KII with TULANE
If you're going to deliver to the last kilometre, you're bound to run out of stock because the next delivery will have to wait until there's a break in the rain. This is a real problem. In some provinces, there are groups of medicines that try to make arrangements and transport them for everyone.	KII with TULANE

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If there is a partner, for example, a major partner like ProSani, the integrated health programme, which delivers products to the areas, then they can take advantage of this to take products from other projects and bring them to the last mile. So you understand that these are adaptations. And the biggest challenge in getting products to the last kilometre is much more the problem of resources. And that's it. So that's it. It really is a very serious problem in our current context.	
And you understand that UNFPA is already one of the donors providing contraceptives to the country, don't you? Apart from the other funding i**t provides for health and reproduction, in particular for activities related to the fight against breast cancer, fistulas and so on, because they do a lot of that, they also put a lot of money into support and capacity building. So, for contraceptive products, they also provide training for family planning providers. Without forgetting that there is also an important component, because UNFPA also supports the programme in which I work, the reproductive health programme, in other advocacy activities,** to express priorities to those who have to make decisions so that the environment is favourable and conducive to those who can achieve our objectives in relation to family planning.	KII with TULANE
Well, it has to be said that this task has been made much easier for us by our decentralised warehouse, you're talking about CAMESKIN, which provides us with a monthly management report. And in this management report, there are already alerts on products that are ready to expire. **And when we get alerts like this, we take steps to find out where we can give these products. We think they can be consumed quickly. And that's the situation in decentralised warehouses.** But the data that comes back to us from the delivery points, to say that the product is so good that it's going to expire, that too is a challenge. It's not something we have these days, because people have been trained in reporting, even in the systems, but **it's one of the types of data for which we still have problems getting people to report.** But it's like the others have said, particularly **Franck, sometimes these expiries are not linked to slow consumption, but we've been given products that are not the priority products ordered for us.**	KII with TULANE
The fact that they bring together all the stakeholders is their strength. Because the Government is there. The partners are there. And we, the implementing partners, are invited too. **I think that's the strength of this quantification activity. Because all the stakeholders are here. And everyone is bringing their strengths to this exercise. That's the strength.** The weakness, as I've already said. Because at some point, those who come do not have all the data. And because we don't have all the data, we use other mechanisms to arrive at this quantification.	KII with ABEF ND

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So, in addition to supply, **our mission is to strengthen the capacity of the supply chain as a whole**. So we are working on this with the PNAM and the PNSR. We are working to **strengthen, for example, the logistics management information system**, the SIGL.	KII with UNFPA
We are helping to **train staff in logistics management. We collect data, and all this through the PNAM and the PNSR, and through direct support to the DPSs.** There you have it.	KII with UNFPA
The whole supply chain, when you look at **quantification, comes to support two quantification workshops each year, for contraceptives and other maternal health medicines, through the PNSR and the PNAM.** We do quantification. We also buy products for the Government.	KII with UNFPA
Here in Kinshasa, I **have two people directly involved in logistics management, and I have a consultant who provides support. But I'd really like to see more staff in this area**. So, if I come back to the... Government restrictions,	KII with UNFPA
So the PNAM is a great partner for us, and so is the PNSR. We support the medicines committee, we support the supply sub-committee, we support the activities of the technical working group, we support the working group on reproductive product safety, which we helped to set up. And we're there for everything to do with the supply chain and family planning.	KII with UNFPA
But in the NGO circuit, the products actually arrive at the last mile. In fact, the last kilometre. So, in all cases, the NGOs work in the health zones, in the public health structures. They are working on a database. This database, because we were doing all the monitoring on Google Sheets and things like that, so he's creating the database that will enable us to find out which facilities are really benefiting from our products through the NGOs. We're going to do this mapping and then see where we don't have the big NGOs and where the Government is taking, how to support them so that it reaches the last mile.	KII with UNFPA
So you have to look at both sectors. When I'm with the NGOs, they take care of the transport themselves, and they send it to the last kilometre. **But when I'm with the Government, the products that are donated, we still have to be able to send them that and also ensure transport to the last kilometre.**	KII with UNFPA
Each quantification workshop used to cost us around USD 20,000. Maximum USD 50,000 for two quantification workshops a year. That's fine. So, today, quantification workshops for reproductive health products, because when these national quantifications are piloted by the PNAM, cost more than a million dollars.	KII with UNFPA

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But when it comes to quantifying reproductive health products, we are currently between USD 100,000 and USD 150,000. UNFPA is contributing, USAID is contributing, the World Bank is contributing. We were supposed to hold a workshop in June but were unable to do so because 70% of the funds were to come from the UGPDSS.	
Quantification, 70% paid for by the PDSS, but so far they haven't disbursed the money, so we're a bit stuck. But otherwise, the quantification process has capacity. People are trained, they know. When we have the data, whether it's good data or bad data, we use the whole process to clean it up, make adjustments, extrapolate and so on. People know this, and they're doing it by using USAID's 4QAT software to quantify reproductive health products, including the SR type that we're going to integrate into this quantification that's coming up. **Again, why are we between 100-150000 dollars? Because it's a bottom-up quantification. The people in the provinces are involved in collecting data and initiating quantification exercises at their own level, and they will pass on this information. Some of them will be present at the quantification workshop in Kinshasa.**	KII with UNFPA
But we also have the tools we need. We have the commitment of donors, technical and financial partners like UNFPA through ZZT 05, so UNFPA Supply. But there is still a lot of work to be done to improve the quality of the data.	KII with UNFPA
if there wasn't a UNFPA supply on the ground, I don't know what would have happened to family planning. But the weakness that I see is precisely not supporting management costs. There you have it, everything cooperative. The purchase, stop, that's it, the GAS cost. Because if you give 8 million products to a country, how do you ensure that these products are not going to stay in the port or at the airport? **How do you ensure that these products are stored correctly? And how can you make sure that these products will get to the last mile? So there is, I would say, a part of the chain that normally escapes UNFPA Supply**. Because as soon as the product arrives at the port or airport, stop. But depending on the country context, there are countries that eventually take the product and manage to distribute it. But not all countries do. So we have to make a case-by-case analysis.	KII with UNFPA
For me, UNFPA supply means having technical advisers in the countries to reinforce, support, and pay the salaries of certain staff at local level. To be able to strengthen the chain, that's great. They also pay staff for family planning. But what I'm seeing is that if we don't make a case-by-case analysis, to be able to support some of the countries, like the DRC, to get their products out to send to the last few kilometres, that poses a certain problem.	KII with UNFPA

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Quantification exercises are carried out in the provinces, under the supervision of the national directorate. **But the purchase of medicines is a matter for the management and the UNFPA. For us, the fact that we have to undergo, we see the quantification, there is quantification software at central level, we say,** here are the stocks that need to be sent to central Kongo, here is the level of stocks that need to be sent to central Kongo, and this is done at central level between UNFPA and our management	KII with PNSR PROV KC
We're not aligned with provincial policy. The province's policy is that all stocks of medicines should be deposited with the CDRs, and that the amounts involved in bringing the products together up to the last few kilometres should always be deposited with the CDRs, whereas all we do is draw up the plans, and the CDR will deposit them with the facilities. So far, we're still suffering from this. Often, it's Kinshasa that comes with vehicles and drops them off at the facilities.	KII with PNSR PROV KC
Because at CDR level, we can always manage the product very well. In the sense that, if there's a stock that's close to its expiry date, we can immediately use that stock first. But when we go to the structure level, we put everything there. And that's creating problems for us in terms of follow-up. We sometimes... We don't have the appropriate funds for monitoring. We can graft ourselves onto another mission.	KII with PNSR PROV KC
It's also true that we've already spoken with the heads of UNFPA and the central CDRs so that they can align this policy of counting quantities several times, but it hasn't really materialised. Except that some time ago we donated products to treat cases of sexual violence. A batch of them went through the CDR. This is the only donation that has gone through CDR. But it's not very, very effective, as is UNFPA national policy. There may also be a difficulty here in continuing to exchange ideas to make it more appropriate	KII with PNSR PROV KC
The difficulty at our level is that the product leaves the central level and goes to the health zone. Sometimes it gets out of hand. At one point, we even had to talk to the UNFPA supply chain team to say, well, even if you can send the product directly to the health zones to make transport easier for us, you have to inform us at every stage, even copy us when you draw up the delivery note. We can know that a particular health zone has received a particular quantity of product, and that can make it easier for us to monitor. But as soon as the product leaves the central level and goes directly to the health zone, we lose track of it. Without communication.	KII with PNSR PROV KC
As the NUEW has not yet aligned itself with the CDR circuit, it goes directly. But if it had already aligned itself sufficiently, this product would have landed directly in the CDR. The health zones would be supplied regularly, according to their needs. And the advantage we have with CDR is that it has large vehicles. In other words, they can draw up a programme.	KII with PNSR PROV KC

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The health zones also have the option of approaching the CDR at any time they need supplies, without any problem.	KII with PNSR PROV KC
The CDR, which manages the day-to-day operations, can balance the situation, can say to itself that there are needs expressed by the zone, such and such a quantity is perhaps too much, we can balance it out. **UNFPA in central Kongo is only concentrated in 10 health zones. In general terms, if we take a general overview, it's 10 health zones out of 32 health zones.** Also, there is a problem of overstocking, we, at our level, can easily take it, and bring it to health zones, it is enough that there are traces that the drug is consumed. Because maternal health is one of the most sought-after problems.	KII with PNSR PROV KC
Quantification process: we used the population-based method. We said to ourselves, with such and such a population, for example malaria is perhaps as many episodes per person, per year, that was a bit like it. It's an exercise that's not done regularly, but it stopped at provincial level. Ideally for us, this exercise should be carried out right down to grassroots level, where the real needs can be expressed. But the exercise stopped at the provincial level. Quantifications are not ascending but descending	KII with PNSR PROV KC

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 reaches end users. (Links to theory of change causal assumption 7)
Indicators **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). **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. **3.3.3** Changes in scheduling/availability of services to improve access for women and girls. **3.3.4** Reduction in frequency, duration and severity of stock-outs at national and sub-national levels. **3.3.5** Absence or reduction in the frequency and level of over-supply and unused inventory. **3.3.6** Improved data capture and reporting and tracking of commodities from port of entry to end users. **3.3.6** Changes and adjustments/reallocation of procurement and shipment of reproductive health/family planning commodities and products to match changes in demand.

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3.3.7 Timeliness of shipment of identified needed commodities and products during humanitarian crises. **3.3.8** Views and experiences of UNFPA staff, national health authorities, national medical stores staff service providers and women and girls accessing commodities.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
A range of modern contraceptive products and essential medicines of maternal health, saving lives by putting in place more sustainable systems and ensuring greater visibility of the availability of these products right up to the last mile.	République Démocratique Du Congo Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg3)
The strategic objectives of this Partnership are to: Promote harmonization and integration of the chain of supply	Ibid. (pg4)
As part of its support to the PROMIS-PF project, UNFPA provided partners (DKT, MSI and TULANE) with contraceptive commodities worth a total of USD 8,983,692 (see details in Table 2.1, Table 2.2 and Table 2.3) for the period 2019 to 2021 including UNFPA contribution from its own budget. This amount, like the amount in Table 1, does not include PSB's administrative costs, insurance, transport (international and local), storage and transport of products to the last mile.	UNFPA, 2022. "Rapport Annuel Du Projet PROMIS-PF - Periode 2021". (pg3)
In line with UNFPA commitment **to fill the contraceptive supply gap** to enable the continued implementation of the project's interventions, UNFPA**, in addition to the commodities purchased with the project budget, made available to partners complementary commodities from its own endowment worth USD 3,065,334. Commodities were distributed in the project's areas of intervention according to distribution plans that were developed by partners and shared with UNFPA.**	Ibid.
UNFPA interventions under the project include **monitoring the quality of commodity management at all levels as** well as their availability at the last mile to enable populations in need to choose and use quality commodities.	Ibid. (pg5)

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 reaches end users. (Links to theory of change causal assumption 7)	
Over the course of 2022 and 2023, the capacities of managers at the central level of the MoH and of non-governmental organizations, as well as those of all the provincial health divisions, have been strengthened by spot-checking commodities.	République démocratique du Congo Ministère de la Santé publique, Hygiène et Prévention, 2023. "Rapport de mission de spot check LMA réalisée dans la province du Kongo Central du 06 au 14 août 2023." Programme national de Santé de la Reproduction. (pg2)
General objective: Contribute to the improvement of the supply chain management system of the reproductive health facilities.	Ibid. (pg2)
The aim of this survey on reproductive health product security was to determine the values of indicators for monitoring the reproductive health product security (RHPS) programme in health zones (ZS) that have integrated family planning and maternal and reproductive health services in the DRC.	République démocratique du Congo Ministère de la Santé publique, Hygiène et Prévention, 2021. "Rapport final de l'évaluation des indicateurs pour le suivi du programme de SPSR en RDC." Programme national

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 reaches end users. (Links to theory of change causal assumption 7)	
	de la Santé de la Reproduction. (pg5)
Key results: • Eight out of ten health facilities have experienced a stock-out of contraceptive methods respectively of at least one method in the three months preceding the survey • Four out of ten health facilities have experienced a stock shortage of contraceptive methods respectively of at least three methods in the three months preceding the survey • Nearly one health facility in ten has experienced a stock-out of at least five contraceptive methods in the three months preceding the survey. **- Stock-outs are more common in rural health facilities** - Nearly 8 health facilities were out of stock of at least one of the methods they offer on the day of the survey. • **One health facility in three was out of stock of at least three of the methods it offers** on the day of the survey. • Just over one health facility in ten was out of stock of at least five of the methods it offers, on the day of the survey	Ibid. (pg30)
We report that 84.1%, 49.1% and 22.7% of health facilities had experienced a **stock-out of contraceptive methods** of at least one method, 3 and 5 methods respectively in the 3 months preceding the survey. **The proportion of health facilities that had experienced a stock shortage in the last 3 months is higher than that reported in 2019.** In fact, these proportions were 81%, 41% and 17%, respectively of health facilities that had experienced a stock shortage of at least 1 method, 3 methods and 5 methods in the last 3 months prior to the survey in 2019. The COVID-19 pandemic seems to be one of the reasons for all the measures relating to border closures, etc. Stock-outs of at least one method over the last three months have been reported more in rural health facilities	Ibid. (pg30)
In this report we will talk about the values of products distributed, those of products received, those of products in stock, the status of shipment tracker updates in relation to gap analyses, audits and LMA evaluations, the values of expired products, the overall summary of distributions, as well as the support of the RHCS unit to the Scale-up.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2023. "Rapport de fin d'année 2023 RHCS zone Est RDC." Unité Commodités zone Est RDC. (pg1)

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 reaches end users. (Links to theory of change causal assumption 7)	
In conclusion, during the year 2023, we received products for a value of USD 3052997, we also distributed products worth USD 4700809.80 and also have a stock of already expired products for a value of USD 2495.62. As of 31 December, of the same year, the products in stock, amounted to a value of USD 3346411.6. As far as the scale-up is concerned, we distributed 76,772 tons of SR kits, dignity kits, as well as medical materials and equipment, all of which had a volume of 583,403 m3. From the above, without ignoring the challenges encountered, **we note with satisfaction the significant achievements and progress made in the operational activities implemented during this year.**	IBID. (pg27)
The problem here, **in our country in general and in the capital in particular, is that there is no estimation from the base**. So that's the problem. **Estimating from the bottom up is not done**. **Planning tends to be top-down,** even though it should be bottom-up. We start with the base. The base expresses its needs and its needs rather. Then you go up and the national level carries it out. But the national level does its planning on the basis of use. It looks at the DIHS2 to see what has been used. Then it makes an estimate. As you can see, even at the basic level, not all establishments are taken into account. So that's why the needs are underestimated. Secondly, compared with other products, the Government has to do its bit. We depend on our partners.	KII with DPS
With the UNFPA, we even receive from the Government or by machine. Yes, they generally assess from here to the provincial warehouses and even in the health facilities to see if the whole chain, right up to the end customer, is going to have its method, if certain packaging conditions in relation to each product are respected, until the end customer has its method.	KII with DKT
In the work plan we have with the PNAM, **we are in the process of initiating the development of stock management software, which does not currently exist in the DRC. And as I said, it's still we have, we're going to initiate that with UNFPA Supply,** we're going to send the catalytic fund. But it's clear that it goes beyond what we're going to send the highest level of funds to start with.	KII with UNFPA
We have the tent, the mobile clinic, where they can benefit from other services. And when they finish at the end of the day, for those who are giving the clinical methods, they give to the peer educators, the encoders, who encode. And directly, in the platform, it gives a report, and it allows us to have a report. Who developed this application? It was developed by us, with the support of UNFPA.	KII with AFRIYAN
Because the funds are deposited in an account, and very well monitored. Because UNFPA also has activities that it can carry out directly, at grassroots level, activities that fall within the Government's remit. The funds are deposited in the DPS accounts and regularly monitored in terms of how disbursements are made, because there is software that	KII with PNSR PROV KC

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 reaches end users. (Links to theory of change causal assumption 7)	
fills them in directly. How disbursements are made at any given time. When they submit, it's everyone who can read, who can see, how things are going at the level. But it's the medicines that need to make the effort.	

Assumption 3.4. The Partnership commodities **reach the last mile** in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
Indicators **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. **3.4.2** Developed strategies, adapted to different contexts, to improve last mile delivery and assurance using high-quality data and product tracking. **3.4.3** Extent to which SCM and delivery to service delivery points has improved, or continued, across humanitarian/conflict/crisis Partnership countries. **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. **3.4.5** Views/experiences of UNFPA staff partners and other relevant stakeholders about the LMA approach.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
The strategic objectives of this Partnership are to: Ensure last-mile supply of contraceptives and other maternal and newborn health products	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg4)
The Country Office is committed to meeting UNFPA requirements for last-mile availability of contraceptives and other maternal and newborn health products. It also undertakes to comply with the requirements of the reporting deadlines and the transmission of information in accordance with the results framework.	Ibid. (pg9)

Assumption 3.4. The Partnership commodities **reach the last mile** in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
UNFPA is responsible for the procurement, customs clearance, storage and distribution of contraceptives in the project's 10 target provinces received USD 8,729,120 out of the USD 8,783,421 earmarked for the provision of quality amenities at the last mile. **UNFPA office in the DRC has a supply chain management unit that supports the country in the entire process of quantifying, ordering, clearing, receiving and storing products**. It is therefore this unit that, as part of the implementation of the project's interventions, acquired the products worth USD 5,918,358 from the budget made available to it by the project partners. Table 1 shows that 77%; 3.5% of orders were received in 2019 and 2020 respectively. For 2022, 19.5% of the property is in transit. UNFPA office in the DRC has a supply chain management unit that supports the country in the entire process of quantifying, ordering, clearing, receiving and storing products.	UNFPA, 2022. "Rapport Annuel Du Projet PROMIS-PF - Periode 2021". (pg2)
Key results: • **More than 8 out of ten health facilities had stocks of oxytocin** • **Less than half of health facilities had magnesium sulphate in stock** • **More than six out of ten health facilities had access to at least seven vital health medicines nursery/reproductive** • **Urban, secondary and tertiary level health facilities and those belonging to NGOs had very good availability.**	RDC Ministère de la Santé publique, Hygiène et Prévention, 2021. "Rapport final de l'évaluation des indicateurs pour le suivi du programme de SPSR en RDC." Programme national d'Approvisionnement en medicaments. (pg28)
Overall, 81% of facilities had oxytocin in stock (available on the day of the survey), less than the 85% reported in 2019. Magnesium sulphate as an essential medicine was available overall at a low proportion of 47%, slightly more than the 43% reported in 2019. Overall, the proportion of health facilities that had seven vital medicines for maternal/reproductive health (including 2 essential medicines: oxytocin and magnesium sulphate) was 65%, a higher proportion than the 56% reported in 2019.	Ibid. (pg28)
During this survey, the data collected showed that 80.1%, 42.5% and 18.6% of health **facilities were out of stock of contraceptive methods**, respectively of at least one method, three methods and five methods on the day of the survey. As with the above indicators, the COVID pandemic seems to have had an impact on the supply of	Ibid. (pg34)

Assumption 3.4. The Partnership commodities **reach the last mile** in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
contraceptives. In 2021, there were more stock-outs than in 2019. In 2019, 76%, 34% and 13% of health facilities were out of stock of contraceptive methods of at least one method, three methods and five methods respectively on the day of the survey. In contrast to 2019, stock-outs of at least one method on the day of the survey were more common in rural facilities.	
During this survey, the data collected showed that 80.1%, 42.5% and 18.6% of **health facilities were out of stock of contraceptive methods**, respectively of at least one method, three methods and five methods on the day of the survey. As with the above indicators, the COVID pandemic seems to have had an impact on the supply of contraceptives. In 2021, there were more stock-outs than in 2019. In 2019, 76%, 34% and 13% of health facilities were out of stock of contraceptive methods of at least one method, three methods and five methods respectively on the day of the survey. In contrast to 2019, stock-outs of at least one method on the day of the survey were more common in rural facilities.	Ibid. (pg36)
This year, we organized a **joint LMA audit and evaluation mission with PNAM** within the structures that received our products during the year 2022 and the first quarter of 2023 (...) **In conclusion, there were huge shortcomings in the management of the outputs provided by UNFPA to these structures.** To this is added the problem of visibility and traceability (because some structures receive products from UNFPA and other partners as well), although these last two aspects are not generalized, they only apply to some of the structures visited.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2023. "Rapport de fin d'année 2023 RHCS zone Est RDC." Unité Commodités zone Est RDC. (pg4)
Because the fact is that there are places where you can't find the products, and sometimes the product may be there, but there are places where there are ranges that aren't there, and sometimes there are restocks. So people need them. That's the problem we're really seeing.	KII with PNSA
C1: But did you notice any improvements three or four years ago? PNSA: **No, I would say that so far has been no improvement, because sometimes the products arrive at the last mile, even in remote areas. Sometimes the products arrive late, so that the expiry dates are so close. The question is, why do we have products whose expiry dates are so close? We know that these products are kept in local pharmacies, hospitals and other facilities, and that they will expire very soon.** In other words, we understand that the **supply system has not been corrected to any great extent**. Improvements in this area could also help healthcare workers.	KII with PNSA

Assumption 3.4. The Partnership commodities **reach the last mile** in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
It is PNAM that must work with the partners who support the Government to coordinate the stories correctly so that the supply is done correctly for our country, for the DRC practically, so that the products are exempted so that they can linger at customs and that the health products of the countries, with time, in time, they are routed. It is PNAM's job to help its partners get the product to the last mile.	KII with PNSA
The real challenge is accessibility. We have a road problems. It's a real headache. If we have to use even the on-board resources we have, sometimes inside we use motorbikes. You'll find that these are products that need to be kept at a certain temperature. Sometimes they can arrive at their destination already deteriorated. That's the challenge. The main problem is the roads. So transport is too expensive, otherwise it's complicated to use air transport. The runways, the landing, I think that the solutions that we can propose, if we use the air route, the sea route, that's true, and then we use the motorcyclists who can always help us in that sense. But they also need to be paid, and that's the problem too.	KII with PNSA
As far as the challenges are concerned, I would say that they are of several kinds. If we start with the availability of RH products in the city and province of Kinshasa. **Availability is a huge problem. We are faced with a number of disruptions. Shortages of inputs and RH drugs, especially contraceptives.** Today, in the provincial city of Kinshasa, there is a breakdown almost everywhere. There are no contraceptives. Because all the sub-recipients, the partners who support the establishments, the care and the health zones are practically at the end of the project. There is a real problem with availability. The situation has improved somewhat with the advent of the CSU (Universal Health Coverage).	KII with DPS
Up to now, for the last few kilometres, we have other types of product, if I can put it that way. There are products financed by the Global Fund and the World Bank. And the others, USAID. There, there is no problem. The product is often transported to the last few kilometres. But the only problem is that not all healthcare establishments benefit from these products. There is a selection process. There are a few facilities that benefit. But not everyone.	KII with DPS
The challenges are on several levels. To begin with, you look at the DRC. It's a very complex country. **The cost of distribution is prohibitively expensive.** Because it's in these countries that we have the drone system. With distribution, if you take the safest means, it's planes. When you take the product that has to leave here for the provinces, Katanga, which is 2,000 kilometres away by plane, the price is high.	KII with PNAM
the situation is that there are populations that are accessible, **but there are also populations that are not really very accessible. It has to be said that some populations are difficult to reach. We have to recognise that. There are populations that are difficult to reach. That's why we use strategies, several strategies, specific**	KII with PNAM

Assumption 3.4. The Partnership commodities **reach the last mile** in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
strategies for unreached populations, for populations with difficult access. You have local populations who live in areas where it really takes time, resources and all that to supply the health centre with medicines. So there are strategies that are much more specific... It's very specific. In fact, it's hard to understand the reality of the DRC from an office like this. But when you get out into the field, that's when you really get to feel the reality.	
We need to serve the farthest reaches of the DRC, but we can't do it. For example, we took the initiative at DKT level to draw up a budget for the cost of distributing products. **We passed this on to UNFPA. We discussed it, but unfortunately it didn't work out because they were somewhat limited in terms of funding.** If I had to make a plea, I'd go so far as to say that, for example, **donors could also provide a little more funding for UNFPA to enable it to take on some of the burden of distributing products.**	KII with DKT
Main difficulties with Last Mile Assurance: The difficulties are in each area of integration last mile operates in 5 areas in terms of delivery there are quite a few difficulties UNFPA there are delivery times that are sometimes not respected there are sometimes products that arrive at the carriers that are not qualified there is sometimes the candidate who orders that does not meet the needs sometimes it is close to expiry and that always creates inconvenience. **And this has repercussions on all the other areas, and when we distribute, sometimes there are people who take into account the plans for fair distribution without taking into account the needs of the health structures, but others who take into account the orders placed with them, otherwise we say that the order is better because someone has expressed their needs, but in other health zones, we don't see any fair distribution, always falling into overstocking and the expiry of certain products as a result.**	KII with APSME
Health structure, which provides the service, was not built with the supply chain in mind. Sometimes nurses' or doctors' offices are turned into warehouses, which are either cramped or not aligned, and sometimes when we come looking for a particular product, even the manager doesn't know where it is, but when we go behind the boxes that are scattered around, we'll find the products in question, and let's not talk about equipment	KII with APSME
the management tools also pose a problem, there are some forms that pose a problem, there are some order forms, sometimes we also have these budget lines that we need to reproduce the tools and then give them to them.	KII with APSME
The country is big. The availability of products because you can find products in Kinshasa, but maybe you won't find products at the equator because of access, roads, distance and all that. It's the availability of all the ranges throughout the country.	KII with ABEF ND

Assumption 3.4. The Partnership commodities **reach the last mile** in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
I think that's one challenge. T**he other challenge is the supply chain, i.e. getting services to the last mile. Because normally, when UNFPA funds a project, they take the products to the health centres.**	
When products arrive in health zones, ABEF organises their transport to the facilities. And when it arrives at the facilities, the community members, who are the DBCs, are served there, and then the beneficiaries, who are the clients, are served there. But in other cases, **when the products arrive in the health zone, it's difficult to get them to the last kilometre, especially in rural health zones. Because in health zones, distances are so long, and means of transport are not always available. There are also stock-outs. That's another challenge.** There's a shortage of certain products. Because I think there was a time when we had moved on without pills. There were fewer pills.	KII with ABEF ND
The **major challenges are often found at what I might call the intermediate level.** Because at the UNFPA level, you can supply directly to your partners or to the Government. Now, the levels of Government to the point of delivery, that's where there's a big challenge. **The first big challenge is transport. Transport is a problem. UNFPA does not provide transport** for transport's sake. **Transport is needed from the health zone to the point of delivery**. That's where the real challenge lies. Products can be at the health zone level. Now, from the health zone to the point of delivery. There's also a big challenge because there are pharmacies in the health zone and at the point of delivery. There too, there's a big challenge. Because the premises are not suitable for supplying them.	KII with ABEF ND
The challenge also relates to the areas of intervention. You'll see that there are products that go out of date in such and such a health zone. But since they can't supply elsewhere because there's a shortage, they don't intervene.	KII with ABEF ND
Transport is really the bottleneck. Because when it reaches the health zone, the health zone has to be able to transport its products to the facilities. But the health zone doesn't have a budget line for transporting these products. So there's The means of transport. There's also a shortage of service providers, of trained structures that have to... I think it's more transport. **Geographical access is the problem.**	KII with ABEF ND
Access to the last few kilometres, first of all, you have to look at the context of this country. Geographical accessibility is very complicated. If I want to supply Equateur with the products that are in Kinshasa, they have to leave from Kinshasa by plane. **You have to pay. And as I said, this GAS cost is expensive. UNFPA supply can't stand it.** And the country doesn't have enough resources. The Government, which should normally be in charge of these things, is not doing so either. It's true, we're talking to them through the compact and all that, but they're not doing it.	KII with UNFPA
We have an agreement with Sanru, which helps us to send the products. They ask for products for some of their health zones, but the DPS also needs them, so they send everything. So, based on that, the products will arrive at the health zone or the DPS.	KII with UNFPA

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To send them to the last user. So, to answer your questions, in the public sector we have money problems. Without government involvement, it's difficult for products to reach the last mile easily.	
We have everything. There's really no problem. We have different ranges. **The other challenge we face is from the UNFPA Supply Chain Management Unit, because products are often delivered late to the country.**	KII with UNFPA
Normally, the partner should transport the medicine to its destination in good condition. What's the point of giving us medicines that are close to expiry? That have been transported. So that we can give them to the population. A molecule that is dubious. Even by its quality.	KII with ZS BOMA
Here. The partner. He brought the medicine. To the health zone. Because it's accessible. The other zone chief doctors have to take responsibility. To bring their medicine to their health zone, which is isolated, who will pay. So you see, they will have to pay. It's a way of contributing because if the partner, It depends on what you've agreed. It's a partnership. I'll bring you the medicines. You pay for the transport. If you agree. I will make the molecules available to you. But if the partner says no. Because of the efficacy.	KII with ZS BOMA
Prior convenience. For EPI, for example. There are certain EPI activities that pay for the transport of vaccines from the antenna to the health zones. And from the health zones to the health areas. That's the EPI. But for other partners, it arrives at the level of the zone and the zone is responsible for taking the inputs and bringing them to the health areas. It's case by case. On a case-by-case basis.	KII with ZS BOMA

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	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.				

	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.

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. **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**
There is already a budget line in the PNSR Programme budget for the purchase of contraceptives and other maternal health medicines, to which the Government has committed in FP2030 and UNFPA COMPACT 2023 to allocate USD 5 million each year to finance medicines, including contraceptives.	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg3)
The missions pursued by this partnership are -- Helping UNFPA partners to prioritise reproductive health (RH) in general and family planning (FP) in particular as an essential component of sustainable development at national level.	RDC Ministère De La Santé Publique, Hygiène Et

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.	
	Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg4)
The strategic objectives of this Partnership are to : Increase the country's contribution to the financing of FP and other quality RH services	Ibid. (pg4)
In order to contribute to the achievement of the Millennium Development Goals (MDGs 4 and 5), which UNFPA, in the quest to contribute to achieving zero unmet results in family planning, provides financial and technical support, **the MOH has developed, through its specialized program, the PNSR.** the National Strategic Plan with a multisectoral vision on family planning, which is aligned with the National Health Development Plan (PNDS) itself planned for the period from 2011 to 2015, which takes place between 2021 and 2025 with a view to 2030.	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Rapport Des Activités De ZZT05 Pour La DPS Maniema. Division Provinciale De La Santé, Province Du Maniema". (pg2)
What do you think of the Government's contribution? PNSA: I don't think the G**overnment has enough resources**.	KII with PNSA
In my opinion, as the **Government doesn't have the means, partners are very necessary,** and... One way of stimulating the Government is to ask it for a proportion of its support. Even if the partners give a certain amount, t**he Government should also give a certain amount. And that will also enable it to keep an eye on the quality of the products.** Because if you don't, leaving everything in the hands of the partners means you no longer have a say or an eye on quality, and especially since the people belong to the Government.	KII with PNSA
We are stymied by this problem of disbursement. And so has the Government. Since it bought the three million, you see, with the free maternity programme, the Government has mobilised, I think, USD 45 million for this project	KII with DPS
I think that today they still have to bail out because it's all over already. Because we've already scaled up. All the provinces today, I think 12 or 13, 14 provinces, are already applying free maternity. The aim is to scale up to all 26	KII with DPS

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.	
provinces. But we've already run out. They were already asking us to supply them, to give them the means. But I don't know where we stand at the moment.	
The Government's position, there is still a will. There is a will. Because last year, I think the Government supported the purchase of medicines and health products to the tune of almost... I don't know how much. But it's a fairly substantial amount. So, two years ago, it supported the purchase of reproductive health products. We can even give you the amounts through UNEFI's electricity. We are continuing to lobby for a specific line in the State budget for reproductive health products.	KII with PNAM
What is your perception of the State's contribution to the financing, acquisition and distribution of products, etc.? **I'd say it's low or almost non-existent.** Because if you look at the statistics, the last time the state released money to buy contraceptives was in 2018. I'm thinking about 2018-2019. But there is a budget line in the national budget for the purchase of contraceptives. But this budget line has not been released. As a result, **the state itself cannot afford to buy contraceptives for the population. The state falls back on the partners who should be helping the state to cover these needs, in particular UNFPA and the others that will follow.**	KII with DKT
There are certain political priorities that come into play, which mean that some lines have higher priority than others. And at a certain level, there are also what are known as unforeseen circumstances, which can mean that money earmarked for certain lines is allocated to other lines. And until the end of the budget session, you find that your line that was voted on in Parliament has never been released. We voted, but then the resources didn't follow. **The revenue has not been forthcoming. We're still behind the Government to see to what extent they can manage to finance it.**	KII with DKT
The other challenge, at the strategic level, is perhaps the relationship with the Government. Because all the support comes from outside. You have to wait for cooperation to decide before you can give. **But the Government's part is not felt. We sometimes run out of stock at any moment.**	KII with APSME
What are the barriers to securing the country? **I think it's perhaps linked to national policy first of all. It's the first barrier that doesn't provide enough resources to ensure safety. Funding is limited and underfunded**. The other barrier is African culture. This is also a barrier, and the other barrier is the private sector. It's a competitive sector. These are the three barriers I can mention.	KII with APSME
I don't think the Government is providing the support that the policy and collaboration contracts say it is.	KII with APSME

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.	
Maybe we have to contribute by giving their share, because they are slow to come or sometimes don't come at all. And maybe we're satisfied with what they give us. And the Government's share is not just in terms of purchasing, but also in terms of logistics and human resources. We sometimes learn that the containers have arrived, but there's no one to give the order for customs clearance. Things drag on and expire. And we think of it as something private, when in fact it's support for the Government.	
There have been cases of sexual violence, family planning, and all this has helped to create a calmer climate for the population, and even for developments too. We think that this contribution, with its transformative results, will help the Government to achieve its sustainable objectives.	KII with APSME
This means that the **Government today has made a commitment to contribute to the acquisition of a conduit**, but you have to know how to manage this so that it doesn't create short-term difficulties that could lead the Government to retract? Exactly.	KII with TULANE
Experience has shown that it doesn't cover all the country's needs. Even what the UNFPA buys is more than what the Government is currently buying. What the Government buys is very small. But it's much more than what the others are buying. UNFPA, USAID, DKT. **The World Bank accounts for the largest volume. The majority of contraceptive supplies in countries are provided by donors. But even so, this does not cover the country's needs.**	KII with TULANE
The needs are always great. Beyond that, we also have funding from an anonymous donor that enables us to buy certain contraceptives to cover our needs. Already, what UNFPA gives us as part of the programme, we don't cover all the needs. So we're trying to find anonymous funding to cover the GAP. And that's where we go through DKT to buy certain products. So the GAP is there. There is a real need for more. And we need a very good assessment of needs. We quantify things, but then we don't assess them. **The country's efforts are aimed at asking donors if they can increase the budget. At the same time, we are also asking the Government to make the same efforts. On all sides, we are increasing the budget.** The quantity of contraceptives that need to be brought into the country will increase.	KII with TULANE
I think family planning is a priority. But now, with the political dimension, we can see that it's more the actions on free maternity, the universal health agreement, that are attracting more money from the Government.	KII with ABEF ND

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.	
But, as I said, the **CTMPs are putting a lot of pressure on the Government because I know that government support also motivates the presence of partners**. I know that when we went to Pattaya for the international conference on family planning, the commitments our minister had made to the partners meant that many partners were able to commit to supporting the DRC. So that's the work that the CTMP is doing, because even during this participation, it was the CTMP that mobilised governments to participate and to make commitments so that these commitments would be like bait attracting partners to the DRC.	

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].	
Indicators **4.2.1** Advocacy strategies (private and public) and workplans included in programme planning documents and advocacy tools. **4.2.2** Country reports contain substantial references to national-level government advocacy. **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. **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). **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. **4.2.6** Stakeholders' views on how advocacy has contributed to strengthening health systems, including improved access for marginalized population groups. **4.2.7** National, regional and global level UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for Reproductive health commodities. **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.	
OBSERVATIONS	**SOURCES OF EVIDENCE**

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].	
Introduce family planning as part of universal health coverage (**UHC**) and make it operational in health centres approved for UHC and free deliveries. Discussions have been initiated with the Health Promotion Fund (FPS) to begin offering FP services in approved health facilities in 2024	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg2)
The Government passed a health law in 2018 that includes a provision on family planning that promotes access to family planning services for women, adolescents and young people without the prior authorisation of the husband/spouse for women and the legal guardian/parent for adolescents.	Ibid. (pg5)
3rd Activity carried out: Meeting of the Provincial Committee of the SDMPR (...). This meeting brought together 22 executives of the DPS and 3 Financial Technical Partners during which an analysis and consolidation of the reviews and verbal autopsy of all death cases reported from the operational level to the DPS from the 1st to the 4th Quarter.	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Rapport Des Activités De ZZT05 Pour La DPS Maniema. Division Provinciale De La Santé, Province Du Maniema". (pg4)
Participation in the various meetings of “Santé de la Reproduction, Maternelle, Néonatale, de l'Enfant, de l'Adolescent et de la Nutrition” (SRMNNEA) “Surveillance des Décès Maternels, Périnatals et Riposte” (SDMPR) allowed the **capacity building and leadership** of reproductive health actors, the Government to position family planning and the various achievements in order to request alignment	Ibid. (pg5)
Universal access to quality, accessible, acceptable and affordable (or even free) family planning information and services requires an increase in the supply and coverage of family planning services through health facilities and community-based services in clients' homes, as well as an intensification of information and counselling for underserved populations, particularly those living in poor urban neighbourhoods, rural populations and young people.	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Rapport Narratif De La Mini Campagne

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].	
	De Planification Familiale Réalisée Dans La Zone De Santé De Mosango Du 28 Novembre Au 01 Décembre 2023". Programme National De Santé De La Reproduction, Province Du Kwilu. (pg4)
Since 2013, this **annual performance monitoring activity has been extended to 46 countries and addresses not only the availability of reproductive health commodities but also the key aspects of service delivery facilities on which the quality of reproductive health programmes depends.** In addition to the availability of reproductive health products and stock-outs, it will now assess the supply chain (including the cold chain), staff training and supervision, the existence of guidelines and protocols, the use of information and communication technologies, the waste management method used and the cost to users. It also sought the views of FP clients on the quality of services and their assessment of FP costs.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2021. "Rapport final de l'évaluation des indicateurs pour le suivi du programme de SPSR en RDC." Programme national d'Approvisionnement en médicaments(pg9)
SPECIFIC OBJECTIVES - Present the results of the country quantification of contraceptives 2022-2025 carried out in February 2022 - Identify and collate data useful for quantification using available data sources (DHIS2 and InfoMed reports on hospital consumption) - Review contraceptive quantification assumptions for 2024-2026	Report 2023 - Workshop to Quantify the Needs of Contraceptives and

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].	
- Update the country's contraceptive requirements for 2024-2026 - Update country requirements for maternal health drugs for 2024-2026 - Carry out an analysis of the financial gap for the acquisition of contraceptives for the period 2024-2026 - Draw up a supply plan for contraceptives and maternal health products for 2024-2026.	other Maternal Health Medicines 2024-2026 (pg2)
It is in this context that the PNSR, with the **technical and financial support of UNFPA, organized this DPS quantification workshop of contraceptives** and two other maternal health molecules for the period 2022-2025 and at the same time collect the essential data to produce the 2022-2025 supply plan.	PNSR, 2022. "Rapport Atelier de Quantification des Contraceptifs et Autres Médicaments de Santé Maternelle pour la Période 2022-2025". Ministère de la Santé, RDC, with technical and financial support from UNFPA. (pg2)
UNFPA and the other partners first helped us to do the advocacy work. So far, they've been doing advocacy work through NGOs. We were recently at the home of the provincial minister, the new provincial minister, because there have been elections and a new provincial government has come in. We went there explain the importance of being able to buy RH products. In particular, contraceptives. That was part of it, but in general, the budget for RH products is aligned. But there was the line for buying contraceptives. We went to make the case. They understood. The partners help a lot with advocacy.	KII with DPS
UNFPA interventions are in line with the priorities, aren't they? And as I pointed out, in the priorities, when we look at the evaluation of the strategic plan, we ask that there is, for example, this strong coordination that allows us to improve things. If we've taken on certain aspects and certain aspects remain, that's still dragging us backwards. You see what I mean? **We've said that it's all very well to quantify things, to give products, but if we don't evaluate, we won't know whether we've made progress, whether we've remained static, or what we still need to improve.**	KII with TULANE

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].	
I also think that advocacy is underway. I also think that we have enough exchanges with our authorities. After all, it's the Government's responsibility. So perhaps advocacy will help our authorities to realise that it's their responsibility. **UNFPA is a support partner. It is a partner that supports the Government.** But UNFPA, I believe, is not going to replace the Congolese Government 100%. In other words, as if we were talking about the budget. UNFPA is as good as it gets. If it only had USD 100,000, we shouldn't have asked for more. We think that in these pleas, we can see perhaps that we will make synergies. I don't know, UNFPA at 30%, the Congolese Government at 40%, and our partner, all put together, will reach, if not 100%, then at least more than 80%. But the Government's effort is somewhat in that direction.	KII with PNSR PROV KC
I think the last time the Government made a commitment to buy the accounts, it was for 30%. The second first stage was around USD 380,000. Then it went up to USD 1,200,000, USD 1,500,000. And then we didn't even talk about it anymore. And yet, we said that it was still a good impetus that should continue to grow in order to solve the problems. We started, but it didn't work.	KII with PNSR PROV KC

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 **4.3.1** Documents that evidence the utility of the existing financing structures and co-financing incentives applied to the different levels if support provided (full, modified, technical and transition). **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. **4.3.3** Increase (number and frequency) of political commitments in Partnership countries. **4.3.4** Percent of Partnership countries who agree funding streams are efficient and relevant to their contexts. **4.3.5** Documented explanations of the rationale for application of different funding streams, and regular review. **4.3.6** Percent/ratio of different funding streams applied across Partnership countries	
OBSERVATIONS	**SOURCES OF EVIDENCE**
The missions pursued by this partnership are -- Focus on sustainable financing by establishing solid commitment agreements with the Government and other partners, based on predefined roles and responsibilities.	RDC Ministère De La Santé Publique,

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).	
	Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg4)
The UNFPA Country Office agrees, to the extent possible, to receive the **co-financing fund to facilitate the procurement of contraceptives and other maternal and newborn health commodities** (hereinafter referred to as the Government Party Fund) in local currency in order to purchase the agreed partnership commodities in equivalent foreign currency through the UNFPA Third Party Procurement Service (TPP), as further specified in Annex A.	Ibid. (pg9)
2nd Activity Carried out: Institutional support for the functioning of the office, mainly in the form of office supplies for the PNSR, PNSA AND SCOSAF, DIVIGENRE	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Rapport Des Activités De ZZT05 Pour La DPS Maniema. Division Provinciale De La Santé, Province Du Maniema". (pg4)
Since the last quarter of 2014, through 2015, 2016, 2017 and 2021, the **DRC has carried out its first six SPSR surveys with exclusive funding from UNFPA**. In 2019, the DRC received funding from the World Bank	RDC Ministère de la Santé publique, Hygiène et Prévention, 2021. "Rapport final de l'évaluation des indicateurs pour le suivi du programme de SPSR en RDC."

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).	
	Programme national d'Approvisionnement en medicaments. (pg11)
4. Support for the institutional strengthening of the "Mouvement d'Action des Jeunes" (MAJ): A rehabilitated office and acquisition of office furniture Objective: to strengthen the leadership of youth structures In order to strengthen the leadership of adolescent and youth structures in the DRC, UNFPA had institutionally supported the MAJ through the rehabilitation of its offices and the purchase of office equipment.	ABEF-ND & UNFPA, 2023. "Rapport final PTA 2023 ABEF-ND-UNFPA: Accès pour tous aux services de la SSR de qualité". (pg10)
Final Sum: Number of MAJ youth spaces equipped for the provision of user-friendly SRAJ services: - 2 (expected target); - 4 (achieved target); 4 youth spaces were supported with office supplies in Kinshasa, Matadi, Bandundu and Mbandaka.	Ibid. (pg21)
Final Sum: Number of coordination supported: - 9 (expected target); - 7 (achieved target); The coordination of: Equateur, Haut Katanga, Kinshasa (headquarters), Kongo central, Kasaï central, South Kivu and Tshopo. The South Kivu and Kasai Oriental Coordination were not supported.	Ibid.(pg21)

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).	
February 23, 2023 **2023 Budget Allocation** This letter provides an overview of the UNFPA Supplies Partnership allocation to DRC for 2023. **Summary - Planned Allocation to DRC in 2023 from UNFPA Supplies Partnership Regular Budget** **Budget Category** / **2023 Budget Allocation** / **Comments** **Reproductive Health Commodities** **Routine Commodities** / **$ 5,646,100** / Orders will be managed by HQ. See attached excel file for order details. **New and Lesser-Used Commodities** / **$ 488,750** / 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 additional to the minimum domestic financing requirement. **Total** / **$6,134,850 + up to $1.5M in Match Fund** / **Routine + NLU + potential Match Fund** **Managing Accountability and Visibility** **Human Resources** / **$530,703** / The amount is for following position(s): P4, NOB, NOA, GP (or HR contribution for equivalent amount). **Facility Surveys** / **$0** / For 2023 survey **Transformative Action** **Transformative Action** / **$1,000,000** / TA Amounts are transferred to your dept. NB: Special restricted project funds are not included in the allocation table	UNFPA, 2023. "UNFPA Supplies 2023 Budget Allocation Letter for DRC". (pg1)
Routine Commodities: USD 5,646,100 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.	Ibid.
UNFPA Supplies Match Fund •• To qualify for match funding, the Government will need to demonstrate that 1. Total domestic expenditure on RH/FP commodities has either increased or remained constant since 2022 2. Products procured are either WHO Prequalified or have Stringent Regulatory Authority (SRA) approval.	UNFPA, 2023. "UNFPA Supplies 2023 Budget Allocation Letter for DRC". (pg2)
New and Lesser-Used Commodities: Countries can request for new1 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: An amount of USD 530,703 has been approved for your department for the following positions: P4, NOB, NOA, GP. Additional transfers will be made if the actual costs for these approved positions exceed the	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).	
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.	
Survey Costs: An amount of USD 0 has been approved and transferred to your department to fund survey activities. Please note that countries undertaking the survey in 2023 will not be eligible to conduct the survey until after two years, subject to the availability of resources.	Ibid.
Transformative Action (TA): ● An amount of USD 1,000,000 has been approved and transferred to your department for support in the following 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 TA funding stream. The fund code for UNFPA Supplies Partnership is ZZT05.	Ibid.
DRC: **"Group 1" Country:** 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. **From 2022-2025, DRC will be classified as a "Group 1" country.** This means that the Government of DRC will need to contribute at least **1% towards the cost of routine commodities** provided by UNFPA Supplies in 2023. This financing contribution is expected to increase by a minimum of 1 percentage points per year.	Ibid.

<table>
<tr><td colspan="2">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).</td></tr>
<tr><td>Table 1: Planned UNFPA Supplies Budget Allocation to DRC in 2022

<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>$5,445,051</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 $700,000
*available from Jan 2022-Dec 2023 and requires government contribution of up to $700,000</td></tr><tr><td>Total</td><td>$6,145,051</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>$400,000-$1,600,000</td></tr></table></td><td>Ibid. (pg3)</td></tr>
<tr><td>1. Commodities: In 2022, DRC can expect to receive the following support for reproductive health commodities:
○ USD 5,445,051 for routine FP/RH commodities
○ Up to USD 700,000 in additional commodity funding from the Match Fund between January 2022 and December 2023. DRC will be entitled to access this funding on a 1:1 matching basis. This means that UNFPA will provide USD 1 worth of reproductive health commodities for every USD 1 raised by the Government, up to a maximum contribution by UNFPA of USD 700,000.</td><td>Ibid. (pg2)</td></tr>
<tr><td>2. Managing Accountability and Visibility (MAV) - Human resources: Support for staff positions will be communicated separately to UNFPA Country Offices on an annual basis.</td><td>Ibid.</td></tr>
<tr><td>3. Transformative Action (TA): 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 TA funding stream. UNFPA DRC will have the opportunity to apply for TA grants of between USD 400,000-USD 1,600,000 per year in 2022 and 2023. TA grants are competitive and will be awarded based on merit.</td><td>Ibid.</td></tr>
</table>

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).	
Indicators **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. **4.4.2** Percent of Partnership countries using SRAT and results / subsequent improvements in domestic financing. **4.4.3** Percent of Partnership countries that have signed Compacts and increased domestic financing **4.4.4** Perceptions of stakeholders on the relevance of the Compact and Annex A, including frequency of renewal.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
Support for the organization of inventory audits, the Last Mile Assurance assessment and the management audit: identification of bottlenecks, proposal of solutions, development of the plan for implementing the recommendations	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg2)
The Government is committed. There is a memorandum of understanding.	KII with DPS
Do you think it's feasible for the UNFPA to get out of the way? Yes, it's feasible, but you need a process, you need to give us the time to do it because it's not that easy. I see, for example, the immunisation product, the EPI, the vaccine. Well, UNICEF's partner in fact makes an effort to distribute from the central level to the provinces. And then, in the health zones, the Government can take a chance. This is also possible. Because at that point, when we suddenly withdraw like that, distribution from central level to the provinces is going to be difficult. It's possible, but it's not possible. But let's see from which link to which link. If the product has already reached the provincial level, it will obviously be easy for it to reach the health zones, and it will also be easier for it to reach the last mile.	KII with PNAM
The compact allows the Government to contribute. There are country thresholds. And when the country exceeds that threshold, it opens the door to additional funding. UNFPA gives you products based on what you put in the basket. Or, for some countries, it's double that. For example, for the DRC, 1% is the threshold. And as soon as the country gives more than the required 1%, UNFPA gives this quantity of products.	KII with TULANE
the Government, normally, the compact we signed with them, they committed… So the Government undertook to contribute 5 million, at least 5 million a year. But the last time they paid was in 2022, in November 2022, they gave about 2.1 million. In 2023, they gave nothing. In 2024, they have yet to deliver.	KII with UNFPA
In other words, if UNFPA Supply donates the 8 million, the country is asked to contribute at least 1% of the 8 million.	KII with UNFPA

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).	
There are some countries that ask for 5% or more. But here, for the moment, it's 1%. And every year, it has to increase by a percentage like that. 1%, every year, the contributions increase. And this is where we open the door to what we call the match fund, and the DRC belongs to the category of countries where the ratio is 1-1. 1-1 in the sense that if the country pays the 1%, it opens the door to the match fund.	KII with UNFPA
Three million for the country, bought by the country. 11 million bought by UNFPA Supply because of this fund match with a 1-1 ratio. **This is to encourage the country to invest more in the acquisition of products. And when the DRC paid the 2.1 million, they benefited. So, as I was saying, everything to do with supply is not at all simple for a country like the DRC, because the financial flow, the flow of products that circulate in the DRC here, in the whole ESARO zone, and even in Africa, we are practically the first.**	KII with UNFPA
Storage: Now, we have very good relations with FEDECAM, and that's something you've encountered, but the problem we have with the FEDECAM network, particularly the CDRs, and we're working on that, is the cost of storage. The CDRs charge 8% of the total value of the products stored with them. This is enormous. And what's more, if we currently have three gates, we can have several other places where we can store the products, but the problem is that you have to pay. 8%, 8%, 8%, 8%. When you add all that up to around 4 million, it's a bit too much for the country. It's a bit too much for the country. But we're still working with the PNAM and the PNSR, and we're currently working to see **how the Government can become more involved in storage, customs clearance and distribution.** Because in some countries, when products arrive, they are given directly to the Government, which stores and distributes them.	KII with UNFPA
But here, it's different, there's no central buying office. There's a federation that doesn't have any shops, but each CDR is more or less autonomous and wants its own money. That's what makes the difference. Here, you have to pay. In other countries, the Government uses its own means to distribute. We're not there yet, but this month we're holding a workshop with PNAM to discuss all this	KII with UNFPA

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	**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. 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.				

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. (Links to theory of change causal assumption 3.)
Indicators **5.1.1** Views of stakeholders on the Partnership governance and whether it has improved or worsened. **5.1.2** Views of country representatives on the Partnership efficiency in Phase III. **5.1.3** Documented improvements in governance processes within Phase III. **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. **5.1.5** Documented examples of risk analysis and system analysis applied to identify gaps, challenges and weaknesses in Partnership governance and management **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).

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. (Links to theory of change causal assumption 3.)	
5.1.7 Stakeholders' views on the added value of Steering committee and sub-committees. **5.1.8** Partnership countries who agree that overall governance structures and processes of Phase III add to the efficiency at the country level. **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.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
Contributing partners: there's UNFPA And there's USAID when it comes to reproductive health... Even the WHO. The WHO is also involved.	KII with PNSA
There are USAID zones and UNFPA zones. You will see that in the USAID zones, there may be overstock. And in the UNFPA zones, there isn't. But these transfers cannot take place. Because they don't happen there. And that's a waste, because you're going to find that over there, there's overstock, the products will expire. And on the other hand, there's a break. Because we feel we're in the same country, it's the same population. So these systems, this bureaucracy, doesn't help either.	KII with ABEF ND

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.)	
Indicators **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.). **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. **5.2.3** Documented explanations of the rationale for choice of partners.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
T**he Country Office is committed to working with the Government and other relevant partners to process supplements to procurement requests or requests for participation in the UNFPA Supplier Programme, as appropriate, including requests for funds under the TA envelope.**	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023.

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.)	
	"Convention De Partenariat Entre Le Gouvernement RDC Et UNFPA". (pg8)
Partners contribute to the availability of SR products, which is the most important? **I think it's UNFPA because it's the specific partner for this. The others are like complements, for example the Global Fund. They are involved in HIV, tuberculosis and malaria, but as there is sometimes gender-based sexual violence, they may be thinking of giving condoms, and PEP kits for post-exposure prophylaxis. And even for other partners, these are sub-activities in their programme. But for UNFPA it's really specific.**	**KII with APSME**

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**
the **UNFPA Supplies partnership does not take into account a number of expenses, including customs clearance costs, storage costs and the transport of products to the last kilometre.** It also does not take into account the creation of demand for family planning services. In these cases, in 2023 we used other funds such as the PROMIS project financed by CAFI/FONARED, and in the humanitarian field we used humanitarian funds, emergency humanitarian funds, CERF funds, etc. to cover these expenses.	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg4)
Inadequate funding for customs clearance, storage and distribution, coupled with insufficient resources to finance family planning, including the purchase of contraceptives, are the direct causes of stock-outs and the availability of products at the last mile	Ibid.

Assumption 5.3 The **existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.**	
The DRC has been receiving substantial support from UNFPA since it became **one of the priority countries** (Stream 1) of the Global Programme for Reproductive Health Commodity Security (GP SPSR). This support should help the country to improve access to RH and FP services for the Congolese population.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2021. "Rapport final de l'évaluation des indicateurs pour le suivi du programme de SPSR en RDC." Programme national d'Approvisionnement en médicaments. (pg7)

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**
Insufficient number and quality of people trained to create demand for and supply of family planning services	DRC, 2023. "UNFPA Supplies Partnership Annual Report 2023". (pg4)
The people who had been trained and who had moved on, you find a service provider and ask him, you know Sayana press, and he tells you no. I had to tell the service provider that I had to move on. I had to tell the DPS, but wait, you're	KII with UNFPA

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.]	
asking for products when the people where these products are to be used are not trained. So now we had to plan training before sending products. T**he two go together. You can have the products, but before you have the products, you have to make sure that the capacity exists.** The two go together and UNFPA Supply combines the two.	

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	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. 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.				

Assumption 6.1 The **Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programmes**, 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.]	
Indicators **6.1.1** Extent of alignment between the Partnership objectives and strategies and other relevant UNFPA strategies and programmes **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. **6.1.3** Documented examples of coordinated activities and joint initiatives between the Partnership and other UNFPA programmes and initiatives. **6.1.4** Perceptions of UNFPA staff and partners on the effectiveness of alignment efforts between the Partnership and other relevant UNFPA initiatives. **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. **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.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
The **partners have to align themselves with what the government** has prepared and planned; the government has its pillars. In other words, if the plan is there, it's the plan that shows us the priorities, and the partners simply align themselves with it.	KII with PNSA
The difficulty is that at the very beginning, during the planning process, **the partners don't really accompany us and so they're not present because if we plan together, we're all going to identify the needs together**, and sometimes they come afterwards, when we've already finished. As they say, the hand that gives is often on top, if you look at it, there are more unplanned activities that we are implementing than what we have planned, so that's what they come up with, even though it responds, it doesn't really change anything either, so our wish is that, as we are at the end of the year, it's the right time to draw up our plans, so that today we are all planning together and we can also identify the needs together so that we can move in a better direction.	KII with DPS
Do you think that the activities supported by UNFPA and the products acquired and made available to the government are in line with national needs and priorities? NIP/Yes**, because these products are defined by a programme. We have a PNSR programme. So UNFPA is not the one estimating needs.** It works with this programme. So, these are the country's own needs. They are national needs that are expressed by the departments that have jurisdiction. It's the national health products supply programme. So, it works with us. And when the product arrives, we also work with	KII with PNAM

Assumption 6.1 The **Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programmes**, 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.]	
UNFPA on distribution plans. Now, the challenge remains for UNFPA. It was difficult for him to understand how UNFPA could afford to buy and import products up to now. And it is still going to distribute products from the central level to the operational level.	
I think our partnership is in line with the government's priorities. We have a partnership with UNFPA, but DKT also has a partnership where we have signed a framework agreement with the Congolese government. We're committed to a number of things. And UNFPA, through the partnership we have, is supporting us by providing amenities, for example. As a result, when we look at the government's policy and priorities, we are in fact aligned with these priorities. **The partnership is clearly aligned with the policies put in place by the country, in relation to all the issues of health, safety and so on.**	KII with DKT
when you look at the CPD, **the country programme document that is signed between the office and the country, there is alignment.** And UNFPA Supply is aligned with the CPD. So we're really aligned with national priorities.	KII with UNFPA

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. **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 **6.2.5** Stakeholders perception of the Partnership role in the global health landscape and its contribution to filling gaps.	
OBSERVATIONS	**SOURCES OF EVIDENCE**
The innovation is the integration of family planning to help achieve the results of the Agricultural Resilience project in collaboration with the WFP, FAO and UNICEF: the benefits of contraception in terms of birth spacing (an inter-genetic space of more than 2 years) and avoiding unwanted pregnancies are associated with high	DRC, 2023. "UNFPA Supplies Partnership

Assumption 6.2 The Partnership **fills critical gaps and complements other relevant GHI** such as Gavi and World Health Organization.	
agricultural productivity and resilience in terms of agricultural production for agro-pastoralists in rural areas of South Kivu.	Annual Report 2023". (pg3)
The missions pursued by this partnership are -- Contribute to two of UNFPA three transformative outcomes in the context of the 2030 Agenda for Sustainable Development and eliminate all unmet need for family planning and preventable maternal deaths.	RDC Ministère De La Santé Publique, Hygiène Et Prévention, 2023. "Convention De Partenariat Entre Le Gouvernement RDC et UNFPA". (pg4)
She stressed the importance of inputs that should contribute to reducing maternal and neonatal deaths, and of ensuring that technical and financial partners (TFPs) (UNFPA, PMNS, IPAS, MSI, CHAI, Pathfinder, PATH, Save the Children, ASF, MTAPS, MSI, IMA and JPIEGO) are well represented.	Report 2023 - Workshop to Quantify the Needs of Contraceptives and other Maternal Health Medicines 2024-2026 (pg7)
Ideally, all **members of the FP2030 Focal Points Group will not only come together as a unit, but actively collaborate and liaise with existing and/or potential influential bodies needed to advance the family planning agenda** at the local level, including technical working groups, coalitions, associations, budgeting committees, etc.	FP2030, (n.d.). "Points focaux du FP2030: Concept, termes de référence, soutien et sélection". (pg1)
So if I need to complete, in relation to UNFPA, in relation to the province, **many activities are not aligned with the province**, it **works more with the national level I'm going to come over there all the activities that are for the province should come to the province so go to the national level of coordination of the PNSR programme**, and then they in turn come, we should come and work with the province in relation to supply and then UNFPA is often used to working with NGOs, especially for contraceptives. You'll see that UNFPA gives contraceptives to NGOs, it's the NGOs that are going to give them and yet the DPS is there, it was supposed to go to the DPS to deposit all this product, and the DPS is now going to identify who to give it to, which NGO to work with, for example. UNFPA was not supposed to	KII with DPS

Assumption 6.2 The Partnership **fills critical gaps and complements other relevant GHI** such as Gavi and World Health Organization.	
give the province's products to NGOs, perhaps we don't even control ourselves, and this applies to all activities. So you see this alignment there and it's there in all the activities. I just wanted to add to that,	

Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus, ensuring that short-term emergency activities are aligned with long-term development goals.	
Indicators **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. **6.3.2** Extent to which regional and country-level Partnership implementation plans clearly include provisions for interventions to address humanitarian and emergency needs. **6.3.3** Extent to which humanitarian response plans in Partnership countries include specific linkages and strategies to 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**
4. Activity: Building the capacity of stakeholders on the humanitarian programme cycle - In progress (planned budget: 3500USD, executed budget: ?). The range on the humanitarian programming cycle is integrated into the DMU SSR training package and about the capacities of 82 actors have been strengthened in capacity on this theme. The activity must continue to reach a critical number of people trained.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2023. "Suivi de l'exécution du PAP-DMU DRC 2023-2024." Programme national de Santé de la Reproduction. (pg5)
7. Activity: Brief START members on preparedness and recovery at the national/provincial/local level - Completed (planned budget: USD 500, executed budget: ?). All health cluster leads and co-leads in all humanitarian hubs were trained in “Dispositif minimum d’Urgence” (DMU) in February 2023. For the next sessions, the focus will be on 'preparedness and recovery' and an emphasis on the DHH nexus	Ibid. (pg6)

Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus, ensuring that short-term emergency activities are aligned with long-term development goals.	
8. Activity: Organize START meetings on preparedness and collection at the national/provincial/local level - Ongoing (planned budget: USD 3,000, executed budget ?). START meetings are held monthly at the national and provincial levels. The members were briefed on the preparation. Preparedness and recovery will need to be strengthened and the DHH nexus will need to be emphasized.	Ibid. (pg7)
9. Activity: Brief programme experts (PNSR, NAPS, STI/HIV/AIDS) on SRH indicators in humanitarian crises (DMU) - Partially completed during the DMU Integration Workshop (planned budget: 1500USD, executed budget: ?). This activity may require technical support from international experts	Ibid. (pg7)
10. Activity: Raise awareness among TFPs, SRH actors and members of START to fund UHD preparedness activities at the national and sub-national levels - In progress. This is an ongoing activity that takes place during START meetings. Apart from the monthly meetings of the SRH WG, a presentation was made at a meeting of health donors.	Ibid. (pg8)
13. Activity: Extend the teaching of the DMU SSR, in particular SONU and Family Planning, in the basic training of health professionals (doctors, nurses, midwives) – not completed (resources to be mobilized). The country has more than 85 medical schools, more than 100 ISTMs and more than 400 ITMs. For the moment, there are less than 3 medical faculties and less than 10 ISTMs that have integrated these themes into the student training curriculum.	RDC Ministère de la Santé publique, Hygiène et Prévention, 2023. "Suivi de l'exécution du PAP-DMU DRC 2023-2024." Programme national de Santé de la Reproduction. (pg8)
14. Activity: Promote accredited online training of health professionals (doctors, nurses, midwives) at the national and provincial levels - not completed (resources to be mobilized)	Ibid. (pg9)
15. Activity: Train medical staff (doctors, nurses, midwives, etc.) in the management of HIV and STIs according to DMU SSR - continous as it is achieved but the needs persist. Providers have been trained in DMU SSR at both the national and provincial levels (resources to be mobilized). Due to the complex and protracted humanitarian crisis in the DRC, it will be necessary to do the accounting of trained providers.	Ibid.
22. Activity: Organize capacity building sessions on the management and rational use of SR commodities at the national and provincial levels - Ongoing but needs persist (Resources to be mobilized). A training on supply chain management in	Ibid.. (pg11)

Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus, ensuring that short-term emergency activities are aligned with long-term development goals.	
the implementation of the DMU was organized for the benefit of 40 actors at the central level and those of the 3 provinces (North Kivu, South Kivu and Ituri). This activity should continue for the benefit of other actors at the central level and those of the other provinces.	

Annex 2: List of persons consulted

Organization	Position
ABEF ND	Administrative and Financial Director
AFRIYAN	Administrative and Financial Manager
APSME	Programme Director
BCZS BOMA	Health Zone Head Doctor
CDR CAAMEKO	Director
CDR CAMESKIN	Director
DKT	Director of Human Resources and Administration/ Focal Point in Charge of Partnership
DPS (Division Provinciale de Sante de Kinshasa)	Technical Assistant / UNFPA-PNSR focal Point
MSI RDC	Pharmacien Warehouse Manager
PNAM	Administrative and Financial Manager
PNSA (Programme National de Sante de L'adolescent)	Planning officer / Monitoring and Evaluation Division
PNSR	Responsible for Procurement of Reproductive Health Products
PNSR PROV KC	Administrator Manager/ PNSR Kongo Central
TRANSITAIRE TLC	General Manager
TULANE	Country Representative
UNFPA	RHCS Coordinator, Chief Cluster Adolescents and Youth
ZS NSELE	Health Zone Head Doctor

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