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IEO Independent Evaluation Office

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

Evaluation Report

2025

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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, UNFPA Independent Evaluation Office

Acknowledgements

This evaluation would not have been possible without the invaluable inputs and support from a wide range of stakeholders, both within and outside UNFPA. The Independent Evaluation Office and evaluation team is deeply appreciative of the considerable time and contributions of those from the Programme Division, notably the UNFPA Supplies Partnership team under the Sexual and Reproductive Health and Rights Branch, the Supply Chain Management Unit, as well as those from the Partnership's Steering Committee, who generously shared their knowledge. This evaluation also benefited from the invaluable insights of all technicians who comprised the Evaluation Reference Group. Finally, we are extremely grateful to the staff in the country offices in Cameroon, Democratic Republic of the Congo (DRC), Honduras and Kenya for their crucial contribution to the work of the evaluation team. They played a key role in facilitating the extensive data collection, which involved documentary review, interviews, site visits, group discussions and a survey to obtain the perspectives of all stakeholders, including those receiving support from the programme.

Louis Charpentier, Ph.D.
Evaluation Manager, UNFPA Independent Evaluation Office

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Acronyms

CFA	Co-financing agreements
CIFF	Children's Investment Fund Foundation
CO	Country office
CPD	Country programme document
CPR	Contraceptive prevalence rate
CSB	Commodity Security Branch
CSO	Civil society organization
CYP	Couple-year of protection
DMPA-SC	Depot Medroxyprogesterone Acetate
eLMIS	Electronic logistics management information system
ePOD	Electronic proof of delivery app (Kenya)
ERG	Evaluation reference group
ERH	Emergency reproductive health
GFF	Global Financing Facility for Women, Children and Adolescents
GHI	Global health initiatives
GNI	Gross national income
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
GTA	Gender-transformative action
HDP	Humanitarian-development-peace continuum
HRBA	Human rights-based approach
HRD	Humanitarian Response Division
HSS	Health systems strengthening
HQ	UNFPA Headquarters
IARH	Inter-agency emergency reproductive health kits
ICPD	International Conference on Population and Development
iLMIS	Integrated logistics management system
IPPF	International Planned Parenthood Federation
IUD	Intra-uterine device
KEMSA	Kenya Medical Supplies Authority
KII	Key informant interview
LARC	Long-acting reversible contraception
LMA	Last Mile Assurance
LMIS	Logistics management information system
LNOB	Leaving no one behind
MAV	Managing Accountability and Visibility
mCPR	Modern contraceptive prevalence rate
MISP	Minimum Initial Service Package for Sexual and Reproductive Health
MNHF	Maternal and Newborn Health Fund
MMR	Maternal mortality ratio
MoF	Ministry of Finance
MoH	Ministry of Health
MSI	MSI Reproductive Choices (US-based non-profit organization)

M&E	Monitoring and evaluation
NGO	Non-governmental organization
NLU	New and lesser-used products
NSP	National supply plan
Partnership	UNFPA Supplies Partnership
PHC	Primary health care
QA	Quality assurance
QSR	Quarterly stock review
RDLPF	Data logistics planning family tool (specific to Honduras)
RHBF	Reproductive Health Bridge Fund
RHCS	Reproductive health commodity security
RHSC	Reproductive Health Supplies Coalition
SALMI-PF	National LMIS in Honduras
SCM	Supply chain management
SCMU	UNFPA Supply Chain Management Unit
SDPs	Service delivery points
SESAL	Health Secretariat of the Honduran Ministry of Health
SDG	Sustainable Development Goals
SO	Strategic objective
SRA	Stringent regulatory agency
SRAT	Sustainability Readiness Assessment Tool
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
TA	Transformative action
ToR	Terms of reference
TPP	Third-party procurement
UHC	Universal health coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
US TPP BF	UNFPA Supplies Third-Party Procurement Bridge Fund
WHO	World Health Organization
ZAMMSA	Zambia Medicines and Medical Supplies Agency

Executive Summary

Background

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

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

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Purpose and scope of 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

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.

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

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

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.

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.

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

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.

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

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.

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.

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.

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Recommendations

1.

Guided by a refined theory of change, **the Partnership should clarify and consistently communicate its strategic focus**, as a global programme for the delivery of SRH commodities and supporter of pre-defined HSS interventions.

2.

Going forward, the Partnership should **revise its classification of programme countries** to reflect their political, economic and health contexts and policies, and consider mapping out country transition pathways based on sustainability prospects.

3.

The Partnership, in collaboration with the Supply Chain Management Unit (SCMU) and the Humanitarian Response Division (HRD), should **identify programming aspects and contexts for strengthening its work in humanitarian contexts**, including on enhancing procurement, supply chain management and last mile delivery mechanisms, where applicable.

4.

The Partnership should **intensify its resource mobilization strategy**. This includes (1) expanding and strengthening efforts to mobilize resources from a diversified base of donors and other financing partners; and (2) strategically focusing on increasing the financial ownership and investment of programme countries by strengthening domestic resource mobilization.

5.

The Partnership should **optimize the functioning of the Steering Committee and sub-committee processes** to improve responsiveness and efficiency, strengthen country representation, and improve transparency and accountability in governance.

6.

In each of the 54 countries, the Partnership should **strengthen its support to UNFPA COs to enhance collaboration and coordination with in-country partners** (including NGOs and CSOs) to address systemic SRH challenges more effectively. This support should also focus on aligning all UNFPA-managed funding streams with national priorities and long-term objectives, ensuring coherence across planning processes. In doing so, the Partnership can maximize the collective impact of national initiatives while enabling more strategic use of tools such as the SRAT and improving the contextual adaptation of HSS programming.

01

Introduction

This report presents the results of the independent mid-term evaluation of the United Nations Population Fund (UNFPA) Supplies Partnership phase III conducted by an external team of experts under the supervision of the UNFPA Independent Evaluation Office (IEO).

1.1 Purpose and objectives

The mid-term evaluation aims to assess the performance of the UNFPA Supplies Partnership (hereafter referred to as the Partnership) in ensuring access to modern contraceptives and life-saving maternal health medicines for women and girls, particularly those in hard-to-reach areas. It also evaluates the Partnership's role in strengthening health systems to sustain and enhance these efforts in supported countries.

The primary objective is to review progress in the design and implementation of the Partnership and to provide insights on how it could enhance its contribution to reach the expected goals by 2030.

Specifically, the evaluation:

1. Analyses the adequacy of the theory of change by assessing the Partnership's conceptual framework and the chain of effects[1] that have guided UNFPA to achieve the Partnership goals. The focus is not only on the progress made thus far towards desired outcomes, but also on how and why these results were achieved, establishing clear lines of contribution between goals and the Partnership actions.
2. Facilitates learning and captures good practices and lessons learned from the Partnership across its strategic objectives (SOs) and under its funding streams to inform the programming and implementation of the current phase of the Partnership up to and including 2030.

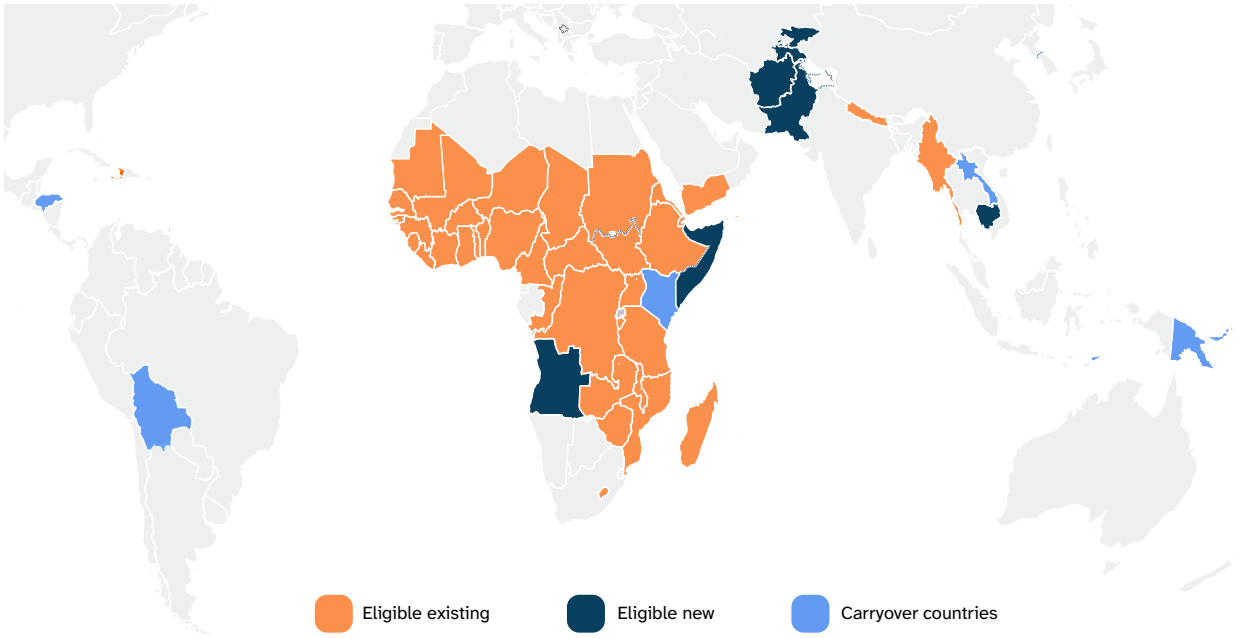
This evaluation aims to generate evidence-based insights to guide the Partnership's ongoing phase III, covering all programme priorities, strategic and operational frameworks, and guiding principles.

1 UNFPA (2021). UNFPA Supplies Partnership 2021–2030 Phase III Programme Document.

1.2 Scope of the evaluation

The evaluation covers the implementation period of the current UNFPA Supplies Partnership phase III (2021–2030) from 2021 to 2024, assessing the technical interventions across the four SOs and their associated outcome areas. It spans all 54 partner countries within UNFPA's six operational regions: Western and Central Africa (20 countries); Eastern and Southern Africa (17 countries), Asia and the Pacific (8 countries), Arab States (4 countries), Eastern Europe and Central Asia (2 countries), Latin America and the Caribbean (3 countries) along with support to the Pacific Island Countries and Territories (Figure 1).

Figure 1: Map of the 54 countries participating in the UNFPA Supplies Partnership phase III[2]



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.

2 A full list of the countries participating in the UNFPA Supplies Partnership phase III can be found in Annex 6.

1.3 Evaluation audience

The primary audience for this evaluation includes the Sexual and Reproductive Health and Rights (SRHR) Branch at UNFPA headquarters, where the core Partnership team is situated, as well as the broader UNFPA organization. It also targets Partnership countries and key actors in RHCS and reproductive health and family planning at the global level. These include other United Nations agencies, government ministries, global partnerships, civil society, and donors. A comprehensive list of stakeholders, identified through stakeholder mapping, is presented in Volume 3, Annex 3.1.

1.4 Evaluation phases

The evaluation was conducted in four phases:

1. **Preparation phase (October 2023 – December 2023; conducted by UNFPA):** Consulting stakeholders, scoping, developing the terms of reference (ToR), setting up an Evaluation Reference Group (ERG) and assembling the evaluation team. It also involved assembling background documentation for the inception phase and setting up the evaluation approach and methods.
2. **Inception phase (April – July 2024):** Designing the evaluation involved reconstructing the programme's theory of change, developing and refining the evaluation methods and tools – including the evaluation matrix (see Volume 3, Annex 1). It resulted in the production of an inception report, presented to and validated by the ERG.
3. **Data collection phase (August – December 2024):** Collecting data at global, regional and country levels.
4. **Analysis and reporting phase (January – August 2025):** Analysing and synthesizing findings, integrating data from the country and thematic case studies with global insights. This phase included an analysis workshop in Copenhagen in January 2025 and concluded with the drafting and finalization of the evaluation report.

1.5 Structure of the report

The report is structured as follows:

- **Chapter 2** provides an overview of the global context in which the Partnership operates and outlines the main characteristics of the Partnership in phase III.
- **Chapter 3** details the evaluation methodology, approach, the reconstruction of the theory of change, the evaluation questions, data collection methods and analysis, and the limitations.

- **Chapter 4** presents the evidence-based findings (with reference to the supporting data in the evaluation matrix – Volume 3).
- **Chapter 5** draws conclusions supported by the evaluation findings.
- **Chapter 6** offers recommendations for the Partnership team and the broader UNFPA organization to inform programming and implementation moving forward.

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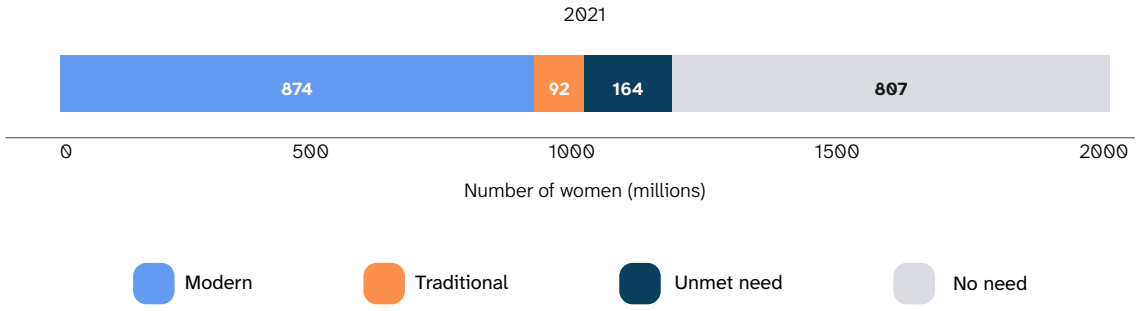
02

Background

2.1 The global context for reproductive health

Access to safe, affordable and quality family planning is a human right and a cornerstone for gender equality and women's empowerment. It is also critical to poverty reduction and sustainable development, enabling individuals and communities to thrive.[3] By 2022, 77 per cent of women of reproductive age (15–49 years) were accessing a modern method of family planning, a 10 per cent increase since 1990. However, 257 million women still lack access to effective contraception[4], including 164 million using none[5] and 92 million relying on traditional methods.[6] As of 2019, adolescents aged 15–19 years in low- and middle-income countries had an estimated 21 million pregnancies each year, of which approximately 50 per cent were unintended.[7]

Figure 2. Contraceptive use globally



Source: United Nations, Department of Economic and Social Affairs (2022). Estimates and Projections of Family Planning Indicators 2022.

3 UNFPA. Family planning [website] https://www.unfpa.org/swp2022/challenges.

4 Ibid.

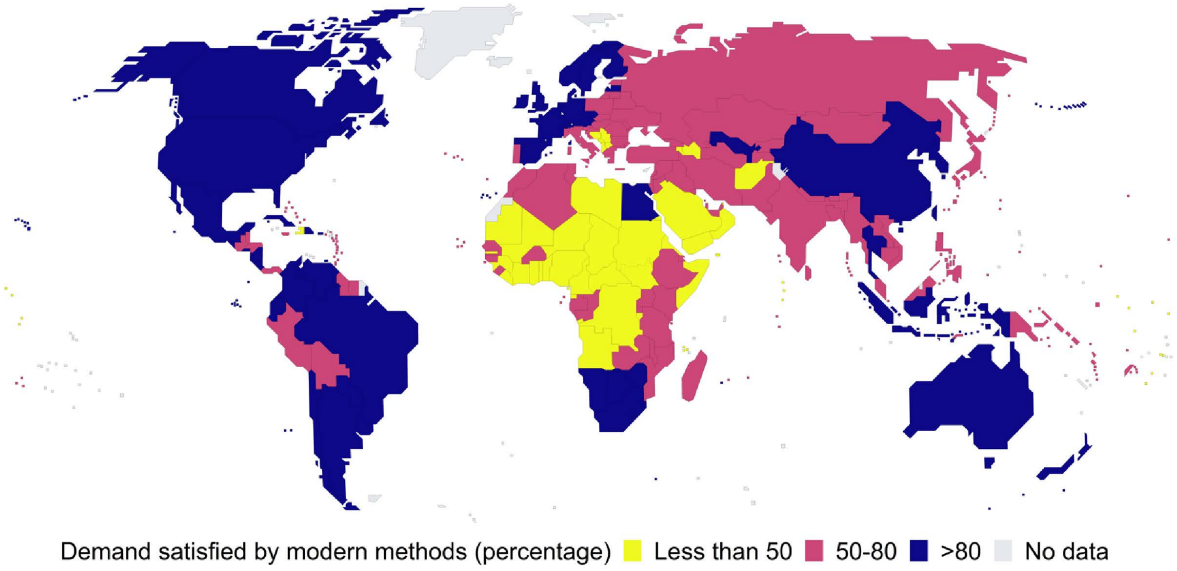
5 WHO. https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception.

6 UN DESA: WHO. www.who.int. Family planning and contraception methods – WHO. Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method. UN DESA/POP/2022/TR/NO. 4.

7 https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy.

Barriers to contraceptive access include inadequate supply, lack of information, quality of health services, and restrictive or harmful gender and social norms, which vary regionally.[8] In 20 per cent of countries, half of all contraceptive users rely on a single method, limiting choice and increasing stockout risks.[9]

Figure 3. Proportion of women of reproductive age (15–49 years) with family planning needs met



Source: United Nations, Department of Economic and Social Affairs (2022). Estimates and Projections of Family Planning Indicators 2022.

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.

Investing in family planning yields substantial economic, social, and health benefits. The UNFPA Family Planning Strategy 2020–2030 and the UNFPA Acceleration Plan for Ending the Unmet Need for Family Planning 2022–2025 highlight strong global evidence supporting the return on investment. UNFPA estimates that every $1 invested in family planning and maternal health in developing countries yields $8.40 in benefits for women, children and societies,[10] with broader socioeconomic returns reaching $120 per dollar invested.[11]

8 UNFPA. Family planning [website] https://www.unfpa.org/family-planning#summary105930.

9 United Nations, Department of Economic and Social Affairs (2022). World Family Planning 2022. Meeting the changing needs of family planning: Contraception use by age and method.

10 UNFPA (2019). Family Planning Strategy 2020–2030.

11 Cop Kohler, Hans-Peter (2012). Copenhagen Consensus 2012: Challenge Paper on Population Growth. PSC Working Paper Series, PSC 12-03.

A 2016 study commissioned by the United Kingdom government identified the benefits of family planning at multiple levels:[12]

- **Individual level:** Empowers women, reduces maternal mortality by preventing unintended pregnancies and unsafe abortions, and improves infant and child health.
- **Household level:** Increases household savings, increases investment in children's education, and improves female workforce participation.
- **Community and country level:** Increases the size of the labour force and domestic savings, reduces poverty and accelerates demographic transition.
- **Global level:** Slows population growth, eases pressure on natural resources and supports progress towards a sustainable human population.

Despite these benefits, resource gaps persist due to supply-side issues (stockouts, costs and limited choices) and demand-side barriers (social norms, lack of education). These challenges disproportionately affect marginalized groups, including adolescents, unmarried women, the urban poor, people with disabilities, and sex workers.[13]

2.2 Global supply chains and reproductive health commodity security

A well-functioning supply chain ensures the continuous availability of quality contraceptives to meet every person's needs at the right time and in the right place.[14] However, many low- and middle-income countries face supply chain inefficiencies such as stockouts, waste, theft, and inadequate distribution. Historically, donor-driven parallel supply systems have fragmented national efforts, rendering integration and sustainability difficult.

Supply chain management is a critical health system function that underpins the availability of essential medicines and health commodities. It brings together financial planning, regulatory oversight, logistics, quality assurance (QA), and digital systems to ensure that life-saving products reach the people who need them – especially at the last mile. Global organizations, including UNFPA, United States Agency for International Development (USAID),[15] World Health Organization (WHO), the Global Vaccine Alliance (Gavi), the Global Financing Facility for Women, Children and Adolescents (GFF), UNICEF and the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), now emphasize systemic improvements for last mile delivery. Strengthening supply chains involves better data systems, integrated partnerships and sustainable long-term strategies.

12 IDS. C. Grant. K4D (2016). Knowledge, evidence and learning for development. Helpdesk Report. Benefits of investing in family planning.

13 UNFPA. Family planning [website] https://www.unfpa.org/family-planning#summary105930.

14 UNFPA (2007). Global Strategy for Reproductive Health Commodity Security (p. 8). https://www.unfpa.org/sites/default/files/resource-pdf/securingsupply_eng.pdf.

15 However, note that USAID withdrew from international aid development in early 2025.

The reproductive health community recognizes that sustained health systems strengthening (HSS) is essential to build resilient distribution networks. In response, global strategies and strategic partnerships have been identified as critical to reinforcing supply chains. Launched in 2007, UNFPA's Global Strategy for Reproductive Health Commodity Security provides a useful framework for coordinated action.[16]

Key partners include the Reproductive Health Supplies Coalition (RHSC),[17] the International Planned Parenthood Federation (IPPF),[18] MSI Reproductive Choices (MSI)[19] and other global and regional actors. These partnerships focus on advancing four key pillars of reproductive health commodity security: availability, equity, quality and choice (see Annex 3, section 3.1.2). USAID's Global Health Supply Chain – Procurement Supply Management project[20] also served as a key partner prior to its recent disbanding in early 2025.

2.3 Origins and the evolution of the UNFPA Supplies Partnership

In 2004 UNFPA established the RHCS Thematic Trust Fund, introducing a pooled funding mechanism for reproductive health supplies. The fund evolved into the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) in 2007, focusing on improving reproductive health commodities and strengthening supply chains.

The second phase of the GPRHCS (2013–2020), later renamed "UNFPA Supplies", expanded support to 46 countries under the initially designed five-year initiative that prioritized improving the enabling environment for RHCS, increasing demand, improving efficiency of procurement and supply, and strengthening capacity and systems for supply chain management (SCM).[21] This period emphasized expanding access to family planning and maternal health services, aiming to reduce maternal mortality and unmet need for family planning. A 2016 annual review by the Department for International Development (DFID) prompted a change management process with a strategic shift towards countries with the greatest needs while promoting country-led, rights-based and sustainable pathways.

Consequently, a number of revisions were introduced, including a revitalized governance structure with a structured steering committee, the removal of demand creation as a programme output, a points-based weighted scoring system for budget allocation,[22] and a streamlined focus on supply chain efficiency. These changes laid

16 UNFPA (2007). Global Strategy for Reproductive Health Commodity Security (p. 8). https://www.unfpa.org/sites/default/files/resource-pdf/securingsupply_eng.pdf.

17 Reproductive Health Supplies Coalition [website] https://www.rhsupplies.org.

18 International Planned Parenthood Federation [website] https://www.ippf.org/.

19 MSI Reproductive Choices [website] https://www.msichoices.org/.

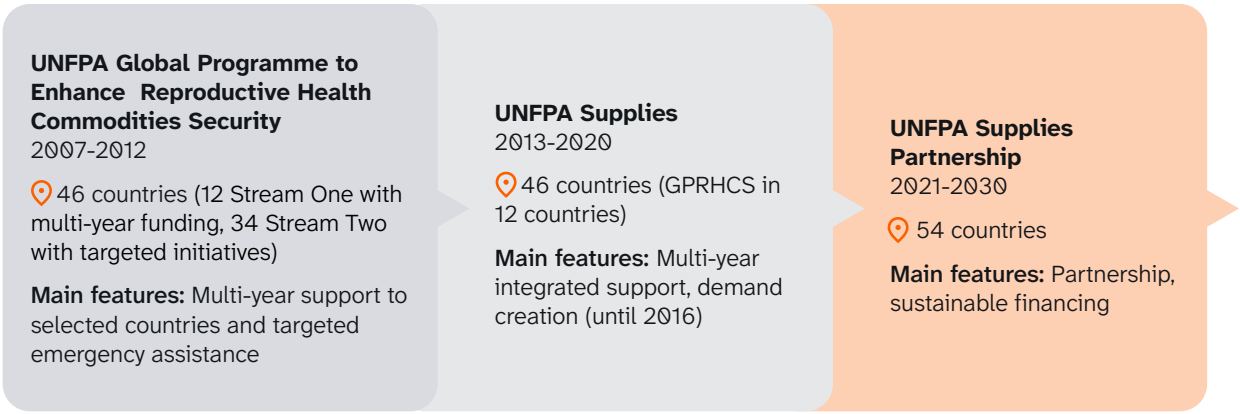
20 USAID Global Health Supply Chain Programme [website] https://www.ghsupplychain.org/.

21 UNFPA Evaluation Office (2018). Mid-Term Evaluation of UNFPA Supplies Programme 2013-2020.

22 Ibid.

the groundwork for phase III of the Partnership (2021–2030), emphasizing country ownership, sustainability, and government contributions.

Figure 4. Evolution and phases of the Partnership (2007 to present)



2.4 The UNFPA Supplies Partnership phase III (2021–2030)

Phase III builds on past experiences and fosters greater government commitment. Supporting 54 countries across Africa, Asia, the Pacific (including Pacific Island Countries), and Latin America and the Caribbean, it prioritizes last mile delivery, sustainable financing, and tailored country support.[23]

2.4.1 Strategic framework and objectives

The Partnership aims to "contribute to ending unmet need for family planning and preventable maternal mortality by increasing equitable access to high-quality modern contraceptives and life-saving maternal health medicines",[24] and to ensure that "all women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them".[25] Four strategic pillars guide the approach:

1. **Availability and choice:** Expanding availability of contraceptives and maternal health medicines.
2. **Strengthened supply chain:** Improving supply chain management, logistics, and data visibility.

23 UNFPA (2021). UNFPA Supplies Partnership 2021-2030 phase III Programme Document. The 54 countries include: 38 from phase II and eight additional (Afghanistan, Angola, Cambodia, Comoros, Kyrgyz Republic, Somalia, Tajikistan, and Pakistan) along with nine previously supported phase II countries – carryover countries.

24 UNFPA (2020). Welcome to the UNFPA Supplies Partnership 2021-2030: Uniting for Transformative Action in Family Planning and Maternal Health (p. 5).

25 UNFPA (2021). UNFPA. Supplies Partnership 2021-2030 phase III Programme Document (p. 9)

3. **Increased government commitment:** Enhancing domestic funding and policy integration.
4. **Operational effectiveness and efficiency:** Optimizing programme delivery and financial sustainability including measuring how the Partnership is working and what results it is achieving.[26]

Aligned with the UNFPA Strategic Plan (2022-2025) and the UNFPA Family Planning Strategy (2022-2030), the Partnership supports three transformative results: ending preventable maternal deaths, meeting family planning needs, and combating gender-based violence,[27] through expanding availability and access ensuring sustainability and integration of family planning into health policy and planning. Further, alignment exists with the UNFPA strategic plan six accelerators[28] including the principles of leaving no one behind (LNOB), emphasizing a human rights-based approach (HRBA) and gender-transformative approach (GTA). The Partnership aligns with global frameworks aimed at advancing reproductive health and rights. It aims at accelerating progress towards the Sustainable Development Goals (SDGs) by contributing directly to the targets 3.3, 3.7 3.8, 5.6 and with strong links to 17.16 and 17.17, and it upholds the commitment of the International Conference on Population and Development Programme of Action and Nairobi Summit on the ICPD25 commitments. Finally, the Partnership strengthens policy analysis, budgeting, and procurement to support long-term domestic investment in family planning. This aligns with the United Nations Decade of Action and supports the joint long-term vision for domestically-financed health systems outlined in the Lusaka Agenda.

The Partnership also incorporates a humanitarian response component under UNFPA's Humanitarian Supplies Strategy (2021–2025),[29] which integrates humanitarian preparedness, resilience-building, and rapid deployment mechanisms for emergencies. Furthermore, a contingency fund ensures timely procurement and distribution of essential reproductive health supplies in crises.[30]

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26 UNFPA (2021). UNFPA. Supplies Partnership 2021-2030 phase III Programme Document (p. 9)

27 UNFPA (2019). Family Planning Strategy 2020–2030 (p. 4). The priority actions of the strategy are: 1) expanding availability and access to reproductive health; 2) strengthening data; 3) increasing sustainability; 4) improving quality of care; 5) engaging youth; 6) increasing integration of family planning into health policy and planning; 7) building resistance and adaptation in challenging and crisis contexts; 8) building agency and reducing discrimination.

28 UNFPA (2021). UNFPA Strategic Plan 2022–2025. Six accelerators are: (a) HRBA and GTA; (b) Innovation and digitalization; (c) Partnerships, South-South and triangular cooperation, and financing; (d) Data and evidence; (e) LNOB and reaching the furthest behind first; (f) Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts.

29 UNFPA (2020). UNFPA Humanitarian Supplies Strategy (2021–2025).

30 UNFPA (2021). UNFPA Supplies Partnership 2021–2030 phase III Programme Document (p. 49).

2.4.2 Key elements of the phase III – country eligibility and financing model

The Partnership is guided by nine core principles[31] and employs eight modes of engagement as outlined in the theory of change in Section 3.1.4 and Table 3. These include advocacy and policy dialogue, evidence generation and dissemination, capacity building, technical assistance, supply assurance, integration and coordination, partnerships, and internal governance.

Eligible countries

Countries were selected based on gross national income (GNI) per capita (Atlas method), modern contraceptive prevalence rate (mCPR) and maternal mortality ratio (MMR). Countries were categorized by economic capacity to determine funding eligibility and co-financing expectations.[32]

Funding streams

The Partnership operates through three complementary funding streams (see table 1).

Table 1. The three funding streams of the Partnership

Funding stream	Proportion of funding	Purpose
Supplies	75%	Procurement of commodities and related costs (freight, packaging and labelling, sampling and testing), with a sub-stream for new and lesser-used products and humanitarian needs and priorities.
HSS (previously referred to as "Transformative Action")	15%	The primary driver of country-level outcomes, this funding stream supports sustainable financing, stronger supply chains, and the introduction of new and underused products. It enables the Partnership to pursue catalytic, targeted opportunities aligned with its strategic objectives, strengthen the evidence base, and enhance country accountability and investment in reproductive health, including family planning.

31 The principles include: (1) a human rights-based approach to family planning, (2) country-driven, government-led processes, (3) clear, measurable goals, (4) HSS, (5) a shift to sustainable financing, (6) efficient use of programme resources, (7) accountability and assurance of resources, (8) multi-sector and partner coordination, and (9) a flexible, responsive programme that integrates humanitarian and development needs.

32 Group 1, Group 2, Group 3 and carryover countries; UNFPA (2021). UNFPA Supplies Partnership 2021–2030 phase III Programme Document (pp. 25–27). The new categorization did not result in a major shift in the composition of countries.

Funding stream	Proportion of funding	Purpose
Performance	10%	The Performance stream promotes effective resource use by tracking supply distribution to end users, especially the hardest-to-reach. It measures results, builds capacity, and strengthens accountability and visibility at the last mile to ensure efficient programme management and supports the Managing Accountability and Visibility (MAV) framework.

Unlike in phase II (2013–2020), the Partnership in phase III allows tailored allocation based on country needs, with a composite economic index guiding co-financing requirements. Countries must progressively increase domestic financing for quality-assured SRH commodities, transitioning from donor reliance.[33]

Co-financing mechanisms

To facilitate a transition from a donor-recipient to a country-led co-financing model, the Partnership introduced two domestic financing mechanisms:

- **Compacts: Agreements signed by the Ministry of Finance (MoF), Ministry of Health (MoH), and UNFPA** that outline roles, responsibilities and a domestic financing contribution towards the cost of programme-funded commodities.[34]
- **Match Fund:** UNFPA matches government contributions on a 2:1 basis up to a maximum of $2 million per year to mobilize additional domestic resources.[35]

Governance and oversight

The Partnership restructured its governance model to ensure representation from its main constituents – donors, governments, civil society and strategic partners (see table 2).

33 UNFPA (2021). UNFPA Supplies Partnership 2021–2030 phase III Programme Document (p. 6).

34 Governments commit to gradually increasing domestic funding. Commodities are provided to Partnership countries based on their Compact and national supply plan. Countries can fulfil co-financing obligations through direct payment or third-party procurement via UNFPA Supply Chain Management Unit (SCMU) Annex A of the Compact details: funding, commodity, and technical contributions, along with annual partner allocations. UNFPA. Supplies Partnership 2021–2030 phase III Programme Document (p. 22).

35 The match fund mechanism is integrated into the Partnership budget under the supplies funding stream.

Table 2. Governing bodies of the UNFPA Supplies Partnership phase III

Governing body	Description
Steering Committee	Multi-partner decision-making entity which meets biannually. It comprises four bilateral donor seats representing all donors, a private sector donor seat, four implementing country representatives, three civil society organizations, an independent chair, and two observer seats.
Sub-committees: Strategy and Planning, Finance and Risk Management, Leadership	Provide recommendations to the Steering Committee on budget allocation, sustainable financing, HSS, and programme oversight. Each sub-committee operates under a defined ToR, with membership rotating every two years. They meet quarterly, except for the Leadership sub-committee, which convenes annually.
Partners Assembly	Engages global, regional, and country-level agencies, bilateral and multilateral partners, the private sector, and civil society[36] promoting governance, advocacy, and resource mobilization.

Programme expenditures and sources of finance

The Partnership has significantly diversified its funding sources from phase II, increased donors and enhanced financial stability and sustainability, yet in phase III it has seen a decline in securing new donor contributions. Following a funding reduction due to the UK withdrawal in 2021,[37] new financing strategies were introduced to ensure sustainability. This included a reserve fund, which is crucial for managing risks related to funding delays, donor contribution timing, and unexpected expenses. Reserve funding helps maintain continuity of operations by ensuring that essential services and supplies remain uninterrupted, even during fluctuations in funding or unforeseen financial challenges.

A total of $183 million was generated in 2023 for the programme through direct contributions from 19 donors, 74 per cent of which were multi-year commitments. The total amount mobilized represents 63 per cent of the required resource mobilization budget for 2023 ($250 million). Ireland and New Zealand joined as new donors in 2023, bringing the total number of donors[38] in phase III to 25.[39]

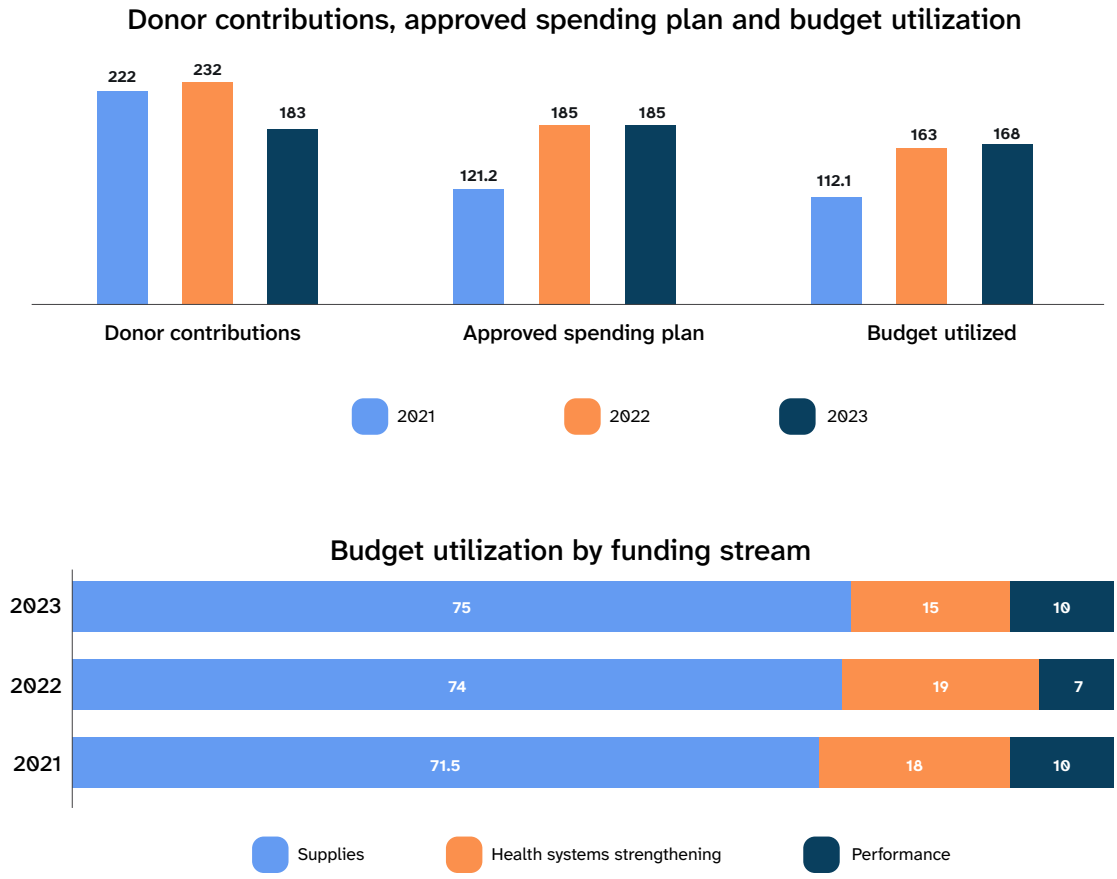
36 Hera (2023). Review of new elements of UNFPA Supplies Partnership Programme phase III report (pp. 4–5).

37 https://una.org.uk/news/uk-announces-85-cut-funding-unfpa.

38 Donors to UNFPA Supplies Partnership in 2021, 2022, and 2023: Australia, Bayer AG, Belgium, The Bill & Melinda Gates Foundation, Canada, Cartier Foundation, Children's Investment Fund Foundation, Denmark, European Commission, France, Friends of UNFPA, Germany, HELP Logistics (in-kind contributions), Ireland, Large anonymous donor, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain (Spanish Agency for International Development Cooperation), Spain (Justice and Social Affairs Division of the Basque Government), United Kingdom, United States of America, UNFPA individual contributions, Winslow Foundation.

39 UNFPA (2024). Performance Measurement Framework: UNFPA Supplies Partnership 2023 Results Report.

Figure 5. The Partnership donor contributions, spending, budget utilization in 2021-2023 ($ million)



Source: UNFPA (2022). Performance Measurement Framework Report: UNFPA Supplies Partnership Annual Report 2021; UNFPA (2023). Performance Measurement Framework Report: UNFPA Supplies Partnership Annual Report 2022; UNFPA (2024). Performance Measurement Framework: UNFPA Supplies Partnership 2023 Results Report.

Since its launch in 2007, the programme has mobilized over $1.6 billion. However, securing funds remains a challenge. Phase III faces an estimated funding gap of $1.1 billion for the period 2026–2030. The risk of a funding shortfall has increased due to geopolitical and economic challenges, including the wars in Ukraine and in Gaza, an overall global economic slowdown, and, critically, the closure of USAID in early 2025.[40] Expenses related to conflicts and the economic downturn present significant fiscal challenges for donors. To mitigate potential disruptions, the Steering Committee approved a reserve fund of $70 million to provide financial resilience and smooth budget allocations.[41]

See Section 4.1 which highlights the key shifts in the design of the Partnership over time.

40 Recognizing that Partnership is not a major recipient of USAID funding however the knock-on effect could have implications for increased costs as gaps in the supply chain emerge.

41 UNFPA (2024). Performance Measurement Framework: UNFPA Supplies Partnership 2023 Results Report.

03

Methodology

3.1 Evaluation approach

3.1.1 Theory-based evaluation and contribution analysis

This evaluation adopts a theory-based approach, using contribution analysis as its primary analytical framework. Contribution analysis follows a structured process to assess the extent to which the Partnership has contributed to observed changes in reproductive health and family planning. The contribution analysis approach considers the following steps:[42]

1. Defining the attribution problem to be addressed;
2. Reconstructing the Partnership theory of change and defining assumptions;
3. Gathering existing evidence on the theory of change and the changes that have taken place along identified causal pathways;
4. Developing a contribution story through identifying the Partnership role in achieving these changes;
5. Filling evidence gaps to strengthen analysis;
6. Refining the theory of change including revising causal assumptions and clarifying the Partnership's contribution to outcomes.

The evaluation's preparation phase (ToR development, criteria setting and scope identification) initiated this process. The inception phase refined the theory of change, shaping key evaluation questions based on identified assumptions. Steps three to five focused on data collection, while step six was addressed during analysis and reporting.

3.1.2 The reconstructed theory of change

The reconstructed theory of change served as an evaluation tool that guided the definition of key evaluation questions and assumptions, the selection of data collection and analysis methods as well as the interpretation of findings, the formulation of conclusions and recommendations.

42 Mayne, John (2008). Contribution Analysis: an approach to exploring cause and effect. ILAC Brief, 16. (p.2).

3.1.3 Theories of change: definition and purpose

A theory of change outlines how a programme is expected to function by explaining the cause-effect logic linking activities to intended outcomes. It defines key causal assumptions – as the necessary conditions required for change at different levels. The purpose of defining a comprehensive theory of change is to clarify the logic underpinning the Partnership, identify the key evaluation areas – including opportunities, challenges and bottlenecks – and guide the evaluation framework, linking assumptions to specific evaluation questions.

Contribution analysis was applied to identify and focus on the most critical causal assumptions, rather than attempting to map all possible pathways.

3.1.4 Reconstruction of the theory of change

The reconstruction of the Partnership's theory of change followed a three-stage process:

1. **Desk review:** an extensive review of existing literature on the Partnership, UNFPA's Family Planning Strategy, and Global Health Initiatives (GHIs) such as Gavi, the Global Fund and the GFF. This helped understand how the Partnership was internally conceptualized and how similar initiatives were framed.
1. **Stakeholder feedback:** The theory of change was revised based on initial interviews with key informants prior to the scoping workshop (4–6 June 2024, UNFPA Headquarters, New York).
1. **Validation and refinement:** The draft theory of change was presented to the ERG and key UNFPA representatives at global, regional and country levels (4 June 2024). Their feedback was used to inform the final reconstructed theory of change.

The reconstructed theory of change provides a comprehensive snapshot of the Partnership's structure, key areas of change, and causal pathways, depicting how interventions translate into expected outcomes. It identifies causal linkages across global, regional, and country levels and clarifies the Partnership's contribution to overarching reproductive health goals.

The reconstructed theory of change serves two purposes:

- **Explaining the Partnership's contribution to its expected goals:** It adopts a systems approach, illustrating the interconnections between programmatic actions, results and global priorities.
- **Uncovering additional pathways and assumptions:** It identifies elements not explicitly outlined in the Programme's results framework, yet critical to understanding how change occurs.

The logic model follows a bottom-up structure, illustrating the causal relationships between different intervention levels:

- Government engagement and sustainable financing (SO3) is expected to enhance availability and choice of reproductive health commodities (SO1) and supply system strengthening (SO2).
- Operational effectiveness and efficiency (SO4) serves as the foundation supporting higher-level outcomes in the results chain.

Importantly, the positioning of SOs in the theory of change does not reflect hierarchical relevance. Instead, it highlights proximity to ultimate outcomes and the logical sequence of effects. Thus, while SO4 is located graphically at an earlier (lower) level in the chain of effects, it still represents an SO that is foundational for the achievement of effects situated at a higher level in the chain of results (see figure 6).

Table 3. Key elements to help read the reconstructed theory of change

Line of theory of change	Explanation
Inputs	Resources, frameworks, expertise and capacities available for implementing the Partnership.
Modes of engagement	The primary mechanisms through which the Partnership delivers support, both within UNFPA and externally with stakeholders.
Partnerships	Collaboration with governments, key stakeholders, and alliances at various levels to enable the Partnership's implementation.
Integration and coordination	Collaboration with governments, key stakeholders, and alliances at various levels to enable the Partnership's implementation.
Governance (internal)	Activities focused on internal decision-making and management within the Partnership's governance structure.
Technical assistance	Support provided by UNFPA to partners for HSS, excluding capacity building (for example, implementing systems to improve supply chain management and service delivery).
Capacity building	Efforts to develop the skills and capabilities of key partners to achieve results at all levels.
Evidence generation and dissemination	Activities focused on producing and sharing data and research to inform UNFPA programming and advocacy efforts.
Advocacy	Efforts to influence stakeholders, decision-makers, and the public, including private (lobbying, closed-door discussions) and public advocacy (campaigns, mobilization).
Clear pathways of change	The theory of change defines four distinct pathways that lead to SOs.
Strategic Objective 1	Focuses on service delivery improvements through commodity support.

Line of theory of change	Explanation
Strategic Objective 2	Centres on capacity building and technical assistance for HSS to strengthen supply chain systems and service availability.
Strategic Objective 3	Concerns advocacy and evidence generation to drive policy and financial commitments.
Strategic Objective 4	Focuses on change through partnerships, integration, coordination and governance.
Interconnected and complementary pathways	All pathways are interdependent. For example, evidence generation can inform service improvements and procurement decisions, while enhanced supply chain management improves commodity delivery. Additionally, capacity building strengthens policymaker capabilities, influencing broader policy reforms.
Categorization of outputs based on pathways of changes	Outputs are classified according to their position within the theory of change. This allows mapping of where, in the causal chain, specific results contribute to achieving SOs and helps identify gaps.
Causal assumptions	The theory of change includes key internal and external assumptions necessary for the cause-and-effect relationships between outputs and outcomes to materialize.
Categorization of sub-outputs based on the Supply-Enabling Environment-Demand model programming logic[43]	The Partnership primarily focuses on supply-side improvements while considering enabling environment factors. Demand-side efforts are reflected at government level, while individual demand is considered a key assumption for achieving the final goal. SO4 is categorized under governance and management.
Linkages and contributions to major overarching goals	The theory of change aligns with the UNFPA Family Planning Strategy 2022–2030 and contributes to broader reproductive health and rights objectives.

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43 Engender Health (n.d.). SEED Assessment Guide for Family Planning Programming. https://www.engenderhealth.org/resource/seed-assessment-guide-for-family-planning-programming.

Figure 6. Reconstructed theory of change

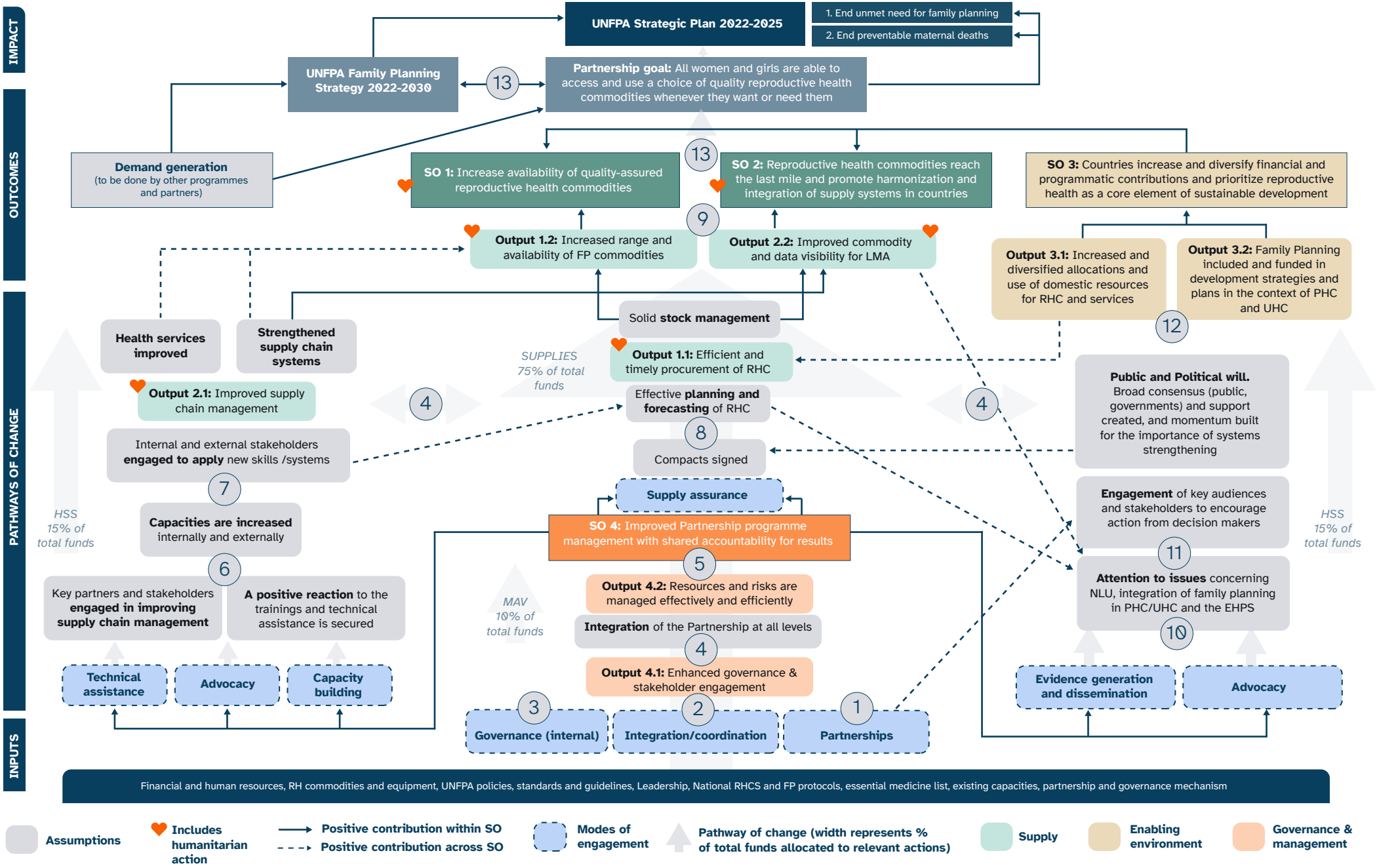


Table 4. Key assumptions to the theory of change

#	Key assumptions
1	The **partnerships** established are based on **complementarities** and **the potential synergies** between organizations (for example, engagement across sectors is promoted, as well as with GHIs).
2	**UNFPA corporate support** for RHCS **remains high and aligned with broader UNFPA efforts**, especially family planning. **Financial, technical and operational inputs are sufficient** for running the Partnership. Effective monitoring and reporting procedures ensure **strong accountability, transparency and continuous improvement**.
3	The new **governance model increases trust and supports deeper engagement** by all stakeholders. The governance system is sufficiently agile to respond to emerging challenges and unexpected events (for example, COVID-19 and the withdrawal of USAID from the global health architecture).
4	All strategic objectives **work as an integrated system** (global, regional, national), **avoiding silos and maximizing synergies and complementarities**. For example, clear lines of responsibility are established and applied, and risk analysis and system analysis are carried out to identify gaps, challenges and weaknesses. **The humanitarian-development-peace continuum** is considered in relevant contexts. UNFPA accelerators effectively support implementation and maximize results achieved by **cross-fertilization** and linking efforts through thematic areas of collective learning and experience sharing.
5	**Global, regional and national partnerships for RHCS and family planning** are sustained, ensuring that all relevant stakeholders share a **common vision and strategy** and meaningfully contribute to achieving expected goals.
6	**Capacity development of key stakeholders** (UNFPA, health authorities, service providers) **results in improved capabilities** which are accompanied by appropriate support (material and supervisory) and incentives to achieve and sustain improved service delivery.
7	The generated change in attitudes leads to **higher engagement and behaviour change** of key stakeholders (service providers, government, civil society organization [CSO] staff, etc.). Mobilization and awareness-raising activities contribute to empowerment and change of behaviour of communities and final beneficiaries (for example, postpartum women adopting family planning methods, community-level organizations promoting access to SRH services for vulnerable groups, etc.).

#	Key assumptions
8	**Country selection and support meet country needs** through a tailored approach and appropriate funding schemes (Match Fund, HSS, etc.). The modes of selection and grouping of countries, and the system readiness assessment tool, prove relevant, making the initial country engagement strong. Knowledge on commodity demand through intelligence gathering allows for effective forecasting.
9	The **LNOB principle is upheld** by ensuring that the most marginalized and furthest behind groups are adequately identified and reached in both development and humanitarian settings.
10	**Private advocacy** (lobbying, close-door advocacy) and **public advocacy** (awareness raising campaigning and mobilizing the public) **identify relevant stakeholders** for influencing purposes, and credible evidence and population data are adequately framed, contextualized, promoted and used to make the case for gaining public and stakeholder support. Post-COVID-19 narratives are adequately contextualized and engaging. Critical collaboration with civil society and private sector partners leads to mobilizing key targeted populations.
11	**Trust in healthcare systems is strengthened** due to shifting individual beliefs and attitudes. The impact of the discourse of opposing players is diminished or neutralized.
12	**The agenda-setting process reflects the influence achieved through advocacy**, generating pressure on power holders and eventually securing commitments. Relevant timing and openings in the politics stream are considered for setting the agenda, such as a year before and after elections or other political transitions. Financial incentives are aligned and prioritized based on the secured commitments.
13	**Demand for family planning and contraceptive use increases** as a result of other UNFPA initiatives and the efforts made by other relevant players.

3.2 Evaluation criteria

The evaluation applied the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD DAC) criteria, ensuring a comprehensive assessment of the Partnership. Table 5 illustrates the relationship between the evaluation questions, their related assumptions and the evaluation criteria.

Table 5. Evaluation questions and assumptions by area of investigation and evaluation criteria

Design of the Partnership	**Evaluation criteria:** Relevance
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?	
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.	
Assumption 1.2 The existing approach for grouping and classifying countries for their eligibility and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition.	
Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieving Partnership results with a focus on a system strengthening approach to improving commodity availability.	
Assumption 1.4 The Partnership is clearly founded on human rights, gender equality and the LNOB principles.	
Strategic objective 1 Availability and choice	**Evaluation criteria:** Effectiveness and coverage
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, QA and delivery?	
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 and family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation and supply.	
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.	

Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers emergency reproductive health and 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 and family planning requirements.

Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and new and lesser-used products (NLU) products, across different contexts and through different funding mechanisms, recognizing, monitoring and consistently mitigating emerging threats and risks.

Strategic objective 2
Strengthened supply chains

Evaluation criteria: Effectiveness and coverage

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?

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, technical assistance, technology and innovative practices to address the identified gaps.

Assumption 3.2 The Partnership, through UNFPA country offices (COs) 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.

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.

Assumption 3.4. The Partnership commodities reach the last mile in Partnership countries, including in humanitarian, conflict and fragile state settings.

Strategic objective 3
Enabling environment dimension

Evaluation criteria: Sustainability

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

Assumption 4.1 The Partnership, through UNFPA COs 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.

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.

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 primary health care [PHC] and universal health coverage [UHC] strategies and plans).

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).

Strategic objective 4 **Governance and management**	**Evaluation criteria:** Efficiency

Evaluation question 5. To what extent are the governance mechanisms, processes and structures of the Partnership efficient at supporting the achievements of other SOs and to what extent is this supported institutionally by UNFPA?

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.)

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 maximize results.

Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.

Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level.

Assumption 5.5 All strategic objectives work as an integrated system to efficiently maximize synergies and complementarities, avoiding siloed work.

Alignment with other relevant internal and external efforts	**Evaluation criteria:** Coherence
Evaluation question 6. To what extent is the Partnership aligned with, complementing, and filling gaps in other UNFPA initiatives as well as other global initiatives aimed at strengthening access and use of quality reproductive health commodities, while also considering the HDP continuum approach?	
Assumption 6.1 The Partnership's 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).	
Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHIs such as Gavi and WHO.	
Assumption 6.3 The Partnership effectively integrates the humanitarian-development-peace continuum, ensuring that short-term emergency activities are aligned with long-term development goals.	

3.3 Cross-cutting issues: gender equality and humanitarian contexts

In addition to the core evaluation questions, the evaluation also examined two key cross-cutting issues, which were mainstreamed throughout the implementation process, methods and reporting.

A. **Gender equality and social inclusion:** Evaluating how the Partnership integrates gender equality in its programming, ensuring equitable access to reproductive health commodities. Gender equality and social inclusion issues were closely linked to evaluation question 1 (design of the Partnership) and 2 (availability and choice). The evaluation considered whether the Partnership adhered to human rights principles, gender equality, and LNOB commitments particularly for marginalised populations (for example, adolescents, rural women, persons with disabilities).

B. **Humanitarian response**: Assessing the Partnership's role in responding to humanitarian crises, including its effectiveness in ensuring access to contraceptives and maternal health medicines in fragile settings. The evaluation of the humanitarian response was embedded within questions 1 (design), 2 (availability and choice), 3 (last mile delivery) and 6 (integration with the humanitarian-development-peace [HDP] continuum). The evaluation examined how the Partnership adapted to fragile and conflict-affected settings, ensuring the continuity of access to contraceptives and maternal health supplies. Country case studies in crisis-affected regions further explored this aspect.

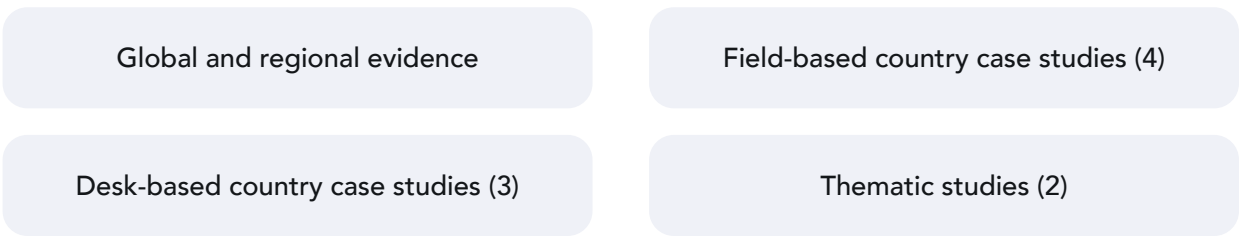
3.4 Data collection and analysis

3.4.1 Overview of the approach

The evaluation employed a **mixed-method approach**, combining quantitative and qualitative research components. This allowed for the triangulation of data, presented within the evaluation matrix (see Volume 3). Quantitative methods, such as closed survey elements, financial data and outcome trend analysis, were employed to examine the Partnership's operations and link inputs to outcome trends. Qualitative methods, including key informant interviews (KIIs), group discussions, document reviews, open-ended survey questions, field visits and observations provided deeper insights into the Partnership operations and contributions. Section 3.4.2 provides a detailed overview of the data collection methods.

A case study approach was used to examine the effectiveness of the Partnership across diverse country contexts. The evaluation conducted four field-based country case studies (Cameroon, DRC, Kenya and Honduras) and three desk-based country case studies (Pakistan, Zambia, and Yemen). As part of the in-country studies, site visits to health facilities, pharmaceutical dispensaries, pharmacies, warehouses and distribution centres at national, regional and district level were conducted to observe facility conditions and collect data on the availability of reproductive health and family planning commodities. Both types of case studies were not intended to be statistically representative of all countries; instead, they provided a nuanced understanding of the Partnership's implementation in different settings. Each case study addressed a specific subset of evaluation questions and assumptions, using primary data collected through KIIs and data and document reviews. Additionally, two thematic case studies focused on the Match Fund co-financing mechanism and the Last Mile Assurance (LMA) process to assess their effectiveness in supporting sustainable financing and last mile delivery. A detailed explanation of the country case study selection process is provided in section 3.4.3 and in the country case study reports.

Figure 7. Components of the mid-term evaluation of the Supplies Partnership phase III



3.4.2 Data collection methods and related results and numbers reached

Data collection methods – including document and data reviews, Key informant interviews (KIIs) and group discussions – were applied consistently across all datasets: global and regional data, field- and desk-based country case studies, and thematic studies.

The **document review** covered strategic, programmatic and operational documents at global, regional and country levels. It includes programme documents and annual workplans and reports, annual expenditure and procurement and delivery reports, the Partnership review and evaluation documents, monitoring and progress reports, national plans and programmes in RHCS and family planning, studies and published literature, stakeholder maps, reports of meeting on RHCS and family planning, and documents produced by governments and other agencies and stakeholders relevant to RHCS. In total, 194 documents were reviewed, with 32.2 per cent at the global and regional level and 67.8 per cent at country level. Section 3.4.3 outlines the approach for selecting the documents. The full list of reviewed documents is available in Volume 3, Annex 10.

The **review of national data on reproductive health and family planning outcomes** examined: global procurement and delivery data; national data (in the country case studies) such as demographic and health surveys; and subnational data including monitoring and stockouts, shortages and over-supply reports at facility level, district health management information systems data on service availability and outcomes, last mile delivery data and trends in on-time deliveries and local transport systems, patient uptake and consumption, other metrics, and data on the use and availability of reproductive health and family planning commodities recorded in electronic logistics management information system (eLMIS).

KIIs and group discussions played a crucial role in gathering qualitative insights. The evaluation team interviewed 258 key informants at the global, regional, national and subnational levels, including government representatives (33.6 per cent), non-governmental organizations (NGOs) (21.6 per cent), UNFPA staff (20.1 per cent), donors and development partners (8.5 per cent), and other collaborators (8.1 per cent). Interviews were conducted in English, French or Spanish, using a tailored semi-structured interview guide (see Volume 3, Annex 3) and snowball sampling to identify additional informants. Of the 258 KIIs conducted, 56 per cent were female and 44 per cent male respondents. The majority (88.4 per cent) were interviewed at country level.

The evaluation team conducted group discussions with facility staff (at 11 sites), national health officials and other key organizations to explore service delivery experiences at country level. These discussions, facilitated by national team members in local languages, included 18 group sessions – 15 with implementing partners and 3 with other country collaborators. Additionally, focus group discussions were held with community health promoters, peer educators and end-users, including women receiving family planning services. At the UNFPA regional and headquarters levels, discussions focused on data collection, hypothesis development and validation of findings. Stakeholder groups participated in sense-making meetings during the inception phase and in sessions to review emerging findings and recommendations. These engagements were designed to ensure deeper stakeholder involvement and collaborative learning.

A survey was disseminated across the 54 Partnership countries. The survey, available in English and French, collected both closed and open-ended responses (see Volume 3, Annex 3) and was administered through Kobo Toolbox. It was open for six weeks (November 2024 – January 2025) and a total of 241 responses were received (a 40.2 per cent response rate), providing additional insights into stakeholder perspectives on the Partnership's effectiveness. Of the respondents, 46.4 per cent were male, 53.6 per cent female, and less than 1 per cent did not disclose their gender. Stakeholder representation included 32.4 per cent from UNFPA, 17.4 per cent from the government sector, and 50.2 per cent from other sectors (multi and bilateral organizations, international and national non-governmental organizations, private sector actors and implementing partners. The sampling frame and selection of stakeholders are detailed in section 3.4.3, with survey results and data analysis provided in Annex 3, section 3.4.4 and referenced throughout the findings section.

3.4.3 Sampling strategy

The evaluation used purposive sampling to select country case studies and key informants for individual and group interviews, as well as the survey. Country selection was based on geographic diversity, contribution to SOs, data availability and accessibility. Twenty-two countries were initially identified using specific criteria, from which seven were selected for the country case studies following a consultative process with UNFPA (see table 6). Desk and field studies were designed to ensure a diverse representation of country contexts. The selection of thematic case studies focused on key features of phase III, particularly its emphasis on sustainable financing and last mile delivery.

Key informants were identified based on a stakeholder mapping exercise (see Volume 3, Annex 3), supplemented by snowball sampling to ensure comprehensive coverage.

The survey used purposive sampling, with UNFPA COs identifying 599 potential respondents across 54 Partnership countries, including UNFPA staff, national authorities, NGOs, civil society and private sector actors in reproductive health and family planning. Further details on the sampling strategies are outlined in Volume 3, Annex 3.

Table 6. Selection of country case studies[44]

	Country	Eligibility phase III	Economic index grouping
Field-based	Cameroon	Eligible existing	Group 3
	Democratic Republic of the Congo	Eligible existing	Group 1
	Honduras	Carryover countries	Carryover
	Kenya	Carryover countries	Carryover
Desk-based	Pakistan	Eligible new	Group 3
	Zambia	Eligible existing	Group 1
	Yemen	Eligible existing	Group 3

3.4.4 Data analysis

The evaluation employed multiple layers of analysis, beginning with data coding in evaluation matrices, followed by data analysis, triangulation and strength of evidence rating. The coding process was iterative, identifying gaps that required further exploration. Evidence databases were used to collate, code and analyse primary and secondary data at the global, regional, country and thematic levels, ensuring a structured approach.

Documents were analysed systematically, with relevant excerpts extracted and mapped against evaluation assumptions and questions. Interview and site visits notes were coded, with data further disaggregated by gender, respondent type and locality. Findings were validated through discussions with stakeholders, including UNFPA COs and key informants.

44 Eligibility phase III is based on the criteria which considers GNI, mCPR, and MMR. 'Eligible existing' refers to phase II countries that met the eligibility criteria for phase IIII. 'Eligible new' indicates countries that meet the eligibility criteria of phase III but were not included in phase II. Carryover countries are phase II countries that did not meet the proposed eligibility criteria but were not dropped from phase III to avoid disruption of the services. The economic grouping categorizes countries based on the economic index calculated as the weighted average of indices for each of the three components, with the largest weight given to the GNI per capita component (50 per cent) and equal weight given to the World Bank Group component (25 per cent) and the average gross domestic product growth component (25 per cent).

Quantitative data from the survey was analysed using Microsoft Excel and R, with visualizations and descriptive statistics. Where relevant, data was disaggregated by respondent type and country grouping. Thematic analysis was applied to qualitative survey responses, mapping findings to evaluation assumptions. The data review focused on key indicators of reproductive health and family planning outcomes, tracking trends to establish the broader contextual landscape of the Partnership in each country. Further details on the data analysis process and survey results are available in Volume 3, Annex 3.

3.4.5 Triangulation of data and strength of evidence rating

The evaluation applied triangulation across data sources and categories, ensuring a robust assessment of key assumptions and evaluation questions, this process was facilitated using a comprehensive database with aggregated evidence from global and regional sources, country case studies and the online survey.

During the January 2025 analysis workshop, the evaluation team and evaluation manager conducted a systematic review of all evidence for each evaluation question and assumption. Findings were validated against original data to ensure consistency and completeness. A final review session ensured that all questions were comprehensively addressed.

The strength of evidence was assessed based on the quality and quantity of the data. Quality was evaluated by examining the reliability of sources and identifying potential biases in both qualitative and quantitative data. Quantity was determined by assessing the consistency of findings across multiple sources. Table 7 presents the rating system used to classify findings.

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Table 7. Strength of evidence rating

Rating	Assessment of the findings by strength of evidence
Strong (1)	Evidence comprises multiple data sources, both internal and external (good triangulation from at least two different sources; for example, document review and KIIs or multiple KIIs of different stakeholder categories), which are generally of good quality.
Moderate (2)	Evidence comprises multiple data sources (good triangulation) of lesser quality, or the finding is supported by fewer data sources (limited triangulation; for example, only documents or KIIs of one stakeholder category) of decent quality.
Limited (3)	Evidence comprises few data sources across limited stakeholder groups (limited triangulation) and is perception-based or generally based on data sources that are viewed as being of lesser quality.
Poor (4)	Evidence comprises very limited evidence (single source) or incomplete or unreliable evidence. Additional evidence should be sought.

This structured approach ensured data credibility, consistency and rigour, supporting the formulation of robust findings.

3.4.6 Gender equity and human rights

The evaluation team ensured equal gender representation during data collection (see section 3.4.2) and actively sought to include those from most-left-behind groups in age- and gender-appropriate discussions. Where necessary, separate focus group discussions between women and men were conducted to create a safe space for participants to share their experiences openly.

Additionally, all data were disaggregated by gender (where possible) to ensure gender-specific differences were captured and analysed. The evaluation protocols were designed to observe ethical rules and ensure privacy and respect for the rights of respondents. Specifically, the tools were designed to be inclusive and sensitive to the rights and needs of vulnerable individuals, ensuring that participation was equitable and respectful of diverse perspectives.

3.5 Generation of recommendations

During the analysis workshop, the evaluation team and evaluation manager engaged in collaborative discussions and sense-making to formulate the key findings and derive initial ideas for conclusions and recommendations. Subsequently, final recommendations were developed through a collaborative co-creation process with the members of the ERG and the Partnership team. A workshop, using the Miro online interactive workspace, facilitated stakeholder engagement and ensured that recommendations were operationally feasible. The recommendations are grounded in evaluation findings and conclusions, providing a clear roadmap for strengthening the Partnership moving forward.

3.6 Quality assurance

Quality assurance (QA) was integrated throughout the evaluation process. Under the UNFPA evaluation quality assurance and assessment system, the UNFPA IEO evaluation manager ensured quality at every stage of the evaluation process. The ERG provided inputs at key milestones, including the inception report, findings, conclusions, co-creation recommendations workshop and draft reports. The final report was reviewed by the team leader, Euro Health Group's quality assurance manager, and the UNFPA IEO evaluation manager. All field-based country case studies were reviewed by the respective UNFPA COs and the UNFPA IEO manager.

3.7 Ethical considerations

The evaluation adhered to the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation[45] and the UNEG Code of Conduct for Evaluation, ensuring compliance with the ethical and professional standards.

- **Integrity:** The evaluation maintained independence, impartiality, transparency and accountability, with safeguards in place to prevent bias and uphold participant dignity.
- **Independence and impartiality:** The evaluation was conducted free from external influence, with unrestricted access to information and no conflicts of interest. Findings and recommendations are evidence-based and unbiased.
- **Transparency**: Full confidentiality was ensured, with stakeholders informed about the evaluation's purpose, criteria and expected outcomes. Prior to data collection, all participants in interviews and group discussions were briefed on how their data would be used, and verbal consent was obtained.
- **Accountability:** The evaluation matrix ensured all stakeholder perspectives were incorporated. Feedback sessions were conducted with key UNFPA representatives at global, regional and country levels, and the ERG, with an audit trail documenting responses to draft versions.
- **Credibility:** A rigorous methodology, impartiality, robust QA, transparency and stakeholder engagement ensured credibility. All findings are evidence-based, and the supporting data underwent triangulation from multiple sources (see Volume 3).
- **Respect**: Methods were adapted to align with local norms and values, ensuring cultural sensitivity and respect for all participants.
- **Beneficence:** The evaluation prioritized participant well-being, aiming to generate evidence-based on insights that drive positive change and inform future programming.

45 United Nations Evaluation Group (2020). Ethical guidelines for evaluations. https://www.unevaluation.org/document/detail/2866).

- **Data privacy and confidentiality:** Participation was voluntary, with informed consent obtained. Data confidentiality was maintained through an identifier coding system, ensuring no direct attribution of responses. Audio recordings were made only with consent, securely stored and scheduled for deletion after the evaluation. Data was securely managed on a project-specific Microsoft SharePoint platform owned by Euro Health Group and the UNFPA IEO Google Drive.
- **Safeguard mechanisms for respondents:** Data collection protocols were designed and implemented to protect the rights and needs of vulnerable individuals. For example, evaluators actively recognized and addressed potential power imbalances during individual and collective data collection (for example, focus groups) to ensure equitable participation and consider the voices of all relevant stakeholders.
- **Artificial intelligence use:** No artificial intelligence tools were used in the evaluation process.

3.8 Limitations

The evaluation's scope and depth presented several challenges and limitations. However, these did not compromise the validity of the evaluation design nor the suitability of data collection and analysis methods.

Table 8. Challenges and mitigation strategies

Identified limitations and challenges	Evaluation response
Ensuring a coherent theory of change that aligns with the Partnership framework and scope of the evaluation	The evaluation team prioritized key assumptions based on best practice and recent experience, refining the theory of change throughout the data collection and analysis process.
Attributing results to the Partnership amid multiple actors in the SRHR and family planning sector	A contribution analysis framework was used to document the distinct role and influence of the Partnership, clarifying its relationship with other actors and initiatives. Stakeholders' roles in planning, coordination and implementation were analysed to ensure transparency.
Variability in national contexts limiting the generalizability of findings	The selection of both desk- and field-based studies ensured the diverse representation of country settings. This approach enabled evaluators to contextualize findings while recognizing the unique national contributions.

Identified limitations and challenges	Evaluation response
Differences in data availability and accessibility across countries	The team established strong communication with country counterparts to gather data from diverse sources. In field-based case studies national experts were engaged to fill data gaps and ensure accurate contextual understanding.
Low response rates and sampling challenges in surveys	A targeted sampling approach ensured broad representation across UNFPA COs, supply chain actors and SRHR stakeholders. The survey was designed to be concise (20 minutes) and user-friendly, with reminders sent to encourage participation.
The **restructuring of UNFPA Headquarters,** merging the family planning, sexual and adolescent health and the maternal newborn health branches into the SRHR Branch[46]	The evaluation team adapted its approach to capture the implications of this restructuring, ensuring that both the risks and the new opportunities were carefully documented and analysed.
Unforeseen challenges, such as the tropical storm in Honduras	The evaluation team quickly adapted field-based data collection plans, working with the CO to adjust schedules and conducting virtual interviews where necessary to ensure continuity.
Limited information on results and financial data available for 2024	The evaluation faced limitations in accessing updated results and financial data for 2024. At time of reporting, this information was being gathered by the Headquarters (HQ) Monitoring and Evaluation (M&E) team from various COs for inclusion in the Partnership annual impact report and consolidated data was unavailable. Similarly, access to updated financial data was restricted to the information shared by the Financial and Risk Sub-committee in early 2025. Together these affected the ability to evaluate some of the change as elaborated in the findings, section 4.5 and section 4.6.4.

46 As per the New Division approved Organograms, January 2024.

04

Findings

Section	Evaluation assumptions	Strategic objective
4.1. Evolution of design to phase III	1.1, 1.2, 1.3, 1.4, 6.3	
4.2. Integration and partnering	5.1, 5.2, 6.1, 6.2	SO4
4.3. Procurement and expanding choice	2.1, 2.2, 2.3, 2.4	SO1
4.4. Supply chain and LMA	3.1, 3.2, 3.3, 3.4	SO2
4.5. Sustainability, from funding to financing	4.1, 4.3, 4.4	SO3
4.6. Added value of the Partnership	4.2, 5.3, 5.4, 5.5	SO4

4.1 Phase III design: Partnership model, sustainability and equity

Phase III of the Partnership introduced key shifts from phase II (2013–2020), notably the transition from a programme to a partnership model, reinforcing mutual accountability across different actors, and including governments as key stakeholders and duty-bearers. Another fundamental shift was the focus on sustainable financing under SO4, incorporating new tools to comprehensively assess, support and advocate for domestic financing commitments to RHCS. While the resource allocation reinforces the Partnership's added value around commodity security, there remains ambiguity regarding its role in addressing systemic barriers to access (advocating for others to address systemic barriers in rights-based ways). This is neither fully understood nor supported across the Partnership, nor consistently reflected in the Partnership results framework. Two key design challenges persist: First, while the new approach to country eligibility and classification in phase III is generally well-structured, the wide geographical scope has a diluting effect on available resources. Second, the Partnership design struggles to comprehensively and effectively integrate a HDP continuum approach. Despite these design gaps, phase III provides greater clarity on the Partnership's overarching purpose and positioning.

This section addresses evaluation assumptions 1.1, 1.2, 1.3, 1.4 and 6.3 and presents four key findings.

4.1.1 Key design shifts in phase II: partnership and sustainable financing

Finding 1: The transition to a partnership model and the emphasis on sustainable financing enhances the programme's adaptability to evolving country contexts. Instruments like the Compact, the Match Fund and the sustainability readiness assessment tool (SRAT) support this transition.

The mid-term evaluation of the UNFPA Supplies Programme phase II[47] highlighted notable efficiencies in procurement and supply coordination of reproductive health commodities, as well as strengthened coordination platforms for key stakeholders.[48] Building on these achievements, the design of phase III refines the strategic approach by introducing a more tailored, needs-based model that responds to the needs and economic capacity of different country contexts. Key innovations in driving this approach include the Compact, Match Fund and the SRAT, which have played a key role in operationalizing the shift towards greater country ownership.

From programme to partnership

UNFPA rebranded the programme as the Partnership, signalling a deliberate shift towards shared accountability and inclusivity. This transformation is reflected across all SOs, particularly SO4 (operational efficiency), where clear mechanisms for partner engagement have been established. Stakeholders have welcomed this evolution, describing it as a positive change. External stakeholders also note that UNFPA has effectively communicated to the Partnership's Steering Committee and sub-committees the importance of partner contributions, reinforcing accountability through formal mechanisms such as the designation of alternates to ensure continuity in participation.

External stakeholders[49] also report increased inclusion within the governance structure and a strengthened sense of ownership and responsibility. However, gaps remain in ensuring full transparency, particularly in sharing data and information across partners. There is also a need to review the governance constituency for balanced inclusion of civil society partners, donors, other United Nations agencies and larger global non-governmental organizations (NGOs) in governance structures. A key challenge is the limited visibility of government domestic expenditure data for all partners, including

47 UNFPA Evaluation Office (2018). Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020).

48 Ibid.

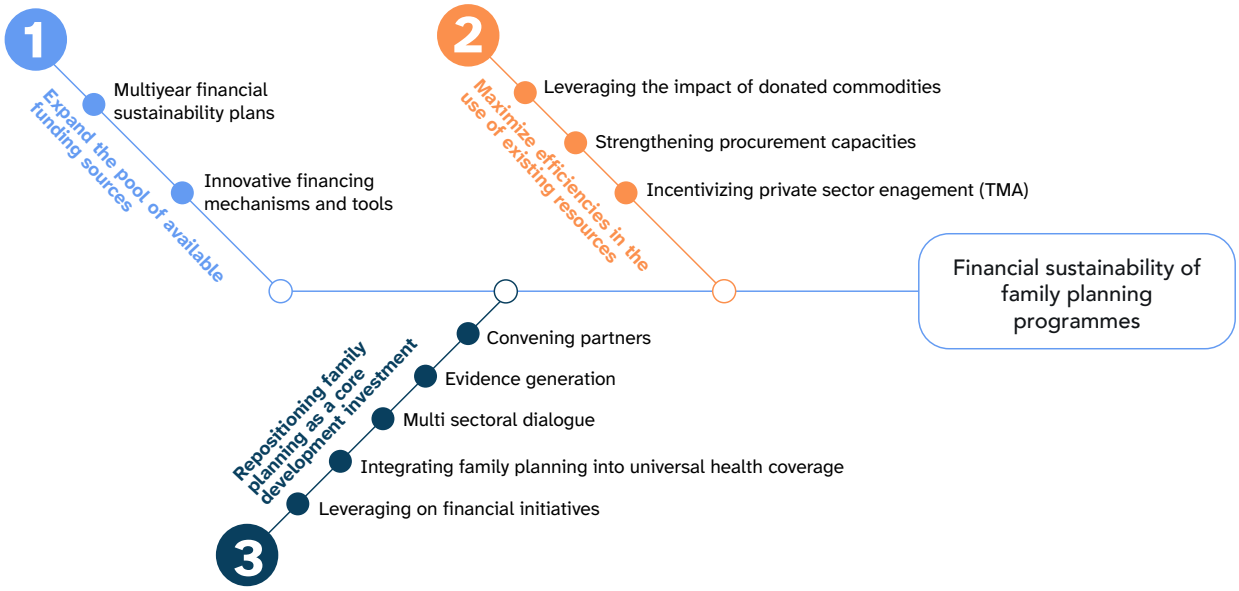
49 Includes (1) national health authorities and government counterparts**, such as central medical stores and supply chain management bodies, (2) staff from bilateral or multilateral organizations** supporting reproductive health commodity security (RHCS) and family planning, and (3) stakeholders from international or national NGOs, civil society organizations, or private sector firms**, including implementing partners and collaborators with the UNFPA Supplies Partnership, such as family planning associations and women's health groups.

civil society, which, while often sensitive, is essential for informed decision-making. While this represents a challenge on the part of governments in terms of sharing domestic expenditure data with partners, the fact that access to such information remains uneven across partner countries hinders efforts within the Partnership to foster transparency and shared accountability.[50]

From funding to funding and financing

The second major strategic shift in the design of phase III is the focus on sustainable financing (SO3), widely regarded by stakeholders as a positive and necessary change. The Partnership conceptualized SO3 as operationalized through three inter-linked approaches aimed at supporting countries to increase domestic financing for RHCS as seen in figure 8 below. This transition reflects UNFPA's broader 'funding to funding and financing'[51] approach by moving from a funding-based (donations) to a financing-based model grounded in mutual accountability.

Figure 8. Catalysing financial sustainability of family planning



Source: UNFPA (n.d.). UNFPA Supplies Partnership conceptual framework for sustainable financing.

SO3 is well-aligned with global donor priorities, for example, those of the UK's Foreign, Commonwealth & Development Office, which advocates for a move from direct product donations to models emphasizing domestic subsidization – shared objectives across much of the Partnership. The shift to sustainable financing and domestic resource mobilization also integrates innovative mechanisms, including the Compact and Match Fund, which are designed to incentivize and catalyse increased domestic resource mobilization (see section 4.5 and figure 8).

50 For more on governance, see section 4.2.

51 UNFPA (2021). UNFPA Strategic Plan 2022–2025.

Shift in centralized to decentralized support in HSS application development

The development of HSS applications has shifted from a centrally led HQ process to a more decentralized, regionally supported model, reflecting increased regional office capacity and alignment with the Supplies Partnership's design. Initially, HQ led due to limited regional office capacity, focusing on QA and compliance rather than technical direction. As regional office capacity grew, they took on greater technical support and oversight, enabling COs to design context-specific applications with more autonomy. Regional offices now emphasize QA and guidance, while HQ provides strategic, normative input. Joint HQ and regional office reviews help ensure quality, though stakeholders noted a need to streamline procedures and timelines.

4.1.2 Country eligibility and classification: structure, challenges and equity

Finding 2: Compared to phase II, the phase III approach to country eligibility is more structured and better aligned with the Partnership's focus on financial sustainability and prioritizing countries with the highest needs and least ability to pay.

The current framework incorporates key quantitative criteria – including GNI, mCPR and MMR. Based on these indicators, new countries were introduced to the Partnership (Angola, Cambodia, Comoros, Kyrgyzstan, Pakistan and Tajikistan), bringing the total to 54 partner countries. Seven existing countries were also deemed to be "ineligible" and were assigned to the carryover group for accelerated transition. However, the inclusion of the carryover group remains unclear to many partners and these countries have not progressed at the rate that was originally anticipated.

Table 9. Country eligibility and classification considerations

	Criteria and considerations
Eligibility	• (low) GNI/per capita (Atlas method) • (low) modern contraceptive prevalence rate (mCPR) • (high) maternal mortality ratio
Categorization	• GNI per capita • GDP growth • World Bank income classification

As background information, under phase II, there were two eligibility categories: Stream One (12 primarily needs-based countries) and Stream Two (34 countries capturing the differential in development trajectory and capacity). This approach was further refined by the introduction of a weighted, three criteria scoring system for distributing countries

into different groups.[52] This enabled differentiated programming but was limited by a lack of nuanced classification.[53]

Phase III introduced a more refined model for categorizing countries, dividing them into five groups – **Groups 1 to 4, and carryover countries.**[54] This classification is based on an economic index that considers GNI per capita, GDP growth and World Bank income classification (SO3). While this structure is more systematic, it still does not fully address concerns raised in the phase II evaluation regarding the need for greater contextual sensitivity. The list of participating countries and their classifications can be found in Volume 3, Annex 7.

The two critical ongoing challenges and concerns regarding country eligibility and classification are:

1. **Does the Partnership include too many countries overall?** The original intention for carryover countries – those supported in phase II but not meeting the eligibility criteria of phase III – was a phased exit (within two years) under the Partnership to avoid disruption of services. However, the planned transition, clearly interrupted and impacted by Covid-19 and subsequent economic challenges within countries, has not occurred and no clear planning through a transparent and predictable transition process has been put in place. Given the Partnership's finite resources, expanding the number of countries dilutes the support available to each. Continuing to include countries that no longer meet phase III eligibility criteria, without transparent and consistent rationale, undermines the credibility and purpose of the criteria themselves – particularly with respect to fairness and accountability in determining eligibility and inclusion.
2. **How can the country's approach to categorization, resource allocation and transition planning remain dynamic and relevant?** A key limitation of the current classification structure is its stagnant nature. As one key informant stated, "these groupings cannot be static. The economics, political conditions and social environments in these countries are changing too quickly for static categories to work".[55] While it is understood that the categorization model should not change every year – and that countries should not be penalized for progressing to a higher group – countries are continuously evolving. This calls for the Partnership's management to regularly review classifications and provide stronger support for transition planning. For example, "countries that are advancing on sustainability are

52 This was introduced in 2016, following a 2015 DFID annual review of UNFPA Supplies.

53 UNFPA Evaluation Office (2018). Mid-Term Evaluation of the UNFPA Supplies Programme (2013–2020).

54 Carryover countries are phase II countries that did not meet the proposed eligibility criteria but were not dropped from phase III to avoid disruption of the services. The economic grouping categorizes countries based on the economic index calculated as the weighted average of indices for each of the three components, with the largest weight given to the GNI per capita component (50 per cent) and equal weight given to the World Bank Group component (25 per cent) and the average gross domestic product growth component (25 per cent).

55 KII with donor. November 2024.

not necessarily in Group 2 or 3, but Group 1, like Madagascar. Meanwhile, countries that are progressing steadily are not always the ones achieving sustainability".[56] Further, country financing does not always adhere to a strict trajectory and there can be stagnation and setbacks. Still, to date, there appears to be limited correlation between progress in domestic financing and country classification, and domestic financing commitment is more clearly determined by government political will rather than simply economic performance. Some countries with low GNI, such as **Yemen, the Central African Republic, Madagascar and Niger** have shown notable progress in domestic financing. Meanwhile, some countries with higher GNI, such as **Kenya, Ghana and Nigeria**, have not progressed as anticipated. These examples show that a country's potential for sustainability is not determined by its initial classification, but by the pace and trajectory of its progress. It is also influenced by the government's political will. This also links to a third key challenge: adequately addressing sub-national inequalities and disparities and how these are reflected in the Partnership's design (see section 4.5.1.2 for further analysis).

4.1.3 Relevance of resource allocation and funding streams: alignment and tensions

Finding 3: The current resource allocation – 75 per cent for procurement, 15 per cent for HSS, and 10 per cent for MAV – aligns with the Partnership's core focus on commodity security and is broadly understood by stakeholders. While HSS funding is intended to be strategic and catalytic, some partners continue to have expectations that those resources will be able to address larger systemic health barriers.

At the global level, there is no consensus on the current funding split, with strong views both supporting and opposing the allocation model. Notably, this structured funding approach is not unique to phase III; it was present during phase II.[57]

In 2022, the introduction of the Transformative Action (TA) stream aimed to support catalytic interventions in commodity security, seed funding,[58] supply chain management, and sustainable financing. However, it was widely perceived as consisting primarily of technical assistance.[59] Under phase III the TA stream was rebranded as the HSS funding stream, yet remains capped at 15 per cent,[60] although it is expected to support

56 KII with donor. November 2024.

57 UNFPA Evaluation Office (2018). Mid-Term Evaluation of the UNFPA Supplies Programme (2013–2020).

58 The short-term seed fund is designed to improve access for the hardest-to-reach women and girls by supporting the use of NLUs and addressing context-specific barriers to rights-based and gender-equal approaches. While maintaining a focus on commodity availability, it enables targeted actions to enhance impact and encourages other partners to sustain and scale efforts. Unlike other transformative actions, it provides funding for one year or less. UNFPA Supplies Partnership (2021–2030) Main Document.

59 UNFPA Supplies Partnership (2024). Work plan 2024.

60 UNFPA (n.d). UNFPA Supplies Match Fund Baseline Assessment.

a more strategic and long-term approach. This stream invites COs to apply for funding based on systematic use of the SRAT which helps countries in reaching consensus on priority actions along with input from other tools.

Under the HSS stream, at least 70 per cent of the allocated resources must be directed to some of the weakest areas identified via the SRAT.[61] These interventions should be strategic and catalytic, have the potential for the greatest impact, require sustained support, and be endorsed by both government and other stakeholders, including implementing partners. Up to 10 per cent may be allocated to data generation, with the remaining 20–25 per cent to be used for priority family planning interventions.

Meanwhile, 75 per cent of resources are earmarked for commodities and 10 per cent are allocated to MAV, which includes management, salaries, surveys, LMA, and monitoring, planning and evaluation (see section 4.5.1 and section 4.6.1.2).

The survey indicates broad agreement (77–83 per cent) on the appropriateness of the budget allocations across the funding streams (78 per cent agreement for HSS, 83 per cent agreement for procurement, and 77 per cent agreement for MAV).[62] However, opinions diverged on the adequacy of the 15 per cent HSS allocation, with 21 per cent of UNFPA staff and 12 per cent of government respondents indicating it was insufficient.

Several internal and external informants expressed a preference for either increasing the HSS allocation or providing greater flexibility for countries to adapt funding to their specific contexts. This highlights a limitation in the internal advocacy and positioning of the Partnership. While the Partnership clearly defines its added value to the broader RHCS system, **it is not designed to comprehensively address all aspects of HSS, and demand generation is outside of its scope entirely.** The 75/15 split reflects its comparative advantage: commodity availability. While country demand for HSS remains strong, neither UNFPA nor the Partnership possess the financial or technical capacity to lead full systems transformation. Instead, the HSS budget is intended for targeted, time-bound and feasible interventions.[63] This positioning has not been clearly communicated to partner countries, resulting in unmet expectations for broader systems support and a lack of common understanding of how the HSS budget is intended as a catalytic contribution towards what countries should already be supporting.

Further muddling the message, a 2024 presentation developed by the Partnership to support planning by COs emphasized that the HSS stream is “what makes Supplies a programme”. It underscored that HSS enables the Partnership to expand choice and

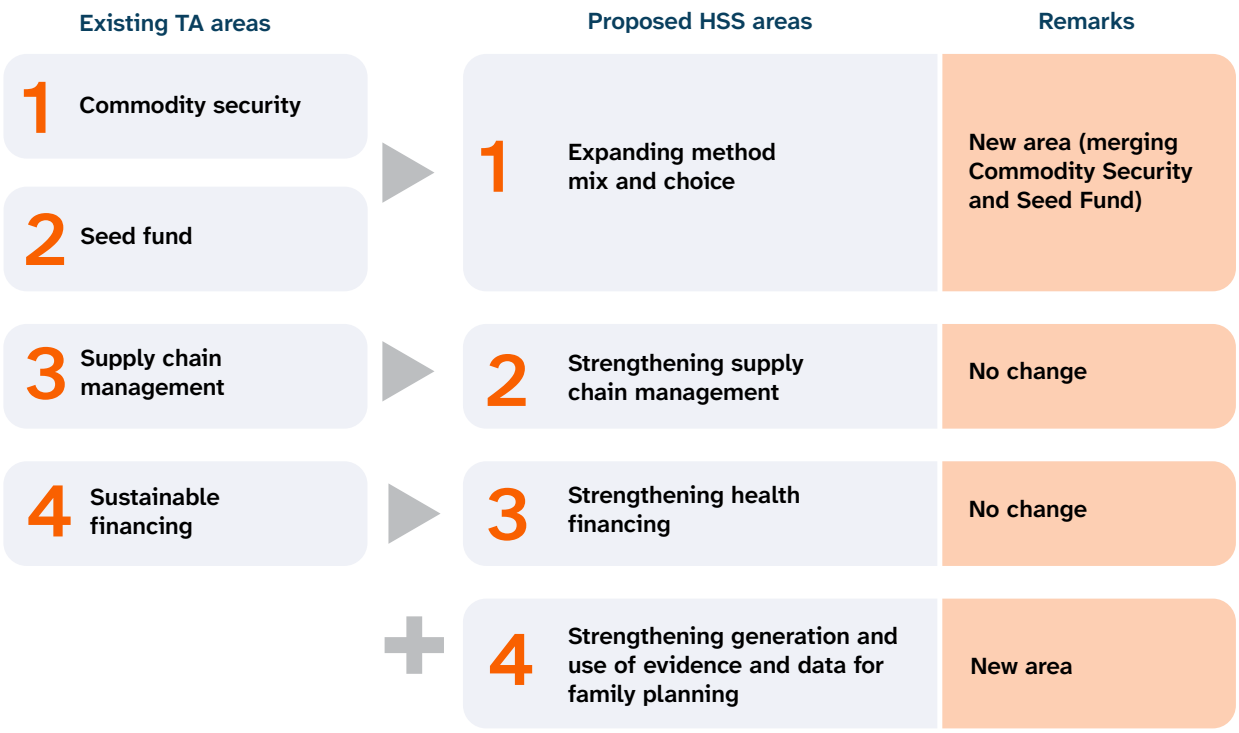
61 The SRAT is used as an entry point to identify the areas of focus, but the final selection is rationalized and agreed between HQ and COs; prior to 2025, countries were able to invest in all areas.

62 Mid-term evaluation survey question: Do you agree that the current distribution of funds allows the UNFPA Supplies Partnership to meet its expected goals? (1) Health System Strengthening (HSS) (15%); (2) Procurement of SRH/FP Supplies (75%); (3) MAV - operational costs (10%).

63 By design, the HSS funds are catalytic in nature and are not meant to lead to full system transformation through a singular investment. Instead, cumulative efforts with funding from other sources can be used to direct and produce evidence where none exists and to reinforce successful initiatives where funding gaps are observed.

advances the HRBA and LNOB agendas. It also highlighted that HSS funds all activities beyond procurement and drives catalytic change in the implementation of the UNFPA Family Planning Strategy.[64] The following figure explains the shift from TA to HSS.

Figure 9. Evolution of areas from the transformative action to HSS



Source: UNFPA (2024). UNFPA Supplies Partnership presentation for the evaluation team.

Although the presentation outlined that the role for the Partnership in health financing and supply chain strengthening was advocacy-based, this message was not consistently internalized across stakeholders. For example, in **Kenya**, UNFPA staff expressed concern that the strong focus on commodity security under-emphasizes the systemic barriers to access. The 15 per cent HSS allocation was considered insufficient to address critical gaps. Discussions focused on reallocating funds within the existing budget rather than increasing the overall funding. Similarly, in **Honduras**, limited HSS resources constrained advocacy and capacity building efforts, leading to calls for increased flexibility to reallocate between procurement and HSS.

In contrast, some countries have used the current structure as intended, focusing HSS funds on small, catalytic and high-impact initiatives. In the **DRC**, for instance, despite the limited budget, the Partnership has played a catalytic role in mobilizing additional resources from partners like USAID and Gavi for critical activities such as forecasting. This collaboration has helped fill funding gaps and improve implementation, **demonstrating that all three funding streams – procurement, HSS and MAV – can work synergistically and be well-integrated.** **Zambia** offers another positive example. The Partnership there has balanced commodity provision with strategic HSS

64 UNFPA (2023). HSS Basics: UNFPA Supplies Presentation for COs Planning for 2024.

investments, facilitating the introduction of new products, broadening the contraceptive method mix, strengthening supply chains and supporting domestic financing efforts. This demonstrates how the funding streams can reinforce one another to advance sustainability and impact.

There are accountability challenges in tracking results. The current monitoring framework does not clearly reflect the differentiated investments across the three funding streams. Strategic objective indicators are not always aligned with the 75/15 allocation split, making it difficult to assess both the Partnership's direct contributions and its catalytic role in the broader RHCS landscape. The Partnership is, by design, a catalytic fund intended to complement other efforts both within and outside the Partnership specific commodity-focused scope (for example, demand generation activities). The Partnership does not operate in a vacuum, and its success depends on coordination with, and catalysing activities of partners working on, other dimensions such as demand generation and broader health systems reform. As such, expectations must remain realistic. However, to meaningfully demonstrate results, monitoring must be more holistic and reflective of actual investment patterns and intended outcomes.

4.1.4 Cross-cutting principles: operationalizing HRBA, gender transformative action, LNOB and working across the HDP continuum

Finding 4: HRBA, GTA and LNOB principles are clearly integrated into the design of the Partnership. A key challenge in translating these principles from aspiration to implementation is their primary association with HSS, rather than with procurement processes. Yet, under phase III, the Partnership is designed to position itself more as an advocate and catalyst for HSS than as a direct implementer. This is certainly a result of design choice (rather than an implementation shortcoming), but it nonetheless reflects a disconnect between design and tools, and between purpose and focus, in the Partnership. At country level, HRBA and LNOB are often also linked to efforts to reach women in humanitarian settings. However, effectively working across the continuum remains a significant challenge for the Partnership.

4.1.4.1 Human rights-based approach, gender-transformative action and leaving no one behind

The evaluation of phase II acknowledged the importance of HRBA within the Programme but found no evidence of systematic implementation of the principles across the countries. Meanwhile, the evaluation did not reference GTA and LNOB.[65]

Phase III, however, is aligned with the UNFPA Strategic Plan 2022–2025, which identifies specific accelerators related to HRBA and GTA, as well as LNOB.[66] These principles are explicitly integrated into the design of phase III and embedded

65 UNFPA Evaluation Office (2018). Mid-Term Evaluation of the UNFPA Supplies Programme (2013–2020).
66 UNFPA (2021). UNFPA Strategic Plan 2022–2025.

within SO indicators, particularly under SO2, which emphasizes LMA and delivery to marginalized women and girls. The 2022 Annual Report highlighted the roll out of an HRBA support tool to family planning programming[67] and referenced LNOB as one of three key roundtable themes at the inaugural Partners Assembly.[68] Also in 2022, UNFPA also developed internal guidance for promotion of gender equality, human rights and equity.[69]

The survey responses from UNFPA staff indicate a high level of confidence in the integration of these principles, with 96 per cent agreement on HRBA, 86 per cent on GTA, and 94 per cent on LNOB.[70] At the country level, the principles are often integrated through geographic and demographic prioritization.

- In **Honduras**, a priority action was identified to "promote advocacy among key stakeholders (rights-holders and duty-bearers) around HRBA and GTA approaches to family planning" targeting humanitarian emergencies, indigenous populations and Afro-descendent populations.
- In **Kenya**, the Partnership has prioritized equity and inclusion through partnerships with local organizations (for example, Polycom Girls, This Ability Trust, NAYA, Kenya Red Cross Society) reaching underserved groups including adolescents, refugees and women with disabilities. These initiatives address key issues such as gender-based violence, adolescent health and access for women with disabilities.
- In **Pakistan**, the Partnership is firmly rooted in HRBA in a context where UNFPA has played a pivotal role in supporting the development of a national human rights-based approach to family planning. The narrative's theme, Tawazun (balance), emphasizes resource-aware family planning and women's empowerment, making HRBA, LNOB and GTA central to policies and service delivery. The jargon of LNOB and LMA is now understood, and used widely, reflecting the realization that if the client is unattended and left behind, a reduction in the maternal mortality ratio will not be achieved.

Despite these strong examples, application of these principles remains primarily operationalized within HSS activities, LMA and provider training. Given the limited allocation to HSS, this constrains the Partnership's ability to fully realize these commitments.

Notably, demand-side initiatives, critical for realizing HRBA, GTA and LNOB, were discontinued under phase II in 2017 following donor direction, despite being initially part of the phase II programming document. The evaluation of phase II highlighted that such efforts were often small-scale, poorly reported, yet important. Their

67 UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA Supplies Partnership Annual Report 2022.

68 Ibid.

69 UNFPA (2020). Question and Answer Guide.

70 Mid-term evaluation survey question: Do you agree that the UNFPA Supplies Partnership has integrated the key UNFPA Strategic Plan principles/accelerators of: (1) Human Rights-Based Approaches (HRBA); (2) Gender Transformative Action (GTA); (3) LNOB? (UNFPA respondents only.)

discontinuation was found to have negatively impacted the Partnership's ability to reach underserved populations and to link supply with demand: "the freeze on demand-side activities was shortsighted. It was mainly driven by the fear of huge resource requirements for the mass media-driven approaches".[71]

While phase III maintains a clear focus on commodities, some flexibility for advocacy on demand generation is allowed under HSS specifically for new and lesser-used products (NLUs). Many stakeholders argue that the approach to downsizing demand generation activities limits the Partnership's effectiveness in applying its core principles in practice. Community-level demand generation (particularly for underserved populations such as adolescents, rural women and persons with disabilities) is essential to LNOB, yet under-resourced. This has led to calls for greater flexibility in country-level resource allocation and clearer recognition of the Partnership's limitations.

As a catalytic initiative, the Partnership is not expected to deliver comprehensive systems transformation but to advocate for and complement broader health system efforts. However, the persistent lack of clarity and alignment with country level partners focusing on HSS and demand generation has not allowed the Partnership to focus its contributions while at the same time ensuring HRBA, GTA and LNOB principles are effectively advanced. At present, while these principles are embedded in the Partnership's design and its language, their operationalization is not adequately captured in its monitoring and indicator frameworks. This limits the Partnership's ability to demonstrate how it catalyses systems to uphold human rights and gender equality or ensure no one is left behind.

Finally, a key concern raised by stakeholders vis-à-vis LNOB is that the current classification system "hides" important subnational disparities. **Kenya** serves as a key example: its classification as a carryover country (with overall CPR of 60 per cent) masks stark county level differences, with CPR ranging from 2 per cent in some counties to 81 per cent in others. This points to the need for countries to consider more nuanced, subnational adaptations. Governments have a critical role in this, and the Partnership therefore has a key advocacy role. Recognizing national sovereignty, the Partnership categorization model currently treats countries as single entities – an approach which strengthens government ownership but can also obscure subnational inequities. To address significant disparities in access, further country-level efforts are necessary to ensure national supply and distribution plans effectively reach the most marginalized and hard-to-reach populations.

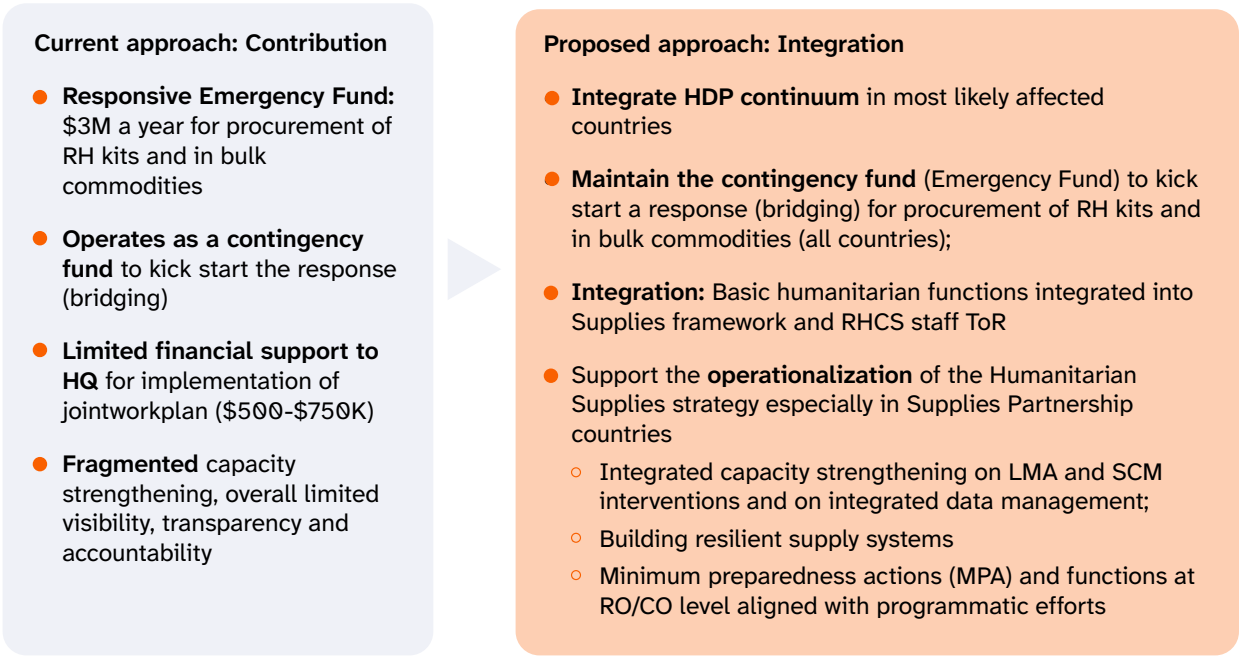
4.1.4.2 Integrating the humanitarian-development-peace continuum (HDP): design gaps and challenges with operationalization at country level

While the Partnership has demonstrated adaptability, significant gaps remain in how it addresses humanitarian contexts within its design and communication. Since 2021, the Partnership has expanded humanitarian preparedness response, supplying reproductive health kits to half of partner countries. It is guided by the UNFPA's

71 KII with UNFPA HQ. October 2024.

Humanitarian Supplies Strategy (2021–2025)[72] and aims to adopt an integrated approach to humanitarian support. However, humanitarian response and working across the HDP continuum is neither clearly, nor consistently, understood among stakeholders. Moreover, persistent challenges include procurement delays, funding shortfalls for humanitarian action due to global budget cuts and limited clarity on the Partnership's role in crisis response, some of which are UNFPA systemic issues beyond the Partnership's control and sphere of influence.

Figure 10. Changes to the humanitarian approach by the UNFPA Supplies Partnership phase III



Source: UNFPA (2021). UNFPA. Supplies Partnership (2021–2030) phase III programme document.

From 2020 to 2022, the global impact of the COVID-19 pandemic resulted in all countries experiencing a humanitarian or crisis context. Since 2023, of the 54 countries receiving support, 30 are currently designated as operating in a humanitarian context[73] which includes situations arising from conflict, displacement, natural disaster, disease outbreaks or epidemics. These contexts may affect entire countries or be localized to specific areas. Humanitarian status is also dynamic: a stable country can rapidly shift into crisis due to sudden events such as a conflict, disease outbreak or natural disaster. In other cases, humanitarian situations are protracted, as seen in fragile states or countries hosting large, long-standing refugee populations.

The Partnership programming documents acknowledge the importance of operating in humanitarian contexts and advancing the HDP, as well as its potential to strengthen

72 UNFPA (2020). UNFPA Humanitarian Supplies Strategy (2021–2025).

73 These are countries that had an active Humanitarian Response Plan (HRP) or Refugee Response Plan (RRP) during 2024. See Volume 3, Annex 7 for the full list.

reproductive health systems in fragile contexts. For instance, the document *future opportunities to advance sustainable financing for family planning*, highlights HDP as a strategy to expand access through mobile clinics, drone delivery and stronger information systems.[74] However, implementing the HDP approach requires baseline humanitarian response capacity, which remains a contested area within the Partnership. There are differing views internally on the extent to which the Partnership should be engaged in humanitarian settings, with some arguing that humanitarian assistance falls outside its core mandate and should be kept distinct. Others question the added value of the Partnership in humanitarian contexts. This debate overlooks the practical reality: the Partnership already operates in many humanitarian settings and is inherently designed to be flexible and adaptable to evolving country contexts, as outlined in the phase III strategy.[75]

At country level, some examples demonstrate effective application of the HDP. In **Yemen**, where over half the population requires humanitarian assistance, broadening humanitarian interventions has proven to be both strategic and contextually appropriate for the Partnership. As an organization, UNFPA plays a pivotal role in the humanitarian response in the country, leading the provision of protection services for women and the multi-agency Rapid Response Mechanism, which delivers assistance to displaced persons at the frontlines and ensures appropriate referrals. UNFPA's strong partnerships with local NGOs and use of humanitarian hubs enable effective nationwide implementation. The Partnership contributes to the Humanitarian Response Plan by strengthening institutional capacities to prevent system collapse and laying the foundations for recovery and development, aligned with the HDP.

In **Cameroon**, the Partnership effectively bridges short-term humanitarian responses with long-term development goals by integrating reproductive health humanitarian kits into procurement processes, ensuring timely responses to crises. The Partnership also integrates the HDP through its active participation in the SRH in emergencies technical working group, preparedness activities, and the provision of essential services and commodity kits to affected populations. These Partnership-funded reproductive health humanitarian kits complement interventions of other partners and donors, including UNICEF. Funding for humanitarian interventions is primarily supported by the country programme, with support of the UNFPA HRD, ensuring that immediate needs are met.

However, challenges, mostly beyond the scope of the Partnership, persist:

- **Supply chain issues:** including inconsistent supply delivery, logistical constraints, coordination gaps and weak infrastructure, particularly in conflict-affected settings like **Yemen** where the destruction of healthcare infrastructure exemplifies systemic collapse. Survey respondents emphasized the need to strengthen logistics, invest in infrastructure and enhance coordination with local actors to improve responses.

74 UNFPA (n.d.). Towards Sustainable Financing for Family Planning by 2030 (Preliminary version for approval). Future opportunities to advance sustainable financing for family planning.

75 UNFPA (2021). UNFPA Supplies Partnership 2021–2030 Phase III Programme Document. Section 3 (p.48)

- **Government constraints**: government restrictions may hinder humanitarian support. In **Sudan**, collaborating with the government can pose risks due to its limited control over certain areas.
- **Financial allocation challenges in emergencies:** funding prioritizes procurement but overlooks critical last mile distribution costs and challenges. For example, in 2019, a $3 million contraceptive donation to **Yemen** ensured that supplies reached the port, but funding for last mile distribution, especially for harder-to-reach areas in the North, was insufficient.

Although these country examples show that an HDP continuum approach is possible, they are largely based on reactive adaptation. On the contrary, effective continuum implementation requires forward-looking preparedness and scenario-based forecasting along with risk mitigation planning together with the government. There are clear inter-agency structures for these processes at both global and country levels. While HRD is embedded within these structures, overall, the Partnership has yet to leverage HRD expertise or align with these processes to support a proactive HDP continuum approach rather than a reactive humanitarian response where required.

For additional information on procurement in humanitarian settings refer to section 4.3.3.

4.2 Governance, partnership and strategic alignment

Governance reforms introduced in phase III have enhanced transparency, accountability and inclusiveness, reinforcing donor confidence and engagement. The Steering Committee offers balanced representation of donors, civil society and country stakeholders. However, inconsistent understanding of key elements within the Steering Committee and sub-committees, such as the Match Fund, Compact operations and sustainability transition, continues to hinder effective Steering Committee partner engagement. These challenges are compounded by HQ-dominated representation, limited space for collective input from programme countries, potential conflicts of interest, overlapping functions, decision-making delays and constrained agendas that limit discussion of critical issues. Concerns about transparency and inclusivity persist, highlighting the need for more equitable and streamlined governance processes. At the country level, the Partnership engages a broad array of actors whose expertise complements UNFPA's role in SRH and family planning programming. Ministries of health and finance serve as Compact signatories and lead national engagement, while implementing partners, including NGOs, CSOs and government agencies, deliver technical support. Collaborating partners contribute specialized expertise in areas such as data analytics, investment cases and youth initiatives. Strategic alliances are further strengthened through coordination platforms like FP2030, and technical working groups which address thematic issues (for example, forecasting, procurement, service delivery) and collaboration with key global actors, including the Global Fund, the EU,

GFF and USAID's Bureau for Humanitarian Assistance (disbanded as of early 2025). While the Partnership aligns well with UNFPA's strategic priorities and complements broader GHIs, continuing concerns over the Partnership's limited focus on HSS and demand-side interventions underscore both a divergence of opinions and a lack of clarity regarding the Partnership's unique role and value-add within the broader SRHR and health systems landscape.

This section addresses evaluation assumptions 5.1, 5.2, 6.1 and 6.2. It presents three key findings.

4.2.1 Governance of the Partnership

Finding 5: The constituency-based governance structure adopted in phase III has enhanced transparency, accountability, and donor confidence. Inclusive mechanisms – such as the Steering Committee, sub-committees, and Partners Assembly -- have strengthened collaboration. However, ongoing challenges persist, including limited clarity around roles, overlapping responsibilities and discussions between members of the Steering Committee and sub-committees, an HQ-centric focus, and inconsistent partner engagement, all of which affect operational efficiency and inclusive decision making.

4.2.1.1 Strengthening accountability through governance reform

The Partnership has adopted a constituency-based governance structure to enhance broader engagement, efficiency, transparency, accountability and risk management. The key governance structures include:

- **The Steering Committee:** The central decision-making body, meeting biannually, with 120 voting members, four non-voting members and an independent, non-voting chair.
- **Three sub-committees:** Strategy and Planning, Finance and Risk Management, and Leadership, each with defined ToR and a two-year rotating membership comprising donors, UNFPA staff, country representatives, civil society and global partners. While the Strategy and Planning, and Finance and Risk Management sub-committees meet four times annually, the Leadership sub-committee convenes annually or on a need-basis.
- **The Partners Assembly:** Established in 2022 to broaden stakeholder input and engagement, the assembly includes government representatives, donors, NGOs, CSOs and international organizations beyond those on the Steering Committee. To date, the Partners Assembly has met once.

Figure 11. UNFPA Supplies Partnership Steering Committee composition 2024–2027

Source: UNFPA (2024). Steering Committee meeting Q4 2024. Day 1 presentation.

At the country level, the Partnership works with UNFPA CO staff to implement the programme, through technical support from UNFPA regional offices and engagement with donors at country-level (i.e. embassies and delegations). The regional offices provide additional support to COs, for example, reviewing HSS applications, sharing lessons learned and identifying opportunities for South-South cooperation, and technical assistance on specific topics (for example, needs assessment, supply chain strengthening, LMIS) thus ensuring country-level activities maintain strategic coherence while adapting to their regional context.[76] At the national and subnational level, the Partnership leverages coordination mechanisms such as technical working groups (for example, on contraceptive commodity security), and other multisectoral groups for demand forecasting and procurement, as well as platforms such as FP2030. These mechanisms bring together governments, UNFPA, NGOs (for example, MSI, Pathfinder), development partners and to foster collaboration on policy, resource allocation and programme implementation, all aimed at improving supply chain management and reproductive health services.

Steering Committee members note that recent governance reforms have improved transparency, accountability and openness, strengthening donor trust and contributing to increased resource mobilization. Donor engagement has been particularly valuable, providing UNFPA and partners with clearer insights into donor expectations and benefiting from their strategic input. Effective communication by the Steering

76 UNFPA (n.d). Welcome to the UNFPA Supplies Partnership 2021-2030: Uniting for Transformative Action in Family Planning and Maternal Health.

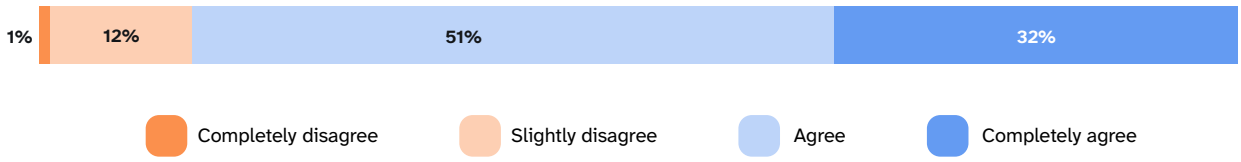
Committee has raised the Partnership's visibility, attracting new stakeholders and driving resource mobilization in phase III. This has led to growing recognition of the Partnership's effectiveness among donors. Structural changes in the Partnership´s governance model have empowered the Steering Committee to exercise stronger oversight, with a 2022 external review awarding it top governance scores.[77]

Inclusiveness and representation have improved through the introduction of rotational membership (every 2-3 years) and the appointment of designated focal points. CSO representatives, including from key partners such as IPPF and MSI, actively participate in the Steering Committee and maintain strong local presence through their associations and NGOs in partner countries. They primarily source commodities from UNFPA and serve as important voices in governance meetings. A donor expressed the following view in a key informant interview:

> *The governance structure is moving in the right direction – having strong representation, including local country voices like Zambia, is great. But we need to practice and execute governance properly. That means smaller, more focused sub-committees, better communication, stricter adherence to protocols, and formalized decision-making.*[78]

Online survey results indicate a generally positive view of the governance mechanism. Overall, 83 per cent of respondents consider it effective (see figure 12). This includes 94 per cent of UNFPA respondents, 80 per cent of government partners, and 78 per cent of other respondents.[79]

Figure 12. Survey respondents' agreement on the effectiveness of the Partnership governance within the country[80]



Source: Mid-term evaluation survey question: Do you agree that the governance of the UNFPA Supplies Partnership within the country is effective (e.g. through working groups, regular meetings, etc)?

77 UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA Supplies Partnership Annual Report 202 (p.21). The report concluded that the phase III governance model is providing donors with stronger oversight and assurance; that last mile assurance mechanisms have played a key role in reducing waste and stockouts; and that new financing initiatives such as the Compact and Match Fund are progressing better than expected.

78 KII with a donor. November 2024.

79 Mid-term evaluation survey question: Do you agree that the governance of the UNFPA Supplies Partnership within the country is effective (e.g. through working groups, regular meetings, etc.)?

80 Governance understood as the mechanism in place to coordinate with regional and HQ levels while engaging key stakeholders at the country level for effective and coherent implementation.

Survey and interview findings suggest that the current partner representation on the Steering Committee is generally adequate and does not require expansion. However, country representation tends to reflect individual perspectives rather than a comprehensive or collective national view (see section 4.2.1.2). In 2023, all Steering Committee decisions were implemented, and governance milestones, such as convenings, technical partnering, and leveraging the leadership sub-committee as a human resources advisory board, were met.[81] The Partnership regularly assesses the governance inclusivity, functionality, and transparency, maintaining these standards consistently since 2021. [82]

Country-level case studies further illustrate effective collaboration:

- In the **DRC**, the Partnership has enhanced coordination among key stakeholders through MoH-led mechanisms and platforms like the Multisectoral Technical Steering Committee for Family Planning, fostering shared accountability despite the lack of a formal governance structure. Strategic collaborations with CSOs and donors have contributed to improve service delivery and resource alignment.
- In **Pakistan**, UNFPA is recognized as a valued partner by national and provincial governments, including the Ministry of National Health Services, Regulation and Coordination, and Population Welfare Departments, as well as by CSOs. Through formal implementing partner agreements, the Partnership supports family planning programmes via coordination mechanisms such as FP2030, National and Provincial Task Forces, and the Contraceptive Commodity Security Working Group. These platforms bring together stakeholders to improve cooperation in family planning and reproductive health initiatives.

4.2.1.2 Persistent gaps: engagement, representation, and decision-making challenges

However, despite these strengths, several challenges remain:

- **Uneven engagement across partners:** Not all members actively contribute to the discussions or debates in the meetings due to varying levels of understanding about key aspects of phase III, such as the Match Fund operations, Compacts, and the transition that underpins this new phase of the programme. Member turnover was identified as one of the main reasons for the varying levels of understanding among committee members. This lack of clarity, despite concerted efforts to ensure people are up to date, leads to poorly informed discussions.

81 Indicator O.C.4.1 refers to the programme and financial components of planned interventions and activities for the upcoming year, which are submitted to the Steering Committee for review and endorsement prior to the start of programme planning. UNFPA Supplies Partnership Annual Impact Report 2023.

82 Indicator O.P.4.1.1 measures the functionality, inclusiveness, transparency and effectiveness of the Steering Committee, its sub-committees and the Partners Assembly in fulfilling their oversight roles. In phase III of the UNFPA Supplies Partnership, the governance structure is grounded in principles of transparency and accountability and engages a broad range of partners across five components: the Partners Assembly, three thematic sub-committees (finance and risk, strategy and planning, and leadership), and the decision-making Steering Committee.

- **HQ-centric focus:** The Steering Committee prioritizes discussions around HQ-level operations and donor relations, over issues related to country and regional levels. Although phase III introduced more regular communication with regional offices, such as bi-weekly meetings initiated in 2024, coordination and monitoring at the country level remain limited. This limits the ability to identify potential synergies and coordinate efforts.
- **Limited representation of collective country voice:** Country participation in global governance is predominantly individual, lacking mechanisms to foster shared positions or facilitate mutual feedback. While the introduction of country representatives in the Steering Committee has been recognized as a positive step towards enhancing transparency, there are no channels to enable country representatives to gather input from and provide feedback to the other member countries. While the individual countries currently hold a seat and are expected to represent broader regional interests, only 66 per cent of survey respondents feel countries viewpoints are adequately represented.[83]
- **Potential conflicts of interest for partners:** While CSOs play a crucial role in advocacy and service delivery, their dual role as implementers and Steering Committee members can create conflicts of interest. The relationship between CSOs and donors is inherently imbalanced, with CSOs often dependent on donor funding, a dynamic that influences decision-making and organizational priorities. Within the new Partnership structure, this asymmetry poses challenges, particularly as CSOs collaborate with donors on committees that guide strategic direction, project implementation or resource allocation.
- **Difficulties in reaching consensus and duplication of efforts** have emerged as key challenges in the strengthened deliberation process introduced in phase III of the Partnership's governance model. The Steering Committee frequently revisits topics already discussed and agreed in sub-committee meetings, partly attributed to overlapping membership. Participation of the same representatives in both the Steering Committee and sub-committees can lead to repetitive discussions, reducing overall governance efficiency.
- **Insufficient time for in-depth deliberations:** Several informants stressed that packed Steering Committee meeting agendas often prevent adequate preparation and in-depth discussions. Limited detailed analysis and dedicated follow-up discussions further hinder progress. Additionally, attendance in the virtual meeting formats represents a challenge for some members due to scheduling conflicts and time differences.

83 Mid-term evaluation survey question: Do you agree that partner countries are sufficiently represented in the global governance of the UNFPA Supplies Partnership? (UNFPA and government respondents only). Note that: 17 per cent disagree and 18 per cent are unsure.

Engaging non-member partners and utilization of country-level structures. UNFPA's partner selection at the country level emphasizes national ownership, prioritizing government institutions and national NGOs.[84] Primary governmental partners include ministries of health and finance, both signatories to the Country Compact. The Compact is the Partnership's primary distinguishing feature in terms of partner engagement. It complements UNFPA´s standard procedures to engage partners, which include the Country Programme Document (CPD) as well as the United Nations Development Cooperation Framework (UNSDCF). Other partners are:

- **Implementing partners:** Local or international CSOs and NGOs with technical expertise (for example, long-term methods, humanitarian assistance).
- **Collaborating partners:** Organizations providing analytical or advocacy support (for example, data analysis, investment cases, local youth initiatives).
- **Strategic partners:** Institutions engaged through technical working groups or strategic alliances (for example, FP2030, Global Fund, USAID, IPPF, MSI, PSI, EU).

While 83 per cent of survey respondents, including 88.5 per cent of UNFPA staff, believe that the Partnership includes the right mix of partners, there is currently no systematic mechanism to monitor the effectiveness of partner engagement across countries.[85] Opportunities for South-South or triangular cooperation, identified in UNFPA's strategic plan as a key accelerator to boost programme interventions, are not regularly evaluated. Country-level informants emphasized the importance of involving all relevant stakeholders – government entities, NGOs, international partners, CSOs, donors and the private sector – in governance structures to foster engagement and ownership that lead to structural changes in health systems.

4.2.2 Internal complementarity with UNFPA strategic directions

Finding 6: The Partnership is well aligned with UNFPA's strategic frameworks at global, regional and country levels, contributing directly to key transformative results and integrating effectively into CPDs. However, limited synergy with other UNFPA trust funds, particularly the Maternal and Newborn Health Fund (MNHF), has been a concern, though recent structural integration under a unified SRHR Branch presents a strategic opportunity to enhance alignment and impact.

84 UNFPA (2021). Policies and Procedures Manual Policy and Procedures for Selection, Registration and Assessment of Implementing Partners.

85 Mid-term evaluation question: Survey question: Do you agree that the governance of the Supplies Partnership includes the right mix of partners within the country, with all relevant stakeholders being involved?

Global level design of the Partnership and complementarity within UNFPA

The Partnership is strongly aligned with UNFPA's global and country-level strategic frameworks. At the global level, the Partnership contributes directly to two of the three transformative results in the UNFPA Strategic Plan – ending the unmet need for family planning and ending preventable maternal mortality.[86]

The Partnership is also well aligned to the UNFPA Strategy for Family Planning 2022–2030[87] and its acceleration plan, both of which identify the Partnership as a key mechanism for expanding availability (SO1) and access (SO2) to RHCs and promoting their integration into primary health care. Furthermore, both the strategy and operational plan emphasize the importance of HRBAs and GTAs. This aligns with the Partnership's commitment to HRBA, gender transformative action and the principle of LNOB.

Country level implementation of Partnership activities and complementarity within UNFPA

At country level, the Partnership is embedded in the CPD, with clear alignment between country programme indicators and those related to supplies, particularly for stock management and method availability. Country case studies and survey responses confirm this alignment, with 91 per cent of survey respondents affirming the Partnership's integration into CPDs.[88] The alignment is evident in areas such as family planning, supply chain management, gender-based violence, adolescent sexual and reproductive health, and evidence-based programming. Importantly, HSS funding under the Partnership is contingent on alignment with CPDs.

While coordination is reported to be effective at the country level, the 2022 MNHF evaluation identified gaps in alignment at the global level. These gaps hinder a clear understanding of UNFPA's overall investment strategy for maternal health and may lead to duplication and inefficiencies – for example, staff from different thematic funds working on similar maternal and newborn health supply initiatives.[89]

Several survey respondents emphasize the need for better collaboration, especially as maternal health commodities are central to both initiatives. While many informants note that this collaboration has been weak to date, there is broad agreement that UNFPA's recent restructuring, which consolidates the Partnership and MNHF under a unified SRHR Branch, presents a strategic opportunity to foster greater synergy and more effective results.

86 UNFPA (2021). Strategic Plan 2022–2025.

87 UNFPA (2019). Family Planning Strategy 2020–2030.

88 Mid-term evaluation survey question: Do you agree that the UNFPA Supplies Partnership is aligned with the Country Programme Document, within the country?

89 UNFPA Evaluation Office (2018). Mid-term evaluation of the Maternal and Newborn Health Thematic Fund (MHTF) 2018-2022. https://www.unfpa.org/sites/default/files/2022-07/MHTF%20Evaluation%20Report.pdf - Note that the MHTF is now renamed Maternal and Newborn Health Fund (MNHF).

4.2.3 External complementarity with GHIs and other SRHR actors

Finding 7: The Partnership was explicitly designed to complement other global efforts in SRHR. It is recognized by stakeholders as a unique mechanism, addressing critical gaps in access to reproductive health commodities. However, the Partnership's niche and value-add are not clearly articulated, underscoring the need for clearer communication on its intended role.

Global level partnerships and synergies

At the global level, the Partnership maintains key collaborations with organizations such as USAID (until its disbanding in early 2025) and the GFF. These actors were identified in the Match Fund baseline assessment as crucial due to their roles in global procurement (USAID) and support for domestic financing (GFF) of the Match Fund.[90] The assessment found that collaboration with USAID was strengthened through a 2022 Joint Work Plan on Domestic Financing, including shared deliverables such as e-learning modules, joint communications to COs, and lesson-sharing meetings on SMART advocacy and Compact agreements. Data sharing and coordination efforts between the Partnership, USAID, RHSC, and FP2030 were also reported.[91] Meanwhile, engagement with GFF has been ongoing since the inception of the Partnership in 2022, with discussions around a memorandum of understanding to enable governments to leverage GFF Essential Health Services grants as part of their Match Fund contributions.[92] However, even with these efforts, the evaluation found limited evidence of how these global-level collaborations have translated into country-level implementation.

In several larger countries, fragmented and parallel funding arrangements have caused confusion and inefficiencies. For instance, in **Nigeria**, GFF, USAID, and the Children's Investment Fund Foundation (CIFF) each maintain separate memorandum of understandings with the MoH for family planning commodities, all including 'disbursement linked indicators' independent of the Partnership Compact with a need to clarify how these align.[93] In **Ethiopia**, a separate 'multi-donor' compact exists for reproductive health commodities outside the Partnership framework[94] creating additional coordination burdens for the government. The challenges for the government caused by different funding streams and compacts are reflected in the survey data: while 80 per cent of respondents overall agreed that the Partnership is aligned with other actors, 17 per cent of government respondents disagreed – compared to 11 per

90 UNFPA (n.d). UNFPA Supplies Match Fund Baseline Assessment.

91 Ibid.

92 Ibid.

93 Note that Nigeria was not a case study in this MTE and this example was provided by global KIIs.

94 https://www.fanabc.com/english/ethiopia-devt-partners-sign-compact-mou-worth-36mil/#:~:text=Addis%20Ababa%2C%20July%2019%2C%202023,financing%20of%20Family%20planning%20commodities.

cent of UNFPA respondents, highlighting a minor discrepancy in perception.[95] These fragmented arrangements highlight that although efforts to align global initiatives are ongoing, inadequate coherence and coordination at country level remains a challenge.

Clarification of the Partnership's niche

The Partnership, despite its limited funding (in comparison to other GHIs) plays a critical role in many countries as the main source of reproductive health commodities, improving availability, quality and pricing. However, it operates within a broader global health architecture where larger actors, particularly USAID (until early 2025) have, or had, considerable influence over procurement and market dynamics.[96] The UNFPA Supply Chain Management Unit (SCMU), based in Copenhagen, offers opportunities to expand collaboration with other key actors, such as GFF, Global Fund, UNICEF, RHSC and Gavi, particularly on supply chain strengthening dependent upon region and regional capabilities, partners or organizations, and the same at the country level. While the Partnership is primarily commodity-focused, it is often perceived as responsible for broader health systems challenges such as infrastructure, human resources and demand generation. This misperception persists despite the clear delineation that such responsibilities fall outside the Partnership's mandate.

Country-level complementarity and implementation

At the country level, the Partnership is seen as catalytic, aligning and complementing the efforts of key actors in strengthening SRHR and family planning. In **Kenya**, it has enhanced coordination with partners like MS-Kenya and CHAI and introduced innovations like the Development Impact Bond and VAN to improve efficiency,[97] although sustainability concerns remain due to funding uncertainties. In **Cameroon**, the Partnership supported the 2023 MoH policy decision on oxytocin storage, facilitating the use of vaccine cold chains in alignment with USAID and the Global Fund. In the **DRC**, it complements GHIs like Gavi along with WHO by leveraging cold chain infrastructure and integrating Global Fund commodities to enhance SRH and family planning access in underserved areas. In **Pakistan**, the Partnership helped ensure continuity in supply chain management following USAID's exit, reinforcing alignment with national efforts. Across these contexts, while complementarity is recognized, a clearer understanding of the Partnership's remit and limitations is still needed.

95 Mid-term evaluation survey question: Do you agree that the UNFPA Supplies Partnership is aligned with other actors, programmes and interventions in the country (for example, WHO interventions, Gavi, USAID, etc.)?

96 Of note is the recent disbanding of USAID leaving a funding gap in the commodity supply response for reproductive health and family planning interventions.

97 Development Impact Bonds are "results-based contracts in which private investors provide pre-financing for social programmes, and public sector agencies pay back investors their principal plus a return if, and only if, these programmes succeed in delivering social outcomes." (Source: Center for Global Development. https://www.cgdev.org/page/investing-social-outcomes-development-impact-bonds-0#:~:text=Development%20Impact%20Bonds%20(DIBs)%2C,succeed%20in%20delivering%20social%20outcomes.)

4.3 Strategic procurement and adaptive supply solutions

UNFPA has reinforced its global leadership in SRH market shaping, mobilizing $1.6 billion and achieving significant procurement efficiencies through pooled purchasing, long-term supplier agreements, and prequalification initiatives, resulting in an estimated $1.5 billion in healthcare savings. Procurement targets have largely been met, with expanded access to a broader contraceptive method mix in 24 countries and steady gains in long-acting reversible contraception (LARC) uptake. However, persistent funding gaps, limited supplier diversity, particularly from the Global South,– and continued challenges with delays, stockouts, increasing freight costs, and, in some cases, constraints on the variety of commodities available in the market continue to pose significant obstacles. Legal, systemic and sociocultural barriers also restrict equitable access to new and underused methods, limiting the full realization of rights-based family planning. The Partnership has improved adaptability through mechanisms such as the Compact, Match Fund, and readiness tools, promoting strategic alignment and domestic resource mobilization. Nonetheless, flexibility at the country level and responsiveness in last mile delivery, especially in humanitarian settings, remain limited. Although 55 per cent of crisis-affected countries received emergency reproductive health kits, the effectiveness of this support is constrained by limited coordination with HRD and chronic underfunding. Only one to three percent of the Partnership resources are allocated to humanitarian action, reflecting an imbalance between development and emergency needs, which is further exacerbated by donor budget cuts and sectoral instability. While frameworks exist to guide emergency roles and responsibilities, the absence of a joint strategic plan between the Partnership and HRD continues to hinder cohesive and synergistic responses.

This section addresses evaluation assumptions 2.1, 2.2, 2.3, 2.4. It presents two key findings.

4.3.1 Strategic procurement and market shaping

4.3.1.1 Partnership's role in global market shaping

Finding 8: UNFPA has solidified its role as a global leader in market shaping for SRH commodities, mobilizing $1.6 billion since 2007 and implementing strategic procurement approaches to enhance accessibility, affordability and sustainability. Despite these efforts, a persistent funding gap, both within countries and for the Partnership, remains, underscoring the need for continued investment to fully meet global contraceptive needs.[98]

98 The Consensus Planning Group (CPG) of the Global FP VAN coalition estimates a $157 million family planning procurement gap (50 per cent of needed budget) across 29 countries, including some of those targeted by the Partnership, such as the DRC. Reproductive Health Supplies Coalition (2024). Family Planning Market Report (p.39).

Over the life of the Supplies programme, $1.6 billion has been mobilized for SRH commodities, delivering services to 23 million women in low-income countries by 2023.[99] Market shaping to influence the supply, affordability, quality and availability of SRH commodities to better meet country needs and ensure sustainable access is a core focus in phase III. It is central to the Partnership's strategic vision of assuming "a pivotal global convening and market shaping role within the reproductive health ecosystem".[100] This objective is also emphasized in the Supply Chain Management Unit Strategy 2024–2029 and the UNFPA Strategy for Family Planning 2022–2030, which prioritizes expanding the availability of, and access to, SRH commodities. A persistent key global challenge, the existing family planning procurement gap is attributed to insufficient investment, both domestic and international, in family planning commodities and related services.[101] Additionally, emerging funding gaps in National Supply Plans have also been reported to influence the timely delivery of commodity orders.[102]

Established in 2022, the SCMU absorbed the UNFPA Procurement Services Branch to streamline procurement and supply management functions across country, regional and headquarters levels. By leveraging UNFPA's global reach and purchasing power, the SCMU ensures efficient and timely forecasting and procurement of high-quality reproductive health and family planning commodities.

Through the SCMU, the Partnership implements the following market-shaping strategies:

- **WHO and UNFPA pre-qualification programme:** This initiative consists of five components: inviting manufacturers to submit a product for evaluation; provision of a dossier by the manufacturer; assessment by WHO and regulatory authority experts; inspection of manufacturing sites; and decision making on whether the product is added to the WHO list of prequalified medicinal products. It aims to pre-qualify manufacturers of new health products (where generics are encouraged to expand the offer and make prices more accessible), along with pooled procurement mechanisms, increasing production capacity and procurement efficiency while reducing unit costs (for example, for condoms and intra-uterine devices [IUDs]).[103]
- **Large-scale procurement:** The Partnership capitalizes on economies of scale through long-term agreements with suppliers (particularly for condoms) along with collaboration with the Global Fund, stabilizing supply chains and securing competitive pricing for international shipments while maintaining a stable supply chain.

99 UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023.

100 UNFPA (2021). UNFPA Supplies Partnership (2021–2030) Phase III Programme Document. (p. 7).

101 The Consensus Planning Group (CPG) of the Global FP VAN coalition estimates a $157 million family planning procurement gap (50 per cent of needed budget) across 29 countries, including some of those targeted by the Partnership, such as the DRC. Reproductive Health Supplies Coalition (2024). Family Planning Market Report (p. 39).

102 UNFPA (2023). Results Measurement Framework, 2023 Results Report.

103 WHO, UNFPA (2023). Impact assessment of WHO/UNFPA Prequalification programme (for condoms and IUDs).

- **Third-Party Procurement (TPP) mechanism:** TPP[104] enables governments to manage forecasting, quantification, procurement and delivery processes (for example, tracking procurement and managing customs clearance),[105] aligning with the Partnership's objective of mobilizing domestic financing for SRH and family planning commodities.
- **Introduction of NLUs:** The Partnership promotes affordable, high-quality innovator and generic alternatives thereby expanding contraceptive choices and improving accessibility.
- **Environmental and social sustainability:** The Partnership implements a "green procurement" strategy, focusing on reducing environmental impacts particularly with suppliers producing male latex condoms.[106]
- **Bridge fund (UNFPA Supplies Third-Party Procurement Bridge Fund [USP TPP BF]):** This fund has the potential to reinforce UNFPA's negotiating power while preventing funding gaps that disrupt commodity flows and purchasing supplies on behalf of the government. Set to resume in 2025, it was restructured for greater flexibility, risk management and long-term sustainability. More information about the bridge fund can be found in section 4.5.2.2.

4.3.1.2 Procurement performance: meeting and measuring targets

Since 2021, the Partnership has met procurement targets, with timely deliveries and agreed quantities fulfilled in at least 75 per cent of orders. In 2023, 39 out of 42 targeted countries achieved the timely delivery indicator.[107] Despite these successes, challenges persist:

- **Timely delivery and stockouts:** The survey highlights instances of delays and subsequent stockouts and concerns regarding the quantity and range of commodities received (for example, receiving less than requested since the full range of needed commodities is not always available). The diversity of packaging, language and labelling requirements across countries presents a challenge for efficient prepositioning and rapid delivery of SRH commodities. In addition, some SRH commodities, such as hormonal contraceptives, face long lead times (for

104 Third Party Procurement (TPP) refers to UNFPA procurement services provided to external partners by UNFPA's Supply Chain Management Unit (known as SCMU or, simply, the Unit). Through this service, TPP customers, including governments, intergovernmental organizations, NGOs or United Nations entities, can utilize UNFPA's purchasing power and expertise to obtain competitive prices on reproductive health supplies. It has become a strategic priority for UNFPA to mobilize domestic resources by further advocating for TPP services to be offered to developing and middle-income countries. The TPP operates as a not-for-profit partnership. (https://www.unfpa.org/sites/default/files/audit-reports/2023-10-13_OAIS_TPP_Audit_Report_-_FINAL_.pdf)

105 UNFPA (2023). Performance Analysis of UNFPA Supplies Countries and proposal for categorizing sustainability trajectories. First Draft for internal discussion November 2023.

106 UNFPA (2013). Green Procurement Strategy. https://www.unfpa.org/resources/green-procurement-strategy.

107 UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023. According to the report, this was primarily due to factors beyond the control of the programme, including limited manufacturing production capacity, regulatory delays and emerging funding gaps in National Supply Plans – all areas in which UNFPA assists countries to improve.

example, in **Yemen** and **Honduras**) primarily due to on-demand production and lengthy pre-supplier pre-qualification processes.

- **Supplier base expansion:** The Partnership is working to expand its supplier base to include generic products and manufacturers from the Global South. Currently, procurement is largely limited to suppliers in Europe and Asia, with limited access to those based in the Global South. Many products, such as hormonal contraceptives, have a small number of global suppliers. This challenge is compounded by WHO and UNFPA pre-qualification requirements and regulatory approval processes, which restrict the participation of potential new suppliers, including generics. In **Pakistan**, the Partnership is supporting and working to engage local actors and manufacturers to address these gaps and explore possibilities of expanding local production. Expanding the supplier base for local and regional options is a priority outlined in the SCMU strategy. Ongoing discussions are focused on supporting local manufacturers[108] to meet international quality standards, enabling their inclusion in procurement processes.
- **WHO pre-qualification and other stringent regulatory agency (SRA), such as FDA, constraints:**[109] The Partnership´s ability to shape the market is constrained by its requirement to procure only WHO or SRA pre-qualified commodities (except for basic commodities such as consumables). While this ensures product quality, these commodities do not represent the entire market. Many governments have access to cheaper generic options from other providers that are not WHO or SRA pre-qualified (often due to the cost and lengthy process this entails). Notably, there is a trade-off between allocating sufficient time to develop safe and effective commodities and the pressure to fast-track.

4.3.1.3 Procurement savings and cost efficiency

Findings 9: While UNFPA has generated significant cost savings and efficiencies, securing $1.5 billion in healthcare savings and lowering prices for some commodities, global funding constraints, including USAID's closure, pose risks to sustaining affordable access to SRH commodities.

Between 2017 and 2021, the SCMU secured $28 million in procurement savings through effective contract negotiations. Additionally, the unit achieved further value by obtaining more contraceptive supplies within the same budget, ensuring greater access to contraceptive protection for women and adolescents.[110] Between 2021 and 2023, the

108 Understood as manufacturers based in Global South countries who are looking to serve regional and global markets.

109 UNFPA (n.d.). UNFPA Quality Assurance Framework for the Procurement of Reproductive Health Commodities. https://www.unfpa.org/sites/default/files/resource-pdf/1.%20UNFPA%20QA%20Framework%20for%20Procurement_0.pdf.

110 UNFPA Supply Chain (2022). Procurement Savings 2017–2021. https://www.unfpa.org/resources/procurement-savings-2017-2021.

Partnership's efforts contributed to an estimated $1.5 billion in healthcare savings (from pregnancy, delivery and post-abortion care) for countries and families – a more than five times return on investment.[111]

The UNFPA Contraceptive Price Indicator[112] reveals mixed trends in unit prices between 2017 and 2022 which are notably influenced by competition and the number of manufacturers. During this period, five out of the eight most common commodities produced had a small reduction, or no change, in price.[113] Oral and emergency contraceptives pills saw significant cost reductions, and prices for progestogen pills, injectable contraceptives and subdermal implants saw little to no change. Meanwhile, prices for male condoms and IUDs increased considerably. Price increases in male condoms reflect broader market dynamics affecting global contraceptive procurement. UNFPA data shows that, despite rising prices, the organization consistently worked with around 10 male condom suppliers, indicating that the increases were industry-wide rather than supplier-specific. Copper IUDs saw even greater price volatility during the same period.

Global supply chain disruptions played a key role in driving up contraceptive prices. These challenges particularly affected UNFPA's centralized procurement model, which depends on international distribution to realize economies of scale. Despite these cost pressures, male condoms and copper IUDs remained among the most cost-effective contraceptive options. In 2022, male condoms cost $3.27 per couple-year of protection (CYP), and copper IUDs just $0.087 per CYP, demonstrating their continued value in the contraceptive method mix.

Overall, benchmark comparisons remain difficult due to outdated reference data (International Medical Products Price Guide was last updated in 2015).

Table 10 shows trends in unit prices from 2017-2022. Key achievements include lowering the minimum volume guarantee for implants from over $22 to $8.50 and for hormonal IUDs from $75 to $22.[114]

111 $340 million in 2021, $508 million in 2022 and $708 million in 2023. UNFPA (2022). Performance Measurement Framework Report: UNFPA Supplies Partnership Annual Report 2021; UNFPA (2023). Performance Measurement Framework Report: UNFPA Supplies Partnership Annual Report 2022; UNFPA (2024). Performance Measurement Framework: UNFPA Supplies Partnership 2023 Results Report.

112 UNFPA (2015). Contraceptive reports. https://www.unfpa.org/resources/contraceptive-reports.

113 When adjusted for inflation, these findings are more impressive (with prices not rising with inflation), underscoring the Partnership's influence on making essential commodities more affordable.

114 UNFPA (2024). Steering Committee management meeting Q4, 2024. Day 2 presentation.

Table 10. Evolution of Partnership average $ unit prices per unit of measure

Product	2017	2018	2019	2020	2021	2022	% Change
Intrauterine devices (IUD)-Copper	0,305	0,303	0,305	0,369	0,425	0,420	37,70%
Male condoms	3,250	3,167	3,263	3,304	3,577	3,925	20,77%
Female condoms	0,461	0,474	0,444	0,429	0,436	0,493	6,94%
Progestogen only pills	0,317	0,293	0,289	0,3	0,283	0,317	0,00%
Injectable contraceptives	0,794	0,805	0,771	0,807	0,812	0,785	-1,13%
Subdermal implants	8,838	8,898	8,367	8,261	8,675	8,616	-2,51%
Emergency pills	0,257	0,276	0,399	0,259	0,25	0,232	-9,73%
Combined low dose OC pills	0,267	0,237	0,234	0,225	0,211	0,232	-13,11%

Source: UNFPA Contraceptive Price Indicator.

Until recently, UNFPA and USAID were two of the main institutional funders of SRH commodities in the public sector market globally. At the time when this report was drafted, the current challenges in global development, specifically the disbanding of USAID, present a new situation where the evolution of commodity prices and procurement activities in the public sector are uncertain.

4.3.2 Expanding method mix and choice

SO1 focuses on increasing the availability of quality-assured reproductive health commodities, including NLU products for family planning and maternal health. The objective underscores that access to a choice of quality-assured contraceptive methods is essential to SRHR, including bodily autonomy and reproductive planning. UNFPA defines NLUs as follows:

- **Newer methods:** Those recently introduced to public sector procurement, including hormonal vaginal rings, hormonal IUDs, contraceptive implants, Subcutaneous Depot Medroxyprogesterone Acetate (DMPA-SC – an injectable contraceptive with the potential to enhance access, continuation and women's autonomy) contractive injection, heat-stable carbetocin and tranexamic acid.

- **Lesser-used methods:** Essential yet underutilized reproductive health supplies such as emergency contraceptive pills, male vasectomy supplies and comprehensive abortion care supplies.

Steady progress in improving essential supplies availability: Progress has been slow but steady since phase III began in 2021. By 2023, 85 per cent of the Partnership countries (46 out of 54) reported the availability of three modern contraceptive methods at most primary-level service delivery points, after not meeting targets during the first two years.[115] Similarly, positive results were noted by 2022 at secondary and tertiary service delivery points (SDPs) where at least five modern contraceptive methods and maternal health medicines, such as magnesium sulphate, misoprostol and oxytocin, were available on the day of survey or data collection.

NLU introduction and uptake: The number of countries receiving NLUs procured through the Partnership increased from seven in 2021 to 24 by early 2024, surpassing the target of 16.[116] Furthermore, 37 countries have integrated NLUs into their health management systems or LMIS.[117] The most relevant NLUs introduced are the DMPA-SC, emergency contraceptive pills and hormonal IUDs. Contraceptive method mix (which refers to the percentage distribution of contraceptive users in a given country, by method) has decreased from a baseline of 7.4 in 2020 to 6.7 in 2023.[118] Most stakeholders surveyed consider that technical support from the Partnership is the most relevant action carried out for introducing NLUs, followed by Partnership supported institutional capacity building at country level.

Expansion LARC: Increasing the use of LARCs is pivotal in reducing unmet contraceptive needs. At least 85 per cent of people accessing LARC continue use for several years.[119] In addition, LARCs provide more cost-effective protection than short-acting contraceptives. The introduction of LARCs in the contraceptive basket is also a key measurement used by the Partnership to determine the pace at which a country is advancing on the path towards sustainability.[120] While increased access to LARCs is a valuable indicator of progress, ensuring quality service delivery requires well-trained providers and adequately equipped facilities – thus extending beyond the procurement of commodities alone.

115 UNFPA (2024). Partnership M&E framework for 2024. Indicator O.C. 1.1.

116 UNFPA (2024). UNFPA Supplies Strategy & Planning Committee Q1 2024 meeting.

117 UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023.

118 UNFPA (2024). Performance Measurement Framework: UNFPA Supplies Partnership 2023 Results Report. Method mix score is presented on a 10-point scale of the difference between the most prevalent method and the third most prevalent method as a proportion of the total modern method prevalence. The scale is inverted to show that higher values indicate higher concentration of users on a limited number of methods.

119 UNFPA (n.d.). How much UNFPA Supplies contributed to reducing unmet needs for modern contraceptives in 2022.

120 UNFPA (2023). Performance Analysis of UNFPA Supplies Countries and proposal for categorizing sustainability trajectories. First draft for internal discussion November 2023.

4.3.2.1 Beyond procurement: HSS contributions to method mix

To support expanding the contraceptive method mix and choice, key HSS interventions include:[121]

1. **Advocacy and policy reform:** Promoting policy development and frameworks for a broad range of contraceptive inclusion, task sharing and self-care interventions (for example, DMPA-SC use in **Honduras**, **Pakistan** and **Zambia**). HSS funds also focus on community engagement, sensitization and awareness-raising on comprehensive abortion care in accordance with national legislation and in partnership with the government and inclusion of new methods and medications into the national essential medicines list. As of 2023, 47 of the Partnership's 54 member countries had included adolescent and youth access to contraception services and information in their HSS interventions.
2. **Technical support and capacity building:** Areas of support include: integrating HRBA and GTA approaches into family planning services; developing social and behavioural change materials for underutilized contraceptive methods; updating clinical standards and tools; designing capacity-building programmes for healthcare providers in contraceptive methods and human rights-based counselling to deliver a comprehensive family planning method mix through national and sub-national training of trainers; and enhancing humanitarian preparedness to ensure access to contraceptives and family planning services in emergencies. The support includes developing costed plans for introducing, implementing and scaling up contraceptive methods. For example, in **Zambia**, the Partnership helped develop an integrated family planning costed implementation plan for 2021 – 2026. HSS also supported the development of an investment case for family planning as a cost-effective intervention for both the developmental and humanitarian contexts in **Sudan**. The Partnership also works closely with the private sector through strategies such as training pharmacy owners to provide Sayana Press implants, as conducted in **Cameroon**. These types of initiatives aim to improve access to SRH commodities that face cultural and ethical barriers. For emergency settings, HSS funds also included Minimum Initial Service Package for Sexual and Reproductive Health (MISP) training to strengthen the provision of family planning services in humanitarian contexts.[122]
3. **Evidence generation:** This includes identifying barriers and enablers that influence access to relevant services. An example is research in **Zambia** to explore factors affecting the uptake of underutilized methods such as IUDs. Insights from this research inform strategies aimed at scaling up access effectively. Additionally, addressing social norms, cultural beliefs, gender issues, myths and misconceptions that impede access to contraceptives is a key global priority for the Partnership´s evidence generation initiatives.

121 UNFPA (2024). Supplies Work Planning for 2024.

122 UNFPA (2024). UNFPA Supplies Strategy & Planning Committee Q1 2024 meeting.

4. **System readiness assessment:** The Partnership supports countries in evaluating health system preparedness for introducing new products through tools like the SRAT. More on this in section 4.5.3.1. For example, in **Madagascar**, readiness assessments informed the rollout of self-injection programmes and ongoing exploration of male contraception options.

4.3.2.2 Implementation barriers and opportunities

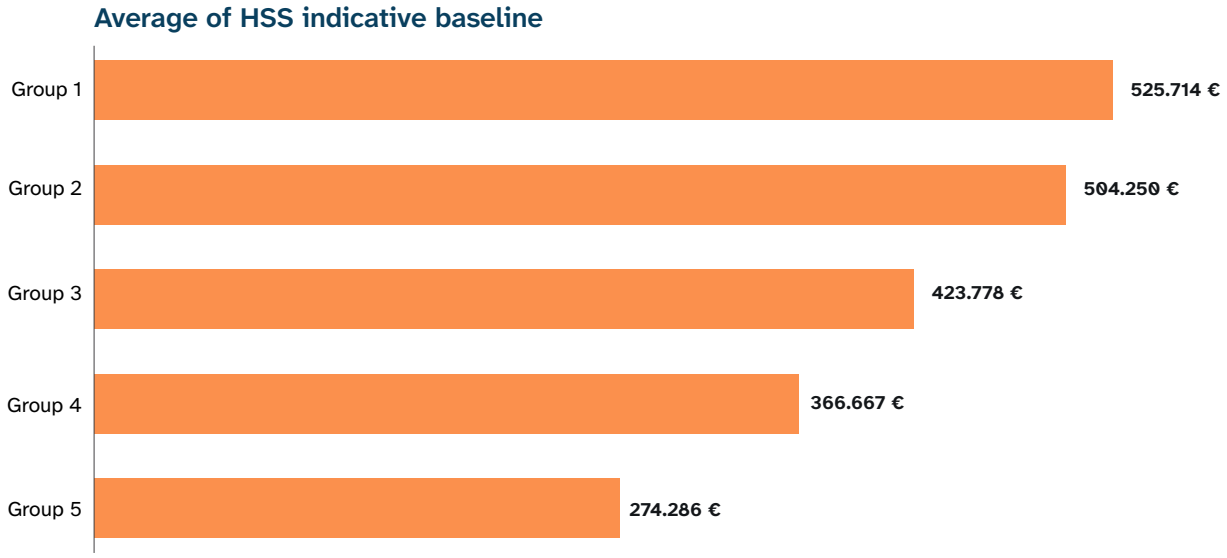
While countries express interest in expanding contraceptive method availability and choice, implementing relevant actions often faces structural challenges. These include limited health system readiness, extensive need for technical assistance and training at different levels (national, regional, local), and socio-cultural barriers and legal constraints on the use of certain products including gaps between constitutional provisions and their practical and legal implementation (for example, in **Kenya** the discrepancies between the more progressive Constitution and applied laws – for example, the penal code opposes adolescent SRH, restrictive parental consent laws). In addition, the introduction of LARC faces challenges such as inadequate equipment for implementation (for example, pelvic models, examination tables, cotton, gloves, etc.), as identified in the **DRC** and **Honduras**. In **Kenya**, despite a progressive constitution, the uptake of IUDs remains low due to insufficient health worker training, misconceptions about family planning and the methods, and infrastructure limitations. Additionally, young women encounter significant barriers in accessing SRH services, including legal constraints and opposition from conservative groups. While some governments, such as **Cambodia**, have increased domestic financing for contraceptives, others still lack evidence-based data on available products, leading to gaps in quantification and forecasting. Roughly one out of every four survey respondents disagrees that the Partnership has increased the availability of NLUs.

The aforementioned challenges extend beyond the capacity of what HSS can fund. On average, Partnership countries received around $450,000 each for HSS activities in 2024; however, this varies depending on how countries are grouped within the Partnership, as illustrated in the following figure.[123] The HSS applications mainly focus on:[124] (1) advocacy with governments and Compact monitoring actions; (2) SMART advocacy training; (3) analysis of the fiscal space and tracking spending; and (4) development of investment cases and policy briefs for evidence generation. HSS activities also include direct advocacy with parliamentarians. These four types of activities represented 64 per cent of all HSS applications in 2024. By contrast, only 10 per cent of applications were aimed at conducting advocacy (which included SRAT assessments) and coordination of multi-sectoral committees with other relevant stakeholders.

123 UNFPA Partnership Allocations 2024.

124 UNFPA (2024). Supplies Partnership Global HSS assessment.

Figure 13. Average allocation of funds for HSS per group



Source: HSS allocations 2024. Aggregation made by the evaluation team.

4.3.2.3 Country needs, risks and readiness assessments: towards adaptive implementation

To address challenges and ensure the adaptation of the programme to different contexts including programme responsiveness, the Partnership developed a sustainability toolkit (which includes the Compact, Match Fund and Bridge Fund, see section 4.5.1.1), as well as needs and readiness assessment tools as seen below:

- **SRAT:** Identifies critical gaps (within the scope of the Partnership) in national family planning programmes, informs intervention design and serves as an accountability mechanism. It is conducted annually, though some COs find this frequency burdensome. See more about the SRAT in section 4.5.3.1.
- **Country risk assessment model:** Evaluates six risk categories (external, fiduciary, delivery, operational, reputational and safeguarding) and their levels (low, medium, significant and high) to inform mitigation strategies on an annual basis.
- **Other health facility readiness and supply chain assessment tools:**
  - Health Facility Readiness and Service Availability (HFRSA) – conducted in the Pacific
  - Health Supply Chain Maturity Assessment Tool (GHSC MAT) – used in Eastern and Southern Africa
  - Supply Chain Operations Diagnostic (SCOD) tool – used in Latin America

These assessments aim to, and have, generated actionable insights to enhance intervention targeting and promote self-sufficiency in SRH resource management.

Regarding strategic adaptability, there is a need (well recognized at HQ) for COs to shift their focus more towards tracking government policies and initiatives, being alert for potential backslides in progress towards transformative results rather than mainly focusing on implementing programmatic actions.[125]

4.3.3 Procurement in humanitarian settings

Phase III of the Partnership, guided by nine key principles,[126] emphasizes flexibility in addressing urgent priorities across the HDP. The Partnership is expected to modify its humanitarian support from an approach of contribution to one of integration, meaning going beyond the allocation of funds for procurement of supplies to promoting resilience and preparedness in strengthening procurement and supply chain systems in humanitarian contexts.[127] The sustainability framework for phase III highlights health system resilience to crises as a key pillar towards achieving sustainability.[128]

The Partnership's efforts in humanitarian settings focus on (see also section 4.1.4):

- **Procurement and distribution of emergency reproductive health (ERH) kits and supplies.** These kits and supplies include the Inter-agency ERH kits (IARH – 12 different types), dignity kits, bulk pharmaceuticals and medical devices, and non-medical supplies (for example, tents, mobile storage units, mobile caravans, cold chain equipment, incinerators). Prepositioning of SRH commodities is also a priority to ensure rapid response during emergencies.
- **Implementation of the MISP from the start of emergencies.** The Partnership supports MISP deployment in part through training toolkits at national, regional and global levels, covering clinical management of rape, basic emergency obstetric and newborn care, and LARC. These efforts are designed to empower healthcare providers, enabling them to deliver critical SRH services effectively in challenging environments.[129]

The primary funding source for UNFPA's humanitarian response is the Humanitarian Thematic Fund, supplemented by contributions by the United Nations Central Emergency Response Fund and country-based pooled funds. In 2024, total humanitarian funding received by UNFPA was $557 million.[130] The United States

125 UNFPA (n.d.). Towards Sustainable Financing for Family Planning by 2030.

126 Human rights-based family planning, country-driven, government-led processes, clear and measurable goals, strengthening health systems, shift to sustainable financing, effective use of programme resources, accountable use and assurance of programme resources, multi-sector and partner coordination and responsive to urgent needs.

127 UNFPA (2021). UNFPA Supplies Partnership 2021–2030 Phase III Programme Document.

128 1) Policy environment, 2) Governance and leadership, 3) Supply chain systems and logistics, 4) Commodities, 5) Services provision capacity, 6) Health systems resilience to humanitarian crisis and disasters and 7) Financing.

129 UNFPA (2025). Humanitarian Overview 2025.

130 Ibid.

government, although not a major donor for the Partnership,[131] has been an important donor for emergency response.[132] However, with the recent disbanding of USAID and frozen foreign assistance budgets, future funding for emergency response remains uncertain and is likely to diminish.

The Partnership's humanitarian contributions amount to approximately $1.25 million annually, representing one per cent of its total budget.[133] Of the overall budget for commodity procurement, three per cent is allocated to ERH and other types of emergency kits (some of the kits target maternal health and contraception as well as surgical services for maternal health, family planning and reproductive health) whereas maternal health commodities, IUDs and implantable contraceptives represent around 90 per cent with the remainder allocated to other methods and commodities.[134] Nevertheless, by 2023,[135] 55 per cent of Partnership countries in humanitarian and fragile situations accessed emergency funds for IARH kits at crisis onset, meeting established targets.[136]

The lack of a joint strategic plan between the Partnership and HRD weakens coordination and response effectiveness.

> *"The humanitarian department used to collaborate closely with the Supplies Partnership. However, their transformation into a comprehensive humanitarian office has led to reduced collaboration".*[137]

The UNFPA Humanitarian Supplies Strategy (2021-2025) aims to improve internal coordination by clearly defining roles and responsibilities (including within the new SCMU), and to establish standardized procedures. The HRD leads global emergency response and preparedness efforts, working closely with other units at headquarters to improve efficiency and effectiveness on the ground. The department also coordinates and enhances operational procedures, ensures high-quality programmes, mobilizes resources, conducts advocacy, builds partnerships and integrates humanitarian and development initiatives within the organization.[138]

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131 The United States provided $13,9 million for phase III (2021–2024), equivalent to 1.46 per cent of total contributions for phase III to date.

132 The United States was the largest contributor to UNFPA's humanitarian response in 2023, providing more than $130 million to UNFPA's life-saving work in critical contexts such as Afghanistan, Bangladesh, Ethiopia, Haiti, Sudan, Syria, Ukraine, the Venezuela regional refugee response and Yemen, among others. https://www.unfpa.org/donor/united-states-america.

133 As per the 2025 allocation plan shared by the Finance and Risk Committee Meeting, Q4 meeting 2024.

134 Steering Committee management meeting Q4, 2024. Day 2 Presentation.

135 Data updated up to 2023, as per the Partnership M&E framework for 2024.

136 UNFPA (2024). Partnership M&E framework for 2024. Indicator O.P. 1.2.2. Target for 2023 was 52 per cent of countries experiencing humanitarian and fragile situations accessed emergency funds for procuring Inter-Agency Reproductive Health (IARH) kits at the onset of a crisis.

137 KII with UNFPA, CSB. October 2024.

138 UNFPA (2024). Humanitarian Overview 2024.

4.4 From diagnostics to delivery: strengthening supply chains

Phase III has seen notable improvements in diagnostic tools such as SRAT, LMA assessments, and supply chain risk analyses, enhancing evidence-based planning and capacity-building across countries. These advancements, alongside investments in electronic logistics systems and digital tools, have contributed to improved data visibility and supply chain responsiveness. However, systemic challenges, including weak forecasting, fragmented data systems, and limited alignment with broader national digital health strategies, continue to hinder sustained impact. Despite repeated assessments, the translation of findings into long-term improvements remains limited, raising concerns about the efficiency of resource use. LMA, while a core focus area, continues to face significant challenges. Progress in reducing stockouts has been modest, constrained by weak integration into national systems, coordination gaps and inconsistent data flows. The redesigned LMA process is largely diagnostic and advocacy-oriented, reflecting both funding constraints and UNFPA's limited implementation role in many contexts. Moreover, the Partnership's role in last mile delivery remains insufficiently defined, resulting in stakeholder expectations that often exceed its operational and financial mandate.

This section addresses evaluation assumptions 3.1, 3.2, 3.3 and 3.4. It presents three findings.

4.4.1 Diagnosing supply chain bottlenecks: tools, insights and limitations

Finding 10: In phase III, the Partnership has introduced more structured and comprehensive tools to assess supply chain challenges, enabling stronger evidence-based planning and coordination. However, despite deeper diagnostics, persistent systemic bottlenecks remain largely unchanged, raising concerns about the continued allocation of limited resources to repeated assessments rather than to targeted, catalytic solutions.

Building on lessons from phase II,[139] the Partnership has adopted a more structured and comprehensive approach to identifying supply chain challenges. Tools such as the SRAT, LMA assessments and supply chain diagnostics (including the supply chain capacity assessment and risk assessments, supply chain maps, programme supply reports, spot checks and audits), have strengthened evidence-based planning and informed HSS applications. Stakeholders generally view these tools as effective in supporting targeted, context-specific capacity development.

139 UNFPA Evaluation Office (2018). Mid-Term Evaluation of the UNFPA Supplies Programme (2013–2020).

LMA now consists of four clear components led by the Partnership: (1) Supply Chain Overview; (2) Quarterly Stock Review (QSR); (3) SCM Risk Assessment; and (4) ICAs. Results from the implementation of these components leads into an overall scorecard which provides the Partnership with visibility into the risks and gaps in last mile delivery.

Figure 14. LMA scorecard 2024

Findings:	Loss Due to Expiration	Loss Due to Causes Other Than Expiration	Goods Expiring in 12 months	UNFPA Traceability Differences	IP Traceability Differences	Stock Count Differences
Quarterly Stock Review*	$1.78M	$2.33M**	$27.64M	N/A	N/A	$81.44M
2023 In-Country Assessments	$0.27 M	$13.85K	$82,179	$3.76M	$0.83M	$1.93M
Total	$2.05M	$2.34M	$29.35M	$3.76M	$0.83M	$103.76M

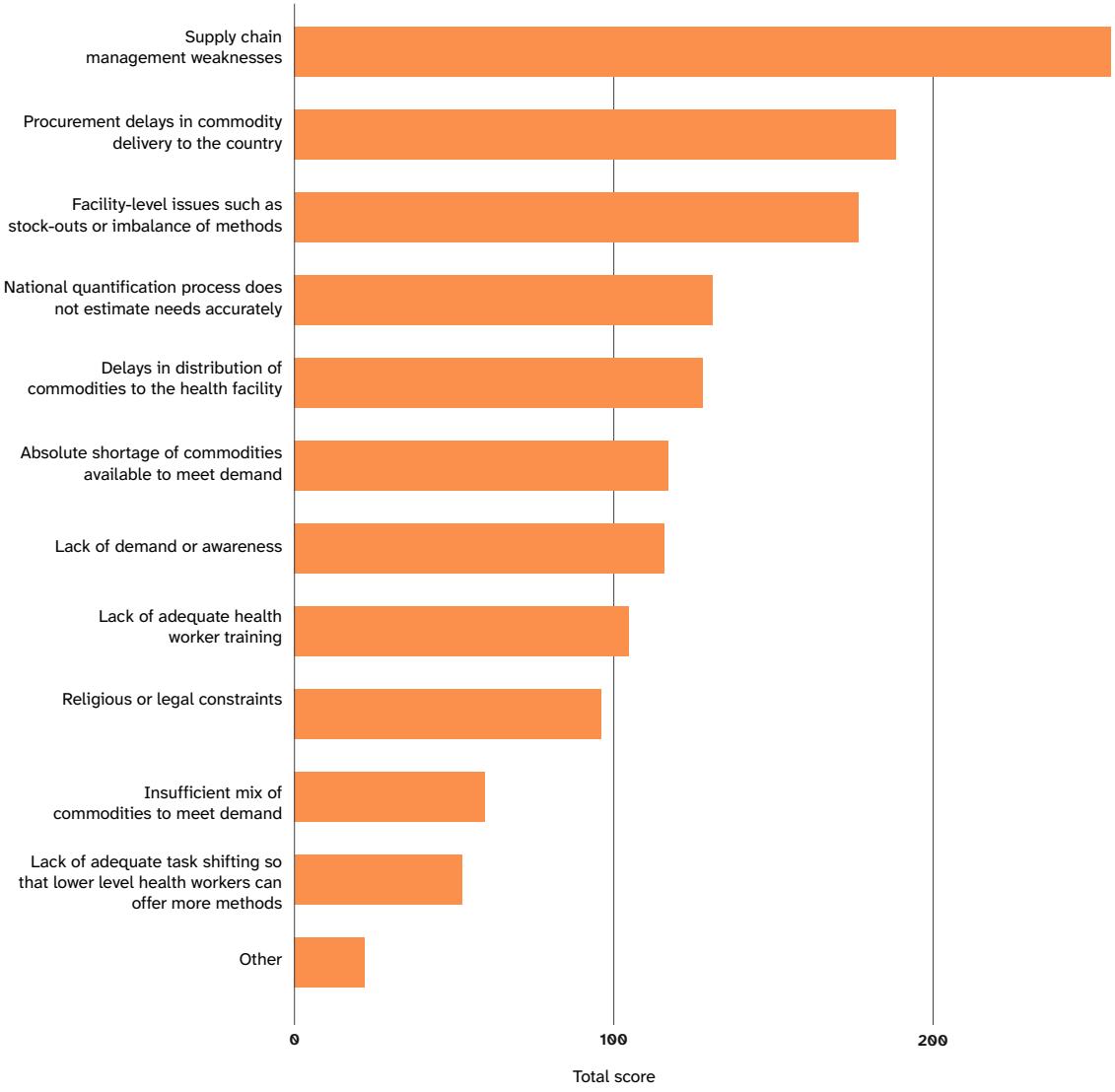
Source: UNFPA Supply Chain Management Unit (2024). UNFPA Supplies Finance and Risk Sub-Committee Meeting: LMA.[140]

The LMA process is intended to comprehensively and systematically identify end-to-end and supply chain-related constraints, with resulting annual in-country assessments (ICAs) that provide recommendations upon which SRATs and HSS applications are based.[141] The recommendations of the ICAs are also intended to be useful for other actors (such as national governments). Supply chain challenges remain the main commodity-related bottlenecks to reaching mCPR targets at the national level according to the survey respondents –demand generation is noted as only the seventh most important barrier.

140 This information was presented to the finance sub-committee with regard to 2023 losses, within information compiled for quarterly stock reviews and 2023 in-country assessments. The quarterly stock review figures reflect a percentage dollar figure calculated on reporting submissions of countries (i.e. for Q1, 77 IPs reported out of an expected 93 submissions; for Q2, 100 IPs reported, 63 complete and 37 partial, out of 133 expected submissions). The figure for quarterly stock reviews for loss due to causes other than expiration is based on Q2 only. The purpose is to show the relative different causes of risks and gaps in last mile delivery. * is a figure reflected for Q2 only as this figure was not collected in Q1: the presentation notes that a value of $8.46 million of negative adjustments reported in Q1 had not yet been explained by the respective IPs. ** covers five countries for in-country assessment which include Benin, Guinea, Mauritania, Zambia and Zimbabwe.

141 UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA Supplies Partnership Annual Report 2022.

Figure 15. Ranking of commodities-related challenges or obstacles in the Partnership countries to reach the national target contraceptive prevalence rate



Source: Mid-term evaluation survey question: What are the main commodity-related challenges or obstacles in your country to reaching the national target contraceptive prevalence rate?[142]

There is, however, evidence, at country level, of how identification of specific needs leads to the Partnership contributing to fill gaps and leveraging or catalysing action by other actors. In **Cameroon**, the Partnership conducted a comprehensive analysis of the reproductive health commodity SCM, identifying key functions, actors and bottlenecks, which informed decision-making by the MoH. Based on these findings, targeted investments were made by the Partnership to strengthen national supply chain systems.

142 The total score was calculated based on the ranking assigned to each choice: first place received 3 points, second place received 2 points and third place received 1 point. The final score represents the cumulative sum of these points across all responses.

These included engaging in strategic partnerships with local transport providers and procurement of logistics equipment (such as trucks, storage racks and temperature monitoring devices) to strengthen the national distribution system. The Partnership also supported annual quantification exercises and trained 31 supply chain staff in managing reproductive health kits. These efforts collectively enhanced the efficiency and resilience of commodity distribution and warehousing.

In the **DRC**, the Partnership collaborates closely with national supply chain managers and stakeholders to identify critical gaps and provide evidence-based, targeted capacity building and technical assistance. For example, tailored training programmes have improved forecasting accuracy and reduced contraceptive stockouts by 30 per cent since the beginning of phase III in the Equateur province. However, systemic challenges, beyond the remit of the Partnership, such as inadequate infrastructure and a shortage of trained personnel, continue to strain supply chain operations. In response, 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 World Food Programme (WFP) and Doctors Without Borders/Médecins Sans Frontières (MSF) to use their established transport networks for commodity delivery. Regular coordination meetings among donors, NGOs and private sector actors further enhance alignment and promote best practices.

Despite some improvements, many of the same supply chain barriers – such as weak forecasting, fragmented data systems and poor inventory management – already identified in the evaluation of phase II, persist. This raises concerns about the value of continued investment in diagnostic efforts that repeatedly highlight already well-known issues. While identifying gaps is important, it remains an output, not an outcome, and it is notable that no outcome-level indicator (under SO2) tracks progress beyond this stage. This reflects the broader challenge of transitioning from diagnosing problems to addressing them through targeted, catalytic investments, especially considering the limited funding allocated to HSS. The key question for phase III, for which we do not have an answer, is whether this approach is delivering sustainable improvements in supply chain performance.

© UNFPA Myanmar.

4.4.2 Strengthening electronic logistics management information system (eLMIS) and inventory management systems

Finding 11: The Partnership has deployed a range of tools to identify and address gaps in the electronic logistics management information system (eLMIS) and inventory management systems, contributing to gradual improvements in digital supply chain visibility across countries. While the number of countries with functional eLMIS up to service delivery points has increased, country case studies reveal persistent challenges such as fragmented systems, under-utilization of data, disparities in digital infrastructure, and limited alignment with broader national digital health strategies that fall outside the current scope and mandate of the Partnership. These external challenges continue to constrain the effectiveness and sustainability of eLMIS investments, even where Partnership-supported interventions have been implemented.

SO2 corresponds to an outcome level indicator on the number of countries with a functional eLMIS up to SDPs at the secondary level. From 2021 to 2023, the number of countries reporting positively increased from 10 to 16, reflecting expanded digital capacity and improved supply chain visibility.[143] However, country case studies highlight varying degrees of success.

In **Honduras**, the Partnership has provided technical and financial support to the Health Secretariat of the MoH (SESAL) for scaling up the national LMIS (SALMI-PF), which is a key tool for managing the country's SRH commodity supply chain. SALMI-PF has been expanded to all regions, with training on its implementation provided to technical personnel by UNFPA. However, to date, it is still not available in all health centres. Also, SESAL continues to use a different module for tracking and planning the distribution and use of family planning methods (Data Logistics Planning Family Tool - RDLPF). Although SALMI-PF is a more detailed system that disaggregates information to the individual level and is eventually expected to be used for monitoring contraceptive methods, it is currently not being used due to infrastructure and training gaps. As a result, RDLPF, which is more established and can be operated without a computer, remains the primary system in use. However, its complexity and additional steps in data entry can and do lead to errors. The CO is working to ensure data can be introduced manually into SALMI to address the current limitations.

In **Zambia**, the Partnership has aligned its support with broader supply chain efforts, particularly those led by USAID. Though not directly involved in rolling out the national eLMIS, it contributed by providing software, equipment, capacity building and support for data use and commodity management. These efforts helped increase the proportion of service delivery points with no stockouts of three or more contraceptives from 65 per

143 UNFPA (2022). Performance Measurement Framework Report: UNFPA Supplies Partnership Annual Report 2021; UNFPA (2023). Performance Measurement Framework Report: UNFPA Supplies Partnership Annual Report 2022; UNFPA (2024). Performance Measurement Framework: UNFPA Supplies Partnership 2023 Results Report.

cent in 2021 to 85 per cent in 2022. The eLMIS, integrated into the Essential Medicines Logistics Improvement Programme and managed by Zambia Medicines and Medical Supplies Agency (ZAMMSA), uses facility-reported consumption data for forecasting and distribution. The Partnership also supported ZAMMSA's procurement and inventory management, staff training and district-level storage. However, challenges persist, including weak digital infrastructure, delayed data availability and inconsistent reporting. Stockouts sometimes occur despite commodity availability, due to inaccurate or late data entry, hence undermining effective quantification and planning.

In **Kenya**, the Partnership has worked closely with Kenya Medical Supplies Authority (KEMSA) to implement the iLMIS and complementary digital tools such as the Electronic Proof of Delivery app (ePOD) and the Visibility Analytical Network (VAN). These have improved order tracking and data-driven distribution. Additional support includes digitization of national training packages and the Family Planning Commodities Tax Exemption Tool. However, gaps in training (only 35 of 47 counties have been fully trained) and persistent manual record-keeping in lower-tier facilities continue to undermine data quality, stock visibility and accurate forecasting. Additionally, under the Partnership, there have been four LMA assessments in Kenya to date, which are seen as effective in identifying gaps and targeting on-site mentoring, gap-filling and generating efforts required to strengthen struggling health facilities as carried out by KEMSA and partners.

Across countries, the Partnership has provided valuable catalytic support, ranging from system digitization and training to the provision of digital tools and infrastructure (for example, electronic apps, storage and transport equipment). These investments have built foundational capacities in logistics and data management. However, core challenges persist, including inadequate digital infrastructure (for example, power, connectivity), fragmented and parallel information systems, limited interoperability and lack of real-time data use for logistics decision-making. Additionally, there is no clear strategy aligning the Partnership eLMIS investments with broader digital health infrastructure efforts led by governments or other partners. This weakens the sustainability and impact of improvements.

4.4.3 LMA: progress, pitfalls and diverging perspectives

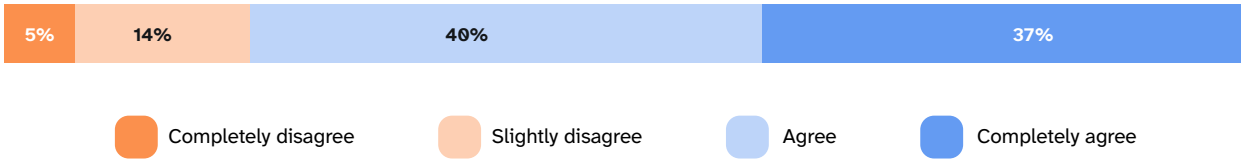
Finding 12: The focus on LMA within phase III is an agreed area of emphasis across the Partnership stakeholders, yet it is also persistently perceived as the weakest implementation area within Partnership countries.

The evaluation of phase II reported that last mile distribution was a key weakness of the programme. However, it also highlighted that while UNFPA has a clear role in SCM, it is not well placed to be an implementer in most countries and should only support

LMA in countries where there are no other partners in this area.[144] This, however, should not be interpreted as precluding the Partnership from strengthening national capacities for monitoring and reporting on last mile delivery.[145]

Understanding the last mile barriers and challenges is not the same as addressing them. Overall, 77 per cent of respondents to the survey believe the Partnership has contributed to improving last mile delivery, with 19 per cent of overall respondents actively disagreeing. While 20 per cent of government respondents (and 27 per cent of other respondents) disagree, only 5 per cent of UNFPA respondents share this view, highlighting a significant difference of opinion across stakeholder types.[146] This highlights that perhaps UNFPA stakeholders consider only the percentage of countries (rather than the total number, see figure and explanation below) where overall improvements can be seen, whereas other respondents have a more granular perspective of where shortcomings remain.

Figure 16. Survey respondents' agreement with the contribution of the Partnership to improving last mile delivery



Source: Mid-term evaluation survey question: Do you agree that the UNFPA Supplies Partnership has contributed to improving last mile delivery and so increased access to the most rural and hard-to-reach facilities or end users in your country since 2021? 'Do not know' responses (3.7 per cent) are not shown in the figure.

Data for the second SO2 outcome-level indicator shows limited progress over the course of phase III (recognizing that the pandemic created tensions in the supply chain with respect to delays in shipments to and within countries). The indicator consists of the percentage of countries where 60 per cent of delivery points report no stockout of any contraceptive offered on the day of survey or day of data collection. Reported data is as follows:

- 2021: 44 per cent of countries (15 out of 34 countries) reported they had "no contraceptive stockout" in 60 per cent or more of SDPs.

144 As highlighted by the JSI, is a global health non-profit headquartered in the US, with a long track history of supply chain management interventions and support across many countries. (www.jsi.com).

145 UNFPA Evaluation Office (2018). Mid-Term Evaluation of the UNFPA Supplies Programme (2013–2020).

146 Mid-term evaluation survey question: Do you agree that the UNFPA Supplies Partnership has contributed to improving last mile delivery and so increased access to the most rural and hard-to-reach facilities or end users in your country since 2021?

- 2022: 61 per cent of countries (18 countries out of 27) reported they had “no contraceptive stockouts” in 60 per cent or more of SDPs.
- 2023: 61 per cent of countries report no stockout of any contraceptive method at 60 per cent of SDPs (which did not meet the milestone of 68 per cent).[147]

While the percentage of countries reporting positively on this indicator increased from 44 per cent in 2021 to 61 per cent in 2023, the actual change in numbers was modest - only three additional countries reported positively.

4.4.4 Operationalizing LMA: enablers and obstacles to effective delivery

While progress has been made in some contexts, these areas are not consistently prioritized or operationalized across all Partnership countries, notably:

1. **Collaboration and coordination with partners:** Collaboration with stakeholders such as USAID, the Global Fund, and national governments have contributed to improved forecasting, supply chain planning, and storage and distribution processes. In the **DRC**, coordination with partners like DLT International and Santé Rurale (SANRU) has allowed the integration of UNFPA commodities into existing distribution networks, reducing costs and expanding reach. In **Honduras**, UNFPA is contributing to the establishment of a national SRH Technical Working Group to improve coordination and reduce stockout risks through regional supply redistribution. However, gaps remain in coordination, particularly in countries where multiple partners operate parallel systems, limiting unified efforts to strengthen supply chains.
2. **Sustainability and integration into national systems:** This is considered across all stakeholders to be critical for long-term effectiveness. The redesigned LMA process emphasizes national ownership aiming to embed LMA findings into strategic national plans and partner-supported interventions. In **Kenya**, the integration of innovations such as iLMIS, the ePOD delivery app, and early-warning systems (developed through public-private partnerships) has enhanced traceability and supported commodity redistribution at the facility level. These tools, integrated into national systems and supported by coordinated partner efforts, have increased accountability and contributed to the delivery of SRH commodities to remote and underserved populations. In **Yemen**, government buy-in was achieved through targeted advocacy, with ministries of health (North and South) actively participating in defining last mile activities facilitated by the Partnership.[148]
3. **Data flow and stakeholder engagement:** Timely and accurate data are essential for production of QSR reports, forecasting and decision-making. However, in **Pakistan**, although digital systems like contraceptive LMIS and electronic client

147 UNFPA (2022). Performance Measurement Framework Report: UNFPA Supplies Partnership Annual Report 2021; UNFPA (2023). Performance Measurement Framework Report: UNFPA Supplies Partnership Annual Report 2022; UNFPA (2024). Performance Measurement Framework: UNFPA Supplies Partnership 2023 Results Report.

148 In areas under control of the government.

records are in place, reporting rates remain modest, and data are underutilized for decision-making. Also, in **Kenya**, despite the rollout of digital tools, incomplete training and uneven adoption across counties limit the reliability and usability of LMA-related data.

4.4.5 Redefining the Partnership's role in last mile delivery

The redesigned LMA process under phase III has contributed to improved supply chain visibility, accountability, and data-informed decision-making by identifying root causes of last mile delivery challenges. However, persistent issues such as stockouts, infrastructure and staffing constraints, data inconsistencies and weak governance (especially at decentralized levels and in fragile settings) continue to hinder effective last mile delivery.

The Partnership needs to clearly define and communicate UNFPA's role in supporting last mile delivery, particularly in light of the 15 per cent cap on HSS funding. While the LMA process can be implemented within the current resource envelope, the Partnership lacks sufficient funding to address the systemic issues LMA often uncovers – such as infrastructure gaps, data weaknesses, governance challenges and the need to strengthen and transfer capabilities primarily to government stakeholders. As a result, LMA functions primarily as a diagnostic and advocacy tool, generating evidence and actionable recommendations for governments and partners, rather than serving as an entry point for direct systems improvement. However, this distinction remains unclear to many stakeholders. Clearer messaging is needed to ensure a shared understanding of how the Partnership supports improvements in last mile delivery.

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4.5 Incentivizing domestic financing for sustainability

The Partnership has played a catalytic role in strengthening domestic financing for contraceptives, with national spending quadrupling between 2020 and 2023. All 44 required countries have signed Compact agreements, and the majority of countries have also developed costed implementation plans and aligned reproductive health financing with national strategies. Key mechanisms such as the Compact, Match Fund, and Reproductive Health Bridge Fund (RHBF) have supported country ownership and unlocked unprecedented levels of domestic financing for quality-assured SRH commodities. In 2024, domestic expenditure was estimated to reach $52 million – compared to just $10.4 million in 2020. However, impact varies across contexts due to structural barriers, the Compact's non-binding nature, limited partner engagement, and challenges such as misaligned budget cycles and dual-signature requirements delaying the process, prompting the development of new contingency measures. Despite positive trends, many countries continue to face systemic challenges such as political instability, limited fiscal space, weak financial management and inadequate data. While SRAT assessments have supported planning and prioritization, the sustainability component of HSS applications remains limited, with only 13 per cent of funds allocated to health financing. Furthermore, the SRAT's high assessment frequency and reliance on self-reported data limit its overall effectiveness. Expanding the scope of eligible Match Fund commodities, revitalizing the Bridge Fund, and improving coordination with national financing strategies are seen as critical to sustaining gains and achieving long-term impact. Despite positive trends, many countries continue to face systemic challenges such as political instability, limited fiscal space, weak financial management and inadequate data.

This section addresses evaluation assumptions 4.1, 4.3 and 4.4. It presents four key findings.

4.5.1 Catalysing domestic resource mobilization and country ownership

4.5.1.1 Partnership strategies to increase and diversify financial contributions

Finding 13: Domestic expenditure on contraceptives has significantly increased, quadrupling since 2020, with more countries developing multi-year financial plans and integrating family planning into national strategies. However, government financing remains insufficient, with 24 per cent of countries making no domestic investment and many exhibiting fluctuating commitments. Structural barriers, donor dependency and weak public responses to SRH needs hinder long-term sustainability, underscoring the need for stronger financial accountability, advocacy and engagement with ministries of finance.

Building on the experience gained from previous phases and as recommended in the phase II evaluation, the Partnership introduced a new priority focused on moving from funding to enhancing sustainable financing through domestic resource mobilization. As a result, the Partnership's strategic framework includes SO3 aimed at securing sustainable financing and commitment from supported countries.

To this end, the Partnership launched a Domestic Financing Toolkit composed of three key mechanisms:

- The primary tool is the **Compact agreement**: a formal but non-legally binding agreement between UNFPA and the government (signed by ministries of health and finance) that outlines a country's commitment to co-financing their commodity needs, gradually building country ownership through a sustainable financing commitment over the long-term;
- The **Match Fund**: a financial incentive for the government to increase domestic financing; and
- The **RHBF**: another financing tool to support domestic contributions under the Compact.

The Compact requires governments to allocate an initial 1–10 per cent of domestic financing, with an annual increase of 1–10 per cent, towards the cost of programme-funded commodities and to re-sign Annex A (which provides detailed information on funding, commodity contributions and technical support from all) on an annual or multi-year basis, committing to domestic financing targets. With the Compact and its Annex A, the goal is to foster sustainable financing and gradually build country ownership over time.

Additionally, the Compact provides a standardized yet flexible framework for adapting to country contexts. Once signed by UNFPA and the country authorities, the Compact typically remains valid for three to five years with the possibility of a two-year extension. Annex A outlines the annual commitment to domestic financing. Countries can tailor the Compact to their unique circumstances to achieve programme objectives effectively, for example, by involving other stakeholders in the negotiation of the agreement. In multi-country settings (for example, Pacific Island Countries), a single Compact can cover multiple nations, with Annex A spanning a two-year operational period to simplify administrative processes. The funding cuts beginning in January 2025, along with the disbanding of USAID, have led the Partnership Management and Steering Committee to reassess the pace at which the Compact promotes domestic financing for commodities and to explore whether an accelerated transition is feasible.

By the end of 2024, 44 eligible countries signed the Compact with 40 signing Annex A. This represents a significant acceleration of progress since March 2024, when only 17 countries had signed.[149] The remaining 10 partner countries were not required to sign a Compact as they had either only recently joined the programme

149 UNFPA (2024). Domestic Financing: Key Trends, Results and Programme Updates.

(**Angola, Kyrgyzstan, Pakistan, Tajikistan, Cambodia** and **Comoros**)[150] or were exempt from signing a Compact due to humanitarian crisis situations (**Afghanistan, Haiti, Myanmar, Niger, South Sudan** and **Sudan**). To maximize the potential of the Compact, the Partnership collaborates with various organizations – including GHIs like the GFF[151] – **to align Compact commitments with GFF investment cases.**[152] The Compact is an instrument that can align development partner resources and leverage GFFs and World Bank financial instruments to help address critical financial gaps. Additionally, Avenir Health,[153] which serves as an independent data validation partner for all Match Fund applications, contributes to collecting reproductive health and family planning commodity expenditure data from UNFPA COs every quarter (36 countries in 2023) and supports the development of monthly reports from SCMU on completed and pipeline TPP orders.

4.5.1.2 Partnership achievements towards increasing and diversifying contributions

Domestic expenditure on contraceptives has increased fourfold during phase III. Since 2019, the number of countries sustaining or increasing their funding for contraceptive procurement has grown from eight to 14 in 2023, with overall domestic expenditure rising from $10.4 million in 2020 to $44.7 million in 2023.[154] However, domestic financing remains insufficient to meet national needs.

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150 The six new countries that were introduced to the Partnership in 2023 do not receive routine commodities and are therefore exempt from the programme's domestic financing requirements. UNFPA (2025). Strategy and Planning Sub-committee Meeting. Q1, 2025 Background document.

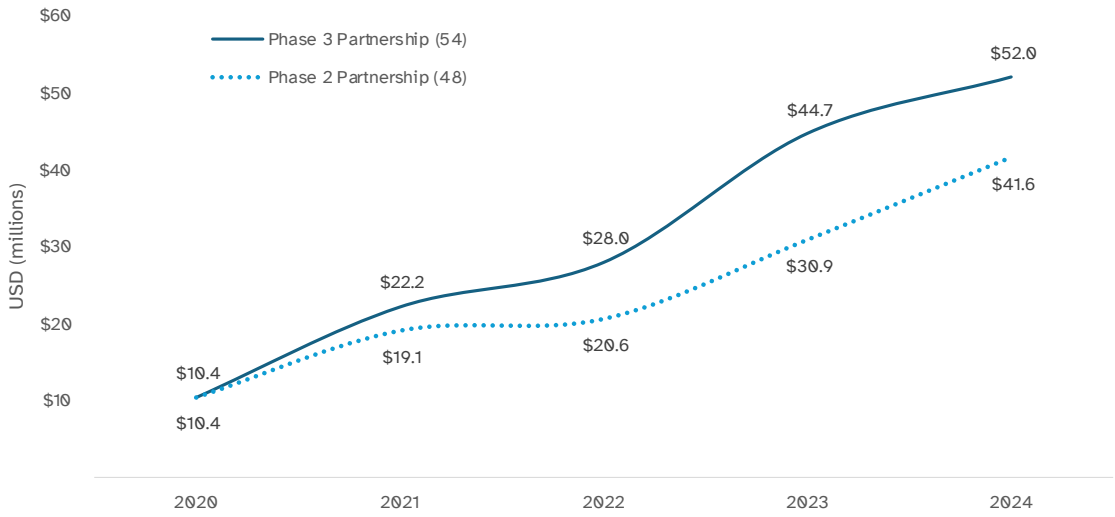
151 The Global Financing Facility (GFF) is a country-led partnership, hosted at the World Bank, that fights poverty and inequity by advancing the health and rights of women, children and adolescents. It does this by supporting countries to strengthen health systems and improve access to care through prioritized plans, aligned public and private financing, and policy reform.

152 Investment cases present arguments for investing in a particular health area of intervention. They offer a value for money analysis of a range of interventions to meet expected health results.

153 Avenir Health is an organization that specializes in modelling, planning and policy analysis for health programmes. It provides tools and expertise to support decision-making in health policy and resource allocation.

154 UNFPA (2024). Domestic Financing: key trends, results and programme updates.

Figure 17. Evolution of total domestic contraceptive expenditure across Partnership countries



Source: UNFPA (2024). UNFPA Supplies Slide deck – Steering Committee meeting October 2024. Domestic Financing: key trends, results and programme updates.

The significant increase in resource allocation contrasts sharply with the substantial funding gap remaining for SRH commodities. UNFPA's most recent estimate of the financing gap is at least $1.5 billion globally.[155] This figure reflects the shortfall needed to ensure adequate access to contraceptives and life-saving maternal health medicines for women and girls worldwide. The gap persists despite recent commitments and pledges from governments and philanthropies, highlighting the urgency of mobilizing additional resources to meet global needs. Moreover, while the Partnership promotes the implementation of NSPs that quantify and budget reproductive health supplies in each country, the amount that countries are spending barely covers 10 percent of the amount required to meet national needs.

Thirty-two out of 42 countries (76 per cent) met Compact requirements in 2023. Group 1 countries[156] had the highest non-compliance rate, equivalent to five of the 10 non-compliant countries. Among the compliant countries, 28 exceeded the minimum requirements. Of the 32 compliant countries, 25 purchased commodities through UNFPA, while seven used national procurement mechanisms.[157] For example, in **Zambia**, the Partnership played a pivotal role in supporting the country to increase financial contributions to family planning, raising its budget by over 40 per cent to ensure the availability of reproductive health commodities. Given Zambia's historical donor reliance and significant funding gaps, the Partnership provided financial and technical assistance to support the development of an integrated family planning

155 https://www.unfpa.org/press/governments-and-philanthropies-commit-approximately-us350-million-giving-urgent-boost-family.

156 Refer to the footnote associated with Table 6 for a definition of the groupings.

157 UNFPA (2024). Domestic Financing: key trends, results and programme updates

costed implementation plan (2021–2026), positioning family planning as a national development priority. Under its commitment to FP2030, the government pledged $12 million for family planning programming in 2023, with a planned 30 per cent annual increase.

By 2023, all 54 Partnership countries developed NSPs and procured contraceptives and life-saving maternal health medicines.[158] Notably, 57 per cent (31 countries) maintained or increased their domestic funding for supply plans compared to the previous year – up from 22 per cent (12 countries) in 2021. Furthermore, 40 per cent of countries explicitly integrated family planning in their essential health services.

The analysis of the countries´ trajectory by grouping shows that between 2021 and mid-2024, **37 per cent of Partnership countries (20 out of 54) achieved sustained investment in reproductive health commodities.** Among them, eight belonged to Groups 1 and 2 (typically the least developed countries), demonstrating notable progress towards financial sustainability. Particularly significant improvements were observed in the **Central African Republic**, which has consistently increased its financing since 2022, and **Madagascar**, which dramatically scaled up investments from $0.21 million in 2022 to $8.95 million in 2024.

The Partnership also supported the expansion of domestic financing through multi-year financial plans aligned with NSPs and Compacts. **As of 2023, 42 countries (78 per cent) had developed a multiyear financial sustainability plan for family planning,** up from 29 in 2022. Additionally, 39 per cent of the countries (21 out of 54) exhibited fluctuating investment trends, meaning they had allocated funds for reproductive health commodities at least twice since 2021, albeit with varying expenditure levels. Most of these countries belong to Groups 1 and 2, indicating promising potential for long-term financial sustainability.

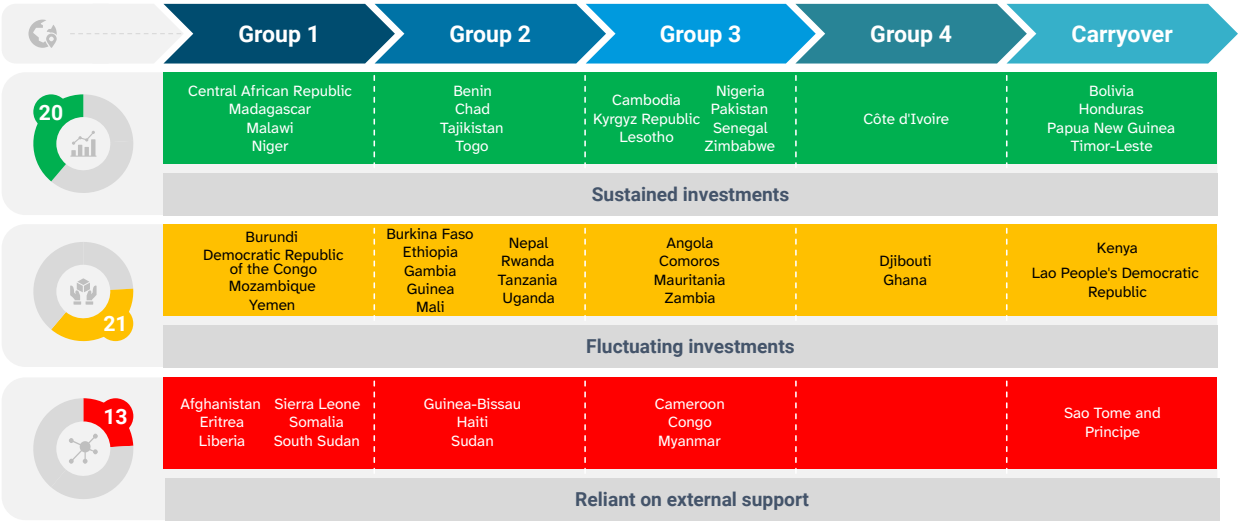
Conversely, since 2021, 13 countries[159] (24 per cent) have not made any domestic investments in SRH and family planning and remain entirely donor dependent. Five of these – **Afghanistan, Haiti, Myanmar, South Sudan** and **Sudan** – received Compact exemptions in 2024 due to humanitarian crises, allowing UNFPA to focus on immediate aid rather than domestic financing efforts. The remaining eight countries are targeted for engagement to establish budget lines for reproductive health commodities, with plans to revise contingency measures in 2025 to enhance incentives and advocacy for increased domestic financing.[160]

158 UNFPA (2023). Results monitoring KPIs Q4.

159 Afghanistan, Cameroon, Congo, Eritrea, Guinea-Bissau, Haiti, Liberia, Myanmar, Sao Tome and Principe, Sierra Leone, Somalia, South Sudan and Sudan.

160 UNFPA (2024). Domestic Financing: key trends, results and programme updates.

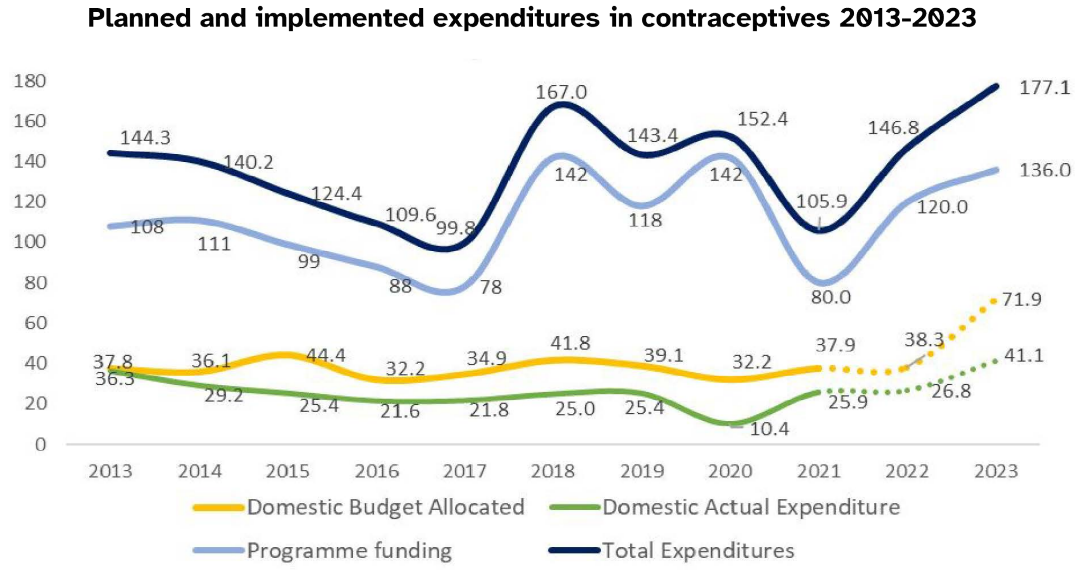
Figure 18. Country trajectory by grouping



Public response to SRH needs	Accelerating	Not accelerating
Advanced	Honduras, Rwanda, Zambia, Zimbabwe	Bolivia, Lao People's Democratic Republic, Sao Tome and Principe
Not yet	Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Guinea-Bissau, Lesotho, Ethiopia, Madagascar, Malawi, Mali, Niger, Nigeria,Timor Leste, Togo	Congo, Djibouti, Eritrea, Gambia, Liberia, Mauritania, Mozambique, Senegal, Sierra Leone, Somalia, Tanzania, Uganda, Yemen

Source: UNFPA (2024). Steering Committee meeting Q4 2024. Day 1 presentation.

Figure 19. Did phase III contribute to mobilizing domestic resources for reproductive health supplies?



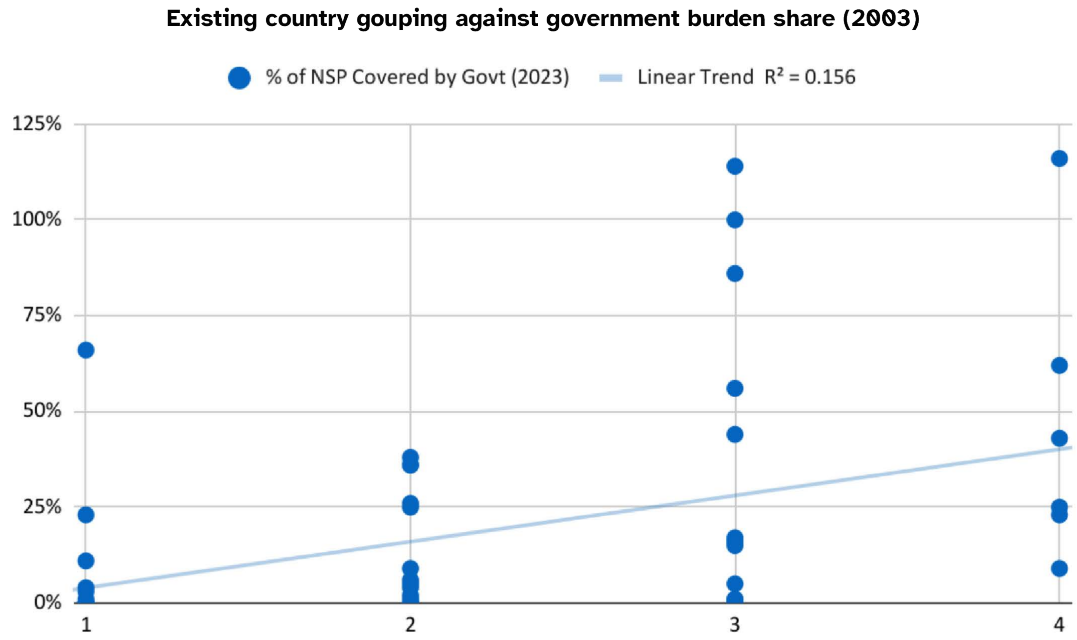
Source: UNFPA (2024). Steering Committee meeting Q2 2024. Day 2 presentation.

Domestic budget allocations under the Partnership doubled from 2022, with **2023 recording the highest domestic expenditure** (four times the 2020 levels). This increase occurred **despite a reduction in overall programme funding compared to previous phases**, underscored by 82 per cent of the survey respondents affirming the Partnership's role in boosting domestic financing. **While UNFPA staff identify advocacy for policy development and reform as the most relevant initiative, governments emphasize the importance of technical support, institutional capacity building and partnerships.**

The Partnership assesses country sustainability pathways using two main indicators:

1. the extent to which a country has advanced in its public responses to SRH needs;[161]
2. the extent to which a country is making progress towards achieving sustainability.[162]

Figure 20. Country grouping against government burden share



Source: Evaluation team.

An analysis of these pathways as of June 2023 highlights some relevant findings (see figure 18). Notably, **Zambia** and **Rwanda**, despite experiencing fluctuating investments, are among the most advanced in sustainability. In contrast, Group 4 and carryover countries, such as **Bolivia**, have maintained investments but have not accelerated

161 A country is advanced in its public responses when: the modern contraceptive prevalence rate (mCPR) is equal to, or higher than, 30 per cent; LARCs are included in the contraceptive basket; and the SRAT score is three or higher.

162 A country is accelerating in the pathway to reaching sustainability when the Compact commitments are over the minimum required, the country has increased budget allocations at least since 2021 and the goals defined in the Compact show consistency with the Annex A commitments and with the budget implementation.

towards sustainability. Similarly, **Côte d'Ivoire** (Group 4) and **Timor-Leste** (carryover country) have yet to make substantial progress in strengthening public responses to SRH needs. On the other hand, and as shown in figure 20, countries in the higher groups are generally covering a higher proportion of the NSP. Despite this, progress remains highly uneven within groups, and simply being in a higher group does not determine a positive trend. This analysis underscores that DRM performance hinges not just on fiscal capacity, but also on a range of other factors, including political commitment.

4.5.1.3 Challenges in addressing financial sustainability

Despite some positive trends in domestic commitments, significant disparities exist across countries. While some countries, such as **Bolivia** and **Ghana**, have increased domestic spending, **25 per cent (13 out of 54) continue to allocate no funds to SRH and family planning, and 39 per cent (21 out of 54) exhibit fluctuating expenditures.** In 2023, only six countries – **Bolivia, Burundi, Cambodia, Ghana, Honduras** and **Lesotho** – covered at least 50 per cent of the NSP estimated costs for contraceptives through domestic funding.[163] Only four countries (**Honduras, Rwanda, Zambia** and **Zimbabwe**) are making progress towards financial sustainability while enhancing their public responses to SRH needs (see figure 18).

While the Partnership has made strides in advancing national financing and budgeting processes, ongoing systemic socio-economic barriers and implementation challenges continue to hinder progress. These issues stem from external factors rather than flaws in the Partnership's design:

- **Structural barriers:** Political instability, economic constraints, and fiscal reallocation to competing priorities (for example, **Kenya**). Even when governments pledge funds, disbursement and effective utilization remain inconsistent (for example, **Kenya** and **Cameroon**).
- **Capacity gaps:** Limited expertise among UNFPA staff at country level and national partners in public financial management. The evolving focus on financing and sustainability requires country-level UNFPA staff to engage in advocacy, budget monitoring and policy dialogues. This includes supporting FP2030 commitments, tracking public expenditures and monitoring budget processes and cycles, convening stakeholders for evidence-based policy dialogue, promoting innovative financing mechanisms (for example, **Kenya**'s Impact Bond for Youth and **Guatemala**'s Law of Healthy Motherhood) and strengthening financial protection measures (for example, trust funds and earmarked funding). These gaps hinder the effectiveness of Partnership efforts as evidenced in case studies such as **Honduras**.
- **Weak HSS applications:** Sustainable financing remains the weakest component of HSS applications as reviewed by HQ. Applications are often limited in scale, scope and duration (typically one year) as this quote from a key informant interview with UNFPA confirms:

163 UNFPA (2024). UNFPA Supplies. Domestic financing: key trends, results and programme updates.

Each year, when reviewing HSS applications, sustainable financing is consistently identified as the weakest link compared to areas like supply chain strengthening and expanding method choice, where there is significantly more expertise and capacity. […] We receive very few applications for HSS in sustainable financing, likely because it's a relatively new area for many of our COs, who are not yet familiar with domestic financing.[164]

In addition, compared to supply chain strengthening and method-mix expansion (where greater expertise exists at country level), sustainable financing aspects lack depth. Of the total HSS funding ($18.7 million in 2024), 42 per cent is allocated to expanding method mix and choice, 34 per cent to strengthening supply chain management, 13 per cent to strengthening health financing, and 11 per cent to data and evidence generation.[165]

- **Limited financial data:** Incomplete and outdated national financial data on SRHR services – such as current fiscal year budget plans, spending on recurrent and capital items, regional spending breakdowns and budget execution rates – hinders informed decision-making, partner capacity building and effective monitoring of Compact commitments although it is recognized as a structural problem outside of the manageable capacity of the Partnership.

4.5.1.4 Challenges linked to the Compact

By the end of 2024, ten countries[166] had defaulted on one or both Compact[167] requirements. Additional analysis conducted as part of this evaluation examined the role of Compact signatories (MoH, MoF or both) in influencing financial commitments and sustainability pathways (see Volume 3, Annex 5). In 11 cases, only the MoH had signed the Compact, while the MoF had omitted to do so.[168] While the direct impact of this omission is unclear, a trend emerges among those countries where the MoH was the only signatory: 80 per cent of these countries experienced financial instability or dependence on external aid, 55 per cent showed no progress towards sustainability, while 72 per cent lacked strong public sector responses to SRH needs. **These results emphasize the importance of securing both MoH and MoF signatures to align policy and financing, ease implementation hurdles and ensure sustained government commitment.**

The annual re-signing of Annex A also poses challenges due to misaligned budget cycles between UNFPA and governments, as well as the requirements for both MoH and MoF to sign (in cases where the original Compact agreement was signed by both

164 KII with UNFPA, HQ. October 2024.

165 UNFPA (2024). UNFPA Supplies Strategy & Planning Committee Q1 2024 meeting.

166 Cameroon, DRC, Eritrea, Ethiopia, Guinea-Bissau, Liberia, Sierra Leone, Somalia, Congo, Mali, Sao Tome and Principe.

167 The Compact is a non-binding agreement rather than an enforceable contract raising concerns about its effectiveness in securing commitments. Nevertheless, the signature of the MoF is considered, by senior management, as essential as it adds an additional layer of government accountability.

168 Benin, Bolivia, Cameroon, Liberia, Mali, Mauritania, Mozambique, Nepal, Rwanda, Uganda and Yemen.

entities). UNFPA's calendar-year budget contrasts with many partner countries' fiscal years (for example, **Kenya**'s July – June cycle), creating end-of-cycle time pressures and therefore rushed processes. In **Kenya**, the MoH officials must advocate heavily during budget planning, adding administrative burden and limiting strategic alignment. As a result, UNFPA has been encouraging countries to sign multi-year Annex A agreements, and a growing number of countries are now transitioning towards this model.

A further challenge is the limited availability of contingency measures for countries facing structural barriers. In 2024, the Steering Committee introduced new contingency measures to address these challenges:

- **Group 4 and carryover countries** in default as of 30 June would not receive additional commodities in the second tranche.
- **Groups 1 to 3** would be limited to country ceilings for allocations.
- **Countries meeting Compact requirements** would gain access to the Match Fund, reinforcing the incentives for domestic financing.

According to 2025 data, these contingency measures have supported increased government spending on contraceptives in 32 countries meeting Compact obligations. However, in 10 non-compliant countries, the impact on the commodity gap remains mixed.

The Compact's effectiveness is also limited by weak external stakeholder engagement: "One of the challenges we face is transforming Compacts into a genuine multi-stakeholder process".[169] While some countries (for example, Ethiopia) have developed multi-stakeholder agreements, broader involvement from donors, civil society, and other reproductive health and family planning partners remain limited. Additionally, some CSO representatives claimed that when countries face penalties resulting in reduced or blocked supplies to the country, CSOs, who rely on UNFPA for commodities, are disproportionately affected due to their exclusion from the Compact framework, despite their critical role in SRH service delivery.

4.5.2 Co-financing innovations: Match Fund

Piloting and institutionalization of the Match Fund: Introduced in 2022, the Match Fund is an innovative financing tool designed to incentivize domestic investment in SRH commodities by matching country contributions, which can effectively double the resources available to a country for purchasing contraceptives. To qualify for the Match Fund, governments have to comply with Compact requirements. The Match Fund pilot faced challenges due to its overly complex design, characterized by differentiated matching ratios and varying ceilings, which hindered effective communication with partners managing multiple co-financing initiatives. To address this, in 2024, and based on successful country uptake, the Match Fund became a permanent feature with a $2

169 KII with UNFPA HQ. October 2024.

million budget ceiling per country and a standardized 2:1 matching ratio. However, while the Match Fund is a valuable tool in increasing domestic financing, its impact varies by country, as described in section 4.5.2.1.

4.5.2.1 The Match Fund: incentivizing government investment in reproductive health commodities

Finding 14: The Match Fund has, in most cases, successfully incentivized domestic investments in reproductive health commodities. As expected, its impact varies across countries, with limited effectiveness in some contexts where governments already prioritize commodity procurement or face substantial funding gaps. Its impact is further constrained by its narrow focus on funding family planning commodities and certain maternal health medicines.

To implement the Match Fund effectively, the Partnership developed and provided UNFPA COs with tailored guidance along with training and communications tools for their orientation meetings with governments and partners. This communication and capacity-building approach has been scaled up since its introduction in 2022, supporting internal capacity-building in health financing coupled with advocacy efforts to influence policy decisions towards sustainable financial commitments.

From 2022–2024, 23 Partnership countries were awarded Match Funds, securing a total of $31.6 million, with an additional $20.4 million in leveraged domestic resources.[170] Seventeen of the countries used the funding exclusively for contraceptives procurement, while six[171] expanded it to include maternal health commodities. Across all cases domestic expenditure on quality-assured reproductive health commodities increased compared to the previous year, reflecting an important indicator of success.[172]

There is a widespread positive perception of, and satisfaction with, the Match Fund's role in supporting the Partnership's sustainability and resource-mobilization efforts.[173] Donors, partners and UNFPA staff emphasize the importance of this tool in complementing and reinforcing the commitments outlined in the Compact. **The Match Fund is acknowledged for its versatility and capacity to adapt to the diverse fiscal environments found in partner countries. However, the fund´s effectiveness varies across countries.** In some nations, it successfully encourages governments to boost their funding for reproductive health commodities or unlock existing commitments. This was confirmed in a key informant interview with a CO in reference to Pakistan:

170 UNFPA (2024). Supplies Partnership Steering Committee meeting Q4.

171 Chad, DRC, Malawi, Niger, Papua New Guinea and Timor-Leste.

172 UNFPA (2023). UNFPA Supplies Match Fund Review – September 2023.

173 Survey respondents report 66 per cent agreement that the Match Fund has been useful. There is a significant discrepancy between UNFPA and government counterparts regarding what is considered "not applicable". For the match funds, 17 per cent of UNFPA respondents indicated "not applicable," while the corresponding government response was zero. Additionally, there is a notable difference in cases where respondents did not know the answer: UNFPA reported 8 per cent for match funds, whereas the government responses were 26 per cent.

> *The Match Fund plays a catalytic role to improve the efficiency and allocation of the resources. This will give a healthy competition among entities at the provincial level: if a province is going to sustain or enhance the expansion for the procurement of contraceptives, then it will be eligible to get additional support from UNFPA under the global Supplies Partnership. Through the mechanism of the Match Fund, we saw enhanced expansion by the provincial governments, so now there is more allocation of resources under the provincial government (public sector) for the procurement of contraceptives.*[174]

However, its impact is negligible in other cases due to alternative funding solutions (for example, other donors not having such requirements, government constraints including inability to meet co-funding commitments) or pre-existing budget allocations. **In low-resource settings, particularly in countries classified under Groups 1 and 2, the Match Fund is generally perceived as an incentive and varies in its effectiveness and influence.** For example, **Madagascar** has committed robustly to scaling up domestic funding for reproductive health, leading to significant annual increases in expenditure. Eligible for $2 million from the Match Fund, the government has made contributions reaching $10 million. The Minister of Health in Madagascar has attended two high-level UNFPA events (the 2022 Ministerial Roundtable on Sustainable Financing and a UNGA side event in 2023) and publicly highlighted the important role played by the Compact and Match Fund in supporting DRM efforts in the country.

The main challenges associated with the Match Fund are:

- **The effectiveness of the Match Fund appears to decrease as countries advance up the classification scale, particularly in Group 4 and carryover countries** where governments already exhibit strong commitments to commodity procurement and do not need additional incentives or rewards. In fact, such a reward could undermine this commitment or lead to overstocking, especially in countries funding at least half of their NSP (currently only six), making the risk of overstocking and perverse incentives relatively limited. This is why COs may opt not to actively promote the Match Fund in some countries, as seen in **Honduras**. Nevertheless, even in these instances, the fund plays a crucial role in reinforcing government commitment to transparency and accountability, expanding evidence on domestic financing and improving QA verification processes. In countries where funding gaps can be substantial, often exceeding tens of millions of dollars in cases such as **Ethiopia**, **Kenya**, and the **DRC**, the Match Fund is typically integrated into Compact discussions from the outset. Yet while it can provide additional support, the Match Fund is unlikely to bridge such significant financial gaps on its own. Nonetheless, once the Compact is advanced and no longer represents an incentive for the government, the Match Fund could play a critical role to address coverage extension.
- **Adapting and modifying funding schemes to meet identified gaps.** In April 2024, the Partnership Steering Committee endorsed expanding the list of products

174 KII with CO – in reference to Pakistan. October 2024.

eligible for Match Fund financing from nine to 14[175] with plans for five additional products,[176] thereby broadening the potential for impact while ensuring contraceptive funding is not diverted.

- **Limited contingency measures to track the actual use of commodities purchased by the government.** Governments are required to provide proof of expenditures on Compact-agreed commodities to qualify for match funds. However, UNFPA lacks mechanisms to track government-procured commodity management or use after procurement. Senior management has raised concerns about accountability, particularly since these commodities are part of the requirements for accessing the Match Fund. Without a systematic process to verify that funded items are being used as intended, there is a risk of misallocation and reduced confidence in resource use.

4.5.2.2 Revitalizing the Bridge Fund: enhancing procurement efficiency and timeliness

Finding 15: Despite its success in improving procurement efficiency and cost savings, the RHBF was discontinued in 2024 due to oversight, limited awareness, and funding challenges and gaps. To address this, the Partnership will launch the UNFPA Supplies Third-Party Procurement Bridge Fund (USP TPP BF) in 2025, with structured conditions[177] to support government procurement of reproductive health commodities. While seen as promising, stakeholders highlight concerns around prioritization, funding security and operational readiness, underscoring the need for strong planning and advocacy.

The Bridge Fund was initially introduced during phase II to address stockouts caused by misalignments between donor funding disbursements and procurement cycles. Building on this experience, a revised version was developed in phase III to provide pre-financing support – the RHBF. Although not a sustainability financing tool, the RHBF was designed to improve procurement operations by functioning as a UNFPA-managed credit facility. It allowed eligible governments to delay payment for reproductive health commodities until the goods were delivered. Governments were required to apply for RHBF support prior to placing TPP orders.

175 Oxytocin, Misoprostol, Heat-stable carbetocin (HSC), Tranexamic acid (TXA), Magnesium Sulphate, Calcium Gluconate, Mifepristone, Mife-Miso combi pack and Manual Vacuum Aspirator (MVA).

176 Ergometrin, Calibrated drape, non-pneumatic anti-shock garment (NASG), Uterine Balloon Tamponade (UBT) and Vacuum extractor (VE).

177 Conditions include: two per cent incentive fee for using the Bridge Fund to go to the Partnership; the USP TPP BF will be available for governments, not for NGOs or CSOs, and will include the following conditions: only supplies countries can access the credit; only to be used for RH commodities and life-saving medicines; two per cent incentive fee for using the Bridge Fund to go to the Supplies programme; in case of a default on payment, the UNFPA Supplies Partnership may deduct part or all of the payment from the country's commodity allocation.

The Partnership, on an exceptional basis, decided to advance funds and launched a pilot initiative for the RHBF in several countries showing considerable results. **Namibia** achieved 12 per cent in savings (over $130,000), enabling an additional 23,500 women to access low-dose oral contraceptives for a year. **Lesotho** realized savings of 22 per cent (over $52,000), benefiting approximately 9,100 additional women. **Honduras** used over $1 million to enhance maternal health services through supplies acquired by the MoH from 2021 to 2022. However, after the 2021 elections in Honduras, the CO faced difficulties in securing the new government's commitment to previous agreements, requiring legal action to secure delayed payments. Despite these challenges, the Bridge Fund showed potential in reducing procurement times and generating savings in Honduras and other countries.[178]

Challenges and suspension of the RHBF: Despite promising outcomes, the RHBF was not sustained as a permanent financing tool. Key barriers included:

- **Lack of oversight and dedicated personnel:** No designated manager at HQ was responsible for application review, funding verification or fund utilization tracking.
- **Limited accessibility:** Several countries, including Honduras, expressed interest in applying but were denied due to resource constraints.
- **Funding shortages:** The RHBF became non-operational due to insufficient financial backing.

Road to revitalization (2023–2025): Recognizing the importance of bridge funds for procurement efficiency, the Steering Committee approved a $10 million allocation to the USP TPP BF – a separate entity from the RHBF – expected to become operational in early 2025.[179] The USP TPP BF offers two key advantages. First, it addresses legal barriers that some countries face when making advance payments for procurement through UNFPA – similar to how WHO's strategic and revolving fund overcomes this issue for vaccines and medicines. Second, as a cooperation modality, it provides greater empowerment to countries compared to Co-Financing Agreements (CFA). While, under CFA, UNFPA is responsible for forecasting, managing purchase orders and handling customs procedures, under TPP these responsibilities are transferred to the government, enhancing national ownership and control over commodity acquisition.

While the USP TPP BF has strong potential, key questions remain regarding its prioritization, funding security and operational readiness. It is unclear whether a comprehensive action plan, adequate staffing and monitoring mechanisms are in place to ensure effective rollout. In addition, the survey indicated that 65 per cent of respondents (68 per cent from UNFPA and 60 per cent from government) view the fund as likely to be useful.[180] However, 27 per cent of UNFPA and 31 per cent of government

178 Results reported in UNFPA (n.d.) Bridge Financing Mechanism for Domestic Resource Mobilization – The Reproductive Health Bridge Fund.

179 UNFPA (2024). UNFPA Supplies Partnership Finance and Risk Committee Meeting. Q4 2024 meeting.

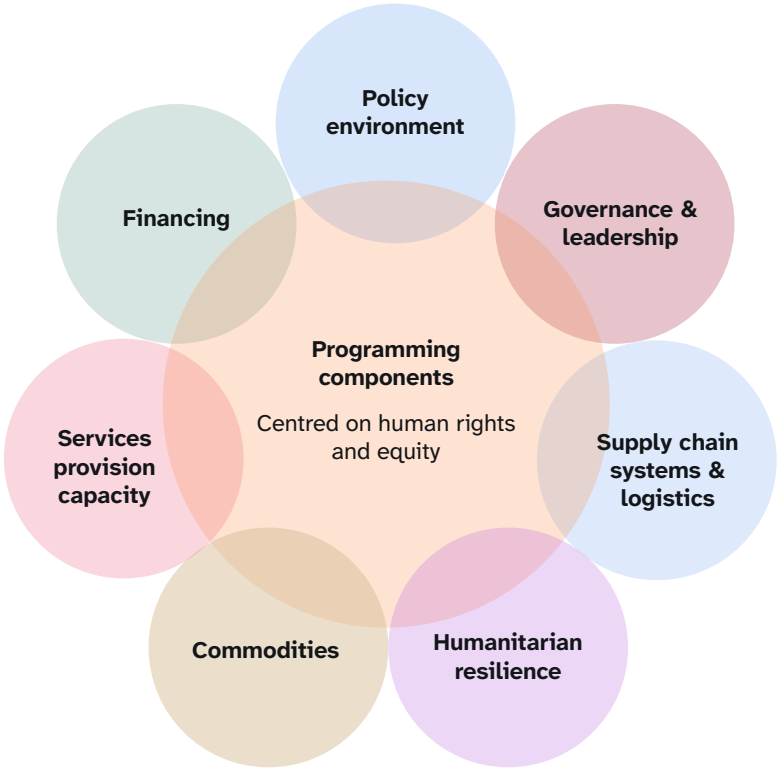
180 Mid-term evaluation survey question: Do you agree that the Bridge Fund (expected to be operational in 2025) will be useful?

respondents were either unaware of the initiative or sceptical about its applicability, reflecting the need for enhanced communication and advocacy efforts.

4.5.3 Strengthening sustainability through strategic assessment and incentives

The Partnership Sustainability Framework, an umbrella framework that cuts across the main programmatic elements of which the Financial Sustainability Framework is a sub-component, provides a strategic approach to ensuring long-term sustainability of SRH and family planning services. Recognizing the multifaceted nature of sustainability, the framework consists of seven interconnected components that guide countries. To support implementation of the sustainability framework, the Partnership introduced the SRAT.

Figure 21. The seven components of UNFPA Supplies Partnership Financial Sustainability Framework



Source: UNFPA (n.d.) UNFPA Supplies Partnership Sustainability framework.

4.5.3.1 The SRAT tool: planning, prioritization and accountability in action

Finding 16: The SRAT is widely used to identify gaps in national family planning programmes, align priorities with HSS applications and guide sustainability planning. While effective in facilitating stakeholder discussions and targeted interventions, challenges include limited adaptability to country-specific contexts, reliance on self-reported data, excessive assessment frequency and gaps in addressing upstream financial barriers.

The SRAT helps countries identify critical gaps in their national family planning programmes, inform programme design and introduce accountability mechanisms. It is an Excel-based questionnaire completed by UNFPA COs in collaboration with in-country stakeholders and includes questions to measure levels of sustainability across the six programmatic components. In addition, and as described in section 4.1, the SRAT results are used as one of the three indicators in measuring a country's progress towards sustainability and its public response to SRH needs. A country meets the requirements when its SRAT score is at or above the median.

The SRAT functions as both an analytical and benchmarking tool: it highlights gaps and limitations in national family planning programmes while providing a composite score to measure sustainability progress. The self-assessment is conducted annually by UNFPA CO staff together with the MoH and representatives from CSOs. Each element on a scale is rated from 0 to 5, producing an overall and category-specific sustainability score. Once the assessment is complete, in-country teams prioritize three key areas for intervention, set milestones and integrate these priorities into HSS applications and annual work plans. A further purpose of the SRAT process is to gather all partners annually to assess what has been achieved and decide collectively on the priorities for the coming year and who will do what.

As of 2024, 93 per cent of Partnership countries implemented the SRAT. In 80 per cent of cases, the priorities identified were reflected in subsequent HSS applications. In the remaining cases, COs selected alternative priorities based on broader context analysis.

Survey results indicate that 82 per cent of UNFPA respondents find the SRAT effective in identifying gaps and bottlenecks.[181] The tool is valued for its ability to support planning, facilitate stakeholder discussions and develop targeted interventions. However, challenges include:

- **Limited adaptability to country-specific contexts:** The SRAT tool is designed to encompass the pathway towards sustainability for a wide range of countries. While these efforts are essential to ensure comparability and standardization, in some instances, the tool fails to reflect the realities of specific contexts. For example,

181 Mid-term evaluation survey question: Do you agree that the Sustainability Readiness Assessment Tool (SRAT) is efficient and is useful for identifying gaps and bottlenecks?

certain issues – such as **Nigeria**'s co-financing agreements or commodity provider capacity constraints – were highlighted as important but are not well reflected in the tool.

- **Need for improved feedback integration:** Stakeholders emphasize the importance of incorporating country-specific insights to refine future assessments. This refers primarily to providing opportunities for stakeholders to give feedback to shape and improve the SRAT's relevance across different contexts.
- **Annual assessment burden:** The frequency of assessments is viewed as excessive, given that substantial changes do not occur within a single year. While completing the SRAT survey is expected to take one day, some stakeholders raised concerns about the actual time (longer than one day) required to complete the annual assessment.
- **Reliance on self-reported data:** The subjective nature of the assessment poses risks in terms of data reliability and comparability.

The SRAT has been instrumental in guiding sustainability planning across multiple countries as seen in the table below.

Table 11. SRAT scores and identified gaps and priorities

Country	SRAT score (Year)	Strongest area(s)	Weakest area(s)	Key gaps and priorities identified
Honduras	2.96 (2023)	Finance and commodities (3.8)	Humanitarian (1.5)	Lack of crisis preparedness, weak RHCS committee, cultural barriers, limited supply chain capacity in emergencies.
Kenya	3.33 (2022)	Service provision capacity (4.17)	Humanitarian (2.0)	Fiscal constraints, unaligned donor and government systems, limited SR and family planning funding sustainability.
Cameroon	N/A (2022–2023)	Progress on 5 of 7 components	Remaining 2 components unspecified	Funding gaps, limited community involvement; advocacy-driven improvements noted.
DRC	N/A (2024)	Resource mobilization potential	Systemic barriers	Poor infrastructure, HR shortages, data issues; potential to engage mining sector for SRH and family planning financing.

Country	SRAT score (Year)	Strongest area(s)	Weakest area(s)	Key gaps and priorities identified
Pakistan	3.30 (2024)	Humanitarian (3.25)	Policy environment (2.86)	Weak policy framework; opportunity for advocacy via Match Fund to support Compact agreement.
Yemen	3.06 (2021)	Humanitarian and service provision (4.0)	Policy and finance (2.0), governance (2.6)	Weak governance and policy environment; strong service provision in crisis contexts.

4.6 Role and added value of the Partnership in the SRH sector

UNFPA's advocacy efforts have supported domestic resource mobilization, policy influencing and integration of SRH into UHC, with advocacy and evidence generation comprising 65 per cent of HSS activities in 2024. These efforts have led to Compact signings, national budget allocations and greater political commitment. However, advocacy remains fragmented due to the lack of a global advocacy strategy, limited CO capacity and no unified system to monitor impact. Nearly 40 per cent of offices report staffing and technical gaps, further limiting the effectiveness of advocacy and health financing work. Financial sustainability is increasingly challenged by declining donor contributions, from over $220 million in 2021 to a projected $72 million in 2025, amid global funding pressures, especially following the dismantling of USAID. While commodity procurement utilization has improved, HSS and MAV fund use has declined, with MAV seen as insufficient for ensuring strong accountability. With respect to strategic alignment, although SO1 and SO2 are well aligned, integration with SO3 (sustainability) is weaker. SO4 supports overall efficiency but requires clearer coordination across strategic objectives to maximize impact.

This section addresses evaluation assumptions 4.2, 5.3, 5.4 and 5.5. It presents five key findings.

4.6.1 Adequacy of the existing financial resources for the implementation of the programme

4.6.1.1 Donor contributions: trends, risks and gaps

Finding 17: Despite donor diversification, the Partnership faces a challenging funding environment, with slight declines in contributions during phase III and major risks from geopolitical instability, economic slowdowns and cuts from key donors like USAID. While new support from the EU and Gates Foundation offers hope for resilience, these gains may not fully counterbalance the broader financial threats.

Over the past 10 years, the number of donors supporting UNFPA supplies efforts has increased dramatically, from five to 26, strengthening financial stability. However, **donor contributions have slightly declined in phase III**. While funding remained stable from 2015 to 2020 (except during the COVID-19 crisis in 2020), contributions dropped from over $220 million at the start of phase III to $181 million in 2024, with an expected contribution of $171 million for 2025. The 2025 figure may change, due to the impacts of the USAID Stop-Work order issued in January 2025 (affecting 48 grants totalling approximately $377 million, which were designed for essential SRH services in crisis-affected countries) and the subsequent global funding cuts for development and emergency aid.

In July 2024, representatives from UNFPA, the European Commission (EC), the European Investment Bank (EIB) and the Gates Foundation discussed financing strategies to address funding gaps for SRH commodities in low- and middle-income countries. The EIB and the Gates Foundation proposed a financial solution modelled on the Bridging Financing Mechanism used during the UNFPA Supplies Partnership 2018–2021, but distinct from the USP TPP BF. This new proposal is exclusive to the Partnership and aims to provide a financial guarantee based on signed donor agreements. The guarantee would enable the Partnership to enter into multi-year procurement contracts and purchase commodities as needed throughout the year, regardless of when donor funds are received. It could also reduce reliance on the current $70 million financial reserve held by the Partnership.

Geopolitical conflicts, including the wars in Ukraine and Gaza, and global economic uncertainty have heightened funding risks. To mitigate potential disruptions, the Steering Committee approved a $70 million reserve fund to stabilize budget allocations over the next two to three years.[182] Despite these efforts, the Partnership faces a funding gap of $266 million for 2024–2026 and $755 million for 2027–2030.[183] The Finance and Risk Sub-Committee recommended increasing the contribution pipeline by 5–20 per cent by 2027 to meet budgetary needs.

182 UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023.

183 UNFPA (2024). UNFPA Supplies Partnership Steering Committee meeting Q3 2024 Presentation.

Government representatives from Partnership countries have expressed concerns about the complexity of multiple funding streams – including those from the Gates Foundation, CIFF, USAID, UNFPA and bilateral donors – which operate in parallel and lack coordination. To address this, the Strategy and Planning Sub-committee (SPC) is exploring opportunities to align the Partnership's incentive model with GFF processes, emphasizing the need for more frequent reviews of country segmentations and a detailed, country-specific analysis to enhance collaboration and effectiveness.[184]

The percentage of the annual programme budget met through resource mobilization, including in-kind contributions, is the primary measurement used by the Partnership to track the success of its resource mobilization efforts. This metric represents the total monetized value of contributions available for implementing the programme as a percentage of the annual programme budget. While the Partnership met its targets in 2021 and 2022, this indicator fell significantly short in 2023. Specifically, while 93 per cent of the annual programme budget was supposed to be achieved through resource mobilization, only 63 per cent of the total was realized.

4.6.1.2 Monitoring, accountability and visibility funding: relevance

Finding 18: Despite improved utilization of funding for commodities, the use of funds allocated to MAV has declined. This is primarily due to the incomplete implementation of UNFPA's new human resource structure and the availability of alternative funding sources to cover monitoring and evaluation activities. Nonetheless, both UNFPA staff and donors have expressed concern that underutilization of MAV funds may pose risks to oversight, transparency and accountability – potentially undermining efforts to secure future funding.

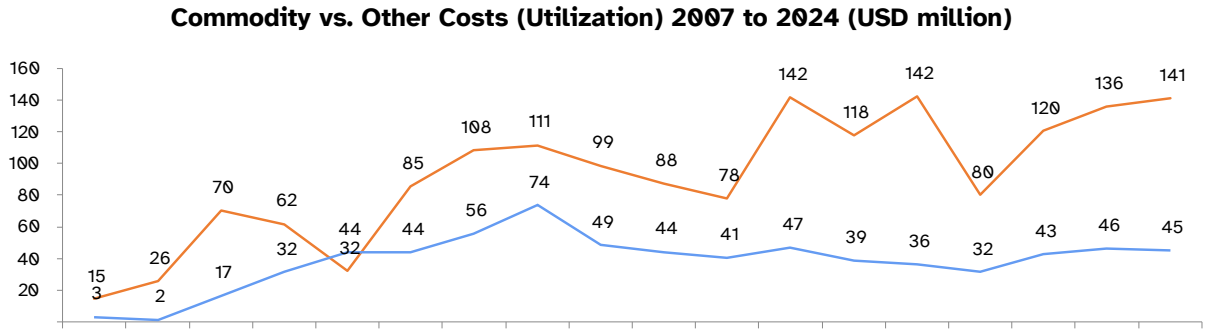
MAV is managed through the Steering Committee, which approves annual budgets, and the Finance and Risk Sub-Committee, which monitors expenditure quarterly using systems like the Quantum platform. Trends indicate that an increasing share of funds has been allocated to commodity procurement, rising from 72 per cent in 2021 to 81 per cent in 2023, while HSS and MAV allocations have remained stagnant or declined.

MAV expenditures have shown an evolving trend over time: in 2021, MAV accounted for 7.3 per cent of the total budget with 100 per cent utilization; in 2022, this fell slightly to 6.7 per cent, again with full utilization. In 2023, the share rose to 9 per cent, but utilization dropped to 85 per cent. By 2024, MAV remained at 9 per cent, with utilization improving to 91 per cent. The Finance and Risk Sub-Committee attributes these trends to two factors: first, the incomplete implementation of the new UNFPA human resource

184 UNFPA (2024). Supplies Partnership Steering Committee report, Q4 2024.

structure; and second, the availability of additional funding to cover many monitoring and evaluation expenses rather than using the original programme budget.[185]

Figure 22. Utilization of commodity costs versus other costs



Source: UNFPA (2024) Finance and Risk Sub-Committee presentation Q4 2024.

Despite these challenges, 77 per cent of survey respondents believe that the current MAV allocation sufficiently supports the Partnership to meet its goals. However, some UNFPA respondents consider the 10 per cent MAV allocation inadequate, warning that underfunding MAV could undermine oversight, transparency and accountability. Donors have also raised concern about additional overhead costs and lack of transparency in MAV expenditures, complicating efforts to advocate for increased contributions.

4.6.2 Human resources across levels: capacity, coverage and constraints

Finding 19: Staffing capacity across the Partnership remains a key challenge, with critical gaps in sustainable financing and advocacy expertise, particularly at country level where many offices rely on a single staff member or temporary hires. While targeted capacity-building efforts have been introduced, further investment is needed to strengthen technical expertise and ensure effective implementation of phase III priorities.

Technical capacity of staff: Strengthening staff capacity, particularly in sustainable financing and advocacy, is critical for achieving the Partnership's objectives. While progress has been made in staffing coverage, gaps in technical expertise and resource availability continue to hinder effective programme implementation.

185 This last idea is reflected in the UNFPA (2024) Finance and Risk Sub-Committee Presentation Q1-2024. Avenir Health's support for monitoring and evaluation (M&E) activities was enabled by an in-kind contribution from the Bill & Melinda Gates Foundation (BMGF). This funding allowed certain originally budgeted expenses – such as expenditure tracking, verification and M&E reviews –to be avoided. Concurrently, capacity-building initiatives like advocacy support for UNFPA country offices, expenditure tracking systems and policy dialogue were incorporated into the UNFPA Supplies Capacity Building Plan and funded through alternative financial channels, aligning with broader strategic priorities while optimizing resource use.

The 2022 human resources skills and competencies assessment done at the organizational level recommended strengthening capacities in family planning policy dialogue and advocacy, health financing and contraceptive method mix and choice.[186] The evaluation of the UNFPA Strategic Plan 2022–2025 also emphasized the shift from funding to financing and the need for strategic guidance and capacity-building efforts, many of which are either underdeveloped or only recently introduced.[187]

Overall, partners in the country case studies (including government counterparts, implementing partners and other relevant stakeholders working in the SRH field) highlight the dedication and competence of UNFPA staff, yet indicate limitations in financial sustainability expertise and advocacy: "there is an acknowledged gap in expertise and capacity around sustainable financing".[188] Most COs have a dedicated supply chain management officer but lack staff with expertise in financing – an area critical to advancing sustainable financing initiatives (SO3). Previously, a global financing specialist role supported these efforts, but the position no longer exists, limiting the programme's ability to drive progress in this area. Annual reviews of HSS applications consistently identify sustainable financing as the weakest component compared to supply chain strengthening or method mix expansion, for which there exists well-established expertise.

To address these capacity needs, the Partnership introduced several initiatives in phase III, including advocacy-related training and other capacity-building activities aligned with strategic priorities. These initiatives are integrated into the UNFPA Supplies Capacity Building Plan, which addresses identified gaps and challenges, particularly in health financing systems. While progress has been made, the need for further investment in advocacy and financial sustainability training remains.

Staff coverage and gaps: Inadequate staffing, reliance on temporary appointments and increased workload from dual roles strain the Partnership's effectiveness at both country and global levels. By 2023, each of the 54 partner countries and six UNFPA regional offices had at least one national-level officer trained to support key Partnership areas.[189] However, 37 per cent of staff survey respondents at country level[190] report that staffing remains inadequate in terms of numbers and 17 per cent express concerns about capacity gaps.

Survey responses indicate that staffing levels vary significantly across countries. Some offices are adequately staffed, while others, regardless of the programme size, such as those in **Honduras, Ethiopia, Comoros, Lesotho,** and **Nigeria**, rely on a single staff member to manage the Partnership, creating significant workload and pressure.

186 UNFPA (2023). Supplies Partnership Annual Report 2022.

187 UNFPA (2024). Evaluation of UNFPA Strategic Plan 2022–2025. Finding 7: While the shifts related to leveraging and influencing (normative work and ICPD financing) are not new concepts, they do constitute a change in emphasis and direction. Because of this, new or improved strategies or guidance, as well as individual capacity-building, were required but some were missing or were developed only recently.

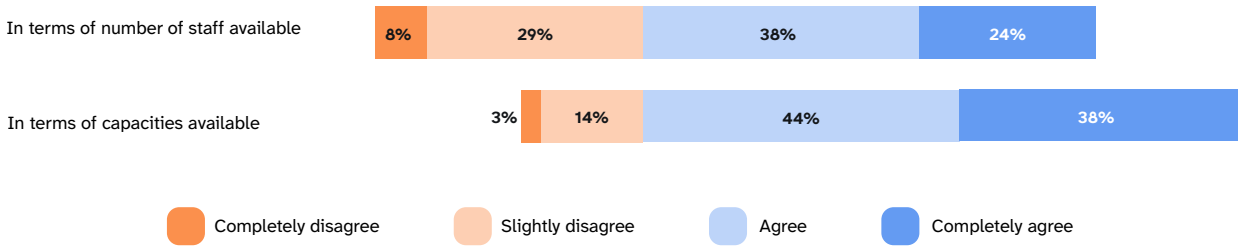
188 KII with UNFPA HQ. October 2024.

189 UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023.

190 Survey question was addressed only to UNFPA staff.

Key roles such as RHCS analysts, supply assistants, and family planning programme assistants were frequently cited as critical gaps. Financial constraints have contributed to understaffing, with many COs relying on consultants or temporary appointments that may not be sustainable.

Figure 23. Survey respondents' agreement on the adequacy of UNFPA staff at country level, in terms of number of staff available and capacities available



Source: Mid-term evaluation survey question: Do you agree that there are adequate UNFPA staff at country level to manage the Supplies Partnership? 1. In terms of number of staff available, 2. In terms of the capacities available. (UNFPA respondents only). 'Do not know' responses are not shown in the graph. In terms of capacities available, they represent 1.3 per cent.

- **Honduras:** The CO has only one staff member managing the entire technical operation of the Partnership, limiting the ability to achieve programme objectives. Financial sustainability efforts in phase III require specialized financial and analytical skills that are currently unavailable within the CO.
- **Kenya:** The CO lacks senior-level supply chain specialists, and the SRH and family planning specialist requires additional support. Logistical assistance is provided by assistants and clerks, but this is inadequate to meet the programme's needs.
- **Yemen:** In 2023, $126,600 was allocated for the national programme coordinator position, along with $49,000 for survey activities. While the CO has adequate technical capacity, financial sustainability remains a concern, as many staff are on temporary appointment or individual contracts supported by humanitarian funding streams.

At the global level, the recent restructuring of UNFPA staff introduced a dual-role system between the MHF and the Partnership. While this aims to enhance coordination and broaden perspectives, it also raises concerns about workload distribution and the need for additional staffing at global level. Previously, the Family Planning Branch managed the Partnership exclusively while also supporting non-Partnership countries. With the transition into the SRHR Branch, some staff now have responsibilities that

include shared functions across both Partnership and maternal health work, with additional support from maternal health staff. Some staff have also been reassigned and have not been replaced further straining capacity.

4.6.3 Integration across strategic objectives

Finding 20: The Partnership demonstrates strong integration between SO1 and SO2, ensuring availability and efficient management of SRH and family planning commodities. However, SO1 and SO2 linkages with SO3 and SO4 focusing on financial sustainability and operational efficiency remain less consistent.

Understanding the interlinkages between the Partnership's SOs is critical for ensuring a coherent and integrated approach to achieving programmatic outcomes. The following analysis examines how well the SOs support one another to achieve complementary effects. Grounded in the theory of change developed for the evaluation (see figure 6 and Volume 3, Annex 2), this approach informs the contribution analysis to assess how various components contribute to overarching goals.

The analysis also draws on recent evaluations which emphasize the need for greater coherence between strategic shifts and other elements. The evaluation of the UNFPA Strategic Plan 2022–2025 notes that while the strategic shifts are outlined, there is no clear articulation of their interactions, nor a cohesive overall direction. Unlike comparable United Nations agencies, such as UNICEF, which integrate theories of change into their strategic plans, UNFPA lacks a structured framework connecting strategy to outcomes, particularly regarding its role in influencing policy makers to shift towards broader health financing approaches.[191]

The theory of change developed and tested during the evaluation addresses this gap by providing a clear framework outlining how programme outcomes relate to the Partnership's main actions (see section 3.1). It also illustrates interlinkages among different SOs. The Partnership's convening power – highlighted in the analysis as critical for engaging key audiences, stakeholders and partners – is now reflected at different levels in the theory of change. Additionally, this framework more clearly connects outputs to objectives and highlights linkages between humanitarian action, emergency settings and programmatic work.

Interlinkages between SOs, strengths and gaps: The Partnership effectively integrates SOs related to commodity availability and supply chain strengthening. However, alignment across financial sustainability, operational efficiency and broader advocacy efforts remains fragmented, potentially limiting overall impact. The Partnership demonstrates strong integration between SO1 on Availability and Choice and SO2 on Strengthened Supply Chains, ensuring that SRH and family planning commodities are both available and efficiently managed. On average, 40

191 UNFPA (2024). Independent Evaluation of the UNFPA Strategic Plan 2022–2025. Finding 18.

per cent of HSS funds are allocated annually to strengthening in-country supply chain management, reinforcing this link.

SO3 on financial sustainability also plays a crucial role in supporting SO1 by securing commitments for sustained procurement of SRH commodities. While the influence of SO2 on SO3 is less direct, it contributes to financial sustainability by generating efficiencies, reducing waste and ensuring last mile delivery. Approximately 13 per cent of the annual HSS budget is allocated to SO3, reflecting a lower priority compared to HSS activities aimed at other strategic objectives.

SO4 on operational efficiency provides essential support structures – including strategic management, governance and partnerships – to facilitate the implementation of the other three objectives. This ensures effective resource allocation, decision-making and programme oversight.

Country-level experience with SO integration: The following examples illustrate the integration of SOs into operations within countries:

- **Kenya:** The Partnership effectively integrates SO1 and SO2 but lacks clear synergies with SO3 (government commitment) and SO4 (operational efficiency), highlighting the need for better alignment across all four pillars.
- **Cameroon:** A well-integrated approach has strengthened reproductive health programming. Supply chain interventions, such as the vaccine cold chain for oxytocin storage, complemented advocacy efforts that led to Compact signing.

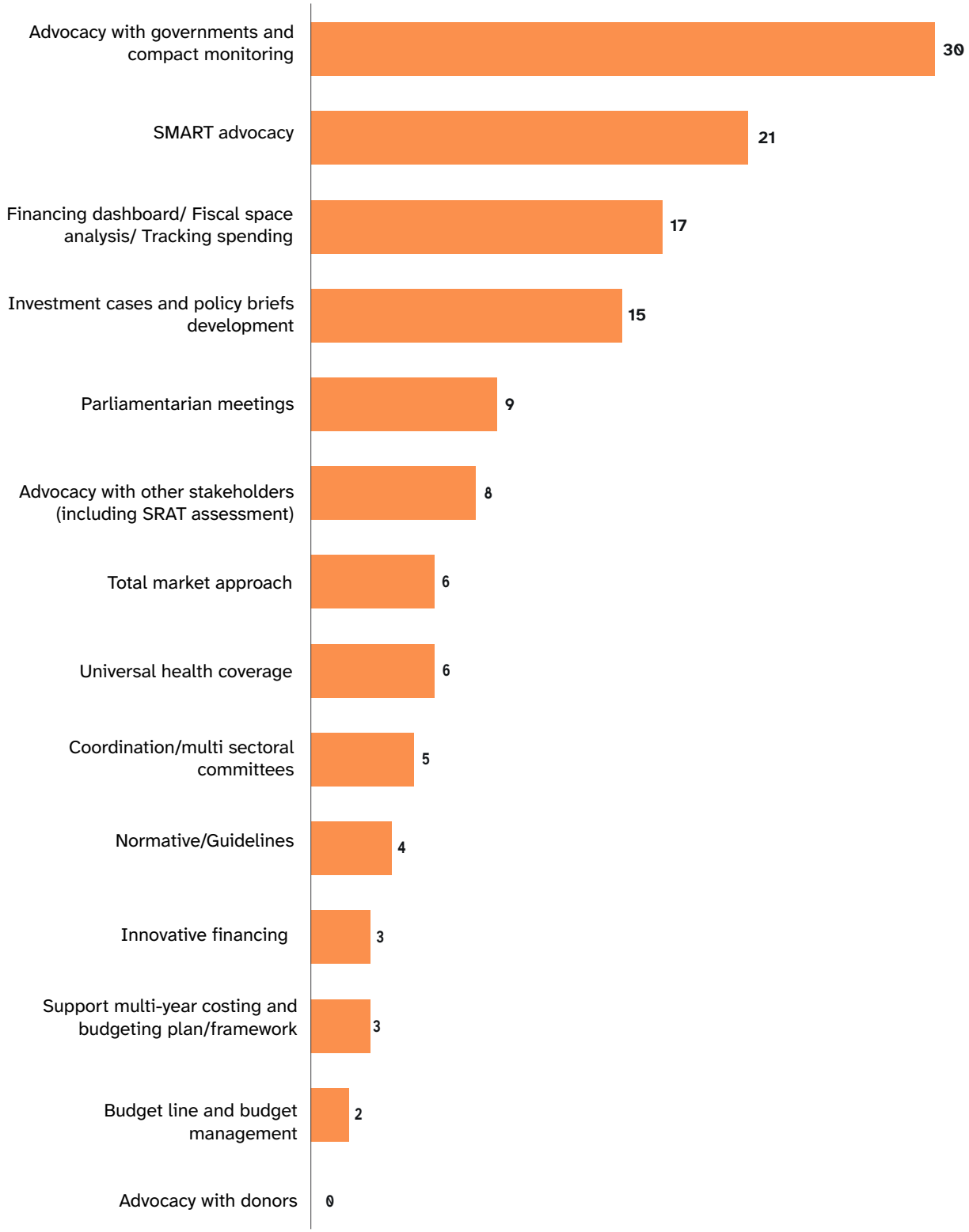
Evidence gathered throughout the evaluation process on how the different SOs are interconnected has been reflected in a revised theory of change (see Volume 3, Annex 2).

4.6.4 Advocacy and evidence for political commitment and domestic financing

Finding 21: The Partnership has advanced political commitment and domestic financing through evidence-based advocacy and stakeholder engagement, but lacks a unified strategy, sufficient country-level capacity and effective monitoring systems to track progress.

UNFPA employs a multilayered advocacy strategy embedded within its institutional mandate and operational frameworks. While not documented as a standalone strategy, advocacy is a central mode of engagement within the UNFPA Strategic Plan 2022–2025 and key to achieving its transformative results. The Partnership prioritizes policy dialogues, evidence generation and capacity building to influence financial and political commitments for SRH and family planning. However, the absence of a formalized advocacy strategy and measurement framework limits its effectiveness and impact assessment.

Figure 24. Distribution of HSS activities for 2024



Source: UNFPA Partnership HSS assessment analysis 2024.

Advocacy as a strategic lever

The Partnership directs its advocacy efforts towards mobilizing domestic resources, strengthening policy environment and enhancing financial sustainability through the HSS funding stream. In 2024, advocacy represented 23 per cent of the total HSS interventions, with 16 per cent of that allocated to capacity building (SMART advocacy[192] workshops) and 12 per cent to evidence generation, including development of investment cases and policy briefs.[193]

In addition, advocacy and evidence-generation activities collectively accounted for 65 per cent of all HSS activities (83 out of 129) in 2024. These efforts include government advocacy, stakeholder engagement, capacity-building initiatives, and development of investment cases and policy briefs. To further strengthen joint advocacy, the Steering Committee approved an activity in 2025 to map opportunities for coordinated engagement at the country, regional and global levels (see figure 24).

Mobilizing political commitment through mid-level engagement

The Partnership advocates for domestic resource mobilization and sustainable health financing by engaging policy makers, influencing legislation and integrating family planning into UHC as part of a basic package of SRH services. Key activities in countries include:

- **Government engagement:** Supporting policy reviews, forecasting exercises and business case development to position family planning as an economic priority – for example, in **Pakistan,** a key achievement in this area includes the Islamabad Declaration, which solidifies national commitments to advancing family planning and SRH policy dialogues. UNFPA has also engaged parliamentarians and political parties to integrate population and family planning issues into party manifestos.
- **Political commitment:** Facilitating policy dialogues, securing budget allocations – for example, in **Timor-Leste**, the UNFPA CO advocacy efforts throughout 2021 led to the government allocation of $370,000 in its 2022 state budget specifically for purchasing family planning commodities to secure domestic funding for related supplies.
- **Legislative and policy influence:** Advocating for dedicated budget lines for reproductive health commodities, developing national family planning strategies and strengthening accountability mechanisms – for example, **Zambia**, where the Partnership played a key role in the development of critical national strategies and plans, including the Family Planning CIP (2021–2026) and FP2030 commitment.

192 Smart advocacy is a strategic approach using "SMART" criteria: Specific, Measurable, Achievable, Relevant, and Time-bound - focusing on targeted actions to engage with and influence decision-makers directly, with short-term goals and tailored messages to persuade them to act. Smart Advocacy Guide https://smartadvocacy.org/#:~:text=SMART%20Advocacy%20focuses%20on%20decision,achieve%20their%20goals%20and%20yours.

193 UNFPA (2024). Assessment of HSS applications on Sustainable Financing 2024.

- **Public financial management and capacity building:** Strengthening financial planning and budget execution through SMART advocacy workshops. In 2023, five initial workshops were expanded to 23 countries in 2024 due to their impact.
- **High-level advocacy:** Engaging in platforms such as UHC conferences to position reproductive health as a national priority (for example, **Cameroon**).

Evidence-based advocacy: use of investment cases and data

The Partnership prioritizes evidence-based advocacy by supporting data generation through research, surveys and investment cases to inform policy and mobilize financial commitments for family planning programmes. In addition to producing data, the Partnership focuses on building national capacity and strengthening data dissemination and use across all levels. This is achieved through collaboration with research institutions, academia, NGOs and international organizations. Investment cases play a key role by assessing the costs, benefits and projected outcomes of various intervention options to guide strategic decision-making. Key initiatives include:

- **Research and policy studies:** Producing national and regional reports to support advocacy efforts – for example, **Honduras**'s studies on adolescent pregnancy and maternal lives saved,[194] together with other public and private advocacy activities, the launch of initiatives to track commodities led to the signing of the Compact and creating a budget line for contraceptive methods.
- **Stakeholder sensitization:** Using evidence to engage policymakers, donors and private-sector actors to strengthen family planning financing commitments.

Online survey results indicate that 92 per cent of respondents believe the Partnership has contributed to the integration of reproductive health care within primary health care and UHC,[195] highlighting its role as a trusted intermediary to advocate for mobilizing domestic and international financing commitments.

Key challenges: strategy gaps, capacity limits and monitoring weaknesses

Despite its strong convening power, the Partnership's advocacy efforts face fragmentation, capacity limitations, and the absence of a formalized strategy and measurement framework for advocacy, which hinders systematic progress tracking and impact assessment.

Key challenges include:

- **Fragmented advocacy approaches:** Countries independently design advocacy initiatives "in a piecemeal, fragmented approach, leading to inefficient and ineffective advocacy efforts".[196] The current rationale for advocacy initiatives focuses

194 Investment case titled "Methodology for Assessing the Economic Impact of Adolescent Pregnancy and Early Motherhood in Latin American and Caribbean Countries" (MILENA)" and the "Study of the Availability of Contraceptive Methods and Reproductive Health Medications that Save Maternal Lives – SURVEY"

195 Specifically, 96 per cent of UNFPA respondents and 87 per cent of Government respondents share this view.

196 KII with UNFPA HQ. October 2024.

on country level work rather than an overall approach, as the Partnership avoids an overly centralized top-down approach.

- **Capacity gaps:** Only 30 per cent of UNFPA COs report strong advocacy and normative work[197] capabilities, indicating a substantial gap in their current capacities. Operational support for the normative work has been lacking, and the "funding to financing" approach has only recently been developed.[198]
- **Lack of a global advocacy strategy:** The Partnership lacks a comprehensive advocacy strategy, relying instead on fragmented guides and toolkits[199] that provide only basic guidance on advocacy programming. While national advocacy plans exist in some countries, these efforts lack a unified framework with clear goals, target audiences, implementation strategies and a theory of change. The absence of a structured approach, including a formal fundraising plan, has been noted by UNFPA staff and partners as a key limitation, affecting advocacy effectiveness and engagement with donors.
- **Lack of an effective advocacy measurement system:** The Partnership lacks a structured framework to track the contribution of advocacy efforts to key goals on domestic resource mobilization and sustainable funding allocations. While advocacy is a core enabler of the programme, current measurement approaches focus only on the last line of contribution (for example, the number of countries where governments sustain or increase the amounts allocated for procurement of contraceptives and who spend more than 80 per cent of the allocated amount for the year), but they do not clearly show middle achievements (such as advocacy results prompting informal governmental commitments, fostering government champions or advancing new or revised policy drafts – steps that ultimately drive relevant policy changes). **The absence of a framework for tracking mid-level progress hinders the ability to recognize incremental contributions and refine strategies accordingly – an issue also highlighted in the UNFPA Strategic Plan 2022–2025 evaluation.**[200]

197 UNFPA normative work centres around policy advocacy and dialogue, supported by knowledge management, including data analysis, partnership, and South-South and triangular cooperation. UNFPA (2024) Independent evaluation of the UNFPA Strategic Plan 2022-2025. (page 29).

198 Ibid.

199 UNFPA Supplies Partnership (n.d.). How to build Sustainable Financing from UNFPA Supplies Partnership Practical recommendations for programming HSS activities.

200 The UNFPA independent evaluation of the UNFPA Strategic Plan 2022–2025 (2024) report states that "the move to more upstream work as an advocate, convener and broker presents additional challenges in demonstrating UNFPA's contribution to development change. Monitoring and demonstrating results are crucial for securing continued funding, yet this task poses significant difficulties. Quantifying UNFPA's impact on policy changes, such as increased financing for sexual and reproductive health, is challenging due to multiple influencing factors. However, qualitative analysis can assess these contributions through country programme evaluations, which effectively identify successful strategies in upstream initiatives".

UNICEF's seven-step advocacy framework offers a structured approach that could inform how the Partnership tracks its advocacy contributions towards policy change (see Volume 3, Annex 6). As tracking advocacy outcomes alone is often insufficient, it is also important to understand the roles played by different actors. Volume 3, Annex 5 outlines a potential classification of UNFPA's role in achieving advocacy-related outcomes. Together, these tools provide a possible basis for measuring advocacy achievements within the Partnership and clarifying its contribution to broader results.[201]

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201 As included in the "Evaluability Assessment and Formative Evaluation of UNICEF´S global approaches to advocacy" (2023).

05

Conclusions

The conclusions are based on the findings presented in section 4. They highlight the contributions made by the Partnership since 2021, its merit and worth as well as areas for improvement. The conclusions point at issues pertaining to the Partnership's strategic evolution, its operational design, coordination mechanism, governance architecture, financing stream and humanitarian engagement. They identify strengths and persistent challenges, point at emerging opportunities for the Partnership, and offer insights for enhancing relevance, coherence and sustainability.

Cluster A: 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.

Based on evaluation questions 1, 3, and 6 and links to section 4.1 and section 4.4

This phase has sharpened the Partnership's value proposition, confirming its focus on RHCS, and directing support to more catalytic and strategic HSS, while broadening its focus on government ownership, sustainable financing and partnership.

While the design of the Partnership suggests that HSS contributions are to be achieved through advocacy and influencing others, the presence of implementation-oriented tools such as the SRAT, supply chain management assessments, SO2 output indicators, and the emphasis on LMA and related tools, without sufficient communication about purpose and application, has implied a more operational role. As a result, the Partnership's sharpened focus on RHCS and then strategic and catalytic HSS is not uniformly understood or accepted, and COs continue to seek support for HSS activities which exceed the available resources and technical expertise of the Partnership.

This misperception is further reinforced by the integration of HRBA and GTA, and the principle of LNOB, which, while important, add complexity particularly as their application appears more rhetorical than substantively embedded in the programme's design and is not directly aligned with a commodity-focused mandate.

The lack of clear and consistent articulation of the Partnership's value added across its design, tools and indicators are an obstacle to the alignment of its core scope with the funding structure and allocations. Furthermore, while interlinkages across SOs are evident in practice, their absence from the original Partnership's theory of change and measurement framework limits opportunities for structured coordination and learning.

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 (although there are plans to address this in 2025).

Based on evaluation questions 1 and 6 and links to section 4.1

This challenge stems in part from flawed assumptions made during phase II, namely, that improvements in key indicators (for example, GNI, mCPR and MMR) would automatically translate into increased domestic financing for family planning. In practice, this transition has been inconsistent, revealing a disconnect between eligibility criteria and the political and fiscal realities of national contexts. This misalignment has, in turn, undermined the effectiveness and credibility of the transition model. As such, the Partnership is currently lacking the required level of a dynamic and politically informed approach to eligibility and transition incorporating the realities of domestic financing environments and national capacity for sustainable investment.

Cluster B: 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 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.

Based on evaluation questions 1, 4, 5, and 6 and links to sections 4.1 and 4.6

Broader shifts in the development landscape (such as the disbanding of key donors like USAID) may further reduce available resources for humanitarian efforts. Despite over half (56 per cent) of the 54 countries supported by the Partnership experiencing humanitarian crises in 2024, there remains ongoing debate within the Partnership regarding its role in humanitarian settings and the HDP. Some stakeholders continue to argue that humanitarian work falls outside the Partnership's scope and expertise, even though the SOs explicitly reference engagement "including in humanitarian settings".

In practice, the Partnership is operational in humanitarian contexts. In all countries reviewed where crises occurred, the Partnership was actively engaged, with several examples of effective and innovative HDP continuum programming. Therefore, the question is no longer whether the Partnership should operate in humanitarian settings, but rather the nature and extent of its engagement with the HRD, which oversees humanitarian systems. To date, it has remained limited, and the absence of a joint operational framework undermines opportunities for synergy, agility and more efficient supply chain responses, including faster procurement and better pre-positioning of supplies. As a result, additional operational challenges, such as limited capacity at country level and the difficulty of aligning standardized emergency kits with diverse local needs, persist, further constraining the Partnership's ability to provide context-specific SRH commodities in humanitarian settings.

Cluster C: 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.

Based on evaluation questions 5 and 6 and links to section 4.2

The lack of a streamlined approach to Steering Committee operations, insufficient coordination between sub-committees and limited representation from COs have hindered agility and operational coherence. Additionally, the Steering Committee has not sufficiently served as a convening space for implementing partners to coordinate better and maximize synergistic actions. Moreover, the management of potential conflicts of interest remains an ongoing challenge affecting the governance mechanism and the integrity of the processes.

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 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.

Based on evaluation questions 4 and 5 and links to section 4.6

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 COs. This stands in contrast with the long-term nature of HSS, which requires extended planning and identification timelines to support more strategic programming.

Based on evaluation questions 1, 4, 5 and 6 and links to sections 4.1, 4.5 and 4.6

The division of decision-making authority between headquarters and COs in selecting HSS interventions lacks clarity, particularly regarding roles, responsibilities and the criteria for determining the most appropriate approaches. This ambiguity has led to inefficiencies and delays in the intervention selection process. Technical assistance from headquarters is inconsistently applied, being perceived as either providing limited strategic guidance by merely endorsing proposals or as creating bottlenecks through overly rigorous assessments. Meanwhile, regional offices (despite their strategic positioning to facilitate coordination and contextual alignment) remain underutilized, limiting their potential to bridge operational and communication gaps between global and country-level actors.

Moreover, the lack of flexibility in funding allocation poses significant barriers to both procurement and distribution, particularly in humanitarian contexts where logistical barriers are acute. Financial allocations by governments (as well as donors and partners) often prioritize the procurement of essential supplies, while critical last mile distribution costs and operational hurdles are frequently overlooked or covered by other partners. While countries with robust systems may have the ability to manage last mile delivery themselves, others, like Yemen, continue to face significant challenges in the absence of targeted support.

Quality-assured commodities are central to the Partnership and ensure that products meet global standards. While this may represent a limitation in some instances where countries prioritized more economic options, the discussion should focus on how UNFPA supports local manufacturers to meet QA benchmarks, enabling them to access markets at competitive prices where such assurances are required.

Cluster D: 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.

Based on evaluation question 4 and links to sections 4.5 and 4.6

Although contingency mechanisms have been introduced, their effectiveness has yet to be demonstrated. The lack of systems to track the use of government-procured commodities after procurement limits the Partnership's ability to verify that Match Fund requirements are being met, raising concerns about accountability and potentially undermining confidence in domestic financing commitments.

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.

Based on evaluation question 4 and links to section 4.5

Despite previously limited support for the RHBF, the Partnership has undertaken efforts since 2023 to revamp the mechanism with the aim of enhancing procurement efficiency. The forthcoming USP TPP BF, scheduled for launch in 2025, demonstrates strong potential to support national procurement efforts. While early pilot results are promising, the long-term success of the initiative will depend on sustained prioritization, adequate funding, dedicated staffing and the establishment of a robust implementation framework.

Cluster E: 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.

Based on evaluation questions 4 and 5 and links to section 4.6

The Partnership's impact has been limited by a reliance on isolated initiatives rather than coordinated, multi-stakeholder advocacy aligned with an overarching programme advocacy strategy linked to broader global health efforts. In addition, the lack of clear mandates and sufficient support for COs has constrained their ability to monitor political and financial trends and to influence national SRHR policies and budgets effectively.

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.

Based on evaluation questions 4 and 5 and links to section 4.6

The Partnership's continued reliance on reserves has served as a necessary short-term measure, but, in the absence of a strategic donor engagement and long-term financial planning, concerns around sustainability remain unresolved.

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 the sexual health and HIV team, has created shared functions with the team across the Partnership and the MNHF without a commensurate increase in staffing, resulting in operational strain across all levels.

Based on evaluation questions 4 and 5 and links to section 4.6

While MAV funding has supported country-level staffing in select instances, its application remains inconsistent. The absence of a global financing specialist in the SRH Branch further limits the Partnership's capacity to effectively support national resource mobilization and advance long-term sustainability. The lack of investment in specialized technical roles has also constrained the ability to maintain momentum and ensure consistent, high-quality delivery of activities.

06

Recommendations

Recommendation 1

Guided by a refined theory of change, the Partnership should clarify and consistently communicate its strategic focus, as a global programme for the delivery of RH commodities and a supporter of pre-defined HSS interventions.

Type: Strategic recommendation

Priority: High

Based on conclusions: 1 and 9

Directed to: SRHR Branch

Rationale

A clearer articulation of the Partnership's niche – as UNFPA's flagship global programme for the delivery of essential RH commodities and a catalytic force for convening and supporting HSS, rather than the common misperception of a comprehensive family planning programme – is essential to foster a shared understanding and ensure coherent messaging. Clarifying its role in HSS would allow the Partnership to better leverage synergies with global actors (for example, GFF, FP2030, donors), focus on sustainable impact and align with national systems and ownership. The ToR developed and refined for the evaluation (see section 3.1.4 and Volume 2, Annex 2) is a basis for the refocusing of the programme and can be used as a living tool to illustrate the interlinkages across SOs, support integrated programming and guide adaptive management. The reconstructed theory of change includes all aspects required to reach the ultimate objective of the Partnership, i.e. including HSS and demand-generation aspects that fall outside the scope of the programme. It provides visual clarification of the Partnership key value-add and focuses on the whole RHCS ecosystem. Strengthening the use of the theory of change will also enhance coordination across workstreams, foster shared understanding and help communicate the Partnership's strategic logic to stakeholders and donors. In addition, improving the political intelligence of COs, but without unduly straining resources at country level, will allow the Partnership to effectively advocate in an evidence-based manner and as a catalytic supporter of HSS interventions implemented by other actors.

Operational implications

- Use the reconstructed theory of change to guide and support adaptive programming, coordination, learning and performance monitoring across all levels, and for effectively communicating the Partnership's integrated logic to a wide range of stakeholders.
- Re-define and communicate the Partnership's strategic focus and integrate it across all design, implementation and communication materials, including results frameworks, indicators and tools.
- Establish clear roles for HQ, regional offices and COs in designing, reviewing and approving HSS proposals, as well as providing context-specific guidance and oversight for HSS integration and implementation as part of country programmes.
- Strengthen regional offices' and COs' capacity to provide context-specific guidance and oversight for HSS interventions.

Recommendation 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.

Type: Strategic recommendation

Priority: High

Based on conclusion: 2

Directed to: SRHR Branch

Rationale

The current eligibility and categorization and transition frameworks for Partnership countries do not adequately account for the diverse and evolving political, economic and health system contexts in which countries operate. Given the current funding crisis, the Partnership must consider the external environment and anticipated resource constraints when reviewing country and transition criteria. This will help ensure the criteria remain implementable and that resources are strategically allocated to maximize impact. A more flexible and context-sensitive approach is needed to map out guidelines for country transition, where applicable.

Operational implications

- As part of the rapid refresh, update the classification and transition frameworks to incorporate financial sustainability indicators and health system readiness metrics, ensuring that the provision of commodities and HSS support is tailored to each country's specific context.
- With the endorsement of the Partnership Steering Committee, define and implement clear context-specific pathways for country transition. This should include risk assessments and readiness benchmarks conducted on a periodic basis.

Recommendation 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.

Type: Strategic recommendation

Priority: High

Based on conclusion: 3

Directed to: SRHR Branch, HRD, SCMU

Rationale

Given the increasing frequency and protracted nature of humanitarian crises, and the fact that several Partnership countries are currently affected, it is essential that the Partnership formally acknowledges that it already operates, and will continue to operate, in humanitarian contexts. The Partnership must strengthen coordination across UNFPA divisions, particularly with the HRD, to enhance preparedness, tailor supply strategies to crisis contexts, ensure uninterrupted access to SRH commodities and support the HDP continuum in Partnership countries.

Operational implications

- Collaborate with the HRD and the SCMU to strengthen coordination on procurement, strategic positioning and country-level supply chain management systems, particularly in countries that are facing humanitarian crises or operating within the HDP continuum.
- At country level, SCMU should support the development of integrated national strategies for procurement and distribution, including capacity building and last mile assurance, tailored to the specific needs of fragile and emergency contexts.

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Recommendation 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.

Type: Programmatic recommendation

Priority: High

Based on conclusions: 7, 8, 10 and 11

Directed to: SRHR Branch, SCMU

Rationale

Ensuring long-term financial sustainability is critical for the success, resilience and country ownership of the Partnership. Achieving this requires more than short-term donor contributions; it demands coordinated long-term planning, diversified funding sources, and strengthened technical capacity. While its donor base has expanded across phases, the Partnership remains heavily reliant on a small group of donors, leaving it vulnerable to financial shocks. To mitigate this risk, there is an urgent need to intensify resource mobilization efforts by both broadening the base of external donors and by strategically increasing domestic resource mobilization within programme countries. Additionally, aligning financing strategies with advocacy and technical support efforts – particularly in financial planning, advocacy and logistics – will be key.

Operational implications

- Continue to engage and broaden the donor funding base in order to mitigate financial risks and the impact of donor withdrawals in the family planning ecosystem. This should include outreach to other financing partners such as private foundations, the private sector (for example, existing and local manufacturers), development banks and high-net-worth individuals.
- Ensure that HSS investments include resources for convening, policy dialogue and advocacy activities to leverage the strengths of partners (government and non-governmental).
- Scale up the use of regional or cross-country advocacy tools, including the SMART advocacy tool, where relevant, through optimal use of HSS funds.
- Implement multi-year Annex A agreements to support long-term transition strategies, reduce administrative burden and improve efficiency.

- Continue to strengthen expenditure tracking, verification processes and contingency measures to ensure compliance with signed commitments.
- Continue to provide technical support for the prioritization and the institutionalization of the USP TPP BF, with appropriate governance and monitoring structures.

Recommendation 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.

Type: Operational recommendation

Priority: High

Based on conclusions: 4 and 6

Directed to: SRHR Branch, Steering Committee

Rationale

The Partnership's governance structures – particularly the Steering Committee – would benefit from greater responsiveness, transparency and stronger inclusion of country perspectives to effectively address evolving needs. Achieving a better balance between representative decision-making and timely, efficient processes is essential. Enhancing briefing practices, prioritizing key issues, and improving onboarding and communication across HQ, regional and country levels will strengthen the quality of decision-making, foster alignment among stakeholders and promote greater country ownership.

Operational implications

- Accelerate and simplify decision-making processes and share meeting materials in advance to enhance members' preparation and responsiveness.
- Establish a structured onboarding process for new Steering Committee and sub-committee members.
- Develop Partnership-supported guidelines and communication channels to facilitate consistent information sharing and feedback among countries, and between countries and the Steering Committee.
- Monitor the implementation and assess the results of the guidelines and communication channels to enable country representatives to gather input from, provide feedback to, and coordinate with other member countries in order to present a unified country voice
- Develop and implement a conflict-of-interest policy and ensure it is clearly communicated to all stakeholders.

Recommendation 6

In each of the 54 countries, the Partnership should strengthen its support for 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.

Type: Operational recommendation

Priority: High

Based on conclusion: 5

Directed to: Programme Division, SRHR Branch, regional offices, country offices

Rationale

Effective coordination with partners at the country level is essential for addressing systemic challenges in SRH commodity security. Currently, fragmented efforts by the COs and other actors result in missed opportunities for synergy and inefficiencies. Strengthening multi-stakeholder coordination and leveraging UNFPA's convening power can align programming, amplify impact and mobilize joint resources to address structural barriers more effectively. Furthermore, the Partnership's advocacy-focused efforts as implemented by the COs remain fragmented, limiting its ability to influence national commitments or demonstrate impact. Coordinated, multi-stakeholder advocacy strategies, anchored in a clear action plan and supported by a dedicated monitoring framework, are essential for ensuring policy influence, accountability and sustained progress in SRH commodity access. Additionally, frequent assessments and short-term planning cycles have placed undue strain on country-level capacity and affect the effectiveness and sustainability of HSS programming. A shift towards multi-year planning and more strategic use of tools such as the SRAT would allow for deeper, more coordinated interventions aligned with national and partner strategies.

Operational implications

- Continue supporting regional offices and COs to leverage UNFPA's convening power and technical expertise to provide leadership, enhance coordination and strengthen programme implementation, evidence generation, and progress monitoring. This includes aligning efforts across NGOs, donors and multilateral partners to improve the delivery, monitoring and reporting of family planning interventions.

- Develop a formal advocacy strategy and action plan, supported by a tailored advocacy measurement framework, to promote coordination and reduce fragmented efforts.
- Capture and share key lessons and insights from the implementation of Supplies Partnership and related UNFPA-supported efforts, in formats that support action by UNFPA and its partners. Optimize the frequency of SRAT assessments and strengthen its use for the design and implementation of an integrated multi-year planning cycle.

Driving evidence-based actions

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