



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

Case Study

Pakistan



UNFPA Independent Evaluation Office

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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

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Abbreviations and Acronyms

AJK	Azad Jammu and Kashmir
CCI	Council of Common Interest
CEWG	Country engagement working group
cLMIS	Contraceptive logistics management information system
CPD	UNFPA Country Programme Document
CPR	Contraceptive prevalence rate
CSO	Civil society organization
DMPA-SC	Depot medroxyprogesterone acetate subcutaneous injection
DOH	Department of Health
DRAP	Drug Regulatory Authority Pakistan
EC	Emergency contraceptive pills
ECR	Electronic client record
GBV	Gender-based violence
GNI PC	Gross national income per capita
HSS	Health Systems Strengthening
ICA	In-country assessment
ICPD	International Conference on Population and Development
IU(C)D	Intrauterine (contraceptive) device
KP	Khyber Pakhtunkhwa
LARC	Long-acting reversible contraception
LMA	Last Mile Assurance
mCPR	Modern contraceptive prevalence rate
MISP	Minimum initial service package
MMR	Maternal mortality ratio
NGOs	Non-governmental organizations
NHSRC	Ministry of National Health Services, Regulations, and Coordination
NLU	New and lesser-used products
PPRA	Public Procurement Regulatory Authority
PPW	Population Programme Wing
PWD	Population Welfare Department
RHCS	Reproductive health commodity security
SDG	Sustainable Development Goal
SDP	Service delivery point
SDP	Service delivery point
SMU	UNFPA Supply Chain Management Unit

SRH	Sexual and reproductive health
TA	Transformative Action
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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

Background

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

Phase III (2021–2030) builds upon the achievements and lessons of previous iterations by advancing a more structured, sustainable and country-owned approach to reproductive health commodity security (RHCS). It represents a strategic shift from a programme-based model to a more inclusive partnership approach. It emphasizes government ownership, financial sustainability, and last mile delivery, with a broader mandate that incorporates health systems strengthening (HSS), strategic procurement, market shaping and enhanced governance. The Partnership operates across 54 countries, guided by four strategic objectives: SO.1 – improving availability and choice; SO2 – strengthening supply chains; SO3 – increasing government commitment and domestic financing; and SO4 – enhancing operational effectiveness and efficiency.

Purpose and scope of the evaluation

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

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

Methodology

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

Main findings

The evaluation highlights significant strengths, persistent challenges, and emerging opportunities across the four strategic objectives of the Partnership. The main findings are categorized into seven areas: design, country eligibility, governance and strategic alignment, strategic procurement,

strengthening supply chains, enhancing domestic resource mobilization and the role and added value of the Partnership.

1. Design: Partnership model, sustainability and equity

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

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

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

2. Country eligibility, equity, and scope of coverage

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

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

3. Governance, partnership and strategic alignment

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

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

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

4. Strategic procurement and adaptive supply solutions

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

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

5. From diagnostics to delivery: strengthening supply chains

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

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

6. Incentivizing domestic financing for sustainability

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

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

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

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

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

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

Conclusions

Evolution of the design

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

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

Integration of humanitarian action

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

Integration and coordination

Conclusion 4 (governance and agility): The governance reforms introduced in phase III, including the redefinition of the scope of the Steering Committee to strengthen its strategic leadership and oversight authority, as well as the establishment of its sub-committees, have enhanced transparency, inclusivity and stakeholder engagement. Striking the right balance between fostering a highly participatory process and the need for efficient and agile responses

remains a key challenge, particularly during crises or donor shifts (for example, COVID-19). While the restructured governance framework has improved global accountability, the meaningful participation of civil society and country-level stakeholders remains uneven.

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

Conclusion 6 (adaptability and programme responsiveness): The Partnership's ability to adapt to changing contexts is a key strength, supported by tools such as the Compact, Match Fund, Bridge Fund, country risk assessments, and the SRAT. These instruments have enabled responsive programming, but maintaining up-to-date data and managing administrative burdens can strain country offices (COs). This stands in contrast with the long-term nature of HSS, which requires extended planning and identification timelines to support more strategic programming.

Financial sustainability

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

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

Added value and strategic influence

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

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

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

Recommendations

1. Guided by a refined theory of change, **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.

1 Evaluation matrix

EVALUATION QUESTION 1: To what extent can the design of the Partnership contribute to addressing the needs of women globally and the current barriers to accessing a choice of quality reproductive and maternal health commodities in line with their needs and preferences, including in humanitarian situations?					
CRITERIA	Relevance	AREA OF INTEREST	Design of the Partnership	LINKAGES TO THE THEORY OF CHANGE	Linked to the area of inputs and resources included at the bottom of the reconstructed theory of change
RATIONALE	<p>The purpose of this evaluation question is to determine the significance and appropriateness of the Partnership design. The analysis is focused on assessing the relevance of the design of the Partnership, and the extent to which it contributes and maximize the Partnership capacity to address its expected goals. The evaluation question looks at whether the Partnership model remains responsive and relevant to evolving demands within its operating environment (soundness of the Partnership design). Addressing this question is critical given that the Partnership design in its Phase III presents a major departure point from prior phases, notably due to its intense focus on sustainable financing.</p> <p>The evaluation question will appraise whether the new approach and strategy—including its emphasis on sustainable financing, structure as a partnership, and custom-tailored approach for partner countries with special attention to the LMA are relevant and aligned with diverse contexts—including regional variations, developmental stages, humanitarian needs, and fragile states. The criteria used for grouping and supporting countries into categories and the various modes of engagement that have been defined will also be evaluated for suitability. Moreover, the question will address whether the design of the existing funding streams, such as HSS, supplies, bridge fund, and match fund, are pertinent. Another significant consideration of this question is how well the Partnership adheres to human rights principles, gender equality, and LNOB. commitments. Meanwhile, the extent to which the design is being effectively implemented is considered in subsequent question (evaluation question 2).</p>				
Assumption 1.1 The Partnership approach, with a focus on sustainable financing and framed as a partnership, includes relevant measures to ensure the effective adaptation to different and changing contexts with a view to maximizing contribution towards expected goals.					
Indicators					
1.1.1 Extent to which the Partnership establishes detailed responsibilities and commitments of all stakeholders.					
1.1.2 Reported measures, adaptive management strategies and contingency plans designed to ensure the relevance and adaptability of the model of the Partnership to different and changing contexts, while considering the development-humanitarian nexus.					

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.	
<p>1.1.3 Views and experience of UNFPA staff at global, regional country levels, partners and health authorities at global and national level, and multilateral/bilateral partners regarding the adequacy of the Partnership’s approach and design to adapt and innovate to achieve expected goals in a diversity of contexts.</p> <p>1.1.4 Key stakeholder experiences and opinions on the extent to which the Partnership successfully responds to cases of new global health challenges at country or regional levels.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>All the four thematic areas of “Transformative Action” are relevant to Pakistan context and are urgently needed to support the country to address the stagnated mCPR through expanding Method Mix and choice, strengthening Supply Chain Management, strengthening Health Financing, and strengthening evidence/data generation and use for family planning. The four thematic areas are directly linked with improved logistics management information systems, advocacy for national ownership and increased domestic resource allocation and support in expansion of method mix by introducing new/lesser used methods and FAMILY PLANNING data management. A successful family planning program is directly dependent on a robust, adaptable, and efficient supply chain to ensure not only uninterrupted contraceptive availability but also adjusting to changes in demand and method mix over time. Moreover, discontinuation of contraceptives due to non-availability at the last mile puts women at risk of unintended pregnancy and unsafe abortions, placing undue burden on the health system in addition to resulting in high fertility. Unlike other countries in the region and elsewhere, the use of the modern method has declined by 1%, from 26% to 25% according to the last DHS. The use of short-term methods is relatively high compared to other countries in the region. Among current users of contraceptives, condom use (27%) is most common; followed by traditional methods (27%) and female sterilization (26%); while the contribution by pills (5%), IUCDs (6%) and Implants (1%) is very low. A move towards improving the method mix including long term methods (e.g. implants) and newer methods (e.g. DMPA-SC) is required for improving choices and equitable access to effective methods.</p>	<p>UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.</p>
<p>“Pakistan has a young population (64% of the population is under the age of 29). We need to have youth specific SRH programs, and have more youth engaged into the entire discourse. Young people know about their problems, and they know their solutions as well. There was a time when UNFPA had much more focus on young people, and we need to have that. When we talk to the population welfare, they are only talking about married couples. But the client may or may not be a young person. We need to talk more often to the youth department, the education department. Because this is a young population we need to train them with life skill-based education (comprehensive sexuality education), we need to make them aware.”</p>	<p>KII with Indus Hospital and Health Network. November 2024.</p>
Assumption 1.2 The existing approach for grouping and classifying countries for their eligibility and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition. (Linked to theory of change causal assumption 8)	
Indicators	

Assumption 1.2 The existing approach for grouping and classifying countries for their eligibility and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition. (Linked to theory of change causal assumption 8)	
1.2.1 Documented report alignment between countries classification and type of support (country stage) provided with declared country needs and relevant health-related strategies. 1.2.2 Limited and justified discrepancies (surplus, gaps) between established country commodity allocation and ceilings based on existing indicators and the declared country needs. 1.2.3 Views and experiences of UNFPA staff at global, regional and country level; views and experiences of partners and health authorities at global and national level about the relevance of the existing system to classify and define support provided to countries.	
OBSERVATIONS	SOURCES OF EVIDENCE
Based on updated GNI PC data and eligibility criteria, Pakistan became eligible as “New” country (Group 3) and joined the Supplies Partnership in 2023.	
Pakistan becomes eligible as "New" country (Group 3) based on updated GNI PC Data and updated eligibility criteria.	UNFPA Supplies Partnership (2021). UNFPA Supplies Strategy and Planning Committee Presentation 9th September 2021.

Assumption 1.2 The existing **approach for grouping and classifying countries for their eligibility** and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition.
(Linked to theory of change causal assumption 8)

<div><div><div><div><div><h2>UPDATED Impact of Proposed Eligibility Criteria – Comparing “Eligible” and “Ineligible” Countries</h2><p>Proposed Phase III Countries : 55</p><div><div><div><div><div>Eligible Countries (48)</div><div><div><div>Phase 2- Existing (40)</div><div><div>Benin</div><div>Burkina Faso</div><div>Burundi</div><div>Cameroon</div><div>CAR</div><div>Chad</div><div>Congo</div><div>Côte d'Ivoire</div><div>Djibouti</div><div>DR Congo</div><div>Eritrea</div><div>Ethiopia</div><div>Gambia</div><div>Ghana</div><div>Guinea</div><div>Guinea-Bissau</div><div>Haiti</div><div>Lesotho</div><div>Liberia</div><div>Madagascar</div></div><div><div>Malawi</div><div>Mali</div><div>Mauritania</div><div>Mozambique</div><div>Myanmar</div><div>Nepal</div><div>Niger</div><div>Nigeria</div><div>Rwanda</div><div>Senegal</div><div>Sierra Leone</div><div>South Sudan</div><div>Sudan</div><div>Tanzania</div><div>Togo</div><div>Uganda</div><div>Yemen</div><div>Zambia</div><div>ZIMBABWE</div><div>*PICs</div></div></div></div><div><div>Phase 3 – New (8)</div><div><div>Afghanistan</div><div>Somalia</div><div>Angola</div><div>Cambodia</div><div>Comoros</div><div>Kyrgyz Republic</div><div>Tajikistan</div><div>+PAKISTAN</div></div></div></div><div><div>Ineligible Countries (7)</div><div><div>Phase 2 - Existing</div><div><div>Bolivia</div><div>Honduras</div><div>Kenya</div><div>Lao PDR</div><div>Papua New Guinea</div><div>Sao Tome and Principe</div><div>Timor-Leste</div><div>Zimbabwe</div></div></div></div><div><div>Primary Impact :</div><div>Zimbabwe moves to “Existing, Eligible” category</div><div>Pakistan becomes eligible as “New” country</div></div></div></div></div><div><p>UNFPA Supplies Partnership (2021). UNFPA Supplies Strategy and Planning Committee Presentation 9th September 2021.</p></div></div></div></div></div></div>	
<p>Figure 1. Updated impact of proposed eligibility criteria - comparing eligible and ineligible countries.</p> <p>“We are a new country in the Supplies Partnership; we need capacity building, and different initiatives at the global/regional level to get more understanding and knowledge, especially compared to other countries who are in this business for more than one or two decades. We are getting timely technical advice and support from SCMU and from our regional office.”</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>

Assumption 1.2 The existing approach for grouping and classifying countries for their eligibility and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition. (Linked to theory of change causal assumption 8)	
“The span of support , in terms of the quantities and financial allocations, needs to be enhanced . The gap is too high if we look at the total allocation vs total requirement. The gap is more than 50%. None of the partners are able to fill this huge gap of commodity support, but with little bit more enhanced commodity support and financial support, we can really involve the government in a better way, to see how they can incorporate and fill this huge gap with allocation of more fundings from their side.”	KII with UNFPA Pakistan Country Office. October 2024.
“The support by UNFPA is little, it is not bridging the gap. The demand is higher, the resources of the government are few, only for two-three months in a year.”	KII with Population Welfare Department, Sindh. November 2024.
Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
Indicators 1.3.1 Levels of funding allocation by main funding stream (and sub streams, including the humanitarian contingency plan, the match fund, and others) and evidence of re-allocation across streams in response to changing contexts and/or with a view to creating synergies. 1.3.2 Extent to which the three levels of resource allocation considered in the design of the Partnership ensure that resources are directed where they are needed most and where they can make the biggest difference to accelerating the achievement of Partnership goals. 1.3.3 Documented examples of resource allocation decisions constrained or limited by the existing allocation formula (75 percent supplies, 15 percent HSS and 10 percent MAV). 1.3.4 Extent to which programme support allocated in accordance with the current allocation formula matches the needs and national context as identified in situation analysis and planning documents. 1.3.5 The LMA approach is adequately addressed and funded through the existing MAV and HSS funding streams for its implementation. 1.3.6 Views and experiences of UNFPA staff, implement partners at global, regional country level, as well as Steering Committee and subcommittees’ members on the adequacy of the existing funding streams and sub-streams to achieve expected results.	
OBSERVATIONS	SOURCES OF EVIDENCE

Assumption 1.3 The **existing funding streams** (supplies, HSS and MAV) and **sub-streams are designed to reinforce each other** and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)

Table 1. Planned allocation to Pakistan in 2023 from UNFPA Supplies Partnership Regular Budget.

Summary - Planned Allocation to Pakistan in 2023 from UNFPA Supplies Partnership Regular Budget

Budget Category	2023 Budget Allocation	Comments
Reproductive Health Commodities		
Routine Commodities	N/A	N/A
New and Lesser-Used Commodities	\$ 2,000,587	NLU is allocated upon special request
Match Fund UNFPA Contribution	Up to \$1.5 million	UNFPA will only match government orders for quality-assured commodities that are <u>additional</u> to the minimum domestic financing requirement. Available on a 1:1 basis.
Total	\$2,000,587 + up to \$1.5M in Match Fund	Routine + NLU + potential Match Fund
Managing Accountability and Visibility		
Human Resources	\$90,767	The amount is for following position(s): NOC (or HR contribution for equivalent amount).
Facility Surveys	\$0	For 2023 survey
Transformative Action		
Transformative Action	\$701,777	TA Amounts are transferred to your dept.

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

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

2023 Budget allocation - Transformative Action (TA): An amount of **\$701,777** has been approved and transferred to support in the following areas: a) strengthen supply chain systems, b) diversify sustainable financing, c) strengthen the policy environment for commodity security and choice of methods, and d) seed funding for expanding women's access to new and lesser used commodities through the Transformative Action (TA) funding stream.

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

Information on the previous TA funding that was received in the past:

UNFPA Supplies Partnership Activities running between 01 January – 31 December, 2023.

Utilized amount: 100% (**\$700,000**)

UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System

Assumption 1.3 The **existing funding streams** (supplies, HSS and MAV) and **sub-streams are designed to reinforce each other** and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)

Strengthening Application.

Table 2. Summary of the HSS Application for Pakistan 2024.

Section 2: Summary of particulars of HSS Application

2.1 Number of years covered by this HSS Application: **ONE Year (2024)**

2.2 Summary budget for each area of HSS Application applied for:

No.	HSS Application Area	Total Budget (excluding IC)	
		Amount (US\$)	Percent
1	Expanding Method Mix and Choice	218,027	31.15%
2	Strengthening Supply Chain Management	343,574	49.08%
3	Strengthening Health Financing	103,897	14.84%
4	Strengthening evidence/data generation and use for FP	34,500	4.93%
Total		699,998	100.00%

UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.

Assumption 1.3 The **existing funding streams** (supplies, HSS and MAV) and **sub-streams are designed to reinforce each other** and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)

Table 3. Summary of the TA application for Pakistan for 2022.

No.	TA Application Area	Total Budget (excluding IC)	
		Amount (US\$)	Percent
1.	Strengthening Supply Chain Systems	237,983	34%
2.	Enabling environment for increased commodity security for a choice of methods;	63,291	9%
3.	Enabling environment for increased sustainable financing for RH/FP from domestic and other sources	201,699	29%
4.	Seed Fund to bridge availability and access for the hardest to reach women and girls)	198,804	28%
Total		701,777	

UNFPA (2022). UNFPA Supplies Partnership - Narrative Template for Transformative Action Application for 2023.

- “Since inception of the activities under the Supplies Partnership in 2023, we have prepared the HSS application. **All the HSS support (700,000 USD) was focusing on the technical assistance**, there was no single item or commodity support (different from the HSS application).”
- “This year we received 700,000 USD under the HSS application. We also got **190,000 USD for the facility assessment** to capture the stock availability position at the last mile. The assignment is currently undergoing, and we're expecting by mid-next month to get the draft report of the assessment. This is the first time in Pakistan we are conducting this assessment. Previously, we were not part of the global Supply Partnership; now we have the privilege to be able to mobilize funding to conduct this facility assessment.”

KII with UNFPA Pakistan Country Office. October 2024.

The HSS application will contribute to all four outcomes of the UNFPA Supplies Partnership. In line with the outcomes and the UNFPA Pakistan landscape analysis report, the TA will specifically contribute to the following outputs:

UNFPA (2024). UNFPA Supplies Partnership

Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
<ul style="list-style-type: none"> • 1.1: Efficient and timely procurement of a choice of quality-assured reproductive health commodities • 1.2: Increased Range and Availability of family planning commodities for marginalized groups in line with reproductive rights • 2.1: Improved supply chain management through roll out and introduction of ECR and use of cLMIS at district level • 2.2: Improved commodity and data visibility for last mile assurance • 3.1: Increased and diversified allocations and use of domestic resources for reproductive health commodities and services • 3.2: Family planning explicitly included and funded in development strategies and plans in the context of PHC and UHC • 3.3: Number of family planning donor working group meetings held at national level for improved coordination towards family planning services in Pakistan • 3.4: Sustainable financing planning • 4.1: Build in-country capacity on LMA processes and tools • 4.2: Increase visibility of commodity safeguarding, distribution and use through the LMA process 	Narrative Template for Health System Strengthening Application
<p>The HSS application can contribute to achieving the objectives and results outlined in the UNFPA Supplies Compact Agreement through following ways:</p> <p>1) Expanding method mix for improved contraceptive commodity security: the activities outlined in the HSS applications will play a crucial role in improving access to a wide range of contraceptives. This includes raising awareness about contraceptive methods particularly new methods, ensuring their availability in health facilities, and facilitating community-level distribution.</p> <p>2) Efficient supply chain management system: The activities focus on family planning commodities supply chain systems strengthening through robust monitoring, advocacy, and capacity building initiatives. The areas include; forecasting and quantification, procurement, standard warehousing guidelines, distribution of contraceptives up to last mile, cLMIS, and quality assurance. This helps prevent stockouts, overstocking, streamline logistics, and ensure a consistent supply of family planning commodities.</p> <p>3) Policy advocacy for health financing: The HSS application include activities to advocate the federal and provincial governments, donors, and private sector stakeholders for supportive policies and create awareness about the importance of family planning and resource allocation for contraceptive procurement at the policy level. This supports an enabling environment for family planning programs.</p> <p>4) Data collection and monitoring: The HSS application encompasses data collection and monitoring features in line with requirement under FP2030 commitments. This helps in tracking the utilization of family planning commodities and services,</p>	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.

Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
understanding demographic trends, contraceptives consumption trend, and identifying areas that require specific attention or resource allocation.	
Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles. (Linked to theory of change causal assumption 9)	
Indicators 1.4.1 Human rights-based approaches and gender transformative approaches are embedded within the design of the Partnership and effectively implemented. 1.4.2 LNOB principles are embedded within the design of the Partnership and effectively implemented. 1.4.3 Views and experiences of implementing partners and right-holders' organizations on the strength of human resources, gender equality and LNOB principles in the design of the Partnership interventions.	
OBSERVATIONS	SOURCES OF EVIDENCE
"The jargon of Leave No One Behind and LMA are now understood, and everyone is using these words, realizing that if the client is going unattended and left behind, the struggle is to reduce MMR are not achieved."	KII with Population Welfare Department, Sindh. November 2024.
UNFPA supported development of National Human Rights Based Approach to family planning back in 2019. The document will be updated under the TA application. In addition to the HRBA approach, UNFPA supported development of the first ever rights based national narrative on population and family planning which has been approved by the government and the Council of Islamic Ideology of Pakistan . Pakistan's national narrative states "parents have the right to freely and responsibly decide the number and spacing of their children to fulfil the fundamental rights of their children and family by maintaining a Balance/Tawazun between their family size and resources. The Government and society have the responsibility to facilitate parents to achieve this balance by providing universal access to family planning information and services, thereby achieving sustainable development". The national narrative aims at balanced population growth to ensure wellbeing, prosperity, safety and security—which is the common aspiration of the people of Pakistan. The attainment of this imperative goal is possible through three inter-linked principles: Rights, Responsibilities and Balance. "The first principle (Rights) recognizes that all citizens of the country have fundamental rights, which are enshrined in all religious teachings, the Constitution of Pakistan and the international covenants (ICPD, FP2020, SDGs) to which Pakistan is a signatory. This includes the right to adequate shelter, nutrition, health and family planning, education, employment opportunities and gainful livelihoods to improve the quality of life". An updated HRBA guidance and the national narrative will be used to ensure rights-based approach is applied in policy, programming and service delivery.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.

Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles. (Linked to theory of change causal assumption 9)	
It has been realized globally that over population always remains a cross-cutting issue for development having close linkages with poverty, health, political and economic instability, etc. Pakistan has also considered the same under CCI key thematic areas and developed a national narrative with the agreed theme “TAWAZUN” and to decide the family size according to the available resources, enabling to fulfil the fundamental rights of all. Keeping in view the global commitments, Pakistan has set the vision statement in line with its socio-culture norms that “by the end of 2030, Pakistan envisions a society where women and girls are empowered and all couples enjoy basic rights to decide the number of their children freely and responsibly by maintaining a balance (tawazun) between their family size and resources, make informed choices to achieve a prosperous, healthy, and educated society”.	Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.
The principle of leaving no one behind and reaching the furthest behind first will be central to the new CPD and thus the TA application to address the needs and concerns of women, girls, young people, refugees, persons with disabilities, transgender persons and other minorities, vulnerable and marginalized groups. The four objectives of the TA area will address availability of modern contraceptives by strengthening and expanding cLMIS deeper into sub-national level, introduction/expansion of lesser used methods to more geographic areas and populations (e.g. youth, low income, and remote communities) through task sharing/task shifting, promoting HRBA through updated guidance and by enabling sustainable financing to address stockouts of essential supplies.	UNFPA (2022). UNFPA Supplies Partnership - Narrative Template for Transformative Action Application for 2023.

EVALUATION QUESTION 2: To what extent is the Partnership effective at increasing availability and choice of reproductive health and family planning commodities for all women who want and need them, including marginalized groups and those in humanitarian situations, through the Partnership strengths in global forecasting, procurement, quality assurance, and delivery?					
CRITERIA	Effectiveness/ coverage	AREA OF INTEREST	Strategic objective 1 – Availability and Choice (supply dimension)	LINKAGES TO THE THEORY OF CHANGE	Linked to the green boxes for strategic objective 1 in the middle of the theory of change.
RATIONALE	<p>This evaluation question focuses on assessing the contribution made to the achievement of strategic objective 1 about increasing the availability and choice of quality-assured reproductive and maternal health commodities. Given the strong focus of the Partnership on availability (75 percent of funds) versus access (15 percent of funds), this area of investigation strongly emphasizes the supply dimension of the Partnership and the interlinkages between strategic objective 1 and the other strategic objectives. These interlinkages (and particularly with strategic objective 2, also focused on the supply dimension) highlight the broader impact of improving availability on various facets of reproductive and maternal healthcare, ultimately contributing to a more robust healthcare system. Additionally, by focusing on supply chain efficiencies, the Partnership aims to create a sustainable and scalable model that not only addresses current gaps but also anticipates future demand in reproductive and maternal health services.</p> <p>The question examines the strength of the Partnership procurement planning and efficiency, while addressing UNFPA market-shaping capacities. Additionally, the related key assumptions also test the provision of a wide range of high-quality SRH commodities to countries, including in humanitarian settings. Finally, the question also addresses the adaptability of the Partnership to distribute routine commodities as well as new and lesser-used commodities across different country and regional contexts.</p>				

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

Indicators

2.1.1 Reproductive health commodities by type and volume (including dollar amounts) procured and shipped to partner countries (per their requests/orders) by the Supplies Partnership over time.

2.1.2 Records of coordination meetings and consultations to identify goals and determine negotiating positions prior to contracting with global suppliers.

2.1.3 Functioning mechanisms/processes for forecasting demand for and planning timely delivery of selected quality reproductive health/family planning commodities, including through coordination efforts with other in-country partners.

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

2.1.4 Trends over time in prices and choice of products available for a sample of reproductive health/family planning commodities as identified in long and short-term agreements.

2.1.5 Functioning mechanisms/processes for quality assurance and quality control for commodities/products procured and shipped with support of the Partnership.

2.1.6 Downward trend in instances of sub-standard quality and delays in shipment of products/commodities.

2.1.7 Examples of innovation in reproductive health/family planning commodities and products procured.

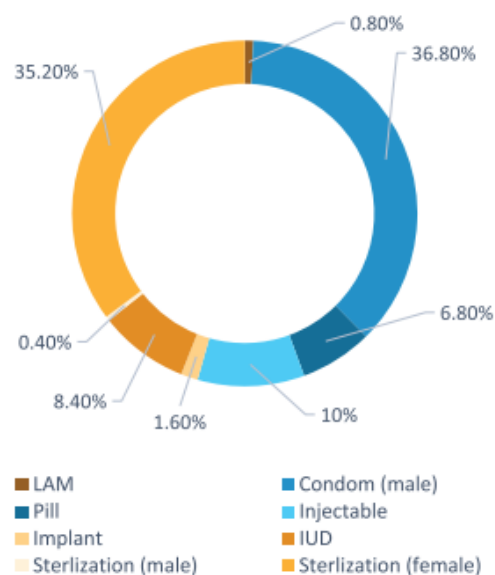
2.1.8 Stakeholders' perception of the Partnership's ability to forecast and procure Reproductive health commodities, and to influence and help shape the market for these products.

OBSERVATIONS

SOURCES OF EVIDENCE

Figure 1

Contraceptive method mix in Pakistan



UNFPA (2020).
Landscape analysis of
contraceptive
commodity security in
Pakistan.

Figure 2. Contraceptive method mix in Pakistan.

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.	
<p>Almost no growth in contraceptive prevalence rate as per comparison of PDHS 2012-13 and 2017-18, paints a dismal picture of the outcome of Pakistan's population program. Pakistan lags far behind other regional countries in terms of CPR; India and Bangladesh are doing much better with their CPR being close to 50%. Pakistan's contraceptive method mix has not changed much from 2012 to 2017. The use of modern method has rather declined by 1%. There has been no or minimal change for almost all methods. The use of short-term methods is relatively high compared to other regional countries.</p>	<p>UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.</p>
Reproductive health commodities procured and shipped to Pakistan by the Supplies Partnership	
<p>"So far we have received three commodities under the Supplies Partnership support: two commodities are NLU and one commodity is the emergency contraceptive pills."</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>
<p>"Some additional commodities were mobilized (DMPA-SC, EC pills). This additional support is helping to fill the gap, which we try our best to narrow. We are looking at SCMU and the Supplies Partnership at the global level to get additional support to the government of Pakistan especially for the commodities which are not freely available in Pakistan. There are commodities the government of Pakistan has to procure from the international market, because the local production of contraceptives is only limited to the pill and injectables, that's the only commodity they are procuring. If the government of Pakistan is facing a financial crunch, especially in foreign exchange, sometimes it also happened to go for internationally bidding and procurement. Our request is that we may get support from UNFPA headquarters at least for those commodities which are internationally procured, so we can fill the gap and ensure the availability of contraceptives at the last mile."</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>
<p>"UNFPA should have a strategic supply of reproductive health commodities and contraceptives (in Copenhagen at SCMU or regionally) to be provided based on needs. [...] Funds are always short, no matter which country you go to. The complementary of UNFPA is always acknowledged; they always support the department at different levels. We are an "orange" province, so we only receive soft type of support e.g. capacity building (except for the Match Fund). We have been discussing that UNFPA should provide contraceptives, because the direct purchase of contraceptives is not there. Our suggestion is that UNFPA should develop a strategic reserve to provide contraceptives to those countries where there is a temporary shortage.</p>	<p>KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.</p>
<p>"A decade ago, there were 2 partners: USAID and UNFPA. UNFPA was advocating for procurement of contraceptives through UNFPA mechanism and USAID was teaching how to procure within the department. The technical problem that came was that the procurement of UNFPA products through UNFPA's systems is impractical, undoable, keeping in view the provincial procurement rules and the financial policies, audits."</p>	<p>KII with Population Welfare Department, Sindh. November 2024.</p>
<p>"UNFPA has supported in the last 2 years with the supplies of commodities. Last year we received DPMA-SC (85,000 units) and Implanon NXT (than 10,000 units)"</p>	<p>KII with Population Welfare Department, Sindh. November 2024.</p>

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.	
UNFPA has donated 193,000 vials of DMPA-SC Sayana Press Injections and 157,000 units of Implants (Implanon NXT) under the UNFPA Global Supplies Partnership program to the Government of Pakistan for increased family planning services for marginalized groups and improved reproductive health commodity security (RHCS) in the country. The shipment of 193,000 vials of DMPA-SC Sayana Press Injections was arrived at Islamabad during October 2023, therefore, to save time and resources, the stock was directly distributed from Islamabad to provinces ¹ and regions during November 2023 as per their requirements.	UNFPA (2023). Report on visit to the central warehouse and supplies, Karachi.
The availability of reproductive health commodities and contraceptives has fluctuated over the years. Provinces have not been able to sustain improvements in availability of contraceptives, especially after the phasing out of USAID support.	
Government Involvement: The procurement of contraceptives in Pakistan is typically coordinated and managed by government departments , primarily the Ministry of National Health Services, Regulations, and Coordination (NHSRC) and its Population Program Wing (PPW). PPW work in collaboration with provincial health and population welfare departments to ensure the availability of contraceptives across the country.	UNFPA (2023). Inception report: Technical Assistance to support at national level to improve partnership and decision-making for availability of contraceptives at last mile.
“In Pakistan, we are not getting commodity support from UNFPA; the major procurement and funding is being done by the Government of Pakistan. We are operating in a devolved setting, meaning the ministry of health at the national level is not responsible for procuring contraceptives for the entire country. They are only focusing on some of the federating areas, but rest of the procurement is being done by the provincial governments , so they are allocating their own resources.”	KII with UNFPA Pakistan Country Office. October 2024.
“There are two types of contraceptives we procure: the combined oral pills and injectables, which are manufactured locally, and then IUDs, Jadelle and condoms, which are not locally produced but imported. In 2020 we were having issues procuring condoms and IUDs. UNFPA then jumped in and helped to procure these from SCMU. We were able to get the approval from the government (direct purchasing is not usually allowed). We had advertised the bid two times, but no one came forward. We were able to procure these with the help of UNFPA team.”	KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.
Procurement process of contraceptives in Pakistan <ul style="list-style-type: none"> Procurement Methods: The procurement process involves various methods depending on nature of procurement, including open competitive bidding, single source selection, negotiated tendering. The government and relevant 	UNFPA (2023). Inception report: Technical Assistance to support at national

¹ See Annex 2. Administrative units of Pakistan for an overview of the provinces of Pakistan.

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.		
<p>health departments aim to procure contraceptives at competitive prices while ensuring quality and safety standards are met.</p> <ul style="list-style-type: none"> • Quality Assurance: Quality control and assurance measures are a crucial part of the procurement process. Contraceptives procured in Pakistan must meet international quality standards to ensure the safety and effectiveness of these products for users. • Warehousing: Contraceptives warehousing in Pakistan, like in many countries, involves the storage and distribution of various contraceptive methods to ensure their availability and accessibility to the population. The distribution and warehousing of contraceptives in Pakistan typically involve several key stakeholders, including government departments, non-governmental organizations (NGOs), and international organizations. A central warehouse in Karachi, Pakistan, serves as a key storage and distribution hub for contraceptives commodities. • Distribution: After procurement, contraceptives are distributed to health facilities, clinics, and hospitals across Pakistan, including both urban and rural areas. The efficient distribution network is essential to ensure that contraceptives are readily available to those in need. • Challenges: Pakistan faces challenges in terms of contraceptive procurement and distribution, budget constraints, logistical issues, and cultural factors that influence family planning decisions. Addressing these challenges is essential to improving access to contraceptives and reproductive health services. 	<p>level to improve partnership and decision-making for availability of contraceptives at last mile.</p>	
<p>One of the key parameters of countrywide commodity availability is the inflow and outflows from the central warehouse. Central Warehouse Karachi is main hub of incoming shipments to both health and population welfare departments in Pakistan. After devolution in 2010, the control of the warehouse rested with the federal government. However, all provinces agreed to use it as a central store maintaining separate provincial accounts of contraceptives for provincial procured commodities after the USAID commodity support weaned off in 2016. The two graphs below show the inflow and outflow (all accumulated outflows to provinces and regions) of contraceptives since 2010. The graph clearly shows a rapid decline in inflows from 2016. This could partially be explained to some strengthening of buffer stocks by USAID before weaning off, however, the major reason has been delayed uptake of procurement responsibilities by the provincial governments due to various reasons. The distribution chart below shows a more reliable picture of how the demands at district stores and SDPs have been met. It shows a clear decline from year 2016 onwards. This is explained by low incoming supplies as mentioned earlier.</p>	<p>UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.</p>	

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

Figure 4

Inflow of contraceptives to Central Warehouse and Supplies, Karachi (Source: LMIS)

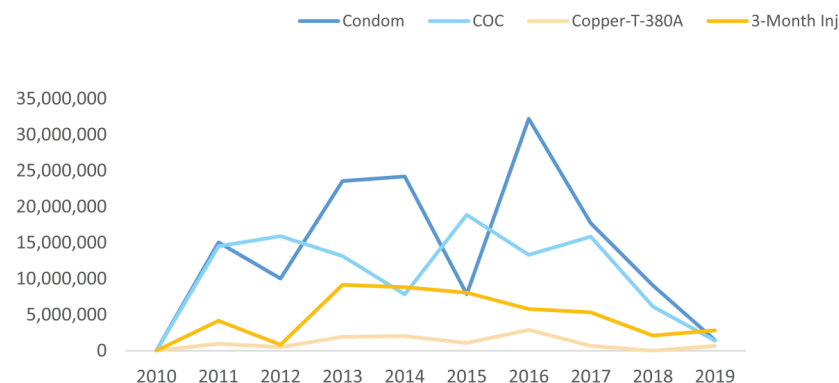


Figure 5

Outflow of contraceptives from CWH, Karachi (Source: LMIS)

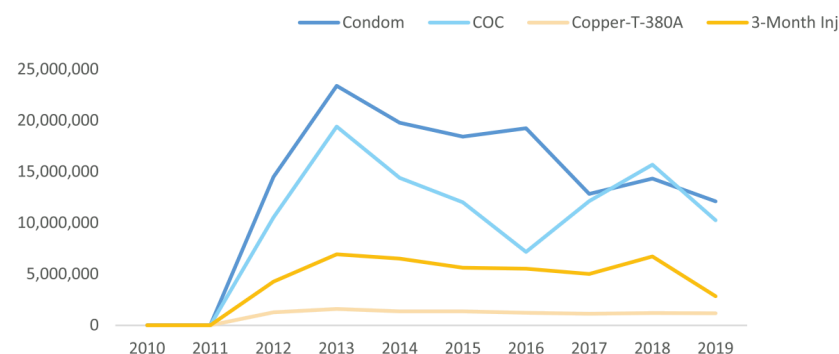


Figure 3. Inflow of contraceptives to Central Warehouse and Supplies, Karachi (top) and outflow of contraceptives from CWH, Karachi (bottom).

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.	
Each province has taken a different course in terms of flow of supplies, reporting and requisitions since devolution in 2010. However, sharing of space in Central Warehouse in Karachi exists, as a hub for internationally procured products. The schematic below provides a generic overview of supplies within DOH, PWD and Private sector at various levels of supply chain.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.

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

Figure 18

Generic description of requisitions and flow of commodities for DOH, PWD and Private sector

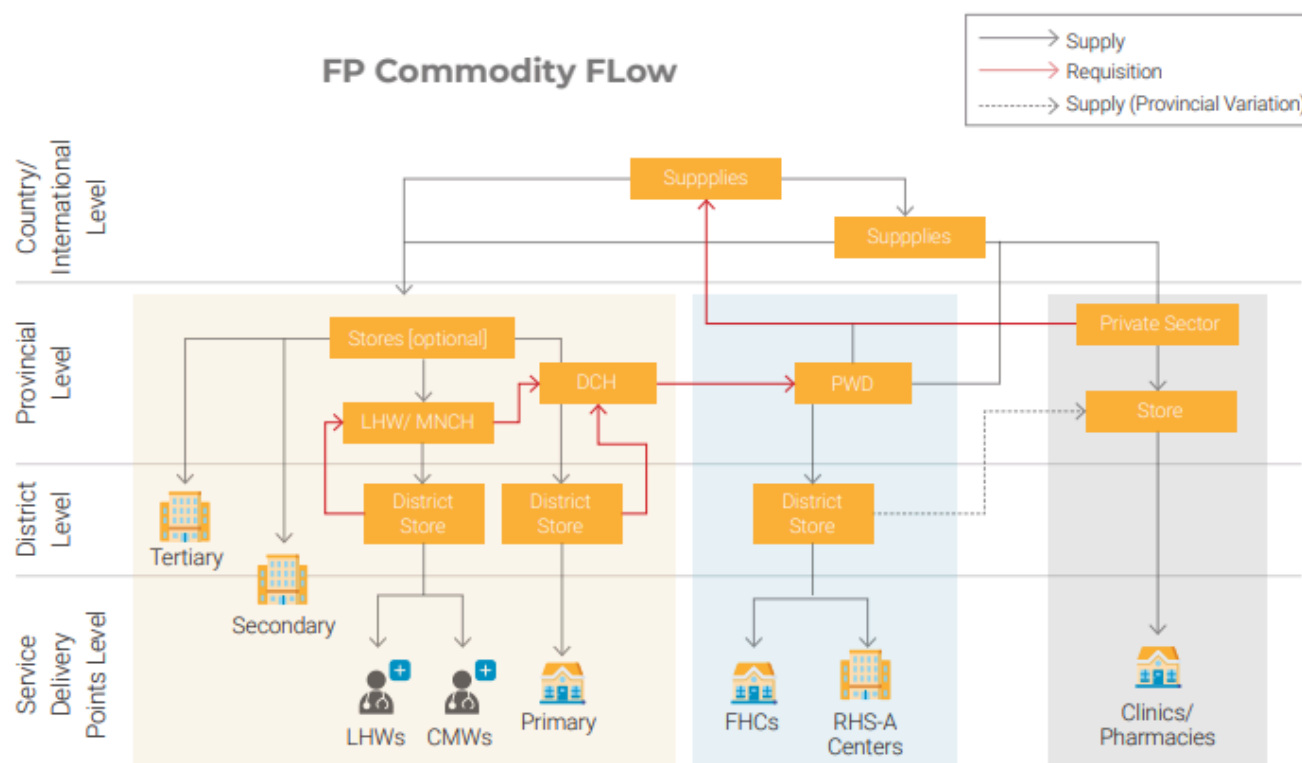


Figure 4. Generic description of requisitions and flow of commodities for DOH, PWD and Private sector in Pakistan.

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Pakistan has struggled to sustain improvements introduced through various programs and interventions during the last two decades and contraceptive availability has waxed and waned since the start of the century. Lack of contraceptive availability renders the other resources and investments useless. Moreover, discontinuation of contraceptives due to non-availability puts women at risk of unintended pregnancy and unsafe abortions, placing undue burden on health system in addition to resulting in high fertility.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
There are number of procurement challenges . IUD procurement has remained a problem due to major providers being Indian companies, as there is ban on importation of products from India . Another more critical challenge is lack of trained human resource in the procurement cell. One of the most vital processes of the supply chain and commodity security is managed only by two to three staff members and addition of staff remains a problem due to hiring ban. There are no automated procurement efficiency tools in place . Local production indeed is much required for cost efficiency and avoiding high lead times for international procurements . However, the process is stalled since being initiated by federal government. No follow up has been done after an initial meeting with potential producers. Punjab and Sindh had expressed reservations on pooled procurement due to their own relatively improved procurement process and economies of scale. However, for any such mechanism to succeed it must have the buying and participation from the two larger provinces.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
In Khyber Pakhtunkhwa province, in terms of local production of contraceptives, no manufacturer is WHO prequalified . There are only few local companies producing contraceptives . Constraints are being faced in terms of potential bidders due to the aforementioned factor and also due to low quantities required by KP.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
Companies who are locally manufacturing contraceptives are not accredited with UNFPA and WHO and therefore cannot export contraceptives to countries where UNFPA/WHO accreditation is required. However, special exemption has been given to contraceptive manufacturing companies in Pakistan by UNFPA to procure their products as per PPRA rules, which supports competitive bidding . More than 700 pharmaceutical companies are working in Pakistan but only a few have pre-qualified production facilities. The agenda of the proposed National Steering Committee should include not only re-assembling of contraceptives but re-packing of contraceptive devices to reduce costs. Besides PPRA rules are old and lack the technicalities related to Contraceptive Procurement Rules and a new clause should be added in PPRA Rules especially for contraceptive procurement.	Government of Pakistan, Ministry of National Health Services, Regulations & Coordination, Population Programme Wing (2023). Approved Minutes of National Consultative Meeting on Local Production of Contraceptives in Pakistan Held on 21st November 2023 at

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.	
	Serena Hotel, Islamabad.
<p>The federal and provincial governments of Pakistan are cognizant of the whole gamut of challenges encountered by provinces in procuring internationally manufactured contraceptives during the last few years such as delays in international procurement owing to increased lead time, payment modalities to international manufacturers, transfer of huge foreign exchange, and finally absence of World Health Organization (WHO) prequalified firms and testing laboratories in Pakistan. Therefore, the realization is evident that local manufacturing is the best way forward to achieve the daunting targets of family planning. The potential benefits of local manufacturing of the contraceptives are listed below:</p> <ul style="list-style-type: none"> • Increased product availability, leading to improved Contraceptive Prevalence Rate (CPR) • Efficient and timely procurement by decreased procurement timelines and procedures due to local procurement. • More efficiently/expediently meeting emergency requirements; contraceptives Increased efficiency and quality of locally manufactured products • Improved pricing control as Drug Regulatory Authority Pakistan (DRAP) has full control over drugs pricing in the country • Easy product recall • Increased export of pharmaceutical products and boost to the local economy 	<p>Government of Pakistan, Population Program Wing (n.d.). Brief on local production of contraceptives in Pakistan.</p>
<p>There are multifarious factors influencing the investment in contraceptives production, as it is a capital-intensive and enjoys significant and increasing returns to scale i.e. unit production costs decrease as the volume of production increases. Hence, the production volumes must be sufficient to keep the costs – by extension price to consumers/buyers – low enough to be competitive in the market. Based on the analysis for public, private and commercial sectors, it is evident that there is huge potential for venture capitalists, pharmaceutical industry investors, and existing suppliers to benefit from the high Return on Investment (ROI) besides affording opportunity to attract foreign investment. The projections conducted offer a promising ROI to the new entrants as well.</p>	<p>Government of Pakistan, Population Program Wing (n.d.). Brief on local production of contraceptives in Pakistan.</p>
<p>Pakistan had seen an improvement in contraceptive commodity availability since the start of supply chain strengthening efforts in year 2009. Almost \$108 million worth of contraceptives were supplied to federal and provincial governments from January 2010 to June 2016 (2). The overall support resulted in more than 80% average contraceptive commodity availability (3). Only 15% stockouts were reported for male condoms and three-month injectables, and stockouts for combined oral contraceptives (11%) and intrauterine contraceptive device (9%) were even lower. There was a marked improvement in availability in facilities managed by health departments. The project adjusted its approach as per the devolution in 2010 and worked directly with provinces to build institutional capacity for supply chain management. However, all provinces were not able to sustain improvements in availability after weaning off of USAID commodity support in 2016. Responsiveness of provinces to additional procurement and distribution responsibilities was variable leading to less than optimal spending and increasing stockouts.</p>	<p>UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.</p>

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.	
<ul style="list-style-type: none"> ● KP: Issue of tax relief for potential investors in Special Economic Zones in the Province. Rs 2.00 Billion was allocated in F.Y. 2022–2023 for procurement of contraceptives and Rs. 1.00 Billion expenditure was incurred in F.Y. 2022–2023 for procurement of contraceptives. ● Sindh: 3–5 Billion has been incurred on procurement of four local and four international contraceptives during subsequent years. Challenges in the procurement of local and international contraceptives: <ul style="list-style-type: none"> a) either vendor is having monopoly or biopoly b) process of permission from DRAP c) tax rates on contraceptives have increased to 21% d) single source available for production of contraceptives e) no competitive cycle due to monopoly f) less competitive environment in local and imported contraceptives ● Balochistan: provincial consumption of contraceptives is very low i.e. 19% against the target of 30%. Health and PWD procure contraceptives worth Rs 150.000 million in F.Y. 2022–2023. There is no competition in procurement for local contraceptives. ● AJK: there was advertisement for purchase of contraceptives in F.Y. 2022–2023, however no bidder participated in the tendering process and supported the proposal of local production of contraceptives. 	Government of Pakistan, Ministry of National Health Services, Regulations & Coordination, Population Programme Wing (2023). Approved Minutes of National Consultative Meeting on Local Production of Contraceptives in Pakistan Held on 21st November 2023 at Serena Hotel, Islamabad.
<p>In Khyber Pakhtunkhwa province procurement challenges were identified as the core of lack of contraceptive availability in the province. Complicated and lengthy procurement process leads to undue delays. Approval processes for release of funds become a bottleneck for timely availability of funds. Procurement staff is mostly overburdened and has difficulty in complying with procurement timelines. In addition to these internal factors, there are external factors like lack of local providers for contraceptives and difficulty of finding suppliers for quantities which may relatively be smaller for KP. One of the critical need identified by the province is to have a pooled procurement mechanism for economy of scale and also making the procurement process more efficient. There should be a viable mechanism for inter-district and inter provincial borrowing, which required collaboration among provinces to avoid stock-out and expiries. In addition, a distribution system managed by a third party could be more efficient and even cost effective in the longer run.</p>	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
<p>Purchase of implants could not be made during 2021–2022 due to non-participating of bidders during the bidding process. UNFPA was asked to provide implants to PWD KP to keep pace with the growing demand of family planning users. Currently there is no provision with UNFPA for implants, however, UNFPA will look into the matter next year.</p>	Government of Khyber Pakhtunkhwa, Directorate General Population Welfare (2022). Minutes of the second quarter FP-2030 working group

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			meeting held on August 12, 2022.
Last mile availability is solely dependent on timely commodity financing and procurement. Since the uptake of responsibility of procurement by provinces certain challenges have emerged related to procurement. There have been instances of reluctance of provinces to initiate procurement due to lack of capacity or fear of litigation. Sometimes, the initiation is delayed as data is not used to understand the critical window for initiating procurements. Procurement capacity is also a challenge , especially in population welfare departments. There is no procurement strengthening and capacity building program currently in place. Procurement monitoring either does not exist or is based on outdated methods. The smaller provinces have had difficulties in international procurements due to less quantities on orders. High lead times for internally procured products sometimes leads to unforeseen delays.			UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
Delays in shipment of commodities			
“There is an extensive, unprecedented lead time of supplies. The long lead time may affect our trust and support to the government, because they are planning accordingly. If we inform them that they are eligible for getting this support (1.5 million USD) and they share with us the need of their commodities, ultimately, they reduce the commodities from their own supply plan. If they're not receiving these supplies on time, it will affect their supply planning. Last year's Match Fund was matured in October/November and only now, in November 2024, we are receiving these commodities, after 12 months. They were expecting these commodities in March/April. They were frequently asking about the supplies, and we were informing the international procurement requires ample time to mature and to conclude. This year we have not yet finalized the maturity of the Match Fund documentation. After, it will definitely take another six months to one year to make sure the commodities are received. How can we squeeze the lead time down to the bare minimum? There is a famous saying that if you don't have the solution, don't come with the problem. We have the solution: we can engage in local producers and local manufacturers, for those commodities which are being manufactured locally in Pakistan , which are registered from the local regulatory authority.”			KII with UNFPA Pakistan Country Office. October 2024.
Absence of local production for Condoms, IUCDs and implants poses a major challenge for procurement. Longer lead times and process requiring foreign currency transactions causes delays. In addition, limited number of suppliers for some specific products is also a challenge. High tax on raw materials as well is an impediment to local production. Similarly, including family planning commodities in the taxable list is a major disincentive for producers.			UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
Forecasting and quantification			
Quantification and forecasting of family planning commodities was done for Projected Market for 7 years from 2024-2030 for public, private and commercial sector of entire country.			UNFPA (2023). Narrative Reporting Template for the UNFPA
Description	PKR in million	USD in Million	

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.				
Public Sector	61,975	\$215		Supplies Partnership Annual Report 2023.
Private Sector/NGOs	23,964	\$83		
Commercial Sector	9,586	\$33		
Total	95,525	\$331		
Figure 5. Financial requirement for public, private and commercial sectors for family planning commodities based on the quantification and forecasting.				
“In Pakistan, UNFPA has helped the partners a lot. Except for Sindh, Punjab, KP, Balochistan had procurement-related and forecasting and quantification issues. Their procurement is done by two-three partners. In Sindh, the procurement is done by the single department and unit and 8-10 persons are directly involved with forecasting and quantification of the commodities.”				KII with Population Welfare Department, Sindh. November 2024.

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
Indicators 2.2.1 Documented increased availability of reproductive health commodities in targeted countries to which the Partnership has contributed, through (a) technical assistance; (b) capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; (e) advocacy. 2.2.2 Documented increased quality of Reproductive health commodities in targeted countries linked to the Partnership, through (a) technical assistance; (b) capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; and (e) advocacy. 2.2.3 Percent of targeted countries where NLU contraceptives have been introduced. 2.2.4 Reported experiences of UNFPA staff and health authorities at central, regional and district levels regarding availability of an appropriate mix of SRH and maternal health commodities. 2.2.5 Stakeholders’ perception of the Partnership ability to expand contraceptive method choice.	
OBSERVATIONS	SOURCES OF EVIDENCE
The second component of Supplies Partnership support during 2023 was to improve contraceptive commodity security at the last mile through facilitating the public sector to design and formulate a policy document. Following major accomplishments were made during 2023: 3. Conducted national and sub-national training of trainers for expansion of lesser-used methods, especially Implants and DMPA-SC.	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.
To expand choices and new methods, UNFPA in Pakistan has conducted trainings on Implanon NXT and DMPA Syana Press SC (4 national and 12 sub-national training of trainers).	UNFPA (2023). Narrative Reporting

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<p>Total number of service providers trained:</p> <ul style="list-style-type: none"> • National: 4 batches of 60 trainers trained • Punjab: 2 batches of 36 trainers trained • Sindh: 2 batches of 36 trainers trained • KP: 2 batches of 30 trainers trained • Balochistan: 2 batches of 40 trainers trained • AJ: 2 batches of 38 trainers trained • GB: 2 batches of 30 trainers trained <p>Total: 270 participants trained in 16 batches</p>	<p>Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<p>“The method choice has been expanded. In Sindh, Implanon NXT was not in use for the 8 years, but it was then added to the commodity basket and supplied through UNFPA. The client now has the choice of 2 contraceptives, double and single rod. DMPA has also been added to increase the choice of the client and improve the basket of commodities available at service point.”</p>	<p>KII with Population Welfare Department, Sindh. November 2024.</p>
<p>“The choice of contraceptives should always be left with the user, on the advice of the service provider. UNFPA has been advocating for LARC e.g. IUDs and implants. UNFPA is always advocating and supporting LARC. In this province there are far away areas, so when a client comes, they do not want to come back in 1-2 months, but rather a year.”</p>	<p>KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.</p>
<p>Pakistan does not have an updated national supply chain and reproductive health commodity security strategy. In addition to supporting development of an updated strategy in line with the FP2030 commitment, UNFPA will use the TA Application to expand work done to promote new and lesser-used commodities. Since 2018/19, UNFPA has played key role in the introduction and familiarization of DMPA-SC both through public and private sectors. Beginning in 2018/19 with a donation of DMPA-SC for introductory trial, UNFPA supported familiarization of this new method through private sector by providing additional donations, provider capacity building and evidence generation for advocacy. Similarly, UNFPA supported development of sub-national (provincial) strategies for task sharing/task shifting for expansion of LARCs through mid-level care providers. Under the TA application, in addition to expanding its capacity building efforts for supporting public and private sector, UNFPA will advocate for full integration of these methods into regular programmes and operations. Under task sharing/task shifting and as part of its advocacy, UNFPA will promote self-care (DMPA-SC) approach to gradually empower users.</p>	<p>UNFPA (2022). UNFPA Supplies Partnership - Narrative Template for Transformative Action Application for 2023.</p>
<p>“The recently provided commodities (Implanon NXT, DMPA-SC) have been considered by the Government of Pakistan as NLU. Except for one province (Sindh), the rest have not included these commodities in their procurement list. The support under the Supplies Partnership last year and this year will motivate them. They are using the same commodities for forecasting purposes and getting confirmation that the commodities are being used very well and they are received by the clients, and they</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>

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are doing visibility assessment reports. These commodities support will help them to mobilize their resources, as well as include these commodities permanently in their procurement list.”	
Capacity building for forecasting and quantification	
“We have arranged forecasting and quantification capacity building at the national and provincial level. We have a fleet of provincial level master trainers , and they are arranging, with backup support from UNFPA Pakistan country office, all the quantifications forecasting training. We have arranged the methodology for the forecasting and quantification training and incorporated all components of the supply chain management, so the persons who are responsible for commodity security within the provinces are aware of forecasting quantification and all components of the of the supply chain management i.e. supply planning, procurement and distribution, warehousing, last mile delivery, LMIS and reporting. All these components are included in the supply chain management capacity building workshop we are arranging right now at the provincial level, with UNFPA support. Even the provinces themselves are arranging this workshop. The core objective is how to make available all these commodities at the last mile and the people who are responsible for delivering all these commodities and making available these commodities should be aware about this.”	KII with UNFPA Pakistan Country Office. October 2024.
“Last year, which was our first year in the Supplies Partnership, we had a capacity building on the forecasting and quantification opportunity (workshop in Botswana). Based on that, we have conducted two trainings on forecasting and quantification at the national level (in 2023 and this year). This year we did one training at the national level and in the four provinces of Pakistan we are conducting the training by inviting the relevant stakeholder from the Department of Health and PWD at the provincial level. We are trying our best to build and enhance the capacity of the government in forecasting and quantification . These are the some of the steps which we are taking to enhance the capacity of the provincial government so that they can plan better, and arrange their resources better, in a more efficient manner.”	KII with UNFPA Pakistan Country Office. October 2024.
Training of Trainers on Quantification UNFPA staff members participated in regional training in Gaborone, Botswana. As a follow up, training of trainers (TOT) conducted and facilitated at national level to roll-out reproductive health commodities quantification in fourth quarter of 2023 for relevant supply chain personnel for strengthening contraceptives commodity security In Pakistan.	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023
There has been minimal budget for in-service training and therefore capacity building through regular refresher courses has always been a soaring issue, dependent on donors’ support.	Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement,

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.	
	planning and management of RH commodity security.

<p>Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers emergency reproductive health/family planning kits and individual products with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their reproductive health/family planning requirements.</p>	
<p>Indicators</p> <p>2.3.1 Extent to which clear roles and responsibilities are established between the Partnership and the Humanitarian Response Division at the global, regional and national levels to ensure Partnership countries at a higher risk of rapid onset emergencies integrate humanitarian principles (e.g. basic humanitarian functions integrated into the supply framework) to strengthen preparedness and resilience.</p> <p>2.3.2 Programme humanitarian response plans include explicit matching of content of emergency Reproductive health and family kits with identified needs of women and girls in the specific humanitarian setting, in concert with the Humanitarian Response Division.</p> <p>2.3.3 In humanitarian settings, the Partnership engages with national authorities to ensure that its support (including emergency kits) is targeted to all women and girls at risk, including the poor and marginalized.</p> <p>2.3.4 Those involved in service delivery report products were appropriate, of high quality and delivered in a timely manner during humanitarian crises.</p> <p>2.3.5 Extent to which at-risk women and girls report access to needed, appropriate and quality reproductive health/family planning commodities and products.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<ul style="list-style-type: none"> • “In 2023 we got some funding under the Supply Partnership in which we try to build the capacity of the provincial government on the minimum initial service package for the SRH and GBV (MISP), specially building the capacity on the reproductive health kits (in case of any emergency we are providing reproductive health kits). Pakistan is a disaster-prone country. Within our existing plan for family planning, FP2030 strategy, we included those will be missed in the FP 2030 commitment, and ICPD agenda. We are also working very closely with our humanitarian team, to include preparedness and response, and to pre- position ourselves to help those community who are in need at the time of any crisis.” • “Most of the commodities are related to family planning. The humanitarian support, which includes reproductive health commodities as well, may not be sufficient for the entire gap we are facing during these humanitarian crises.” 	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>
<ul style="list-style-type: none"> • “The entire MISP training is being funded by UNFPA. We have not only been able to train the public sector, but also the army personnel and army providers (they are the very first ones to reach any disaster location). The MISP has a strong GBV component. [...] One of the topics which nobody owns in Pakistan is safe abortion. Abortion services as part of MISP are being included and accepted by various provincial governments because the MISP has been included into the disaster management protocols of the national government and all provincial governments, as well as the governments of Jammu and Kashmir and Gilgit Baltistan. Advocacy had to be carried out with parliamentarian and with the bureaucracy to ensure their inclusion within the policies and then providing the kits and the trainings to the providers and relevant departments. The policy side has been covered, and now trainings are regularly being carried out for the relevant department.” • “Within humanitarian protocols and the humanitarian framework, you can actually work on GBV, women and girls’ health and their issues, because they are the most affected in any disaster or humanitarian setting. There are opportunities within the humanitarian frame. In Pakistan we do not talk open about safe abortion, but it is part of MISP, and it's approved by 	<p>KII with Indus Hospital and Health Network. November 2024.</p>

Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers emergency reproductive health/family planning kits and individual products with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their reproductive health/family planning requirements.	
every single provincial government. During a disaster, if a woman comes to the clinic set up for the humanitarian settings they have to provide those services, because it is part of the protocol.”	
“After COVID-19 there were floods in KP (2022-2023), and some districts were very damaged. UNFPA was the main partner who provided support and medicines, including some contraceptives, supported the rehabilitation of people, and procured vehicles fit for those activities.”	KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.
Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.	
Indicators 2.4.1 Documented changes in annual workplans, distribution and supply plans, and allocations of the Partnership commodity budgets at the national level in response to changing conditions/needs, including humanitarian emergencies. 2.4.2 Documented examples of programs/project/policy design changes including mitigating measures to address challenges to NLUs including: <ul style="list-style-type: none"> • engaging a single manufacturer • addressing registration/waiver issues • taking proven (piloted) solutions to scale. 2.4.3 Documentation on mitigation measures against challenges for NLUs – demand generation; capacity building; single manufacturer; registration / waiver issues; moving from pilot to scale-up. 2.4.4 Existence of analysis and systematic processes for applying different funding mechanisms (match funding, routine funding, NLU commodities, emergency Reproductive health commodities kits) effectively to different contexts, i.e. analysis reports, fund applications). 2.4.5 National reproductive health/family planning plans, strategies and programmes include measures to address and resolve barriers to access for poor and marginalized women including: <ul style="list-style-type: none"> • Geographic access • Price and affordability constraints • Timely delivery and stable supply • Choice of methods • Harmful social norms limiting access. 2.4.6 Views of UNFPA country office staff, national health (and emergency response) authorities, multilateral and bilateral partners on the availability of a range of high-quality reproductive health/family planning commodities in both development and humanitarian settings.	
OBSERVATIONS	SOURCES OF EVIDENCE

Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.	
<p>The public sector continues to be the major source of services for family planning and reproductive health, especially for the low-income groups and for those living in rural areas. Reliance on public sector is higher in KP and Balochistan as compared to Sindh and Punjab, where the NGO and private sector has expanded over the years. However, the ratio of health providers to population remains sub optimal and other structural issues including in NMDs in KP and restlessness in Balochistan, thwart provision of timely and quality service.</p>	<p>Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.</p>
<p>“The distribution of commodities is covered in the supply chain. Officers are trained on cLMIS and how to record commodities, and mechanisms at SDP. The commodities distributed on quarterly basis based on the requisition of districts, which is examined by the provincial head office. The distribution model is developed from central warehouse to the district. From the district down to SDP is the grey area. So far, our provinces are able to distribute from the central warehouse to the district health office; from there to the service delivery points is the real challenge to ensure the commodities are urgently, heavily and properly distributed to SDP that are scattered in slums, rural areas and hard-to-reach areas (long distances of people living in remote areas from the district health office and high costs are high to ensure timely distribution of supplies). Our main objective is that no one is left behind, even if the circumstances, geography and infrastructures supporting are not there.”</p>	<p>KII with Population Welfare Department, Sindh. November 2024.</p>
<p>“After we purchase our commodities, they are stored in the central warehouse in Karachi and then shipped to the districts. From there, they go to service delivery centers and then to the end-users. There is no direct support for the dispensation of commodities by UNFPA but there is capacity building. The service providers were trained by UNFPA e.g. 15 doctors were trained on the use of Implanon.”</p>	<p>KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.</p>
<p>“Out of four state governments, three have clearly mentioned within their policies that family planning is a voluntary program, and it has to be free of cost for universal access to family planning services (both for the public sector and the civil society).”</p>	<p>KII with Indus Hospital and Health Network. November 2024.</p>
EVALUATION QUESTION 3: To what extent is the Partnership effective at ensuring that reproductive health commodities reach the “last mile” and promote harmonization and integration of supply chain systems in countries for all women who want and need them, including marginalized groups and those in humanitarian situations?	

CRITERIA	Effectiveness/ coverage	AREA OF INTEREST	Strategic objective 2 – Strengthened Supply Chains Ensure supplies for reproductive health commodities reach the “last mile” and promote harmonization and integration of supply systems in countries	LINKAGES TO THE THEORY OF CHANGE	Linked to the green boxes for strategic objective 2 in the middle of the theory of change
RATIONALE	This evaluation question focuses on assessing the contribution made to the achievement of strategic objective 2, which aims at ensuring that reproductive health commodities reach the “last mile” while promoting improved functionality and tracking within supply systems in countries. This question focuses on assessing the needs for supply chain strengthening to improve availability of reproductive health commodities, addressing these needs, improving data visibility for better data-driven decision making and supplies management, and reaching service providers and end users at the “last mile”, including in humanitarian and fragile or conflict settings. Following the logic set up in the reconstructed theory of change, this question mainly focuses on modes of engagement of (a) technical assistance, (b) capacity building, (c) service delivery, and (d) evidence generation and dissemination. Additionally, since this question focuses on access to reproductive health commodities, it will also address the criteria of coverage linked to humanitarian actions, which addresses the extent to which population groups facing life-threatening conditions were reached by humanitarian action.				
Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.					
Indicators					
3.1.1 Mechanisms for joint assessment (with partners) of national supply chains and identification of gaps and weaknesses are operational.					
3.1.2 The Partnership initiatives to strengthen SCM are targeted to addressing agreed weaknesses.					
3.1.3 The Partnership support to strengthening SCM contributes to but does not overlap or duplicate support from other bilateral or multilateral partners or national programmes.					
3.1.4 Views/experiences of national supply partners on the adequacy of the identification of needs toward strengthening the SCM and systems.					
OBSERVATIONS					SOURCES OF EVIDENCE
In 2020 UNFPA conducted a landscape analysis aimed to analyze the length and breadth of provincial and regional supply chains to extract the key challenges and root causes requiring attention from government and other stakeholders. The objectives of the assessment were to:					UNFPA (2020). Landscape analysis of contraceptive

Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.	
<ol style="list-style-type: none"> 1. To identify bottlenecks and incentives affecting political and operational level commitments to securing family planning commodities in time and in sufficient quantities 2. Facilitate development of Theory of Change (TOC) in consultation with contraceptive commodity security technical working group for improved availability of supplies through the public sector 3. Examine and formulate short- and long-term mitigation strategies to overcome the bottlenecks affecting contraceptive availability. <p>Some of the most critical interventions proposed from the analysis are:</p> <ol style="list-style-type: none"> 1. Prioritizing family planning allocations through high level policy forums 2. Stimulating timely releases and spending through multitude of interventions, e.g. ensuring joint allocations by health and population, and monitoring resource allocation and releases 3. Strengthening of logistics and procurement cells at provincial level 4. Linking/collaboration of PWD and DOH on contraceptive procurement to circumvent the procurement capacity issues at Population Welfare Department (PWD) level 5. Costing for effective transportation mechanism (preferably via third party) 6. Expanding LMIS to 100% of facilities with universal and structured validation mechanism 7. Develop and implement supply chain monitoring frameworks for each level of supply chain 8. Develop and implement assessment-based supply chain workforce development framework <p>The landscape analysis conducted in 2020 by UNFPA put forward the following recommendations:</p> <ol style="list-style-type: none"> 1. There is needs to improve/further strengthen the integration/coordination between different departments at national & provincial level. 2. After 18th amendment, the subject has been transferred to provinces; due to this Value for Money is also being affected because each province buys same product on different rates. It is suggested that Federal Government should centrally procure the commodities while keeping the provincial share in NFC award and distribute commodities to provincial governments and NGOs as per their share. 3. The Federal Government in collaboration with provinces should develop an advanced planning mechanism for commodity availability for NGOs. A monitoring and reporting mechanism needs to be established to ensure commodities are reaching end users. 	<p>commodity security in Pakistan.</p>
<p>As per UNFPA landscape analysis (2020) and during the consultations workshops, it has been exposed that Pakistan facing the following challenges for ensuring reproductive health commodity security up to the last mile:</p>	<p>Ministry of National Health, Government of Pakistan (2023). Supply</p>

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I. Financial Resources: Insufficient public sector allocation, delayed releases, diversion of allocated funds, low utilization of allocated funds. II. Deficiencies in assessment, quantification of required reproductive health commodities. III. Procurement challenges: Delayed initiation of procurement process during the given financial year resulting in lapsing of allocated funds. Capacity issues of procurement staff/entities especially for international procurement coupled with weak monitoring of the procurement process. IV. Storage and distribution issues: Timely supplies up to the last mile is compromised. Lack of data driven supplies, problems in transportation of commodities to the service delivery point. Lack of emergency supplies mechanism and transportation financing. V. M&E/LMIS: Low LMIS reporting and uncovered SDPs. Less than optimal use of LMIS data. Lack of robust supply chain monitoring. VI. Lack of required trained Human Resource: VII. Lack of funding and coordination amongst donor, governments and partners to meet the growing demand for contraceptives. VIII. Political fragility, complex security issues and national disasters that affect the delivery and availability of reproductive health services and supplies. IX. Low coverage and quality of reproductive health services in the outreach, slums in remote areas X. Weak supply chain systems that suffer from inadequate forecasting, procurement, warehousing, distribution and data management XI. Social and cultural barriers that limit the access and use of reproductive health commodities such as low awareness, stigma, gender inequality and religious opposition.	Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.	
“In partnership with UNFPA (and with UNFPA funding), Indus Hospital and Health Network is concluding research to assess all contraceptives availability and stock out of every single health department, population welfare department and Lady Health Workers programme². We are taking a multi-sectoral approach, and we are into various side of it. UNFPA can actually work with different partners, depending on their capacity to enhance the program and to ensure that the program gives the results we are looking for. We have concluded it for all the provinces and also for Jammu and Kashmir. We checked stock outs in the last three months, last five months, and stock out on the day of the assessment. There are still gaps in terms of stock outs. ”		KII with Indus Hospital and Health Network. November 2024.

² The Lady Health Worker Programme (LHWP) in Pakistan is a community-based health care initiative established in 1994 to provide primary care services to underserved populations in rural and urban areas. LHW are deployed throughout the nation in all the provinces. The health workers’ tasks include promotion of use of contraceptives, provision of family planning services, antenatal care, treatment of illnesses and referral of community members with more serious illnesses. (Source: LHW Programme. The integrated health project. [website]: <https://ihp.gkp.pk/about/>)

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Primary objectives of UNFPA technical assistance <ul style="list-style-type: none"> Improved partnership and decision making under Supply Chain management of contraceptives commodities at national and provincial level. Implementation of UNFPA supplies partnership support under SCM. Utilization of cLMIS strengthened comprehensive data inputs from all stakeholders (including the private sector) with expanded coverage to more geographic areas. Improved health system for distribution of reproductive health commodities Improved availability of stocks at last mile through capacity building of relevant departments in effective data driven distribution of family planning commodities To establish and strengthen partnerships among key stakeholders involved in contraceptive procurement and distribution. To enhance decision-making processes for the efficient distribution of contraceptives at the last mile. To improve the availability and accessibility of a range of contraceptives in remote and underserved areas. Facilitate PPW officials and other provincial focal points on timely updating CCI action plan through web-based reporting. 	UNFPA (2023). Inception report: Technical Assistance to support at national level to improve partnership and decision-making for availability of contraceptives at last mile.
Tasks and deliverables <ol style="list-style-type: none"> Assessment of contraceptives procurement process at national and provincial level. Technical assistance in bridging the gaps under procurement of Contraceptives at national level and provincial level. Capacity building of officials dealing with procurement of reproductive health commodities at national/provincial level. Need based technical assistance to Federal and provincial departments of Health and Population for procurement of contraceptives. Capacity building of cLMIS focal points along with lead facilitator at national and sub-national level. Technically support quarterly commodity security working group meetings at national and sub-national level to enhance coordination and evidence-based monitoring of supplies. Assisting PPW in developing roadmap for local production of contraceptives. Facilitate SRH team for the timely implementation of UNFPA global supplies partnership initiative. Technical assistance for monitoring of reproductive health commodities distribution system in the country. Technical assistance for management of CCI web portal to PPW 	
UNFPA has donated 193,000 vials of DMPA-SC Sayana Press Injections and 157,000 units of Implants (Implanon NXT) under the UNFPA Global Supplies Partnership program to the Government of Pakistan for increased family planning services for marginalized groups and improved reproductive health commodity security (RHCS) in the country. The shipment of 193,000 vials of DMPA-SC Sayana Press Injections was arrived at Islamabad during October 2023, therefore, to save time and resources, the stock was directly distributed from Islamabad to provinces and regions during November 2023 as per their requirements. PPW of Ministry of National Health Services, Regulations, & Coordination (MoNHSR&C), Islamabad advised the Central	UNFPA (2023). Report on visit to the central warehouse and supplies, Karachi.

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<p>Warehouse, Karachi, a central repository for storage and distribution of supplies of contraceptives, to enter the UNFPA donated contraceptive commodities into cLMIS, upon receipt of acknowledgments, for the purpose of data visibility and traceability up to health facilities. Similarly, the first tranche of 40,032 units (out of 157,000 units) of Implants (Implanon NXT) was received during November 2023 and delivered to the CWH for onward distribution among provinces. During visit of the Director CWH, Karachi to Islamabad in the first week of December 2023, he requested UNFPA to support the warehouse staff about modalities on how to update the record and entries of UNFPA donated commodities into cLMIS. He had also requested for a visit to assess the available warehousing facilities and guide them for an improved enabling environment to meet the warehousing standards and guidelines. Hence, the central warehouse was visited on 28 December 2023 for the said purpose. Moreover, the PPW/ MoNHSR&C vide letter No. 10-10/2022-PPW dated 26th December, 2023 requested that besides the above support, the UNFPA representative should also assess the condition of fork lifters, available at the CWH&S and suggest for its timely repair. The objectives of the visit were to:</p> <ul style="list-style-type: none"> • Monitor of UNFPA donated contraceptive commodities at the CWH, Karachi and orient the relevant staff on entries into cLMIS for tracking and tracing the commodities up to health facility level. • Assess the condition of fork lifters, available at the CWH&S, and other infrastructure and suggest viable options to make the warehouse fully functional. 		
<p>The visit to the central warehouse, located at SITE Area, Karachi, revealed the central warehouse is facing serious deterioration and operational issues. The following were observed:</p> <ul style="list-style-type: none"> • The structure of the building was deteriorating due to no regular maintenance. The building was rusted, roof was leaked at different sites, resulting rain water dropping down on stakes. • Cracks were visible on beams which may result major damages to human lives as well as building structure. • Electric lights were mostly dysfunctional resulting darkness between the racks, aisles, and stacks which is against the warehousing protocols and standards. • All the automatic fork lifters were dysfunctional required new batteries and complete service IT equipment was outdated which may result in loss of precious data while managing heavy warehouse management system data. • Most of vehicles were outdated, require major repair or replacement. No cold chain vehicle was available to take the temperature sensitive commodities to/from ports. • Shortage of human resource was also one of the big challenges at the CWH, Karachi. • ISO Certification of CWH, Karachi was expired since long. • Barcode system, data rooms, and wrapping machine, established inside the warehouse premises, were dysfunctional. • Warehouse security is highly compromised due to which certain untoward robbery incidents happened in the recent past. • Warehouse manuals/ guidelines were obsolete and need revision/ updating. 		<p>UFNPA (2023). Report on visit to the central warehouse and supplies, Karachi.</p>

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<ul style="list-style-type: none"> Since long, the CWH staff has not received formal hands-on training on warehouse management system, cLMIS, monitoring protocols, and standard warehousing guidelines which need to be initiated immediately. <p>Following the visit to the central warehouse, located at SITE Area, Karachi, UNFPA proposed the following recommendations:</p> <ul style="list-style-type: none"> The requisite funding for repair and maintenance of warehouse building and services of all the off-road fork lifters may be released immediately within the current FY 2023-24 and get the work done instantly to avoid losses. A detail assessment of CWH is required to ascertain immediate and long-term needs related to; infrastructure; human resource; warehouse management system; information management system; machinery and equipment; vehicles; security, ISO Certification; and staff capacity. Human resource deficiency at the CWH should be covered by task shifting/ deputing of skilled personnel from within the MoNHSR&C or other departments. Cold Chain vehicle should be arranged on “as-and-when-need” basis for pick & drop temperature sensitive products at port. Permanent cold chain vehicles (at least two vehicles) and other vehicles, to be determined during the detailed assessment, along with skilled drivers should be included in the proposed PC-I. To keep the CWH, Karachi up and running according to the international standards, a long-term sustainable strategy is needed including development of a separate PC-I to cover all the recurring and operational costs. All the required HR positions should also be covered/ filled via proposed PC-I. Data rooms should be made functional by shifting therein all the IT staff with equipment. Barcode system and wrapping machine should be made functional to improve efficiency. Human resource capacity plan should be developed for the existing and new staff of the CWH, Karachi on WMS, cLMIS, monitoring protocols, and standard warehousing guidelines. UNFPA can also assist in this regard. 	
<p>There are functioning mechanisms for join assessments of the national supply chain and gaps are successfully identified. However, UNFPA support is limited to capacity building and the activities under the HSS support and is not able to provide support in other areas.</p> <p>“We need help in the soft components, i.e. capacity building training and under HSS application but we also need some hardware support. For example, last year and even this year, we requested, also the central warehouse, which is being managed by the public sector under the government of Pakistan. Everything is being stored there, whether they are coming from the UNFPA side or government. It may need power running and support, and additional equipment. But unfortunately, we are not allowed to use this money [Match Fund] for the type of intervention. For that we may need some additional funding so that you can also fill the gap and support the Government of Pakistan, so that they can be more equipped, especially in the inventory management and in proper storage of the quantity.”</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>

Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures , including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)	
Indicators 3.2.1 Examples of successful introduction and roll out and adoption of new or improved manual or automated systems for SCM (including LMIS, inventory management and distribution) supported by the Partnership. 3.2.2 Documented efforts to strengthen SCM to address staff capabilities and motivation as well as needed improvements in systems and technology. 3.2.3 Positive findings on training and capacity building outcomes and results reported. 3.2.4 Views of UNFPA country office staff, national health authorities, national supply chain managers and facilities managers at national and sub-national level on quality and usefulness of technical assistance provided by the Partnership. 3.2.5 Examples of how enhanced systems have (or have not) led to improved inventory management, stock-outs, unused inventory, etc.) without duplicating efforts, causing undue delays or expense . 3.2.6 Reported qualifications of supply chain managers and/or levels of vacancy and turnover in SCM over time. 3.2.7 Positive trends in supply chain performance data indicating improved skills and management.	
OBSERVATIONS	SOURCES OF EVIDENCE
Contraceptive logistics management information system (cLMIS)	
Pakistan had successfully launched the contraceptive LMIS in July 2011. The web-based system was contextualized to local stakeholder structure and devolution. LMIS has the flexibility to integrate other health commodities in addition to contraceptives. The project relies on data entry at each level of supply chain by the government workforce and its data is housed within government entity for long term sustainability. Timely and accurate data entry as well as submission of a monthly report at the district and SDPs level is critical to the functioning of the LMIS. The data collected from the LMIS can then, subsequently be used at each level of the supply chain to enhance informed decision making to meet service delivery demands. Utilization of the LMIS depends heavily on the level of understanding of those trained on its various functionalities. cLMIS is equipped with automated requisitioning and decision support system for redistribution decisions at the facility and district store levels. With fullscale utilization of cLMIS Pakistan can revamp its supply chain as it provides critical inputs to M&E and evidence-based policy formulation.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
Electronic LMIS operations in Punjab and Sindh are relatively better compared to other provinces. LMIS cell is functional, regularly performing stock verification and physical counts, comparing stock registers with electronic LMIS.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
Despite the generation of reports by the Management Information System (MIS), they were seldom utilized for decision-making, planning, forecasting, or enhancing logistics systems	Ministry of National Health, Government of

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	<p>Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.</p>
<p>Since the launch of LMIS in 2011, the visibility of data has gradually improved, with most of the SDP level data now available in LMIS. However, reporting rates remain modest at best. Weaknesses in data quality are not uniformly addressed through a structured validation mechanism. LMIS data use has remained limited to forecasting & quantification and needs to be expanded for M&E, policy formulation and improved governance.</p>	<p>UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.</p>
<p>UNFPA donated DMPA Sayana Press (only Sindh share – 86,850 vials) and Implanon NXT (40k units) were properly received at the CWH, entered in the cLMIS, and distributed / being distributed among provinces according to the provincial requirements. However, the quantities of DMPA Sayana Press which were directly distributed to rest of the provinces were not entered into the cLMIS. Proof of Deliveries (POD) of other than Sindh provinces / regions were shared with the cLMIS Incharge for entry into cLMIS. As the PODs having only quantities without mentioning batch numbers, therefore, the cLMIS Incharge informed that the system needs specific lot/ batch numbers against which system generated Issue Vouchers of DMPA Sayan Press could be developed. He was assured that the requisite information (batch-wise issued quantities to provinces) would be shared after getting details from the provinces and regions.</p>	<p>UNFPA (2023). Report on visit to the central warehouse and supplies, Karachi.</p>
<p>Results achieved: Enhanced capacity of 250 Personnel on use of cLMIS cLMIS is one the unique intervention leading to housing and access of real-time contraceptive logistics data for federal and provincial governments of Pakistan. UNFPA to build capacity of all provinces and regions to improve cLMIS data entry, analysis and use. The cLMIS system has evolved over the past decade to improve and strengthen its data configuration, volume and access. Two-day workshops were conducted one each in the four provinces and two regions and one at national level. The workshops produced master trainers for onwards roll-out trainings. Through these trainings, family planning data visibility improved across the country.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>

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<p>“In the last two-three years, UNFPA has focused on data quality and systems improvement. UNFPA has supported in training stakeholders on cLMIS in the province and the training on the electronic client record. With the support of UNFPA, we have trained stakeholders of PPHI of the Department of Health, PWD and service delivery providers. In Sindh there are 2780 service delivery points; so far, 1153 facilities are upgraded on the ECR and service providers trained on the cLMIS. 750 service delivery points service providers are trained with the support of UNFPA. The rest of the facilities are supported by other partners e.g. Building Healthy Families and through our own resources.”</p>	<p>KII with Population Welfare Department, Sindh. November 2024.</p>
<p>“The cLMIS was set up by USIAD in 2011. USAID ended their support in 2024. UNFPA plays a role in capacity building and technical support, for example if changes are needed in the LMIS. UNFPA also supported the logistics operator and officers training this year (150 personnel trained). USAID has provided hardware, software, server, team, but their support was not as much as it should have been. UNFPA provided training for new officers.”</p>	<p>KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.</p>
<p>One of the key thematic areas of Supplies Partnership support in 2023 was strengthening contraceptive supply chain systems in Pakistan. Procurement and supply management of public products is a key responsibility of the public system. It demands the establishment of an efficient quantification and procurement systems within a comprehensive supply model that connects the key and major components of Supply Chain Management these are: selection, procurement, storage, distribution, and rational use—all anchored in the core principle of quality.</p> <p>Following are the major accomplishments for contraceptive supply chain systems strengthening during 2023;</p> <ol style="list-style-type: none"> 1. Capacity building of cLMIS focal points at national and sub-national level on utilization of cLMIS data for decision making; 2. Orientation/sensitization of decision makers on utilization of cLMIS data for decision making; 3. Conducted quarterly commodity security working group meetings at national and sub-national level to enhance coordination and evidence-based monitoring of supplies; 4. TA provided to the Ministry of Health for forecasting, budgeting, procurement, distribution, and monitoring of reproductive health commodities at national level; 5. Conducted training of logisticians, programme managers at provincial level in management of Inter Agency Reproductive Health Kits (IARH Kits); and 6. Organized training of trainers to roll-out RHC quantification; 	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<p>Training on use of cLMIS: cLMIS trainings conducted and seven batches. Orientation sessions on cLMIS for decision makers were also conducted at national, provincial and regional level This provided key strategic results as utilization of cLMIS strengthened comprehensive data inputs from all stakeholders (including private sector) with expanded coverage to more geographic area.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023</p>

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<p>In many instances, the cLMIS training sessions were conducted after a considerable gap. Despite the trainings being well-received for their relevance and utility, it is imperative to conduct follow-up assessments with participants. This will allow us to understand how they are applying the acquired knowledge to enhance their supply chain processes and build on their newfound capacities.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<p>“The cLMIS was set up by USAID in 2011. USAID ended their support in 2024. UNFPA plays a role in capacity building and technical support, for example if changes are needed in the LMIS. UNFPA also supported the logistics operator and officers training this year (150 personnel trained). USAID has provided hardware, software, server, team, but their support was not as much as it should have been. UNFPA provided training for new officers.”</p>	<p>KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.</p>
<p>“Some months ago, with UNFPA’s consultant we started the trail of commodities from the central warehouse to the district, from the district to the service delivery point and from the service delivery point to the service seeker. We learned how the commodities are tracked, what are the mechanisms for storing the commodities at the facility level and how the commodities move to the facility level and how the record is synchronized with the overall system.”</p>	<p>KII with Population Welfare Department, Sindh. November 2024.</p>
UNFPA has supported training on the procurement of contraceptives and updated the procurement and supply chain systems manuals.	
<ul style="list-style-type: none"> “In 2015-2018 UNFPA provided training on international and local procurement according to local laws and public procurement rules (which were enacted in 2014 in the provinces). When the rules were made, capacity building programmes were arranged by UNFPA and held in all provinces.” “We just had a training on procurement of contraceptives. The procurement manual and the logistics manual were developed in 2014. There were some recent changes to the rules, so a consultant was hired to incorporate these changes in the document. UNFPA then organized a training, which ended prematurely due to turmoil (the consultant was not able to reach the province)” 	<p>KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.</p>
<p>“UNFPA has updated the procurement and supply chain systems manuals. Relevant officers have been trained to understand contraceptive commodities, procurement, forecasting supplies, availability and accessibility at the last mile. UNFPA provided financial support, as part of the annual workplan, and technical support in terms of technical expert and consultants who were engaged with UNFPA are part of these trainings to the provinces and stakeholders.”</p>	<p>KII with Population Welfare Department, Sindh. November 2024.</p>
<p>Considering the importance of supply chain documents, there is a dire need to continuously update the existing documents, particularly province specific Contraceptive Logistics Manual and Contraceptive Procurement Manuals.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)</p>	
<p>The second component of Supplies Partnership support during 2023 was to improve contraceptive commodity security at the last mile through facilitating the public sector to design and formulate a policy document. Following major accomplishments were made during 2023:</p> <ol style="list-style-type: none"> 1. Developed, validated and disseminated a comprehensive national reproductive health commodity security and supply chain strategy; 2. Conducted workshops for encouraging manufacturers for local production of contraceptives in Pakistan; and 	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<p>Suggestions on reproductive health commodities for the private sector</p> <ul style="list-style-type: none"> • Advocate for tax incentives or exemptions to encourage local production and import of reproductive health commodities, fostering affordability and accessibility. • Urgently address and streamline the lengthy and bureaucratic process of obtaining No Objection Certificates (NOCs) for importation, ensuring quicker access to essential commodities. • Advocate for policy reforms to create a more conducive environment for private sector engagement, pushing for regulatory changes to facilitate smoother operations in RHCS initiatives. 	<p>UNFPA (2023). UNFPA National Consultation on Reproductive Health Commodity Security and Supply Chain Strategy (2024-2029).</p>
<p>UNFPA supported the development of the reproductive health commodity security and supply chain strategy</p>	
<p>The National Consultation on the Development of Reproductive Health and Commodity Security Supply Chain Strategy convened on November 15, 2023 at Islamabad, spearheaded by collaborative efforts and the invaluable support of the United Nations Population Fund (UNFPA). This landmark event brought together esteemed stakeholders, policymakers, experts, and representatives from diverse sectors dedicated to addressing the critical nexus of reproductive health, commodity security, and supply chain management within our nation. The primary objective of this consultation was to devise a comprehensive, strategic roadmap for ensuring uninterrupted last mile availability, affordability, and sustainability of quality essential reproduction health commodities, leveraging use of technology and resilient supply chain system.</p> <p>At the national consultation on the development of the RHCS Strategy, the following recommendations were brought forward:</p> <ul style="list-style-type: none"> • RHCS Strategy: develop a comprehensive RHCS strategy focusing on 15 components tailored to specific contexts. • Emphasize adaptable strategies and highlight characteristics relevant to contraceptive commodities. • Supply chain objectives: Prioritize value delivery to end-users, efficient inventory management, and reliable systems establishment. Define short and long-term objectives aligned with Strategic Fund frameworks for procurement and monitoring. • Priority interventions: Address policy improvements, resource mobilization, stakeholder coordination, logistics management, and access to reproductive health services. Outline specific activities for each intervention to achieve RHCS goals. 	<p>UNFPA (2023). UNFPA National Consultation on Reproductive Health Commodity Security and Supply Chain Strategy (2024-2029).</p>

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)</p>		
<ul style="list-style-type: none"> • Component filling: Complete a comprehensive table detailing major activities, sub-activities, and indicators for 15 RHCS components. Aim to create a framework for monitoring and assessment of RHCS progress. • Supply chain analysis: Identified strengths like decreased maternal mortality and increased family planning services. • Addressed weaknesses including disparities in service coverage and low utilization of innovative technologies. Highlighted opportunities and threats related to RHCS. • Prioritize value delivery to end-users, efficient inventory management, and reliable systems establishment. • Address policy improvements, resource mobilization, stakeholder coordination, logistics management, and access to reproductive health services. • Focus on necessary ingredients: quality service delivery, effective monitoring, reliable and verifiable data. • Address issues concerning complex procurement processes, non-local production, limited manufacturers, import bans, and inadequate financial allocations. 		
<p>RHCS Strategy Developed and validated five-years’ national supply chain and reproductive health commodity security strategy (2024-2029).</p>		<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<p>The primary objective of the Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029 is delivering value to end users so as to achieve sectorial goals by establishing secure, efficient, reliable and collaborative systems (amongst Organizations, Private sectors and End Users) to supply and deliver reproductive health commodities.</p> <ol style="list-style-type: none"> To provide practical guidance in identifying critical areas within the national supply system, alternatives for improving the supply, developing a procurement plan for the acquisition of strategic public health/family planning supplies. To present the Strategic Fund operational and technical framework to the Stakeholders in strengthening the supply procurement system through the Strategic Fund. To ensure uninterrupted and sustained supply chain for quality reproductive health products with reasonable cost in good condition and at right time. To enhance performance management through consistent M&E system to overcome and minimize the challenges and to achieve enabling policy environment for sustained commodity security for choice of method and accountability mechanism. 		<p>Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.</p>

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)</p>	
<p>Sub objectives of the strategy include:</p> <ul style="list-style-type: none"> a) Identifying critical areas within the national supply system. b) Identifying alternatives for improving the supply system. c) Developing a procurement plan (pooled procurement plan). d) To established Strategic Fund or to operationalize Pakistan Population Fund e) To prepare technical framework for : <ul style="list-style-type: none"> i. Strengthening the supply system. ii. Planning procurement through the Strategic Fund/Pakistan Population Fund. iii. Monitoring and evaluating procurement. <p>Priority interventions</p> <p>Area 1: improve equitable access to quality reproductive health services. Strategy: Increasing access, creating demand and improving utilization of quality family planning services.</p> <p>Area 2: Enhance Policy and Regulatory Environment that contribute to enhance RHCS. Strategy: Ensure availability and implementation of enabling policy environment for the reproductive health services.</p> <p>Area 3: improve logistics and supply chain management. Strategy: Improve capacity and coordination of logistics and supply chain management for increased availability of reproductive health commodities.</p>	
<p>Pakistan has recently developed national supply chain and reproductive health commodity security strategy (2024–2029) in line with the FP2030 commitment with the support of UNFPA. UNFPA will use the HSS Application to support the federal and provincial governments for timely implementation of the RHCS & Supply Chain Strategy by developing province specific Costed Plans for sustainable resource mobilization.</p>	<p>UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.</p>
<p>Pakistan has recently developed national supply chain and reproductive health commodity security strategy (2024–2029) in line with the FP2030 commitment with the support of UNFPA. UNFPA will use the HSS Application to support the federal and provincial governments for timely implementation of the RHCS & Supply Chain Strategy by developing province specific Costed Plans for sustainable resource mobilization. UNFPA will also support to expand work done to promote new and lesser-used commodities. Since 2018/19, UNFPA has played key role in the introduction and familiarization of DMPA-SC both through public and private sectors. Beginning in 2018/19 with a donation of DMPA-SC for introductory trial, UNFPA supported familiarization of this new method through private sector by providing additional donations,</p>	<p>UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.</p>

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)</p>	
<p>provider capacity building and evidence generation for advocacy. Similarly, UNFPA supported development of sub-national (provincial) strategies for task sharing/task shifting for expansion of LARCs through mid-level care providers. Under the HSS application, in addition to expanding its capacity building efforts for supporting public and private sector, UNFPA will advocate for full integration of these methods into regular programmes and operations. Under task sharing/task shifting and as part of its advocacy, UNFPA will promote self-care (DMPA-SC) approach to gradually empower users as well as training of trainers on use, insertion/ removal of Implanon NXT (Single Rod Subdermal Implant). Under the HSS Application, UNFPA will also support revision/ updating of the existing province specific contraceptive logistics and procurement manuals and build the capacity of government officials on all components of the logistics cycle (forecasting & Quantification, procurement, warehousing & distribution and LMIS)</p>	
<p>Pakistan does not have an updated national supply chain and reproductive health commodity security strategy. In addition to supporting development of an updated strategy in line with the FP2030 commitment, UNFPA will use the TA Application to expand work done to promote new and lesser-used commodities. Since 2018/19, UNFPA has played key role in the introduction and familiarization of DMPA-SC both through public and private sectors. Beginning in 2018/19 with a donation of DMPA-SC for introductory trial, UNFPA supported familiarization of this new method through private sector by providing additional donations, provider capacity building and evidence generation for advocacy. Similarly, UNFPA supported development of sub-national (provincial) strategies for task sharing/task shifting for expansion of LARCs through mid-level care providers. Under the TA application, in addition to expanding its capacity building efforts for supporting public and private sector, UNFPA will advocate for full integration of these methods into regular programmes and operations. Under task sharing/task shifting and as part of its advocacy, UNFPA will promote self-care (DMPA-SC) approach to gradually empower users.</p>	<p>UNFPA (2022). UNFPA Supplies Partnership - Narrative Template for Transformative Action Application for 2023.</p>
<p>To back the Public and Private sectors in procurement & management of Reproductive Health and Family Planning commodities, UNFPA has initiated to develop a well sustained Reproductive Health Commodity Security Strategy to catch up the issue and problems identified during landscape analysis. This will provide a basic tool to promote access to strategic reproductive health supplies and commodities in the provinces and regions. The proposed strategy will strengthen regional procurement mechanisms and enhance capacity in programming, planning and purchasing, it will facilitate the supply through the development of a cyclical purchasing system.</p>	<p>Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.</p>
<p>UNFPA has been leading the discussion on local production of contraceptives</p>	

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)</p>	
<p>Encourage Local Production of Contraceptives in Pakistan UNFPA Country Office supported the Federal Government to engage with potential and interested manufacturers/ firms through dialogues and come up with tangible and agreeable solutions for creating conducive and enabling environment, under the prevailing policies, rules & regulations, for local production of all family planning commodities in Pakistan.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023</p>
<p>Federal Government National Steering Committee for Encouraging Local Production of Contraceptives In pursuance to the UNFPA TA, the Federal Government has notified for facilitating local manufacturers for production of contraceptives within the country for improved LMA.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<p>“Pakistan also lacks local production. UNFPA is leading this discussion under a working group established to ensure local production of contraceptives. DKT is working with UNFPA and the government and they are willing to come into local production of IUDs. Initially, they would assemble IUDs in Pakistan, and then slowly, they would move toward local production. Even condoms in Pakistan, are being imported, we don't have even one condom factory in Pakistan. This discussion on local production and marketing is being taken forward. The working group is being supported with the technical and financial assistance of UNFPA.”</p>	<p>KII with Indus Hospital and Health Network. November 2024.</p>
<p>The Population Program Wing, Ministry of National Health Services, Regulations & Coordination (NHSR&C) in collaboration with UNFPA organized a one-day National Consultative Meeting on Local Production of Contraceptives in Pakistan on Tuesday, 21st November, 2023 at Serena Hotel, Islamabad with the objective to discuss the issue of local production of contraceptives in Pakistan and to find a way forward for proceeding further in the matter through consultation with all relevant stakeholders. Participants from Finance Division, FBR, Board of Investment, Ministry of Industries& Production (Engineering Development Board), Ministry of PD&SI, Provincial Health & PWD Departments, Drug Regulatory Authority of Pakistan (DRAP), Pakistan Pharmaceutical Manufacture's Association (PPMA) and representatives of Pharmaceutical Companies attended the meeting. [...]</p> <p>UNFPA's consultant assured the support of UNFPA for the purpose and stated that local production of contraceptives is important for ensuring effective family planning services. She stated that 9.7 million pregnancies occur in Pakistan annual, out of which 3.6 million are unintended pregnancies and 2.2 million ends in abortion. She stated that these figures highlight that contraceptive manufacturing market is a profitable market for investors and private sector should invest in this area. She urged the participants to find a common ground for consensus on the issue of local production of contraceptives for moving forward on the matter. [...]</p>	<p>Government of Pakistan, Ministry of National Health Services, Regulations & Coordination, Population Programme Wing (2023). Approved Minutes of National Consultative Meeting on Local Production of Contraceptives in Pakistan Held on 21st November 2023 at Serena Hotel, Islamabad.</p>

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<p>Moreover, it has been discussed that tax relief for potential investors is a current possibility in certain cases, and other incentives should be put in place for the private sector. The Government is fully committed to ease taxes in manufacturing of local contraceptives and duty free of essential contraceptives is supported to a high degree.</p> <p>Decisions taken in the meeting: It was unanimously agreed that a high level National Steering Committee will be formed and notified by Ministry of NHR&C with its composition and Terms of Reference (ToR's) involving all relevant stakeholders with DRAP as its Secretary to provide technical assistance to the National Steering Committee. The National Steering Committee will give its policy recommendations on the issue of local production of contraceptives through consensus for approval of the Prime Minister of Pakistan.</p>	
<p>Following a consultative meeting held on November 21, 2023, a National Steering Committee (NSC) has been established to develop a policy framework addressing the local production of contraceptives in Pakistan.</p>	<p>Government of Pakistan, Ministry of National Health Services, Regulations & Coordination, Population Programme Wing, (2023). Notification F. No. 12-2/2017/PPW.</p>
<p>“Global procurement really requires a lot of time. But we have solutions: if they assess and surveyed the local markets, they will find some vendors who can provide the commodities locally. Sometimes it happens that we pay more on transportation, insurance and shipment charges, clearance, so we can save all this money through local procurement. We can engage the local producers, local manufacturers, as well as local agents, who are involved with the international manufacturers and suppliers, and who can manage those commodities immediately, through different sources from the WHO pre-qualified manufacturers across the globe. There are ways and means we can find out once we agree on how we can squeeze the lead time to a minimum so that the supply chain running to the client may not suffer.”</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>
<p>Realizing the importance of local production of contraceptives, several steps have been taken by the GoP and development partners in this regard. The Population Program Wing (PPW) of the Ministry of National Health Services Regulations & Coordination (MoNHR&C) carried out 5 years projection from 2022 – 2027. The report contains demand projections of the method mix from 2022 to 2027 and is based on two types of provincial and regional data sets. The Situation Analysis contains the demand projection of the method mix through 2027 with annual and total costing. The statistics present plausible justification to expect that the sheer population size and the demand for contraceptives in view of the foregoing commitments are sufficient to lure investors to venture into local production of contraceptives. In addition to delineating a</p>	<p>Government of Pakistan, Population Program Wing (n.d.). Brief on local production of contraceptives in Pakistan.</p>

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)</p>	
<p>holistic landscape of contraceptives consumption for the entire country, the provincially desegregated quantities and financial outlays have also been made available for the respective provincial governments in order that they look at their indicative share in the overall market. The analysis also contains the projections for the provinces of Punjab, Sindh, Balochistan, Khyber Pakhtunkhwa, (KP) including the newly merged districts of KP, and ICT, AJK and GB regions for public, private and commercial sector till 2027 based on the method mix. Several consultation meetings were held on Local Production of Contraceptives (2018–2022).</p>	
<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)</p>	
<p>Indicators</p> <p>3.3.1 Reported and/or observed improvements in demand forecasting/quantification over time in partner countries (i.e. reduced positive or negative gaps in estimated national demand and procured supply).</p> <p>3.3.2 Reported or observed improvements or deterioration in distribution levels from national to regional and district warehouses and, finally, to service delivery points.</p> <p>3.3.3 Changes in scheduling/availability of services to improve access for women and girls.</p> <p>3.3.4 Reduction in frequency, duration and severity of stock-outs at national and sub-national levels.</p> <p>3.3.5 Absence or reduction in the frequency and level of over-supply and unused inventory.</p> <p>3.3.6 Improved data capture and reporting and tracking of commodities from port of entry to end users.</p> <p>3.3.6 Changes and adjustments/reallocation of procurement and shipment of reproductive health/family planning commodities and products to match changes in demand.</p> <p>3.3.7 Timeliness of shipment of identified needed commodities and products during humanitarian crises.</p> <p>3.3.8 Views and experiences of UNFPA staff, national health authorities, national medical stores staff service providers and women and girls accessing commodities.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE

Assumption 3.3 The Partnership has contributed to **improved supply chains** and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.
(Links to theory of change causal assumption 7)

<table><thead><tr><th>Province/Region</th><th>2023</th><th>2022</th><th>2021</th><th>2020</th></tr></thead><tbody><tr><td>KP-NMD</td><td>25,22</td><td>34,04</td><td>57,89</td><td>N/A</td></tr><tr><td>Balochistan</td><td>49,14</td><td>68,08</td><td>42,04</td><td>31,62</td></tr><tr><td>Khyber Pakhtunkhwa</td><td>39,85</td><td>30,86</td><td>37,52</td><td>48,26</td></tr><tr><td>Sindh</td><td>30,75</td><td>34,58</td><td>37,95</td><td>21,21</td></tr><tr><td>Punjab</td><td>8,1</td><td>12,37</td><td>22,9</td><td>14,3</td></tr><tr><td>Agregated National</td><td>20,45</td><td>23,08</td><td>30</td><td>22,77</td></tr></tbody></table>	Province/Region	2023	2022	2021	2020	KP-NMD	25,22	34,04	57,89	N/A	Balochistan	49,14	68,08	42,04	31,62	Khyber Pakhtunkhwa	39,85	30,86	37,52	48,26	Sindh	30,75	34,58	37,95	21,21	Punjab	8,1	12,37	22,9	14,3	Agregated National	20,45	23,08	30	22,77	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.
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<p>Figure 6. Average stock out rates for all provinces and national level for Population Welfare Department: 2020-2023 (Source: LMIS).</p>																																				
<p>Results achieved (2023): Reduced stock outs: compared to year 2022, the stock out at health facilities level reduced 4% across the country in year 2023 for all public stakeholders for five major products (Condoms, DMPA, IUCD, Pills, and Implants), which means that reproductive Health commodity security and stock availability improved.</p>	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.																																			
<p>“UNFPA’s support in terms of commodities is appreciable because sometimes we fall near stock out position. Ten months back, we were nearing stockout of DMPA-SC but the support of 85,000 units bridged the gap of 8-10 months, so we could supply the UNFPA commodity in the field where that was required. We have received 24,000 implants, which would cater around 2 months of the Sindh province. Sindh province is ahead with regard to LARC and the utilization of Jadelle and implants is higher compared to other provinces.”</p>	KII with Population Welfare Department, Sindh. November 2024.																																			

Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)	
During the Landscape Analysis of Contraceptive Commodity Security in Pakistan (2020) by UNFPA revealed many challenges for lowering TFR, MMR and to increase MCPR. One of these challenges is frequent stock outs at the last mile at SDPs including community health workers (LHWs) both in DOH and PWDs.	Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.
“Our assessment looked at stock out of three methods in the last three months, stock out of three methods in the last five months, then the stock out of five methods in the last three months, and the stock out of five methods in the last five months. The more choices you were adding, the bigger the gap: there was large stock out of three methods at any point of time in the last three months, and there was even larger stock out of five methods. We had discussions with UNFPA and the government of Jammu and Kashmir; if there is a stock out of even three methods, what choice are you giving to the people? It's a voluntary, pro-choice programme. Us and UNFPA advocate for at least five methods availability at any given point of time. If you have a procurement problem, or if your budget is not really able to attract international bidders, at least three methods at any given point of time should be available. This study will provide feedback to UNFPA about which province, level and department to focus on and to see which methods are constantly being stock out.”	KII with Indus Hospital and Health Network. November 2024.
“In our assessment, we looked at reasons for stock outs e.g. delay from the main source, delay for asking for more contraceptives by the providers, or any other reason. One of the reasons we found is the lack of training and lack of capacity. For example, in Jammu and Kashmir, hospitals can provide permanent methods (in Pakistan, permanent methods are allowed and there is demand), but people don't have the required capacity and training to provide those permanent methods.”	KII with Indus Hospital and Health Network. November 2024.
UNFPA contributed to improved data capture and reporting	
Monitoring framework: the CCI web portal In order to track the implementation progress of the Action Plan, PPW in collaboration with UNFPA developed a monitoring framework. The framework was approved by all CEWG members in December 2019. Data and progress review working group was formed under CEWG to specifically track the progress on Action Plan. The working group recommended to develop web-based tool to track the progress on Action Plan implementation. CCI web portal was developed to track the progress on CCI indicators. Since its launch in year 2020, the web-portal has become an important in gauging the progress of provinces vis-à-vis	UNFPA (2023). Inception report: Technical Assistance to support at national level to improve partnership and

Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)	
CCI Action Plan. As most of the Pakistan's FP2030 commitments revolved around CCI Action Plan, the tool evolved into a comprehensive reporting hub for FP2030 indicators. The management and administration of a CCI web portal involves to provide support to PPW, provincial government departments and UNFPA working together to ensure the portals up to date with respect of security, accessibility and accuracy of data updated on portal.	decision-making for availability of contraceptives at last mile.
Results achieved (2023): CCI (Council of Common Interest) National Action Plan Portal Reporting improved. The Federal and provincial reporting on CCI Portal enhanced from 15% in the year 2022 to 90% during 2023 across all eight thematic areas of council of common interest in web portal. Similarly, procurement Indicators have also been incorporated in the CCI Portal. These procurement indicators generally measure the average length of the procurement cycle and the percentage of procurements that were completed within a standard procurement cycle time guideline.	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.
The second Quarter Review Meeting of FP-2030 Working Group was held under the Chairmanship of Secretary PWD KP at Nathiagali, Abbottabad on August 12, 2022. Senior Officers of Population Welfare, Health Departments KP and representatives of implementing partners and NGOs attended the meeting. The following decisions were taken at the meeting: <ul style="list-style-type: none"> • A standard yardstick for assessing the performance of all stakeholders should be developed for tracking progress on FP2030/CCI. UNFPA will facilitate in sorting out issues of web portal under CCI action plan (Responsibility: UNFPA/MoNHS/PWD) • Provincial FP2030 Working Group and different sub-working groups like commodity security, data and media should also be notified along revised ToRs (Responsibility: PWD/DoH) • FSM HSA to finalize working on development of E-Registration Software and Implementation Plan of reproductive health Act 2020 (Responsibility: FSM HSA) • Early finalization of modalities for launching project activities (Responsibility: NPI HAD & DAFFPAK-Palladium) Greenstar Social Marketing to come up with tangible proposal for strengthening FWCs of PWD (Responsibility: GSSM).	Government of Khyber Pakhtunkhwa, Directorate General Population Welfare (2022). Minutes of the second quarter FP-2030 working group meeting held on August 12, 2022.
Approach to Accountability: Revamp coordination platforms used with FP2020 commitments and Pakistan's Council of Common Interests (CCI) recommendations While also strengthening routine information systems (e.g. DHIS, cLMIS), the government will head the development of a national web-based data portal that will be rolled out in 2022. To inform decision-making and ensure accountability, this data source will be accessible to leaders like Federal and Provincial Task Forces, the Country Engagement Working Group, CSOs, Parliamentarians, the media, and the Prime Minister's Annual Assessment Unit. Governmental and non governmental stakeholders will report to this portal quarterly.	Government of Pakistan, FP2030 (2022). Pakistan FP2030 Commitment Summary.
"Quite a number of partners have worked together for capacity building in supply chain management e.g. USAID Chemonics project and UNFPA have been working hands in hands to have the required software to have data available with regard to availability of contraceptives. Everything was done through the country engagement working group platform. UNFPA is in every	KII with Indus Hospital and Health Network. November 2024.

Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)	
single meeting, wherever it is, across the provinces, leading the government. The capacity on supply chain varies from province to province, and from division to division, and district to district. UNFPA started identifying districts to focus on and have district specific trainings. They are going to the district level action plans. If you don't feed into the to the software, it's no use. UNFPA played a great role in supply chain management to ensure that we have real time data and to see where the gap is and how and when to fill it."	
Electronic client record (digital system of electronic recording of the clients)	
"One province (Sindh) is the process of digitalization of electronic client records to report from the client level into main cLMIS. One province is already successfully implementing this. The rest of the provinces requested UNFPA to support in implementing this electronic line report to improve the reporting mechanism under the supply chain management. This year we supported another province, and they are piloting this electronic card, as well as the federal government. Next year, we are planning to extend this support to Punjab, which is one of the biggest provinces, with 52% of the total population. All these activities are linked with the extending capacity of the supply chain management of all those who are directly or indirectly responsible for making available these commodities."	KII with UNFPA Pakistan Country Office. October 2024.
"UNFPA has supported us in bringing the ECR to the SDPs. In Sindh, we have introduced electronic client record. Previously, the cLMIS was taking the commodities from the central warehouse to the district and the utilization report was coming in as units e.g. 100 units of commodities at the district/SDP. After one month it would report that 90 out of 100 supplied commodity units were used but we were not aware where the 90 commodities went. Through the electronic client record, we have data whereby we can see that the 90 units of commodities were used by what client, the area of the client (rural/urban/semiurban), education, occupation, age. There are 24 indicators from which we can analyze the trend and see which groups are seeking the family planning services from the government. The cLMIS system is available, embedded with electronic client record system, whereby we have a commodity and client tracking system and daily real-time data. We can see the services provided by any SDP throughout our province from anywhere."	KII with Population Welfare Department, Sindh. November 2024.
Assumption 3.4. The Partnership commodities reach the "last mile" in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
Indicators 3.4.1. Global and Partnership data on "last mile" delivery showing percentage of countries that report having, with Partnership support, improved "last mile" delivery through better local distribution and on-time deliveries, avoidance of stock-outs at facility level, and other means. 3.4.2 Developed strategies, adapted to different contexts, to improve "last mile" delivery and assurance using high-quality data and product tracking. 3.4.3 Extent to which SCM and delivery to service delivery points has improved, or continued, across humanitarian/conflict/crisis Partnership countries.	

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
3.4.4 Extent to which available procurement and delivery data indicate products are reaching the “last mile” – the intended end users in Partnership countries – in a timely way.	
3.4.5 Views/experiences of UNFPA staff partners and other relevant stakeholders about the LMA approach.	
OBSERVATIONS	SOURCES OF EVIDENCE
The unmet need is still at staggering 17%, showing failure of family planning services and logistics to reach out to women who are willing to adopt birth spacing (5,6). The current unmet and traditional methods use translates into nine million potential users for modern methods, and if these women uptake family planning through better access to family planning services and logistics, it will convert into a CPR of more than 50% (7).	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
Preference for postings in urban centers created an imbalance in geographical distribution of the limited HR in the department. Reaching the last mile proved to be a mere slogan. Many times LHWs (responsible for dispensing condoms and pills) at the doorsteps were found to be out of stock. Similar situation was faced by the FWCs, failing to meet the need of the clients coming to the service delivery outlets.	Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.
Last Mile Assurance	
“One of the activities supported by SCMU and APRO offices is the implementation of last mile assurance. We successfully completed all the four components of LMA , which include the in-country assessment (ICA), quarterly stock reviews, the supply chain overview, and the risk mitigation plan. All four components have been completed by Pakistan country office very successfully, and, right now, as in our last meeting, the ICA report is still pending, and we are hopeful that we will get it soon after competition by the international consultant.”	KII with UNFPA Pakistan Country Office. October 2024.
“ The support of UNFPA in reaching the last mile and LMA is well received and appreciated because, after the devolution, in the last 10 years there was no support coming from any partner in the form of commodities. UNFPA support in ensuring LMA and personal visits to SDPs and the central warehouse and stores and ensuring the ticking of mechanism of LMA is well received by the service providers and buyers. However, the support received in terms of commodities is less than the demand.	KII with Population Welfare Department, Sindh. November 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
“Last year we mobilized 1.5 million USD and this year 2 million USD, but we also need some support from the SCMU on transportation. They are only providing support at the port, but then from the port, for the handling, the custom clearance and transportation, there is a funding gap. We need some support from the SCMU on those costs, which must be incurred by UNFPA country office but we don't have any availability of the resources”.	KII with UNFPA Pakistan Country Office. October 2024.
“UNFPA has a project in 2 districts in Sindh in collaboration with Aga Khan University where they are using the informed push model mechanism (less performing SDP supplies commodities with well performing unit in the district).”	KII with Population Welfare Department, Sindh. November 2024.

EVALUATION QUESTION 4: To what extent is the Partnership contributing to strengthening and enabling environment where governments take up the responsibility of providing choice to quality reproductive health commodities to those who want or need it?					
CRITERIA	Sustainability	AREA OF INTEREST	Strategic objective 3 – Enabling environment dimension	LINKAGES TO THE THEORY OF CHANGE	Linked to the yellow box on the right of the theory of change representing the enabling environment dimension.
RATIONALE	<p>This question focuses on assessing the contribution to strategic objective 3, which aims to increase and diversify countries’ financial and programmatic contributions to reproductive health as a core element of sustainable development. It aims to examine whether adequate conditions are implemented to maximise the sustainability of Partnership results.</p> <p>Following the theory of change, this is achieved mainly through advocacy and evidence-generation activities to promote and achieve government ownership of reproductive health supplies, including last-mile assurance and reaching those most left behind. Specifically, this includes the Partnership contribution to increased and diversified programmatic domestic financing for reproductive health, as well as the contribution to increasing and formalizing political commitment towards strengthening reproductive health and the health system in general. The question also examines the financing structure and tools of the Partnership itself to determine how well they support the increased sustainability of RHCS by promoting the achievement and measurement of increased political and financial commitment from targeted countries.</p>				

Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.
Indicators
4.1.1. Percent of targeted countries where governments have increased domestic financial resources to reproductive health commodities.

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4.1.2 Percent of Partnership countries where there is evidence of diversified funds for reproductive health commodities. 4.1.3 Trends in allocation of reproductive health/family planning budgetary lines in targeted countries. 4.1.4 Evolution of the external support of reproductive health/family planning received by targeted countries (including UNFPA and other sources). 4.1.5. Processes in place to verify governments' effective purchase of committed commodities. 4.1.6 Perceptions of stakeholders, including national health authorities and other partners, expressing confidence in the contribution of the Partnership to the prioritization of reproductive health in Partnership countries. 4.1.7 Views of UNFPA staff and other Partnership stakeholders at national level on context-specific strategies to implement funding to financing measures for RHCS.	
OBSERVATIONS	SOURCES OF EVIDENCE
Funding Sources: Contraceptives in Pakistan are often procured by the federal and provincial governments utilizing their own resources as well as with financial support from various international donors and organizations including the United Nations Population Fund (UNFPA), and other bilateral and multilateral partners. These organizations provide funding to strengthen family planning programs and ensure a consistent supply of contraceptives.	UNFPA (2023). Inception report: Technical Assistance to support at national level to improve partnership and decision-making for availability of contraceptives at last mile.
Domestic contraceptive financing A total of \$38.6 million were spent on contraceptive procurement in a five-year period of 2014 to 2019, which is approximately \$7.7 million per year , much lower than the previous USAID investment of \$18 million per annum from 2010 to 2016. A total of \$24.8 million are allocated for FY 2019–20. It is important to note that meager quantities have been spent by Balochistan, KPK and Federal government.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
In terms of financing, the government's funds have been the main source since weaning off of USAID commodity support in 2016. As per national action plan, 50% additional resources for contraceptive procurement will be provided through block allocation.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
Family planning has been the hallmark of Population Welfare Department (PWD), with major financing from the provincial government. NGOs and private sector contribute minimally to cater to the population seeking birth spacing services.	Ministry of National Health, Government of

Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.	
	Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.
Government of Sindh has been allocating sufficient quantities for contraceptive procurement since weaning off of USAID commodity support in 2016. There has not been a significant need for resource mobilization for commodity security. Apart from Syana Press provided through DFID grant (for pilot introduction), there has not been any other donor support. To maintain commodity security in NGO sector, the CIP secretariat has developed a mechanism of collaboration. NGOs report on CIP Performa detailing their contraceptive issuance every quarter.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.
“After the devolution, the government of Sindh took responsibility for the procurement of contraceptives for the entire needs of the province. The PWD, government of Sindh is procuring contraceptive commodities from its own resources for Department of Health, PPHI and Lady Health workers and other private partners who are engaged with us under the MoU and we supply them with contraceptive commodities. There is a fixed allocation (900 million rupees) for the procurement of contraceptives. Due to the depreciation of USD vis-à-vis rupees and the taxes on contraceptives, the available funds fall less than the require and demand for contraceptive commodity in the field. As a result, we were in great search of support of partner, including UNFPA, in the supplies of commodities so the client does not go unattended, and no one is left behind.”	KII with Population Welfare Department, Sindh. November 2024.
For the past 5 to 7 years, GB had been dependent on the supplies provided by USAID DELIVER Project. After weaning of USAID supplies, first ever procurement by PWD GB has been made through pooled procurement mechanism via population program wing. Delayed approval of PC-1 and release of funds are identified as the major reason behind low contraceptive availability. Sustained funding and timely approval of PC-1 could immediately resolve the major hurdle behind commodity availability. Pooled procurement is an efficient and cost-effective way of resolving procurement challenges. Similarly, local production of contraceptive is the long-term solution to Pakistan’s contraceptive availability challenges. Declaring contraceptives as essential services is critical for ensuring growth in CPR, especially in this COVID-19 era. There is an inter-district borrowing mechanism. However, lack of interprovincial borrowing mechanism makes smaller provinces like GB and AJK at a disadvantage. There is no strategy for introduction of new methods in regions.	UNFPA (2020). Landscape analysis of contraceptive commodity security in Pakistan.

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Increased sustainable financing Sustainable increase in the public sector financing for procurement of contraceptive commodities was one of the third thematic areas of supplies partnership support during 2023. Following actions helped achieving the objective; <ol style="list-style-type: none"> 1. Conducted national and sub-national annual family planning allocation and expenditure survey and disseminated its findings; 2. Produced policy briefs on allocation/expenditure trends and cost benefit analysis; 3. Facilitated Government-Donor forums for increased financing 4. Provided TA support to the Ministry of Health to improve partnership and decision making for availability of contraceptives at last mile; 5. Oriented and advocated officials from national and provincial line ministries/ departments from finance, Planning & Development, health & population ministries for increasing the allocation for family planning/SRH; 6. Organized seminar for members of national and provincial assemblies for increased investments under SRH and Family Planning program. 	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023
Efforts to make financing for family planning more sustainable: National and sub-national annual family planning allocation and expenditure survey conducted. Findings of last year family planning expenditure survey were shared with all stakeholders in Country Engagement Working Group and in family planning Donors Core Group at national level. Based on last year family planning allocation survey findings policy paper was developed to see the trends in the expenditure by public and private sector. Outlines of policy briefs based on the findings of FPSA (2022-23) along with zero draft of brief is available. family planning expenditure survey, policy dialogues with parliamentarian, key ministries for increased investments under SRH and family planning resulting in overall 82% increased since 2018. Secured reproductive health commodities of \$2.5 million, and won award of \$1.5 million under Match Fund.	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.
Pakistan's financial commitment objective: mobilizing funds and allocations for family planning/reproductive health activities The government will mobilize domestic financing and allocations to meet all development needs and emerging requirements to sustain gains. It commits to raising per capita expenditure on family planning to \$2.50 by 2025 . Funds for family planning will be i) increased, ii) efficiently used, and iii) sustained through the period of commitment.	Government of Pakistan, FP2030 (2022). Pakistan FP2030 Commitment Summary.
Resource allocation has remained the underlying reason for delayed or insufficient procurements. While allocations remained reasonable for most provinces except federal level for 2014-19 the actual spending was less than 50% except Punjab (57%). Delayed release of funds has been cited the most common cause leading to lower than optimal spending rates. Diversion of funds initially allocated for contraceptive procurement is a common occurrence. It has occurred in past due to national emergencies like floods. Recently, COVID-19 epidemic also led to diversions. However, there is need to realize that	UNFPA (2020). Landscape analysis of contraceptive

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<p>population ‘emergency’ is accentuating the effects of other disasters and investment in this area is of utmost significance and should not be spent on other areas.</p>	<p>commodity security in Pakistan.</p>
<p>PWDs has been getting probably the lowest and too meager budgetary allocation which has had a direct effect on the quality of services. Even these meager resources have not been utilized logically, judiciously and effectively to address the weakest links in the departments. Alternate financing for family planning service provision by donors, development partners, private sector and NGOs has been intermittent and patchy, mainly focusing urban and peri urban areas.</p>	<p>Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.</p>
<p>Pakistan strived to reduce the population growth from 4.5% per annum to 2.9% with the major contribution by United Nations Population Fund (UNFPA) in commodity support during the 1990s (ending 1999). During the subsequent decade, from FY2000 to FY2004, the Government of Pakistan (GoP) started sourcing contraceptives from UNFPA using the World Bank’s withdrawal application procedure. With the enactment of public procurement rules in FY2004, the former health and population ministries embarked upon procurement of contraceptives through open competitive bidding for the locally manufactured contraceptive products. However, they continued using UNFPA’s platform for commodities, which were not manufactured in Pakistan. The GoP’s annual investment on family planning commodities during FY2000 - FY2009 remained steady at \$5-6 million, which was far below the actual requirements. From FY2010 till 2015, United States Agency for International Development (USAID) donated contraceptive commodities worth \$108m through supply chain programs to relevant public and private sector stakeholders across the country. From 2015 onward, realizing the significance of investments in Family Planning commodities, all provincial governments clearly demonstrated their commitments by making family planning funding an integral part of their financial planning. From FY 2015 till 2022, all provincial and federal government committed/allocated \$138 m for procurement of family planning commodities between.</p>	<p>Government of Pakistan, Population Program Wing (n.d.). Brief on local production of contraceptives in Pakistan.</p>
<p>Donor Family Planning Core Group The Donor Family Planning Core Group is an active leading core group for addressing Family Planning issues in the country which provides a platform for different donors to collaborate with Government and partners for investment in the family planning sector. UNFPA actively pursues the conduction of Donor family planning core group meetings on regular intervals for coordinating family planning/reproductive health agenda for achieving national and international commitments on family planning/reproductive health and advocating for sector-based accountability. UNFPA strongly advocates a rights-based</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>

Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.	
approach to family planning, emphasizing individual autonomy in choosing the number of children and contraceptive options.	
Total demand vs total expenses for the procurement of contraceptives “Currently, the total demand is roughly about 25 million USD. But as far as the current capacity of the government, the allocation of available resources and the government internal capacity are concerned, they are roughly using about 11 million USD for the procurement of contraceptives. The gap is more than 50%, roughly 12-13 million USD.”	KII with UNFPA Pakistan Country Office. October 2024.
“We need more funding, support, especially from the global Supply Partnership, keeping in mind the size of the country (240 million population). If we wanted to fill the gap in the availability of the contraceptives, we need more than 10-12 million USD. Currently, whatever we are mending, the Match Fund or other support, is not more than 2 to 3 million USD.”	KII with UNFPA Pakistan Country Office. October 2024.
Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].	
Indicators 4.2.1 Advocacy strategies (private and public) and workplans included in programme planning documents and advocacy tools. 4.2.2 Country reports contain substantial references to national-level government advocacy. 4.2.3 Global monitoring data on advocacy initiatives, showing coherence between global and national strategies in reproductive health/family planning and UNFPA Supplies advocacy and communication messages. 4.2.4 National reproductive health/family planning strategies and plans (including in national health plans and reproductive health roadmaps) focus on expanded access, including access for marginalized women and girls, and whenever possible, evidence of influence of UNFPA (e.g. reference to data, studies, publications, etc). 4.2.5 Percent of Partnership countries where reproductive health commodities have been included for the first time, or increasingly prioritized, in PHC and UHC plans with a focus on expanded access and active measures to reach marginalized population groups. 4.2.6 Stakeholders’ views on how advocacy has contributed to strengthening health systems, including improved access for marginalized population groups. 4.2.7 National, regional and global level UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for Reproductive health commodities. 4.2.8 Documented and/or reported Partnership use of UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for reproductive health commodities for advocacy purposes.	
OBSERVATIONS	SOURCES OF EVIDENCE

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].	
<p>“This Supplies Partnership support is one of the best opportunities to do advocacy campaigns for resource mobilization with the Government of Pakistan, the federal government, as well as with the provincial government. Whenever we go and advocate for resource mobilization for procurement of all these reproductive health contraceptive commodities, they ask what UNFPA is contributing to. We have a solid answer that we are contributing into their system with Match Fund support, global Supplies Partnership, humanitarian support, HSS and technical assistance and strengthening capacity of the government. For the last 2-3 years we have been experiencing enhancement increasing the resources for supply chain management activities in their respective provinces. This is one of the best platforms we are using for resource mobilization. Through Match Fund documentations, we are sharing allocations with SCMU so they can provide feedback.”</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>
<p>“UNFPA contributes with advocacy and influencing political leadership of the province. In every workplan, there is one portion funds for activities with political leadership. UNFPA is advocating on the importance of reproductive health commodities for the province. The provincial government is allocating funds for reproductive health commodities and doing the procurement, while UNFPA supports with advocacy and technical support.”</p>	<p>KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.</p>
<p>“UNFPA is playing an important role at the top level, convening and supporting the federal and provincial task force and the FP2030 working group, where they are advocating important and critical issues.”</p>	<p>KII with Population Welfare Department, Sindh. November 2024.</p>
<p>“UNFPA is very well placed to take the Supplies Partnership forward, but it's at an initial stage. In Pakistan the public sector budgets are annual (financial year from July till June). All the lobbying and advocacy should be held with the public sector before the budgets are finalized. You can continue having different activities, but you only get the budget enhanced only once a year. There is a need for continuity of the Partnership. The activities and advocacy are to be carried out with the public sector before the end of the financial year to ensure that UNFPA goes to them with a budget in their hand, saying that if you enhance your budget, we are willing to match the funds, so that will enhance the capacity of the public sector to provide more services.”</p>	<p>KII with Indus Hospital and Health Network. November 2024.</p>
<p>Challenges:</p> <ol style="list-style-type: none"> 1. Political and Economic Uncertainty The prevailing political and economic uncertainties in the country posed several challenges for the successful execution of supplies partnership plan. These challenges result in delays in capacity building initiatives. Furthermore, interim governments find themselves constrained in initiating policy reforms and making crucial decisions regarding policy matters. 2. Institutional Capacity issues Frequent posting transfers of government officials working in the policy domains and programme implementation put serious challenges and hurdles in smooth policy implementation on SRH/family planning initiatives 	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023</p>

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].</p>	
<p>in the country. Institutional memory becomes wasted with the frequent postings & transfers of government officials which may derail policy reforms for achieving national and provincial goals on Population indicators.</p>	
<p>In 2019, UNFPA Pakistan conducted localized analysis revealed that for each \$US dollar invested in family planning services in Pakistan, around US \$5 could be saved in net direct healthcare costs. The analysis estimated financial resources needed for the Government of Pakistan to fund family planning commodities and services required to reach the target CPR of 50% by 2025 as committed in the Council of Common Interests recommendations.</p> <div> <p>IF CPR INCREASED TO 50% BY 2025 ...</p> <p>Starting with an investment of US \$20.5 million in 2019 and increasing gradually to an investment of US \$33.3 million by 2025, the Government of Pakistan could avert almost US \$1.1 billion in direct health care costs over 2019-2025.</p> <p>A total investment of around US \$185 million in contraceptive commodities and services over the period of 2019-2025 would therefore return a total net saving of around US \$900 million by 2025 for the Government of Pakistan.</p> <p>For every US \$1 dollar invested in contraceptive commodities and services, the Government would save US \$5 dollars on average over 2019-2025.</p> <p>Source: United Nations Population Fund (UNPFA), Pakistan (2019). Estimating the Health Impacts and Economic Returns of Increased Family Planning Provision in Pakistan. Policy brief, UNFPA-Pakistan</p> </div>	<p>UNFPA (2022). Achieving Sustainable Development Goals: Modelling the Impact of Investment in Family Planning. Building Case for Pakistan.</p>






Figure 7. Investments and savings of increased contraceptives commodities and services in Pakistan.³

³ Source: UNFPA Pakistan (2029). Estimating the Health Impacts and Economic Returns of increased Family Planning Provision in Pakistan policy brief.

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In 2022, UNFPA conducted a study on the family planning SDGs linkage model ⁴in Pakistan. The analysis was widely disseminated at the national and provincial levels and received great appreciation from the public and private sector stakeholders. During the consultation session across all provinces, establishing the link between family planning with SDGs broadly in the case of Pakistan emerged as the key ask from the policymakers. Therefore, UNFPA Pakistan has taken the suggestion positively and conceptualized this study.	UNFPA (2022). Achieving Sustainable Development Goals: Modelling the Impact of Investment in Family Planning. Building Case for Pakistan.

⁴ The Family Planning-Sustainable Development Goals (FPSDGs) Model4 is an evidence-based advocacy tool that quantifies the benefits voluntary contraceptive use offers for realizing 13 of the SDG indicators which are related to 7 out of the 17 SDGs Goals. The model addresses two key questions: (1) why does family planning matter for the SDGs, and (2) to what extent increase in family planning practice can help achieve the SDGs? Unravelling the multi-sectoral benefits of contraception, the model strengthens the case for family planning programs.

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].		
<p>The FP-SDGs Model builds a case on base-year data inputs and combines with three future scenarios for the country, generating population projections for each model year (PPW, Ministry of Health, 2020). The model uses three scenarios of contraceptive use trends which emerged as recommendations of the Council of Common Interest (CCI) in 2018 giving direction to governments to evolve programs to meet these targets by 2030.</p> <ol style="list-style-type: none"> Scenario 1-Business as usual: Pakistan's family planning progress remains at a slow rate and follows the trend of contraceptive over the past two decades – 40 percent by 2030 Scenario 2-Moderate FP program efforts: Pakistan family planning program attains a moderate level of CPR - 50 percent of women using any method by 2030. Scenario 3-Accelerated FP Program efforts: Pakistan reaches its national family planning goal of 60 percent of women using any method by 2030. 		UNFPA (2022). Achieving Sustainable Development Goals: Modelling the Impact of Investment in Family Planning. Building Case for Pakistan.
Figure 8. Three scenarios for family planning programme efforts in Pakistan based on the FP-SDGs Model.		

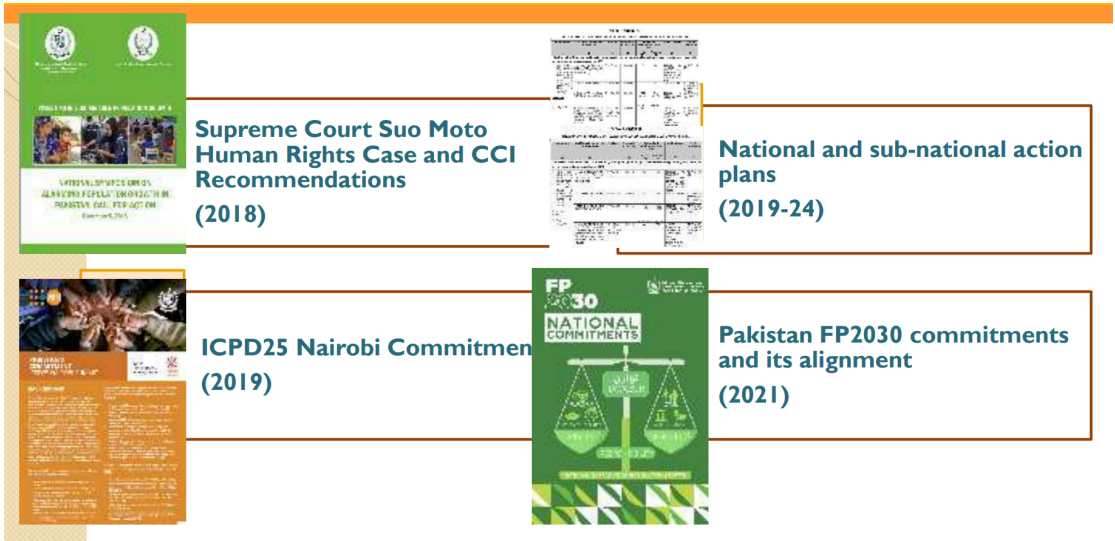
<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].</p>	
<p>To fully benefit from the impact of accelerated voluntary and rights-based family planning, Pakistan should:</p> <hr/> <div>  <p>Accelerate the CCI recommendations implementation given its strategic nature and enabling environment.</p> </div> <div>  <p>Build sustained political will to support family planning</p> </div> <div>  <p>Increasing financial investments in family planning programs</p> </div> <div>  <p>Promote multi-sectoral collaboration and family planning integration across sectors by revising or updating family planning policies and strategies, and integrating family planning components in the policies and strategies of other sectors; and</p> </div> <div>  <p>Strengthen policy and program implementation by improving accountability at all levels.</p> </div>	<p>UNFPA (2022). Achieving Sustainable Development Goals: Modelling the Impact of Investment in Family Planning. Building Case for Pakistan.</p>
<p>Figure 9. Recommendations for maximizing the impact of accelerated voluntary and rights-based family planning in Pakistan.</p>	
<p>UNFPA has established several working groups and mechanisms for coordination</p> <ul style="list-style-type: none"> • Country engagement working group • FP2030 Working Group • National and provincial Task Forces • Contraceptive Commodity Security Working Group 	
<p>CEWG and Commodity Security Working Group Meetings</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA</p>

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].	
Quarterly CEWG and Commodity Security Working Group meetings at national and provincial level conducted to enhance coordination and evidence-based monitoring of supplies to create policy environment for strengthening family planning supply chain systems at federal and provincial level.	Supplies Partnership Annual Report 2023
<p>“Prior to 2012, population and family planning and health were all federal subjects. There was one national population policy, one national health policy, one national youth policy, and all social sectors. They were all national federal subjects. In 2012 there was an amendment in the constitution of Pakistan, and they were made state subjects (provinces). There of a total de-link between the federal government and the State governments and no coordination. It was only UNFPA who brought the national government forward and convinced them that they still had a coordination role, because they were the ones making national and international commitments. The single states are not going to make commitments abroad, it is the national government who does. This work was carried out by UNFPA and then a coordination mechanism was established with the technical and financial assistance of UNFPA (the country engagement working group). This forum has become the link between the national government and the state governments, and among the state governments. In Pakistan, one of the problems is that the public sector department (the health department) works in isolation. Another problem in Pakistan is when it comes to population, is that there is a Population Welfare Department, and then there is the Health Department. Family planning services are divided between the two departments. When it is prevention, it has to be looked after by the Population Welfare Department. When it comes to services and delivery, it is the Health Department. The population actors in the state and in the national government, the civil society and NGOs, and the Health Department were brought to the table. UNFPA has been continuously assisting the national government and ensuring it holds the meeting quarterly. The forum is chaired by the province in which it is being held on rotation basis for greater ownership of the state governments (to give them a feel that it is everybody's subject). That was a big success.”</p>	KII with Indus Hospital and Health Network. November 2024.
<ul style="list-style-type: none"> • “Before the support was being provided by USAID through the two projects (one just ended last year). Unfortunately, the rest of the players, the rest of UN donors, are not directly into the supply chain management system. Even USAID, who is also partially supporting under one of their projects, is not directly in the SCM system in Pakistan. Family planning and commodity is our business. That's why we established different coordination mechanisms in the country. One is the country engagement working group, which all the stakeholders are member of, including the public sector, provincial governments, private sector organization, CSOs and donors (USAID, BMGF, FCDO - the three main big players working on the family planning overall landscape in Pakistan). Along with that, WHO is the technical agency.” • “Under that, we also established contraceptive commodities working group so that we can regularly, on quarterly basis, review the performance and availability of stock at the central warehouse level and facility gap to identify where are the gaps, so that we can also advocate for more funding from the public sector. Some of the technical support, which is now coming is from our side, is planning support.” • “We also established a family planning donor working group to get all the major players and we are holding regular meeting just to exchange the information and just to get some buy in and support from the donors.” 	KII with UNFPA Pakistan Country Office. October 2024.

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].	
<p>“In 2016, UNFPA suggested the idea of a working group for the provinces, which should work in unity, so that the provinces can learn from each other’s experience. This led to the establishment of the country engagement group. Since its establishment, 35 meetings have been held, with the technical and financial support of UNFPA.”</p>	<p>KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.</p>
<p>“I presented the country engagement working group to the public sector of Nepal, and even UNFPA Nepal said they wanted to know more about it, because this is the biggest problem in Nepal (there are many state governments in Nepal, with a de-link between all state governments and all these departments). We were able to share the entire concept of the country engagement working group with them.”</p>	<p>KII with Indus Hospital and Health Network. November 2024.</p>
<p>Country Engagement Working Group/FP2030 Working Groups Through the support of UNFPA, regular quarterly meetings of CEWG meeting and FP2030 working group meetings were held at national and provincial levels respectively. During the 30th meeting of CEWG during September 2023, a sub-committee was constituted for effective and timely implementation of CCI recommendations on rapid population growth rate in the country. Stakeholders from public and private sector organizations coordinate regarding progress review of achievements in respective thematic areas towards implementation of national action plans for achieving national and provincial targets.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<p>Policy briefs, technical briefs and detailed reports will be prepared and disseminated for knowledge generation and dissemination. The UNFPA supported Country Engagement Working Group (CEWG) and FP2030 working groups platforms will be used to disseminate learnings at national and sub-national level. UNFPA is a chair of family planning donor coordination and the H6 forum which will also be used for knowledge sharing.</p>	<p>UNFPA (2022). UNFPA Supplies Partnership - Narrative Template for Transformative Action Application for 2023.</p>
<p>To address the ‘alarming population growth rate’, the government of Pakistan has established several federal and provincial task forces in 2018 and has released a set of eight recommendations to address population issues. They range from enacting laws restraining early child marriage to decentralizing reproductive and family-planning services to local governments that would in turn benefit from increased funding.</p>	<p>UNFPA (2022). Achieving Sustainable Development Goals: Modelling the Impact of Investment in Family Planning. Building Case for Pakistan.</p>
<p>There is a need to revamp the Country Engagement Working Group as it has grown from an experience sharing platform to a more powerful forum where strategic decisions are taken regarding family planning/reproductive health sector in the country. There is a need to reorient the role of CEWG and redefine the scope of CEWG keeping in view the multifarious challenges involved in achieving the desired targets of supplies partnership plan.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].	
National reproductive health/family planning strategies and plans	
Policy framework: Pakistan has a national family planning policy that guides its efforts in this area. This policy provides the overarching framework for family planning and contraceptive procurement and distribution activities.	UNFPA (2023). Inception report: Technical Assistance to support at national level to improve partnership and decision-making for availability of contraceptives at last mile.
Pakistan is among the few countries with very detailed population policy and programme roadmaps at federal and provincial level. These include the Council of Common Interest (CCI) Recommendations implemented under oversight from the Federal and Provincial Task Forces. Other important commitments and frameworks approved by Government of Pakistan include the ICPD25 and FP 2030 commitments. Following the Chief Justice Suo Moto notice in 2018, Pakistan developed detailed national and provincial costed action plans . Pakistan has made its FP2030 Commitments in line with its national goals agreed under the CCI Recommendations and the targets set for the National Action Plan to strengthen family planning focus fully following the eight key CCI recommended areas. In the national and provincial action plans Pakistan committed to specific targets for mCPR, TFR and desired population growth rate for 2025 and 2030. These targets were also part of Pakistan's ICPD25 and FP2030 commitments. Giving due consideration that Population is a cross-cutting issue, which has its linkages with most important issues relating to poverty, health, illiteracy, environment, climate change, economic instability, etc, the government of Pakistan has developed a rights based national narrative framed based on three interlinked principles of Rights, Responsibilities and Balance. The national narrative emphasizes that family planning should be driven by informed choice and free will, and not coercion. It also underlines the states responsibility for fulfilling all citizens' rights to the information and to the services they need to make, and act on informed choices. The national narrative aims at balanced population growth to ensure wellbeing, prosperity, safety and security—which is the common aspiration of the people of Pakistan.	UNFPA (2022). UNFPA Supplies Partnership - Narrative Template for Transformative Action Application for 2023.
Pakistan's Family Planning Vision for 2030: A society where women and girls are empowered and all couples enjoy basic rights to decide the number of their children freely and responsibly by maintaining a balance (tawazun) between their family size and resources, make informed choices to achieve a prosperous, healthy, and educated society. Pakistan's FP2030 Commitments in 8 steps:	Government of Pakistan, FP2030 (2022). Pakistan FP2030 Commitment Summary.

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].		
<ol style="list-style-type: none"> 1. Adapt and implement evidence-based progressive policy reforms with political will and enabling environment at all levels Multilevel task forces will oversee reforms, financing, implementation, accountability, etc. They will engage with a diversity of stakeholders. 2. Universal access to services to lower fertility rates and address unmet need for contraception By implementing various strategies, the government aims to achieve universal access to contraceptive choices and quality family planning and reproductive health services. 3. Address information and service needs especially to remote areas The government will increase information and service access to the most remote, peri-urban areas and slums by 2025. Communication plans will include interpersonal outreach that engages with underserved groups. 4. Gearing for Uniform Understanding of National Narrative The Federal Population Task Force has approved a "National Narrative" rooted in rights, responsibilities, and a 'tawazun' (balance) approach to considering family size and resources. Multilevel actors will help promote this. 5. Contraceptive commodity security and efficient supply mechanism The government aims to ensure zero stockouts and will thus pursue contraceptive supplies availability to the last mile for all stakeholders. The government will also address existing supply chain barriers. 6. Legislative support As cross-party consensus is developed, the appropriate governmental entities will prepare specialized implementation plans that support legislation conducive to expanding family planning services. Provincial departments will share their plans and progress with the federal government. 7. Institutionalization of human development and system strengthening to sustain family planning efforts The government will keep investing in skill-building and other sustainable development initiatives so that actors across all relevant sectors are equipped to help meet family planning goals. 8. Monitoring and evaluation for results and effectiveness The government will identify and address weaknesses and barriers to achieving the envisioned goals. The national web-portal and dashboard will link stakeholders and enable them to input feedback directly. 		
Population policies and other available strategies and documents never got on the political priorities radar of the successive governments, because of lack of sensitization on the subject and realization of the implications of the uncontrolled population growth on all other sectors such as food, water, energy, climate, employment, health, education, peace and security etc. As a policy matter, family planning has been isolated and left out as the primary and sole responsibility of the PWD, and the Dept. of Health with much larger scale of resources has always been shying away from family planning services provision. There has been hardly any integration and minimal coordination between the two departments.		Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A

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	guide for procurement, planning and management of RH commodity security.
 <p>Supreme Court Suo Moto Human Rights Case and CCI Recommendations (2018)</p> <p>National and sub-national action plans (2019-24)</p> <p>ICPD25 Nairobi Commitments (2019)</p> <p>Pakistan FP2030 commitments and its alignment (2021)</p>	<p>UNFPA (2023). National Validation Workshop on Supply Chain, Reproductive Health Commodity Security Strategy (2024-2029). Objectives of the Supply Chain and RHCS Strategy (2024-2029).</p>
<p>Figure 10. Policies and national plan on family planning implemented in Pakistan.</p>	
<p>“When the devolution took place in 2012 the state governments did not have policies (previously it was one national population policy). After 2012, every state government was supposed to make their own population policies. They were not trained and were lacking capacity to make policies. Punjab’s first ever population policy was launched in the year 2018. There was a gap between the devolution and the biggest province coming up with the policy. This situation was mostly assisted and steered by UNFPA, who provided technical assistance”</p>	
<p>Family planning targets agreed for 2025 and 2030</p> <p>Following a request by the Federal Task Force, Pakistan has reworked the National and Provincial/Regional CPR targets based on the approved national targets.</p>	<p>UNFPA (2023). National Validation Workshop on Supply Chain, Reproductive Health</p>

Assumption 4.2 The **advocacy and data generation** efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into **political commitments, including national development plans and strategies** aimed at strengthening health systems. [links to theory of change causal assumption 10].

Table 4. Revised National and Provincial/Regional CPR targets based on the approved National targets.

	PDHS 2017/18	2025	2030
National	34.2	50	60
Sindh	30.9	47	57
Punjab	38.3	54	64
KP	30.9	46	56
Balochistan	19.8	36	46
ICT	45.7	62	72
GB	39.0	55	65

- Standard 2 percent change per annum is considered for national and provinces/ regions
- Monitoring framework and reporting mechanisms have been in place

Commodity Security Strategy (2024-2029). Objectives of the Supply Chain and RHCS Strategy (2024-2029).

Supply Chain and RHCS Strategy (2024-2029): A strategic roadmap for ensuring uninterrupted last mile availability, affordability, and sustainability of quality essential reproductive health commodities, leveraging use of technology and resilient supply chain system.

UNFPA (2023). National Validation Workshop on Supply Chain, Reproductive Health Commodity Security Strategy (2024-2029). Objectives of the Supply Chain and RHCS Strategy (2024-2029).

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<div> <div> <h3>Priority Thematic Areas</h3> <div> <div> <h4>Universal Access to RH & FP</h4> <ul style="list-style-type: none"> • Expansion of CHWs. • Utilize/Revitalize Mobile Service Unit (MSUs) • Support & facilitate private sector/social marketing to provide services in unserved areas. • Prioritising FP services in the Universal Health Coverage package. • Develop linkages with social safety net programs. • Promotion of Telemedicine practices for FP/RH,PPFP. </div> <div> <h4>Contraceptive Commodities Security</h4> <ul style="list-style-type: none"> • Ensuring availability of contraceptive commodities to the last mile. • Strengthening supply chain management system. • Encouraging local production. • Pool procurement at provincial/regional level • Commodity support in the interim period. </div> <div> <h4>Advocacy & Communication</h4> <ul style="list-style-type: none"> • National Advocacy and communication strategy • Advocacy on National narrative its dissemination reflecting its nexuses with population growth issues. • Develop & Implement behavioural change communication campaign. </div> </div> </div> </div>	
<p>Figure 11. Priority thematic areas for the Supply Chain and RHCS Strategy (2024-2029).</p>	
<p>The national action plan was costed with financial and technical assistance of UNFPA.</p>	
<p>“In 2018, the Supreme Court of Pakistan had taken a summative motion on the population growth in Pakistan. Population growth was considered extremely high and under the human rights framework, the Supreme Court asked the entire federal government and the concerned stakeholders to show what is being done by all departments. A national action plan was then developed, and then costed. It was then placed before the Supreme Court but could not be approved. The action plan was then placed before the highest the decision-making forum in the country, the Council of Common Interest, headed by the Prime Minister and the Chief</p>	<p>KII with Indus Hospital and Health Network. November 2024.</p>

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Ministers of all the state governments, the Prime Minister of Jammu and Kashmir, and the administrator of Gilgit Baltistan are members of, approved. One of the elements of the national action plan is that every single government will have to increase their finances for the family planning program. Over the last 4 or 5 years, there has been a constant increase in the family planning budget.”	
“The costing of the national action plan and the provincial action plans has been entirely funded by UNFPA. The national action plan was costed, meaning the money required for various methods, procurement, capacity building was specified, and every single line item was separately identified and costed. Then, every province developed and costed their own provincial action plan with a provision for the next five years. One of the problems we have in Pakistan is the very rapid devaluation of our currency against the US dollar. There is a base available with every single government for the costing of the action plan, we just need to add inflation to the cost and devaluation of rupees against the US dollar to work out the cost of that.”	KII with Indus Hospital and Health Network. November 2024.
UNFPA had been striving for creating awareness on population issues and to establishing coordination among Government Departments and NGOs at national and provincial levels including CEWG at national level and FP2030 working groups at provincial level. UNFPA was working to evolve a cost-effective family planning model to reduce PGR and increase CPR. FP-2030 targets were in line with the targets of ICPD and CCI recommendations and all stakeholders were therefore equally responsible to enhance their output.	Government of Khyber Pakhtunkhwa, Directorate General Population Welfare (2022). Minutes of the second quarter FP-2030 working group meeting held on August 12, 2022.
“UNFPA is also advocating to review the financial award formula (a very constitutional matter) and advocating that provinces are not willing to reduce their growth rate, because with the reduction of the growth rate, they would be losing their share in the Parliament and other employment and financial resource distribution. In Pakistan the national finances are distributed 80% based on the proportion of the population. If you have a bigger population, you get more awards in the form of Parliamentary seats, jobs, finances. If any provinces’ population is getting smaller, they would get fewer national finances. It is now discussed that this is one of the reasons why the growth rate is not declining. Over the last two years this idea has floated at every forum; now, even ministers in governments are also discussing this issue. The finances are awarded based on population and not other indicators e.g. women empowerment, literacy things. UNFPA is putting the formula for the revision and in many places restructuring the overall systems so that the ultimate aims of reproductive health, maternal health are achieved.”	KII with Population Welfare Department, Sindh. November 2024.
Policy and reforms An enabling environment for the implementation of policy on family planning and reproductive health in Pakistan has been established through the active involvement of UNFPA in high-level collaborations and technical assistance initiatives. UNFPA Pakistan in partnership with the Supreme Court/Law and Justice Commission and the Ministry of National Health	UNFPA (2023). Narrative Reporting Template for the UNFPA

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].</p>	
<p>Services, Regulation, and Coordination (MoNHSR&C), played a pivotal role in ensuring the success of the national population conference held on July 13-14, 2023. The culmination of these efforts materialized in the Islamabad Declaration, a national call for action that solidifies the commitment to advancing family planning and reproductive health. The review of the CCI Action Plan during the 30th CEWG meeting dated 12-13 September 2023 led to the formation of a Sub-Committee for successful execution of the plan. Through these strategic actions and collaborations, an enabling environment has been fostered, laying the groundwork for the effective implementation of policies aimed at enhancing family planning and reproductive health in Pakistan.</p> <p>Policy dialogues with key ministries (e.g. Finance, Planning, Health and Population) for increased investments under SRH and family planning The Family Planning Spending Assessment (FPSA) meetings were organized through the support of UNFPA to disseminate data on family planning spending through public sector, NGOs, Private Sector Organizations, and international organizations. The FPSA survey, a collaborative effort between the Population Council, Ministry of National Health Services Regulation and Coordination, Track20, and UNFPA. Provincial dissemination of FPSA was held at national level and provincial levels.</p> <p>Functional accountability mechanisms for sexual and reproductive health policy and programme implementation at national and subnational levels Accountability mechanisms have been established for the oversight of SRH policy and programme implementation including CCI recommendations on rapid population growth in Pakistan. There are multiple accountability platforms including the family planning donor working group, Country Engagement Working group under FP 2030 at national level, provincial FP2030 working groups, Parliamentary and Civil Society Organization forum which carry out periodic reviews of national action plans on CCI recommendations at national and provincial levels.</p> <p>Parliamentary Forum on Population UNFPA actively involved parliamentarians through consultative meetings at both national and provincial levels during the reporting period. A significant high-level ninth meeting of the Parliamentary Forum took place in Islamabad on September 19, 2023, which was attended by legislators from the Senate of Pakistan and the Gilgit Baltistan province, having membership from different political parties. A primary focus of the dialogue was placed on the prompt and efficient implementation of the national action plan aimed at addressing the country's rapid population growth rate. The interaction with parliamentarians' functions under the framework of legislative initiatives, such as the Reproductive Healthcare Rights Bills, and advocacy for domestic allocations to tackle population-related issues, aligning with recommendations from the Council of Common Interests (CCI) and national action plans on population issues of Pakistan.</p>	<p>Supplies Partnership Annual Report 2023.</p>

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].</p>	
<p>Advocacy for including Population issues/Family Planning into the manifestos of major Political Parties Manifestos and Population Issues/Family</p> <p>The UNFPA has been advocating political parties for incorporating population issues and family planning commitments into their respective party manifestos. By encouraging the inclusion of population-related concerns and family planning strategies in party manifestos, UNFPA aims to promote a collective and integrated vision among political entities, emphasizing the importance of sustainable demographic policies for the overall development and well-being of the nation. This collaborative effort underscores the commitment to fostering informed and responsible political discourse on crucial population matters.</p> <p>Civil Society Organizations Coalition</p> <p>The CSOs Coalition has been playing an active role in advocating for the implementation of Family Planning programme in the aftermath of CCI recommendations and National/Provincial action plans. CSOs is mainly focused on the role of general registered private sector practitioners and hospitals in providing family planning counseling, information, and services to both male and female clients. The CSOs coalition is proactively championing the role of the private sector in line with CCI decisions. The CSOs coalition has actively been urging national and provincial governments to engage family physicians and pharmacies to enhance access to contraceptives and family planning services. A successful public-private partnership model is already in operation in Sindh, with plans to replicate a similar model in Punjab.</p>	
<p>Approach to Accountability: Use other monitoring tools to ensure that there are accountability mechanisms for all stakeholders</p> <p>The government has developed and integrated tools like district rankings for family planning indicators and score cards to track political party manifestos implementations. These mechanisms promote transparency and accountability.</p>	<p>Government of Pakistan, FP2030 (2022). Pakistan FP2030 Commitment Summary.</p>
<p>Some examples of successful interventions in reproductive health commodity security in Pakistan</p> <ol style="list-style-type: none"> Approved national and provincial action plans as per the decision of CCI Budget line for contraceptives in the federal and provincial PWD and Department of Health budgets Contraceptive logistic management information system to improve data visibility forecasting supply planning and distribution of reproductive health commodities up to SDPs Expanded access to family planning services through social marketing, mobile outreach and community based distribution of contraceptives in rural and hard to reach areas Advocacy for ASRH and reproductive health by providing information, education and services that are tailored to their needs. 	<p>Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and</p>

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vi. Reproductive health right acts promulgated in the province of Khyber Pakhtunkhwa, Sindh.	management of RH commodity security.
National commitments: The Islamic Republic of Pakistan being the world's fifth most-populous country with a total population 241.49 million in 2023 and a growth rate of 2.55%, has recently made several national and international commitments under FP 2030, Vision 2025 and Sustainable Development Goals (SDGs) to improve maternal and child health indicators and to address Reproductive Health issues. Amongst these commitments, the goals set under CCI recommendation for universal access to family planning are the foremost. The CCI recommendations aiming to enhance Contraceptive Prevalence Rate from 34% in 2017-18 to 50% thereby lowering the total fertility rate from 3.6 in 2017-18 to 2.8 children per woman by 2025 and; to further raising CPR to 60% and reaching a Total Fertility Rate of 2.2 children per woman by 2030. This would lower our population growth rate from 2.82 in 2017 to 1.5% by 2025 and to 1.1% by 2030.	Ministry of National Health, Government of Pakistan (2023). Supply Chain Reproductive Health Commodity Security (RHCS) Strategy 2024 -2029: A guide for procurement, planning and management of RH commodity security.
“The political commitment can be seen from the increase in the budgets over these 2 years. There is political commitment, and meetings are being held with parliamentarians. It's not only about allocating towards finances to contraceptives, but it covers various part like child marriage (which has a very strong link with the population dynamics and women health). Different aspects are being targeted by the parliamentarians and within the political parties. We even try to get a couple of things included in manifestos of different political parties so that commitment can be seen in their manifestos in the public sector allocation and the increase for this very program. If you compare the two departments, the Health department and PWD, the health department was considered as a very lucrative position, very attractive for the bureaucrats to be appointed at, whereas the population department was always seen as a department where you get posted out of punishment. That is changing. The budget of the population welfare department used to be so low that it was very unattractive to be appointed there. Now, with the increase in that budget, it is becoming a department to talk about. Once you have the budget, you also need to work on the department to enhance their capacity to be able to utilize those funds. Initially in Pakistan we were doing advocacy with UNFPA, with a number of donors behind them. While working with the parliamentarians, we were able to get the budget enhanced and then by the end of the year, we saw that the department was actually not able to utilize the funds, so there was an issue of capacity of the department and capacity of the providers. So, then UNFPA started working with public sector through various INGOs and NGOs (JHPIEGO, Indus hospital, Family Planning Association). We have been training public providers on long-acting reversible contraceptives, because that is what can bring about a change in in the fertility.”	KII with Indus Hospital and Health Network. November 2024.
UNFPA has been advocating with state governments and the provincial governments to have pooled procurement among the provinces.	

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].	
<p>“Procurement is one big problem in Pakistan: most of these contraceptives are coming from abroad. One of the issues that currently we are struggling with is to ensure pool procurement. After the devolution, contraceptives became a state subject, so every single state has authority to have their own procurements. In Pakistan 80% of national funds are allocated based on population size. Punjab is 52% of today's Pakistan: this means they have huge funds available, so they are able to attract international bidders. But what about Balochistan, which has the least population, and smallest funds? The population program has to be managed within their budget. Twice, when they advertised, there were no international bidder because it was too little of an amount for international supplies. The governments of Punjab and Sindh are procuring because they have huge budgets available, but the budgets of the other two provinces, which are smaller in population size, are smaller, and independently they have not been able to attract international bidders. UNFPA is leading the process of working with the national governments and has already worked with the governments of Balochistan and Khyber Pakhtunkhwa (the smallest provinces population wise). UNFPA has advocated to the state governments and the national government to have pooled procurement, and now, within the provisions of the Government, the public sector has its own provisions. But according to the rules and regulations, money cannot go from one state to another state or to the national government. UNFPA is looking for different ways to deal with this issue. It could be a national bid, but the supplies would be provided directly to the provinces, and the amount would be paid directly by the provincial governments. It is not only about budget and capacity; if you don't have contraceptives, you have no program. UNFPA is very strongly looking into this and leading the entire discussion.”</p>	<p>KII with Indus Hospital and Health Network. November 2024.</p>
<ul style="list-style-type: none"> ● Pooled procurement within provinces: “In Sindh, there is a pooled procurement model within the province: procurement is done by one department for the entire procurement of the province for all the departments that are doing family planning and reproductive health work. The commodities procured by PWD are for the needs of the department of health, Lady Health Worker Programme and PHC initiative and the private sector.” ● Pooled procurement at the national level: “When we talk about pooled procurement at national level, except Sindh, other provinces have supported the idea that pooled procurement should be done and UNFPA was part of these discussions and gathering support. But then the federal government could not procure for KP, Balochistan because the procurement regulations and financial rules could not support that model of procurement.” 	<p>KII with Population Welfare Department, Sindh. November 2024.</p>
Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
Indicators 4.3.1 Documents that evidence the utility of the existing financing structures and co-financing incentives applied to the different levels if support provided (full, modified, technical and transition). 4.3.2 Perceptions of stakeholders about the adequacy of the financing and co-financing components (HSS, Match Fund, etc.) to increase political commitments and move countries along the pathway to sustainable transition.	

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
4.3.3 Increase (number and frequency) of political commitments in Partnership countries. 4.3.4 Percent of Partnership countries who agree funding streams are efficient and relevant to their contexts. 4.3.5 Documented explanations of the rationale for application of different funding streams, and regular review. 4.3.6 Percent/ratio of different funding streams applied across Partnership countries	
OBSERVATIONS	SOURCES OF EVIDENCE
2023 Budget allocation - Commodities UNFPA Supplies Match Fund <ul style="list-style-type: none"> Subject to the availability of programme funding and clearance from the programme governance bodies, Pakistan will be eligible to receive up to \$1.5 million through the UNFPA Supplies Match Fund in 2023. Through the Match Fund, UNFPA will be able to match any government contributions that are made towards the procurement of quality-assured reproductive health/family planning commodities in 2023 up to a maximum of \$1.5 million, on the condition that levels of government expenditure on reproductive health/family planning commodities have either increased or remained constant since 2022. Government contributions will be matched on a 1:1 basis, meaning that UNFPA will provide \$1 worth of reproductive health/family planning commodities for every dollar that is contributed by the government. To qualify for match funding, the government will need to demonstrate that reproductive health/family planning products procured are either WHO Prequalified or have Stringent Regulatory Authority (SRA) approval <p>New and Lesser-Used Commodities: Countries can request for new and lesser-used commodities outside of the allocated commodity ceiling. However, every request for a new or lesser used product, must be accompanied with a detailed costed introduction/implementation plan.</p>	UNFPA (2023). UNFPA Supplies 2023 Pakistan Budget Allocation Letter.
<ul style="list-style-type: none"> The Health Department, Government of Khyber Pakhtunkhwa has been awarded USD 500,000 (Five Hundred Thousand United States Dollars) in additional financing for reproductive health/family planning commodities through the UNFPA Supplies Match Fund. In 2023, the Government of Pakistan spent USD 6,065,194 of domestic resources on reproductive health/family planning commodities. As a result, the government is now eligible to receive a total of USD 500,000 worth of reproductive health/family planning commodities through the Match Fund. 	UNFPA (2023). Letter of Award of USD 0.5 Million in additional financing for reproductive health/family planning (RH/FP) commodities through the UNFPA Supplies Match Fund.

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<ul style="list-style-type: none"> “The concept of the Match Fund was shared with the provinces. The provinces were told that if any province was procuring more than the previous year, or at least maintaining the previous procurement for contraceptive commodities, they would qualify for the Match Fund. Two provinces (KP and Sindh) qualified for the Match Fund and received the amount. Other provinces have now also increased their allocations for the procurement of contraceptives, as they know they would be qualified for UNFPA’s support e.g. Balochistan has also increased budget for the procurement for contraceptives. At the provincial we try to do more procurement compared to previous years.” “Last year, we qualified for Match Fund; we spent more money compared to allocated amount. As a result, 450,000 USD were allocated to Sindh. We choose 2 commodities Implanon (NXT and Jadelle) for the supplies through their support.” “There is a sort of competition among the provinces e.g. if the province of Sindh is qualifying for the Match Fund, why can other province not beat this?” 	KII with Population Welfare Department, Sindh. November 2024.
<ul style="list-style-type: none"> “Over the last 4 or 5 years, there has been a constant increase in the family planning budget. The Supplies Partnership can actually play a very good role into that, because they are also talking about matching grants. We see that provincial governments have allocated money; if they see that some extra money could come from a partner, they would be willing to allocate even more. In Pakistan, this is now a state subject, so every state government have their own policies. The public sector has also agreed to provide contraceptives to civil society, so they submit their demands to the national government and to the concerned provincial governments and state governments. But since their procurement is not at that level, we don’t get the contraceptives as per our demand. With the Supplies Partnership, if the matching grant concepts come in, the procurement of the state government would be at the highest level, and it will become bigger than what it is today. Then the civil society share would also increase.” 	KII with Indus Hospital and Health Network. November 2024.
<ul style="list-style-type: none"> “We are educating the provincial government to sustain and enhance their expenditure for procurement of contraceptives, so they will be eligible to get additional support from UNFPA under the Match Fund. The Match Fund plays a catalytic role to improve the efficiency and allocation of the resources. Last year, when we compiled the data from the respective federal and provincial governments, there were three entities who clearly were qualified to get the 1.5 million from the provincial government. This year, we also conducted the same exercise based on the closure of the financial year. Three entities are emerging again (Sindh, Punjab, Balochistan). 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. But we need support from UNFPA side to fill the gap with as many resources we can allocate, so we can ensure the availability of contraceptives to the last mile.” “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.” 	KII with UNFPA Pakistan Country Office. October 2024.
“The Match Fund was awarded by UNFPA to the governments of provinces of Pakistan which had utilized more funds for reproductive health than the previous year. The provinces were then provided with a matching grant for the following year	KII with Population Welfare Department,

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
(500,000 USD) to use for the most-needed commodities. Unfortunately, we will not be awarded the Match Fund next year, as we were not able to procure commodities for the last financial year due to internal issues.	Khyber Pakhtunkhwa. November 2024.
“We need to have some enhancement in the funding mechanisms, so that the government of Pakistan and provincial governments will be able to fill the commodity gap (which is more than 50%), with their enhanced support coming from the Supplies Partnership.”	KII with UNFPA Pakistan Country Office. October 2024.
“We are just starting to receive the commodities at the central warehouse of the 2023 Match Fund support (1.5 million USD allocated) after 1 year.”	KII with UNFPA Pakistan Country Office. October 2024.
“Our suggestion for the Match Fund is to change the criteria. If am awarded the Match Fund, it means that I already have the funds, it is not according to needs. These funds should not be given as a Match Fund but more according to the needs or as a loan. There should be a strategic portion provided as emergency funding. When we procure, it takes 10-12 months, almost one year to receive the commodities. Sometimes there are procedural issues which prohibit us from procuring. The funds were available, but we could not mature it due to political reasons. The Match Fund should be on loan basis, with a strategic stock for countries like Pakistan.”	KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.
“The support given by UNFPA in the last 2-3 years is known by very few people. We require to spread the support at the top policy level so that they may realize that if they allocate more resources on commodities, they may be getting more support from UNFPA. Otherwise, very few people, who are at the hem of affairs, know about support from UNFPA.”	KII with Population Welfare Department, Sindh. November 2024.
Assumption 4.4 The Partnerships mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
Indicators	
4.4.1 Documented evidence on the adequacy of the Sustainability Readiness Tool – systems readiness assessment tool to effectively identify gaps and bottlenecks in the different programmatic areas and inform decisions around the types of activity supported through the HSS funding stream.	
4.4.2 Percent of Partnership countries using SRAT and results / subsequent improvements in domestic financing.	
4.4.3 Percent of Partnership countries that have signed Compacts and increased domestic financing	
4.4.4 Perceptions of stakeholders on the relevance of the Compact and Annex A, including frequency of renewal.	
OBSERVATIONS	SOURCES OF EVIDENCE
Sustainability is the key for the HSS application that corresponds four key thematic areas of supplies partnership programme. All the proposed activities are directly or indirectly related to ensuring the long-term viability and impact of family planning and MNCH efforts in the country. Resource allocation for contraceptive procurement and family planning services, rollout trainings up	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System

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).

to health facilities level using public sector investments, family planning expenditure surveys, and policy formulation for promoting local production of contraceptive are the key interventions which lead towards sustainability and viability of the programme.

Strengthening Application.

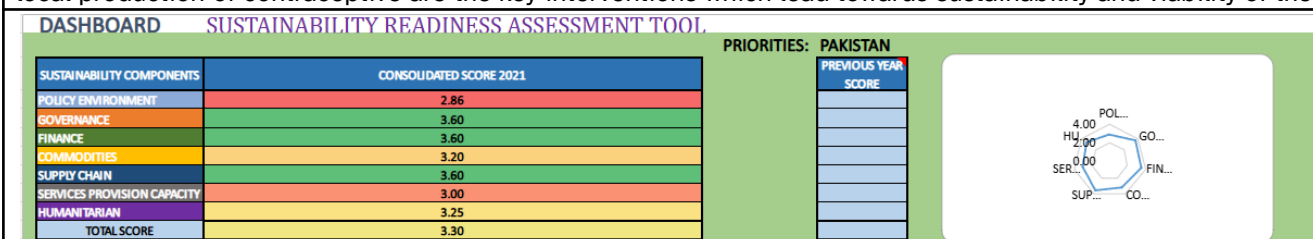


Figure 12. Sustainability Readiness Assessment Tool for Pakistan 2024.

UNFPA (2024). UNFPA Supplies Partnership - Sustainability Readiness Assessment Tool.

Table 5. Priorities and milestones to be achieved identified in the Sustainability Readiness Assessment Tool for Pakistan 2024.

AREAS	PRIORITIES	MILESTONE TO BE ACHIEVED
COMMODITIES	Improve capacity on efficient and timely procurement of a choice of quality assured reproductive health/family planning commodities	~180 supply chain personnel trained on forecasting & quantification
	Improve contraceptive commodity security in the country	National Steering Committee established for coordination and supported development of a framework for local production of contraceptives
	Increase range and availability of family planning commodities for marginalized groups in line with reproductive rights	Conducted training of ~350 Health Care Providers each for Single rod implant and DMPA -SC in all four provinces and three regions
SUPPLY CHAIN	Improve supply chain management	Capacity of provincial and federal supply chain personnel built on all components of logistics cycle
	Improve commodity and data visibility for last mile assurance	Electronic Client Record (ECR) of Sindh Model extended and interfaced with cLMIS to two other provinces
	Improve family planning data reporting and LMA	Conducted training workshops for 450 provincial and district level staff on LMA and use of cLMIS
FINANCE	Increase allocations and use of domestic resources for reproductive health/family planning commodities	Costed Plan for implementation of National RHCS & Supply Chain Strategy developed

UNFPA (2024). UNFPA Supplies Partnership - Sustainability Readiness Assessment Tool.

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).			
	Sensitize policy makers on importance of Contraceptive Commodity Security and allocation of resources for its procurement	Advocacy with policy makers/ parliamentarians at provincial and federal level conducted on RHCS Strategy Costed plan for timely allocation of resources	
	Include family planning commodities in the UHC commodity list	Policy dialogue held with bureaucrats and health sector think tanks on UHC commodity list and inclusion of family planning commodities	
GOVERNANCE	Improve governance and accountability around LMA and data visibility	Monitoring plan developed and teams conducted monitoring visits up to SDP level	
	Improve coordination among all stakeholders for contraceptive commodity security	Supported Contraceptive Commodity Security Working Group for quarterly meetings	
	Improve Warehousing and distribution system	Capacity of Central Warehouse staff improved one warehouse management system, warehousing guidelines, and monitoring protocols	
POLICY ENVIRONMENT	Implement five years National RHCS & Supply Chain Strategy (2024-2029)	Policy dialogue held with bureaucrats and health sector think tanks and consensus built on the implementation of the five strategy	
	Improve Coordination among all stakeholders for the implementation of CCI Recommendations and National Action Plan	Provided technical support to the Country Engagement Working Group during quarterly meetings	
SERVICES PROVISION CAPACITY	Improve capacity on logistics system and procurement of family planning commodities	Contraceptive Logistics Manual, Contraceptive Procurement Manuals, and Warehousing manuals/ guidelines revised and updated and built capacity of relevant staff on SCM	
	Include family planning commodities in the national Essential Medicines List	Coordinated with Drug Regulatory Authority of Pakistan for revision of NEML and inclusion of family planning commodities	
	Improve family planning commodities demand generation	CEWG and FP2030 forums sensitized on demand generation and LMA to meet the unmet needs	
HUMANITARIAN	Improve supply chain capacity for humanitarian crises	The planned capacity building initiatives covered humanitarian response	
	Improve data reporting capacity during humanitarian crises situation	The planned cLMIS capacity building workshops covered data management during humanitarian crises for data visibility	

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).	
“We have been part of the Partnership only for one year and the Match Fund commodities are being matured only right now. Once these commodities are going into the field, they will come with the Compact Agreement with UNFPA outlining how UNFPA will contribute and how they will, in return, contribute to the entire system. Right now, with UNFPA advocacy, the government is allocating funding: it agreed to about 2 billion rupees for commodity procurement within the next 5 years, in addition to what is already allocated. This is a really good sign: the Supplies Partnership and our support is bringing some results in the government entities.”	KII with UNFPA Pakistan Country Office. October 2024.
<p>“It is very important for stakeholders like UNFPA to keep hammering and to ensure that things get institutionalized.</p> <p>Things have started working, but they have not been yet institutionalized in the way that we would want them to be. It has to be brought to a stage where things start working by themselves. The country engagement working group is funded by UNFPA; we would want it to be funded by a government of Pakistan. This stage has to be ultimately reached, and it would not be possible without the financial and technical assistance of UNFPA. If UNFPA pulls their funds today, it might collapse. At this very moment they are playing a very critical role, and they are supposed to continue playing that critical role for a couple of years so that things start getting institutionalized, when the provincial government have started allocating more funds, when they are willing to have long term methods and willing to work on LARC. It will take some time to institutionalize things. There is 17% unmet need in Pakistan. People are ready to adopt a family planning method, but services are not there. If we are able to meet the unmet need, our contraceptive prevalence rate would cross 50% but we need services, contraceptives, providers training, supply chain, before, during and after humanitarian settings. Continuity needs to be ensured. One should not wait for any disaster to happen to tackle it, one should be ready. This is taking place in Pakistan with the technical assistance of UNFPA, and with the willingness of all the partners and of the public sector. We still have a long way, but we have come a long way; we would not like to lose that momentum, because now is the time when parliamentarians (even conservative ones) are coming and saying the disastrous population growth is a trouble for us. We have created that momentum, and we need to invest a bit more time into it to ensure that it is being institutionalized.”</p>	KII with Indus Hospital and Health Network. November 2024.

EVALUATION QUESTION 5: To what extent are the governance mechanisms, processes, and structures of the Partnership efficient at supporting the achievement of other strategic objectives and to what extent this is supported institutionally by UNFPA?					
CRITERIA	EFFICIENCY	AREA OF INTEREST	Strategic objective 4 – Governance and management	LINKAGES TO THE THEORY OF CHANGE	Linked to the orange box of the theory of change representing the “governance and management” dimension. Linked also to the underlying list of inputs included at the

					bottom of the theory of change.
RATIONALE	This question addresses strategic objective 4 on operational efficiency and improved management with shared accountability for results. This strategic objective is at the basis of the theory of change as it represents the basic conditions for the Partnership to achieve its expected goals. As a result, the capacity of the Partnership to deliver results is highly dependent on the achievement of this operationally related objective.				
	As depicted in the reconstructed theory of change, this question focuses on three main modes of engagement: partnerships, integration and coordination, and governance. The areas of analysis considered for this evaluation question focus on the adequacy of the new governance and management structure (governance), as well as the strategy and implementation of external partnerships for synergetic results (partnerships). Moreover, the question addresses the extent to which the existing financial and human resources are adequate for the effective implementation of the Partnership, and the extent to which the four strategic objectives work in coordination as a system to maximize results (integration and coordination). The question also addresses efficiency toward achieving first-level results.				
Assumption 5.1 The improved Partnership governance and management have increased the engagement among main partners and promoted shared accountability for results and efficient decision-making. (Links to theory of change causal assumption 3.)					
Indicators					
5.1.1 Views of stakeholders on the Partnership governance and whether it has improved or worsened.					
5.1.2 Views of country representatives on the Partnership efficiency in Phase III.					
5.1.3 Documented improvements in governance processes within Phase III.					
5.1.4 Experience and views of Partnership secretariat staff and Steering Committee members on the efficiency of new Partnership governance structures, systems and processes.					
5.1.5 Documented examples of risk analysis and system analysis applied to identify gaps, challenges and weaknesses in Partnership governance and management					
5.1.6 Decisions of the UNFPA Supplies Steering Committee reflecting inputs from donor partners, Partnership managers and other key stakeholders (e.g. civil society organizations (CSOs), UNFPA staff and national health authorities).					
5.1.7 Stakeholders' views on the added value of Steering committee and sub-committees.					
5.1.8 Partnership countries who agree that overall governance structures and processes of Phase III add to the efficiency at the country level.					
5.1.9. Records of the Steering Committee and sub-committee meetings indicate efficient decision-making processes and the added value of each governance body.					
OBSERVATIONS					SOURCES OF EVIDENCE
NO EVIDENCE					

Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (relates to theory of change causal assumptions 1 and 5.)	
Indicators 5.2.1 Perceptions of stakeholders about the extent to which partners have been selected based upon complementarities and for maximizing / leveraging synergies, across different contexts (i.e. humanitarian contexts, development contexts etc). 5.2.2 Views of UNFPA country representatives on whether the relevant partners have been included within the Partnership in view of the objectives to be met at country level. 5.2.3 Documented explanations of the rationale for choice of partners.	
OBSERVATIONS	SOURCES OF EVIDENCE
The programme will be implemented in close collaboration and coordination with Federal and Provincial Governments. UNFPA has a formal IP agreement modality with relevant government departments both at national and provincial level for supporting family planning programmes including coordination and technical support to the FP2030 working groups. At national level, the programme will be coordinated by a senior programme specialist supported by programme specialists based in provincial capitals. <ul style="list-style-type: none"> Federal Ministry of Health (Ministry of National Health Services Regulation and Coordination): will make the cLMIS platform available, provide leadership and coordination support for the implementation of national RHCS & Supply Chain Strategy, and facilitate donor-government forum. Mobilize and coordinate with provincial governments for expansion of lesser used methods (implants and DMPA-SC). Provincial Department of Health and Population Welfare Departments will ensure utilization and expansion of cLMIS platform for family planning data management and evidence based decisions, provide leadership and coordination support for the development of costed implementation plans for supply chain strategy, and expansion of lesser used methods through task sharing/task shifting. 	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.
“In Pakistan, UNFPA is taken as a partner of value by the national government, by the state governments and all civil society organizations. This gives a big, big advantage to UNFPA to take forward the projects.”	KII with Indus Hospital and Health Network. November 2024.
“UNFPA has been the main partner who provides technical support to members in the supply chain procurement process. [...] PWD is not the only partner which UNFPA is collaborating with, there is also the Department of Health, the Family Planning Association of Pakistan, and regional governments.”	KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.
Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
Indicators	

Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
<p>5.3.1 Views of, and percent of surveyed stakeholders/countries who agree the MAV funding streams are efficient and relevant to their contexts.</p> <p>5.3.2 Documented explanations of the rationale for application of the MAV funding streams.</p> <p>5.3.3 Percent/ratio of MAV funding stream applied across Partnership countries compared to size and need.</p> <p>5.3.4 Perceptions of stakeholders on the adequacy of the MAV funding stream to ensure goal achievement in their contexts.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>2023 Budget allocation - Managing Accountability and Visibility (MAV)</p> <p>Human resources: An amount of \$90,767 has been approved for the following positions: NOC. Additional transfers will be made if the actual costs for these approved positions exceed the transferred amount. HR funds must be used for positions directly linked to the thematic fund as noted in the UNFPA policy on Thematic Trust Fund guidelines, Para 17. Positions funded with these resources must contribute to programme implementation in one or a combination of the following functions: (i) Family Planning policy and advocacy, (ii) Health Financing for Family Planning, (iii) Contraceptive Method Mix and Choices, (iv) Supply Chain Management, (v) Knowledge Management and, (vi) Monitoring and Evaluation. The country office, in discussion with the Regional Office, can decide how best to use the funds within these functional areas based on their HR needs.</p> <p>Survey Costs: An amount of \$0 has been approved and transferred to your department to fund survey activities. Please note that countries undertaking the survey in 2023 will not be eligible to conduct the survey until after two years, subject to the availability of resources.</p>	<p>UNFPA (2023). UNFPA Supplies 2023 Pakistan Budget Allocation Letter.</p>
<p>UNFPA Supplies Partnership funds complemented other funding</p> <ul style="list-style-type: none"> • USD 30,000 Government of Norway • USD 20,000 FCDO, GAC 	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level.	
[Links to theory of change causal assumption 2.]	
<p>Indicators</p> <p>5.4.1 Level of effort at global, regional and country levels, and skill sets (numbers and roles) available across different levels of the organization assigned to support the Partnership.</p> <p>5.4.2 Perception of staff regarding workload, required staffing levels, and necessary skill sets in relation to the demands of the Partnership.</p> <p>5.4.3 Perception of staff on turnover (and its consequences) among staff designated to support the Partnership.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE

Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level. [Links to theory of change causal assumption 2.]	
The RHCS focal point at UNFPA Pakistan CO is dedicated 100% to the Partnership and his salary is being supported Supplies Partnership (joined last year in 2023).	KII with UNFPA Pakistan Country Office. October 2024.
In addition to Country Office staff and strong technical support from Asia and Pacific Regional Office, UNFPA will rely on network of public sector trainers created through the development and implementation of task sharing/task shifting strategy. UNFPA has also pool of experts who can be mobilized as ICs on needs basis especially for the development of an online Electronic Client Record model under cLMIS, costed implementation plan for the implementation of national RHCS & supply chain strategy, and hands on trainings.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.

Assumption 5.5 All Strategic Objectives work as an integrated system to efficiently maximize synergies and complementarities, avoiding siloed work. [Links to theory of change causal assumption 4.]	
Indicators 5.5.1 Stakeholders' views on strategic objectives teams working as an integrated system and examples of synergies being maximized. 5.5.2 Percent of countries who can show how strategic objectives interlink. 5.5.3 Documents evidencing proactive efforts to avoid siloed work	
OBSERVATIONS	SOURCES OF EVIDENCE
NO EVIDENCE	

EVALUATION QUESTION 6: EVALUATION QUESTION 6. To what extent is the Partnership aligned with, complementing, and filling gaps of other UNFPA initiatives as well as other global initiatives aimed at strengthening access and use of quality reproductive health commodities, while also considering the Nexus approach?					
CRITERIA	Coherence	AREA OF INTEREST	Alignment with other relevant internal and external efforts.	LINKAGES TO THE THEORY OF CHANGE	Linked to the area of inputs and resources, the pillar of the reconstructed theory of change.
RATIONALE	This evaluation question aims to assess the extent to which the Partnership is aligned with, complements, and fills the gaps left by other UNFPA as well as other global initiatives aimed at enhancing access to and utilization of quality reproductive health commodities , with a particular focus on the Nexus approach. Evaluating the synergy between the				

	<p>Partnership and various internal and global frameworks is critical, given the limited resources available for reproductive health/family planning programmes and commodities.</p> <p>The analysis will include examining the linkages between the Partnership and other initiatives, ensuring that while the Partnership addresses mainly the supply dimension and governmental demand for reproductive health commodities and family planning, it also complements the efforts of other actors addressing individual-level demand. First, this question will focus on how well the Partnership aligns with the UNFPA Strategic Plan (2022–2025) and complements other UNFPA initiatives, including UNFPA country and regional programmes and the UNFPA Family Planning Strategy (2022–2030). Second, it will address the Partnership alignment with other GHI, including Gavi and the WHO, considering also relevant bilateral agreements (e.g., USAID), and global initiatives such as the ICPD and the SDGs. Third, this question will assess how effectively the humanitarian-development nexus is considered and integrated into the design and implementation of the Partnership.</p>
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Assumption 6.1 The **Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs**, the UNFPA Family Planning Strategy (2022–2030), and to align with the UNFPA Strategic Plan (2022–2025).
[Links to theory of change causal assumption 13.]

Indicators

- 6.1.1** Extent of alignment between the Partnership objectives and strategies and other relevant UNFPA strategies and programmes
- 6.1.2** Extent to which non-Partnership UNFPA objectives, strategies and funded programmes address demand for contraception as a precondition for the Partnership effectiveness.
- 6.1.3** Documented examples of coordinated activities and joint initiatives between the Partnership and other UNFPA programmes and initiatives.
- 6.1.4** Perceptions of UNFPA staff and partners on the effectiveness of alignment efforts between the Partnership and other relevant UNFPA initiatives.
- 6.1.5** Perception of UNFPA representatives and partners on the complementarities between the Partnership and other relevant initiatives, including the extent demand is secured from other relevant internal and external initiatives.
- 6.1.6** Extent to which internal UNFPA documents reflect demand is being generated to meet the supply of reproductive health/family planning commodities in targeted countries.

OBSERVATIONS	SOURCES OF EVIDENCE
<p>The HSS application is fully aligned with the new CPD, 2023–2027 directly supporting implementation of Output 1 & 2.</p> <p>Output 1: Strengthened policy environment, financing and accountability mechanisms for inclusive and rights-based sexual and reproductive health and family planning. The output will be achieved by: (a) Strengthening Contraceptive Commodity Security in Pakistan through capacity building of supply chain staff on Quantification and Supply Planning and other components of logistics cycle; (b) providing technical support to the federal government for developing a framework for local production of contraceptives; (c) conducting training of Health Care Providers on Single Rod implant and DMPA -SC in all four provinces and regions; (d) Improve family planning commodities and client data visibility at Service Delivery Points (SDP) level</p>	<p>UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.</p>

Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs, the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
<p>for strategic and policy decision; (e) family planning commodities Supply Chain Management Systems strengthening in Pakistan through revision of Contraceptive Logistics and Procurement manual; (f) Coordinate and provide technical support to quarterly meetings of Contraceptive Commodity Security Working Group (CCSWG) and Country Engagement Working Group (CEWG); (g) conducting feasibility study for use by the Government of GB for resource mobilization for the establishment of Warehouse at Gilgit; (h) Improve Contraceptive Commodity Security through use of cLMIS by public (health & population departments) and private sector stakeholders by conducting training workshops for about 450 provincial and district level staff on use of cLMIS; (i) improve resource allocation through their annual plan for procurement of contraceptives; (j) supporting the federal and provincial governments for developing costed plans for implementation of the newly developed National RHCS & Supply Chain Strategy; (k) providing TA support to the Ministry of Health at national level for monitoring and timely implementation of workplan 2024 activities; (l) technical support to the federal MoNHSR&C and provincial DOHs integrating family planning information and services into SRHR programmes including in the framework of the national universal health coverage package through all service delivery points of the Department of Health at provincial levels.</p> <p>Output 2: Strengthened capacity of national and sub-national health systems to provide high-quality and comprehensive sexual and reproductive health information and services, including emergency obstetric and newborn care, HRBA-based family planning and gender-based violence response services in development and humanitarian continuum. This output will be achieved through: (a) organizing Midwifery Technical Working Group meetings for advocacy and technical support to strengthen the midwifery professions in Pakistan under MoNHSR&C & Provincial DOHs; (b) technical assistance for ensuring Service Delivery Points (SDP) level client and stocks data visibility through introduction of an online Electronic Client Record (ECR) model to improve informed decisions; (c) family planning data available for reporting and informed SRH Family Planning Decision making, Bridging Gaps, and Leveraging Resources.</p>	
<p>The TA application will directly contribute to accelerating the reduction in the unmet need for family planning (Outcome/TR - 1), it is also expected to significantly contribute to the reduction of preventable maternal deaths (Outcome/TR -2). Pakistan has a high level of unmet need for family planning. The latest PDHS 2017-18 revealed that 17 percent of married women of reproductive age have unmet need category. Significant variation has been found among the provinces in Pakistan, highest in Balochistan (21.6%) and lowest in Punjab (15.8%). “Spacers” are more common than “limiters” although there is a large segment of married women who would not like any more children but who are not using family planning. About 10 percent of married women would like to space their next birth for at least two years, while 8 percent would prefer not to have any more children.</p> <p>In addition to SDG commitment, at the November 2019 ICPD Nairobi Summit, Pakistan committed to reduce maternal morbidity and maternal mortality ratio to less than 70 per 100,000 live births by 2030, through increasing skilled birth attendance, access to modern contraception, expanded coverage of community health workers as an essential component of Universal Health</p>	<p>UNFPA (2022). UNFPA Supplies Partnership - Narrative Template for Transformative Action Application for 2023.</p>

Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs , the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
<p>Coverage. According to the 2019 maternal mortality survey, antenatal care, skilled birth attendance, and delivery in a health facility have increased remarkably over the past two decades. However, corresponding decrease in maternal mortality has not been observed. Similarly, the report shows huge geographic disparities across provinces and regions and socioeconomic lines. For instance, Balochistan continues to have the highest (298/100,000), almost twice that of Punjab (157/100,000 live births).</p> <p>Overall the report showed that quality and coverage of the reproductive health services in Pakistan are not up to the mark and identified family planning as an important intervention to prevent unwanted pregnancies and unsafe abortions which, in turn, results into a decrease in maternal deaths.</p>	
<p>In line with its SDG commitments, Pakistan has recommitted in 2022 under the UNSDCF, that the people in Pakistan, especially the most vulnerable and deprived, have increased equitable access to and utilization of quality, sustainable basic social services. Relevant commitments specific to the SDG include, proportion of women of reproductive age (15-19 years old) who have their need for family planning satisfied with modern methods (SDG 3.7.1) which is expected to increase from 49% (2017-2018) to 70% by 2027. Similarly, the country committed to make the health system inclusive, resilient, equitable, gender-responsive and accountable for quality health services, including sexual and reproductive health, for all people especially the most vulnerable groups within the framework of universal health coverage, and in line with international health standards and regulations. These will be achieved through existence of national and sub-national laws, policies, regulations and strategies that guarantee full and equal access to women and men to family planning, sexual and reproductive health care, information and education as a part of national universal health coverage package. It is important to note that both the ICPD25 and FP2030 commitments were made inline with national SDG commitments.</p>	UNFPA (2022). UNFPA Supplies Partnership - Narrative Template for Transformative Action Application for 2023.
<ul style="list-style-type: none"> • “If we look at the UNFPA family planning global strategy, the Supplies Partnership is very much in line where UNFPA’s role is to ensure that we have all the choices at the at the last mile. I think this initiative will help particularly a country like Pakistan, because we have quite a huge gap in meeting the needs of all the supplies for the country, to build the capacity and the system of the country to be able to manage the supply properly. We should take this opportunity of being included in this initiative so we can contribute to fill the gap that this country is experiencing, and then hopefully we will accelerate the progress of meeting our transformative goal of reducing the unmet need for family planning. • “Our plan is fully aligned to UNFPA family planning strategy and the family planning accelerator plan. I was one of the members of the team who drafted the family planning accelerator plan globally. One of the areas we identified in the family planning sector plan is, for example, to move from funding to financing. In the development of some of the business cases, cost benefit analysis for the investment by the public sector (funded by UNFPA) we are getting some guidance from those two tools (family planning global strategy and family planning acceleration plan).” 	KII with UNFPA Pakistan Country Office. October 2024.
Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
Indicators	

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
<p>6.2.1 Extent to which situation analysis and planning documents identify gaps in support of reproductive health commodities as an element in global public health.</p> <p>6.2.2 Extent to which the Partnership strategic documents map out activities in relation to other GHI to identify complementarities and gaps, as well as areas of potential overlap or duplication.</p> <p>6.2.3 Key informants experience and opinion regarding Partnership activities at country level demonstrating complementarities with other donors' programmes and activities.</p> <p>6.2.4 Documented examples of the Partnership design incorporating or highlighting complementary activities building on, or contributing to other development partners' investments in reproductive health commodities and their distribution</p> <p>6.2.5 Stakeholders perception of the Partnership role in the global health landscape and its contribution to filling gaps.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
"USAID was in the supply chain management since 2009. Even then, UNFPA was receiving frequently requests from the all the provinces regarding the strengthening of supply chain management system. But UNFPA was not interacting, as one partner was already in the field, to avoid duplication. In 2023 the USAID support in supply chain management completely ended in Pakistan. So right now, UNFPA is completely taking over those activities. Last week I had a chat with Pathfinder colleague, as they are supporting in KP the ECR module, and asked them about their plan for next year and extension of the ECR. They informed us that we could have a collaborative meeting to see how UNFPA can support the government in KP to extend the support to the next level (they piloted this ECR in 6 district of the province). In terms of integration and coordination with the partners, we always try our best so that the government of Pakistan receives accurate, timely support, and avoid duplication."	KII with UNFPA Pakistan Country Office. October 2024.
"We are really encouraged to have launched this Supplies Partnership program in Pakistan in 2023. Other stakeholders are winding down and are not into the supply chain management support. UNFPA is there. This is really a good time for UNFPA to enter with this ample support."	KII with UNFPA Pakistan Country Office. October 2024.
"Especially when it comes to family planning, women's health and life in countries like Pakistan, you need to have a long-term investment to bring about that behavior change, not only at the community level, but also at the political level, in the leaders and bureaucracy's mind. It takes time. I think without UNFPA, this would not have been possible, because there was nobody to fill that gap. WHO does work in part on reproductive health, but not per se in family planning, because they understand that this is somebody else's job."	KII with Indus Hospital and Health Network. November 2024.
"The support of USAID for RHCS ended in 2015. The LMIS was continued with support of Chemonics and later supported by US-funded project. Now that system is also compromised because no partner is coming to the forefront to support that system. The system exists with us in the country but when we have to scale up the delivery point or add new things, amend already enlisted SDP, add new indicator, there is no support."	KII with Population Welfare Department, Sindh. November 2024.
" UNFPA was previously understood to be working for the reduction of population growth rate, but its thematic area is now understood by policy makers to not be limited to population growth rate but also cover disasters, gender-based violence, women empowerment, gender equality."	KII with Population Welfare Department, Sindh. November 2024.

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
I don't agree with the idea that we go for the demand. This is an issue of supplies, commodities and HR. The demand for family planning is high, the unmet need for family planning is not declining and service providers are limited and tired (many people are waiting for services). In Sindh, there are two things that are required: availability of human resources at service delivery points around the province and availability of commodities. If these work, the CPR will increase and unmet need for family planning decline, and, as a result, the indicators will improve. The demand generation mechanisms are already in place and people are now aware that a small family is a good family for them, but they need the commodities and service providers to cater to that demand.	KII with Population Welfare Department, Sindh. November 2024.
"The Pakistan research says the biggest barrier to family planning services at the moment is lack of services . That can very well be covered through this Partnership project."	KII with Indus Hospital and Health Network. November 2024.

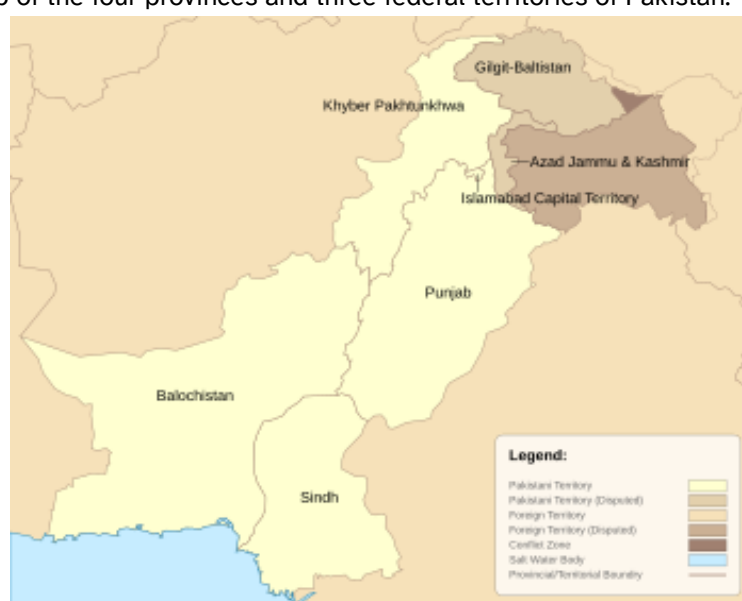
Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus , ensuring that short-term emergency activities are aligned with long-term development goals.	
Indicators 6.3.1 Extent to which the Partnership planning and approval documents, as well as strategic frameworks and operational plans incorporate humanitarian and relevant development objectives, with clear references to the humanitarian-development nexus. 6.3.2 Extent to which regional and country-level Partnership implementation plans clearly include provisions for interventions to address humanitarian and emergency needs. 6.3.3 Extent to which humanitarian response plans in Partnership countries include specific linkages and strategies to long-term development goals. 6.3.4 Experiences and opinions of UNFPA staff partners, beneficiaries and local authorities regarding the effectiveness of Partnership interventions to humanitarian and emergency needs while focusing on long-term development goals.	
OBSERVATIONS	SOURCES OF EVIDENCE
UNFPA Pakistan has extensive experience and expertise in implementing integrated maternal and reproductive health, youth, and gender-based violence prevention and response projects in humanitarian settings. UNFPA leads/co-leads several coordination platforms such as the GBV sub-cluster, reproductive health Working Group along with the Government and UN agencies. In addition to supporting Afghan Refugees for many years due to the protracted crisis, UNFPA's experience in humanitarian includes expanded response to the 2005 earthquake, 2010 flood disaster and the 2022 unprecedented flood crisis affecting over 30 million people across the country. UNFPA effectively coordinated response and recovery operations including rehabilitation and strengthening of health systems. As an immediate lifesaving measure, UNFPA is currently working to scale up the delivery of essential reproductive health services, and support for protection from gender-based violence , including (1) setting up safe spaces for women where they can seek protection support; (2) supporting mobile medical camps, tent hospitals, mobile outreach clinics for reproductive health services; and (3) providing life-saving medicines and supplies. Family planning, especially ensuring availability of contraceptive commodities, is a key component of Country Office response.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.
UNFPA Pakistan 10th Country Program has a full fledge Output which focuses on strengthening institutional capacities and community-based mechanisms to advance gender equality and women's empowerment and to address gender-based violence and harmful practices, including child marriage across the humanitarian and development continuum. This programme works closely with relevant government departments including National Disaster Management Authority, Provincial Disaster Management Authority and District Disaster Management Authority to monitor the Implementation and prepare alternative implementation plan.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.
"The simple question is no <i>[the human resources and funding for humanitarian are not sufficient]</i> . The reason being that Pakistan is a humanitarian prone-country, and we are facing lots of humanitarian crises almost every year, either in terms of security issues or floods. Every province is in need of humanitarian support all the time but, right now, if we are looking at the overall support under the Supplies Partnership, it may not fulfil the overall requirement and gap of the humanitarian support. We have other partners (WHO, UNICEF, FCDO, WFP, Pathfinder) who are in the field and also providing humanitarian support."	KII with UNFPA Pakistan Country Office. October 2024.

Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus, ensuring that short-term emergency activities are aligned with long-term development goals.	
<ul style="list-style-type: none"> ● “COVID-19 has entirely changed the approach towards humanitarian settings. Prior to COVID, we very well knew which areas are prone to floods, drought, earthquakes, we had specific belts and district governments identified that we needed to focus to increase their capacity. But suddenly COVID came, and for a bit of a time, we were all lost, the focus was everywhere. That also came with an opportunity: now in Pakistan, under UNFPA leadership of this entire process, humanitarian is not taken as a specific area. Humanitarian capacity building and policies are taken across areas. ● Within humanitarian protocols and the humanitarian framework, you can actually work on GBV, women and girls’ health and their issues, because they are the most affected in any disaster or humanitarian setting. There are opportunities within the humanitarian frame i.e. in Pakistan we do not talk open about safe abortion, but it is part of MISP, and it's approved by every single provincial government. During a disaster, if a woman comes to the clinic set up for the humanitarian settings they have to provide those services, because it is part of the protocol.” 	KII with Indus Hospital and Health Network. November 2024.
<ul style="list-style-type: none"> ● “During covid-19, UNFPA provided PPE, sanitizers to PWD.” ● “Following floods, UNFPA has also provided delivery kits to the Department of Health.” ● “UNFPA supports the provincial disaster management authority through the annual work plans.” 	KII with Population Welfare Department, Sindh. November 2024.
<p>“UNFPA is not an NGO; it is a permanent body of the UN. It is always going to be present, there is no issue of sustainability. I hope UNFPA will continue to provide support in emergencies, because our country is pre-disposed to disasters. For example, UNFPA provided support for the floods in 2010 and the earthquake 2005. UNFPA is the only permanent partner.”</p>	KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.

2 Administrative units of Pakistan

Pakistan is a federal parliamentary republic with a multi-tiered system of governance. It is administratively divided into four provinces (Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan), two autonomous territories (Azad Jammu and Kashmir, and Gilgit-Baltistan), and one federal capital territory (Islamabad Capital Territory). Each province has its own government, led by a Chief Minister and a provincial assembly, which have the authority to legislate on certain matters. The federal government, headed by the Prime Minister, oversees national issues such as foreign policy, defense, and currency. Pakistan follows a federal structure, meaning power is shared between the central government and the provinces.⁵

Figure 13. Map of the four provinces and three federal territories of Pakistan.⁶



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.

3 List of positions consulted

Organization	Position
UNFPA Pakistan Country Office	Programme Specialist SRH
UNFPA Pakistan Country Office	Programme Analyst SCM
UNFPA Pakistan Country Office	Family Planning Advisor
Population Welfare Department Sindh	Director
Indus Hospital and Health Network	Director
Population Welfare Department Khyber Pakhtunkhwa	Director

⁵ Adibelli et al. (2022). South Asia Country Analyses. South Asia Strategic Research Center.

⁶ Source: Wikipedia.

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