



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

Evaluation Report

Volume II



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.

This evaluation and related products are available at
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Annex: Evaluation matrix with evidence

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>				

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Indicators 1.1.1 Extent to which the Partnership establishes detailed responsibilities and commitments of all stakeholders. 1.1.2 Reported measures, adaptive management strategies and contingency plans designed to ensure the relevance and adaptability of the model of the Partnership to different and changing contexts , while considering the development-humanitarian nexus. 1.1.3 Views and experience of UNFPA staff at global, regional country levels, partners and health authorities at global and national level, and multilateral/bilateral partners regarding the adequacy of the Partnership’s approach and design to adapt and innovate to achieve expected goals in a diversity of contexts. 1.1.4 Key stakeholder experiences and opinions on the extent to which the Partnership successfully responds to cases of new global health challenges at country or regional levels.	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
Challenges The primary change involves the government's commitments to commodity procurement. In phase two, we encouraged countries to manage their own procurement but didn't monitor it closely. Now, in phase three, there's closer monitoring of government actions regarding procurement with their resources and contributions to the UNFPA supplies partnership. Depending on their country category, they must contribute a certain percentage of the commodities they receive. Additionally, there's a match fund incentive for procurement using their resources. These are significant changes. Unlike in phase two, governments are now required to sign an agreement, which clearly outlines the program's benefits and their responsibilities. This is a positive development involving not just the Ministry of Health but also the Ministry of Finance. However, the challenge lies in effective follow-ups and tracking the actual on-ground procurement activities. Understanding the fiscal cycles of different countries, including when their financial year begins and ends, and when funds are released to procurement units, is still a challenge. Each country operates differently, and comprehending their internal processes requires time to learn, map, and understand. Considering the significant commodity gaps countries face, focusing most funds on procurement is beneficial. However, the allocation for implementation under HSS often falls short, impacting progress and limiting scope and	KII with UNFPA, Family Planning Branch. October 2024.

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<p>influence of country offices. Success requires both a seat at the table and resources to enable meaningful action, which many countries struggle with due to insufficient funding resources.</p> <p>Strengths The incentive of the match fund too, big change. In phase 2 we did not sign any agreement, now we have the compact. A great step forward.</p>	
<p>Strengths</p> <ul style="list-style-type: none"> Redesigned the relation with countries, from donations to mutual accountability. We've shifted from simply providing donated commodities without any accountability to establishing a mutual accountability framework. This transition marks a positive development. New governance mechanism, which gives donors more influence over and trust in the management of the program, thus increasing their investment. <p>Challenges</p> <ul style="list-style-type: none"> Stuck with the 75% and 15% for HSS – fiscal and policies, we are very tight in that sense, fiscal and financial capacities. Even though we agreed to change our operational mode, we still face constraints with the current budget structure. A substantial 75% of funds are allocated to commodities, leaving only 15% for health system strengthening. This restricts our ability to enhance the fiscal and regulatory policies needed for domestic resource mobilization. We are hindered in fostering policy influence and fiscal and financial management capacity-building at the country level, both crucial for achieving our sustainability goals. Thus, this is both a structural limitation and a challenge for reaching our policy objectives effectively. Ensuring a unified message across UNFPA's various business units is a challenge. At Headquarters, we sometimes feel our emphasis on financial sustainability isn't clearly communicated to the country offices. I hope the midterm evaluation team will investigate how well our message about the importance of domestic resource allocation reaches policymakers at the government level. Additionally, I want to highlight the capacity issues within our extended team across country offices. We lack the comprehensive technical and programmatic expertise necessary to negotiate program financing, advise on policy restructuring, and accurately quantify commodities at the country level. 	<p>KII with UNFPA, CSB. October 2024.</p>
<p>The effectiveness of monitoring the program is fundamentally linked to its strategic objectives, as these drive the program's actions and what aspects require monitoring. When strategic objectives shift, the program must adapt</p>	<p>KII with UNFPA, CSB. October 2024.</p>

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<p>accordingly. Previously, there was a phase where the program was heavily commodity-based before shifting to a general focus on RHCs. The current program has a more narrowed yet deeper focus on strategic objectives, centred around procurement and delivery, methodology assistance, supply chain management, and financial elements. Capacity building, services, etc. We measure too.</p> <p>As the strategic objectives evolved, so did our measurement priorities, leading us to redesign the framework. This framework consistently included results with corresponding indicators for assessment. However, because we now work more closely with an actively involved steering committee—specifically a Strategy and Program Subcommittee—we are required to report quarterly on key performance indicators (KPIs). Any necessary changes must be communicated back to them, reflecting how shifts in strategic objectives shape the program and its monitoring framework- Before donors were not that involved in M&E. They now reviewed the logic of the framework, challenges, we went through a solid validation process. After reviewing it, they suggested establishing a committee of selected experts to finalize the indicators. They chose individuals like Win Brown from the Gates Foundation and Jason Brenner from FP2020 to review the framework's logic and provide feedback on potential improvements and challenges.</p> <p>Any changes needed go through them: Examples 1: COVID-19 - milestones set were not possible, and we had to redefined them. Examples 2: FCDO was drawn down for one year, resulting in the need to adjust some indicators. Now, we do not have the expected funding, and we must adapt.</p>	
<p>Our program is inherently flexible; it's designed to adapt on a regular basis. We report our achievements quarterly, allowing for feedback and additional requests from them. This flexibility allows us to return with more detailed information as needed. We believe that this adaptability is crucial — we don't just limit ourselves to pre-defined KPIs. If further details are requested, we always provide them promptly. We've undergone several revisions to our framework, incorporating new indicators and redefining existing ones with imagination. Consequently, the measurements and reports we provide evolve as well.</p> <p>Example 1: We consistently report to donors on the progress of benchmarks that countries set for themselves at the start of each program. We design programs and advise countries to divide their goals into quarterly milestones, which we then measure regularly. Some concerns arise regarding whether UNFPA is managing these</p>	<p>KII with UNFPA, CSB. October 2024.</p>

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<p>programs independently, as there is always the issue that some of the donors are “competitors”, and ask us where the money is going, which is not part of the framework, but we provide that can of information, where the money is being implemented. Donors might question where their funds are going, especially since allocated amounts distributed to partners are sometimes not detailed in our framework. To address this, we inform them that we can provide specific breakdowns upon request. Our system allows country offices to report who is managing funds and executing activities. Upon analysis, it was found that about 50% of allocated funds were directed to government initiatives as planned, with approximately 30% going to local NGOs, some of which are also part of our committees. When questioned about the remaining 10% of funds, we provide detailed justifications. As someone with extensive experience, I advised expanding our questionnaires to gather more comprehensive data. This adaptability enabled us to satisfy donor inquiries efficiently.</p> <p>Example 2: A related example involves domestic funding for procuring commodities; many governments weren't contributing as expected. We addressed these discrepancies by clearly showing how much was allocated and spent, including identifying countries failing to meet the 80% expenditure threshold necessary for effective match funding.</p> <p>Example 3: This is an example of a poorly designed indicator in our system for the LMA. It involved sending people to different countries to verify if commodities had been moved from warehouses and then checking for discrepancies between actual records and expected figures. If discrepancies were found, we considered the possibility of fraud. However, this approach was flawed, akin to speculating about distant issues without substantial evidence. The feedback we received suggested we weren't uncovering significant issues, perhaps because there was little to discover, but we couldn't be certain. Consequently, we consulted with our oversight and ethics departments. They highlighted that investigations into fraud require a thorough process involving various stakeholders, not just assumptions based on initial observations. For instance, if a shipment of boxes doesn't match the inventory records, it doesn't automatically indicate fraud without a proper investigation. They emphasized that only after a comprehensive investigation can something be officially declared as fraud. Realizing our error in overstepping boundaries, we conceded that declaring fraud based on preliminary findings was inappropriate. Understanding the time-intensive nature of investigations—sometimes taking years before conclusions are available—we acknowledged the need to adapt our processes accordingly. We are currently revising multiple indicators to better align with established standards and enhance our effectiveness moving forward.</p>	

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<p>Overall, these improvements in our reporting structure allow us to adapt swiftly to donor needs and ensure transparency and satisfaction across all stakeholders. I primarily focus on the indicator framework because it highlights adaptability. Even in programming, our programs continue to adapt as well. Our finance colleague might explain how they are trying to implement certain strategies. However, they have realized that countries are not all at the same level. Some can allocate funds, some can't. Applying a uniform standard across all countries is problematic. Therefore, our finance colleagues are exploring options on how to implement these diverse strategies effectively, recognizing that a one-size-fits-all approach is not ideal.</p>	
<p>Strengths The refined focus on financial sustainability and domestic resource mobilization. Having worked previously with the FCDO and represented the UK Government on the steering committee and SBC, I can say this was one of our key priorities. We're transitioning from a model of product donation to one of product subsidization, helping governments assume full ownership of the SRH agenda. One of the strengths of phase three is its emphasis on sustainability, particularly financial sustainability.</p> <p>Challenges However, operationalizing true partnerships among all partners, especially at the country level, remains challenging. There's room for improvement in transparency with key partners. For example, some civil society partners feel excluded because they don't have access to domestic expenditure data from governments. While much of this data is sensitive and can't be shared widely, it's crucial to be as inclusive as possible by making data accessible where it can be. This need for inclusiveness is our biggest challenge right now.</p> <p>We could do more at the global level also. I would love for us to have a global dashboard that presents an overview of how governments are performing against various indicators. However, we are not there yet.</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>
<p>Strengths: Very good progress in promoting domestic accountability. Mechanisms strengthened. Domestic financing has increased for commodities, based on Country Compact. (process is challenging – bringing together MOH and MOF to sign, pre-commit).</p> <p>Compared to non-SP countries, the others are “too behind”</p>	<p>KII with UNFPA, SCMU. October 2024.</p>

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<p>Some countries have committed but not advancing with \$ contributions, co-financing – hard to bring them on the same page. A challenge. Other challenges are political environment in some countries (e.g. Eritrea) – political pressure on UNFPA, commodity request and approval but with obstacles from govt side. In some humanitarian countries, some challenges with non-functional MOH or other local authorities (e.g. Afghanistan).</p> <p>Challenges: NLUs – yes, progress. Procurement is ok, but catalytic funding to encourage uptake but limited funding for that. Delays in intro to NLUs sometimes. Intro and scale-up plan for product, UNFPA comes up with plan to train people (based on \$ available), with need/expectation for \$ contribution from other partners, but sometimes this other (non UNFPA) funding is delayed. This also has implications for supplier relationships – if one supplier has invested in PQ and are in supply catalogue but not getting any orders/demand. Suppliers are part of the ecosystem. “We are working closely with them to promote QA’ed products in the system.</p> <p>So much direct (local) procurement is happening in countries, with quality concerns. But UNFPA insists on QA levels. UNFPA does advocacy around quality issues.</p>	
<p>Structure for phase 3: she wasn’t involved in the design process. But, feels like a good shift, good progress and changes, riding that wave this year. Things working well, broad cohesion re: objectives of the Partnership. Evolution of domestic mobilization effort – important for this phase. Seems it’s doing well in recent years. SP has tested something, working well. Looking at embedding it, looking at long term. It’s at a point where it can really take off. Planning for long term. Reflection of how far things have come from design. New big mountain to climb, now on the way. Needs push to get to the top. She worked on other GHIs before (most recently GAVI)– and said, “we see SP as a GHI”. Re: maturity, SP is in a different place than Gavi. A lot has happened, but still only halfway there.</p> <p>Now in Geneva, working across GHIs, seeing their different governance models (Gavi, GF, etc). A lot of time, HR, documents, take governance so seriously there. Different scale of funding. Interesting for her to see that. Some learnings for UNFPA, how to systematize some things. Interesting on GF – they make it very clear to Board and Committees members to take it seriously, must commit time, etc. So, people take it seriously, have to sign a charter committing them, with formalized alternate system to attend meetings. UNFPA’s gov bodies have improved.</p>	<p>KII with UK Foreign Commonwealth Development Office (FCDO). October 2024.</p>

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<p>Missing at UNFPA governance is specific side to look at ethics/key related issues, how they fit into overall model that reaches into different countries and partners. Sort of in financing/risk space, but how does PSAH work around ethics.</p> <p>Agrees with re: domestic \$ mobile – big piece that can’t always be dealt with in wider forum</p>	
<p>Strengths – country representation on SC, but still could be more. Feels much more balanced and participatory than other boards she’s seen. Since UNFPA is smaller/lower priority than other big GHIs, able to do more, benefit, so US not really involved (US has own supplies mechanism) so not blocking things (as they do on some GHIs). But still big funders are calling the shots.</p> <p>FCDO funding of SP: 2019-2025 (265M pounds) – largest donor by far. In 2021, it went down to 20M (big cut, but only for one year).</p> <p>Strengths – co-financing mechs have seen incredible progress. Congratulate the SP on the good progress made. Graphs re: domestic resource mobilize are impressive – (question from me: But are commitments being met?) Answer – Countries are signing Annex A, and then disbursement itself (sometimes takes 2 yrs to get funding disbursed from country, due to cycles) ...need more data to have info on disbursing vs. commitments of countries, trends. She’s not sure how divergent these are.</p> <p>Challenges: Country voices on the SC – a weakness, as she sees it. SC not really steered by country voices. Gov model may need tweaking to better represent countries. Technical vs. strategic – sometimes get mixed up at SC level. Some tweaks needed there.</p> <p>It’s about the meetings themselves, how voices are empowered to feed in.</p> <p>No country rep before, so new model is great improvement. But still needs strengthening, meaningful representation.</p> <p>Other GHI boards, more sense of commitment to their own org, but also the Board/GHI itself. Frowned on to comment based on national positions. Hat must be on for the Board/GHI, not just for your country/org.</p>	<p>KII with UK Foreign Commonwealth Development Office (FCDO). October 2024.</p>

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<p>Org effectiveness, operation behind scenes of SP is interlinked with the SC points – a weakness/challenge she sees with all the recent changes, not really a consistent machine going on in the background. Not everyone always on the same page. Low level discussions are sometimes in the SC (which should be higher level, strategic), because levels of understanding vary – communication not always clear. Could be better. Restructure and move to NBO are a factor. But this is a weakness – having enough staff, capacity, someone to drive from behind, unity, robust Secretariat driving message.</p>	
<p>SP started as typical donation program, trying to sensitize countries re: incorporating access to FP into public response. Key word was availability. Key had been commodity security, not access (a key change, in his view).</p> <p>LAC were 10 countries, now only 3 countries getting support. New program features a more robust framework to ensure access & availability.</p> <p>And LMA – new focus – reaching not only country, but the users. Outstanding advance by UNFPA was shifting focus to reach the users. He was sceptical, but now “a real fan” of LMA approach. Was developed with good ideas, still a work in process, not finalized.</p> <p>The main notion in 3rd phase was from donation to subsidization model, involving countries in the financing and ensuring access to contraceptives. Combining financing scheme with Compact, Match Fund, and reduction of bottlenecks in country and health system. Enforcing notion of sustainability, using SRAT tool – key tool for focusing on sustainability, HSS application (key gaps in countries were lack of LMIS system, and different procurement prices for products in LAC countries). Building a shared vision with countries to build sustainability in comprehensive approach.</p> <p>Phase 3 is very advanced, best solution he knows of. Well-designed program, he’s confident and enthusiastic with Phase 3 design. Only concern is it’s a PHASE, and a next/4th phase should end subsidization, and bring a new elaborated model of strong incentives for countries to invest in SRH/FP commodities (expanding Match Fund to broader, total sustainability approach).</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>
<p>External challenges – entering into a phase in which developing countries’ economies are decreasing, and fiscal space is tight. Hard to increase domestic funding to SRH. Economies are struggling, not expanding much. Competing with UNICEF, UN Women, other agencies for piece of budget which is contracting. More countries in Africa each year,</p>	<p>KII with UNFPA, Family Planning</p>

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<p>with growing crises. How to get govts' attention to these SRH/FP needs. When a country starts to invest more in SRH commodities, USAID sometimes reduces their support (e.g. Ecuador, Nicaragua) so hard to reach sustained domestic investment in support for SRH/FP products.</p> <p>Internal weaknesses in UNFPA – main one = reshaping of UNFPA with merger of 2 divisions (program & technical) so at end of 2024, no one will be working on Financing in SP. So, who will handle the financing side? They will continue pushing Compact and Match Fund, but he fears domestic funding from countries will decrease (need new mechanism and tools to help avoid this). He expects fall in future budget allocations by countries. He feels SP is not well prepared for this.</p>	<p>Branch. October 2024.</p>
<p>Focus on LMA as entry point to build capacity in SCM to resolve stockouts and other problems. LMA not only looks at SCM but good distribution and storage practices and works with implementing partners.</p> <p>The funding skew is an issue. Lack of ability to work on LMA, address issues in countries including warehousing, infrastructure, capacity in inventory mngmt. These are all big contributors to stockouts at service delivery points. Often the central warehouses are not meeting standards. But what can we do about it? The Program cannot fund these improvements. So they try to do catalytic investments, partnership links. Interventions through coordination with stakeholders.</p> <p>Some partners have their own supply chains, don't coordinate well.</p> <p>Do they work with the big SCM partners (e.g. Chemonics, Global Fund, etc)? Yes, lots of work with e.g. GF, USAID Chemonics and others. COs are also coordinating with them at country level, e.g. for forecasting. There are national forecasts, coordinated supply planning processes in countries across donor's/funders/ actors. Avoiding duplication. The Partnership tries to promote this coordination, but it's not the same everywhere. Differs across countries.</p>	<p>KII with UNFPA, SCMU. October 2024.</p>
<p>One of the biggest changes that impacted us quite clearly was around the more evident, clear focus on humanitarian/emergency context and the nexus (preparedness or protracted crisis environment). From the HRD side, we welcomed that piece. We were concerned at the beginning because working with the nexus and humanitarian is a lot of work beyond just picking countries that we think are humanitarian and including them in the Partnership.</p>	<p>KII with Humanitarian Response Division. November 2024.</p>

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There was a lot of questions on our side around the model of the Supplies Partnership: is it the right model to use in a humanitarian environment?	
There were some historical issues with the second phase that were not taken into consideration into the design of the third phase. Even during the second phase of the Partnership, there were a lot of humanitarian countries (maybe they were not humanitarian when the Partnership started, but they evolved into that direction). One of the biggest challenges was how we operate as an independent entity from the government in those environments e.g. Yemen is a perfect example part of the Partnership. Lack of ability to utilize the supplies resources to do in country distribution to the last mile has really fundamentally caused a number of issues in these crises contexts where the national government is not doing that as part of their national supply chain because of the crisis in Yemen. UNFPA are responsible for organizing the importation, warehouse management, distribution of reproductive health commodities to the last mile with both governments (internationally recognized government and de-facto authorities). When countries are humanitarian and part of the Supplies Partnership, it is not just about allocating them with contraceptives from a financial perspective and then capacity development and working with the government. There might be more than one government in one place, non-state actors that are operating majority parts of the country. Who are we interacting with? There might be issues as well interacting with the government from a humanitarian principle perspective. The bigger issue is that a country like Temen is receiving 3 million USD for contraceptives and 0 USD for distributing these contraceptives to the last mile. They basically said to Yemen, you have humanitarian funding, so go to HRD and try to get some money from the emergency fund to do the distribution. It's a more fundamental question about looking forward from the redesign and some of the things we had already been witnessing during the second phase. We welcome this new recognition of humanitarian but they wat the Partnership approaches a more stable environment should not be the same as the way we are approaching these contexts.	KII with Humanitarian Response Division. November 2024.
In this environment the questions is not as clear as in a more stable setting. It's not necessarily about the design of the Partnership, it's about the methodology that we assume, which works in more stable environment. Should the Partnership have a different model to support emergency responses e.g. Gaza but also protracted crisis e.g. Yemen, South Sudan?	KII with Humanitarian Response Division. November 2024.
It is not even a strategy. There has not been a conversation. This is a systematic issue in UNFPA: we were traditionally a development organization, but we have been doing emergency response for a long time, but it has only been systematized in the last 7-10 years. People in other divisions, including the SP, they do not	KII with Humanitarian

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<p>necessarily know that we could be fitting into this better. There has been no conversations between SP and humanitarian on possible synergies. I do not think there has been a recognition that there is an entire system that exists that is not being integrated into.</p> <p>Was HRD part of the design? There must have been a conversation where we were part of a wider consultation with headquarters business unit. There was no moment of co-creation or looking into how the SP fit into the humanitarian approach of UNFPA. Back then were humanitarian office and still defining as a division what our approaches are. But as UNFPA and the commitments we have made as IASC members and interagency approaches have not changed.</p> <p>There might have been a conversation but not at a meaningful level, where there was an exchange and co-creation around how the SP can be fit-for-purpose in the humanitarian environment.</p>	<p>Response Division. November 2024.</p>
<p>I think the changes have been profound in a good way. Incredibly, the increased domestic financial contributions really improved. A programme that has been focused on commodity distribution, it became much more. Commodity security has been improved, governments receiving more roles, taking more responsibility, and bringing more resources other than waiting for external funds. Compacts are really articulating these commitments. Nothing is loose anymore, and it is being followed up. The results of these, that donors have been much happier with the Partnership. They were concerned about lack of country engagement, sustainability, but now it has changed. You have different voices in the committees. No one feels they have been left out of discussions and not heard. These are some of the main benefits.</p>	<p>KII with IPPF. December 2024.</p>
<p>Maternal health supplies vs contraceptives</p> <p>We were always supportive of abortion supports, perhaps stigmatised, essential maternal health supplies. I think that there are no plans of extending coverage to maternal health supplies within the Partnership. There is a risk that if you start opening up to regular products, potentially you are slowly driving away from RH, which is the main focus of the Partnership. And I think this is something we should be concerned about. We, as IPPF always advocated for abortion supplies, but we as CSOs can never access/order those. It is only for the governments. Where we have issues now, is that there is a proposal of other additional products, where the focus may be shifted from RH and essential maternal help.</p>	<p>KII with IPPF. December 2024.</p>
<p>Looking ahead, I believe Phase 3 will bring some great innovations, but one area that we should focus on is the quality of governance processes at the country level. The national quantification process is vital, but the quality of it varies greatly from country to country. In some places, they share documents and spreadsheets ahead of time, while in others, they rush through the process without adequate preparation. I think future iterations of</p>	<p>KII with MSI. December 2024.</p>

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the program could focus more on helping countries set up better governance processes. While we can't directly tell them what to do, we can guide them toward success, and I feel that we're not always doing enough in this area	
<p>On our side, we've disagreed with the sustainable financing framework from the start. Without real enforcement and relying solely on FP products as leverage, I don't think we'll meet our objectives. We've proposed working with partners like the Global Financing Facility and the World Bank, using financial resources—actual money—as the carrot and stick instead of FP products. To their credit, there's been progress over the last 2 years especially. But I don't think the current framework will deliver the kind of impact acceleration we're all hoping for.</p> <p>You know, I think this is an important lever for us to focus on as we transition from phase two to phase three. We all agree there's a critical need for increased government allocation to make this sustainable. But there's a lot of complexity here, particularly around the economics and financing behind it. One concern I've had when looking at the analysis that informed phase three is that it's very static. It doesn't account for how much has changed globally since 2020. I think we need to revisit the framework and take a fresh look at how we segment countries, define their requirements, and equip teams with the right capabilities. These are heavy health economics and financing questions that require a more dynamic perspective.</p>	KII with BMGF. November 2024.
Cameroon	
<p>Strengths: With the country compact approach, the Government is also involved since they are also committed to procure the commodities for the country at a certain percentage that increase every year. This approach is sustainable since in the long run, the Government will be able to take full charge of the procurement of the commodities.</p> <p>Weaknesses: There is a list predefined areas that are eligible. However, since the context has changed there is a need also to review the list and extend the funds to support more activities to address the gaps (customs clearance, distribution, infrastructure, IT equipment's to support eLMIS).</p>	KII with UNFPA Cameroon Country Office. October 2024.
Democratic Republic of the Congo	
And one of the consequences is that the products may arrive at the port, by the time we're looking for the money, the demurrage will cost or well the products may arrive, be in the warehouse, but we don't have the money to take part in the field. So those are the challenges.	KII with UNFPA. November 2024.
Kenya	

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>UNFPA approach to working with KEMSA has evolved from the model used during the Supplies Programme to a more direct and integrated engagement. This approach involves UNFPA procuring SRH commodities, while KEMSA manages their storage and distribution across Kenya.</p> <p>The new approach to the engagement between the UNFPA supplies partnership and KEMSA has strengthened Kenya's supply chain for SRH commodities. By integrating innovative tools like the Integrated Logistics Management Information System (iLMIS) and the Electronic Proof of Delivery (e-POD) app (awarded “best innovative health supply chain solution” at the Global Health Supply Chain Summit in 2021), this approach has enhanced real-time tracking, accuracy, and accountability in the storage and distribution processes. Strategic partnerships, including collaborations with Coca-Cola Africa, have improved logistics and last-mile delivery, making commodities more accessible even in remote areas. The coordination matrix at KEMSA has served as a strategic framework that involves multiple stakeholders, including UNFPA, MoH, NCPD, and various donor agencies, facilitating collaboration and communication across the supply chain. UNFPA ability to source family planning commodities at competitive prices on the global market has lowered costs. UNFPA through the Supplies Partnership has catalysed other partners in supporting the strengthening of supply chain for health commodities.</p> <p>While the current approach has notable strengths, several challenges have been identified. Despite UNFPA support, issues like stock-outs and delays in receiving commodities continue to affect service delivery. For instance, health facilities and end-users desire access to products like DMPA-SC, but periodic shortages limit their availability. Additionally, only 35 of Kenya's 47 counties have received training on the Logistics Management Information System (LMIS), which restricts consistent implementation and monitoring across the country.</p>	<p>KII with KEMSA. October 2024.</p>
<p>There has been much more representation (a big shift from the 9th to the 10th country programme) and engagement with CSOs in the Supplies Partnership, leading to the participation of the ICRH-Kenya as a member in the UNFPA Supplies Partnership Steering Committee. This participation carries with it the responsibility of representing CSOs from the entire continent and beyond at the steering committee. Unfortunately, the coordination of this representation has not been properly supported and organized by UNFPA. Ideally, when ICRH Kenya attends the quarterly Global steering committee meeting, it needs to carry the voices of other CSOs in the globe, their best practices, challenges, and lessons. UNFPA can leverage its coordination power to convene such consultative processes among CSOs in Africa.</p>	<p>KII with ICRH-K. October 2024.</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.	
The intention to have country representation was good, but it hasn't been very effective - she didn't have a strong enough platform to represent the collective views of all member countries of the SP (or even all of Africa, or all of Kenya). There is no mechanism to do this - to enable one rep to be able to speak for the whole constituency (all countries). There should be a way to capture the voices of other countries.	
<p>UNFPA involved Nation Media not only for reporting but also for lobbying and policy advocacy for increased SRH services in Kenya. The One Health Podcast bi-weekly (which also runs on NTV website and on their YouTube channel and other social media including Facebook and X) was on family planning approaches, with adapted content according to the audience and the information from UNFPA. They produced four podcast episodes of 45-60 mins on family planning as a key driver of socio-economic development. These were done in May, June, July, and Aug 2024, to build momentum to World Contraceptive Day on 26 Sept.</p> <p>The approach used through the partnership is very innovative and has resulted in the production of several products. For example, they developed a media toolkit for journalists on reporting on family planning.</p>	KII with Nation Media. October 2024.
<p>UNFPA has been more open to collaborating with partners such as the Population Services Kenya in implementing various activities as part of the Supplies Partnership. These include advocacy (smart advocacy), capacity building, planning, and conducting the last mile assessments.</p> <p>PSK has a workplan that is aligned with UNFPA and FCDO (in order to collaborate and not duplicate) and the collaborations of the last two years have been much stronger. The total market approach (TMA) is being used in the Partnership's work with PS Kenya.</p> <p>The new Partnership approach has helped to increase the reach of family planning commodities and service delivery. The approach has brought opportunities for organizations to explore new ways of engagement and supply of commodities especially in the private sector.</p>	KII with PSI-Kenya (PSK). October 2024.
UNFPA Kenya has been active in the Supplies Partnership, by supporting and driving the development of the integrated logistics management system (iLMIS) by KEMSA. The development of the iLMIS was possible due to UNFPA facilitating the establishment of a public-private partnership (PPP) between KEMSA and Coca-Cola. UNFPA has also been active at convening stakeholders and advocating for domestic financing of SRH commodities (e.g. the implementation of the smart advocacy initiatives).	UNFPA Rep and key Staff meeting. October 2024.

Assumption 1.1 The Partnership approach, with a focus on sustainable financing and framed as a partnership, includes relevant measures to ensure the effective adaptation to different and changing contexts with a view to maximizing contribution towards expected goals.	
<p>The Partnership approach resulted in the signing of the country compact. UNFPA has been able to contribute to the expansion of the supply and delivery of family planning commodities (e.g. introduction of self-injectable (DMPA-SC).</p> <p>With this approach UNFPA has also been able to leverage the influence and presence of other partners in the family planning space, leading to division of labour. For example, advocacy activities for demand generation are led by other partners like Marie Stopes, with support from UNFPA. UNFPA worked with CHAI, within the National Task Force, to advocate for the roll-out of the DMPA-SC and the Hormonal IUD. UNFPA also worked with This Ability Trust on the roll-out of the “Mama Siri” effort (a toll-free line that offers referral services for women living with disabilities on GBV and SRH; run by women with disabilities, and started in 2020 in 8 counties, adding 5 more counties last year). They also advocated for the inclusion of disability in the reporting tool of the MoH in Kenya</p>	<p>UNFPA Rep and key Staff meeting. 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)	
Indicators <p>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.</p> <p>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.</p> <p>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.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
<p>The process of selecting countries for the program and categorizing them into different groupings was lengthy and complex. Reaching consensus took months, primarily because numerous donors in the working group had their own preferred countries for inclusion. The involvement of health experts providing data added to the complexity. It was a comprehensive process conducted thoroughly by the strategy and planning subcommittee. After significant data analysis and agreeing on criteria like cutoff points and indicators, a consensus was eventually</p>	<p>KII with UNFPA, Family Planning Branch. 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)	
reached. Despite its challenges, the process was completed with meticulous attention to detail, and I wouldn't change any part of it. It was a lengthy process, which also involved Avenir to provide some data to backup the decisions.	
The side/the number of countries we support. We support 54 countries; should we provide support to fewer countries? I believe we have spread ourselves too thin by trying to support 54 countries. Ideally, we should limit our assistance to no more than 10 to 15 countries, addressing their needs, strengthening their systems, and eliminating any unmet requirements. That's my perspective, but I would like the midterm evaluation to analyse this.	KII with UNFPA, CSB. October 2024.
Recommendation: Step off the carryover countries, stop the transition of carry over countries, they are not eligible for the support. I would like the evaluation to help us phase out support for carryover countries. If I could make one recommendation from the midterm evaluation, it would be to stop this practice. We initially proposed transitioning these countries over the program's first two years, which has not occurred. There is insufficient justification to continue supporting them as they are no longer eligible. We must cease this support; otherwise, we risk continuing indefinitely in an unsustainable manner. These are the two key areas I would like the evaluation team to address.	KII with UNFPA, CSB. October 2024.
<p>I was part of the team that developed the strategy to move from Phase II to III we were the transition management team. I was project managing the strategy and transitioning into new phase. Several changes came about, it was a U-turn, it became a partnership there was no commitment needed from governments to put money into FP in Phase II but that came in Phase III. At the same time C19. Hit and we hit some struggles</p> <p>The 2nd challenge was we were hit by funding cuts by our biggest donor and whole domestic financing shift was more critical.</p> <p>That was one key change, it is very relevant to what is happening we want to build in country voice, we want to be at the power with GHIs. Governments have problems when it comes to RH services but not with vaccines, we wanted to elevate the programme to that level.</p>	KII with UNFPA. October 2024.
I think it has become more structured which is a good thing, the approach to countries and donors is much more structured, eligibility and grouping of countries, it is much clearer how we work with countries and analysis we do on country status, that has improved.	KII with UNFPA. October 2024.
the goal was to come up with a neutral criterion, quantitative criteria that didn't take into account, when we first came on board with Partnership at beginning of development of Phase III there was a lot of feeling that selection of countries was not neutral and those most engaged and personality of CO got more funding, there was interest in	KII with Avenir Health. November 2024.

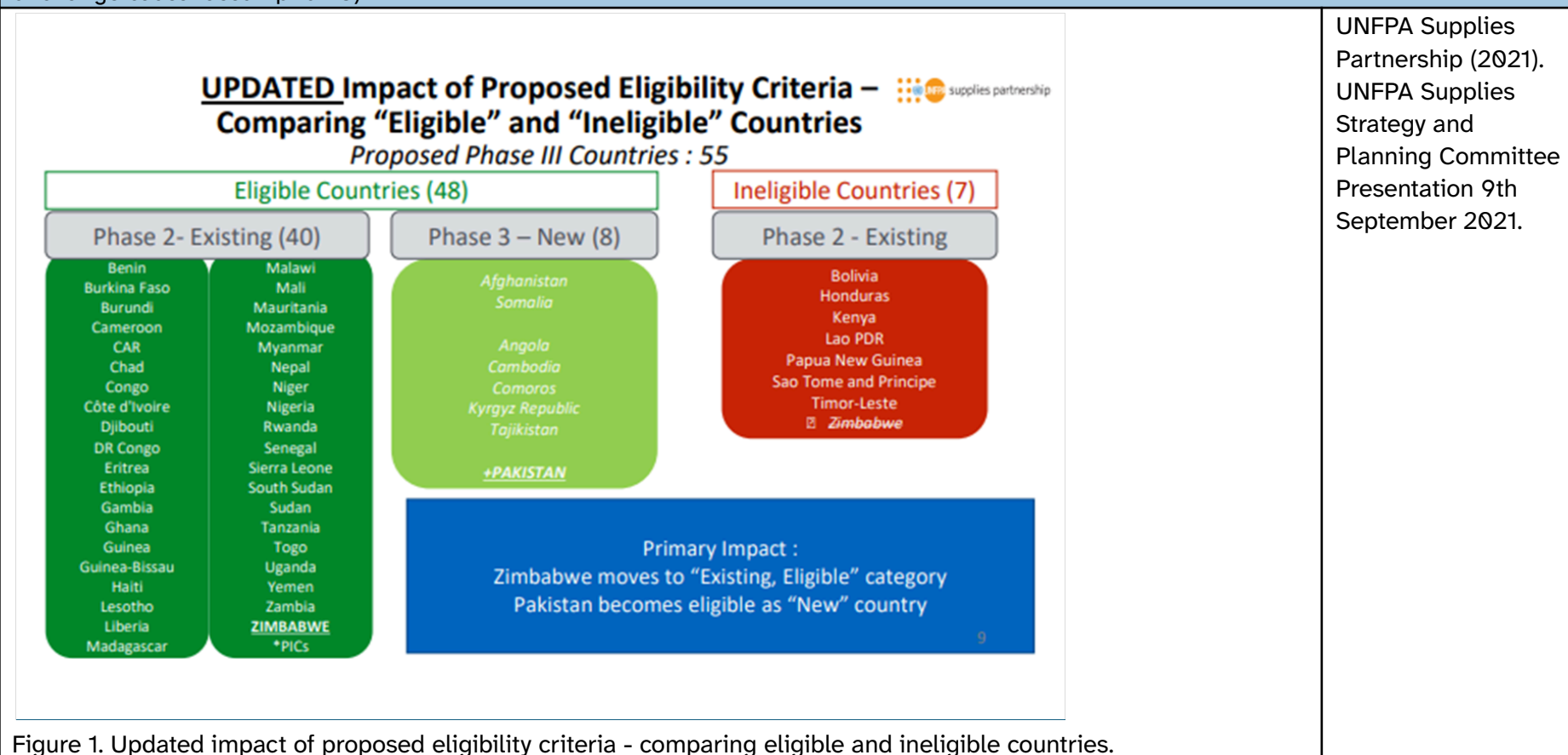
<p>Assumption 1.2 The existing approach for grouping and classifying countries for their eligibility and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition. (Linked to theory of change causal assumption 8)</p>	<p>something that levelled the field. More neutral measures. the inclusion criteria we tried to come up with something where there was data available across all countries, MMR and CPR as system wide metrics, then economic indicators, so GNI per capita. Trying to pick things that were widely used and widely available and could treat countries equally. Our goal as to come up with something relatively equitable. We tested out different thresholds The sense we came away with for inclusion criteria that came out in a straightforward way. The challenge with it was that some of the countries that were part of the SP didn't meet the criteria as they had higher CPR that speaks well to the results of SP in previous phases. They couldn't just include those carry over countries. That created a little bit of a challenge with the interpretation of criteria. It is not always clear why.</p> <p>The SP was selective of what to expand offering into. There is a risk with adding new countries in you come in and undermine existing domestic financing there were efforts to try and limit what was offered in some of the higher income countries.</p> <p>Don't really know the NLU commodity provisions.</p> <p>Pacific Islands question – funding provided by Aus.</p>
<p>The approach is not new but has evolved. Nothing wrong on the system, to understand their capacity and level of development towards sustainability to tailor the support and collaboration. Initially, there were two categories, or streams: Team One and Stream Two. Stream One consisted of 12 primarily need-based countries, while Stream Two had about 34 countries still part of the program. Only Nicaragua and one other country dropped out. As we introduced UNFPA supplies, we began grouping countries similarly. This framework helps us understand their development trajectory and capacity, allowing us to tailor programs and support effectively. When it initially included 46 countries, the list expanded to 48 with Afghanistan and Somalia's addition; nothing is wrong with such changes in categorization.</p> <p>However, my concern stems from personal experience working in a Ministry of Planning. Institutions like the IMF and World Bank pushed for poverty reduction strategies and country rankings. It's crucial to strategize how subregions can succeed and recognize when they've progressed beyond their current level. Thinking about phasing out support in some countries can be challenging due to unstable economies. For instance, political changes—like shifts between conservative and liberal governments in influential nations—can impact these economies significantly.</p>	<p>KII with UNFPA, CSB. 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)	
It's vital not to let critical areas like family planning be sidelined because they aren't perceived as immediate threats like maternal death or polio.	
<p>Moving forward, we should ensure steady progress towards sustainability beyond 2030 and consider whether these countries remain on track. The sustainability assessment tool currently doesn't measure long-term viability effectively, an issue I've repeatedly raised with its designers.</p>	
The countries that are advancing on sustainability are not necessarily on the second or third groups, but group 1 like Madagascar. Countries that are progressing steadily aren't always the ones achieving sustainability. In my initial classification, Honduras and Bolivia remain green-lighted among advancing countries. However, Madagascar stands out in the first group for its consistent progress in sustainability. It's intriguing to consider a country's potential not for where it begins but for how quickly it advances. This is what I aim to measure with the traffic light analysis. Over the past two months, my team and I have automated this process using a Google Sheet that assesses the traffic light's green status. I believe it will continue to be an effective indicator in the coming years. The challenge arises as my program director, Iman, instructed me to focus on innovative solutions instead of dealing with bureaucracy. This allowed me to analyse data and evaluate if indicators truly reflect progress, but such contemplations are challenging when you're caught up in urgent matters.	KII with UNFPA, Family Planning Branch. October 2024.
<p>There are many realities and inclusion in the program was an excellent moment that we started in 2019. It's really based on the data. So those decisions were evidence-based. But it was also not easy to just graduate countries from the program even though they were now falling into categories that meant that they were supposed to require less support. In fact, in those countries significant changes has not yet happened and I think that's why the face of this program now is so concentrated on how to get countries to commit, based on those compacts and then honour those commitments that we've made. I think that's the way to make the program more sustainable but like I said earlier we can do everything we can, but political decisions countries will always be what it is and what we have is not going to change that.</p>	KII with UNFPA, Family Planning Branch. December 2024
<p>Not sure about the indicators currently used, probably maternal mortality and contraceptive prevalence rate. I can assure you the highest maternal mortality and the highest gaps in contraceptive prevalence are overlapping with humanitarian crisis context. We are not involved in the reflection on the highest risk countries when it comes</p>	KII with Humanitarian

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)	
<p>into devolving into humanitarian crisis. At the country level, with UNCT and humanitarian CT, as per interagency framework facilitate by OCHA and UNDP, every country is meant to go on a yearly/bi-yearly exercise on a hazard risk assessment (what is the likelihood of a war, earthquake, election violence happening within the coming year). Based on the outcome of the hazard risk assessment, the countries are classified (low, moderately low, moderate high, very high risks). Countries below moderate are meant to do minimum preparedness actions. Some countries might be choosing to do some things with national governments around sustainability or DRR. Moderately high or high countries are meant to do advanced preparedness actions, some of which are heavily related to governmental institutions and the ability of the health systems, including contraceptive availability and services, to be able to continue to deliver in the event of a crisis. There is a mechanism around high level classification (informed risk index). I am not aware how these criteria fit into the SP but linking to the index would be important. Using only the indicators used. Especially in mixed countries e.g. DRC, Nigeria, it is essential to take those into consideration. Extent to which disparities exist for the countries used.</p>	<p>Response Division. November 2024.</p>
<p>These groups have become (in theory sounded logical, but in practice there were anomalies, and questions why one country would belong to a different category as others) something else. Also knowing government contributions and knowing they would never meet the expectations in countries back in categories of 3,4, and carryover. Then it has been implemented, and with time categories become less relevant. Now it's more about humanitarian or non-humanitarian category countries. Humanitarian countries are exempt from country compacts, so there are less expectations, obviously. I don't understand why Ghana gets a lot more than for example Madagascar. For me the logic is not there. In my opinion, it is all about engagement from the country level, how strong the government is with negotiating their way around support and criteria's. No one seems to acknowledge this, but I do wonder if some of those relationships are more important than for ex demographic index and so on when categorizing and writing up the Compacts. Oftentimes it does not make sense. Lot of donors have asked to look at those categories again. Dysfunctional governments and humanitarian areas are essential to look at and investigate from a closer look. We can't ask for the same commitment and engagement from all these countries. It does not work, and we should do more country specific, complex investigations on what would fit the certain country, and what is reasonable.</p>	<p>KII with IPPF. December 2024.</p>
<p>I think the whole idea of grouping or segmenting countries is something we've discussed a lot, and I firmly believe these groupings can't be static. The economics, political conditions, and social environments in these countries are changing way too quickly for static categories to work. That's the first thing to keep in mind. The different groups</p>	<p>KII with BMGF. November 2024.</p>

<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)</p>	
<p>also need different types of technical assistance—or whatever you want to call it. For example, if the focus is on supporting demand planning or strengthening data systems for supply management, the criteria we use should reflect that. Beyond political stability, we need to assess baseline data infrastructure—how countries are capturing and managing data today—and really dig into the specifics. We need to consider different criteria, baseline data on infrastructure, like with the SRAT analysis. The SRAT is quite broad, it does not go deep enough, it has a lot of process indicators, rather than the implications for the country.</p> <p>I think UNFPA and SDMU teams might have some strengths in demand planning, but we’re lacking deeper expertise in setting up proper data systems. There’s a lot of unmet need there. So, while I think the groupings are a good idea, I’d like to see them become more dynamic and based on more robust criteria. And beyond the groupings, we need to think carefully about how we’re supporting these countries, because I’m not convinced if we currently have the right expertise within the UNFPA Supplies Partnership team. They do LMA, SRAT, and a list of countries with in-country assessments, but it is unclear how they prioritize the countries. It was not clear how they select them. The report is not clear in that sense.</p>	
<p>It's not easy to group countries, especially when you see the macro indicators, the GDP for example. I don't know the answer but it's in the communities that issues are so you can have a country that is showing really high income but with important internal equities. So, if we could find a better way of putting, that could be fine. At this point then what we have now it's working although we found some countries that are not even part of this are asking to join our translations outside of the government and see guys can't you because these calculating Gabon saying can you include me in your program so in that grouping was maybe the easiest but it is not the best.</p>	<p>KII with UNFPA, WCARO. December 2024.</p>
<p>Pakistan</p>	
<p>Pakistan becomes eligible as "New" country (Group 3) based on updated GNI PC Data and updated eligibility criteria.</p>	<p>UNFPA Supplies Partnership (2021). UNFPA Supplies Strategy and Planning Committee Presentation 9th September 2021.</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)



UNFPA Supplies Partnership (2021). UNFPA Supplies Strategy and Planning Committee Presentation 9th September 2021.

Figure 1. Updated impact of proposed eligibility criteria - comparing eligible and ineligible countries.

Yemen

Yemen: “Group 1” Country

From 2022-2025, Yemen will be classified as a “Group 1” country. This means that **the government of Yemen will need to contribute at least 1% towards the cost of routine commodities provided by UNFPA Supplies in 2023.** This financing contribution is expected to increase by a minimum of 1 percentage points per year.

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

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)	
Zambia	
<p>Zambia is classified as a Group 3 country.</p> <p>From 2022, all Partnership countries will be assigned to one of five groups (Group 1, 2, 3, 4 or the Carryover Group) using an economic index. Country groupings will be used to determine the level of commodity support that each country receives and the domestic financing contribution that needs to be made towards the cost of commodities from 2023 onwards. From 2022–2025, Zambia will be classified as a “Group 3” country. This means that the government of Zambia will need to contribute at least 5% towards the cost of routine commodities provided by UNFPA Supplies in 2023. This financing contribution is expected to increase by a minimum of 5 percentage points per year.</p>	<p>UNFPA (2022). UNFPA Supplies 2022 Zambia Budget Allocation Letter.</p>
Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
Indicators	
<p>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.</p> <p>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.</p> <p>1.3.3 Documented examples of resource allocation decisions constrained or limited by the existing allocation formula (75% supplies, 15% HSS and 10% MAV).</p> <p>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.</p> <p>1.3.5 The LMA approach is adequately addressed and funded through the existing MAV and HSS funding streams for its implementation.</p> <p>1.3.6 Views and experiences of UNFPA staff, implement partners at global, regional country level, as well as Steering Committee and subcommittees’ members on the adequacy of the existing funding streams and sub-streams to achieve expected results.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	

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)	
<p>Good that the majority of funds go to supplies. But a lot of implementations under HSS, and never enough funds on that front. HSS limits the CO scope and influence. The biggest challenge is always the availability of resources necessary for preparing and readying health systems. This involves extensive training of providers, updating guidelines and protocols, developing new materials, and acquiring resources to generate demand for these commodities and disseminate information to users. Despite the interest, the complexity lies in the reality of limited resources on the ground required for actual implementation.</p>	<p>KII with UNFPA, Family Planning Branch. October 2024</p>
<p>Other thing we have transitioned that is positive is asking countries to provide applications to HSS applications, we then provide countries, we have moved away from calling it a ceiling. These days we have said is XX is the maximum you can get depending on the ??, it depends on the quality of your applications and if that is okay and aligns with the SO of programme, we fund up to 500k. We have seen this as a major change.</p>	<p>KII with UNFPA. October 2024.</p>
<p>Then the last change, the operational changes, the funding into 3 different channels and clear accountability in terms of usage of these funds. One change was TA, how to improve it and present funds, one key change we made was making it almost like a grant, whoever rights the best proposal gets the fund but that is not in line with UN as an agency, some countries might bring in consultant to write the proposal but they are not most in need, that needed a bit more thinking through.</p>	<p>KII with UNFPA. October 2024.</p>
<p>Then, about the way we allocate HSS, 75% to commodities then 10% MAV and 15T to HSS, that is for countries to improve the surrounding around the commodities. Donors have focused on commodities they have not been convinced that HSS they can see impact, but it is such a dilemma so from UNFPA side we would like to strengthen the HSS we can see that it has to be balanced. In a way partners do agree with that, but they still insist on 75% for commodities.</p> <p>We look into allocation to HSS, we have notion that we don't have to fund initiatives that don't work, the idea was that countries should submit an application and then there is a competitive process and that turned out to be a bit of a nightmare they cannot submit a plan if they don't know how much they will get. We had to give them some kind of guidance. Everyone would then submit plans to go to top of guidance. That didn't work out very well. The next year we went back to what we had before we gave some indicative planning amounts that were in line and that is what we will do this year. We would love to have the competitive element in.</p> <p>We are also going for real multiyear planning with approved indicator budget.</p>	<p>KII with UNFPA. October 2024.</p>

Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
<p>The distribution of funding does not affect M&E. The annual reports, the frameworks, and 80% of reporting is about 20% of the funds, and the comms output 1 and output1, the others are linked to the HSS. The foundation for evaluation is clear: 80% of resources are allocated to one objective (SO1), and 20% to the rest. This division allows for measurable outcomes. However, when analysing the annual report and its focus, you'll notice that 80% of the insights stem from just 20% of the report, particularly focusing on specific commodity outcomes.</p> <p>This skews accountability towards this heavily funded area, while other outputs receive less attention. I would not claim for a balance, but just the expectation of that imbalance brings. We do what others don't do by bringing the supplies mainly, although we do the rest of services (capacity building, technical support, etc). Do not hold the programme that much accountable for country uptake on financial sustainability as only 20% of funds go there. If you invest only 20% in various areas, don't expect them to improve rapidly. This initiative is a catalytic fund, addressing needs that others often overlook by introducing this commodity to the country. We hope the government and partners will support and strengthen systems, invest in other crucial areas, and keep staff in place. Do not hold the program too accountable for issues like supply chain disruptions, because it's working with just 20% of resources. It's essential for governments and partners to invest effectively. Our goal is for everyone, including donors like CO fund that supports family planning, to complement these efforts. If improvements occur, we'll evaluate the sources of support; if not, understand that it's beyond our program's limited scope and resources.</p> <p>Given the adaptive nature of this program, there's ongoing discussion about expanding areas such as maternal health medicine. But funding poses a challenge—additional areas would draw from the existing 80%, as additional funds consistent with previous years are unlikely. Therefore, if we allocate more to maternal health, resources for contraceptives may be constrained. Answers to this challenge vary by country, yet our program team is keen on tracking how resource allocation has historically impacted maternal health medicine. As we incorporate changes, it's crucial to measure any actual increase in expenditures that may arise from these adjustments. In essence, while the primary focus remains on supply funding, there is a concerted effort to ensure efficient resource allocation and accountability across all program areas amidst evolving needs and limited funding increases.</p>	<p>KII with UNFPA, CSB. October 2024.</p>
<p>Another point involves funding distribution: currently skewed at 80% and 20%. Reporting 80% of efforts for where only 20% of the funding goes lacks logic. Even if others contribute or lead in certain areas, expectations should</p>	<p>KII with UNFPA, CSB. October 2024.</p>

Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
<p>remain realistic from a measurement perspective. We must focus specifically on issues where colleagues can affirm the efficacy of the initiatives, like how well the match fund and Compact are functioning.</p>	
<p>There is a distinct need for an objective and fair method to categorize countries, as running a complex global health program requires such a model. This approach is already utilized by organizations like GAVI and the Global Fund, which group countries based on economic indicators. However, there has been little correlation between domestic financing progress and these country groupings. Interestingly, some countries with low GDPs per capita—such as Yemen, the Central African Republic, and Niger—have shown significant progress in domestic financing. Conversely, wealthier nations like Kenya, Ghana, and Nigeria have struggled in this area. The implementation of the country groupings model has proven more challenging than anticipated due to uneven progress among countries. Nonetheless, I believe the model is broadly effective. Going forward, it's important to consider developing a transition model that accelerates progress, especially for countries in higher groups. Encouragingly, data shows an increase in countries spending more on contraceptives than ever before.</p> <p>Last year, domestic expenditure reached an all-time high. We are witnessing rapid increases in budget implementation, with more countries not only boosting their allocations for contraceptives but also spending 80% or more of those budgets. Additionally, more countries are sharing their expenditure data with us—covering both contraceptives and maternal health medicines. This progress is to certain extent a contribution of the match fund and the compacts but fundamentally rests on the country groupings model. This model requires all partner governments to contribute, with minimum contributions determined by their economic status. While progress has been uneven, the positive trends in our key indicators confirm that the country groupings model is effective.</p> <p>Should you propose recommendations or suggestions for changes to the model, please ensure that we do not undermine the necessity of a groupings model. This model is vital, as we recall the chaos of phase two with the allocations model before we had an objective method of grouping countries. Previously, without structure, countries like Kenya—considered relatively wealthy—received funding far beyond their budgeted ceiling, while nations like South Sudan, Somalia, and Eritrea were overlooked. The country groupings model was created to inject objectivity and fairness into our processes and to ensure sustainability in commodity allocation. Our allocations are now based</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>

<p>Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)</p>	
<p>not only on gaps but also on sustainability indicators such as economic indices. Thus, it's crucial that this evaluation does not lead us back to the chaotic methods of the past.</p>	
<p>While the 75/25 split may seem somewhat simplistic, the principles behind it are sound. In our rapidly evolving environment with increasing commodity gaps, the majority of our program funding must be allocated to supplies. This aligns with the clear comparative advantage of the supplies partnership. Many of our donors also contribute significantly to UNFPA supplies, core funding, and other bilateral programs at the country level, supporting technical assistance, capacity building, and supply chain strengthening.</p> <p>It is not more cost-effective to allocate more program funds towards Health System Strengthening (HSS) or Human Resources (HR). We have sufficient funds within the HSS stream to make substantial progress on various components; we just need to manage those resources more effectively. Through the program, we fund nearly 150 staff members and benefit from a country office presence and technical experts supported by UNFPA core funding.</p> <p>The focus should be on optimizing the use of HSS funds and ensuring that ground-level activities align directly with our strategic goals, such as domestic financing and supply chain strengthening. Currently, the HSS applications feature many small and fragmented activities, like \$10,000 allocations for workshops in specific countries. Instead, we need multi-year, multi-million-dollar strategic interventions targeting major issues like domestic financing and supply chains.</p> <p>The biggest challenge is not necessarily finding more money for Health System Strengthening (HSS) but rather developing a comprehensive strategy to effectively allocate existing funds to specific areas of action. For years, even during my time as a donor, I've advocated for fewer, larger, and longer grants as the only path to progress. Currently, we deal with hundreds of HSS applications, including country offices requesting small amounts like \$2,000 for workshop brochures. This approach won't make a significant impact. We need to focus on substantial grants directed at countries facing serious challenges where we can add real value and have a competitive advantage in driving progress. That is my strong preference.</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>

<p>Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)</p>	
<p>Match Fund and Bridge Fund? He was the focal point when Match and Bridge funds were introduced. With 3 expectations – Bridge for SP. There used to be a gap in time for funding, so BMGF and others came up with mechanism to bridge funding mechanism to provide \$\$, then to be replenished. Bridge funding is also required for 3rd party procurement (TPP) – important because govts cannot prepay. In 2021, based on all analysis, expansion of bridge for TPP wasn't possible. Now, going forward, with approval of SC, the Bridge fund is coming. Challenge is that legal processes still under review. Maybe in 2025, they will get green light.</p>	<p>KII with UNFPA, SCMU. October 2024.</p>
<p>Bridge Fund: she was involved when she was in Procurement. Led team that offered Procurement svcs for countries in WCA, tried to pilot Congo Brazzaville for Bridge Fund. Thinks it's absolutely necessary. It has been needed for years. This was a huge obstacle (advance payment), for various reasons - government legislation, and admin processes are too heavy and take too long, quotations and everything changes in the meantime. More work, frustration. She thinks it's a must to expand Partnership and 3rd party procurement</p>	<p>KII with UNFPA, SCMU. October 2024.</p>
<p>Bridge Fund – not yet working, unfortunately. Something is stuck there. Would love to see it working. Feels opaque to her. Match Fund – yes, really pleased with how it's working, interest and picking up. Building visibility and access in countries; there is more to do there with CO's re: engaging countries with the domestic resource mobilization toolkit. Match Fund supports their (FCDO) desire to include maternal health (MH) commodities and enforce quality of RSH commodities. Steering Committee has varied views on including maternal health. Not much info from financial side re: including more maternal health commodities and how it will affect \$\$. HSS funding stream – She feels as a SC, they don't get enough info about it. Talk a lot about more working with other partners/GHIs on this HSS...but not seeing much on this so far. HSS fund – a lot of talk about info/communication about the HSS fund. But things are moving. Progress now since 2023, moving forward with LMA in country assessments. HSS fund will now only fund what comes out of those assessments (not just whatever the country wants), so that's a good change. It's such a huge part of the overall budget, but needs more budget breakdown, info about impact here of this funding over the next period. Changes at regional level? Data/anal, not seeing much so far.</p>	<p>KII with UK Foreign Commonwealth Development Office (FCDO). October 2024.</p>

<p>Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)</p>	
<p>SCMU has done a great job creating a dashboard, data. But it's not easily accessible. They (as SC members) only get quarterly updates (snapshots), but not real time data. The snapshot doesn't tell them much. But they need one place to be able to see the data at country/regional/global level – more easily accessible.</p> <p>We don't necessarily get view of how these funding mechanisms all fit together in the SP - from financial, and strategic/financial level. How allocations work, how this fits in with the Compact, and with HSS. How it all comes together as one whole offering of the SP.</p> <p>SC meetings – next one is next week. They are held twice a year.</p>	
<p>I said 75% of funding is voted commodities which is good because that's what the program does. So, it's about providing supplies to the ministries, but the reality is supplies will not fix the problem of unemployment in the country. So, the 25% are supposed to be helping them strengthening, even if most of time it is not sufficient to make that kind of desired to change that we want. You know like smoke analysis; there's no funding in the country to prevent that. In fact, there's very little the 25% can do.</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>
<p>I was included in the conversations where we created the financial proposals, with 75% minimum allocations to commodities. But it is unfortunately not a target. And that is not satisfying to me. At the minimum, 75% should go to actual commodities. Budget after budget, is always that they aim for 75. 76%, but I think there are times when there is a need for further finances, going up until 80% even. It is a fixed system and not tailored to real life in real time. Say, this is a year, where we are going to conduct more in-country visits, it would justify the shortages and only wanting to meet 75%. But it is not looking ahead.</p> <p>We do not get much transparency about the details of the project budget. HSS, we do not know how they are used.</p> <p>What happens with the influence of the American governmental changes, what if donors pull back, how does it impact the future? We never talked about what happens if Trump wins. These conversations were back in October, but still. We don't get many details on the budgeting, or reasoning. As CSOs, we are not included in planning, reasoning, and we don't know about their own internal staff budgeting either.</p>	<p>KII with IPPF. December 2024</p>

Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
<p>I understand the interest in maximizing the portion of funds allocated for acquiring commodities. That makes sense. But it's equally important to clearly establish how those funds contribute to achieving goals—not just for supply acquisition but also for activities funded through HSS (health system strengthening). There needs to be more transparency about what's being done and how those activities link to actual results, not just expected ones. When phase three was implemented, my understanding is that there was an agreement to allocate a minimum of 75% of the total fund toward commodities. That was guaranteed, with the remaining split between HSS and match funding. So, my general feedback is that while this split provides some structure, we need to ensure there's a clear connection between the funding and tangible outcomes across all categories—commodities, HSS, and match. However, when you dive into the budget details, it becomes apparent that only about 60% of the total funds actually go toward buying products. "... something to bear in mind, which is, you know, so for every \$10 there's only six that actually goes to buying products. But at the same time, we have huge gaps for many countries..." This creates a big question: is this allocation sufficient to meet the UNFPA Supplies Partnership's core objectives? Especially since there are already significant funding gaps in many countries.</p> <p>So overall, I think most of us would like to see more funding directed toward commodities, given the needs and gaps. But if the current allocation breakdown (75/15/10) is maintained, there must be much greater transparency and rigor in tracking the impact of each funding stream. That would make it easier to convince funders and leadership of the program's efficiency and effectiveness.</p>	<p>KII with BMGF. November 2024.</p>
<p>Additionally, there's a lack of transparency around spending across all three categories—commodities, HSS, and match. This is especially true for HSS, where the broad mandate of supply system strengthening makes it hard to measure progress. There's been repeated advocacy from the steering committee for more transparency in how these funds are allocated and the impact they're having, given that HSS still represents 15% of the total budget.</p>	<p>KII with BMGF. November 2024.</p>
Honduras	
<p>Existen vacíos entre las actividades identificadas en el país y el HSS: los lineamientos del presupuesto indican que porcentaje de actividades pueden ir destinadas a cada tipo de intervención: 71% expansión de la mezcla de métodos; 18% cadena de suministro; 6% sostenibilidad financiera; 6% generación de evidencias. La priorización de actividades se hace con base en el presupuesto disponible; las actividades son variadas e innovadoras.</p>	<p>KII with UNFPA Honduras Country Office. November 2024.</p>

Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
Nos tenemos que ajustar al COMPACT y luego pasarlo a HSS. A veces dejamos de programar acciones por la limitación de recursos de HSS. Nos tenemos que asegurar de cumplir con los montos especificados. La idea sería poder ser flexible, mientras se cumpla el COMPACT se debería poder mover el % entre supplies y HSS. Para MAV, es suficiente, aunque se podría distribuir de manera distinta para cubrir otros puestos.	KII with UNFPA Honduras Senior Management. November 2024.
Debería ser más flexible esa distribución, podría haber una variación para los países en el grupo en salida. Si vas rebajando el nivel de suministro, puedes compensar con fondos para actividades.	KII with UNFPA LACRO. November 2024.
Kenya	
The Match Fund is good in theory, but this is a constrained fiscal space, in Kenya. Government is paying 80% of their funds to pay down their debt (invested in Euro bonds?). (So, Government isn't making their required contributions, so not eligible for Match Fund yet).	KII with CHAI. October 2024.
Zambia	
“The evolvment towards health system strengthening has helped. There are clear pillars funded by the UNFPA Supplies Partnership, ensuring there is way to strengthen programs to reach the last mile. The Country Office was being provided with resources to increase the method mix and strengthen supply chain but also provided resources to sustain government for sustained domestic financing. They were able to fund underutilized commodities to expand method mix. [...] The HSS funding stream allowed to also budget on how countries can introduce new products and enhance new products e.g. IUD. We were able to train people at national level who were able to cascade the training. There is a sustained demand for products and because of economies of scale, the suppliers see value. [...] We depend on the resources of the Partnership. We have also received resources from the HSS component, which we have used to ensure there is a method mix and for supply chain strengthening.”	KII with UNFPA Zambia Country Office. October 2024.
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.	

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)	
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
Global and regional	
<p>Over time SP has become more and more focused on commodities, when I joined it was 60% commodities, and 40% capacity building etc and some SCM strengthening. The focus has got more into commodities. We have key donors like Gates who only want to fund commodities. We spend a lot of time saying we need to do SCM strengthen and HSS. But there is a big pushback in doing anything more in demand side piece. I know why, it is more difficult to measure, we could have been more focus. The big push for this is coming from Gates and UK Governments like Canadian input, we could ringfence to do some gender and HR, we did gender evaluation, but at the moment it is very restrictive structure of 75% commodities. We have got stronger with HSS, but it is limited envelope. The donor's expectation is that UNFPA more broadly will pick up other pieces of it. There are other opportunities such as CSE but it doesn't necessarily bridge the gap. The big challenge to access is cultural barriers it is not just lack of supplies. Plus, side the programme has become much more concrete in what it does and how it is reported. Donors expect that for their money but the narrow focus on commodities is a concern long-term yes, we make things work, a lot of the work when we started seeing what was happening, we stopped funding some of our partners who were doing more community engagement.</p> <p>I work with Young and Alive in Tanzania, but we skew their work they do a lot of reporting to us and we take them to lots of global meetings and takes away from their core work which is LGBTQI+ youth.</p> <p>We have in UNFPA a capacity building grant that can go to IP up to 30 it can be internal capacity building, when I looked into it the constraints on reporting is so high.</p> <p>Interesting we could do more on the qualitative front, quantitative indicators, so many of them are output. How many countries did research. So what? We did wrangle for a while how to measure partnerships. FCDO, we spoke as to how they define partnerships and civil society.</p> <p>CYP is not necessarily a good measure it does not tell you about LNOB.</p> <p>Even the M&E framework we have now, CIFF are giving some funding, my big plea would be how to introduce into revised Phase III how to capture who we are reaching.</p>	<p>KII with UNFPA. October 2024.</p>

Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles. (Linked to theory of change causal assumption 9)	
<p>What happens, it is part of, from the experience I have in country, the programme document speaks to you have to have the LNOB and HRBA approach that is clearly outlined in programme documents. To streamline that we said last year...??...there is a direct link between these approaches of LNOB and HRBA when you design the health system interventions. Since I am M&E guy who looks after HSS applications for all countries, we see the interventions related to service delivery and capacity building initiatives they all help to support the LNOB in the programming. Last year, some of our countries they did the HRBA workshops to make feel like to orientate governments and how it has to be incorporated in SP. So even when we design our HSS application we receive from the countries there are interventions that really work to increase the FP availability and increase access to rural women and very disadvantaged women so I can say those concepts have been translated into practice in country.</p>	<p>KII with UNFPA. October 2024.</p>
<p>UNFPA SP it is all about LNOB that is a core value of the entire partnership. We do try and, we have emphasised on LMA and making sure it gets out there to women who need it. Also, the whole approach we don't only look at government commitments but go beyond that.</p>	<p>KII with UNFPA. October 2024.</p>
<p>We sense a bit of friction on this point) LNOB) and some of the DRM efforts we are making, on the one hand you want to LNOB and women have access to RHC but on the other hand you have systems in place to encourage domestic financing. Recently we put together some contingency measures what happens if countries don't sign compacts or provide funding.</p> <p>for contingencies, we received some push back on this because of LNOB and HRBA as it would harm women by withholding</p> <p>SC decided they wouldn't change anything it is a real challenge how to navigate challenge between desire to provide RHCS for all women and encouraging governments to prioritize this. That was part of goal to have country classification model to set up framework for countries to prioritise countries but the data we had to work with was not specific to family planning, we did but it was piecemeal. Clear metrics of health system strengthen we went with strictly economic indicators to prioritise those with poorest economics and those with higher GINI to address this tension.</p>	<p>KII with Avenir Health. November 2024.</p>
<p>We don't really talk about it enough, as SC. Not a big part of conversation.</p> <p>Focus is on contraceptives, but more from VFM perspective. Rights side and access to abortion side are kind of missing. We "have to push on the abortion issue". For a comprehensive conversation on SRHR, need to also talk about abortion. This speaks to the equity issue Sarah raised.</p>	<p>KII with UK Foreign Commonwealth Development Office (FCDO). October 2024.</p>

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<p>There is a sense that this isn't really "their thing" at SP, not really built into the DNA of the SP – which is crazy. They never talk in the SC about the US election, possible impact of election and UNFPA funding. Avoidance of the topic.</p> <p>Avoidance/acknowledgement of the difficult political dynamics around abortion, but also denial on the side of contraceptives funding being affected potentially – since this is part of the broader geopolitical plan. Confrontation is needed to address this risk.</p> <p>On the other GHIs, they are talking about this a lot in HIV and HSS terms, funding could be under direct threat for all.</p>	
<p>In terms of leaving no one behind, UNFPA is always undefeated. We actually do anything possible to make sure that the most disadvantaged do get started when we try to cascade these principles into the work. We do in the countries one of the things we've been doing to make sure that happens is that all those countries where you have humanitarian challenges are prioritized and the modalities for working in those countries are different from how we're working with others. For example, countries that have humanitarian challenges are not compelled to make a contribution for contraceptive commodity. That doesn't stop us from providing the contraceptives to them. For the analyses, we ask countries to look at inequities in the health system, identify disadvantaged populations of geographical areas and this is a continuous piece of work. We're constantly working with countries to try and understand how economic variables may affect access to services.</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>
Cameroon	
<p>"Yes, it is important to ensure that human rights and gender equality are respected in all activities that are being implemented under UNFPA Supplies Partnership. This is being taken into account during training held by the CO and IPs. The women are being considered during these trainings. Women and girls are always among the beneficiaries of our programs.</p> <p>Challenges putting principles into practice: Here in Cameroon, there are taboo subjects, such as LGBT subjects, on which it is very important to be precautionary when talking about these subjects. For example, during the MISP training, the trainers did not go too far into the subject of LGBT when addressing the modules. "</p>	<p>KII with UNFPA Cameroon Country Office. October 2024.</p>
Democratic Republic of the Congo	
<p>And we fund the DPSs to provide family planning services in the field. Especially for vulnerable or marginalised people. Working with people with physical disabilities and even those who are visually impaired, street children, street</p>	<p>KII with UNFPA. November 2024.</p>

Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles. (Linked to theory of change causal assumption 9)	
girls, and everything. Really, community. We have the DPS for that. We have the Marie Stops NGOs, like ABEF and others, who work in the field with funding from UNFPA Supply to recruit new users of modern family planning methods.	
Honduras	
UNFPA provided technical assistance to the Ministry of Health to update the family planning counselling guide , including gender, inclusion and intercultural approaches	UNFPA Supplies Partnership (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2022 Honduras. (pg2)
Within the framework of the Country Program and humanitarian activities, UNFPA works in Honduras to promote LARCs and train service providers for their application. In addition, the Country Program prioritizes carrying out these activities in geographic areas where people affected by humanitarian emergencies and indigenous and Afro-descendant populations live. In USP's activities, the emphasis has been on including in the National Procurement Plan an increasing component for the acquisition and distribution of LARCs.	UNFPA Supplies Partnership (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2022 Honduras. (pg3)
The programme in Honduras is built upon a prioritization exercise conducted in collaboration with AVENIR, where, among others, a priority action was identified to “Promote advocacy among key stakeholders (rights-holders and duty-bearers) around the human rights-based approach and gender-transformative approaches to FP”	UNFPA Family Planning Acceleration Plan, 2022-2025.
Within the framework of the Country Program and humanitarian activities, UNFPA works in Honduras to promote LARCs and train service providers for their application. In addition, the Country Program prioritizes carrying out these activities in geographic areas where people affected by humanitarian emergencies and indigenous and Afro-descendant populations live. In USP's activities, the emphasis has been on including in the National Procurement Plan an increasing component for the acquisition and distribution of LARCs.	UNFPA Supplies Partnership (2022). Narrative Reporting Template for the UNFPA Supplies

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)	
	Partnership Annual Report 2022 Honduras.
Kenya	
<p>The SP has diversified its engagement to not only supply chain management (SCM) but also other avenues with different implementing partners (Ips). For instance, UNFPA has worked with This Ability Trust on the Mama Siri, a toll-free line that offers referral services for women living with disabilities on GBV and SRH. It is run by women with disabilities, and started in 2020 in 8 counties, adding five more counties last year. The focus is LNOB principles, enhancing access.</p> <p>This approach has resulted in an increase in the coverage of beneficiaries that can access SRH services and commodities. Women living with disabilities can now better access family planning commodities.</p>	KII with This Ability Trust (group interview). November 2024.
<p>A collaborator and new IP of the Supplies Partnership in Kenya is the Kenya Human Rights Commission. The Commission's work focuses on human rights for marginalized populations. Their SRH and SGBV thematic area focuses on human rights in SRH in the health sector. The populations considered marginalized include ethnic minorities, children, persons with disabilities, older people, women, youth, lesbian, gay, bisexual and transgender and others in humanitarian and other settings.</p> <p>They work with UNFPA (previously as a Collaborator, now (Nov 2024) as a new Implementing Partner – with some activities due before year end) in the promotion of the right to health and sexual and reproductive health (SRH), using a human rights-based approach. As an Implementing Partner, their role can grow, especially with the new Social Health Insurance plans coming online.</p>	KII with Kenya Human Rights Commission. November 2024.
Pakistan	
<p>“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.”</p>	KII with Population Welfare Department, Sindh. November 2024.
<p>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</p>	UNFPA (2024). UNFPA Supplies Partnership

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)	
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.	Narrative Template for Health System Strengthening Application.
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.

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% of funds) versus access (15% of funds), this area of investigation strongly emphasizes the supply dimension of the Partnership and the interlinkages between strategic objective 1 and the other strategic objectives. These interlinkages (and particularly with strategic objective 2, also focused on the supply dimension) highlight the broader impact of improving availability on various facets of reproductive and maternal healthcare, ultimately contributing to a more robust healthcare system. Additionally, by focusing on supply chain efficiencies, the Partnership aims to create a sustainable and scalable model that not only addresses current gaps but also anticipates future demand in reproductive and maternal health services.</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

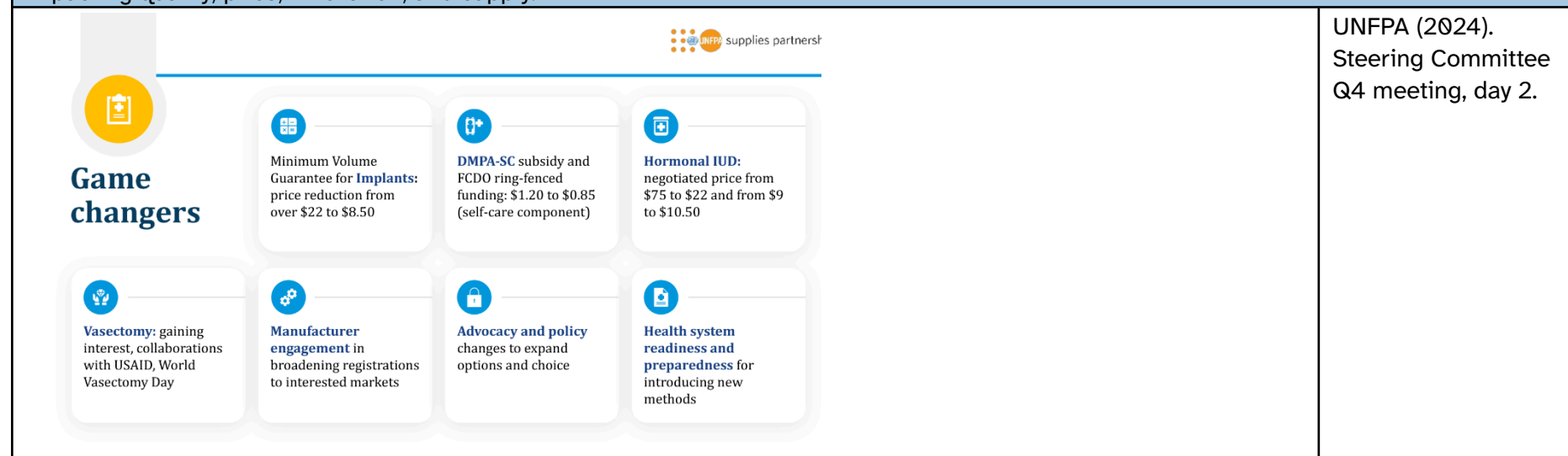
2.1.1 Reproductive health **commodities by type and volume** (including dollar amounts) procured and shipped to partner countries (per their requests/orders) by the Supplies Partnership over time.

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

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>2.1.3 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.</p> <p>2.1.4 Trends over time in prices and choice of products available for a sample of reproductive health/family planning commodities as identified in long and short-term agreements.</p> <p>2.1.5 Functioning mechanisms/processes for quality assurance and quality control for commodities/products procured and shipped with support of the Partnership.</p> <p>2.1.6 Downward trend in instances of sub-standard quality and delays in shipment of products/commodities.</p> <p>2.1.7 Examples of innovation in reproductive health/family planning commodities and products procured.</p> <p>2.1.8 Stakeholders' perception of the Partnership's ability to forecast and procure Reproductive health commodities, and to influence and help shape the market for these products.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
<p>THIS ANNUAL REPORT PRESENTS THE RESULTS OF OUR PARTNERSHIP IN 2023. IT IS ORGANIZED BY OUR FOUR STRATEGIC OBJECTIVES:</p> <p>3.Strengthened supply chains</p> <p>52 COUNTRIES conducted Last Mile Assurance (LMA) activities for end-to-end visibility and accountability. 2023 saw a redesign of the LMA process. The updated process focuses on data quality and sustainable interventions to ensure that, together with country partners, we bridge gaps in supply chains and that quality-assured RH commodities reach the women and girls UNFPA serves on time.</p> <p>52 COUNTRIES used the Global Family Planning Visibility Analytics Network (GFPVAN) UNFPA, in collaboration with the Consensus Planning Group, used the GFPVAN to support evidence-based decision- making on product allocation or intercountry transfers, and order prioritization to avert pending shortages and stock-outs.</p> <p>ALL 54 COUNTRIES developed national supply or procurement plans</p>	<p>UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023.</p>

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<p>52 COUNTRIES procured contraceptives and life-saving maternal health medicines via the programme (two new partner countries used direct procurement)</p> <p>38 COUNTRIES conducted in-country assessments that will inform HSS application interventions for 2024 work plans to address gaps, up from 26 in 2023</p> <p>18 COUNTRIES provided electronic logistics management information systems (eLMIS) training to nearly 2,500 health workers</p> <p>20 COUNTRIES delivered training on RH quantification and forecasting in three regional capacity-building workshops</p>	
<p>At the global level, UNFPA strengthened its strategic partnerships with USAID and the GFF to support stronger alignment on domestic resource mobilization (DRM) for family planning (FP). Through this collaboration, the GFF's new Essential Health Services (EHS) grants were identified as an important new financing source for FP commodities that governments could use towards their Match Fund contributions.</p>	<p>UNFPA (n.d). UNFPA Supplies Match Fund Baseline Assessment.</p>
<p>The cost of ending preventable maternal deaths by 2030 in 120 priority countries requires investments totalling \$103.6 billion. An overall investment of \$68.5 billion would end the unmet need for family planning in 120 priority countries. Ending female genital mutilation by 2030 in 31 priority countries requires investments totalling of \$2.1 billion. Ending child marriage by 2030 in 68 priority countries requires investments totalling \$24.1 billion. \$42 billion would end gender-based violence in 132 priority countries. Of this sum, \$32.5 billion is needed in new investments</p>	<p>UNFPA (2020). Costing the Three Transformative Results.</p>
<p>Major commitments extending to 2028 and 2030 were initiated with Canada, Netherlands, Norway, United Kingdom, the Bill & Melinda Gates Foundation and CIFF. The Partnership is an attractive financial instrument and is currently negotiating additional multi-year agreements to secure funding for the approved 2024 and 2025 spending plans. The programme welcomes the anticipated increase in available resources and the diversification of the funding base. To date, the programme has mobilized over \$1.6 billion since its launch in 2007.</p>	<p>UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023.</p>
<p>Work on improving the lead times through a task force</p> <p>Produce a prepositioning strategy and costed implementation plan through a task force</p> <p>Conduct more field-based deep dive missions in high-risk countries</p> <p>Launch transportation module (ERP) to enhance the end-to-end visibility</p>	<p>UNFPA (2024). Steering Committee Q4 meeting, day 2.</p>

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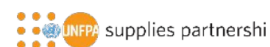


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UNFPA procurement overview

Period: Jan to Sep 2024



Product Category	Overall UNFPA programme Procurement	UNFPA Supplies	UNFPA Supplies Contributions
Implantable Contraceptives	50,989,510	44,412,273	87%
Hormonal/Non-Hormonal IUDs	868,734	794,703	91%
Injectable Contraceptives	32,773,372	27,527,956	84%
Combined Low Dose OC/Progestogen only Pills	9,454,499	7,045,435	75%
Male Condoms	7,321,965	5,065,223	69%
Female Condoms	478,562	379,123	79%
Other contraceptives	883,508	560,893	63%
Maternal Health	6,625,926	6,268,524	95%
ERH Kits/Other Kits	34,635,983	1,174,613	3%
Other (medical devices /pharmaceuticals)	6,087,657	1,219,725	20%
TOTAL	150,119,717	94,448,469	63%

UNFPA (2024).
Steering Committee
Q4 meeting, day 2.

Cameroon

The process leading to orders or deliveries of inputs in FP is not very clear. However, it is not always clear how UNFPA places orders? Is this following the overall demand of the country?
UNFPA did a lot more social marketing via CHWs upon the arrival of SAYANA Press® in Cameroon so that today, this input competes with the traditional Depo provera®. If other contraceptive methods overall were included, it would be

KII with GIZ. October 2024.

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a great help. Long-acting contraceptives should also benefit from similar awareness campaigns so that patients are covered over a longer period.	
<p>The availability and quality (completed, promptitude, coherence and integrity) of data for quantification.</p> <p>The high turnover of staff (from 6 to 9 months).</p> <p>The lack of supervision. There is also no clarity on who is responsible for the inputs of the priority programs. When a stock expires or has an outage, who is supposed to be held accountable?</p> <p>They have also observed that there is a kind of laxity here as compared to the management of essential drugs that are purchased by the health facilities.</p> <p>Certain inputs are not systematically found in the health facility's pharmacy, either they are not even counted as input, or they are directly delivered to the end service without being counted, or the monitoring is not exhaustive after reception.</p>	KII with ISAHC project - USAID. October 2024.
UNFPA supply helps the country by financing quantification exercises, it also finances workshops or training with different donors who are involved in the supply chain and can help in FP matters. Since consumption data on the ground is unreliable to be used during the quantification exercise, the team use logistics data, data of distribution to the regions and demographics to estimate the country's needs.	KII with UNFPA Cameroon Country Office. October 2024.
Democratic Republic of the Congo	
They have sometimes run out of stock. But when products are available, they don't hesitate to make them available. And we at DKT, as an NGO, do social marketing, in other words we create demand. When we communicate about reproductive health, we communicate. That's also our strength, talking about contraception and creating needs. So sometimes we need more products, but unfortunately, given certain constraints like that, we still manage to get what we need. So it has to be said that when it comes to availability, even though products may arrive late, even though there may be a few shortages, they do arrive in the end.	KII with DKT. November 2024.
<p>In your opinion, when the quantification is done, does UNFPA with the partners who are voluntarily involved in this process manage to meet all the needs that are identified?</p> <p>I can say yes. Not UNFPA alone. With all the other partners, we're managing to meet needs to some extent. There is still a lot of unmet need for family planning.</p>	KII with DKT. November 2024.

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But a good proportion of women's needs are also met by the support or whatever is put in place by its partners, UNFPA, DKT, USAID and others. We manage to cover people's needs fairly well.	
Honduras	
La coordinación con la SESAL es compleja por los diferentes niveles establecidos. Por ejemplo, todo lo relacionado con el personal de los policlínicos se coordina con el nivel central de la SESAL; la requisición de productos de salud se hace a cada Región Departamental. Nosotros hacemos una planificación y enviamos a las regiones para que nos incluyan en su POA, como si fuésemos un centro de salud más. En sus farmacias utilizan el SALMI y es un sistema que funciona. Es de fácil uso. En SESAL tienen la idea es que el SALMI no funciona, pero les hemos demostrado que sí.	KII with Ciudad Mujer. November 2024.
SALMI: Funciona muy bien, se centraliza toda la información de los establecimientos. Aunque solo 4 establecimientos de los 64 lo utilizan, los dos grandes, El SALMI nos informa sobre lo que hay en almacén a nivel regional y los movimientos. A nivel local los establecimientos nos pasan la información en físico, papel, y nosotros distribuimos según eso y según las metas. Esta situación es una limitante porque muchos establecimientos no reportan la información programática, ni la logística. Una de las causas es que el personal no está capacitado en completar los formularios: los médicos no completan los formularios, el personal de enfermería en servicio social completa los formularios y al terminar su servicio social no hay quien continúe haciéndolo.	KII with Región Metropolitana de Tegucigalpa SESAL - Nivel Regional. November 2024.
El SALMI ha sido introducido en 2022, y se ha recibido capacitación a través de la SESAL y UNFPA. Hay un técnico que nos brinda apoyo en caso de problemas. Cada 15 días se envían informes sobre el sistema, aunque solo está disponible en cuatro centros de salud local debido a la falta de equipos e internet. La SESAL quiere que estemos todos en línea, pero a día de hoy no es posible. Reciben el acompañamiento de la Unidad de Gestión de la Información (UGI) del nivel central y del Área de Gestión de la Información (AGI) del nivel regional.	KII with Región Metropolitana de Tegucigalpa SESAL - Nivel Regional. November 2024.
Kenya	
UNFPA has been supporting outreach services of implementing partner the Kenya Red Cross Society. UNFPA has given part of the allowance for reaching remote areas as most of the facilities are not close by. This support from UNFPA included community engagement and messaging as well as procurement of informational materials and customized messaging.	KII with Red Cross Society. November 2024.

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<p>Since 2021, Red Cross feels that there is better programmatic and implementation coordination with UNFPA and the Partnership. There are always discussions and ways to further improve the implementation. Red Cross works under the Humanitarian line on UNFPA budget and workplan. Red Cross has monthly and quarterly meetings with UNFPA (Humanitarian officer of long standing) and discuss reproductive health/family planning commodities with Charity at Country Office.</p>	
<p>All partners support Government to do the national forecasting for family planning (biannually), with UNFPA, CHAI, and others working together to ensure the pipeline of products will meet requirements. Together they develop the National Supply Plan. Now the Partnership all work together with the Supply Plan and using the VAN system (data on global supplies), so they are all on the same page.</p> <p>The KEMSA LMIS was built onto another system. The KHIS was reporting on consumption and patients. The LMIS was a supplies/issuing system. These needed to integrate/connect, to determine how much supply should go to each health facility. There were workshops with UNFPA, KEMSA, CHAI and others to work on enabling visibility/connection to the KHIS system from the iLMIS system, to be able to pull data from the KMIS to help inform the LMIS. A rationalizing of the ordering process has been done, so that health facilities are no longer ordering randomly as they wish. They now do quarterly ordering, based on their needs and consumption.</p>	<p>KII with CHAI. October 2024.</p>
<p>Availability and access: they have had success with some methods (some have more stock-outs than others). It is rare to stock on IUDs (uptake is low – potentially a skills issue, or requirement for more information/education), but implants do stock out. There is a huge increase in demand for implants – thanks to targeted programmes by partners, CSOs, UNFPA, development partners on long-term methods.</p> <p>There is good coordination among partners when there is a new product introduction (e.g. DMPA self-injection – with pharmacy training) but need to broaden these coordination activities to include pills, and all family planning methods. It would be better to have coordinated trainings covering all methods, rather than having such targeted events only. “Lessons are being learned” within the Supplies Partnership, but there needs to be a framing of things more comprehensively, across methods, to really increase choice. This should be framed as accelerating access.</p>	<p>KII with BMGF. November 2024.</p>
<p>Forecasting and procurement of SRH commodities:</p> <p>With support provided through the Supplies Partnership, KEMSA was able to revise the Logistics Management Information System (LMIS) tools and order forms transitioning into the integrated Logistics Management System</p>	<p>UNFPA Rep and key staff meeting. October 2024.</p>

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<p>(iLMIS) which includes modules that help with forecasting. The new iLMIS includes a Commodity Early Warning and Alert System (CEWAS), ePOD-Electronic proof of delivery and Allocation System.</p> <p>The procurement is entirely handled by UNFPA, while KEMSA handles the distribution and warehousing. UNFPA bargaining power helps with the procurement of SRH commodities at a competitive price.</p>	
<p>The new iLMIS is a game changer, in that it has helped organizations such as RHNK to track the status of FP commodities at KEMSA. More specifically, information on short expiring products available on the iLMIS helped RHNK to make informed decisions on the IUD redistributions. This also supports their public-private redistribution efforts. RHNK is part of the national order management team. Therefore, they have access to information on the short expiry that helps them plan redistribution effectively. The synergy between the HMIS and the iLMIS is a great innovation. Family planning availability and choice have gone up since 2021 and is not as “up and down” as it was before. Supply is also up overall.</p> <p>Their family planning products: The registration process in Kenya takes time. Products come from IPPF suppliers and through UNFPA. They are also getting some DMPAC through the Government. There is a supply monopoly for DMPAC. UNFPA has played a big role, and RHNK benefits from it. The supply is still not consistent.</p> <p>UNFPA is also supporting them on hormonal IUD training, ToT and capacity building of county Government pharmacists in the private sector. If their private providers need products, they order them through Government (KEMSA).</p>	<p>KII with RHNK. November 2024.</p>
<p>Pakistan</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>
<p>“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</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>

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the federating areas, but rest of the procurement is being done by the provincial governments , so they are allocating their own resources.”	
“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.
“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.
Yemen	
2023 UNFPA Supplies Partnership work plan Total Commodities value: UNFPA supplied MOH with life-saving maternal medicines and family planning quantities for 2023, with a total cost of 2,343,492 USD and 2,023,217 USD in the pipeline. Total budget for TA (Transformative Actions):	UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.

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<ul style="list-style-type: none"> • \$650,000 For total budget for TA. • \$3,100,000 for reproductive commodities. 	
<p>“Most of commodities (more than 90%) for family planning come from the support of UNFPA. MSI and other local NGOs provide few quantities of family planning commodities, but not as much as UNFPA. The other NGOs mostly provide services for mothers related to reproductive health; if they bring supplies, it is not the quantity needed for family planning in Yemen. UNFPA plays an important role in terms of importing the supplies for family planning to the Ministry of Public Health. They are also supporting the MOH with distribution of supplies and reporting of the cases who receive family planning.”</p>	KII with JSI. November 2024.
<p>Local procurement and market shaping. “Our policy is stating that all contraceptives should come from headquarters. We don't negotiate that. It's just a question of credibility and image of the organisation. All contraceptives are sourced from outside by headquarters. For the other items related to reproductive health interventions, depending on if they match the criteria that we have in our policy, we can source them locally. This is the first time we would like to source it locally. Before we were giving funds to our IPs, and they were sourcing them from the local market somehow without meeting the policies. Now we are reshaping everything to ensure they meet the policy. In terms of contraceptives, the demand is very high from the field, both in the North and the South. But given the fact that the acceptance of contraceptives in the North was banned for almost two years, there was some smuggling. The suppliers were providing this from their private context, and people kept getting contraceptives from the private market without any insurance regarding safety of the product, and we were not able to track user data to understand how many women have been reached with those interventions. Many partners like JSI have joined the partnership and they are ready to join to support as well, in terms of coordination.”</p>	KII with UNFPA Yemen Country Office. November 2024.
<p>At the Reproductive Health Commodity Security Committee Meeting held in February 2024 the annual supply plan was reviewed as well as the UNFPA's commitments to support this plan, explaining that the UNFPA will support the purchase of family planning methods by 100%, as well as the purchase of some emergency obstetric medicines.</p> <ul style="list-style-type: none"> • During the meeting, the attendees agreed that the role of the partners should be complementary to the plans and needs of the Ministry. 	UNFPA (2024). Reproductive Health Commodity Security Committee Meeting Minutes. <i>(translated from Arabic)</i>

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<ul style="list-style-type: none"> That coordination should be carried out with the Population Sector regarding interventions and the purchase of medicines in order to ensure the optimal use of resources. During the meeting, Dr. Tharwat Ishaq, Director of Supply in the Population Sector, presented the distribution plans for medicines and family planning methods provided by the United Nations Population Fund during the period from 2023 to January 2024. <p>Recommendations:</p> <ol style="list-style-type: none"> Setting a date for another meeting in which the remaining absent partners will be present. The annual supply plan approved by the Ministry should be the reference for support for all partners. Coordination and holding a meeting with care programs to provide folic acid and iron to the mother and coordination to find a mechanism for storing oxytocin. 	
<p>“No supplies related to family planning come directly from UNFPA to NGOs or local associations, they go through the Ministry of Public Health. For example, if JSI is working in the field with community midwives who need to provide these services, they never go to UNFPA to ask them to support with supplies but instead coordinate with the District Health Office and the governorate health office.”</p>	<p>KII with JSI. November 2024.</p>
<p>UNFPA is the sole provider of essential reproductive health medicines and leads reproductive health service provision in Yemen. The reproductive health supply chain being supported by UNFPA serves as lifeline for millions of women and girls in Yemen.</p>	<p>UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.</p>
<p>“UNFPA supports technically and financially the commodity security committee, which is led by the population sector at the Ministry of Public Health. All NGOs who provide supplies for family planning and reproductive health are members of this committee. There are annual meetings in December where the annual use of supplies and plan for next year’s needs is discussed. They depend on the guides on the Ministry of Public Health on essential drug list. UNFPA, WHO, UNICEF participate in these meetings, in addition to other NGOs who are supporting the importing of supplies and procure some supplies locally. WHO and UNICEF participate in these meetings and give information about the needs regarding primary health care and secondary health care. All the supplies related to reproductive health, family planning, and newborn health are under the lead of UNFPA, while child health, NCDs,</p>	<p>KII with JSI. November 2024.</p>

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<p>communicable diseases are under WHO. In the meetings we prepare the plan for the next year and decide who can bring what. Each NGO informs UNFPA of the quantity of the supplies they can support in the next year. UNFPA coordinates with partners regarding the quantity and the type of family planning that other NGOs can support. In addition to the annual meeting, there is a quarterly meeting where we discuss where we are regarding the supplies and provide some technical support if there are weaknesses/gaps from any partners or requests from the Ministry of Public Health. UNFPA coordinates with other NGOs to identify the gaps. The quarterly meetings of the commodity security committee are supported by UNFPA. The annual meetings are supported by all UN agencies and other NGOs who support supplies. There are some contributions from the ministry for family planning supplies (few percentage)."</p>	
<p>"The issue is that we can still face some delay, related to the supplies coming through the Red Sea. The big portion of the population resides in the North. We have a double custom. All items are arriving in Aden and from there it takes time, they might be cleared, before it comes to the North. We face some barriers, and it takes a lot of time in terms of clearance. We wish to have more support from headquarters on this matter. [...] There is support that we need, but we are suffering from the delay times. You can imagine that from when we send our request in February until now, only maybe 10 or 20% have been received. This puts us in a quite bad situation, especially because of the Ministry of Health and the South. The Compact is signed, and they have been providing their share of commitments (1-2%). But the commodities are not arriving, so we cannot provide the amount agreed upon in the Compact. This put us into a not so good situation with them. [...] The other point, which necessitates some improvement, is about the time delay. We keep receiving the items that are coming from headquarters way too late. We find stockouts in the field that may have some implication in terms of life saving for all those who are waiting on us."</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>
<p>Zambia</p>	
<p>In 2021, UNFPA continued to support the Government of Zambia towards ending unmet need for family planning, through the procurement of more than 60% of the country's reproductive health medicines, amounting to an average of US\$10,000,000 annually, through the UNFPA Supplies Partnership and bilateral donors.</p> <ul style="list-style-type: none"> • 2,840,349 couple Years of Protection (i.e. 1 year of protection against unintended pregnancy) were generated through UNFPA's procurement of 60% of family planning commodity needs for the public sector. • 80,000 additional users of modern contraceptives were reached, bringing the total number of women using a modern method of contraception in Zambia to 1,680,000 as at the end of 2021. 	<p>UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.</p>

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630,000 unintended pregnancies and 158,000 unsafe abortions were averted, due to use of modern methods of contraception	
<p>In 2022, UNFPA continued to partner with the Government of the Republic of Zambia towards ending unmet need for family planning, through the procurement of 68% of the country's reproductive health commodities, funded through the UNFPA Supplies Partnership and bilateral donors.</p>	UNFPA (2022). Zambia Annual Report 2022: Delivering on the transformative results.
<p>"In 2023, the amount remitted by the government for reproductive health was 2.7 million USD. In 2024 what was committed and paid to UNFPA was 4.2 million USD. A range of commodities was there: Implanon NXT, long-term family planning commodities IUDs, combined oral contraceptives, as well as injectables. A bigger pool of players that is bringing in different methods is also increasing the choice for people."</p>	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
<p>"From an institutional standpoint, we are an agency of the Ministry of Health: we implement the mandate of procurement, storage and distribution. The medicines and supplies fund are sent to ZAMMSA, then the MoH makes commitments. We have been using a separate services procurement agreement with UNFPA to undertake procurement on our behalf on certain commodities, in line with government commitment to increase support to bring in reproductive health and family planning commodities. There are certain strengths of UNFPA that we can leverage i.e. their supply agreements with manufacturers so we can get more competitive prices. It is better in terms of utilization of funds and cost-effectiveness to enter into an MoU where they are the procuring agent for us. We give them an advance. It is the government procuring but we are using UNFPA as a platform and their procurement processes to bring in the commodities."</p>	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
<p>"The Partnership has been beneficial <i>[to the market for reproductive health commodities in Zambia]</i>. The funding that was coming from UNFPA was reduced prior to the Partnership and their commitments would have been less. The other major funder outside of UNFPA is the US government. Depending on which government is in power and their priorities, the funding for reproductive health commodities tends to be affected."</p>	KII with Zambia Medicines and Medical Supplies Agency. 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.</p>	
<p>“The Partnership is in 54 countries with pooled resources; any manufacturer finds this appetizing (if they mass procure, they have a client). From the country perspective, they are dealing with a trusted agent [UNFPA] and UNFPA would not allow to procure outside of WHO-prequalified commodities and major funders. This increased and improved the credibility and provided global suppliers an assured market (the commodities procured will be taken on board).”</p>	<p>KII with UNFPA Zambia Country Office. October 2024.</p>
<p>UNFPA Zambia Country Office has been providing both financial and technical support to the Ministry of Health to reduce the unmet need for family planning and to end preventable maternal deaths. Key to this support is the procurement of family planning and reproductive health commodities and capacity building in supply chain management. For procurements to fulfil specific needs of the family planning and reproductive health programme, there is need for evidence-based forecasting and supply planning. To this end the Ministry convened a meeting in Kitwe to conduct annual forecasting and supply planning for reproductive health and essential medicines and medical supplies for the period 2025 -2027. The meeting was split into two; a pre-quantification meeting to be held from 6 – 10 May 2024, and the main quantification to be held from 13-17 May 2024. The objective of the pre-quantification meeting was to: 1) to review, clean and validate data to be used for the National Annual Quantification; 2) to build assumptions for the annual consumption. The Ministry invited various experts from a variety of organisations that play a role in the management and use of medicines and medical supplies, and these included: clinicians, nurses, pharmacists, procurement experts, public health experts, supply chain managers. The following data sets was collected in advance of the meeting; a) Issues data from ZAMMSA; b) Consumption data from eLMIS; c) Service and morbidity data from HMIS; d) Demographic from ZAMSTATS</p>	<p>UNFPA (2024). Mission Report: Forecasting and quantification meeting held in Kitew at Garden Court Hotel.</p>
<p>“UNFPA has been a major support to us in conducting family planning quantification. UNFPA supports the logistics of the meetings and brings in the players. They are very active within the supply chain technical working group, the family planning TWG and the sub-committee on supply chain. The family planning TWG has meetings on a monthly basis to look at stocks, how they are moving, challenges. UNFPA is with us in the sub-committee and also supporting the reviews and accurate forecasting. UNFPA is a key member and key participant in the supply chain sub-committee under family planning technical working group; they have supported the logistics of quantification meetings for a number of years. We have relied on UNFPA support to do the forecasting and quantification for family planning commodities.”</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>“With UNFPA, we've been working to closely coordinate reproductive health supplies. We have an annual budget, which we invest in critical reproductive health commodities, and that's why we tend to leverage resources with UNFPA. We support forecasting and quantification of commodities with all the key stakeholders, and then from there, we come up with commitments. We'll then sit down and discuss exactly how much funds are available after establishing the overall national need. UNFPA would come in with their contribution. Then we look at what we can come up with. When we do our supply plans, we know that UNFPA will bring in commodities with this much, USAID this much, the Ministry of Health will also buy this much. If there are any other partners that are donating commodities, they will equally come on board. These are the commodities they will bring, and that's how we work as a team when it comes to that.”</p>	<p>KII with USAID. November 2024.</p>
<p>“The way we've done it here in Zambia, is that we've been working as a team. It's not like UNFPA first quantifies on their own. We've been coming together, and then we've been monitoring the supply plans together, then we agree UNFPA brings one contraceptive and USAID another. In a situation where UNFPA supplies are not able to come in good time, we've always sat down to see whose shipments can come in, because there will be a delay expected on this other shipment. We see where we can move supplies here and there, based on who's willing to shift, or where it's easier for us to move shipments. We sit down and try and reorganize the quantities. We also conduct some periodic reviews to see if we've received so much of this particular product and if the utilization is low, we need to make adjustments and see if some shipments can be held off. That's the level of coordination. So far, we've not had major issues of delays resulting in major stock outs, we've had relatively good availability of the key reproductive health products. But obviously there's been some challenges here and there, especially when it comes to the government of Zambia or the Ministry of Health procurements; at times, they would make commitments, and then the shipments are either delayed or, because of lack of funding, they are not procured. That puts a bit of pressure on the other stakeholders to make adjustments. We've had those types of incidences, but we are now seeing some improvements from the Ministry of Health. UNFPA has been involved in the procurements, they have at least stuck to their plans, and where there was a possibility of delays, they've brought that up to us to say we expect some delays in the shipments because of a funding issue, or if it's a situation where they're expecting the government to match up the funds for them to initiate the procurements. There have been all these discussions to make sure that there's no interruption in commodities with the planned shipments.”</p>	<p>Key informant interview with USAID. November 2024.</p>

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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
Global and regional	
<p>We've also done a kind of tracker checklist to help countries to see visual system readiness or preparedness for introducing new products and of course we've looked at how to increase coverage and skills to understand the bottlenecks. In Madagascar we did the self-injection roll-out which allows community expert to support women in community to actually do the self-injection. We've done a lot of things around understanding male contraception in terms of attitudes, behaviours and willingness to use; we've done a lot around supporting countries to understand the bottlenecks for importing products; for example mapping what is required to make sure that the commodity that they need gets in the country on time.</p> <p>2024 we're talking about 10 countries that have worked with partners to improve quantification and forecasting; 5 countries that have actually undertaken the quantification exercise and developed their supply plan and then in Ghana there was the support given to the second national supply chain conference in collaboration with USAID and global fund. So we do this kind of report every quarter and you'll find out throughout the course throughout the year and there's a lot of support to supply chain and as well as community security so there are issues around how do we make sure that people handle countries in humanitarian context; have the capacity to conduct the MIS training and</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>

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<p>that they have the enabling environment in terms of policies that would enable them to have a family planning program function adequately in terms of its supplies. But also, for the supply chain management unit they also conduct the last mile assurance and the country audits, and they determine this based on countries that have received I think more than \$150,000 worth of contraceptives in the particular year. So, they go back and trace the product from the warehouse to the health facility by just using a sample of the health facilities.</p>	
<p>New and lesser-used commodities gained ground in 2022. Access to commodities that are new to public health procurement expands the choice and range of supplies available. Introduction and scaleup of self-care interventions continued to expand access and choice.</p>	<p>UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA Supplies Partnership Annual Report 2022.</p>
<p>Essential supplies: Slow but steady progress in increasing availability of a choice of contraceptives through supply chain strengthening efforts to overcome in country challenges especially at the “last mile”.</p> <ul style="list-style-type: none"> • In 2022, 80% of countries have 3 modern contraceptive methods available at 85% or more at primary level points of care - an increase of 1.2 percentage points from 2021. • 60% have 5 modern contraceptive methods available at 85% or more secondary- and tertiary-level points of care – an increase of 8 percentage points compared with 52% in 2021 (18 of 30 countries). • In 2022, 45% have life-saving maternal health medicines (magnesium sulfate, misoprostol or oxytocin) available at 85% or more points of care - up from 35% in 2021 (13 out of 29 countries). 	<p>UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA Supplies Partnership Annual Report 2022.</p>
<p>UNFPA Supplies Strategy & Planning Committee meeting presentation:</p> <p>Number of countries where new and lesser-used commodities are procured for use in the public sector in line with government-led introduction plans and women’s reproductive rights: 24 countries in Q4 (target was 11 countries in Q4 2023)</p>	<p>UNFPA (2024). UNFPA Supplies Strategy & Planning Committee Q1 2024 meeting.</p>
<p>UNFPA Supplies Strategy & Planning Committee meeting presentation:</p> <p>Examples of achievements:</p> <p>Commodity security</p>	<p>UNFPA (2024). UNFPA Supplies Strategy & Planning Committee</p>

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<ul style="list-style-type: none"> • In 17 countries, Health Workers trained on Human Rights Based Approach (HRBA) to FP • MISIP training carried out in 5 countries to strengthen the provision of FP services in humanitarian contexts • South Sudan Family Planning policy developed and finalized • Somalia supporting the delivery of FP services through private hospital through an MOU with Mo 	Q1 2024 meeting.
<p>THIS ANNUAL REPORT PRESENTS THE RESULTS OF OUR PARTNERSHIP IN 2023. IT IS ORGANIZED BY OUR FOUR STRATEGIC OBJECTIVES:</p> <p>2.Availability and choice</p> <p>Access to a choice of quality-assured contraceptive methods is essential to sexual and reproductive health and rights, including bodily autonomy and the ability to plan, space and prevent pregnancy.</p> <p>In 2023, the UNFPA Supplies Partnership expanded availability and choice not only through cost- effective procurement of quality-assured products, but also a range of interventions:</p> <p>DEVELOPING a guideline and UN joint statement on self-care interventions for SRHR and sharing with UNFPA Country Offices to advocate for self-care policies.</p> <p>UPDATING and rolling out the Training Resource Package for Family Planning with WHO and USAID and orienting over 45 countries in regional workshops.</p> <p>IMPLEMENTING research on barriers to self-injection of DMPA-SC, an injectable contraceptive with the potential to enhance access, continuation and women’s autonomy.</p> <p>47 COUNTRIES procured the subcutaneous injectable DMPA-SC through UNFPA. Self-administration is being rolled out in 30 countries.</p> <p>24 COUNTRIES procured new and lesser-used reproductive health commodities through UNFPA.</p> <p>47 COUNTRIES included adolescents and youth access to contraception services and information in their Health Systems Strengthening (HSS) interventions and have been reporting quarterly on progress.</p>	UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023.

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<p>4 COUNTRIES implemented and monitored male vasectomy programmes: Burundi, Nepal, Papua New Guinea and Rwanda.</p> <p>37 COUNTRIES have introduced a new reproductive health commodity and integrated it into Health Management or Logistics Management Information Systems helping ensure efficient tracking, management, and distribution of the new product.</p>		
 <p>The infographic 'Current highlights' features a blue header with a hand icon. It contains two main sections: a light blue box on the left with two calendar icons detailing procurement approvals and reviews, and a yellow box on the right with a dollar sign icon detailing the commodity gap. At the bottom is an illustration of a diverse group of people.</p> <p>Current highlights</p> <p>3rd tranche approval in October 2024 Commodity approvals were granted for validated RH commodity needs, initiating procurement worth up to \$40 million for more than 35 countries.</p> <p>Procurement plan review for 2025 In Q4 2024, SCMU and stakeholders will conduct a 2025 procurement plan review and validation to inform the 1st tranche of commodity approval 2025.</p> <p>The commodity gap is expected to expand from 2024 to 2025. CPG estimates a gap in 29 countries, including some but not all of the 54 UNFPA Supplies Partnership countries.</p> <p>\$178 million FP procurement gap (50% of needed budget) across 29 countries, including DRC, as of Q3 2024 through March 2025</p>		Steering Committee management meeting Q4, 2024. Presentation, day 2.
Cameroon		
<p>In his view, the training of CENAME agents has improved the management and distribution of inputs.</p>		KII with CENAME. October 2024.

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<p>In 2024, UNFPA supported CENAME in the workshops to develop the texts for the change of status and the organizational chart of CENAME from a Public Establishment of a Technical Character to a Public Establishment of a Special Nature.</p> <p>From the quantification and in the Mix-market strategy, the needs of the private sector will be taken into account, products are returned to them at affordable prices, we also receive positive feedback from its peripheral actors.</p>	
<p>A system called "Oxytocin Cluster" has been set up and which goes as far as the inclusion of oxytocin in the EPI cold chain. There are also training courses such as the training of CENAME support staff in management and logistics. Training in quantification techniques for more sustained profiles and training and monitoring of emergency obstetric kit management, are all supported by UNFPA.</p>	<p>KII with CENAME. October 2024.</p>
<p>Availability of products has improved because agreements have been made with CENAME and with the RFHP, large orders have been made with frequent deliveries. Civil society organizations that had large campaigns in hard-to-reach areas were also provided by the DSF. So the availability of inputs has necessarily improved.</p>	<p>KII with Global Financing Facility Cameroon. October 2024.</p>
<p>MoH, through the Directorate of Family Health organized a training with the private sector, particularly pharmacists, on RH/FP service offering in the private sector, especially the integration of Sayana press. A pool of 34 pharmacists from the private sector were trained. It was a huge step in facilitating the collaboration between the private sector and the Directorate of Health Family/MoH, to ensure that health care providers have the technical and behavioural skills required for effective care.</p>	<p>UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg2)</p>
Democratic Republic of the Congo	
<p>Support for capacity-building of providers to create demand for and supply of family planning services to increase contraceptive prevalence in the provinces of Maniema, Kasai, Tshopo and Sankuru in medical facilities.</p>	<p>DRC (2023). UNFPA Supplies Partnership Annual Report 2023. (pg2)</p>
<p>In terms of strategic and special partnerships, UNFPA Supplies has supported the provision of contraceptive products and other maternal health medicines to implementing partners. A large proportion of UNFPA resources have been allocated to partners</p>	<p>DRC (2023). UNFPA Supplies Partnership</p>

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	Annual Report 2023. (pg5)
UNFPA is a major supplier of contraceptive products in the DRC. In terms of coverage, of all the donors I've mentioned, I think UNFPA is one of the partners that covers a large part. But perhaps coverage isn't enough because there are still unmet needs.	KII with ABEF ND. November 2024.
But if it wasn't for UNFPA Supply, the country would be having a lot of trouble getting enough condoms. It's true that the Global Fund buys condoms and all that, but as soon as you talk about condoms, people look to UNFPA. We supply a large proportion of the country's condoms, in other words the public sector. I'd say we're number one. I was saying that when it comes to condoms, UNFPA is number one in public sector supply. And many other NGOs take products here. When it comes to contraceptives, we work with USAID, which buys contraceptive products. But USAID doesn't give to the Government like that.	KII with UNFPA. November 2024.
We need to buy enough products. We're not there yet. That's why we have to go to certain provinces to send supplies. But if you put too much emphasis on the provinces that are at 1% and abandon the provinces that are at 12-15%, they will also fall. There you have it. So that's a bit of a dilemma, but it's not really enough. We're doing a lot, but it's not enough.	KII with UNFPA. November 2024.
Honduras	
En 2022 se realizó una capacitación de VPH e IVAA , pero luego no hubo los insumos necesarios para poder realizar los procedimientos, ni tampoco para la administración de los implantes. Faltaban cosas como el ácido acético y algodón, el único establecimiento que lo puede hacer es Ciudad Mujer. Teníamos el insumo principal, pero no los secundarios necesarios para implementarlo. Esto ha llevado a una baja cobertura de IVAA y VPH. Se solicita apoyo al nivel central, pero ellos no lo compran.	KII with Región Metropolitana de Tegucigalpa SESAL - Nivel Regional. November 2024.
Se ha ampliado la cartera de métodos pero estos no siempre están disponibles por: <ul style="list-style-type: none"> • El personal no está capacitado en su aplicación. • No están disponibles los insumos para su aplicación. Se han incrementado el tipo de métodos, como la esterilización, pero en la práctica es difícil implementarlos por falta de medios. • La infraestructura no es óptima para su aplicación (Por ejemplo, en la sala de AQV la autoclave no funciona, hay filtraciones de agua, los instrumentos son antiguos). 	KII with Región Metropolitana de Tegucigalpa SESAL - Nivel Regional. November 2024.
Se ha logrado mucho. La disponibilidad de los materiales para implementarlos puede ser un limitante. Una forma de incrementar la demanda es humanizando los servicios; que el personal de salud sea más empático. Se está	KII with Centro Integral de Salud

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logrando incrementar el número de métodos que forman parte de la mezcla de métodos, pero muchas veces la mujer no puede seleccionar un método porque, aunque el método esté disponible faltan los insumos para su inserción (espéculos, yodo, algodón).	(CIS) Alonso Suazo - SESAL - Nivel local. November 2024.
Apoyo de la UNFPA: El UNFPA también ha realizado actividades importantes, como la entrega de equipo y materiales para la atención a PF . En 2023, se entregaron camillas, lámparas, mesitas de mayo, equipos de inserción de dispositivo intrauterino (DIU) y otros materiales esenciales.	KII with Centro Integral de Salud (CIS) Alonso Suazo - SESAL - Nivel local. November 2024.
Actividades realizadas con la asistencia técnica del UNFPA: Se ha donado también materiales como brazos para prácticas, pero se necesitan pelvis . Se tiene una deficiencia de equipo de DIU, para la implantación. A nivel regional se han actualizado algún equipo, pero no son suficientes. Lo ideal sería que cada red de salud dentro de la Región tuviera equipos completos para este tipo de capacitaciones. Con la donación recibida sólo tienen un equipo por Región y no es suficiente.	KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.
También tenemos problemas con el equipo y los materiales necesarios para proporcionar estos servicios . Por ejemplo, en algunos casos no tenemos acceso a espéculos u otros materiales, lo que nos obliga a comprarlos nosotros mismos. Al contrario que para los insumos, no hay una programación fija para la disponibilidad de estos materiales, lo que puede causar problemas en la prestación de servicios.	KII with Centro Integral de Salud (CIS) - Japón - SESAL - Nivel local. November 2024.
En cuanto a los implantes, hemos identificado un problema de abastecimiento de insumos esenciales para su implementación . Estos incluyen guantes, lidocaína, camillas ginecológicas, lámparas de gaze para aplicar el DIU y otros materiales necesarios. Es importante destacar que la institución se encarga de comprar estos insumos, lo que puede ser un desafío financiero.	KIII with CIS Monterrey - SESAL - Nivel Local. November 2024.
Kenya	
CHAI “coordinates a lot with UNFPA” and there is now less duplication across donors/partners. The Supplies Partnership has worked well, better unified the donors/partners. The PS for Health was convinced (by UNFPA and partners’ advocacy work) and is now a champion of FP. The Director General (DG) is also a champion, even in Parliament. (However, there are serious financial constraints, and political/ religious/conservative constraints – the far right is very strong - that are challenges for the family planning programme in country).	KII with CHAI. October 2024.
Pakistan	

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<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> <p>3. Conducted national and sub-national training of trainers for expansion of lesser-used methods, especially Implants and DMPA-SC.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report.</p>
<p>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).</p> <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>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report.</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 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.”</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>
<p>“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</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>

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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.”		
“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.
Yemen		
The Third-Party Monitoring assessment conducted in 2023 found: <ul style="list-style-type: none"> • Among the 140 visited facilities, 97% confirmed receiving maternal and newborn health supplies been by the Ministry of Health/Health offices supported by the United Nations Population Fund in both regions. The remining 3% (3% Hospitals, 5% Health Centers, 4% Health Units) did not receive such support, all of them were in the North. • Among the facilities who received the maternal and newborn health supplies, only 35% of them said that the received quantities were sufficient (20% Governorate Hospitals, 33% District Hospitals, 29% Health Centers, 58% 		Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA, Reproductive Health Supplies for Women and Girls Affected by Crisis in

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<p>Health Units) Figure 1. The remaining 65% said quantities were not sufficient, 76% of them said this was due to the increased number of visitors, 24% said some items were sufficient while others were few or not received.</p> <p>Additionally, 35% of the facilities who received the support commodities said that the received quantities were according to their request. The remaining 65% said otherwise, among them, 72% said that distribution is based on a plan by the Ministry of Health and not according to their need, 27% said available quantities are low and received support was not enough, 1% (one facility) said that they need to constantly go to the health office to request quantities and follow up, and they cannot afford the cost of that.</p>	Yemen (2023). TPM Assessment Report.
<p>Key Milestones vs Achievements of UNFPA Supplies Partnership work plan (Q1 - Q3 2023)</p> <p>Availability and Access: According to the 2022 assessment conducted in 2023 for the availability of reproductive health commodities, 97% of HFs confirmed receiving reproductive health supplies, with 67% of HFs saying that the received quantities were insufficient.</p>	UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.
<p>Introduction of 2 new family planning methods: 1- Self injectable SAYANA PRESS and the Hormonal IUD. And the HSC heat stable Carbetocin.</p>	UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.
<p>“Three years ago, we introduced Sayana Press (DMPA-SC) both for the Ministry of Health in Sana’a and Aden. Last year the Ministry of Health has agreed to introduce hormonal IUD. We also piloted Carbetocin.”</p>	KII with UNFPA Yemen Country Office. November 2024.
Zambia	
<p>“The success of programme implementation in the health sector depends so much on research and development. Though we have not been able to conduct big research, with support with UNFPA Supplies, this year we will be able to get deeper understanding on the factors influencing the uptake of the IUD (copper and hormonal IUD), one of the most underutilized methods as part of the methods mix, in a commissioned study. This kind of support is helpful, with the acceptance of the Supplies Partnership to fund this kind of studies in the countries, we are able to clearly understand the factors the influence uptake of different methods.”</p>	KII with UNFPA Zambia Country Office. October 2024.

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.		
In 2021, key milestones by UNFPA and the Government of Zambia included capacity building of nurses training schools to be able to deliver quality pre-service training on family planning method mix.		UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.
In 2022 UNFPA also contributed to enhanced knowledge and skills among service providers in various districts to deliver a method mix of family planning services , as part of ongoing efforts to increase demand for life saving reproductive health commodities.		UNFPA (2022). Zambia Annual Report 2022: Delivering on the transformative results.
<p>UNFPA has been supporting Luapula Province in Phase III with healthcare workers trainings. Key recorded achievements in the province include:</p> <ul style="list-style-type: none"> • Availability of commodities throughout the review period. • Conducted last mile distribution of reproductive health commodities to the facilities. • Radio Health programs on importance of family planning • Outreach services with support from Marie stopes and UNFPA • Received assorted commodities and supplies to support family planning services amidst covid 19- MOH/UNFPA support • Trained 20 HCP in LARC – MOH/UNFPA support. • Conducted family planning modular TOT training for 30 participants with support from FHN USAID • Mentored 78 HCP in LNGIUS with UNFPA support (UNFPA-Sites) • Mentored 110 CBDs in demand creation for LNGIUS (UNFPA sites) • Conducted mentorships in LARC and reached 35 mentees in Chipili, Chifunabuli ,Samfya and Mansa • Trained 60 CBVs in demand creation for LNGIUS - UNFPA support • Trained HF in logistics management which also included reproductive health commodities. (22 in 2022 and 25 in 2023). • Conducted mentorship in eLMIS for 60 HF staff. • Conducted spot-check activities on reproductive health commodity management with support from UNFPA in 2022 and follow up activity in 2023. • Supply of family planning commodities with support from UNFPA to refugee camp clinic • Received LARC instruments with support from UNFPA 		Zambia Ministry of Health (2023). Family Planning Annual Review Meeting Report 2023.

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
<p>In addition, UNFPA Has been supporting the Northwestern and Western Provinces with staff training on LARC and hormonal IUDs.</p> <ul style="list-style-type: none"> Increased staff trained in LARC and hormonal IUDs leading to increased insertions with the support from CHAI Western Province, Marie Stopes /UNFPA (NWP) <p>With support from UNFPA through Marie Stopes Zambia, 40 health care providers were trained in hormonal IUCD (IUS) (Northwestern)</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.	
Indicators 2.3.1 Extent to which clear roles and responsibilities are established between the Partnership and the Humanitarian Response Division at the global, regional and national levels to ensure Partnership countries at a higher risk of rapid onset emergencies integrate humanitarian principles (e.g. basic humanitarian functions integrated into the supply framework) to strengthen preparedness and resilience. 2.3.2 Programme humanitarian response plans include explicit matching of content of emergency Reproductive health and family kits with identified needs of women and girls in the specific humanitarian setting, in concert with the Humanitarian Response Division. 2.3.3 In humanitarian settings, the Partnership engages with national authorities to ensure that its support (including emergency kits) is targeted to all women and girls at risk, including the poor and marginalized. 2.3.4 Those involved in service delivery report products were appropriate, of high quality and delivered in a timely manner during humanitarian crises. 2.3.5 Extent to which at-risk women and girls report access to needed, appropriate and quality reproductive health/family planning commodities and products.	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
<p>I think in terms of coordination with HRD, we should have a colleague, there is a lot of changes going on in UNFPA and branches merged etc, before we used to have a colleague who coordinated with HRD for design in the SP and work closely with them in terms of designing programmes. That we used to have but now I don't know. That used to help. We have something in Sudan, at the initial phase, when countries are in normal phase they</p>	<p>KII with UNFPA. October 2024</p>

<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>develop the HSS but then after 2-4 months of doing the HSS application I think Sudan went into those emergencies then they wrote to us and said we cannot implement all the interventions we had in mind and we have to focus on some interventions like increase the FP mobile camps and then they come back to us and our staff at the higher level they say okay based on your country context you are allowed to reprogramme your interventions based on your country needs. But there is a need to have that relationship with HRD to coordinate and how we can maximise the work together, But UNFPA SP supports RH kits to those humanitarian countries. I think the coordination needs to be strengthened.</p>	
<p>We used to give 3mill\$ for humanitarian. We received the request for emergency kits, we receive the requests directly.</p> <p>We have donors that support specific funds for emergency settings, such as the US government provided 5mill per year in the last years. We do provide support to humanitarian settings. All the requests for emergency kits are filtered with the HRD, to ensure there is no duplication, no neglected areas, they validate the requests and then they provide them to us.</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>
<p>We can do better, we do not have a joint plan, we could do better. It touches upon the integration issue already mentioned. We both should be part of the support plan. While we provide funding for the procurement of emergency reproductive health kits, our collaboration lacks a strategic, joint, and organized approach to support. Considering human geographies and humanitarian crises, I am confident we can enhance our efforts. Currently, both our organizations are constrained by structure and finances, striving to meet objectives independently. However, there is substantial potential for better coordination between our respective efforts.</p> <p>Collaboration is essential, but it leads us back to coordination and integration at both the country and regional levels. This is crucial in situations like a country's humanitarian crisis. Coordination and complementarity should be part of the country's support plan, with both programs collaborating effectively. It is vital for the country office to coordinate our joint efforts, ensuring we work together rather than separately sending funds and commodities. Currently, this alignment is lacking.</p>	<p>KII with UNFPA, CSB. October 2024.</p>
<p>The humanitarian department used to collaborate closely with the SP. However, their transformation into a comprehensive humanitarian office has led to reduced collaboration. Nevertheless, we remain supportive of humanitarian interventions. (name) was formerly our main point of contact for humanitarian matters and ideally</p>	<p>KII with UNFPA, CSB. October 2024.</p>

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<p>should continue in that role. Previously, we worked with colleagues from Kenya in the humanitarian sector, but they have since transitioned to other areas. I am currently unable to identify the primary humanitarian focal point, but (name) should ideally re-establish that connection.</p>	
<p>In terms of intervention, we no longer have oversight over humanitarian indicators within the SP. Once the office was established, we decided that at the global level we can only collaborate in terms of tools and guidance. The division of labour is clear: we can procure humanitarian resources upon a country's request, ensuring they receive what they need. However, the actual implementation of these interventions is now the responsibility of each country. This aspect isn't as robust as before, but I'm available to provide more information if you wish to investigate further.</p>	<p>KII with UNFPA, CSB. October 2024.</p>
<p>Humanitarian/emergencies: SP performing? In SP, contribution is not very big in humanitarian area. Small \$\$\$. SP is contributing but not a major partner. More catalytic in nature. Give \$ to Geneva office, then they decide how to allocate. Now have dedicated humanitarian response team, so should be better in future.</p>	<p>KII with UNFPA, SCMU. October 2024.</p>
<p>The partnership has not got this right. Firstly, the offer for humanitarian settings is still just the MISP and a tiny percentage of the programme supplies budget. From a programmatic perspective, not sure the strategy with country offices is clear and coordinated with the humanitarian office internally and also with Geneva.</p> <ul style="list-style-type: none"> 70% of all maternal deaths occur in humanitarian settings - so it's critical we get this right, and that there is a step change in strategy institutionalised in the Partnership given more and more countries will start to become exempt from country compacts and other opportunities due to their circumstances. 	<p>KII with UK Foreign Commonwealth Development Office (FCDO). October 2024.</p>
<p>Yes, it's very clear that the responsibility matrix in the country and also at headquarters about who does what so most of the time the approval for the RH kids approved by the humanitarian office in Geneva they also have the focal point in the SPMU Copenhagen so there is a kind of flowchart that allows people to know who's supposed to do what and all that he might have countries have the whole set of tools that is different from the development context for requesting for commodities.</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>
<p>52% of countries (14 out of 27) reported the implementation of strategies to strengthen humanitarian preparedness and resilience. This is up from 21% in 2021, inspired in part by a round of Sustainability Readiness Assessments. Countries focused on providing the Minimum Initial Services Package (MISP), building community capacity for preparedness and response, and strengthening reporting and surveillance.</p>	<p>UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA</p>

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	Supplies Partnership Annual Report 2022.
<p>O.P.1.2.4 Percentage of UNFPA Supplies Partnership implementing countries that have implemented strategies to strengthen humanitarian preparedness and resilience</p> <p>- 54 per cent of the countries (14 out of 26) reported the implementation of strategies to strengthen humanitarian preparedness and resilience. This is up from 21 per cent in 2021.</p> <p>The large increase might reflect action taken following the Sustainability Readiness Assessments conducted in 2021, in which countries identified "humanitarian preparedness" as one of the critical areas to strengthen. Countries focused on various strategies to build humanitarian preparedness and resilience actions including capacity building and strengthening the provision of MISP as part of a broader health response strategy, building capacity of communities on preparedness and emergency response, and strengthening capacities on reporting and surveillance.</p>	<p>UNFPA (2022). Performance Measurement Framework Report - UNFPA Supplies Partnership Annual Report 2022.</p>
<p>The new unit will not be business as usual. It will focus on oversight, coordination and visibility over all functions related to supply chain management (SCM) and processes across all organizational levels, overcoming current fragmentation and allowing informed decisions. It will strengthen upstream and downstream functions; enhance Regional Offices oversight role on SCM functions; ensure mainstreaming of humanitarian into SCM functions; and support greater accountability as there will be an "owner" of the supply chain. Important issues include service providers becoming partners, accountability, systems strengthening, and humanitarian response – along with efforts to ensure that problems identified during spot checks do not happen again. Regarding urgent situations like that in Sri Lanka, UNFPA has a fast-track process that goes through the Humanitarian Office. Situations like the Ukraine today, and crisis in the future, speak to the need for preparedness.</p>	<p>UNFPA (2022). Report of the UNFPA Supplies Partnership ad-hoc Steering Committee, 21 July 2022.</p>

<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 style="text-align: center;">Levels of Emergencies and Implications</p> <p>Levels</p> <p>Level 1 & 2 Within CO capacity or with additional support from the Regional Office</p> <p>Level 3 → Scale-Up Coordinate support with headquarters</p> <p>Who Decides?</p> <p>CO proposes level of support required for Regional Director's review and approval</p> <p>Proposed by → HRD Director (in consultation with Regional Director, Representative) and activated by ED.</p> <p>Level 1</p> <ul style="list-style-type: none"> No additional financial and technical support Level can be elevated if humanitarian situation deteriorates <p>Level 2</p> <ul style="list-style-type: none"> Scale of needs surpass capacity of CO. RO provides support as requested Activation of Crisis Response Team-Country Office (CRT-CO). EF released upon request by CO, request of FTPs activation Surge capacity as requested by CO. <p>Scale up (old L3) - Appointment of the senior Emergency Coordinator and deployment of Surge/UNFPA Response Team</p> <ul style="list-style-type: none"> Immediate EF allocation of \$ 250,000 Stand-by support from HSC and IDWG members <p>UNFPA</p>	<p>UNFPA (2023). Internal Humanitarian Standard Operating Procedures (iSOPs).</p>
<p>SCMU will integrate HRD's emergency procedures into its processes to guarantee a speedy response when most needed. SCMU will develop a strategy for TPP and an approach for humanitarian response (operationalizing the humanitarian supplies strategy and new emergency procedures). SCMU will integrate HRD's emergency procedures into its processes to guarantee a speedy response when most needed</p>	<p>UNFPA (n.d.). UNFPA Supply Chain Management Unit Strategy. An organizational strategy for 2024-2028.</p>
<p>Humanitarian support: Guided by the UNFPA Humanitarian Supplies Strategy (2020-2025), the UNFPA Supplies Partnership is changing its humanitarian support from an approach of contribution to one of integration. The</p>	<p>UNFPA (2021). UNFPA. Supplies</p>

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Partnership will use its resources to promote resilience and preparedness in countries most likely to be affected by an emergency, integrating humanitarian capacity-building components into its broader efforts to strengthen procurement and supply chain systems for routine commodities. UNFPA Supplies Partnership countries that are at higher risk of rapid onset emergencies will be encouraged to adopt a humanitarian lens in their systems strengthening activities to support preparedness and resilience. In addition, the Partnership will contribute resources to the Humanitarian Emergency Fund to support the rapid deployment of essential supplies at the outset of an emergency wherever it occurs. This is an important value-add to the organizational response as it ensures commodities are dispatched rapidly where and when needed.	Partnership 2021-2030 Phase III Programme Document.
Guiding principle: Responsive to urgent needs – The programme is nimble and flexible in responding to needs and priorities across the humanitarian development nexus while considering integration into regular programme needs	UNFPA (2021). UNFPA. Supplies Partnership 2021-2030 Phase III Programme Document.
Health systems resilience to humanitarian crisis and disasters: Health systems incorporate a DRR approach to FP programs and integrates SRHR/FP as an integral part of National Response Plans and humanitarian frameworks. Health systems have the capacity to respond to crisis and disasters and have mechanisms put in place in order to mitigate and reduce the risk of a disruption of health services provision.	UNFPA (n.d.). UNFPA Supplies Partnership Conceptual framework for sustainable financing.
30 countries have integrated all six objectives of the MISP for sexual and reproductive health into existing national health and emergency frameworks, up from 23 in 2022. The additional countries are Angola, Burundi, Comoros, Congo, Djibouti, Haiti and Uganda.	UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023.
Cameroon	
Interventions also take account of humanitarian situations, when that is necessary. I must say that when it comes to humanitarian kits, things go even quicker than others.	KII with Ministry of Health Cameroon. October 2024.

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Democratic Republic of the Congo	
<p>UNFPA plays a very important role in that it assists the Government in quantifying the need for reproductive health products. Whenever there is a need to quantify reproductive health requirements, UNFPA always supports the Government.</p> <p>And it's through the Multisectoral Technical Committee on Family Planning (CTMP), where UNFPA plays a very important role in this committee. So that's proof enough that UNFPA is working with the Government to find out what the real needs are in terms of products, and then to see how the Government can be supplied on the basis of that quantification</p>	<p>KII with DKT. November 2024.</p>
Honduras	
<p>El principal reto en estas situaciones de emergencia es la capacidad instalada de la oficina y la baja disponibilidad de personal. Para vencer este reto en la siguiente distribución, lo ideal es tercerizar el servicio de distribución. Además, al tercerizar se minimiza el riesgo de la baja disponibilidad de proveedores observados durante las emergencias. En las últimas experiencias, se contrató a una empresa para ayudar a solucionar el problema. Esto fue una lección aprendida importante.</p>	<p>KII with UNFPA Honduras Country Office. November 2024.</p>
<p>En situaciones humanitarias, siempre que se presenta una situación no planificada, esto genera trabajo adicional y retrasos. Sin embargo, nuestras prioridades siguen siendo comprar y gestionar los recursos de manera eficiente.</p>	<p>KII with UNFPA Honduras Country Office. November 2024.</p>
Kenya	
<p>UNFPA works with Implementing partner the Kenya Red Cross society in procurement of some commodities in the Reproductive health (RH) Kits (11-12 different ones) for response in emergency areas and hard to reach counties (ASAL counties, refugee camps, as well as in Nairobi flood zones during recent flood disasters). Red Cross has dignity kits for girls, Mama kits and others with support from UNFPA. Their RH kits (e.g. #4) contain oral contraceptives, injectables and implants as well as condoms.</p> <p>Red Cross are zero-rated for customs tax on items they import. Kenya Revenue Authority comes in at the start and end of the process. RC have to show a gift certificate to prove a shipment is a donation (UNFPA does provide this), so that no tax must be paid on it.</p>	<p>KII with Red Cross Society. November 2024.</p>

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<p>The lead time for the kits is an issue (and they are currently struggling to clear RH kits #4 due to expiry dates of less than 10 months remaining (which is against PPB rules). Red Cross wishes that UNFPA would start the process and documentation early for any planned items to be donated (to get started on the process, paperwork, clearance planning). Now items arrive in Kenya and face clearance, PPB and other delays.</p>	
Pakistan	
<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.” 	<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 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.” 	<p>KII with Indus Hospital and Health Network. November 2024.</p>
Yemen	

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<p>In response to the increasing humanitarian challenges, UNFPA has over the years expanded the scope of its programme delivery, shifting from upstream and midstream modes of support to downstream service delivery, focusing mainly on emergency reproductive health and gender-based violence response services. UNFPA established and supported reproductive health and gender-based violence service delivery points that have reached approximately 2.5 million women annually with reproductive health and gender-based violence response-related services. UNFPA has also provided leadership of the Rapid Response Mechanism that involves distribution of dignity kits¹ alongside the emergency kits provided by WFP and UNICEF. Through this mechanism, UNFPA collects population data that has, in turn, guided Yemen's humanitarian response in recent years.</p>	UNFPA (2022). Country Programme Document for Yemen (2023-2024).
<p>Emergency kits support from UNFPA</p> <p>"There are some kits available from UNFPA to support mothers and provide essential care for the baby but there are some shortages once in a while. Most of the mothers have difficulties reaching health facilities, especially in the rural areas. Maternal health kits should be given to the mothers and community midwives to assist mothers during the delivery. The needs are huge compared to the quantities available. Sometimes there are shortages of these kits. UNFPA recommends NGOs to go directly to companies out of the country to procure kits. Many of the donors do not put funds for supplies and reproductive health kits. Some NGOs have challenges with procuring kits. It would be good for UNFPA to look at country needs and based on this import and support NGOs."</p>	KII with JSI. November 2024.
<p>"We received a lot of support [<i>in terms of commodities</i>] from the HRD, which has been shipped. In terms of capacity building, we have webinars, subjects on innovation regarding crises, and climate change HSS is in place as well. Reproductive health is on top of this project. [...] There was a visit in 2022 by a specialist from the HRD to make an assessment for the supply chain, and they provided a good report. In addition to that, we are providing reproductive health kits. Since last year, we have agreed with the Ministry of Health to move to bulk procurement items, but we still keep some small quantities of our emergency kits just in case of a national flood, for example. Sometimes if there is an emergency, we are prepared.</p>	KII with UNFPA Yemen Country Office. November 2024.
<p>The TA application for additional seed funding was designed based on an assessment of SCM conducted in 2016 and the subsequent lessons learned while implementing some of the recommendations. The design of TA was also informed by the 2020/21 Third Party Monitoring of the Availability of commodities at service delivery points. A recent</p>	UNFPA (2022). Narrative Template for Transformative

¹ The dignity kits included in the Rapid Response Mechanism are not included under the UNFPA Supplies Partnership. UNFPA is acting on behalf of all agencies as a provider of the dignity kits.

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Technical Assistance Provided by the Humanitarian Office on moving from IARH Kits to bulk procurement also informed the design of the TA. The CCA also provided valuable information that was reviewed in designing this TA.	Action Application - Seed funding to Expand Lesser Used RH/family planning Medicines and Facilitate Access for IDP women and girls.
Main UNFPA achievements in 2023: <ul style="list-style-type: none"> • 2.1M People reached with lifesaving assistance • 116,964 Safe deliveries assisted • 650,189 Unintended pregnancies averted • 101, 883 Survivors of violence assisted • 135,941 People received family planning services • 115,612 Women and girls received dignity kits • 312,690 People received rapid response mechanism kits 85 Personnel trained on Minimum Initial Service Package	UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.
Zambia	
In 2021 key results in humanitarian action in Zambia included: <ul style="list-style-type: none"> • 5,405 vulnerable women and girls received relief supplies (dignity and mama kits), as part of UNFPA support to humanitarian emergencies occasioned by COVID-19, severe drought and floods • 155 health care providers and multi-disciplinary teams in 4 districts had their capacity strengthened in minimum Initial Service Package (MISP) for sexual and reproductive health in crisis situations UNFPA scaled up support towards the procurement and distribution of essential maternal health medicines and supplies , which facilitated the continuity of services in the context of COVID-19	UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.
In 2022 key results in humanitarian action in Zambia included: <ul style="list-style-type: none"> • UNFPA conducted a Minimum Initial Service Package (MISP) readiness assessment, which contributed to strengthening national capacities implement sexual and reproductive health interventions during humanitarian situations. 	UNFPA (2022). Zambia Annual Report 2022: Delivering on the

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UNFPA sustained the pre-positioning and distribution of essential relief supplies (dignity and mama kits), as part of its support to humanitarian emergencies occasioned by severe drought and floods, as well as in refugee settlements.	transformative results.
In 2023 key UNFPA supported results in humanitarian action included: <ul style="list-style-type: none"> ● 620 vulnerable women and girls in Southern and Eastern Provinces were reached with essential relief supplies as part of UNFPA's support to humanitarian emergencies occasioned by severe flooding. 127 health workers and multi-disciplinary teams had their skills enhanced in Minimum Initial Service Package (MISP) for sexual and reproductive health in humanitarian settings.	UNFPA (2023). Zambia Annual Report 2023: Turning the ICPD vision into reality.

Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.	
Indicators	
2.4.1 Documented changes in annual workplans, distribution and supply plans, and allocations of the Partnership commodity budgets at the national level in response to changing conditions/needs, including humanitarian emergencies.	
2.4.2 Documented examples of programmes/project/policy design changes including mitigating measures to address challenges to NLUs including: <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 	

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<ul style="list-style-type: none"> • 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
Global and regional	
One point she already mentioned – countries not receiving support from Partnership for distribution of commodities. This is becoming an apparent issue. Each country context is different. But there is a “blind spot” there, she feels. Funding supplies without being sure they will reach the end users is not ideal. There is a general lack of understanding of the total costs of total supply chain. Not to say Partnership should pay, but for countries this is vital, and an ongoing problem. Is there sense in procuring products if they do not adequately reach the end users	KII with UNFPA, SCMU. October 2024.
NLUs etc – Partnership has done well here – introducing new products, providing TA to countries and making products available. Good examples with some products. Holistic approach by Partnership – introduction of product, forecasting, TA, support, availability soon after trainings, using HSS grants to support countries with some system strengthening, integrating products into HMIS, etc. USAID and others are also working with UNFPA on this, seem happy with UNFPA's work in this regard.	KII with UNFPA, SCMU. October 2024.
The Supplies Partnership is focused on acquiring to the port, but not the last mile. What resources are we allocating? E.g. the Partnership reports that they distributed 3million USD contraceptives to Yemen. No; what you did is that you made sure that those contraceptives arrived at the main central warehouse in the South. That is not an impact. In countries where there is a functioning national supply chain is not as big of an issue as in countries like this. The Partnership engages with governments: which governments?	KII with Humanitarian Response Division. November 2024.
The amount that is allocated has reduced over time. Even where there was that increase from the donors that came back to the Partnership, we did not get back to the original amount. It causes a lot of operational issues because of how limited funds we have in the emergency funds. Once goods arrive at the point of entry, the COs are not allowed to use any of those resources to get it to the last mile. They have to link that up with other resources	KII with Humanitarian Response Division. November 2024.

<p>Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.</p>	
<p>from other donors. When the reporting happened, it can create some bad feeling on the side of the country offices who are really struggling to be able to get those resources themselves.</p> <ol style="list-style-type: none"> 1. Linkage with where Supplies Partnership link in with humanitarian approaches? 2. Resource allocation and limited impact is having; it could be done more efficiently. <p>Financial piece is heavily used in sudden onset emergencies. Example: 3 million USD provided in Yemen for contraceptives but no money for in-country distribution. If there is an ability to provide flexibility on the resources that are allocated, not necessarily more resources, but more flexibility on the resources allocated to not only source those items and get them into the country but to actually, where required because of humanitarian environment, do the last mile distribution of those resources. This would fundamentally fix a number of issues in those environments because the SP could actually report on the estimation of lives saved, because now it actually supported the presence of those commodities at the point where users are actually getting them.</p>	
<p>What is the best solution for us? It might not always be with the government, it might separate from the government for humanitarian principle related issues or practical issues e.g. if you were to roll out an LMIS system with the government of Sudan, when half the countries is not controlled by the government and where associations with government put the staff in heavy personal risk.</p> <p>Example: The government is an excellent partner for UNFPA in Bangladesh but then it comes to what they are willing to do in Cox Bazaar, it is clear they want no national systems or resources to go to anything that is dealing with the Rohingya refugees in Cox Bazaar. Any LMIS system, infrastructure to the MOH, capacity development, is stopping there. The humanitarian part of the country is left to its own devices. For UNFPA, that means we might have phenomenal access to a great LMIS system, but Cox Bazaar is out. The standard approach that the government is always the best partner to work with, which is foundational to the Supplies Partnership, is not necessarily fit-for-purpose all the time in a humanitarian setting. Giving COs the flexibility to say what is the best solution for us to provide that visibility, with the eventual goal to hand it over at some point to the government when it's stable.</p>	<p>KII with Humanitarian Response Division. November 2024.</p>

Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.	
<p>From HRD side, if the SP takes decision to only focus on development context where there is a clear government partner, at the end, it is out of our scope. If they want to have this focus and meaningful impact in the humanitarian environments, that's where these things come to play.</p>	
<p>Future opportunities to advance sustainable financing for family planning Third stage: Advanced To accelerate the UNFPA Strategy for Family Planning, it will be crucial that UNFPA Country Offices can monitor countries' responses actively. Country offices must be alert when government decisions imply a backslide regarding countries' advances toward the transformative result. They will need to provide advice when planning, programming, procurement, warehousing, transportation, logistics, and delivery at the last mile, which could involve quality or resource waste risks. This entails a change in the role of Country Offices because they will focus on tracking government policies and interventions rather than implementing their programmatic actions.</p>	<p>UNFPA (n.d.). Towards Sustainable Financing for Family Planning by 2030 (Preliminary version for approval).</p>
<p>While the Compact may look different in each country context, a template for the Compact outlines the basic requirements and sets out a suggested text. The Compact is valid for three to five years and can be extended for an additional three to five years by agreement. The Compact includes an Annex (Annex A) with the specific details regarding funding, commodity and technical contributions and allocations by and to all partners for each year. Annex A is renewed annually.¹⁷ While text and timings will be suggested as optimal, ultimately it is crucial that each country contextualize this approach, making adaptations necessary to ensure that objectives can be achieved in a given context or environment. The Compact and accompanying Annex works in the service of delivering a set of programmes (and national) objectives. In a multi-country setting (for example in relation to the Pacific Island Countries- PICs), one Compact may cover all relevant countries, and the Annex may cover a two-year (biennial) operational period to ensure that the administrative processes do not defeat the programmatic effort. Details around implementation with the PICs will be developed in 2021- as the 14 PICs are at different levels of development their individual circumstances will be carefully assessed in determining their support and UNFPA Supplies' engagement strategy.</p>	<p>UNFPA (2021). UNFPA. Supplies Partnership 2021-2030 Phase III Programme Document.</p>
<p>In addition to these six actions, UNFPA will continue to: (a) strengthen its humanitarian response and preparedness capacity; (b) improve programming for results by deploying impactful interventions and focusing on learning and adaptation; and (c) strengthen partnerships and leverage existing United Nations inter-agency mechanisms and structures</p>	<p>UNFPA (2021). Strategic Plan 2022-2025.</p>

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

The new operational model allows for flexibility to adapt to changing global contexts, particularly important in light of the uncertainty at the start of the UNFPA Supplies Partnership due to the economic and health impact of COVID-19. The Partnership is oriented to moving countries through four defined stages along the pathway to sustainable transition in order to strengthen value for money in the application of resources to countries where they are most needed. This trajectory is laid out in Figure 10 with the accompanying package of resources available at each stage. In each of these stages, countries access resources in ways that aim to strengthen their individual progress towards sustainability programming, systems and financing for whatever group they are in: full support, modified support, technical support, or transition.

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

Adaptation 1: New Name (Rebranding the TA funding stream)



UNFPA (2024).
UNFPA Supplies Partnership 2024 workplan.

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.

Proposed list of eligible matchable products:

13 out of 40 key and enabling commodities from WHO 2024 List



Currently procured by Match Fund



For PPH management

1. Oxytocin
2. Misoprostol
3. Heat-stable carbetocin (HSC)
4. Tranexamic acid (TXA)

For PE/E management

5. Magnesium Sulfate
6. Calcium Gluconate

For CAC

7. Mifepristone
8. Mife-Miso combi pack
9. Manual Vacuum Aspirator (MVA)

Matchable



The 9 products currently procured, plus...

1. Oxytocin, 2. Misoprostol, 3. HSC
4. TXA, 5. Magnesium Sulfate
6. Calcium Gluconate, 7. Mifepristone
8. Mife-Miso pack, 9. MVA

... 5 proposed NEW products

10. Ergometrin
11. Calibrated drape
12. Non pneumatic anti-shock garment (NASG)
13. Uterine Balloon Tamponade (UBT)
14. Vacuum extractor (VE)

Our goal is to incentivize governments to procure **five additional** (no. 10-14) quality-assured MH products – not to directly fund them through the programme



UNFPA (2024).
Steering Committee
Q4 meeting, day 1.

<p>Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.</p>	<div data-bbox="264 333 898 451"> <h3>Contingency measures endorsed in April by the Steering Committee</h3> <h4>Option 3</h4> </div> <div data-bbox="1093 333 1323 368">  </div> <div data-bbox="264 509 768 614"> <p>3 Provide “minimum allocations” in Group 1, 2 & 3 countries and withhold commodities in Group 4 & Carryover Group countries</p> </div> <div data-bbox="768 424 1352 636">  </div> <div data-bbox="237 699 1314 777"> <ul style="list-style-type: none"> ✓ Maintains strong incentive for governments to meet requirements ✓ Ensures that consequences are meaningful but proportionate ✓ Reduces the risk of stock-outs in countries with the greatest needs and weakest capacity </div>	<p>UNFPA (2024). Steering Committee Q4 meeting, day 1.</p> <p>ENHANCED RISK MANAGEMENT With collaboration with partners and stakeholders, the UNFPA Supplies Partnership Annual Risk Assessment identified improvements in HSS intervention implementation, fewer gaps in supply chains and increased receipt of agreed quantities. These areas have been steadily improving in Phase III of the UNFPA Supplies Partnership. The overall risk rating for the programme remains at a medium level.</p> <p>We assume that when we deliver products to the countries, Governments should take over from the customer clearance downwards including in-country logistics, including distributions storage or those costly country costs that are not covered by the program. So, that’s the assumption on the supplier side which is really challenging for huge countries, in conflicts or they don’t even have infrastructure they don’t have transport their roads and I don’t mention even during the rainy season so if you take cases of Mali, Niger or even Mauritania it’s very hard to do in-country logistics by the government.</p> <p>UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023).</p> <p>KII with UNFPA, WCARO. December 2024.</p>
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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>You realize that most of the time stock outs will be created in the facilities, but the products maybe are at the central level because it's not so easy to move products down to the service delivery points. I'll also mention that some family planning services are also costed. It's not necessarily selling products, but the client has to pay something whether it's for transport to the facility or lump for together service that was addition they have to pay. I'll also mention the health providers. Sometimes for those long-acting methods not everyone is trained to insert for example the IUD or to remove it. So, we still have a gap of providers for Implanon, for IUD, maybe just for the second level third level hospitals.</p>	
Democratic Republic of the Congo	
<p>If disbursements don't keep up, that's the gap. So even UNFPA can quantify, but afterwards, if disbursements don't keep up, resources won't be mobilised. For example, apart from contraceptives, we have PTAs with UNFPA. At the beginning of the year, you might think, well, UNFPA promised to give us USD 500,000. But by the end, the resources hadn't been mobilised.</p> <p>And we may end up with USD 300,000. And I know that if money is like that, I think that from the point of view of mobilisation on the purchase of commodities, money is also a problem.</p>	<p>KII with ABEF ND. November 2024.</p>
Kenya	
<p>The Kenya Red Cross Society is a key partner of UNFPA SP for humanitarian settings (ASAL remote areas, refugee camps, hard-to-reach areas, and disaster areas). Red Cross works under the Humanitarian line on UNFPA budget and workplan. Red Cross has monthly and quarterly meetings with UNFPA (John Wafula, Humanitarian officer of long standing), and discuss RH/FP commodities with Charity at Country Office.</p> <p>Since 2021, Red Cross feels that there is better programmatic and implementation coordination with UNFPA and the Partnership. There are always discussions and ways to further improve the implementation.</p>	<p>KII with Red Cross Society. November 2024.</p>
Pakistan	
<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 centres 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>
Yemen	

<p>Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.</p>	
<p>“UNFPA is working with Ministry of Public Health to provide supplies and to support the transportation of the supplies to the district level. The Ministry of Public Health in Yemen has a supplies department, and the population sector has a unit supporting the supplies regarding reaching the supply to the end user. UNFPA is supporting the Ministry level and provides supplies to the Ministry warehouses, based on gap and shortage of supplies at the district and governorates level. UNFPA also supports the fees of supplies transportation to the district level. There are gaps in reaching the end users from the district health facilities. The district health office mostly say they do not have funds to distribute supplies from district to the health facilities. With other NGOs working in the country with some funding for family planning and reproductive health, we support the district health office for the transport of the supplies to the health facilities.”</p>	<p>KII with JSI. November 2024.</p>
<p>In 2022, Yemen applied for additional seed funding to expand lesser used reproductive health/family planning medicines and facilitate access for IDP women and girls. The Transformative Action (TA) is designed to make available family planning and maternal and newborn health medicines available with the specific focus on the over 4 million people in IDP sites.</p> <p>While oral contraceptives are the most used method in Yemen, women and couples are increasingly demanding for methods that require less need for continuation refills and also provide for self-care options such as SC-DMPA. An analysis of areas that have introduced SC-DMPA indicates the need to expand this country wide. Over 4 million people in Yemen have been driven into IDP camps and are desperate for reproductive health services. Public health facilities serving IDPs are overstretched and because government financing has all but ceased, are forced to charge user fees. To address this, the TA proposes to support a voucher scheme and facilitate Community Midwives to target IDP sites. The crisis in Yemen is protracted with areas of relative stability co-existing with acute fighting. As part of humanitarian preparedness, there is need to strengthen national capacity to initiate comprehensive SRH services whenever the situation allows while ensuring MISP implementation at all times. While a voucher scheme has been supported in some districts, IDPs have not hitherto been specifically targeted. This TA will support the extension of the existing experience to reach IDPs and prove viability in IDP setting. In Yemen the Community Midwives cadre who live within IDPs and are often displaced with them are an asset that has not been adequately utilized to provide services for IDPs. (NB. The Community Midwives are a cadre of midwives who have undergone 3 years of formal midwifery training as per ICM/WHO standards). These two alternatives ensure access to services for IDPs as the public health facilities have been forced to charge user fees at the point of use,</p>	<p>UNFPA (2022). Narrative Template for Transformative Action Application - Seed funding to Expand Lesser Used RH/FP Medicines and Facilitate Access for IDP women and girls.</p>

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presenting a big barrier for IDPs. The protracted crisis needs capacity for ensuring the initiation of comprehensive reproductive health whenever conditions allow. While partners have conducted training on MISP, capacity for introducing comprehensive SRH is lacking.	
UNFPA Supplies Progress Report: Activity Description: Partnership with Human Access to support voucher schemes for increased access to lesser used reproductive health/family planning methods targeting IDP populations in Al Hodeida Key strategic results: 2000 IDP and poor women are benefiting from reproductive health/family planning services with free of charge through voucher system including transportation fee. Contracting UNFPA partners who will implement the project in South and the North (Human Access and BFD). Progress: Fully Achieved. The project successfully established in 2 governorates in the north of the country agreements with Zabid Hospital, Mukyras Center, and Al Thawra Hospital were signed and 5 governorates in the south of the country (Hadramout Mukala and Sayoun , Almahra, Taiz, and Lahj governorates). Development of voucher System: The project developed a comprehensive voucher system that enables eligible beneficiaries to access a package of reproductive health services. This involved the design and printing of vouchers, as well as the development of standard operating procedures to ensure smooth implementation. The project conducted training sessions for focal points, community midwives, and community health volunteers (CHVs) involved in the voucher distribution process A total of 25 community midwives and CHVs (16 in Al Bayda'a and 9 in Al Hodiedah) were trained, equipping them with essential knowledge about the project and the distribution of vouchers related to reproductive health services. These trained individuals also collected beneficiaries' data using the KOBO program. number of targeted beneficiaries	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
UNFPA Supplies Progress Report: Activity description: Support the distribution of commodities from central warehouses to the governorates' and district levels. Key strategic results: Improved commodity availability at last Service delivery points. Progress: Fully Achieved.	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
Zambia	
In 2021, key milestones by UNFPA and the Government of Zambia included the development of the National Hormonal Intrauterine System (IUS) and Levoplant Strategic Introduction and Scale-Up Plan in Zambia.	UNFPA (2021). Zambia Annual

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.	
	Report 2021: Delivering amid a pandemic.
“Apart from bringing commodities up to the central level or at ZAMMSA, there have been a few initiatives to distribute to the last mile. UNFPA has done that for a few provinces, but UNFPA is not fully involved in distribution, as we have a third-party logistics company that fulfils the mandate of distribution on behalf of the agency (they are not covering the whole 100% because the agency also has some fleet and they are delivering in specific areas). The agency is under contract, and they need to meet the obligations, so it wouldn't be possible to have another player within their space. Where we have ZAMMSA distributing to end users, partners are still welcome to try and support that. UNFPA has assisted in distributing some commodities based on that.”	KII with National Supply Chain Coordination Unit. November 2024.

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				

	<p>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.</p>
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<p>Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.</p>	
<p>Indicators</p> <p>3.1.1 Mechanisms for joint assessment (with partners) of national supply chains and identification of gaps and weaknesses are operational.</p> <p>3.1.2 The Partnership initiatives to strengthen SCM are targeted to addressing agreed weaknesses.</p> <p>3.1.3 The Partnership support to strengthening SCM contributes to but does not overlap or duplicate support from other bilateral or multilateral partners or national programmes.</p> <p>3.1.4 Views/experiences of national supply partners on the adequacy of the identification of needs toward strengthening the SCM and systems.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
<p>Engagement is there, but resources are constrained. SC issues are bigger than the resources. TA \$10M/yr for SCM across 54 countries. UNFPA leverages with other partners, the big boys like Chemonics. With more resources they could do more.</p> <p>UNFPA Supplies engages with national supply chain managers through the Country Office. The focal point for supply chain management in the country office coordinates assessments such as the Last Mile Assurance to identify SCM challenges and uses the results to prioritize interventions to be addressed by UNFPA Supplies using the Health System Strengthening grants. UNFPA is also part of various technical working groups at the country level, where</p>	<p>KII with UNFPA, SCMU. October 2024.</p>

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<p>issues of SCM are discussed and coordinated with other stakeholders. These fora also act as an opportunity to identify key SCM areas to support. Some of the activities of the TWGs are actually funded by UNFPA Supplies through the HSS grants. Experience shows some of the critical challenges e.g. poor infrastructure/ warehouse conditions, lack of computers to automate LMIS, human resources for SCM, physical distribution to the last mile are outside the scope of UNFPA Supplies, hence limiting the difference the programme makes to get supplies down to the service delivery points. The Partnership ends at advocating for other stakeholders to fill such gaps, often with mixed results.</p>	
<p>We also assess every two years in some countries that have been identified, the availability of healthcare workers to provide services; we look at availability of guidelines; we look at stock out of each method; we look at reasons for these stock outs; we look at the capacity of the healthcare to provide services. It's a huge survey with about 7 modules using the service availability readiness assessment template from WHO, the SARA; we adapted that, and we have used that to conduct surveys; so obviously so quite a lot of work is done there at supply chain. They're also the health systems strengthening and financing to help countries improve HMIS and LMIS; These are catalytic funds. Like I said they cannot fix all the things in the system but it is supposed to help the countries see if there is any other additional resources in the country and to make sure that system can keep up public procurement of commodities as well and make sure we have end to end visibility of commodities from the warehouse to the health facilities where they're being distributed to the women.</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>
Cameroon	
<p>The main challenges in securing these products are: Overcome the security challenges and immediate availability of data not directly typed when the activity is carried out.</p> <p>The problem of telephone network and internet coverage.</p> <p>The conservation of inputs in the field is also a subject for discussion, MINSANTE has released the note to point out that the integration of the conservation of oxytocin in the EPI system is the beginning of a solution, but they are used until the last Mile while the EPI stops higher up and continues in advanced strategy.</p>	<p>KII with Regional Delegation for Public Health, West Region. October 2024.</p>
<p>The last Facility survey was carried out 2 years ago, in 2022. The Total Market Approach (TMA) study on 7 of the 10 regions of the country is really recent and one aspect is devoted to product availability. The supervision and training of the Littoral Region and District helped the actors to become aware. The RH subcommittee of UNFPA supplies on</p>	<p>KII with UNFPA Cameroon Country Office. October 2024.</p>

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securing inputs led by the DSF and the DPML allows for questioning and raises the responsibility of the actors in monitoring.	
Democratic Republic of the Congo	
We have what we call the CTMP. Multi-sector committee for RH products. Where all the partners get together. Everyone brings what they have. We make a common pot. Then we look at what's available. Agreed	KII with DPS. November 2024
There are issues of human resources, which from time to time do not have the skills they need in terms of on-the-job capacity building, which is also expensive. And sometimes the projects don't have the resources for that. There is the problem of storage in terms of infrastructure. We often don't have enough infrastructure to keep the product in the right conditions. That's the problem. And then there are the reporting issues. I'd say that's one of the most crucial problems. I don't know whether colleagues have reported. Because once you've provided the service, you've managed the products. Then you have to report. We have problems of completeness; we have problems of promptness of reporting	KII with TULANE. November 2024
Honduras	
Apoyo de la UNFPA: Dan seguimiento de suministros, sobre la entrada y salida. También han controlado si se utiliza el SALMI, si cuadraban los registros, si había abastecimiento, etc. Es sobre todo un ejercicio de supervisión, de monitoreo.	KII with Centro Integral de Salud (CIS) Alonso Suazo - SESAL - Nivel local. November 2024.
Kenya	
County health offices are continuing to be trained on the iLMIS. However, county staff turnovers are a threat to the gains made in training staff in iLMIS. Data audits are being planned in the near future (UNFPA and NCPD are involved), to verify data accuracy/quality. National Treasury provides a tax exemption for the commodities coming from UNFPA. This is now digitized, more streamlined. Commodities used to get stuck in the port, but this is resolved now. There is an LMA audit each year, to see that commodities are reaching the last mile. They try to make sure the commodities reach the health facilities (and ask counties what they are doing, what is happening – since the health sector devolved in 2013, counties are more autonomous).	KII with NCPD. October 2024.

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They (FCDO) join UNFPA for field visits (e.g. last mile assurance visits) to ensure products are reaching the facilities and communities. The Director General (DG) of NCPD found stock-outs at the last mile. It was discovered that the country only has about six months' of stock of family planning commodities now (too low), due to stock/supply chain management and funding challenges. UNFPA helps with LMA, LMIS and product visibility. UNFPA should build on the HSS efforts to help trace commodities to the last mile.	KII with FCDO. October 2024.
Through the Supplies Partnership, UNFPA has engaged with national supply chain managers by supporting capacity development efforts for managers at both national and county levels. UNFPA has also been an active member of the National and County Order Management Teams. UNFPA participation in the Order Management Teams fosters collaboration and coordination, helping streamline processes and engage other partners in supporting the iLMIS. The investment in the iLMIS by UNFPA has had a catalytic effect on other partners who wish to invest in the system for other products such as for HIV, TB etc. In collaboration with other partners, a staged approach which includes a roadmap, and tools have been developed.	KII with KEMSA. October 2024.
<p>The support from UNFPA is very advanced and catalytic. The investments made by UNFPA have influenced other partners in the space to engage with the various tools developed in improving supply chains i.e. the iLMIS. For data visibility, UNFPA have made a creative investment with the development and digitization of the integrated National SCM Training Package, the digitization of family planning Commodities Tax Exemption Tool and the introduction of the VAN.</p> <p>The LMIS was largely paid for by the Supplies Partnership since 2021, with trainings in 23 counties and collaboration with other partners (e.g. Chemonics). Only seven counties do not yet have the LMIS functioning. UNICEF and the World Bank are now also using it.</p>	UNFPA Rep and Key staff meeting October 2024.
Pakistan	
“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	KII with Indus Hospital and Health

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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<p>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. ”</p>	<p>Network. November 2024.</p>
Yemen	
<p>In 2023, Moore Yemen, as a Third-Party Monitoring Agent (TPMA), conducted an assessment of the availability and distribution of maternal and newborn health supplies in Yemen. The TPMA visited a total of 140 health facilities across the country, including hospitals, health centres, and health units, to verify the availability of relevant health supplies. Also, the TPMA visited 16 governorate health offices (GHOs) and 34 district health offices (DHOs) in both North and South regions to verify the receipt and distribution of supplies. The monitoring activities included verifying whether the assessed facilities received medicines and means of maternal and family planning been by the Ministry of Health/ Health offices supported by the United Nations Population Fund in addition to the availability of contraceptives and medicine within the assessed facilities.</p> <p>The findings indicate that almost all visited facilities confirmed receiving maternal and newborn health supplies, including contraceptives, medicines, and other commodities. However, only 35% of the facilities stated that the received quantities of reproductive health commodities and medicines were sufficient, while the remaining 65% reported that the quantities were not sufficient. This suggests that there is a need to improve the distribution of maternal and newborn health supplies and ensure that these supplies are available in sufficient quantities in all health facilities. Regarding contraceptives, the findings shows that Depo-Provera was received by 88% of the facilities, while Implanon NXT was received by 58% of the facilities, and Combined Low Dose OC Pills was received by 90% of the facilities. However, some facilities did not receive these contraceptives, and some received them based on a plan by the Ministry of Health rather than their need. Regarding medicines, the report shows that Oxytocin lo Iou. 1ml was received by 51% of the facilities, while Gentamycin Inj was received by 57% of the facilities, and Metronidazole IV bottle was received by 57% of the facilities. However, some facilities did not receive these medicines, and some received them based on a plan by the Ministry of Health rather than their need.</p>	<p>Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA, Reproductive Health Supplies for Women and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.</p>
<p>UNFPA Supplies Progress Report:</p> <p>Activity Description: Conduct Third Party Monitoring exercises using the approved UNFPA tool for the assessment of the availability of reproductive health commodities at HFs level. Key strategic results: Enhancing</p>	<p>UNFPA (2023). UNFPA Supplies Partnership activities</p>

Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.	
accountability, tracking, monitoring risks, etc . Progress: No milestones to report. Due to conflicting priority with the IPs. The activity was postponed to 2024 as the time to get approvals and clearance is not sufficient to finalize the TPm by the end of the year.	and budget: Yemen progress report.
UNFPA Supplies Progress Report: Activity Description: Support MOH in North and South to conduct supportive supervision visit. Key strategic results: National capacity for logistics management strengthened for uninterrupted supply of reproductive health commodities at SDPs at all times . Progress: Fully Achieved. 19 Governorates and 57 district were visited by the central MOH staff from the supply chain and information department.	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
UNFPA Supplies Progress Report: Activity Description: Conduct spot check for the IPs received reproductive health commodities from UNFPA. Key strategic results: Enhanced accountability, tracking, monitoring risks, etc. Progress: Fully Achieved for "TOR for the spot check and implementation plan is ready", and Not Achieved for "No. of IPs covered by spot-check exercise".	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
UNFPA Supplies Progress Report: Activity Description: Conduct capacity need assessment for the central and governorates warehouses. Key strategic results: National capacity for logistics management strengthened for uninterrupted supply of reproductive health commodities at SDPs at all times. Progress: Not Achieved to "Hiring a consultant to conduct the assessment. Meeting with MOH in the north and south to approve the tool for the assessment." Partially Achieved: "Collecting information and the assessment tool, Training staff on how to use the tool". And "The assessment was conducted for the two central and 22 governorates warehouses. The final report is finalized. 2 Meetings with stakeholders were conducted to disseminate the findings of the assessment to them and the MOH decision-maker."	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
A comprehensive assessment of the SCM in Yemen was conducted to prioritize the objectives. Additionally, the selection of objectives was informed by the Common Country Assessment, the risk profile for Yemen, the SRAT, ongoing monitoring, recommendations from the LMA report, and the National Reproductive Health Strategy 2024-2026.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.

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Zambia	
<p>“In each of the ICAs we conducted over the last 3 years we saw inadequate storage space but as a partner to the government, this is not an area we can deal with. Addressing one inadequate storage space would go a long way (some facilities were built a long time ago and security is an issue). Putting money in some of the facilities is also a big incentive to the government.”</p>	KII with UNFPA Zambia Country Office. October 2024.
<p>“We've not fully addressed the issue of storage space, especially in facilities. Storage space has been improved centrally: the current warehouse, with the support of so many partners, has been increased from an 8000 m2 pallet space warehouse to over 30,000 m2 pallet space warehouse. Hubs have also been constructed in specific regions, in the eastern part of Zambia (Luapula province, Copper Belt, Central) to create more storage space to ensure that products are kept closer to where most of the facilities are. At the central level there's been an improvement in expanding storage space, but we've had challenges with facilities. The population is growing; there has to be a corresponding increase in the number of health facilities. The existing facilities need infrastructure which will allow them to expand storage. Storage is still a big issue. We tried to put in place prefabricated storage units in 100 districts, but even those are not adequate. The storage units were just in selected facilities but Zambia has 3500 facilities, and we only managed in 100. We are also trying to engage the government to look at this as a critical area for them to allocate some funding towards building more health facilities and expanding storage space in some of the high-volume facilities, high volume facilities. We've been advocating towards that and we hope to see some improvements. UNFPA has been part of these discussions, except that no efforts have been made towards increasing storage space. I think they are in a better place to respond to why that's an issue, but they've noted that storage space is a challenge.</p>	KII with USAID. November 2024.
<p>“Once a year, we conduct ICAs. There are different kinds of issues that arise from ICAs. For tracking down the commodities to the facilities and for challenges about inventory management, we are able to provide technical assistance. But in the event of challenges with storage space, we can just advocate for the construction for houses. We cannot provide support to the full extent – we cannot build to expand facilities, but we can identify the facilities. Some facilities do not have equipment for e-LMIS: when there is no equipment, we cannot buy it for them. Where do we want support in terms of funding? For example, to support customs clearance; it would be nice to have the option.”</p>	KII with UNFPA Zambia Country Office. October 2024.

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“UNFPA has supported data quality audits where you go to the facilities to see how they are utilizing LMIS and see the challenges and problems and how things are being used. These activities are undertaken by a combined team (UNFPA, MOH, ZAMMSA) at the facility level. The visits are followed by action points in the report and debriefings to see what is going on, how can the facilities be supported, what things need to be corrected. From an LMIS perspective, I have seen UNFPA contribute in terms of doing the assessments and identifying problems that the facilities are facing and assisting with those problems.”	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
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
Global and regional	
One situation I’m currently facing is in Ghana, where containers have been sitting at port for a year, unable to be cleared. Despite efforts from UNFPA, USAID, and other major donors, we continue to face challenges due to certain	KII with MSI. December 2024.

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<p>legislation at the country level that impacts the entire supply chain. This complicates our ability to plan commodities and manage their consumption. Visibility throughout the supply chain is another challenge. Even when stock is coming through the Ministry of Health (MOH), the lack of data creates gaps in the process, preventing us from acting on the right information. This lack of visibility, whether from central or sub-national warehouses, makes it hard to track products effectively.</p>	
<p>His role: Not long here --joined UNFPA April 2024 as regional SCM specialist. Before was a consultant working with UNFPA to strengthen SC for RH commodities.</p> <p>Roles at ESARO are diverse – mostly oversight to COs, inputs to improve supply chains in countries through CO.</p> <p>He oversees LMA for the region. He’s part of Lidia’s team, he’s SCMU staff. For ESARO region, he also oversees SC TA, strengthening. Countries request TA for forecasting, supplies planning.</p> <p>LMA – focus is traceability and accountability of supplies once in country. The ESARO region faces challenges – once SP does allocation, SCMU does procurement. A challenge is sometimes customs clearance to get into countries and to central WHs, on to regions and HFs. He and team are working with countries to improve clearance, reduce lead times.</p> <p>WHs?: There are no central WHs of UNFPA. SCMU procures for CO, then goods are consigned to MOH and other partners in country. The only country that is exceptional is DRC – govt has no capacity for WH/distribute, so UNFPA has a contract with WFP to store, then UNFPA supports Govt to distribute in that country.</p>	<p>KII with UNFPA, ESARO. November 2024.</p>
<p>They work with SP on commodities, LMA, supply chain management improvement TA in countries. And they support the HSS program under SP (grant COs support to strengthen SCM, data, health finance, improving method mix). Support countries to make applications to get this HSS funding, then develop a workplan, implement HSS activities. They ensure country reports on their progress, results, tangible results. ESARO works with HQ on “milestone reporting” re: quality, completeness, reliability of results.</p>	<p>KII with UNFPA, ESARO. November 2024.</p>
<p>Cameroon</p>	

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<p>How did your work in FP expand choices and new methods? MISP sessions were conducted for supply chain staff, emphasize were also focused on the managing of Reproductive health kits. A total of 31 persons were trained, including supply chain staff</p>	<p>UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg4)</p>
<p>Democratic Republic of the Congo</p>	
<p>UNFPA supports us with inputs such as condoms, and sometimes even with certain communication materials, including printing materials such as leaflets to get the message across and support us. And that's how A supports us. For us, it's all part of that. And we know that they support us in training.</p>	<p>KII with PNSA. November 2024.</p>
<p>Only the interior, which is manual, i.e. semi-computerised. While remaining within the procedure that the exemption is national, it is granted in Kinshasa, not in the interior. This means that there are longer processing times between the provinces and the capital. These are challenges that we need to address to reduce processing times.</p>	<p>KII with TLC. November 2024.</p>
<p>Another challenge is the quantification process. Up to now, we've started to train the operational and intermediate levels so that the data can be passed on to the national level for consolidation. But so far, we haven't managed to do it.</p>	<p>KII with PNAM. November 2024</p>
<p>But regional distribution centres already have very high costs. Management costs and distribution costs. I'll be clear with you: we never pay distribution costs to CDRs because they are enormously expensive. And if UNFPA doesn't already have the means to subsidise this, the other partners won't be able to. We're looking for ways for the provinces themselves to find vehicles to take the products from the regional depots to the last mile. We're not going through the channels.</p> <p>You can understand the difficulties this can cause. There are regions where it rains almost all year round, and the roads are faulty. If you have to take products there, if you don't have large quantities, you're going to take them.</p>	<p>KII with TULANE. November 2024.</p>
<p>Honduras</p>	

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<p>SALMI fue muy positivo para la cadena de suministro. La única cuestión sería por nuestro lado el cambio de staff, pero tampoco importante. El apoyo y acompañamiento técnico del UNFPA ha sido positivo para la SESAL: -implementación del SALMI, si bien en este nuevo cargo no tiene injerencia sobre el sistema, en su anterior cargo apoyó el incremento en la cobertura del SALMI, trabajando de la mano con la UGI (Unidad de Gestión de la Información).-desarrollo de lineamientos y normativas sobre el uso de los insumos. -procesos de capacitación del recurso humano en la implementación de nuevos métodos anticonceptivos.</p>	<p>KII with SESAL - Nivel central. November 2024.</p>
<p>La administración logística de medicamentos también ha recibido apoyo significativo de la UNFPA tanto técnico como financiero. En enero del próximo año, se espera migrar totalmente a un sistema digital que apoye la gestión de medicamentos en todos los niveles, desde consolidación municipal hasta nacional. Sin embargo, se reconoce que aún hay una brecha importante por superar para poder sistematizar la administración logística de medicamentos en el nivel local y operativo.</p>	<p>KII with SESAL - Nivel central. November 2024.</p>
<p>En cuanto al tema logístico, el programa ha implementado un sistema de información mixto (SALMI) que combina datos manuales con instrumentos diseñados y propuestos en una guía operativa. Aunque aún es manual en muchos establecimientos de salud, el sistema se ha consolidado en manera digital a nivel de redes municipales, regionales y central. El equipo utiliza esta información para estimar juntos con la unidad logística la cantidad de métodos positivos que necesitan adquirir para enfrentar futuras programaciones</p>	<p>KII with SESAL - Nivel central. November 2024.</p>
<p>Limitantes: El sistema de información SALMI está desfasado y no todos los establecimientos tienen acceso a computadoras o tecnología actualizada. Además, el uso de la tecnología no está estandarizado, lo que hace difícil comparar datos y evaluar eficacia. No existe una exigencia clara sobre el uso de la tecnología, por lo que incluso cuando un establecimiento tiene computadora, no se utiliza adecuadamente.</p>	<p>KII with Médicos del Mundo. November 2024.</p>
<p>RETOS LMA: En el establecimiento se usa el SALMI de forma manual y la fórmula que usa nos ayuda a planificar. Si el programado es 40, ponemos el doble, 80, esa es la fórmula. A nivel regional es diferente, el cálculo es por 3. No nos han capacitado a nosotros en el uso de SALMI, capacitaron a los de farmacia.</p>	<p>KII with Centro Integral de Salud (CIS) Alonso Suazo - SESAL - Nivel local. November 2024.</p>

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El SALMI está bien , ya que recoge tanto la información de las entradas y salidas en bodega como las entradas y salidas de la farmacia. No obstante, hay retrasos en su actualización (a fecha de entrevista, el SALMI estaba actualizado a Agosto. En papel se recoge la información a diario, pero solo recoge las entradas y salidas de bodega. Se necesita más personal para poder atender el SALMI.	KII with Centro Integral de Salud (CIS) Alonso Suazo - SESAL - Nivel local. November 2024.
Tienen instalado el SALMI desde hace 8 años más o menos; sin embargo, no lo tienen actualizado. Mensualmente registran el consumo de todos los medicamentos y semanalmente actualizan las tarjetas de control de inventario. Ahora que cuentan con una nueva farmacéutica, esperan poder actualizar el sistema. La última actualización fue en julio de 2024.	KII with Centro Integral de Salud (CIS) Alonso Suazo - SESAL - Nivel local. November 2024.
La tecnología es un limitante en nuestra labor. El sistema SALMI no está disponible en todos los centros de salud. Además, no hay equipos y materiales para implantar DIUS en algunos establecimientos, aunque tenemos los insumos y capacidades necesarios para su implementación.	KII with Región Metropolitana de Tegucigalpa SESAL - Nivel Regional. November 2024.
El programa SALMI se está implementando a nivel regional y local, pero su alcance es limitado y no todos los centros están cubiertos. En el nivel local no lo tienen implementado en el 100% de los establecimientos, sólo lo utilizan los Centros Integrales de Salud (CIS) y las Unidades de Atención Primaria en Salud (UAPS). En otras, como ZPP, se sigue utilizando un método manual debido a la falta de tecnología informática. En este proceso, también se utiliza una herramienta exclusiva denominada VPFSkin (Herramienta para el Registro de Datos Logísticos de Planificación Familiar), que es específica para la planificación familiar.	KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.
La VPFSkin da posibilidad de evaluar el consumo de insumos y redistribuirlos según sea necesario. Sin embargo, su complejidad y pasos adicionales de entrada de datos puede generar errores y, por lo tanto, se requiere más pasos y evaluaciones que el SALMI. La información proporcionada por la VPFSkin tiene un formato que se puede acceder tanto en papel como digitalmente. La Dirección de Redes envía todos los meses al nivel central (Programa de Atención a la Familia), la herramienta consolidadora de datos logísticos del programa de planificación	KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.

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familiar. Esta herramienta es una hoja de Excel que consolida los informes 3.0 de todos los establecimientos de la región. Se incluyen los niveles de existencias y los consumos mensuales de cada método anticonceptivo disponible.	
Por otro lado, el SALMI es considerado el método más efectivo de los dos , ya que llega directamente desde la receta médica y presenta menos pasos y errores. Permite un análisis mayor, más personalizado, por usuaria/o. Tiene que introducirse de manera digital siempre, no tiene formato manual, y eso es un inconveniente con respecto a VPFSkin. Se necesita conocer más. La VPFSkin no se cancela porque el SALMI no está incorporada en todos los centros locales. La transición pasaría por asegurar que SALMI se pueda completar de manera física, y luego capacitar a los digitadores que se contratan a nivel alcaldía y que ahora digitan la info de VPFSkin. Hay SALMI distribución, SALMI consolidación (consolidación de la info de todas las microrredes y también a nivel central) y SALMI dispensación (del centro de salud a la población).	KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.
Al completar las dos herramientas se duplica información y trabajo en el nivel local y en el regional. La transición entre el SALMI y la VPFSkin es crucial para mejorar la eficiencia de los servicios de planificación familiar. Para lograr esto, es necesario asegurarse de que el SALMI se pueda implementar de manera integral, incluyendo su capacidad de consolidación de datos en microrredes y a nivel central, así como su dispensación directa desde los centros de salud hasta la población. Además, se requiere capacitar a los digitadores asignados en cada alcaldía para que puedan utilizar tanto el SALMI como la VPFSkin de manera efectiva.	KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.
El SALMI funciona a través de módulos: <ul style="list-style-type: none"> • Módulo de dispensación: utilizado en los establecimientos de salud. • Módulo de consolidación municipal: utilizado en los municipios; consolida la información de los establecimientos de salud de todo el municipio. • Módulo de distribución: utilizado en el almacén regional; contiene información sobre los productos recibidos del ANMI y distribuidos a los establecimientos de salud. Este módulo está en red con el módulo del ANMI, pero no tiene comunicación con el del municipio, ni con el de los establecimientos. • Módulo de consolidación nacional: consolida la información regional y municipal; es gestionado por la Unidad de Gestión de la Información (AGI) en el nivel central. 	KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.

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<p>El personal de todos los establecimientos de la región ha sido capacitado en SALMI; sin embargo, no está implementado en todos los establecimientos por falta de equipo informático. La región compró 4 equipos para establecimientos y por falta de transporte solo se ha podido facilitar a uno.</p>	<p>KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.</p>
<p>Otra limitante para la implementación de SALMI es la falta de supervisión; lo ideal sería que desde el nivel regional se hicieran visitas de supervisión al establecimiento, no sólo para verificar la implementación de SALMI y la calidad de la información registrada, sino también para verificar el cumplimiento de las buenas prácticas de almacenamiento en los establecimientos. Cuentan con una guía de supervisión proporcionada por la ULMI del nivel central.</p>	<p>KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.</p>
<p>El SALMI y la otra herramienta que utilizan (modulo 3.1, etc.) duplican esfuerzos. Habrá que cambiar el protocolo central que es el que establece el uso de las dos.</p>	<p>KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.</p>
<p>Estas situaciones – falta de recursos para implementar SALMI y falta de supervisión – hacen que el personal de los establecimientos pierda la motivación en el uso del sistema y así vuelven al sistema en papel.</p>	<p>KII with Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.</p>
<p>Sistema utilizado: El SALMI está implementado desde 2019 en el establecimiento; se requiere mucho tiempo para completar todos los registros y reportes del sistema de información en general, no sólo del SALMI. Sienten que entre tanto sistema se duplica la información y el esfuerzo, porque además del sistema de planificación familiar llevan los registros y reportes requeridos por los otros programas.</p>	<p>KII with CIS de San Pedro de Tutule - SESAL - Nivel Local, Dirección Municipal de San Pedro de Tutule – Región Departamental de La</p>

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	Paz - SESAL - Nivel Local, Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.
Kenya	
Electronic Proof of Deliveries (e-POD) App developed with support from UNFPA for last-mile delivery of family planning commodities Mobile application developed to help enhance efficiency and effectiveness in the delivery of family planning commodities and other essential medicines and supplies to health facilities in the country. The mobile app was developed as part of the “the last mile Kenya” programme implemented through a public-private partnership between KEMSA and Coca-Cola Beverage Africa with the support of UNFPA. Borrowing from Coca-Cola’s expertise and best practices in supply chain management and distribution, the app digitizes data entry at the point of delivery to provide real-time data on the commodities received, their quantities, and time of delivery.	UNFPA (2021). e-POD App for last-mile delivery of family planning commodities wins Global Health Supply Chain award. https://kenya.unfpa.org/en/news/e-pod-app-last-mile-delivery-family-planning-commodities-wins-global-health-supply-chain-award .
Este sistema también incluye un módulo 3.1, que permite la entrada mensual del saldo y el consumo de insumos. A nivel regional, se consolidan las informaciones en formatos centralizados y aprobados. En la región consolidan la información. Son formatos centralizados y aprobados. <ul style="list-style-type: none"> • El registro de adolescentes: seguimiento a los adolescentes • 3.1 Va a otro departamento. Es fundamental para el suministro., 	KII with CIS de San Pedro de Tutule - SESAL - Nivel Local, Dirección Municipal de San Pedro de Tutule - Región

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<ul style="list-style-type: none"> El sistema SALMI también juega un papel importante al servir como un control para el módulo 3.1 en cierta medida, ya que permite saber las existencias de insumos y evitar la falta de suministros. Sin embargo, se ha notado que la utilización de todas estas herramientas puede ser quite lenta y requiere una planificación cuidadosa. Lleva bastante tiempo utilizar todas estas herramientas. 	Departamental de La Paz - SESAL - Nivel Local, Región Departamental de La Paz - SESAL - Nivel Regional. November 2024.
Pakistan	
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.	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.
“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.”	KII with Population Welfare Department, Sindh. November 2024.
“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.”	KII with Population Welfare Department, Khyber Pakhtunkhwa. November 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)</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>
<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</p>	<p>KII with Population Welfare Department,</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>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>Sindh. November 2024.</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>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>UNFPA (2023). UNFPA National Consultation on Reproductive Health Commodity Security and Supply Chain Strategy (2024-2029).</p>
<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>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</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>	
	for Health System Strengthening Application.
<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>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 Manufacturer's Association (PPMA) and representatives of Pharmaceutical Companies attended the meeting. [...] UNFPA's consultant assured the support of UNFPA for the purpose and stated that local production of contraceptives is important for</p>	<p>Government of Pakistan, Ministry of National Health Services, Regulations & Coordination, Population Programme Wing (2023). Approved Minutes of National</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>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. [...] 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>Consultative Meeting on Local Production of Contraceptives in Pakistan Held on 21st November 2023 at Serena Hotel, Islamabad.</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</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</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 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>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 (MoNHSR&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 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>Government of Pakistan, Population Program Wing (n.d.). Brief on local production of contraceptives in Pakistan.</p>
<p>Yemen</p>	
<p>UNFPA Supplies Progress Report: Activity Description: Upgrade the existing LMIS component, including the adoption of GS1 solution for tracking medicines, extend to health facility level, integrate with DHIS2, and popularize use for last mile decision making and support. Key strategic results: Improved commodity visibility from customs to the last mile. Progress: Contract signed with the developer company, but Not Achieved to 1- Refresh TOT training for Central and 22 governorates staff. 2- Training for the 333 district's staff.</p>	<p>UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.</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)	
3- Conduct training for the pilot health facilities 300. 3- More efficient report on the Supply situation has been developed"	
Capacities strengthened by UNFPA in 2022: <ul style="list-style-type: none"> • 102 personnel trained on MISP • 194 personnel trained on provision of family planning 	UNFPA (2023). 2023 UNFPA Humanitarian Response in Yemen.
“UNFPA supported the Ministry of Public Health to establish the LMIS”	KII with JSI. November 2024.
Monitoring and Reporting The LMIS that UNFPA helped setup , collects service and logistics data from health facilities all over the country that will provide data for monitoring of service utilization as well as stock status at District and Governorate warehouses. The Country Office has a fully-fledged Monitoring and Evaluation unit that will organize and support the monitoring of this TA. UNFPA program personnel, together with the M&E unit from Sana’a and Aden, and those located at subnational hubs located in (Ibb, Al Hudaydah, Sa’adah, and Marib will conduct physical visits to a sample of health facilities and warehouses to monitor and validate the data collected through the LMIS and provide technical support for program quality. Visits will be done contingent on the security situation. Mitigation measures and security precautions, as advised by the UNDSS will always be adhered to.	UNFPA (2023). UNFPA Supplies Partnership Narrative Template for Transformative Action Application
UNFPA Supplies Progress Report: Activity Description: Conduct a TOT and train responsible staff from Central, Governorate, District, and Implementing Partners on the updated National Reproductive Health Commodity Supply Chain Manual. (The manual guides Forecasting, Distribution, Storage Conditions, rational use of drugs, and Supervision). Key strategic results: National capacity for logistics management strengthened for uninterrupted supply of reproductive health commodities at SDPs at all times. Progress: Partially Achieved: 1- TOT on the updated reproductive health Commodity SC Manual for both North and South Completed. Targeting Central training from MOH and 22 governorates covering all the country. 2- Training of 22 Governorates on updated reproductive health Commodity SC Manual conducted. 3- Training of the first lot districts completed 183 districts. Not Achieved: Training of the second lot districts completed. 150 Districts	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.

<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 reproductive health supply chain manual was developed with UNFPA support, and TOT for the national staff takes place for all governorates, and the training for all districts is ongoing.</p>	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>
<p>Key Milestones vs Achievements of UNFPA Supplies Partnership work plan (Q1 - Q3 2023) SCM strengthening:</p> <ul style="list-style-type: none"> • UNFPA co-led the RHCS committee with MOH and supported the meetings in both MOHs. • UNFPA co-led the quantification and forecasting committee for the 2024-2025 annual supply plan. • UNFPA supports the development of the reproductive health supply chain manual, and TOT for the national staff takes place for all governorates, and the training for all districts is ongoing. • UNFPA supports the MOH in conducting supportive supervision visits from the central and governorates to districts and HFs, aiming to strengthen the SC and capacity building. • UNFPA support Need Assessment for the Central and Governorates warehouses to enable MOH to seek funds based on the assessment. • Support the Spot-Check for the LMA. 	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>
<p>• In addition to that, the Partnership is not only about Commodities. We use this for LMIs development. UNFPA supports the Ministry of Health on LMIs to strengthen the supply chain management. We support them to develop the reproductive health supply chain manual, we do training for people. A lot of things have been done through this Partnership aiming to make the support as effective as possible. The LMIs play a great role in order to allow us to do tracking for shipment and commodities to the last delivery service point.”</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>
<p>“From 2019 we sit with the Ministry of Health on both sides, and we established the reproductive health Commodity Security Committee, which is responsible for managing and supporting the supply chain commodities and everything related to reproductive health commodities. As a joint effort, UN agencies (UNICEF, WHO), JSI, and other agents, are responsible for quantification, forecasting, and other topics. We build the capacity. In addition to that, we did important interventions and provided support to the Ministry. First the logistic management</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>

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<p>information system, which started in 2019 and it reached the central level and district levels last year. There is an upgrade for this system to reach the health facility level soon. To make a system nationwide, it needs a lot of effort and a lot of coordination, collaboration, this is what we do. We succeeded on that: both ministries approved this logistic management information system as a national logistic management information system for other primary healthcare programmes. From this year we start with the upgraded version to do the training. In the South, there is JSI who will also take the responsibility for the logistics, for the supply for 25 districts. They will use this logistic management information system for supply management with the Ministry of Health.”</p>	
<p>“We support both ministries to develop the reproductive health supply chain manual, and we also do training at the district level on that. During the crisis in Yemen all things have collapsed, specifically the supply chain. We are not working like other countries. Other countries build a parallel system to the government. But at least with the UNFPA Partnership, we support the ministries to keep their supply chain working and strengthening. We started from the central level, and the district level in the last three or four years. From this year we reached the health facility level.”</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>
<p>Zambia</p>	
<p>“We have quite a number of systems, most of them are supported by USAID. We haven't seen much of UNFPA on that front, maybe because the support is coming from USAID . But we have seen some level of support in improving the systems through procurement by UNFPA of some of the gadgets we are supposed to use in the facilities. For example, in some provinces they are currently trying to roll out the eLMIS in the facilities. UNFPA may not be directly involved in integrating systems or developing them, but the gadgets, software or equipment used to ensure these systems are in operation are provided by UNFPA. It would be good to receive more support.”</p>	<p>KII with National Supply Chain Coordination Unit. November 2024.</p>
<p>“There has been great support for forecasting from the Partnership. There were regional trainings on forecasting. The Zambia Country Office had an opportunity to improve forecasting. There was an additional national level training this year on how to forecast and procure. We have been able to support such activities for the last three years, both with technical and financial support. [...] We also supported the review of the supply plan activities in June, which is supported by the national government and sometimes USAID. The annual family planning review has also been supported by UNFPA Supplies resources to get an understanding of commodities and methods uptake, this helps to gather body of evidence.”</p>	<p>KII with UNFPA Zambia Country Office. October 2024.</p>

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<p>“There is quite significant support coming from UNFPA in terms of procuring family planning commodities for Zambia. UNFPA has also extended its support to ensuring that these commodities are managed better with capacity building trainings to equip human resources with skills and knowledge on how to manage commodities and strengthening the available systems within the facilities. Where they have capacity, they have been able to support systems improvements.”</p>	<p>KII with National Supply Chain Coordination Unit. November 2024.</p>
<p>“We have 3500 facilities across the country. In the aspect of supporting human resources and capacity building, and also improving health systems, UNFPA has had more impact in one of the provinces, where they are fully functioning (Luapula Province). There are other partners within the supply chain who are supporting the Ministry and government, but the support is not yet adequate. More support is welcome, considering how vast the country is, and the number of facilities.”</p>	<p>KII with National Supply Chain Coordination Unit. November 2024.</p>
<p>“We need UNFPA to expand their mandate in terms of increasing capacity building activities. There has been extensive work done in regard to procurement and distribution of health commodities, but there hasn’t been much work in terms of ensuring we cover human resources and capacity building. UNFPA can probably increase its presence to cover this gap.</p>	<p>KII with National Supply Chain Coordination Unit. November 2024.</p>
<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (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>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>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
Global and regional	
<p>The Last Mile Assurance (LMA) is indeed a positive step forward as it begins to offer visibility during the final stages of the process. It started well and continues to improve, moving in the right direction. Regarding its enablers, LMA is becoming a crucial part of full end-to-end visibility, which is commendable. However, some inhibitors remain: firstly, more funding is needed for it to be fully operational. Secondly, it must be enforced so that any findings from the LMA process lead to actionable and improvement plans. This isn't always the case currently. Thirdly, while LMA aims to establish comprehensive visibility from procurement to distribution—that is, from manufacturing and shipping to service delivery—there's a gap that needs strengthening between the country's port of entry and the last mile. This intermediate phase still requires significant attention and enhancement.</p>	KII with UNFPA, CSB. October 2024.
<p>What her team is doing is unique, thanks to the SP. LMA process - 39 of 41 assessed last year were in the Partnership. Yes, there is a financial contribution which is key, but also she reports to Finance and Risk subcommittee each quarter, and with SC members, sharing results, getting feedback. This has allowed team to work towards significantly improving data visibility for products. Easy to find data. Leadership is now getting a lot more data and reporting. The team gives recommendations. Dashboards help. All within scope of Partnership. Much more communication, discussion, feedback loop.</p>	KII with UNFPA, SCMU. October 2024.
<p>The Partnership has a unique contribution given their UNFPA Country Offices having access to the 'health systems strengthening fund' - the TA support that funds recommendations from the in-country assessments that relates to supply chains, visibility, and much more in the area of health systems strengthening, including storage, forecasting, quality etc. The real question is, is this working? From my perspective we have no visibility into this fund, the impact and M&E around this fund and trends over time. We don't know if it's working or if there is added value in this support.</p>	KII with UK Foreign Commonwealth Development Office (FCDO). October 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)	
<ul style="list-style-type: none"> We have no visibility into whether they are leveraging and mobilising partners in countries - USAID, local partners, country level distributors, MOH etc. Given the system is completely different in each country, there needs to be a tailored approach to each country, working in lock step with SCMU which is not happening either. SCMU's new strategy may help in transforming this over the next 5 years - but this was developed without UNFPA Supplies Partnership programme team, so there need to be joint KPIs. 	
By adding the co-financing model we keep the same but said you have to pay 1% or small percentage, when that happened and they then made that payment that triggers a series of steps, so all commodities procured under that are integrated automatically in the regular systems they have some accountability. That small thing helps them to institutionalize a lot of processes such as inventories etc. It was a small change that had a huge impact.	KII with UNFPA. November 2024.
Cameroon	
The supply chain is characterized by a multitude of information systems and manual reporting. Since 2015, the country has undertaken phase1 of the project entitled. The "SIGLe/eLMIS (Système d'Information de Gestion Logistique électronique/electronic Logistic Management Information System)" project has connected the ten FRPS, CENAME and DPML. Despite the implementation of this project, the level of logistics data and input availability remains low.	Ministere de la Sante Publique Republique du Cameroun (2022). Plan Strategique pour le renforcement de la chaine d'approvisionnement public des produits de sante au Cameroun: 2022 – 2026. (pg2)
Democratic Republic of the Congo	
In the work plan we have with the PNAM, we are in the process of initiating the development of stock management software, which does not currently exist in the DRC. And as I said, it's still we have, we're going to initiate that with UNFPA Supply, we're going to send the catalytic fund. But it's clear that it goes beyond what we're going to send the highest level of funds to start with.	KII with UNFPA. November 2024.
Honduras	

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)	
En los últimos años, el LMA ha retrocedido significativamente. Es cada vez más desafiante asegurar los insumos necesarios en los establecimientos. El desabastecimiento se ha vuelto más común, lo que puede deberse a una falta de coordinación entre los niveles gubernamentales. Además, el no utilizar adecuadamente el Sistema SALMI también está afectando negativamente esta iniciativa. Aunque muchos establecimientos no tienen acceso a internet, la falta de interés en utilizar este recurso tecnológico es un problema persistente.	KII with Médicos del Mundo. November 2024.
Pakistan	
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.	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.
“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.”	KII with Population Welfare Department, Sindh. November 2024.
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

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	management of RH commodity security.
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 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.	UNFPA (2023). Inception report: Technical Assistance to support at national level to improve partnership and 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.
“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	KII with Population Welfare Department,

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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.”	Sindh. November 2024.
Yemen	
UNFPA Supplies Progress Report: Activity Description: Implementing recommendation from 2022 Spot check. Key strategic results: Enhancing accountability, tracking, monitoring risks, etc. Progress: Fully Achieved for "Review for the 2022 spot-check findings and develop an implementation plan", and Partially Achieved for "Activities implemented ".	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
UNFPA Supplies Progress Report: Activity description: Support the central warehouse in with a refrigerator and CCTV. Key strategic results: Improved the warehousing and storage conditions for the central warehouses. Progress on "Refrigerator for oxytocin storage and CCTV are installed" is Partially Achieved.	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
The Third-Party Monitoring Agent assessment of the availability and distribution of maternal and newborn health supplies in Yemen conducted by Moore Yemen concludes that the distribution of commodities and family planning methods occurred on 2022 for both years (2021 – 2022). The distribution was conducted through different layers starting from the Ministry of Health for each region, which distributed the commodities to Government Hospitals, District Hospitals, Health Centers and Health Units based on the distribution plan which was prepared by MoH in each region. The assessment found that there is a need to unify the official receipt documents across all facilities in both regions to facilitate monitoring and verification of support receipt through using a template that is enforced by the MoH. As to the sufficiency of received quantities, the results show that there are less quantities available in health facilities in the North region, which indicates that there is a need to reassess the distribution plans	Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA, Reproductive Health Supplies for Women and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.

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<p>and support amounts to each region.</p> <p><u>Recommendations</u></p> <ul style="list-style-type: none"> • Since some HFs stated that the received commodities were not sufficient, it is recommended to improve communication between the Ministry of Health, Governorate and District health offices and health facilities to ensure that the distribution of supplies is based on health facilities actual needs and proper channel for reporting and communication between the HFs and the main responsible distribution institutions. • After conducting field work, it has become evident that each health facility, GHO, or DHO had its own unique mechanism for receiving support, and the support receiving documents also vary. As a result, we recommend the implementation of specific and standardized support forms to ensure consistency across all facilities. • It is recommended that UNFPA engages in proactive planning and coordination with the TPM team to facilitate synchronized implementation. It is essential to align the deployment of the monitoring team with the project's execution phase or immediately following its completion. This approach will enhance the timeliness and precision of reporting, contrasting with the 2020 report, which was conducted immediately after project implementation, leading to more accurate findings. 	
<p>Zambia</p>	
<p>“We have huge data challenges. The main challenge for the Partnership in Zambia is inventory management challenges, stock-outs of commodities; the issue is at the different units, e.g. pharmacy, storage units. Facilities say there are stock outs but it’s about the reporting of the supplies. They may record stockouts, but the commodities are actually available. These data disparities affect perception of what is happening on the ground. The online data is not available in real time, there is a delay (the current data is only until August). These data quality challenges affect quantification. In terms of sources of data, we look at demographic data from centrals statistics office to know how many women are in need for family planning and the completed by service data HMIS (facilities report what commodities they have). Double checking (often manual) needs to be done on available data too. We compare this with the data of facilities, at what they issue out and dispensed, and look at forecasted quantities compared to what is issued by the central house. Because the data have so many gaps, they are not accurate.”</p>	<p>KII with UNFPA Zambia Country Office. October 2024.</p>
<p>In 2022, key UNFPA supported results towards zero unmet need for family planning included:</p>	<p>UNFPA (2022). Zambia Annual</p>

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Through ongoing support supervision visits by UNFPA, 85% of service delivery points reported no stock-out of three or more contraceptives as part of their regular services. This was an increase from 65% in 2021.	Report 2022: Delivering on the transformative results.
Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
Indicators 3.4.1. Global and Partnership data on “last mile” delivery showing percentage of countries that report having, with Partnership support, improved “last mile” delivery through better local distribution and on-time deliveries, avoidance of stock-outs at facility level, and other means. 3.4.2 Developed strategies, adapted to different contexts, to improve “last mile” delivery and assurance using high-quality data and product tracking. 3.4.3 Extent to which SCM and delivery to service delivery points has improved, or continued, across humanitarian/conflict/crisis Partnership countries. 3.4.4 Extent to which available procurement and delivery data indicate products are reaching the “last mile” – the intended end users in Partnership countries - in a timely way. 3.4.5 Views/experiences of UNFPA staff partners and other relevant stakeholders about the LMA approach.	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
We procure and we deliver to the last mile. Colleagues from SCM will be the best people to speak to this. However, based on my experience most challenges we have is tracking of the commodities that we provide to NGO partners, it is always time consuming, you have to identify what you have and where it is, at the health facility level or dispatched to women who needs them? The time and resource are the greatest challenge we have to operate the in-country assessment. The other challenge I see is implementing the recommendations from those in-country assessments. At country level if something is identified then government must take the lead and implement the recommendation of that in-country assessment. Sometimes countries don't have the adequate amount of resources. I think these days we	KII with UNFPA. October 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
have more visibility with the level of in-country assessment that has been done. We have greater visibility, but we need to invest a bit more and seek support or work more collaboratively with other partners like USAID to understand what collaboration can be done to identify the mislinkage's in the system.	
I might not be the right one to answer this, I don't have visibility of programmatic aspects in countries, I just want to say this is one of the big improvements of phase Iii that we have the LMA there is now a team working on this. In the proposals we get for TA for SM, LMA is always referred to, but they are always looking into accountability but not so much the ratio between urban and rural, is that optimal. This is also about social marketing of commodities. It is a dilemma, the highest CYP then you focus on the cities, but I understand that we are trying to do both. We give a small contribution to RH kits. Apart from that HRD get a lot of funding from other partners so we focus on non-humanitarian	KII with UNFPA. October 2024.
that didn't' come up in country classification but it came up when talking about the match fund, we did interviews with some COs and some partners and that was something that came up definitely DRC and another country they liked the match fund and that is great we are getting RHC to our central warehouse but then what? how to distribute to the last mile. They want to know if with match funding it can go to TA or HSS at the time the answer was no, it didn't make sense for the match fund. We don't have a lot of insight into what is happening with HSS piece. I do think that just in some of the country feedback we received.	KII with Avenir Health. November 2024.
<p>Involvement with SP? SCMU gets \$\$ from SP for SCMU LMA and HSS activities. In 2022 about \$500,000 now about \$740,000.</p> <p>LMA assessments – assessment of country SC, gaps, mentoring with facilities staff, action plans for SC strengthening. \$ goes toward these assessments (using external assessors), for platform, etc. Some SC Strengthening missions in countries each year.</p> <p>LMA has 4 activities – to assess and evaluate SCs in countries. In country assessment is main (main \$ component).</p> <p>LMA only exists in its current capacity since last year. It exists since 2019, but it was under Finance branch before (was very fiduciary, audit-like, focused on product loss, ensuring accountability, compliance, etc). When there was any loss, govts had to reimburse. Then SCMU came about in 2022, with a new chief. Was recruited in June 2022 for her position. Inherited LMA from Finance branch, with redesign expected. Now LMA has a more SCM function focus, with</p>	KII with UNFPA, SCMU. October 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
<p>ultimate goal to strengthen supply chains. They spent second half of 2022 rethinking how to do it, consulting with UNICEF, other partners about how to redesign LMA. Keep framework of process, with focus on how supplies are managed in countries. They wanted to redesign LMA for new purposes, but not make it completely different. Redesigned each LMA activity. SC map became SC overview, more holistic. SC assessments became a focus. Program supplies reports were redesigned into quarterly stock review (QSR). Changed some indicators. No spot checks (on stocks) anymore, instead in-country assessments. Using the LMA cycle they assessed 41 countries last year. There are different eligibility criteria for different activities under LMA. The SC overview -- about 100 Implementing partners do activity reviews each quarter (QSRs).</p> <p>LMA was under Finance branch in NYC. She wanted to realign the whole SCMU. July 2022 started SCMU realignment, working with team of consultants – only now is there a full team and staff in place at SCMU. 18 people – 9 in CPH, 9 in regional offices. Missing 2 people, who are starting in Nov.</p> <p>Normally UNFPA hands commodities over to implementing partners (e.g. WFP, which has established distribution and storage systems) early in the process to get goods transported throughout country and to end users. UNFPA donations are usually consigned to CO, who customs clears them, then hands them over to implementing partners. But IPs don't have unified systems of SCM, inventory mgmt., reporting, data on % reaching end users, to know how to target any issues. So, this is a challenge.</p> <p>Are they using other partners/donors' assessments? Yes, somewhat, but now with team in place, they need to work on this more - using results of other assessments, put cooperation more in place. Supplies team (now FP branch) is doing facilities surveys every ~2 years in each country. Avoiding duplication. But could work together more. More cross fertilization is needed.</p> <p>When SCMU was established, LMA and Planning moved into SCMU. Inventory control also moved into SCMU.</p>	
<p>The Partnership delivers commodities to the central warehouse (excluding customs clearance - this role is for the government as part of their Compact commitment). The Partnership does not pay for downstream distribution to regional warehouses or health facilities. This is a critical weakness especially in countries where the government does not provide resources for last mile distribution. The Partnership however advocates for</p>	<p>KII with UNFPA, SCMU. October 2024.</p>

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
<p>government and partners to avail resources for distribution. The Partnership also provides technical assistance for distribution planning and monitoring availability of commodities at the last mile (through the LMA process), hence generating evidence to support improvement in coverage. The Partnership will need to go beyond performing Last Mile Assurance, to working more collaboratively with in-country stakeholders to strategically address the findings from these assessments.</p>	
<p>Product availability at point of distribution now as compared to product availability before implementation of activities supported by the Partnership:</p> <p>Yes, the volume of procurement of donated commodities has generally increased since 2021 (FCDO cuts excepted) as evidenced in the Partnership Annual Reports. The number of countries receiving commodities also rose from 48 to 54, increasing geographical coverage. New products have also been added to the method mix for several countries (details also available in the Annual Reports).</p>	<p>KII with UNFPA, SCMU. October 2024.</p>
<p>In the second phase, UNFPA was heavily beefing up our focus and professionalization of humanitarian supply chain. At the time, there was a clear ask from the donors of the Partnership (some big donors at the time being the UK, Netherlands, Denmark) to allocate resources to the humanitarian division to meaningfully work on some of those pieces, including 3 million USD that went into the emergency fund [as described by Agnes]. This would be able to fund RH kits and some lifesaving maternal health commodities for sudden onset emergencies, as part of the wider emergency fund mechanism that we have in UNFPA. This was massive for us at the time, because our emergency fund is quite limited and by far the vast majority was used by supplies (kits). There was a moment where a number of donors had to pull back on how much money they were giving to the Partnership (particularly the UK). The amount given to the emergency fund was reduced heavily to 1.2 billion USD. A number of donors have stepped up since then, we are in better financial place now. The question on our side is what is the Partnership claiming to do around humanitarian and what is actually achieving in humanitarian? We desperately surpass 1.2 million a year. That is often used as justification by the Supplies Partnership of what is happening around humanitarian. For us and COs, this can be very complicated. By far, it does not meet the demand, even for the countries that are considered under the Partnership, let alone others. The funds from the Partnership, are only able to be used for the international procurement and international logistics but not in country logistics distributions. The country offices struggle to report to the donors who are actually funding the last mile distribution. The Supplies Partnership is saying we have saved X numbers of lives in these countries by distributing the kits, which they didn’t actually do.</p>	<p>KII with Humanitarian Response Division. November 2024.</p>

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
<p>There is a lot of focus on what SP can do on data visibility and LMIS. This is very different to what can be done in humanitarian environment. In a normal setting e.g. Bangladesh: the ability to work with the national government and roll out a targeted LMIS is very different than in a context like Syria, because the national system is fragmented. While this is not possible, there might be other things are still possible to improve the data visibility in the last mile. It is not just the national LMIS system (of which now there are 4 being rolled out: JSI funded by USAID, MOH funded by Chinese government, etc.). The SP touches on LMA but even our internal data systems will only track goods only until the moment that we hand them over to someone else from UNFPA. COs do not have visibility, particularly in the humanitarian environments where we are doing the distribution of the commodities, not the national government, over what is happening to those goods at real time until they reach the service delivery point. We only have LMA, which comes in at a very later stage and looks back at what happened.</p>	<p>KII with Humanitarian Response Division. November 2024.</p>
<p>I think the root cause of many challenges is the lack of accurate data and the difficulty in making that data flow smoothly across the system. We often end up with siloed data and bringing it all together for analysis is still a very manual process. At the country program (CP) level, we may identify a need, such as 100,000 units of injectables, which we think will be part of the supply plan. But once it's submitted, we don't have much insight into what happens after that. For example, we might not know how that number gets impacted by national decisions, such as allocations made by the government. If the government only receives 50,000 units, that reduces our ability to meet the identified need, which causes challenges in getting the commodities needed for service delivery. The visibility issue becomes even more apparent once the products reach the Ministry of Health (MOH). After that point, it's difficult to trace how the data moves through the system and back up the supply chain, which is where we lose track of what's happening. In countries where we have good visibility, like Ghana, the system works well, but we only have that level of insight in a few countries. It would be beneficial if we could standardize and increase visibility across the board.</p>	<p>KII with MSI. December 2024.</p>
<p>The issue of reporting is another challenge. For example, the QSR process is overly complex and doesn't always meet the needs of the country programs. While we tried to streamline it and send a revised version for review, we were told the standardization of the QSR made it difficult to adopt new ideas. Some country programs face different needs and environments, so it would be helpful if there was more flexibility in the reporting format. It would be great if the Global Family Planning Van could be leveraged as a single point of data entry for the QSR, which would simplify the process. On the expenditure tracking front, the data available is phenomenal, but it's not easily accessible. Making expenditure tracking data open-source and real-time would be a game-changer. Likewise, the compacts and the data they contain should be made open source, as there is a wealth of useful information there. Additionally,</p>	<p>KII with MSI. December 2024.</p>

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
<p>there's the issue of the Coordinated Supply Planning Group. This group, which includes key donors like UNFPA and USAID, makes important decisions around allocations and stock management. However, these decisions are often made behind closed doors, and there is no visibility or communication around them. This lack of transparency is problematic because the group plays a significant role in the supply chain, and bringing their work into the open would help ensure better alignment and accountability.</p> <p>Overall, I believe things are heading in the right direction, but there's still a lot of work to do to improve transparency, data flow, and communication within the supply chain and across the different stakeholders.</p>	
<p>Reaching last mile – through LMA activities, they trace all the way to the last mile. Commodities do get to the central WH in country, go out to zones WHs, and get distributed to HFs. No real challenges getting to end users in his view. There is always room for improvement re: wastage, expiries. The biggest challenge is documentation in HFs – gaps in docs and records kept at that level. They work with countries on inventory mgmt., improving this. Systems are manual/paper, so a challenge in these settings.</p>	<p>KII with UNFPA, ESARO. November 2024.</p>
<p>Yeah, that's the biggest challenge if I put on the scale, I think to make sure that products that we procure internationally have arrived in the country's central medical stores and moving down the chain. Because supply chain is expensive, it's costly. So, if no one is taking care of... if there are no resources, especially when these are free of charge commodities, there is no shown commercial value on them, I found that some government prefer to sell them to have some returns than the products that are free, what we call program supplies, whether it is malaria, RH, all those products are not really paid for... it's very hard to see them moving down the chain.</p> <p>The assumption that someone has to pay, or the government has to pay, sometimes does not work in our supply chain science. Last mile was the expensive part of the chain. If you have to deliver for thousands, hundreds of miles in big countries, that we have in the region in the very tough conditions, you have to maintain the quality across between 15 to 25 degrees so you need containers that have temperature control, the storage part, the need to be in cool places, work on the sun, the heat, this requires a lot of investment. So, I would say, a lot of the programs is more to bring evidence through the last mile assurance, especially for in-country assessments... whenever we go, we come back with recommendations but these are not decided to be funded by the program alone. We put that to the MoH. The next effort would be to align with other donors, whether global fund, directorate of USAID, global programs like GAVI we still have some silos in those kind of assessment. Everybody will come with a plan but we don't work to see a joint plan to work together. I can say that some countries are doing well, such a Liberia or Chad, supply chain is really</p>	<p>KII with UNFPA, WCARO. December 2024.</p>

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
integrated. It is funded by Global Fund. For example, to move out our product from central store to counties in Liberia or to the facilities, it is funded by Global Funds. The storage is funded by USAID. It's a good example of integration. But in some countries, it's very hard even to integrate oxytocin into the cold chain for vaccine. People think if you put oxytocin in vaccine containers, there could be confusion, although the global guidance exists so in practice, it is very hard to convince immunization programs for example which is running parallel supply chain. It is very hard to convince them to accept our oxytocin that requires the cold chain. That's among the biggest challenges. Of course, the program cannot do alone, it's very expensive to do it	
<p>Before intervention, for supply chain overview you need to understand the setting of the company. For supply chains in-country we do now quarterly report on stocks. They submit the status of the supplies. We analysed them in the 20 countries to really make sure that if there's any risk of stock out we can speed up the procurement or if it's based off of a stocking and delaying some shipments</p> <p>the third activity for that element customer experience is the risk assessment so we do analyse the risks associated with the supply chain of those countries in terms of complexity and the capacity.</p> <p>the 4th one which is a very key one is the in-country assessment where we send independent consultants teams to ministers of health and UNFPA colleagues to go deeper into the facilities on average 12 to 14 facilities to see if products have arrived, and how they managed, record keeping, the storage conditions or disease are done through the street visits</p>	KII with UNFPA, WCARO. December 2024.
Cameroon	
The last mile strategy has not yet been achieved; it remains an objective that we want to achieve. It is still possible to reach 24 Districts, but it is very difficult to reach 1,000 HEALTH FACILITIES in the region. The RFHP LT has enormous logistical difficulties in terms of vehicles (very aging vehicle fleet), the fleet needs to be reinforced. Stock shortages have largely decreased in the HEALTH FACILITYs thanks to the collection strategy at the DISTRICT level during coordination meetings. At least there is still the expiration of products like oxytocin stored in the DISTRICT, but the HEALTH FACILITY does not necessarily come to collect them. They currently have stock that expires in 2 days and will need to be picked up soon for processing. Delivery was disposable from CENAME in 2 waves, one of which arrived at RFHP LT with an expiry period of 15 months and a second batch arrived with an expiry period of only 7 months. There was also the problem of preserving this oxytocin in the open air and not in the cold chain.	KII with RDPH and Regional Fund for Health Promotion Littoral. October 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
<p>Another hypothesis that caused unrest in the min of the actors is the delivery of a previous stock of oxytocin which needed to be kept at room temperature. When this stock expires, service providers have not necessarily read the new bottle instructions requiring storage at a particular temperature. Hence the participation in the expiration of certain stocks.</p> <p>How much oxytocin has expired? The work of identifying expired stocks is still in progress, so we cannot yet quantify this.</p>	
<p>"Several activities were developed this year, we had several meetings with regions which allowed last mile monitoring (Adamawa, North, Far North, Littoral, West and East). Peripheral actors are more inclined and responsible for making requests and delivering products to health centres.</p> <p>USAID support for transport was requested. GIZ, KfW have all provided funds for transport. "</p>	KII with UNFPA Cameroon Country Office. October 2024.
Democratic Republic of the Congo	
<p>The real challenge is accessibility. We have a road problem. It's a real headache. If we have to use even the on-board resources we have, sometimes inside we use motorbikes. You'll find that these are products that need to be kept at a certain temperature. Sometimes they can arrive at their destination already deteriorated. That's the challenge. The main problem is the roads. So transport is too expensive, otherwise it's complicated to use air transport.</p> <p>The runways, the landing, I think that the solutions that we can propose, if we use the air route, the sea route, that's true, and then we use the motorcyclists who can always help us in that sense. But they also need to be paid, and that's the problem too.</p>	KII with PNSA. November 2024.
<p>the situation is that there are populations that are accessible, but there are also populations that are not really very accessible. It has to be said that some populations are difficult to reach. We have to recognise that. There are populations that are difficult to reach. That's why we use strategies, several strategies, specific strategies for unreached populations, for populations with difficult access. You have local populations who live in areas where it really takes time, resources and all that to supply the health centre with medicines. So, there are strategies that are much more specific... It's very specific. In fact, it's hard to understand the reality of the DRC from an office like this. But when you get out into the field, that's when you really get to feel the reality.</p>	KII with PNAM. November 2024.
<p>Main difficulties with Last Mile Assurance: The difficulties are in each area of integration last mile operates in 5 areas in terms of delivery there are quite a few difficulties UNFPA there are delivery times that are sometimes not respected</p>	KII with APSME. November 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
there are sometimes products that arrive at the carriers that are not qualified there is sometimes the candidate who orders that does not meet the needs sometimes it is close to expiry and that always creates inconvenience. And this has repercussions on all the other areas, and when we distribute, sometimes there are people who take into account the plans for fair distribution without taking into account the needs of the health structures, but others who take into account the orders placed with them, otherwise we say that the order is better because someone has expressed their needs, but in other health zones, we don't see any fair distribution, always falling into overstocking and the expiry of certain products as a result.	
Transport is really the bottleneck. Because when it reaches the health zone, the health zone has to be able to transport its products to the facilities. But the health zone doesn't have a budget line for transporting these products. So, there's The means of transport. There's also a shortage of service providers, of trained structures that have to... I think it's more transport. Geographical access is the problem.	KII with ABEF ND. November 2024.
We have an agreement with Sanru, which helps us to send the products. They ask for products for some of their health zones, but the DPS also needs them, so they send everything. So, based on that, the products will arrive at the health zone or the DPS. To send them to the last user. So, to answer your questions, in the public sector we have money problems. Without government involvement, it's difficult for products to reach the last mile easily.	KII with UNFPA. November 2024.
Honduras	
Un valor añadido o factor diferenciador del UNFPA en el alcance de la “última milla” es el apoyo que brindan en la conformación de la mesa técnica de salud sexual y reproductiva. La mesa tiene un papel clave ante los riesgos de desabastecimiento de insumos, al gestionar insumos regional o localmente para evitar los desabastecimientos.	KII with UNFPA Honduras Country Office. November 2024.
Kenya	
The iLMIS has been a great addition, but the data coming from the health facilities (manual record keeping) remains a challenge. Data quality from these sites remains a gap. There is a need for more data quality efforts, and to cascade the LMIS to more health facility level sites, and the e-LMIS system down to CHPs/CBDs at community level.	KII with UNFPA Kenya Country Office. November 2024.
Regional disparity in utilization of family planning services demonstrates the level of inequity in access - the counties in the Arid and Semi-Arid Lands (ASAL) have very low uptake of family planning - i.e. Contraceptive Prevalence Rate (un) as low as 2% in Mandera and Wajir Counties. On the contrary, women and girls in central parts of Kenya, like Nyeri County have higher CPR of 81%. There is also disparity in the uptake for family planning services in different	UK Foreign, Commonwealth & Development Office (2023). Concept note:

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
populations. The unmet need for family planning is higher among the unmarried women and adolescents at 19%; while those living with HIV have an even higher gap of 36%. Reported barriers to the uptake of modern family planning methods in Kenya include lack of commodity security, perceived side effects, high costs of financial access to family planning, failure of some family planning methods, peer influence, gender-based violence as a result of conflicts in families, overuse of contraception, health system challenges, and preference for traditional family planning methods.	Accelerating the achievement of Reproductive Health Commodity Security in Kenya. (pg2)
Pakistan	
“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.
“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.
Yemen	
“ We have a lot of activities around LMA . We have the quarterly report that we have been working on with the Ministry of Health and also other implementing partners. We are using the LMI. We also have in-country assessment, which is the spot check. We do it on an annual basis with TPM company and in coordination with the ministry of Health. We suggest the MoH should be part of that in order to improve their capacity and to work with them on LMA to be familiar with it. We did advocacy workshops about last mile assurance, for both ministries and they agree about the activities themselves, and we facilitate them. We start with advocacy about the LMA, how it benefits both the	KII with UNFPA Yemen Country Office. November 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
Ministry of Health and also other players. We also have the availability of reproductive health commodities and services assessment every two years.”	
“LMA is about answering the question: how do we provide services? There are many women in remote areas, and we, as UNFPA we have some satellites at the offices that are supporting the government to implement our interventions. But everything is relying on donors' support. And the involvement from the Ministries is quite weak. Everything is relying on us in terms of warehousing, transportation, delivery to the last mile.”	KII with UNFPA Yemen Country Office. November 2024.
Zambia	
<p>The in-country assessment (ICA) conducted by UNFPA in 2023 in Zambia involved visits to Zambia Medicines and Medical Supplies Agency (ZAMMSA) - implementing partner Central Warehouse (CW), Decentralized Warehouses (DCW – ZAMMSA Regional Hub in Chipata and 3 District Health Offices - DHOs) and 12 Service Delivery Points (SDP, i.e. health centres and health posts). The main aims of the ICA are to: 1) Perform traceability exercises for UNFPA and IP r distributions; 2) Measure country stock on hand at CW, DCW and SDPs; 3) Assess if quality of products is safeguarded at facilities; 4) Measure product expiration, waste, and loss; 5) Evaluate facility record-keeping and storage practices; 6) Build capacity of facility staff; 7) Verify information collected in previous LMA process activities; 8) Gather data for issuance of evidence-based recommendations for supply chain strengthening; 9) Monitor and evaluate progress of remedial actions issued in previous in-country assessments; 10) Ensure UNFPA and IP accountability; 11) Improve UNFPA and IP ability to discharge fiduciary obligations to donors. The ICA included 4 main activities:</p> <ol style="list-style-type: none"> 1. Traceability Exercise: The objective is to verify that supplies distributed by UNFPA and/or the IP were received and adequately recorded. 2. Stock Review: The aim is to assess the accuracy of facility inventory records and identify risks of stockouts and overstock of UNFPA Programme Supplies. <p>Verification of Facilities: The purpose is to understand the record-keeping practices used to manage UNFPA Programme Supplies and the conditions of facilities where they are stored.</p>	UNFPA (2023). In-Country Assessment Report 2023 Zambia.
“For the ICA, we look at commodity traceability from what was ordered at international level, to what was allocated to UNFPA Zambia, to the central warehouse, right down to the service delivery point. We have good commodity traceability (100%). Having a system to look at commodities and how they are moving is helpful, we are able to look at bottlenecks. In all the ICAs we have conducted, we have identified inadequate storage space. USAID has supported the government to expand storage space. UNFPA was able to identify this as a clear bottleneck.”	KII with UNFPA Zambia Country Office. October 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
<p>"I feel the Partnership has concentrated more on the funding to bring in the supplies and less concentration was made on the LMA and capacities for last mile distribution. As an agency, the more commodities we bring in, we know to transport and move them, and the replenishment of health facilities is costly. <i>[The Match Fund works so that]</i> If you put in this much in terms of commodities, we'll give you some additional commodities. But then what about the last mile indicators? What are we monitoring there? How are we ensuring that, even as there are funds to bring in commodities, the government in the country has the capacity to conduct last mile distribution? (storage, quality assurance, processing of orders, internal warehousing, packing and transporting the products to the last mile). In a situation where you are bringing in a lot of commodities and have a wonderful stock status according to the plan at central level, you may be limping at the last mile because there hasn't been that much attention or deliberate focus to build capacity in that area."</p>	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
<p>"As far back as 2014, USAID has been supporting ZAMMSA in terms of distribution. It came as a challenge to fulfil last mile obligations by ZAMMSA because of the challenges they've had with funding, so we had to step in to provide some support. We procured vehicles to help improve their distribution; if you use vehicles, you need to also plan for maintenance, fuel and driver allowances. That proved to be a challenge because ZAMMSA did not have enough funding allocated to the institution. Through our implementing partner, we outsourced the distribution to third party logistics providers, and we supported them from 2015 to about 2022. Currently we have a project which goes up to 2027 to support last mile distribution to really showcase to the ministry that ZAMMSA can function with the engagement of the private sector for last mile distribution. The ministry doesn't have to be buying trucks all the time, they can invest those resources using the private sector. All the studies have shown that it's a much cheaper model to outsource rather than to buy trucks, hire drivers, maintain those vehicles, which is quite costly in the long run. UNFPA has been supporting with some resources towards that. In our last meeting, we were trying to see how we can coordinate when it comes to distribution commodities and support ZAMMSA."</p>	KII with USAID. November 2024.

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

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

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

Indicators

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

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.	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
Change from P.II to P.III we moved from donor financing to domestic funding this was a really good change. Specially talking about FP commodities that is significant change, With the compact and match fund coming into play for enhancing sustainable financing this has helped countries.	KII with UNFPA. October 2024.
Normative framework. The financial sustainability framework provides us with a comprehensive vision of what constitutes success and outlines the key components that countries need to focus on to achieve financial sustainability over time. Most of our challenges arise from implementation rather than the framework's design. We often don't use our HSS funds effectively and lack the necessary capacity in-country offices and partner organizations to turn this vision into reality. It's crucial to collaborate with governments on multi-year financial sustainability plans, but without the expertise and capacity to lead these discussions at the country level, progress is hindered. In my view, the real issue lies in execution, not design.	KII with UNFPA, Family Planning Branch. October 2024.
I know in the beginning it was a bit confusing for country because they have signed some documents. Sometimes, it looks like duplication, but it was necessary for us to do it for the supplies partnership to be able to clearly link the contributions from this to whatever the government was going to be making. I think the only challenge we've had is that once we sign the compact, they're supposed to resign the Annex A like every year. I think that's where the problem is because sometimes the budget cycle for countries are different: January to December it might be July to June; then they're also supposed to be signed off by both the Ministry of Health and Ministry of Finance. Trying to get that on an annual basis has proved to be a real challenge but I think it allows the conversations to continue with the country and make sure that everyone is on board with the process. I don't think he should be making it a condition. If they sign on the compact, we can try to track how much of the money has been released. If we are trying to get them to sign on the annex every year, I think that's a huge challenge. It's not been easy to get that. I wish there was another way to do that.	KII with UNFPA, Family Planning Branch. December 2024.
Recommendation: Having an intentional engagement of the local partner into the Compact negotiation, so it becomes a tripartite or more MoU. There are 11 countries where this happens, but we have not been provided with data, against issues of transparency.	KII with IPPF. December 2024.

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Once we have better information systems, we should have more accurate and up-to-date data to share with the partners of the SP and mitigate	
<p>Implications issue solution: no commodities, no programme. In some countries CSOs work together, contribute together to cover supplies costs. When we don't have those projects, you have stock outs, unintended pregnancies, to mention just a few. If there has been a lack of supplies, we can directly connect this to the contraceptive users and CYP. And we have to explain to our donors why this happens, where the bottlenecks have been with UNFPA. Never pleasant to explain this situation.</p> <p>The other difficulty for me, is that we have similar donors involved with us. So, if (F)CDO will give IPPF funding for service delivery, they will say we are giving less commodity money to IPPF, as we also give a lot of money to UNFPA, so they assume that those partner countries will get their commodities from UNFPA. But that is not the reality. We cannot make UNFPA to do certain things and notify us. This impacts forecasting, and planning. IPPF is present in far more countries than the UNFPA Supplies is. We need to be able to notify member associations about the upcoming periods, and fund. Those decisions will be taken into account, and in case of changes we need to go back to the drawing board and plan, adjust again accordingly. So again, the importance of data visibility and transparency are shown.</p> <p>A solution is: having intentional engagement of the local partners into the CSOs, compact negotiations is crucial. Not only UNFPA and government. Transparency of data needs to be solved.</p> <p>Hopefully with this better management system they implemented, I hope to see more accurate and up to date data we can share with in-country stakeholders and donors. To mitigate the risk of stock outs at country levels as well.</p>	KII with IPPF. December 2024.
Because the role of the Country Representative is so crucial, she/he, together with core staff, need to have the capacity to increasingly lead the strategic shift from funding to financing, building the recognition of UNFPA as an advisor on the financing of SRHRs. The leadership at country level needs to be enabled/capacitated to lead dialogue, to identify and effectively interject UNFPA into policy dialogue opportunities, increasingly creating a role and recognition for UNFPA in dialogue on financing priorities. This may require additional capacity and skills among these leaders which the implementation of the F4ICPD Strategy should include. Making UNFPA's voice more influential is	UNFPA (2024). Guidance to Country Offices on the Use of Investment Cases. Effective use of Investment Cases to

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one expectation of the three strategic shifts to strengthen UNFPA's normative role, shift the focus from funding the ICPD agenda to financing the ICPD agenda, and expanding partnerships.	support financing the ICPD Agenda.
<p>Despite the increased efforts, UNFPA's impact on national financing and budgeting processes remains limited. This reflects two main challenges.</p> <ol style="list-style-type: none"> 1. The first is low awareness and capacities among UNFPA staff and national SRHR partners. Above all, it is impossible to effectively advocate for greater and better allocations of national resources for SRHR services without understanding basic financing concepts or the annual budget cycle. 2. The second is limited access to financial information on SRHR services, such as overall historical expenditure and budget plans in the current fiscal year, spending on recurrent and capital items, spending by geographic regions, budget execution rates, etc. Not having a comprehensive, up-to-date picture of the state of public investment in SRHR services makes it challenging for UNFPA country offices to influence financing and budgeting processes or build the capacity of national partners. It also makes it difficult to monitor things like country Compacts, which governments in low-income settings sign with UNFPA to increase domestic budget allocations for reproductive health supplies. 	UNFPA (2024). Terms of Reference to Strengthen UNFPA's Sexual and Reproductive Health and Rights (SRHR) Public Financing Capacity in Three Priority Regions.
<p>Burden share</p> <p>While many Partnership countries are making good progress towards increasing domestic expenditure on contraceptives, the vast majority of programme countries remain heavily reliant on donor financing. In 2023, only six countries covered 50 per cent or more of their national supply plan (NSP) for contraceptives using domestic resources (Bolivia, Burundi, Cambodia, Ghana, Honduras and Lesotho). While this represents a notable increase from 2022, when only two countries met this indicator (Bolivia and Timor-Leste), it serves as an important reminder that the majority of Partnership countries are still at an early stage along the pathway to sustainability.</p>	UNFPA (2024). Domestic Financing: Key Trends, Results and Programme Updates.
<p>Partnership countries can be classified into three groups based on their domestic financing trajectory:</p> <p>Despite a promising trend at global level, progress remains highly uneven among Partnership countries. Broadly speaking, countries can be categorized into one of three groups based on their domestic financing trajectory since the launch of Phase III in 2021</p> <p><u>Sustained investments:</u></p>	UNFPA (2024). Domestic Financing: Key Trends, Results and Programme Updates.

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<p>20 Country has invested in contraceptives at least twice since 2021 and the value of expenditure has increased or remained constant.</p> <p>Benin, Bolivia, Cambodia, Central African Republic, Chad, Côte d’Ivoire, Honduras, Kyrgyz Republic, Lesotho, Madagascar, Malawi, Niger, Nigeria, Pakistan, Papua New Guinea, Senegal, Tajikistan, Timor-Leste, Togo and Zimbabwe</p> <p>Since 2021, 20 countries have made sustained investments in contraceptives, meaning that they have used domestic resources to procure contraceptives at least twice since 2021 and domestic expenditures have either increased or remained constant (within a 20 per cent range).</p> <p>In these 20 countries, the Partnership’s main goal will be to build on the progress that has already been made, to capture best practices to inform advocacy efforts in other countries, and to develop multi-year financial sustainability plans to sustain progress in the longer term</p> <p><u>Fluctuating investments:</u></p> <p>21 Country has invested in contraceptives at least twice since 2021 but with varying levels of expenditure.</p> <p>Angola, Burkina Faso, Burundi, Comoros, Djibouti, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Guinea, Kenya, Lao People’s Democratic Republic, Mali, Mauritania, Mozambique, Nepal, Rwanda, Uganda, Tanzania, Yemen and Zambia</p> <p>Since 2021, 21 countries have made fluctuating investments in contraceptives, meaning they have used domestic resources to procure contraceptives at least once since 2021 but have not recorded sustained or increasing expenditures. Fluctuations in domestic expenditure are often caused by a combination of factors, including political instability, government turnover, delays to budget execution, shifts in the donor financing landscape, the outbreak of a humanitarian emergency, or an economic crisis.</p> <p>In these 21 countries, the Partnership’s main goal will be to stabilize domestic allocations and expenditures on RH commodities, working with the government and key partners to develop multi-year financial sustainability and transition plans.</p> <p><u>Reliant on external support:</u></p>	

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<p>13 Country has not invested in contraceptives since 2021.</p> <p>Afghanistan, Cameroon, Congo, Eritrea, Guinea-Bissau, Haiti, Liberia, Myanmar, Sao Tome and Principe, Sierra Leone, Somalia, South Sudan and Sudan</p> <p>Since 2021, 13 countries have not yet invested in contraceptives and continue to rely entirely on donor financing. From these 13 countries, five countries (Afghanistan, Haiti, Myanmar, South Sudan and Sudan) have been granted exemptions from the programme's domestic financing requirements in 2024 due to the humanitarian context. As a result, UNFPA will not be actively engaging with these governments on domestic financing at this time, given the need to focus on the humanitarian response.</p> <p>In the remaining eight countries, the Partnership's main goal will be to support the establishment and execution of a budget line for RH commodities in line with the programme's minimum domestic financing requirements. UNFPA will propose revising the Compact contingency measures in 2025 (see full proposal in the Compact Contingency Measures background document) in order to strengthen incentives and intensify advocacy efforts in these countries.</p>	
<p>Financing sources</p> <p>In 2023, UNFPA, in collaboration with Avenir Health, validated domestic expenditures for RH commodities in 36 countries. This represents a notable increase from 2021 and 2022, when UNFPA received validated domestic expenditure data from 26 and 33 countries, respectively.</p> <p>From the \$36.5 million of validated expenditures in 2023, \$29.5 million (81 per cent) was sourced from public funds, and the remaining \$7 million (19 per cent) was sourced through concessional financing.</p> <p>While excluded from this analysis on domestic financing, it should also be noted that countries reported an additional \$44.2 million in government expenditure sourced from donor financing in 2023. All of this expenditure can be attributed to just two countries — Tanzania (\$23 million) and Ethiopia (\$21.2 million).</p>	<p>UNFPA (2024). Domestic Financing: Key Trends, Results and Programme Updates.</p>
<p>Challenges with data collection and validation: The UNFPA Supplies Match Fund has developed a variety of tools and procedures that aim to strengthen and standardize the data collection and validation process. These include the introduction of a Match Fund application form with named focal points and timelines for data review and validation, an arrangement with Avenir Health to serve as an independent data validation partner for all Match Fund applications, the collection of FP/RH commodity expenditure data from UNFPA Country Offices on a quarterly basis, and the</p>	<p>UNFPA (n.d). UNFPA Supplies Match Fund Baseline Assessment.</p>

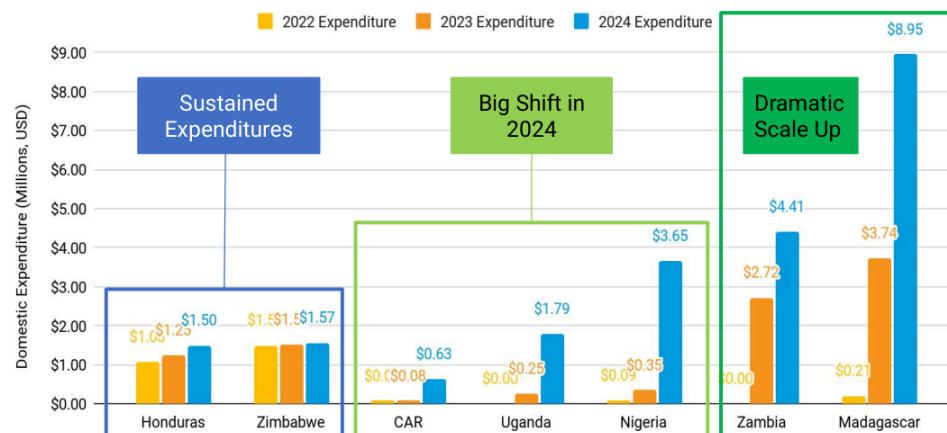
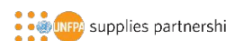
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development of monthly reports from the UNFPA Supply Chain Management Unit (SCMU) on firm and pipeline Third Party Procurement (TPP) orders.	
<p>Strategic area of intervention 1: Expand the pool of available funding sources</p> <p>UNFPA Supplies will seek to expand the pool of available domestic funding sources by: Development of multiyear financial sustainability plans in line with compact agreements and National Supply Plans (NSP). The partnership will work together with MoF and MoH, donors, and development partners in identifying fiscal space currently and future opportunities to increase budget allocations for contraceptives procurement and provision of FP services. These efforts will be captured in a multi-year financial sustainability plan with clear milestones and predefined targets aligned with country compacts and NSP.</p>	UNFPA (n.d.). UNFPA Supplies Partnership Conceptual framework for sustainable financing.
<p>Executive summary of the Domestic Financing Report Session Oct 2024:</p> <p>Under Phase III (2021–2030), the UNFPA Supplies Partnership is spearheading a new approach to sustainable financing that supports governments to increase domestic resources for quality-assured SRH commodities. This includes the launch of a Domestic Financing Toolkit – a suite of tools, including the Compact and Match Fund, designed to accelerate progress towards domestic resource mobilization.</p> <p>While it is too soon to assess the long-term impact of the programme’s new domestic financing model, available data suggests a positive trajectory at the global level. Total domestic expenditure on contraceptives has been gradually increasing since 2021 across the programme’s 54 countries. The Partnership recorded a domestic expenditure of US\$44.7 million for contraceptives in 2023 – a significant increase from \$28 million in 2022 and more than four times higher than the reported expenditure of \$10.4 million in 2020.</p> <p>Rates of budget execution also appear to be steadily improving. In 2023, the Partnership saw 21 countries increase their allocations for contraceptives and spend at least 80 per cent of their allocated budget – compared with only 10 countries in 2022 and four countries in 2021.</p> <p>While the Partnership will need to wait until the Mid-Term Evaluation in 2025 to formally evaluate whether any of this success can be attributed to the programme, anecdotal evidence suggests that the Compact and Match Fund have both played a positive role in mobilizing domestic resources in many countries.</p>	UNFPA (2024). Domestic Financing: Key Trends, Results and Programme Updates.

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<p>Since January 2022, the Match Fund has helped to mobilize an estimated \$18.4 million in additional resources for quality-assured SRH commodities across 22 countries. As of 2 October 2024, 32 countries have met the programme’s 2023 minimum domestic financing requirement as outlined in their Compact agreements and 40 countries have re-signed Annex A commitments for 2024. This represents a significant acceleration of progress since 27 March 2024 when only 20 countries had met the minimum domestic financing requirement, and 17 countries had re-signed Annex A commitments.</p> <p>Despite these promising trends at the global level, progress remains fragile and uneven across countries. Since the launch of Phase III in 2021, only 20 countries have made sustained or increasing investments in contraceptives. Of the remaining Partnership countries, 21 have made fluctuating investments, and 13 continue to rely entirely on donor financing.</p> <p>While UNFPA will not propose any substantive changes to the domestic financing model prior to the release of the Mid-Term Evaluation in 2025, the Partnership will continue to refine its approach to domestic resource mobilization based on emerging data and lessons learned. Recommendations for 2025 include:</p> <ol style="list-style-type: none"> 1. Encouraging a multi-year approach to financial sustainability and transition planning, including through the signature of multi-year Annex A agreements. 2. Revising the Compact contingency measures for 2025, with the aim of strengthening incentives and intensifying our efforts in countries facing particular challenges due to their scale or complexity 3. Scaling up the SMART Advocacy Workshops across Partnership countries, with the goal of bringing key partners together to discuss financing challenges and align on SMART objectives and work plans 4. Aligning incentives and advocacy messages with key partners, including the GFF, bilateral donors and FP2030, to encourage governments to maximize their domestic contributions and cover a meaningful share of the National Supply Plan (NSP). 5. Expanding the programme’s advocacy efforts on domestic resource mobilization for maternal health commodities, positioning the Match Fund as a key incentive mechanism and improving the visibility of domestic expenditure data for maternal health commodities. 	

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UNFPA Supplies Strategy & Planning Committee meeting presentation: Number of countries with a signed UNFPA Supplies Partnership Country Compact and a valid Annex A for a particular year: 44 countries in Q4 (100% of Q4 target) [out of 54 countries]. Equals 81.5%	UNFPA (2024). UNFPA Supplies Strategy & Planning Committee Q1 2024 meeting.
It is estimated that \$68.5 billion will need to be spent on FP by 2030 to end unmet need for family planning, that until the beginning of 2020 have been affecting 217 million women and girls, in 120 low- and middle-income countries. The RH Supplies Coalition's 2019 Commodity Gap Analysis (CGA) focused on the costs of procuring the contraceptives needed in 135 LMIC and determined that the current annual spend on contraceptives across the entire LMIC market is \$3.33 billion. At the same time, it is difficult to determine exactly how much spending will have to rise. More will have to be spent on ending unmet need for FP by 2030 (from an annual spend of ~\$3.33bn to ~\$6.85bn).	UNFPA (n.d.). UNFPA Supplies Partnership Conceptual framework for sustainable financing.
31 out of 44 countries have made their minimum 2023 domestic financing contribution. From these 31 countries, 24 purchased commodities through UNFPA and 7 used national procurement mechanisms. From the 31 countries that made contributions in 2023, 28 exceeded the minimum requirements	UNFPA (2024). Steering Committee Q3 meeting, day 1.

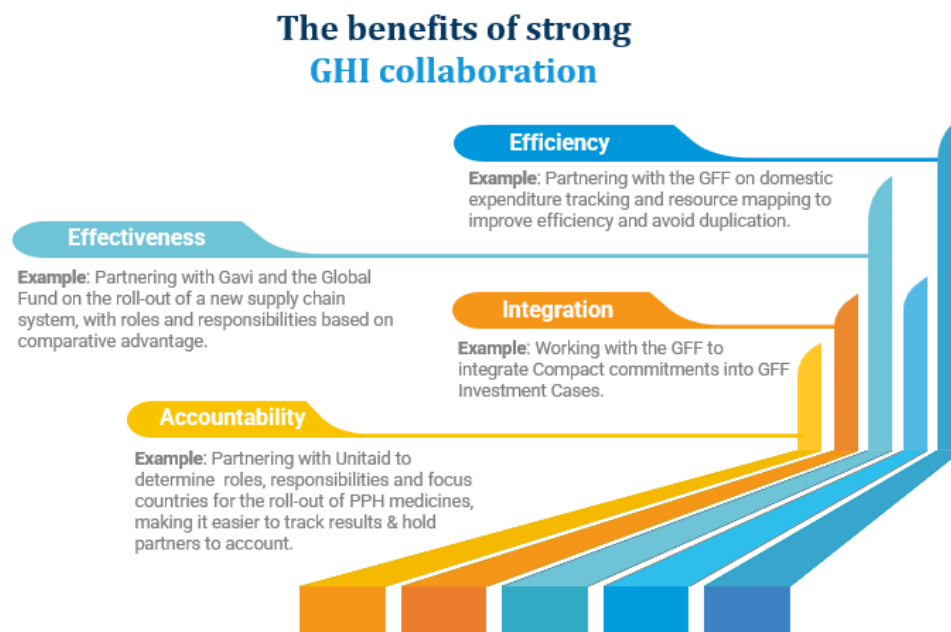
Assumption 4.1 The Partnership, through UNFPA Country Offices and partners, effectively supports national authorities to significantly **increase and diversify programmatic financial contributions, as well as to prioritize reproductive health** as a core element of sustainable development by governments.

2024 - Highlighting Early Successes



UNFPA (2024).
Steering Committee
Q3 meeting, day 1.

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.



UNFPA (2024).
Steering Committee
Q2 meeting, day 1.

By 31 December 2023, programme countries were required to meet two “Compact requirements”: 1) to make a minimum 1–10% domestic financing contribution towards the cost of programme-funded commodities; and (2) to re-sign Annex A outlining their commitments to domestic financing in 2024. As of 13 June 2024, 21 countries have met both requirements and 21 countries are in default. This document proposes contingency measures in the event that any programme country has still not met Compact requirements by 30 June 2024 when the second tranche of commodity procurement will be initiated. In line with contingency measures previously outlined under “Option 3”, it is recommended that Group 4 and Carryover countries still in default by 30 June receive no additional commodities under the second tranche, and Group 1, 2 and 3 countries receive allocations that are capped at their country ceilings. Countries that miss the deadline but meet the requirements later in the year would be eligible to receive additional commodities under the third tranche, with precise allocations dependent on commodity gaps and funding availability.

UNFPA (2024).
UNFPA Supplies
Partnership Steering
Committee Meeting
Presentation, April
2024.

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

The SPC followed up on exploring opportunities to engage with the Global Financing Facility (GFF) to create financial incentives, highlighting the need for more frequent reviews of country segmentations and a country-by-country analysis.

UNFPA (2024)
UNFPA Supplies
Strategy and
Planning Committee,
Q1 meeting.

Public response in	Accelerating	Not accelerating		UNFPA (2023). Annex A assessment.
Advanced	Honduras, Rwanda, Zambia, Zimbabwe.	Bolivia, Lao PDR, Sao Tome and Principe.		
Not yet	Benin, Burkina Faso, Burundi, Cameroon, CAR, Chad, Cote d'Ivoire, DR Congo, Ghana, Guinea, Guinea-Bissau, Lesotho, Ethiopia, Madagascar, Malawi, Mali, Niger, Nigeria, Timor Leste, Togo,	Congo, Djibouti, Eritrea, Gambia, Liberia, Mauritania, Mozambique, Senegal, Sierra Leone, Somalia, Tanzania, Uganda, Yemen.		

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Table 1. Achieving the three transformative results: Cost and funding gap

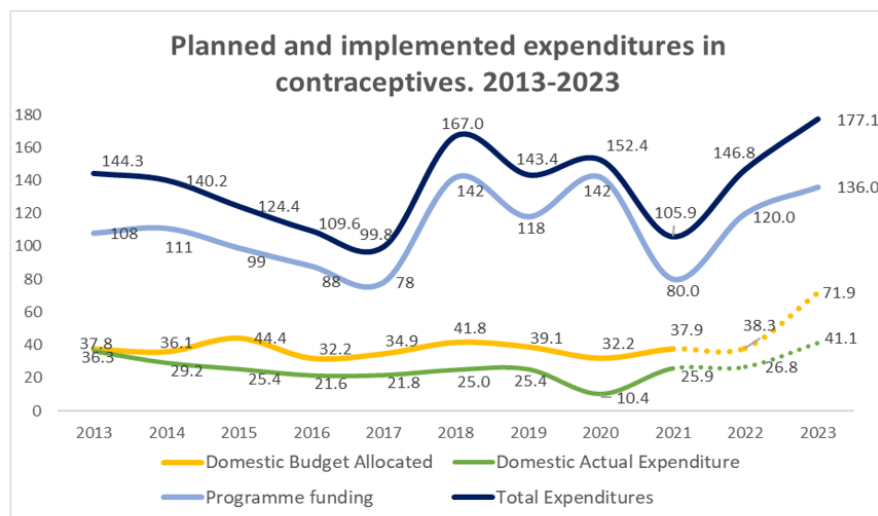
Transformative result	Total amount needed, 2020-2030	Projected amount available to spend, 2020-2030, as development assistance at the country level	New investment needed, 2020-2030
End preventable maternal death	\$115.5 billion	\$11.9 billion	\$103.6 billion
End the unmet need for family planning	\$68.5 billion	\$8.6 billion	\$59.9 billion
End female genital mutilation	\$2.4 billion	\$275 million	\$2.1 billion
End child marriage	\$35.0 billion	\$10.9 billion	\$24.1 billion
End gender-based violence	\$42.0 billion	\$9.5 billion	\$32.5 billion
Total	\$264 billion	\$42 billion	\$222 billion

¹ Ending preventable maternal deaths is also part of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

UNFPA (2021).
Developing
Investment Cases for
Transformative
Results.

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.

Did Phase III contribute to mobilizing domestic resources for RH supplies?



Domestic budget allocation almost doubled from 2022, probably due to the impact of the Compact commitments.

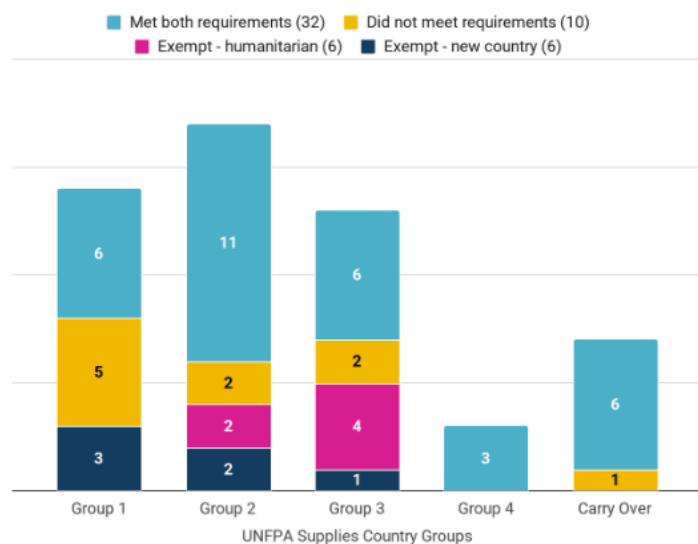
2023 saw the highest domestic expenditure on record, and 4 times higher than 2020.

UNFPA (2024).
Steering Committee
Q2 meeting, day 2.

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.

Fulfilment of Compact Requirements (2023) Country Groupings

UNFPA supplies partnership



The 32 countries that met 2023 requirements were spread across all country groupings.



Despite this, countries in Group 1 had the highest rate on non-compliance.

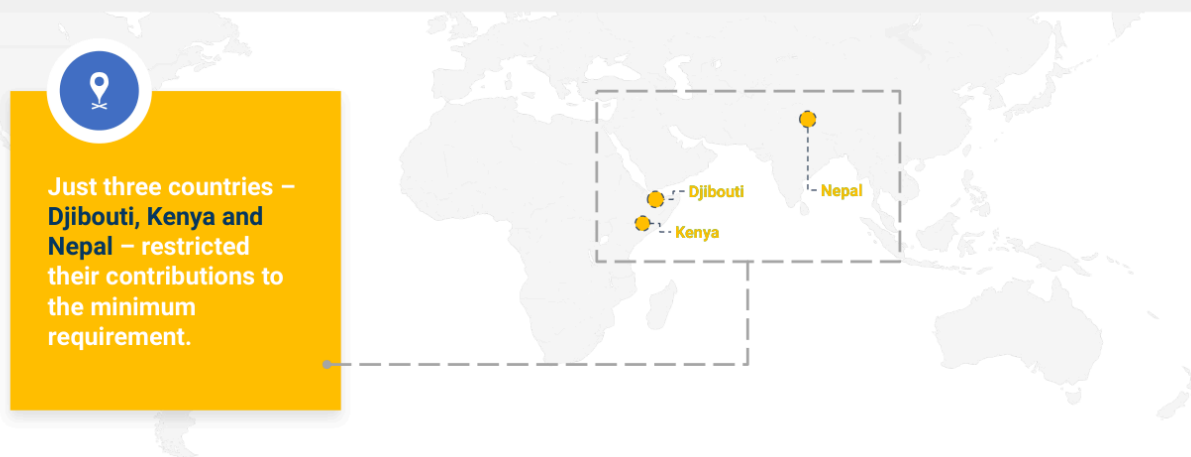
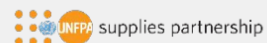


From the 10 countries that did not meet 2023 requirements, half were in Group 1.

UNFPA (2025)
UNFPA Supplies
Partnership Strategy
and Planning
Subcommittee
Meeting
Presentation, March
2025. Background
document.

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.

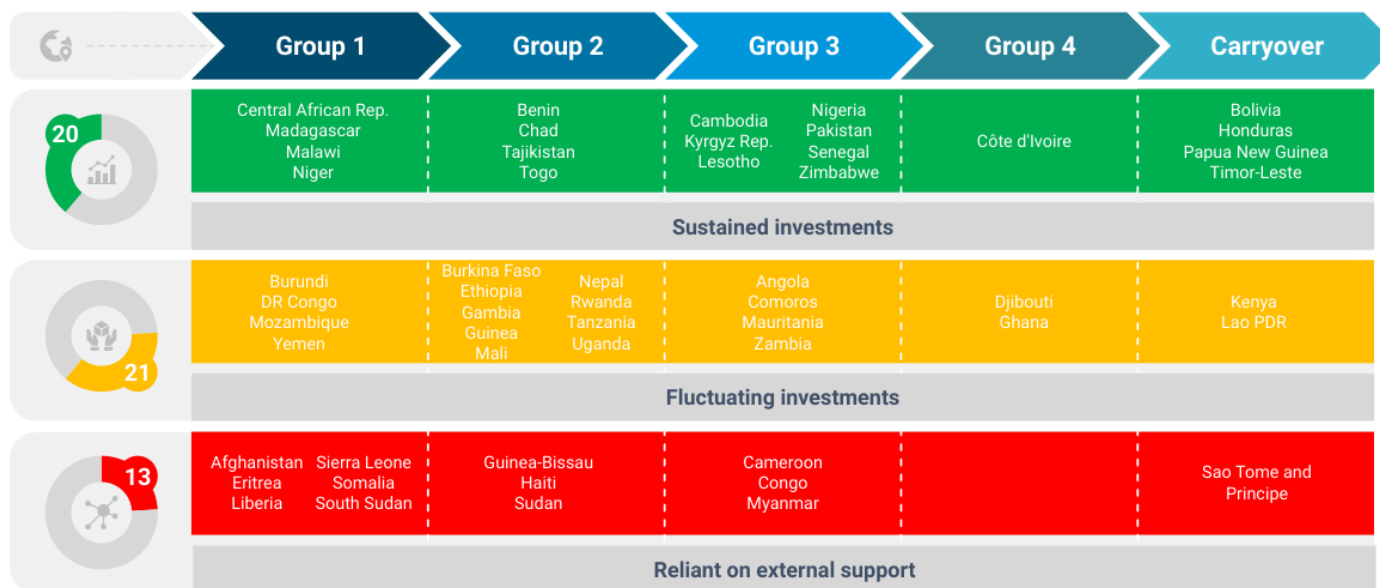
From the 31 countries that made contributions in 2023, 28 exceeded the minimum requirement



UNFPA (2024).
Steering Committee
Q2 meeting, day 1.

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.

Country trajectories by grouping



23

UNFPA (2024).
Steering Committee
Q2 meeting, day 1.

Cameroon

The government had promised 180 million F CFA in 2023 over two years, with an increase of 1% per year. But we don't know how and when this used to be and will be spent. At the end of the year, they might just tell us what they have invested, and we will either be surprised or not.

KII with Association
Camerounaise de
Marketing Social
(ACMS).

<p>Assumption 4.1 The Partnership, through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.</p>	
<p>After fruitful exchanges, work stopped on the plans at the level of detailed budgets taking into account the ceiling of 40,000 USD suggested by WCARO, and for SRAT at the level of the identification of priority activities on the basis of the milestones to be achieved.</p>	<p>UNFPA Cameroon (2024). Rapport interne de mission_Atelier SMART-SRAT_Fév 2024. (pg2)</p>
<p>Democratic Republic of the Congo</p>	
<p>I think family planning is a priority. But now, with the political dimension, we can see that it's more the actions on free maternity, the universal health agreement, that are attracting more money from the Government. But, as I said, the CTMPs are putting a lot of pressure on the Government because I know that government support also motivates the presence of partners. I know that when we went to Pattaya for the international conference on family planning, the commitments our minister had made to the partners meant that many partners were able to commit to supporting the DRC. So that's the work that the CTMP is doing, because even during this participation, it was the CTMP that mobilised governments to participate and to make commitments so that these commitments would be like bait attracting partners to the DRC.</p>	<p>KII with ABEF ND. November 2024.</p>
<p>Kenya</p>	
<p>The government of Kenya has made an allocation in its budget for RH/family planning and signed the Compact as well as an MoU which includes a roadmap by the MH to gradually increase the national budget allocation for the procurement of commodities up to 100% in 2026. However, there are challenges that still lie in the actual prioritization and disbursement of funds for the procurement of family planning commodities. This may pose a problem to meeting the stipulated targets.</p>	<p>KII with KEMSA. October 2024.</p>
<p>JHPIEGO conducts advocacy with UNFPA for domestic resource mobilization for family planning. JHPIEGO uses its convening power to mobilize stakeholders (health and non-health) at the national level to facilitate release of the funds allocated for family planning interventions. They have a 1-year action plan for this and have the “tough conversations with Government”. family planning is not being prioritized enough in government; the current political environment is ‘not enabling’ for the prioritization of family planning. This is disruptive for FP programme implementation. Re-initiating the conversations to get government buy-in is usually very difficult.</p>	<p>KII with JHPIEGO. October 2024.</p>

Assumption 4.1 The Partnership, through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.	
<p>Advocacy efforts such as the smart advocacy that PSK has been actively engaged in - is a way to try and restore some of the gains made earlier when the government committed 1 billion Kenya Shillings to family planning commodities. Austerity measures introduced by the new political regime in line with recent finance bill have contributed to the budget cuts on family planning commodities; this creates the risk of reversal of gains made in the Government's commitment to increase funding for family planning commodities. DESIP is coming to an end next year which creates a potential crisis for funding and availability of FP commodities in the country because FP is not considered a priority commodity for the country.</p> <p>UNFPA funded the political economy analysis (PEA) of why the government's commitments to fund as per the compact do not materialize through release of funds. The evidence from this PEA will constitute evidence to be used to inform further smart advocacy strategies</p> <p>PSK is part of the group of partners who have come together to advocate for family planning commodities at subnational level among and through the caucus of women governors.</p>	<p>KII with PSI-Kenya. October 2024.</p>
Pakistan	
<p>Increased sustainable financing</p> <p>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.</p> <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. <p>Organized seminar for members of national and provincial assemblies for increased investments under SRH and Family Planning program.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023</p>
<p>Efforts to make financing for family planning more sustainable:</p> <p>National and sub-national annual family planning allocation and expenditure survey conducted. Findings of last year</p>	<p>UNFPA (2023). Narrative Reporting</p>

Assumption 4.1 The Partnership, through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.	
<p>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.</p> <p>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.</p>	<p>Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<p>Donor Family Planning Core Group</p> <p>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 approach to family planning, emphasizing individual autonomy in choosing the number of children and contraceptive options.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<p>Total demand vs total expenses for the procurement of contraceptives</p> <p>“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.”</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>
Yemen	
<p>The RHCS Committee Meeting was held on November 1, 2022.</p> <p>Key outcomes:</p> <ul style="list-style-type: none"> • Approval of 60% funding for the year 2023 and 2 months for the directorates • Supply will be for 6 months centrally and 3 months for the governorates • Approval of an increase percentage for some means for the year 2023 over the needs for the year 2022, some 20%, some 5%, and some 10%. 	<p>Republic of Yemen, Ministry of Public Health and Population (2023). Report of Reproductive Health Commodities and</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.	
<ul style="list-style-type: none"> • Agreement with the rest of the present partners to commit to funding the remaining gaps that the United Nations Population Fund is unable to provide after participating in the information system and knowing the GAP for each category. • Agreement to delegate Dr. Jamila Heba Allah to sit with the Director of the National Drug Program. To provide suitable space for central warehouses for the population sector • Agree with partners to provide medicines and family planning methods after sitting with the ministry. 	Supplies Committee Meeting. <i>(translated from Arabic)</i>
Zambia	
<p>“Historically, the government was not contributing enough towards family planning procurement in Zambia, so this Compact was supposed to make them prioritize reproductive health and commit a certain percentage of resources. [...] In terms of government expenditure, only in 2023 and 2024 the government committed with the resources required and, in terms of procurement, they did not have a gap of resources. The issue lies in the supply chain. Keeping appetite for government and Match Fund is helping government to leverage resources and reach the last mile. [...] In 2023, there were 2.7 million USD contributed by the government, in 2024 4.7 million. The other part was contributed by USAID and UNFPA. 60–70% of commodities in Zambia are procured through the Partnership. All commodities have been delivered this year.”</p>	KII with UNFPA Zambia Country Office. October 2024.
<p>“The start of the Partnership coincided with the increase of the amount the government was committing and remitting and the increasing of pooled resources to meet the needs for family planning and reproductive health commodities. [...] When we have more resources on board and there is more commitment, then you can look into bringing more methods. Through the Partnership, the government is committing more.”</p>	KII with Zambia Medicines and Medical Supplies Agency. November 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.	

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
<p>4.2.2 Country reports contain substantial references to national-level government advocacy.</p> <p>4.2.3 Global monitoring data on advocacy initiatives, showing coherence between global and national strategies in reproductive health/family planning and UNFPA Supplies advocacy and communication messages.</p> <p>4.2.4 National reproductive health/family planning strategies and plans (including in national health plans and reproductive health roadmaps) focus on expanded access, including access for marginalized women and girls, and whenever possible, evidence of influence of UNFPA (e.g. reference to data, studies, publications, etc).</p> <p>4.2.5 Percent of Partnership countries where reproductive health commodities have been included for the first time, or increasingly prioritized, in PHC and UHC plans with a focus on expanded access and active measures to reach marginalized population groups.</p> <p>4.2.6 Stakeholders' views on how advocacy has contributed to strengthening health systems, including improved access for marginalized population groups.</p> <p>4.2.7 National, regional and global level UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for Reproductive health commodities.</p> <p>4.2.8 Documented and/or reported Partnership use of UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for reproductive health commodities for advocacy purposes.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
<p>The idea behind that was that by removing the financial burden from this equation countries could not only express the political will in terms of compact agreement then financing commitment, it involves different steps to trigger that, the idea was to institutionalize the whole process. In the past you used to receive commodities without any accountability.</p> <p>It is a unique match fund different from other global health initiatives, not even what WB mechanisms it is quite unique it would be good if we could systematize this experience and do some research.</p> <p>We started a couple of years ago doing that, early 2023 this is 2nd year of small grant from Gates, we started with 5 countries, doing smart advocacy workshops, support countries to develop national advocacy strategies, it was a multi stakeholder process. When we saw the impact of this in 2024, we decided to scale up these efforts and conducted 23 workshops for advocacy strategies. How would these strategies impact compact and minimum financing</p>	<p>KII with UNFPA. November 2024.</p>

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
<p>contribution in 2024, we still don't know, we will have light assessment of initial process in 5 countries, but I think we would be able to show this really worked.</p> <p>This year we achieved to get 4mill\$ from Nigeria that we were all surprised to get. We invested a lot in Nigeria in advocacy.</p> <p>Next steps, we want to standardize this approach, make sure all countries have necessary economic analysis tools to generate the necessary evidence to provide it with the right arguments building on evidence and necessary skills and necessary clarity for all countries. That is future plan.</p>	
<p>Certainly, we fund advocacy activities through HSS, and they are part of the applications. However, the challenge lies in the piecemeal and fragmented approach, leading to inefficient and ineffective advocacy efforts. Instead of numerous countries independently designing their advocacy workshops, it would be more efficient to enter into a single contract with a prominent partner, like Advanced Family Planning, known for their SMART advocacy workshops. These workshops are best practices and proven effective. By utilizing HSS funds to implement and expand these workshops across our 54 program countries, we could maximize efficiency and ensure positive outcomes. While we don't want to centralize everything or take an overly top-down approach, we are losing efficiencies by funding numerous small-scale, single-year or single-activity HSS applications across many countries.</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>
<p>In terms of advocacy with donors, there isn't a formal fundraising strategy in place. There's an advocacy approach aimed at ensuring donors understand the benefits of investing in the program, but it is not as structured or comprehensive as it could be. There's a lot of work to be done to formalize and clarify these strategies going forward.</p>	<p>KII with MSI. December 2024.</p>
<p>We receive very few applications for Health Systems Strengthening (HSS) in sustainable financing, likely because it's a relatively new area for many of our country offices, who are not yet familiar with domestic financing. Also, due to the limited capacities available in the thematic area. The applications we do get tend to be weak, fragmented, small-scale, and limited to a single year. We are definitely underutilizing this funding stream. If we can address this issue, we could greatly advance our efforts in domestic financing.</p> <p>The two most relevant funding streams in this context are the Health Systems Strengthening (HSS) and the Management, Accountability, and Visibility (MAV) funds. These streams cover areas such as human resources and</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
<p>facility surveys, which are essential for building capacity and implementing program activities strategically. However, there is an acknowledged gap in expertise and capacity around sustainable financing within these areas. Each year, when reviewing HSS applications, sustainable financing is consistently identified as the weakest link compared to areas like supply chain strengthening and expanding method choice, where there is significantly more expertise and capacity.</p>	
<p>Advocacy for Domestic Resource Mobilization: During the Inception Phase, several UNFPA Country Offices continued advocacy efforts on domestic resource mobilization. In Timor Leste, for example, the UNFPA Country Office has been leading advocacy efforts with the government and partners on the allocation of domestic financing for quality-assured FP commodities. Following sustained advocacy over the course of 2021, the government of Timor Leste successfully allocated \$370,000 for the procurement of FP commodities within its state budget for 2022, which was approved by parliament in January 2022. The UNFPA Country Office is now working with the Ministry of Health on the signature of a Memorandum of Understanding (MoU) and a UNFPA Third Party Procurement (TPP) agreement.</p>	<p>UNFPA (n.d.). UNFPA Supplies Match Fund Baseline Assessment.</p>
<p>Investment cases (IC) are a crucial tool selected by UNFPA for promoting evidence-based policy dialogue. They provide a cost-benefit assessment of investing in the UNFPA's Transformative Results using a methodology based on identifying alternative investment scenarios, costing interventions, and forecasting their impacts. Through IC, UNFPA can present policymakers with alternative scenarios for the results that could be achieved at different levels of financial investment.</p>	<p>UNFPA (n.d.). Towards Sustainable Financing for Family Planning by 2030 (Preliminary version for approval).</p>
<p>Strategic area of intervention 3: reposition Family Planning as a core development Investment</p> <p>Advocate for the Integration of FP into UHC as part of a basic package of SRH services. The partnership will work with governments and health sector partners in the integration of SRH basic package of services into UHC schemes, including risk pool mechanisms.</p> <p>Advocate for greater consideration of governments and development actors in accessing IFI grants to finance FP as part of an integrated package of services in the context of UHC.</p>	<p>UNFPA (n.d.). UNFPA Supplies Partnership Conceptual framework for sustainable financing.</p>
<p>Strategic area of intervention 3: reposition Family Planning as a core development Investment</p>	<p>UNFPA (n.d.). UNFPA Supplies Partnership Conceptual</p>

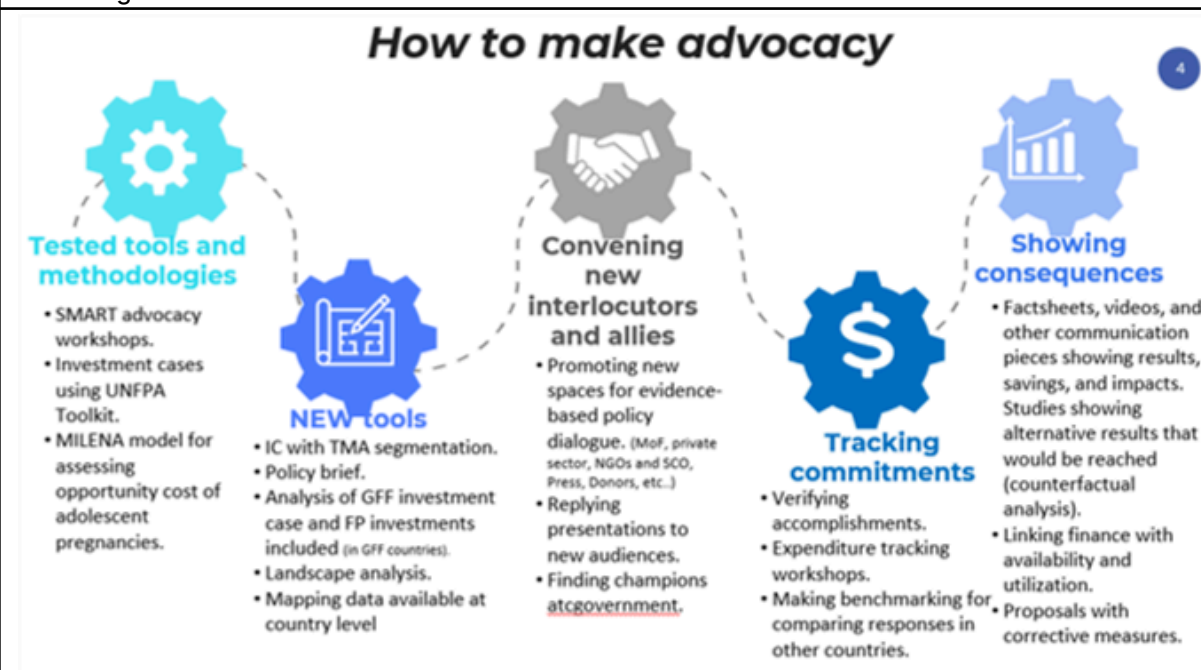
Assumption 4.2 The **advocacy and data generation** efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into **political commitments, including national development plans and strategies** aimed at strengthening health systems.

[links to theory of change causal assumption 10].

Leveraging financing Initiatives and mechanisms: Working in tandem with relevant global health financing initiatives, mechanisms and platforms, such as the Global Financing Facility to prioritize FP as a key component of RMNCHA in the context of UHC.

Support collaboration across global health platforms, and with countries, to ensure external funding is in alignment with FP program sustainability strategies through a sector wide approach or other existing prioritization mechanism, including UHC.

framework for sustainable financing.



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

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].









Key activities which support could be enhanced from HQ and Ros		UNFPA (2024). Assessment of HSS applications on Sustainable Financing 2024.
Countries prioritizing TMA	11	
HSS includes TMA	5	
SRAT Includes TMA	6	
Countries prioritizing UHC and FP in PHC	20	
HSS includes UHC	5	
SRAT Includes UHC	15	
Countries prioritizing multi-stakeholders coordination mechanism	8	
HSS includes multi-stakeholders mechanism	5	
SRAT Includes multi-stakeholders mechanism	3	
Countries prioritizing multi-years costed Implementation and financing	23	
HSS includes multi-years CIP	3	
SRAT Includes multi-years CIP	21	
Countries prioritizing budget and expenditures monitoring	25	
HSS includes budget and expenditures monitoring	19	
SRAT Includes budget and expenditures monitoring	8	
Countries prioritizing advocacy meetings with parliamentarians	11	
HSS includes advocacy meetings with parliamentarians	9	
SRAT Includes advocacy meetings with parliamentarians	2	

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>													
<div data-bbox="208 352 1153 1110"> <p>Share of HSS interventions</p> <table border="1"> <caption>Share of HSS interventions</caption> <thead> <tr> <th>Intervention Category</th> <th>Share (%)</th> </tr> </thead> <tbody> <tr> <td>Advocacy with governments and Compact monitoring</td> <td>23%</td> </tr> <tr> <td>SMART</td> <td>16%</td> </tr> <tr> <td>Financing Dashboard/ Fiscal Space analysis/ Tracking spending</td> <td>13%</td> </tr> <tr> <td>Investment cases and policy briefs development</td> <td>12%</td> </tr> <tr> <td>Rest</td> <td>29%</td> </tr> </tbody> </table> </div>	Intervention Category	Share (%)	Advocacy with governments and Compact monitoring	23%	SMART	16%	Financing Dashboard/ Fiscal Space analysis/ Tracking spending	13%	Investment cases and policy briefs development	12%	Rest	29%	<p>UNFPA (2024). Assessment of HSS applications on Sustainable Financing 2024.</p>
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<p>UNFPA Supplies Strategy & Planning Committee meeting presentation:</p> <p>KPI 5: Number of countries where National Supply Plans or equivalent plans are available</p> <ul style="list-style-type: none"> 100% (54 countries) submitted 2023 commodity supply and/ or procurement plans developed under government leadership. 	<p>UNFPA (2024). UNFPA Supplies Strategy & Planning Committee Q1 2024 meeting.</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].

- In Q4 2023, 3rd tranche of Commodity Approval granted for validated RHC needs and procurement of worth up to US\$ 31.77 million has been initiated for 31 countries
- Joint review and validation exercise with engagement of ROs, COs, IPs and Consensus Planning Group (CPG) completed for 2024 commodity requests

UNFPA Supplies Advocacy for Domestic Resource Mobilization Framework					UNFPA (n.d.). How to build Sustainable Financing from UNFPA Supplies Partnership. Practical recommendations for programming HSS activities.	
Goal	UNFPA Supplies Partnership countries fulfill the co-financing requirements established by the partnership in line with the COMPACT commitments and national supply plans.					
Objectives	To support evidence generation and political arguments to enhance equity and sustainability of family planning programs, including contraceptives procurement.	To ensure increased and sustained domestic allocation for family planning commodities procurement.	To promote an equitable spending on contraceptives with greater attention to disadvantaged groups at the national and subnational levels.	To leverage additional financial resources to support contraceptives procurement through innovative financial instruments and external funding sources.		To strengthen accountability mechanisms to ensure timely, effective and efficient expenditure of the national and subnational budgets allocated for contraceptives.
Principles	Value for money and equity		Efficiency and effectiveness	Transparency and accountability		
Areas of intervention	 EVIDENCE GENERATION AND DATA ANALYSIS 		 ENGAGING IN THE BUDGET PROCESS 		 LEVERAGING ADDITIONAL RESOURCES 	 STRENGTHEN ACCOUNTABILITY MECHANISMS 
	<ul style="list-style-type: none">✓ To position Family Planning as a best development investment.✓ To assess Public Financial Management effectiveness around FP budget allocation and expenditure		<ul style="list-style-type: none">✓ Budget formulation✓ Budget approval✓ Budget execution✓ Auditing and evaluation		<ul style="list-style-type: none">✓ Multisectoral approaches✓ Concessional loans✓ Pool funding – UHC schemes✓ Innovative financing	<ul style="list-style-type: none">✓ Equitable budget allocations✓ Budget transparency✓ Expenditures tracking✓ Community engagement
For this year 2023-2024 we are starting to use smart advocacy approach to governments so that government is leading also included private sector, the community, women’s groups or associations to really push the						KII with UNFPA, WCARO. December 2024.

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
<p>government to increase domestic funding. We already covered around 14 countries in that methodology, so I think it's a great stride. But we also hope that these governments are going to continue to contribute.</p> <p>We do have compact as I say it's an argument between the government represented by at least two ministers Minister health, minister of Finance or budget plan, the UNFPA country office and UNFPA global. Once this compacts are in place, the following actions to make sure that the commitments are translated into actions, that they are really putting money in, because you can sign but if you don't have release the money that doesn't make any sense. You also know how much would encourage countries to go beyond their minimum contribution; we can match 2 times their funding up to two million U.S. dollar, so this is also something that the program is really pushing forward.</p>	
<p>Cameroon</p>	
<p>With the support of WCARO, CO has organized a smart advocacy that was successful. Through this workshop, a committee was established and validated by the Minister of Health to follow up on the engagements of the Government regarding the Compact.</p>	<p>UNFPA Cameroon (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023. (pg2)</p>
<p>Democratic Republic of the Congo</p>	
<p>I also think that advocacy is underway. I also think that we have enough exchanges with our authorities. After all, it's the Government's responsibility. So perhaps advocacy will help our authorities to realise that it's their responsibility. UNFPA is a support partner. It is a partner that supports the Government. But UNFPA, I believe, is not going to replace the Congolese Government 100%. In other words, as if we were talking about the budget. UNFPA is as good as it gets. If it only had USD 100,000, we shouldn't have asked for more. We think that in these pleas, we can see perhaps that we will make synergies. I don't know, UNFPA at 30%, the Congolese Government at 40%, and our partner, all put together, will reach, if not 100%, then at least more than 80%. But the Government's effort is somewhat in that direction.</p>	<p>KII with PNSR PROV KC. November 2024.</p>
<p>Pakistan</p>	

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<p>“This Supplies Partnership support is one 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>

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<p>In 2022, UNFPA conducted a study on the family planning SDGs linkage model ³in 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.</p>	<p>UNFPA (2022). Achieving Sustainable Development Goals: Modelling the Impact of Investment in Family Planning. Building Case for Pakistan.</p>
<p>CEWG and Commodity Security Working Group Meetings 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.</p>	<p>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>
<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</p>	<p>KII with Indus Hospital and Health Network. November 2024.</p>

³ 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.

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<p>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>	
<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." <p>"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."</p>	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>
<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,</p>

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	Khyber Pakhtunkhwa. November 2024.
<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>	KII with Indus Hospital and Health Network. November 2024.
<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>	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.
<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>	UNFPA (2022). UNFPA Supplies Partnership - Narrative Template for Transformative Action Application for 2023.
<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>	UNFPA (2022). Achieving Sustainable Development Goals: Modelling the Impact of Investment in Family Planning.

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	Building Case for Pakistan.
<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>	UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.
<p>“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.”</p>	KII with Indus Hospital and Health Network. November 2024.
<p>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.</p>	Government of Khyber Pakhtunkhwa, Directorate General Population Welfare (2022). Minutes of the second quarter FP-2030 working group meeting held on August 12, 2022.
<p>“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</p>	KII with Population Welfare Department,

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<p>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."</p>	<p>Sindh. November 2024.</p>
<p>Policy and reforms</p> <p>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 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</p> <p>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>UNFPA (2023). Narrative Reporting Template for the UNFPA Supplies Partnership Annual Report 2023.</p>

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<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>Advocacy for including Population issues/Family Planning into the manifestos of major Political Parties Manifestos and Population Issues/Family 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</p>	

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<p>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 counselling, 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>Yemen</p>	
<p>UNFPA Supplies Progress Report:</p> <p>Activity Description: Conduct advocacy meetings with MOH and the Ministry of finance on the compact.</p> <p>Progress: Fully achieved. Compact signed by the government. The compact was signed by the governorates, and the amount deposited in UNFPA account.</p>	<p>UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.</p>
<p>“We have advocacy in two manners: in the North we do advocacy to accept and to allow family planning in the health facilities. The other advocacy is with the South, who is supportive of family planning, with the Ministry of Health, and Ministry of Finance. The advocacy aims to convince them to be part of this Partnership. We succeeded in 2023 (1% contribution), and this year (2% contribution), after we did advocacy workshops with the decision makers at the Ministry of Health and also from the Ministry of Finance. We discussed with them the Partnership, its importance and their contribution. [...] In the North, which is conservative, we advocated to the MOH and they have accepted that the UNFPA will provide contraceptives to them. Two years back, the provision of contraceptives was banned in the North. Based on this advocacy, it has been provided. We can even provide evidence</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>

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<p>to illustrate the trend of the service uptake. In the South, we have evidence-based advocacy. This can be seen in the ongoing campaign (which we started last Saturday) and it shows that the services are needed in the field. Now, with this evidence, we'll go to the next step, telling the government, that upon what we have just witnessed after the campaign has been conducted, proved that the reproductive services are in high need. take your leadership, because we have evidence now.</p>	
<p>North vs South</p> <p>“In the North there are big challenges using family planning and supplies (they have their agenda). In the South there are requests for family planning. The catchment population is high in the North compared to the South. While we need to care for the needs of the South, we need to control the quantities that the North needs based on the gaps and not go to the population based on distribution, because context is different.”</p>	<p>KII with JSI. November 2024.</p>
<p>UNFPA Supplies Progress Report:</p> <p>Activity Description: Convene the National RHCS Committee to coordinate in country partners in the development of annual National Supply Plan and quarterly review implementation including monitoring commitments. Key strategic results: Improved coordination in Supply Planning for reproductive health Commodities through joint quantification, forecasting, and monitoring “Advocacy for Supply management to be part of national reproductive health strategy. Progress: Fully achieved. The National Supply plan for 2024-2025 was developed and approved by MOH in the North and South.</p> <p>There is a newly developed reproductive health strategy for 2024-2026.</p>	<p>UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.</p>
<p>Zambia</p>	
<p>“The main advocacy has been in terms of showing the results, presenting what is happening and also celebrating the improvements. Everyone wants to be part of that story. The government is incentivized not to go below what they have committed so far, they try to do better. UNFPA has been engaging the MoH. During our quantification meetings where we also look at the needs, we also have a reflection on the previous year and the commitments of government, UNFPA, USAID, Global Fund to make sure these data points are part of the routing</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>

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meetings, so when they are planning for the next allocations they have an idea in terms of maintaining or increasing the commitment (less than this would be reducing the quantities)."	
<p>"From the government perspective, this is when we are seeing some improvements coming, but we hope that the government (the Ministry of Health) will maintain their momentum to bring in more shipments or increase their allocation towards family planning commodities. There's been advocacy from UNFPA to push this agenda, so the government of Zambia increases its allocation of reproductive health commodities. The government of Zambia has been responding positively towards that [UNFPA's advocacy]. They know that they've had this support for a very long time, and most of the donors will gradually be reducing their support. The government of Zambia has to take that up. There's that commitment. I think we've seen it, especially with some of the increments we noted this year, a sign that they are taking that seriously and that we should start seeing them taking up a major role in the procurement of these commodities. This is a big plus from the donor community, where they are pushing this agenda and allowing the government of Zambia to own up the procurement of these commodities. The time has to come when the government has to be in the forefront. It cannot always be a situation or where the donors bring in the commodities, the time has come for the government to start showing that high level of commitment, that they should be the main players in family planning, or any other areas where donors have been playing a critical role. Advocacy is having an impact. At the last meeting we had with UNFPA, they talked about Match Fund and agreement that they currently have with the Zambian government, and it's bearing fruit from the funding allocations that are coming from the government."</p>	KII with USAID. November 2024.
<p>"In terms of advocacy, we have been engaging technocrats and had discussion at technical level first. Then, we had discussions with political leaders with UNFPA leadership, showing the value of investing in family planning programmes. For example, reproductive health commodities were not itemized in the allocation/procurement under essential medicines. Because of our discussion, they then introduced a line for reproductive health commodities, separate from essential medicines."</p>	KII with UNFPA Zambia Country Office. October 2024.
<p>At policy level, UNFPA supported the Ministry of Health in the development and dissemination of the investment case for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N), developed in response to the need for accelerated actions to meet the targets of the National Health Strategic Plan (2022-2024).</p>	UNFPA (2022). Zambia Annual Report 2022: Delivering on the

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems.</p> <p>[links to theory of change causal assumption 10].</p>	
	transformative results.
<p>The Zambia Integrated Family Planning Costed Implementation Plan and Business Case 2021- 2026 is the result of extensive consultations with stakeholders working at all levels, including key sector ministries, cooperating partners, implementing partners, professional associations, and for-profit organizations working in aligned areas. The development of this document has been produced with funding and technical support from the UNFPA Zambia. The Plan and Business Case details the country's plans to achieve its family planning vision and goals to improve the health and well-being of its population and the nation through providing high-quality, right-based family planning information and services. The plan provides critical direction to Zambia's family planning programme, ensuring that all components are adequately addressed and budgeted for. More specifically, the family planning-CIP and Business Case will be used from 2021 to 2026 to:</p> <ol style="list-style-type: none"> 1. Ensure a unified country strategy for family planning is followed 2. Define key strategies, activities, inputs and an implementation roadmap 3. Determine demographic, health, and economic impacts of the family planning programme 4. Define a national budget for family planning 5. Mobilize resources in order to secure cooperating partners, government and private sector commitments for the family planning programming. 6. Coordinate activities and monitor progress of activities implemented by multiple stakeholders <p>Provide a framework for inclusive and broad-based participation of stakeholders within and outside of the MoH</p>	<p>The Government of the Republic of Zambia (2021). Zambia Integrated Family Planning Costed Implementation Plan and Business Case (2021-2026).</p>
<p>Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).</p>	
<p>Indicators</p> <p>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).</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).	
4.3.2 Perceptions of stakeholders about the adequacy of the financing and co-financing components (HSS, Match Fund, etc.) to increase political commitments and move countries along the pathway to sustainable transition. 4.3.3 Increase (number and frequency) of political commitments in Partnership countries. 4.3.4 Percent of Partnership countries who agree funding streams are efficient and relevant to their contexts. 4.3.5 Documented explanations of the rationale for application of different funding streams, and regular review. 4.3.6 Percent/ratio of different funding streams applied across Partnership countries	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
<p>We are proposing the establishment of a technical group under SP for MH commodities... I think, this is, ultimately this is a dance we dance with the steering committee and wider partnership. We are literally in the thick of thinking about this right now, the position that (person) and myself have is that we would significantly scale up the ambition on MH commodities in the SP. We identified a couple of key risks; we don't want to displace domestic resources already spent on MH and we don't want ambition for MH commodities to be at expense of FP commodities. There needs to be a donor commitment to increasing the total envelope.</p> <p>There is the argument of saying that for a long time man countries have been very dependent on donors for FP and that is beginning to change, we can say if we can increasingly move to more domestic financing, then that frees up some funding and there should be some global solidarity on that.</p> <p>We are proposing to the steering committee tomorrow to expand the products that are eligible for matching, so uterine balloon etc, Expanding the scope of the match fund as a first step.</p> <p>Then establishment of this WG and arguably along the lines of that then developing a resmob strategy.</p> <p>For us internally in UFNPA it is an internal lack of visibility and knowledge management to ensure our COs are aware.</p> <p>There is a fear that by generating a demand from countries on MH commodities, would be either to crowd out FP funding,</p>	<p>KII with UNFPA. October 2024.</p>
<p>We should consider the match fund not just as an incentive mechanism but as part of a broader strategy. It's about understanding the political economy and acknowledging decision-makers who have genuinely made significant changes in reproductive health commodity financing. This is how I view the match fund—as both an incentive and a reward.</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>

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<p>There are indeed places where the match fund is not relevant at all, and that's perfectly okay. This isn't a universal solution; instead, it's one of many tools at our disposal. For instance, in countries like Honduras and Cambodia, our focus is on encouraging the government to address the needs themselves. We aren't actively promoting the match fund there because if progress is being made and the government, alongside other partners, is committed to bridging the gaps, there's no need for a match fund. The messaging and advocacy associated with the match fund should be specifically adapted to fit each country's context, acknowledging that it may not be pertinent everywhere—and that's acceptable.</p> <p>The negotiation process largely depends on the country context. Generally, during the national supply planning process, all partners, including the government, assess total needs, funding gaps, and available sources. Both UNFPA and the government negotiate commitments, urging the latter to maximize their contribution. For example, if there's a 2 million gap, our initial step is to ask the government if they can cover it. If they claim they can only manage 1 million, we might consider introducing the match fund at that point. However, our primary goal is always for governments to fill the gap as much as possible. In countries like Ethiopia, Kenya, and DRC, gaps reach tens of millions and government contributions fall short. Thus, the match fund is part of the conversation from the beginning. Yet even an additional 2 million from this fund won't close these significant gaps. The key is to determine a reasonable yet ambitious domestic financing commitment through negotiation during this planning process. We aim to establish what extra support partners need, including assistance from UNFPA supplies and the match fund. This sequence ensures we don't rely initially on match funds before discussing domestic financing commitments with our government counterparts.</p> <p>Lesson learned: Our main takeaway from the Match Fund pilot was its overly complex design. For instance, the allocation methodology included differentiated matching ratios and varying ceilings, which, despite being well-intentioned, turned into an academic exercise with intricate Excel spreadsheets. This complexity made it difficult to communicate effectively to our country-level partners who manage multiple co-financing initiatives. Therefore, we simplified the scheme and indicators we track, and this simplification resulted in significantly higher engagement and more governments adopting this financing mechanism.</p>	

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<p>Impressed with new design, tools, and role of Steering Committee. Match Fund started as a pilot, and they have been focused on refining and strengthening it, systematizing it. Now it's stronger/better than the Compact. Match Fund is mobilizing more domestic funding.</p> <p>SP has 4 innovative funding solutions - Match Fund, Compact, HSS stream - the 3 first are well designed. But the last one (Bridge Fund) still needs to be enhanced and strengthened.</p> <p>Phase 3 started just with the Compact and the Match Fund. He thinks in a Phase 4, will focus on Match Fund, more than the Compact. Now have financing stream focusing on reducing bottlenecks in country - Steering Committee involved, seeing how effective tools are.</p> <p>Last financing mech introduced was Bridge mechanism (very relevant, strategic for sustainability) - can't ask a country to follow approach without enabling countries to get around their restrictions on payment in advance for products (this goes against all procurement laws) ...Bridge mechanism enables this. Sometimes countries pay as much as 2 years ahead of time (!!) (this is very against govt procurement rules/process), which is impossible for countries.</p> <p>Emma presents the partnership program as a Financing Mechanism - which is key. Governance and Coordination design of Phase 3 is working well, he feels.</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>
<p>All funding schemes work well when someone is in charge. One key indicator is countries signing the compact. UNFPA, Family Planning Branch adopted the match fund, and with support, they are also monitoring how many countries are signing the match fund. HSS is in charge, and it is working well, but not sure it will continue as there was a person supporting the IMPLEMENTATION of the HSS and she was key.</p> <p>HSS Stream - it's working. But not sure it will continue working now that person in charge of helping with this for 6 months, who was key for tracking HSS effort, with regular meetings twice per week with countries and regional office is no longer there. Wonders if it will continue working.</p> <p>Same thing happened with Bridge Fund - he asks about it, but no one answers. No one is in charge of that, promoting and monitoring and ensuring countries are applying, verifying \$ being allocated there, etc. So, he worries about what</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>

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<p>will happen to this effort. The bridge fund: nobody is answering, not currently in the discussion, and no one keeping track of this. We need someone promoting it.</p> <p>Good Compact, Match Fund (well designed, functioning), HSS Stream but no one is in charge of it, Bridge Fund (incipient, needs someone in charge)</p> <p>Match fund: Steering committee asked for the rationale of the match fund. We piloted it, and phase 3 only included the compact and the SRAT. With the functioning of the steering committee. Now the match fund is even more relevant than the compact, in terms of comparing the compact mobilization and the match fund, the former doubled. The future (phase 4) will be focused on the match fund, or something more aligned to match fund that compact.</p> <p>The steering committee was not happy with the TA, fit for purpose, we spent 4 months in redesigning to the HSS, and now the program has a better funding scheme. The ST help to adapt the program.</p>	
<p>Another thing is the match fund mechanism. The concept itself is strong—a matching structure creates opportunities to increase resources. I think the 2:1 match is a good feature in theory. But there are some challenges. First, it assumes governments care enough to invest upfront to trigger the match, which isn't always the case. Second, the way the match interacts with routine commodities and new or less-used funds is confusing—if it's unclear to us, it's definitely unclear to countries. We need to communicate and articulate this better. Then there's the cap on the match fund. For larger countries with massive funding gaps, like \$30 million, the capped match might feel insignificant, even though every dollar counts. This raises questions about whether the incentive structure is correctly created. Why would a country put in significantly more if there's a limit on the match? On top of all this, the system is built around the US dollar, which adds complexity. Even if countries increase their local currency contributions substantially, currency devaluation often makes it look negligible in dollar terms. This makes it doubly hard for them to achieve the match. So, while I think the match fund concept is a solid approach, we really need to rethink how it's operationalized. We need to ensure the incentives align properly with the realities of these funding gaps and currency challenges. There's a lot of confusing internal dynamics, because you have much fun against routine commodities, and it's not clear about how this works with even like the new and lesser used funds. All right, so there's a lot of, I'd say, internal financing confusion around this that's not clear for us. It's certainly not going to be clear for countries. I just</p>	<p>KII with BMGF. November 2024.</p>

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think that there are some things that we need to be better at communicating or articulating when it comes to the match fund	
Bridge Fund: The idea behind it is to provide funding to manufacturers so they can receive purchase orders ahead of time. That's great, but I see it as something distinct from sustainable financing. It's more about improving procurement operations, which is crucial, especially as we move from phase two to phase three. So, I'd put this in a separate category. The bridge fund concept is a good one, particularly because it relies on strong demand planning and financing analytics to decide which products make sense for this approach. But it's just one piece of improving procurement operations—we need to think broader here. That's why I don't see it as a sustainable financing lever but more as a tool to enhance efficiency. I know there's interest in innovative financing mechanisms that can reduce procurement lead times. I'd love to see more of this kind of thinking because improving procurement operations is going to be increasingly important. One of the biggest critiques of UNFPA during this transition is inefficiency. Addressing that is critical, especially when it ties into sustainable financing and advocacy. Governments need to see UNFPA as a smart, efficient way to allocate their funds. If they perceive inefficiencies, they'll look for alternatives to UNFPA for procurement. So, we need to focus more on these efficiency mechanisms, showing governments that using UNFPA is both effective and worthwhile.	KII with BMGF. November 2024.
To summarize, we believe that these two elements from our domestic financing toolkit have been transformative. The compact has played a crucial role by formalizing government commitments and enhancing accountability. Previously, although there were FB2030 commitments, few included specific domestic financing amounts for the coming year. There was a lack of transparency about government spending plans on reproductive health commodities. However, it's a significant achievement that 44 countries signed compact agreements in 2023, marking a dramatic shift in the financing landscape. These commitments indicate governments are increasingly willing to co-finance commodities with UNFPA, many for the first time. Furthermore, 40 countries have renewed their Annex A agreement this year, with only DRC and Liberia pending signature. The remaining countries are exempt due to humanitarian contexts or new partnerships. This impressive level of compliance reflects strong governmental commitment. The process of galvanizing political will and formalizing agreements has been highly impactful, particularly in unlocking contributions. Without the compact and match fund, we would not have observed the significant increase in domestic contributions last year.	KII with UNFPA, Family Planning Branch. October 2024.
One of the challenges we face is transforming compacts into a genuine multi-stakeholder process. As a new funding mechanism, we have encountered several challenges, notably in securing signatures from the Ministries of	KII with UNFPA, Family Planning

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<p>Health and Finance in many countries. This pressure on our country office colleagues to meet deadlines has sometimes resulted in the exclusion of key partners such as donors and NGOs from compact negotiations. Moving forward, it's crucial to utilize technical working groups and workshops to ensure all relevant partners are integrated into the process. This involvement allows them to feel a sense of ownership and influence over the compacts. For instance, NGOs should secure their commodity allocations in Annex A, and donors interested in domestic financing commitments should participate in negotiations. I envision multiple stakeholders eventually signing the compact to demonstrate their commitment. While setting this as a requirement might delay securing necessary signatories before deadlines, offering it as an option to other donors, NGOs, or entities like USAID can enhance our partnership and foster a stronger joint ownership.</p> <p>Currently, the Compact is signed bilaterally. This agreement is a noteworthy achievement, marking the first time the Ministry of Finance and the Ministry of Health have both signed such a treaty. It's bilateral in nature, as it involves both the government and UNFPA. However, most countries include additional partners in these agreements. For instance, they often conduct workshops that involve NGOs and donors, although these entities are not direct signatories. I believe it would be beneficial to standardize an approach across all countries. Ideally, during the smart advocacy workshops, we would bring all partners together to negotiate Annex A commitments and draft language for the upcoming year or years. Partners would have the option, not the obligation, to join as signatories. While governments may decline participation, which we must respect, it would set a strong example if some countries had multiple signatories to the agreement.</p>	<p>Branch. October 2024.</p>
<p>THIS ANNUAL REPORT PRESENTS THE RESULTS OF OUR PARTNERSHIP IN 2023. IT IS ORGANIZED BY OUR FOUR STRATEGIC OBJECTIVES: 1. Increased government commitment</p> <p>100% OF COMPACTS SIGNED</p> <p>The UNFPA Supplies Partnership uses an innovative mechanism to affirm the importance of sustainable financing for family planning. Called Compacts, the agreements are signed by ministries of health and ministries of finance. As of 2023, all eligible countries – 44 of 44 – have signed, committing to gradually increasing their countries' domestic budget allocations for contraceptives and maternal health medicines. This marks a significant milestone as it represents the first time so many governments have formally committed to domestic financing for reproductive health commodities.</p>	<p>UNFPA (2023). UNFPA Supplies Partnership Annual Impact Report 2023.</p>

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<p>THE MATCH FUND PILOT BECAME PERMANENT</p> <p>Following a successful two-year pilot of the Match Fund, the Steering Committee approved this catalytic mechanism as a permanent feature of the UNFPA Supplies Partnership.</p> <p>\$10.5 MILLION ADDITIONAL MOBILIZED</p> <p>In 2023, the Match Fund was awarded to 15 countries, helping to mobilize an additional \$10.5 million in domestic resources for reproductive health commodities.</p> <p>In 2023, the programme set aside \$10 million for a three-year period so countries in the UNFPA Supplies Partnership can pre-finance their purchase of RH commodities through the UNFPA Reproductive Health Bridge Fund.</p> <p>Country Examples: In 2023, the Government of Yemen exceeded its Compact commitment and made a first-time contribution of over \$90,000 for the procurement of contraceptives. This qualified for match funding and the government was able to access about \$118,000 worth of additional commodities.</p> <p>The Government of Papua New Guinea used the Compact and Match Fund to support a rapid scale-up in domestic expenditure. In 2022, the government made a contribution of \$186,000 to RH commodities after several years of no reported expenditure and subsequently increased to \$1.5 million in 2023.</p> <p>Experience from the programme’s efforts in 2023 demonstrates that progress towards domestic financing can be rapidly accelerated when governments are given the right technical support and incentive mechanisms.</p> <p><u>Several countries reported that the Compact and the Match Fund played a pivotal role in unlocking ambitious government commitments to domestic financing.</u> The Government of Malawi mobilized \$446,000 for RH commodities in 2023. This contribution is more than four times higher than those made in 2022 and 2021, before these new mechanisms were introduced.</p> <p><u>Domestic resource mobilization requires strong alignment and</u></p>	

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<p><u>collaboration among a diverse range of stakeholders.</u> In the Central African Republic, UNFPA engaged not only with the Ministry of Health and the Ministry of Finance and Budget, but also the President of the National Assembly, UN agencies, civil society, youth groups, and community and religious leaders. Through national forums, expert groups, presentations, meetings and “corridor diplomacy”, these groups were able to determine shared goals for domestic resource mobilization and supported the government to unlock a contribution of some \$80,000 in 2023 after several years of no reported expenditure.</p> <p><u>Government engagement at subnational level is critical to success.</u> In Bolivia, UNFPA worked closely with municipal governments to secure and increase domestic financing for contraceptives given the decentralized nature of public financial management and governance. In 2023, the Government of Bolivia spent over \$1 million on RH commodities. This not only increased domestic expenditure – it also exceeded the country’s Compact commitment.</p> <p><u>Countries welcome skills-building on DRM to strengthen capacity.</u> SMART Advocacy Workshops built skills and capacity for domestic resource mobilization (DRM) in Burkina Faso, Cameroon, Chad, Ethiopia and Nigeria in 2023. The countries created and costed advocacy plans with specific funding messages for decision-makers. More than 135 participants included a mix of government, civil society organizations, faith-based organizations, technical and implementing partners, and donors. All countries with a signed Compact are now encouraged to host a SMART Advocacy Workshop.</p>	
<p>Potential Match Fund Eligibility Based on 2022 Budget: Allocation In order to qualify for the Match Fund, governments will need to demonstrate an increase in domestic expenditure on quality-assured FP/RH commodities as compared with 2021. If a government made a domestic contribution in 2021, it is only the increase in expenditure that will be matched.</p>	<p>UNFPA (n.d). UNFPA Supplies Match Fund Baseline Assessment.</p>
<p>4. The Match Fund is used to match not only the direct commodity costs, but also related costs, including handling fees, freight and insurance. This will ensure better alignment with governments’ approach to budgeting and reporting, given that government allocations and commitments to the procurement of FP/RH commodities typically include these commodity-related costs.</p>	<p>UNFPA (n.d). UNFPA Supplies Match Fund Baseline Assessment.</p>

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The UNFPA Reproductive Health Bridging Fund (RHBF) was launched in 2022 to address the problem of Governments not being able to pay in advance. It is an innovative financing mechanism (that complements others rolled out by the UNFPA Supplies Partnership, like the Compact and the Match fund).	UNFPA (2023). UNFPA Supplies Partnership Finance and Risk Committee Meeting. Q3 2023 meeting – 14 September.
The RHBF is a UNFPA managed credit facility which allows select governments to defer the payment until the reproductive health commodities (RHC) have been delivered to the receiving country. Governments who cannot pay in advance will have to apply to use the RHBF before submitting a TPP order. Each country and application are assessed individually by UNFPA. If approved, the RHBF will pay the manufacturer for the goods when they are delivered to the first carrier as per normal procedure. The Government will have to reimburse the RHBF when the goods have reached the port of the country of destination. Three pilot cases were successfully processed in 2021 and 2022 and the RHBF was awarded UNFPA's Innovation Fair in July 2022.	UNFPA (2023). UNFPA Supplies Partnership Finance and Risk Committee Meeting. Q3 2023 meeting – 14 September.
Despite the successful launch and positive experience with the pilot cases, no contributions have so far been received for the RHBF. Consequently, the RHBF does not have any funds and is therefore not functioning since it is unable to extend any credit. Multiple countries have contacted UNFPA and are interested in applying to the bridge facility, but they all had to be turned down.	UNFPA (2023). UNFPA Supplies Partnership Finance and Risk Committee Meeting. Q3 2023 meeting – 14 September.
UNFPA Supplies Partnership will make USD 10 million available for the RHBF. The following additional conditions apply: 1) Credit may only be granted to UNFPA Supplies Partnership countries. 2) Funds may only be used for Reproductive Health Commodities and lifesaving medicines.	UNFPA (2023). UNFPA Supplies Partnership Finance and Risk Committee Meeting. Q3 2023 meeting – 14 September.

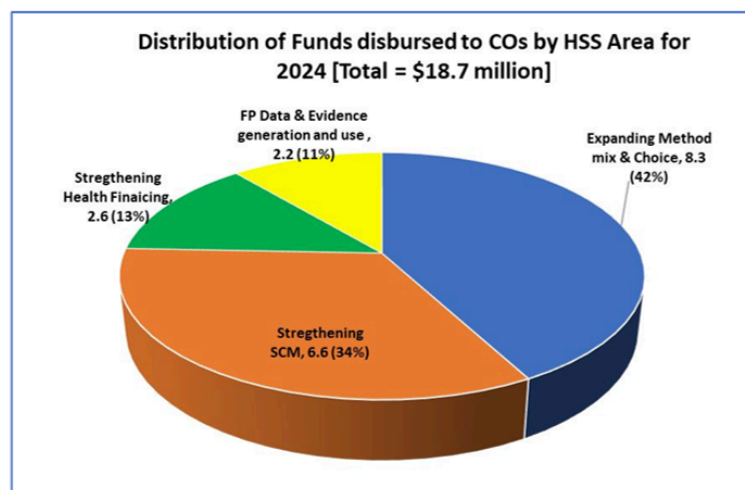
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<p>While the share of total needs covered by domestic resources has increased over time, donor dependence remains high in many programme's countries. Even when domestic resources spent on contraceptives are increasing, there will hardly be enough to cover national needs. UNFPA Supplies Partnership promotes the implementation of National Supply Plans that quantify and budget reproductive health supplies in each country. The amount that countries are spending barely covers ten per cent of the amount required for granting those needs. So, to accelerate the accomplishment of SDG 3.7, it will be required to maintain continued external support to the most in-need countries.</p>	<p>UNFPA (n.d.). Towards Sustainable Financing for Family Planning by 2030 (Preliminary version for approval).</p>
<p>Future opportunities to advance sustainable financing for family planning Second stage: Advancing New tasks are required from UNFPA staff at the country level, primarily focused on advocacy and monitoring. It is worth mentioning, a) promoting the government engagement with the compact and also FP2030 commitments, b) making the case for sustained investments for family planning (using pieces of evidence like the IC), c) tracking public expenditures, d) following the public budget process aiming to facilitate implementation, e) convening new stakeholders for evidence-based policy dialogue, f) promoting innovative financing mechanisms (like the Kenya Impact bond for Youth and the Law of Healthy Motherhood in Guatemala which earmarks a portion of revenues from taxes to alcohol to contraceptives), g) promoting protective financing measures for family planning (like differentiated lines for contraceptives at the MoH's budget, floors of allocations in the public budget, earmarked funding sources, public trust funds and revolving funds for contraceptives, parliamentary committees and inter-institutional committees for RHCS, etc.), h) documenting and disseminating good practices aiming to get more value from the available resources.</p>	<p>UNFPA (n.d.). Towards Sustainable Financing for Family Planning by 2030 (Preliminary version for approval).</p>
<p>UNFPA Supplies Match Fund After a relatively slow start, the Match Fund significantly picked up pace and traction in mid-2023. Since then, UNFPA has seen a dramatic increase in the volume of Match Fund applications and funding awards. Since the launch of the pilot in January 2022, \$27.7 million has been awarded through the Match Fund across 22 countries (see Figure 3), representing a wide array of fiscal environments.</p> <p>Since the beginning of 2024, UNFPA has awarded \$10.7 million in matching funds to 11 countries from the total budget of \$20 million. Based on the high volume of Match Fund applications and planned expenditures in Q4 2024,</p>	<p>UNFPA (2024). Domestic Financing: Key Trends, Results and Programme Updates.</p>

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<p>UNFPA remains on track to spend the remaining \$9.3 million from the Match Fund annual budget before the end of the year.</p> <p>Since January 2022, the Match Fund has helped mobilize an additional \$18.4 million in domestic resources for quality-assured reproductive health commodities across 22 countries. Eight countries have used the Match Fund more than once, and one country (Madagascar) has used it three years in a row.</p> <p>Of the 22 countries that have accessed the Match Fund, 16 countries have used the Match Fund to match domestic expenditures for contraceptives alone. The remaining six countries (Chad, DRC, Malawi, Niger, Papua New Guinea and Timor-Leste) have used the Match Fund to match domestic expenditures for contraceptives and maternal health medicines.</p>	
<p>Supplies Match Fund Review</p> <p>Objectives of the Match Fund:</p> <p>The original goal of the Match Fund pilot was to mitigate the impact of UNFPA Supplies funding cuts by supporting governments to leverage funding for quality-assured reproductive health commodities from a range of in-country funding sources.</p> <p>To deliver this goal, the Match Fund has three main strategic objectives:</p> <ul style="list-style-type: none"> • Strategic Objective 1: Increased domestic resources for reproductive health commodities. Partner governments increase domestically raised contributions for quality-assured reproductive health commodities. • Strategic Objective 2: Strengthened government commitment to transparency and accountability. Governments lead efforts on sustainable financing for reproductive health commodities and improve transparency and accountability around domestic financing. • Strategic Objective 3: Expanded evidence base on domestic financing for reproductive health commodity procurement. UNFPA generates actionable evidence on the methodology and impact of the Match Fund to inform future work on domestic resource mobilization. 	<p>UNFPA (2023). UNFPA Supplies Match Fund Review - September 2023.</p>


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Amount disbursed so far:

- Expanding method mix and choice awarded highest proportion of the funds (42%)
- Two areas (*Expanding Method mix and choice, and SCM*) awarded 76% of the resources



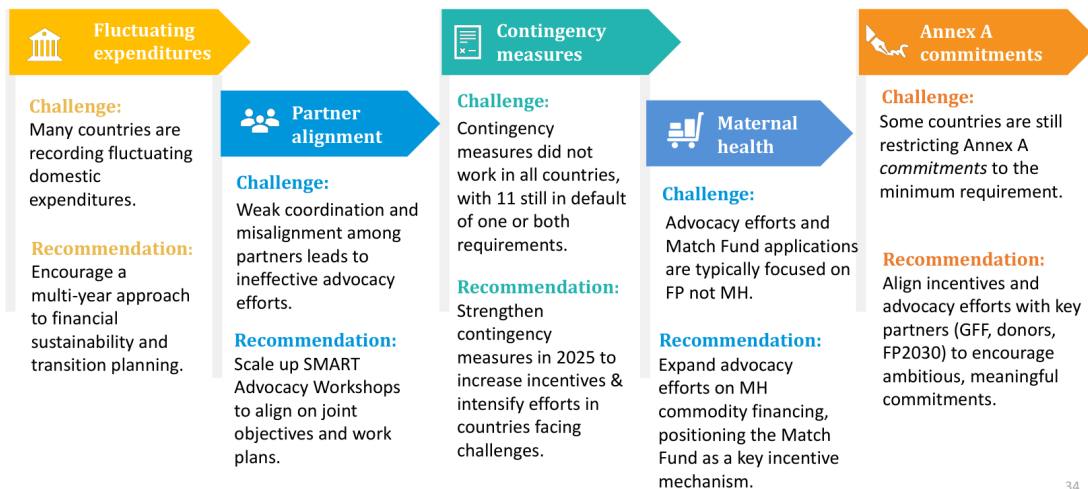
UNFPA (2024).
UNFPA Supplies
Strategy & Planning
Committee
Q1 2024 meeting.

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		UNFPA (2024). UNFPA Supplies Strategy & Planning Committee Q1 2024 meeting.
Domestic Financing Toolkit: Reproductive Health Bridge Fund (RHBF): The RHBF is a new financing mechanism that will enable governments to place commodity orders through UNFPA’s Third Party Procurement (TPP) mechanism using domestic resources and to be paid at a later date. This financing mechanism aims to support countries currently unable to utilize TPP due to legal barriers that specify they can only pay for goods once they have arrived in the country. The RHBF will be launched in 2024 to a selected number of UNFPA Supplies Partnership countries.		UNFPA (n.d.). Towards Sustainable Financing for Family Planning by 2030 (Preliminary version for approval).
Partnership with the GFF: During the inception phase, UNFPA has strengthened its partnership with the Global Financing Facility (GFF) on domestic financing and implementation of the Match Fund. It was agreed that one important area of collaboration would be supporting countries to leverage their Essential Health Services (EHS) grants to fill financing gaps for FP/RH commodities in 2022 and 2023.		UNFPA (n.d). UNFPA Supplies Match Fund Baseline Assessment.
The proposal recommended by the SPC on 3 October includes an expansion of the list of “matchable” products to include five additional maternal health commodities. ¹ This proposal follows the Steering Committee’s agreement in April 2024 to investigate this area of action and is in line with the 2024 list of key WHO-recommended maternal and newborn health commodities. The proposal is to expand the “eligibility” of matched commodities, not the list of products that are funded through the programme. The five additional products would bring the total of eligible products to 14, with the inclusion of ergometrine, calibrated drapes for PPH management, non-pneumatic anti-shock garments (NASG), uterine balloon tamponades (UBT) and		UNFPA (2024). Report of the Q4 UNFPA Supplies Partnership Steering Committee.

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<p>vacuum extractors (VE) for assisted vaginal delivery. The Committee discussed the possibility of expanding the product scope on two-year pilot basis with a one-year break clause, based on the condition that UNFPA ensures close monitoring and reporting of risks and cost implications. However, no clear decision or endorsement was made.</p> <ul style="list-style-type: none"> • A concern is that the Match Fund could displace government expenditure on MH commodities. UNFPA explained that this risk is deemed to be low. To access the Match Fund, governments must demonstrate a maintenance of or increase in domestic expenditure across the total package of reproductive health commodities. UNFPA acknowledged that close monitoring and assessment of these risks would be critical to mitigate the risk of perverse incentives. • Another concern is that expanding the programme’s work in maternal health could divert funding away from family planning commodities. UNFPA explained that the budget implications of this proposal are expected to be marginal. Domestic expenditure on MH commodities currently only represents about 4 per cent of total domestic expenditure that has matched since January 2022. • Another concern is that expanding the Match Fund could potentially make governments pivot more towards UNFPA procurement. UNFPA finds this risk is low given that countries are not required to use UNFPA procurement mechanisms to access the Match Fund 	

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Domestic resource mobilization: Challenges & recommendations



34

UNFPA (2024).
Steering Committee
Q4 meeting, day 1.

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22 out of 29 “key” commodities and 8 out of 11 “enabling” commodities are in the UNFPA catalogue, 8 are procured by the UNFPA Supplies Partnership and eligible for the Match Fund



Key / Enabling	Commodity	In UNFPA catalogue	Eligible for Match Fund
1 Key	Iron and folic acid	Yes	
2 Key	Oxytocin	Yes	Yes
3 Key	HS-Carbetocin	Yes	Yes
4 Key	Ergometrin	Yes	Rec
5 Key	Misoprostol	Yes	Yes
6 Key	Tranexamic acid	Yes	Yes
7 Key	Uterine Balloon Tamponade	Yes	Rec
8 Key	NASG	Yes	Rec
9 Key	Calibrated drapes	No	Rec
10 Key	Calcium	Yes	Yes
11 Key	Aspirin	No	
12 Key	Labetalol	No	
13 Key	Methyldopa	Yes	
14 Key	Nifedipine	No	
15 Key	Hydralazine	Yes	
16 Key	Magnesium sulphate	Yes	Yes
17 Key	Oral antibiotics	Yes	
18 Key	Parenteral antibiotics	Yes	
19 Key	Chlorhexidine or iodine	Yes	
20 Key	Alcohol-based chlorhexidine	Yes	
21 Key	Benzathine benzyl penicillin	Yes	

Key / Enabling	Commodity	In UNFPA catalogue	Eligible for Match Fund
22 Key	Tetanus vaccine	No	
23 Key	Influenza vaccine	No	
24 Key	Rubella vaccine	No	
25 Key	Dual HIV/Syphilis RDTs	Yes	
26 Key	Dexamethasone	Yes	
27 Key	Doppler FHR detector	Yes	
28 Key	Mifepristone	Yes	Yes
29 Key	Manual Vacuum Aspirator	Yes	Yes
30 Enabling	Hemoglobinometer	Yes	
31 Enabling	BPMDs	Yes	
32 Enabling	Commodities for blood grouping	Yes	
33 Enabling	Blood products	No	
34 Enabling	Isotonic crystalloids	Yes	
35 Enabling	Non-mercury thermometer	Yes	
36 Enabling	Commodities for GRAM Staining	No	
37 Enabling	Forceps or Vacuum extractor	Yes	Rec
38 Enabling	Ultrasound	Yes	
39 Enabling	Commodities to evacuate retained products after birth	Yes	
40 Enabling	Ultrasound for Uterine Artery	No	

8

UNFPA (2024).
Steering Committee
Q4 meeting, day 2.

Status of the RH-Bridge

The loan of USD 10 million for a three-year period from UNFPA Supplies Partnership to the Reproductive Health Bridge was approved by the Steering Committee in October 2023.

UNFPA Supply Chain Management Unit (SCMU) has since worked on updating documents, agreements and operational procedures for the bridge so they are aligned with the requirements of UNFPA Supplies Partnership:

1. 2% fee will be introduced
2. Must be a UNFPA Supplies Partnership Country
3. Only for commodities supported by UNFPA Supplies Partnership

SCMU has just completed the document overview and submitted them to Legal Unit for a final review. It is expected that the bridge can be fully operational by mid-April.

UNFPA (2024).
UNFPA Supplies
Finance and Risk
Committee, Q1
meeting.

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>It's a good initiative as far as governments specialized commodities or increasing the volumes of commodities. We started by the way as a pilot in our region through a BMG fund we have a grant just using the Ouagadougou partnership countries, the nine countries. So, I would say that WCARO was the one who provided evidence or information to move initial tools of matching fund. It has been inspired for WCARO side the grant that spanned from 2018-2019. At least for those four years, nine governments were exposed to the matching fund. Sometimes, it was up to four times. You bring one dollar and you get four more, depending on the typology. But this time it is one to two or one to one. It's a good program as far as governments can contribute.</p> <p>But there are still some arguments, linked to what I said before. If a government is able to fund the last mile distribution which is also a cost, could we still consider it and match it? People would say, what is the reason to give me more products if I can't distribute them? And we have seen it. So, if you have volumes from UNFPA, plus volumes from the government, then I match them with another volume, but they are not moving down the chain, what's the essence? So, I think it has already been discussed with the steering committee but it's still hard again to quantify the potential. Maybe that's why we are not having a lot of demand from the governments. We have just five countries that have used matched funds; the rest are not using it because of those reasons of last mile distribution.</p>	<p>KII with UNFPA, WCARO. December 2024.</p>
<p>Unique value proposition of SP is increase in domestic financing, e.g. Match Fund – to encourage countries to meet commitments to fund SRH. This is a good model to increase funding for SRH. Not many partners have gone that way.</p> <p>Commitment vs. disbursement? Yes, this can be a problem. In ESARO, only one country (DRC) has not yet signed for the year. Most are meeting commitments and do get matching funds. Compacts are signed; commitments made. But sometimes (e.g. Kenya) delays in release of funds. They haven't used the stick a lot (in carrot and stick approach) ...they try to threaten to make the countries step up. But because UNFPA has an obligation to ensure the SRH commodities get to end users, it's a challenge.</p>	<p>KII with UNFPA, ESARO. November 2024.</p>
Cameroon	
<p>No, I am not that familiar with the funding mechanisms at the international level; All I know is that with this programme, the Government of Cameroon has committed to paying part of the costs for procurement. I believe 5%, with 1% increase each year, starting from 2023.</p>	<p>KII with Ministry of Health Cameroon. October 2024.</p>

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
This creates a sense of ownership from the Government. But I know it is something to make the commitment. It is something else to ensure the money is disbursed in good time. I am not sure the Government has already released the funds they promised last year	
<p>The request for the government to contribute to activities is a good thing. In the early years of the PSM project, quantification was carried out after parliamentary sessions, but the recommendation was made to move these sessions ahead of parliamentary meetings. The CMR government is already contributing to tax exemptions on certain products. At a sub-regional forum on primary health care, they tested a strategy of 1 local USD for 4 USD from partners. The experiment was conclusive, and the trend is to generalize to 1 local USD for 2 USD from partners.</p> <p>MsH is working with USAID to set up an agency that will regulate marketing authorization for drugs with an online registration process that can speed up the country's acquisition of products, reducing product costs. For example, Contracif®, equivalent to Depo provera®, could be acquired at a low cost.</p>	KII with MSH. October 2024.
Honduras	
El Bridge Fund podría funcionar muy bien en Honduras , ya que ayudaría a reducir los tiempos de adquisición a terceros que maneja la UNFPA. En el pasado, se realizó un piloto durante la pandemia, que fue ajustado por cambios en el gobierno. Ahora, se está reformulando para su implementación en el próximo año.	KII with UNFPA Honduras Country Office. November 2024.
Match fund: en Honduras no tiene mucho sentido , no hay falta de financiamiento, el gobierno está asumiendo ya las responsabilidades y puede generar un sobreabastecimiento de métodos.	KII with UNFPA Honduras Country Office. November 2024.
MATCH FUND: Se necesita estimular, pero también penalizar por incumplimiento. El match fund está funcionando, pero se puede volver como un estímulo perverso si no hacemos extensiones de cobertura. Si el país no hace acciones de generación de cobertura puede verse con stock para el año siguiente. Si no se suma a un análisis correcto del balance puede generar una sustitución sobre la compra que tiene que hacer el país. Ese estímulo puede ser también en actividades, no solo en insumos. Vemos mucha debilidad de capacitación, de actualización de normas, etc pero a veces el HSS no puede cubrir. Esto en LATAM tendría sentido, en otros países igual no tanto, pero aquí el tema de las actividades es fundamental.	KII with UNFPA LACRO. November 2024.

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).	
Kenya	
There was a dedicated family planning budget line, but with the new Government, constrained budgets, and austerity measures, family planning funds have been decreased.	KII with MoH SRH technical team. October 2024.
Pakistan	
<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.” <p>“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?”</p>	KII with Population Welfare Department, Sindh. November 2024.
<p>“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.”</p>	KII with Indus Hospital and Health Network. November 2024.

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"> “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.” <p>“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.”</p>	KII with UNFPA Pakistan Country Office. October 2024.
<p>“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 (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.”</p>	KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.
Zambia	
<p>“Countries should be given options on how the Match Fund is utilized. Countries can choose to procure commodities for as long as these as approved by WHO and then there is 3rd party procurement. These are bottlenecks from the perspective of the Partnership. When governments allocate a sum of money in their budget, it does not indicate that they have that money for the procurement. When the government has raised enough money to procure commodities indicated in their supply plan, the treasury might release more resources, but there are issues of custom clearance, in-land transport, distribution and storage. In the annex, alongside the Compact, the understanding is that aside from the commitment, there are in-kind contributions as part of Partnership. Part of this is custom clearance, warehousing, distribution of commodities. The government in Zambia is struggling to fund the central warehouses to distribute these commodities, thus women are still not benefiting from that. [...] Zambia for the next</p>	KII with UNFPA Zambia Country Office. October 2024.

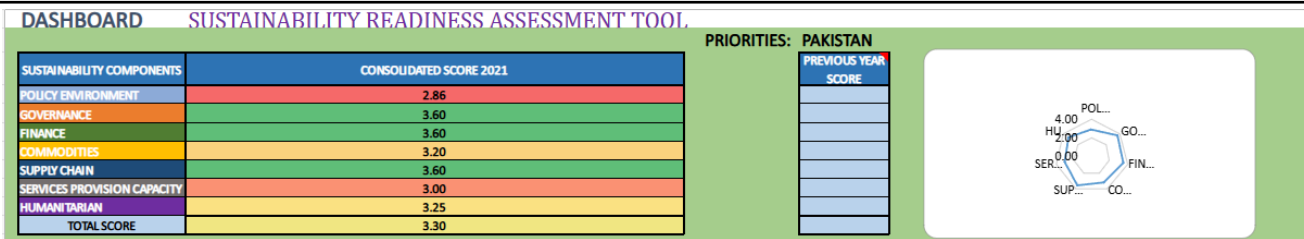
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<p>two years will be on Steering Committee of the Partnership. Here, they will perhaps discuss if there is a way, once a country qualifies for Match Fund, for the Match Fund to not be exclusive to procurement of more commodities. Zambia qualified for 2 million: is there a way to ensure small percentage can go to the bottlenecks? We need to look at ensuring we avoid commodities being held up in central warehouses.”</p>	
<p>“The Partnership, beyond the general guidance given to all countries (we have a list of dos and don’ts across the board), should engage on a case-by-case basis. In Zambia, we were coming from 0 resources allocated to reproductive health/FAMILY PLANNING, then suddenly the government committed less than a million, coming with Match Fund 1:1 (which as capped at 1.5 million), which then shifted to 2:1. When there is such a high level commitment, that goes beyond their pledge (200-300% more), is there a possibility to engage on a one-to-one basis? In the event that there are other players that cover commodities, how can the Partnership engage countries on a one-to-one basis, so the Match Fund is not locked into commodities but is for LMA? Is the client benefiting from these commodities? Can we move into that? UNFPA Supplies is putting money into commodities, always looking back [at forecasting based on previous years]. Instead of creating a one fits all solution, we should discuss and agree what the funds should be spent on, so there is last mile distribution.”</p>	<p>KII with UNFPA Zambia Country Office. October 2024.</p>
<p>"From my perspective at ZAMMSA, there is a need to sensitize people around the Match Fund and what it means. When we are granted a certain Match Fund, our needs are always a lot, but there is a threshold for the Match Fund. We need to understand that the Match Fund will not be forever. It's supposed to be for a certain period, to bring us to a level where we're committing more and then it will not be there. Planning around that is very important, so that we do not take the fact that we have gotten this much support for granted. This need is there now, and we keep increasing it year on year and how are we planning around that when there is no Match Fund."</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>
Assumption 4.4 The Partnership's 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	
<p>4.4.1 Documented evidence on the adequacy of the Sustainability Readiness Tool – systems readiness assessment tool to effectively identify gaps and bottlenecks in the different programmatic areas and inform decisions around the types of activity supported through the HSS funding stream.</p>	
<p>4.4.2 Percent of Partnership countries using SRAT and results / subsequent improvements in domestic financing.</p>	
<p>4.4.3 Percent of Partnership countries that have signed Compacts and increased domestic financing</p>	

Assumption 4.4 The Partnership's 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).	
4.4.4 Perceptions of stakeholders on the relevance of the Compact and Annex A, including frequency of renewal.	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
<p>The SRAT tool does not address sustainability- scope and purpose. The real purpose is misalignment with the name: the measure where the country is at a particular time, but the tool does not provide how close they are to sustainability, no measurement in this regard. Instead of measuring sustainability readiness, it evaluates current conditions across various areas like COVID-19 impact, financing, economy, commodity distribution, service delivery, and supply chains. It does not track progress towards achieving sustainability; it doesn't show how close a country is to reaching sustainability milestones. The tool is essentially a snapshot of the present state but lacks a comprehensive view. Its scope is limited because it can't encompass all relevant factors, such as family planning or other critical elements the designers might overlook. Different users might have diverse opinions on what should be included; someone else might think other factors like XYZ are essential. This limited scope poses challenges in accurately determining if a country is at a desirable level of sustainability.</p> <p>Another issue is that the tool relies on self-reporting, which can be subjective. There's a possibility that countries may report themselves as more sustainable to appear favourable for financial reasons, although this isn't to suggest they do. Overall, the tool's name might lead to misinterpretations about its purpose and effectiveness.</p>	KII with UNFPA, CSB. October 2024.
UNFPA developed the Sustainability Readiness Assessment Tool (SRAT) to assist the UNFPA Supplies Partnership, government partners and key stakeholders in making informed decisions around sustainability and to monitor progress across the sustainability continuum. The tool provides a quick overview of the sustainability levels of a particular family planning programme by identifying a set of trajectories through predefined milestones. The tool was developed based on the UNFPA Supplies Partnership Sustainability Framework and in alignment with the programme's results framework. It incorporates a set of sustainability elements across the six programmatic components.	UNFPA (n.d.). Sustainability Readiness Assessment Tool. Guidance Note for UNFPA Country Offices and Partners.
<p>The SRAT aims to:</p> <p>Assist the UNFPA Supplies Partnership in monitoring progress towards achieving the programme goals.</p> <p>Strengthen coordination among stakeholders and build alignment around systems investments.</p> <p>Agree on key milestones for focused action in the upcoming year.</p>	UNFPA (n.d.). Sustainability Readiness Assessment Tool.

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Measure systems progress in more objective terms on an annual basis.	Guidance Note for UNFPA Country Offices and Partners.
This guidance note provides the UNFPA Supplies Partnership members and stakeholders with detailed instructions on how to administer the SRAT. The process of completing the SRAT will be coordinated by UNFPA. The SRAT is a core component of the annual work planning process as it will assist in identifying the main investment priorities to be included in the Transformative Action (TA) Requests.	UNFPA (n.d.). Sustainability Readiness Assessment Tool. Guidance Note for UNFPA Country Offices and Partners.
The UNFPA Supplies Partnership Sustainability Framework is the programme’s response to the urgent need to support and hold accountable those governments for whom sustaining access to family planning remains a challenge. Using a layered model containing seven programmatic components, this framework recognizes that sustainable family planning programmes are contextually interlinked with the political and socioeconomic ecosystem and require new thinking on how to collaborate with partners to achieve goals. It means taking a new approach to meeting persistent challenges.	UNFPA (n.d.). Sustainability Readiness Assessment Tool. Guidance Note for UNFPA Country Offices and Partners.
Seven dynamic programming components for action and evaluation will guide the sustainability efforts and set the goals along the programme cycle: 1) Policy environment; 2) Governance and leadership; 3) Supply chain systems and logistics; 4) Commodities; 5) Services provision capacity; 6) Health systems resilience to humanitarian crisis and disasters; 7) Financing	UNFPA (n.d.). Sustainability Readiness Assessment Tool. Guidance Note for UNFPA Country Offices and Partners.
The SRAT uses a structured self-administered questionnaire to assess each one of the programmatic areas and produces a consolidated sustainability score. The self-assessment is completed by staff from the UNFPA Country Office, the Ministry of Health (MoH) and representatives from civil society organizations (CSO) individually or in groups using the DATA COLLECTION TAB. The results are then discussed and an average score is reached by consensus. The SRAT is structured in a series of steps that guide stakeholders through the process to identify the key	UNFPA (n.d.). Sustainability Readiness Assessment Tool. Guidance Note for

Assumption 4.4 The Partnership’s 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).												
priority areas and their milestones. The SRAT also defines the sustainability score for the programme at any given moment.		UNFPA Country Offices and Partners.										
<div><div>Pathway to reaching sustainability</div><table><tr><th>Public response in f</th><th>Accelerating</th><th>Not accelerating</th></tr><tr><td>Advanced</td><td>Honduras, Rwanda, Zambia, Zimbabwe.</td><td>Bolivia, Lao PDR,Sao Tome and Pricipe.</td></tr><tr><td>Not yet</td><td>Benin, Burkina Faso, Burundi, Cameroon, CAR, Chad, Cote d'Ivoire, DR Congo, Ghana, Guinea, Guinea-Bissau, Lesotho, Ethiopia,Madagascar, Malawi, Mali, Niger, Nigeria, Timor Leste, Togo,</td><td>Congo, Djibouti, Eritrea, Gambia, Liberia, Mauritania, Mozambique, Senegal, Sierra Leone, Somalia, Tanzania, Uganda, Yemen.</td></tr></table><div>Doubts:</div></div> <div>Notes: A country is advanced in its public responses when accomplishing the following requisites: a) mCPR is equal or higher to 30%, b) LARCS are included in the contraceptive basket, c) SRAT is three or higher. A country is accelerating in the pathway to reaching sustainability when accomplishing the following requisites: a) Compact commitments are over the mimimun required. b) Increasing budget allocations (at least since 2021). c) Goals defined in the Compact shows consistency with the annex A commitments and with the budget implementation.</div>		Public response in f	Accelerating	Not accelerating	Advanced	Honduras, Rwanda, Zambia, Zimbabwe.	Bolivia, Lao PDR,Sao Tome and Pricipe.	Not yet	Benin, Burkina Faso, Burundi, Cameroon, CAR, Chad, Cote d'Ivoire, DR Congo, Ghana, Guinea, Guinea-Bissau, Lesotho, Ethiopia,Madagascar, Malawi, Mali, Niger, Nigeria, Timor Leste, Togo,	Congo, Djibouti, Eritrea, Gambia, Liberia, Mauritania, Mozambique, Senegal, Sierra Leone, Somalia, Tanzania, Uganda, Yemen.	UNFPA (n.d.). Annex A assessment.	
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<div>SRAT Assessment</div> <table><tr><td>Countries that implemented SRAT</td><td>50</td></tr><tr><td>Countries that not implemented SRAT</td><td>4</td></tr><tr><td>Countries where Financing si a High priority</td><td>31</td></tr><tr><td>Countries where HSS application match with SRAT priorities</td><td>40</td></tr><tr><td>Countries that didn't prioritized financing activities with SRAT</td><td>8</td></tr></table>		Countries that implemented SRAT	50	Countries that not implemented SRAT	4	Countries where Financing si a High priority	31	Countries where HSS application match with SRAT priorities	40	Countries that didn't prioritized financing activities with SRAT	8	UNFPA (2024). Assessment of HSS applications on Sustainable Financing 2024.
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The signing of the compact in Cameroon is a very important step in that direction and the Partnership for supplies has played a very important role in this. Even, for Cameroon, the Government has decided to increase its contribution by 1% per year. From a political standpoint, this is positive, and we are all proud of it here. Yes, all technical and financial partners can participate in the acquisition of RH commodities, but the Government also will always take a part of that charge directly.	KII with Ministry of Health Cameroon. October 2024.
Democratic Republic of the Congo	
the Government, normally, the compact we signed with them, they committed... So, the Government undertook to contribute 5 million, at least 5 million a year. But the last time they paid was in 2022, in November 2022, they gave about 2.1 million. In 2023, they gave nothing. In 2024, they have yet to deliver.	KII with UNFPA. November 2024.
There are some countries that ask for 5% or more. But here, for the moment, it's 1%. And every year, it has to increase by a percentage like that. 1%, every year, the contributions increase. And this is where we open the door to what we call the match fund, and the DRC belongs to the category of countries where the ratio is 1-1. 1-1 in the sense that if the country pays the 1%, it opens the door to the match fund.	KII with UNFPA. November 2024
But here, it's different, there's no central buying office. There's a federation that doesn't have any shops, but each CDR is more or less autonomous and wants its own money. That's what makes the difference. Here, you have to pay. In other countries, the Government uses its own means to distribute. We're not there yet, but this month we're holding a workshop with PNAM to discuss all this	KII with UNFPA. November 2024.
Kenya	
UNFPA funding is quite small, and requirement that Government contribute 10% is a "drop in the bucket" – but still challenging for Government, in these times of austerity and budget cuts. The Match Fund is good in theory, but this is a constrained fiscal space. Government is paying 80% of their funds to pay down their debt (invested in Euro bonds?). (Government isn't making their required contributions, so not eligible for Match Fund yet).	KII with CHAI. October 2024.
The Compact has really done its job, really forced the Government's hand to commit funding. However, the Government is not complying with its own commitments. After a smart advocacy workshop, the MoH wrote to Treasury to commit funds to the Compact, making it clear that FP is part of the socio-economic development. They developed a Media Advocacy toolkit, to ensure the media understands their power to influence Government in this area. Disadvantages of the Compact were: it was difficult to make Government understand it, it took a long time to get Government to sign, there was a lack of trust by Government (they didn't trust enough to sign, for a time), and the changing political landscape and new leadership coming in made it hard to maintain and enforce.	UNFPA rep and key staff meeting. October 2024.

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Pakistan																				
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 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.		UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.																		
 <p>DASHBOARD SUSTAINABILITY READINESS ASSESSMENT TOOL</p> <p>PRIORITIES: PAKISTAN</p> <table><tr><th>SUSTAINABILITY COMPONENTS</th><th>CONSOLIDATED SCORE 2021</th></tr><tr><td>POLICY ENVIRONMENT</td><td>2.86</td></tr><tr><td>GOVERNANCE</td><td>3.60</td></tr><tr><td>FINANCE</td><td>3.60</td></tr><tr><td>COMMODITIES</td><td>3.20</td></tr><tr><td>SUPPLY CHAIN</td><td>3.60</td></tr><tr><td>SERVICES PROVISION CAPACITY</td><td>3.00</td></tr><tr><td>HUMANITARIAN</td><td>3.25</td></tr><tr><td>TOTAL SCORE</td><td>3.30</td></tr></table> <p>PREVIOUS YEAR SCORE</p> <p>4.00 POL... 3.00 HU... 2.00 GO... 1.00 SER... 0.00 SUP... CO... FIN...</p>		SUSTAINABILITY COMPONENTS	CONSOLIDATED SCORE 2021	POLICY ENVIRONMENT	2.86	GOVERNANCE	3.60	FINANCE	3.60	COMMODITIES	3.20	SUPPLY CHAIN	3.60	SERVICES PROVISION CAPACITY	3.00	HUMANITARIAN	3.25	TOTAL SCORE	3.30	UNFPA (2024). UNFPA Supplies Partnership - Sustainability Readiness Assessment Tool.
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Figure 2. Sustainability Readiness Assessment Tool for Pakistan 2024.																				
“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																		
Yemen																				
Key Milestones vs Achievements of UNFPA Supplies Partnership work plan (Q1 – Q3 2023) <u>Family planning financing:</u> The Government of Yemen signed the compact for UNFPA supply for 2023, and the 1% contribution was paid and delivered to the UNFPA account.		UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.																		

Assumption 4.4 The Partnership's mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).																													
<p>"We are pushing and pushing the government to be part of this Partnership. They signed the Compact for two years, last year and this year. We are managing two sides, as there are two governments in Yemen (one in the North and the other in the South), with different priorities and different mentality/thinking about their priorities. The Partnership is very important to make life saving commodities available for women. [...] We have just come from Cairo to attend this family planning workshop, and we were discussing about the funding and the financing process. The line ministries are relying a lot on us. When it comes to reproductive health commodities, it's about UNFPA. We need to change the paradigm. Last year, we advocated, and they signed the Compact, and we got an equivalent of almost 30,000 USD. This year, we are advocating to get double, and they accepted. But we need to go beyond and that's why we really appreciate this kind of Partnership, because now it's about putting the government in front of its own responsibility as part of the six main building blocks. The first one is about governance and leadership."</p>	KII with UNFPA Yemen Country Office. November 2024.																												
<p>DASHBOARD SUSTAINABILITY READINESS ASSESSMENT TOOL</p> <p>PRIORITIES: YEMEN</p> <table border="1"> <thead> <tr> <th>SUSTAINABILITY COMPONENTS</th><th>CONSOLIDATED SCORE 2021</th><th>PREVIOUS YEAR SCORE</th></tr> </thead> <tbody> <tr> <td>POLICY ENVIRONMENT</td><td>2,00</td><td>1,57</td></tr> <tr> <td>GOVERNANCE</td><td>2,60</td><td>1,60</td></tr> <tr> <td>FINANCE</td><td>2,00</td><td>1,60</td></tr> <tr> <td>COMMODITIES</td><td>3,60</td><td>4,00</td></tr> <tr> <td>SUPPLY CHAIN</td><td>3,20</td><td>3,80</td></tr> <tr> <td>SERVICES PROVISION CAPACITY</td><td>4,00</td><td>2,00</td></tr> <tr> <td>HUMANITARIAN</td><td>4,00</td><td>3,25</td></tr> <tr> <td>TOTAL SCORE</td><td>3,06</td><td>2,55</td></tr> </tbody> </table>	SUSTAINABILITY COMPONENTS	CONSOLIDATED SCORE 2021	PREVIOUS YEAR SCORE	POLICY ENVIRONMENT	2,00	1,57	GOVERNANCE	2,60	1,60	FINANCE	2,00	1,60	COMMODITIES	3,60	4,00	SUPPLY CHAIN	3,20	3,80	SERVICES PROVISION CAPACITY	4,00	2,00	HUMANITARIAN	4,00	3,25	TOTAL SCORE	3,06	2,55	UNFPA Supplies Partnership (2022). Sustainability Readiness Assessment Tool.	
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<p>Figure 3. Sustainability Readiness Assessment Tool for Yemen 2021.</p>																													
<p>Zambia</p> <p>In Zambia the Compact (MoU as per government requirement) was signed in January 2023 by the Minister of Finance, Minister of Health, Director General at ZAMMSA and UNFPA. This followed stakeholder consultations that led to the crafting of the wording in the Compact and clearance by the Ministry of Justice.</p>	UNFPA (n.d.). The UNFPA Supplies Compact of Commitment: Sustainable financing																												

Assumption 4.4 The Partnership’s mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
	for commodities in Zambia.
<p>“We did SMART advocacy regarding who comes to the table in these discussions. <i>[The Compact]</i> worked in favour of the government. When we engaged the government, we did not just look from being users (MOH) but also engaged MoF, which is the placeholder. With the level of engagement recognized by MoH, MoF felt obliged to provide their end of bargain, so the secretary of treasury convened the meeting and expected outcomes from there. MoH insisted that the legal department was a part of it. Going forward, we want to get buy-in from other donors in terms of expanding the Match Fund. The engagement [for the Compact] also involved cabinet ministers, looking at development perspectives. Over the next 2 years, advocacy is something that needs to be sustained. We need to get buy-in from legislators and MoH, and the placeholder. The MoH has other things to implement, the decision to invest in RHC is a developmental commitment, which requires sustained and continued advocacy. [...] There is an interagency committee for RMNCAH, which is a body of hands of agency chaired by MOH, to which agencies take technical issues, but it requires head of agencies to approve and sources funding for. When we were in the process of developing the Compact, they heard and deliberated about it. [...] For family planning/reproductive health we have TWGs chaired by MOH. For the advocacy for the Compact, the starting point was a presentation made in the TWGs which included government partners, UN agencies, US-funded NGOs, as well as civil society.”</p>	KII with UNFPA Zambia Country Office. October 2024.
<p>“In 2019, the government was not spending anything on commodities. After the Compact agreement, the money has been spent; this is a success made by the Compact. [...] The discussions around the Compact started in 2022, and the Compact was signed in 2023. Before that in 2020, 2021, there was no government expenditure on family planning. After the Compact was signed, there was a huge sum committed to RHC in 2023 (2.7 million USD). In 2024 there were more contributions (another contribution for 4.4 million dollars due to the pressure of the arrangement). All of this was made possible by the Compact. The main strength of the Compact is that additional funds were also made available for Zambia (such as the Match Fund). [...] The title page of the Compact says “Memorandum of Understanding” – the government wanted to align with the language they are familiar with.</p>	KII with UNFPA Zambia Country Office. October 2024.

Assumption 4.4 The Partnership’s 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).

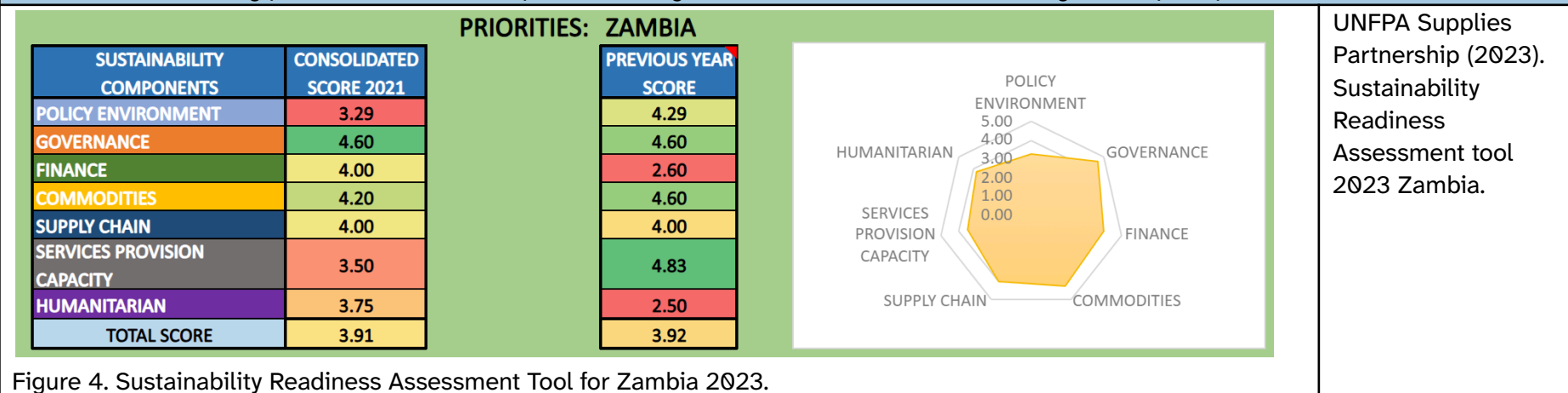


Figure 4. Sustainability Readiness Assessment Tool for Zambia 2023.

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

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				

	<p>basic conditions for the Partnership to achieve its expected goals. As a result, the capacity of the Partnership to deliver results is highly dependent on the achievement of this operationally related objective.</p> <p>As depicted in the reconstructed theory of change, this question focuses on three main modes of engagement: partnerships, integration and coordination, and governance. The areas of analysis considered for this evaluation question focus on the adequacy of the new governance and management structure (governance), as well as the strategy and implementation of external partnerships for synergetic results (partnerships). Moreover, the question addresses the extent to which the existing financial and human resources are adequate for the effective implementation of the Partnership, and the extent to which the four strategic objectives work in coordination as a system to maximize results (integration and coordination). The question also addresses efficiency toward achieving first-level results.</p>
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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.

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.)	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
His concern (working at HQ) is that they are focusing on Steering Committee & donors more than on country level (his heart is with the latter – the countries). This is one thing being left behind in Program, weakness is field people are not able to do everything they should do in country. Need more focus in HQ on countries. Although Steering Comm works, program is improving thanks in part to their efforts. But one weakness is need to strengthen coordination/monitoring with countries and regions. Phase 3 did incorporate more systematic communication with regional offices (weekly meetings, which is new) started in 2024. But maybe this is not enough. Need someone in permanent role to manage/oversee this for the program. SP is impacted by the reshaping of UNFPA and some roles are missing (not enough staff working on this – mainly 1) Communication with regional office, tracking of agreements, and 2) Financing dimension (financing team is disappearing).	KII with UNFPA, Family Planning Branch. October 2024.
Subcommittees: <ul style="list-style-type: none"> Leadership Financing and risk Strategy and planning: instrumental in designing phase 3. We are more organized. She co-chairs the IPC. <p>The involvement of donors has been highly beneficial as we understand their expectations, and they provide valuable assistance with numerous ideas and suggestions.</p> <p>Previously, only a few countries were on the steering committee, but now Zambia has also joined the subcommittee. This development will enhance the representation of diverse voices and increase the overall added value of the P.</p>	KII with UNFPA, Family Planning Branch. October 2024.
Very good step forward Positive areas A major advantage is how it has enhanced transparency, accountability, and openness , thereby boosting donor trust. Our donors now have confidence in our transparency and honesty as we share our challenges and seek their input. This development has redefined our relationships with donors, partners, and country offices.	KII with UNFPA, CSB. October 2024.

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.)	
<p>Country participation: good move, but they are not vocal enough, in reflecting their priorities. They are not empowered, even if we try. While inviting country offices to participate was a wise decision that increased transparency, I feel they do not express their priorities strongly enough. Representatives from countries like Sierra Leone and Timor-Leste attend meetings but seem hesitant to voice their country's needs effectively. Factors such as language or cultural differences may contribute to this issue. It's crucial for them to feel empowered as the process should be influenced by their contributions.</p> <p>Challenges Regarding partners, some are involved mainly due to receiving donated commodities. However, there is a concern that certain partners might push their agendas, which do not align with those of the Programme. This is an area that needs attention to ensure the collaborative effort remains focused on our shared goals. Example: Our relationship with organizations like MSI and IPPF is intermediated by governments, who receive donated commodities from us and create national supply plans to distribute these commodities to partners. Consequently, these partners may aim to secure as many resources from us as possible, which sometimes conflicts with our goal of system strengthening. This dynamic can potentially compromise the impartiality of some members involved in discussions.</p> <p>Subcommittees: The initiative of forming subcommittees is positive, leading us in the right direction; however, I have concerns about certain members being more vocal, potentially steering the agenda of the program more forcefully than others. While this isn't entirely negative, as we have learned to be cautious over the past three years—being open, transparent, and diplomatic—we must ensure that we do not simply acquiesce to partner demands. We have mastered a professional and diplomatic way of asserting our priorities.</p> <p>Leadership sub-comm: The establishment of the leadership subcommittee was a promising idea initially intended to focus on HR aspects of the program. However, it was subsequently narrowed to oversee only the hiring and performance of key positions like the independent chair and the program leader. I believe it should revert to its broader HR mandate covering skill assessments across all personnel funded by the program. Although I wasn't in a position to influence this decision as the former program leader, in my current role as chief of the branch, I aspire to</p>	

<p>Assumption 5.1 The improved Partnership governance and management have increased the engagement among main partners and promoted shared accountability for results and efficient decision-making. (Links to theory of change causal assumption 3.)</p>	
<p>address this during a midterm evaluation—if corroborated by others—and revisit the comprehensive scope initially intended for the leadership subcommittee.</p> <p>Finance and risk are functioning well. Regarding memberships, they seem a bit overwhelming because everyone is eager to get involved. Numerous donors and partners wish to participate in each subcommittee, which can make things a bit hectic and challenging. However, given their enthusiasm and active participation, it's not necessarily a negative situation. Still, more limited participation might have been ideal.</p>	
<p>The 2nd key change the way we governed the programme itself, in Phase II there was no real structure to how we governed, everyone was in decision-making seat. The governance that we have today is working well for everyone, there is structure and process to bring in different voices from donors and CS partners. We introduced a pilot to bring in GFF to have a voice. I feel on that front the shift in how we did governance helped. Looking at it from the product side of things, the programme is doing really well, I forgot to touch about this, the grouping of countries, that was a process, it was super objective, the indicators were really tight, we were able to say these are the countries that need most support from the programme and these are the countries that should be transitioning out, I think we landed in a good place.</p>	<p>KII with UNFPA. October 2024.</p>
<p>When it comes to donors or partners, that has also been systematised so SC meetings we have governance body and various SC meetings we work in more detail it is a good development to have that, it has involved donors and partners in more detail and the feel ownership of the programme, that is great that has maybe been one of the reasons why the partnership has been able to maintain high contribution level.</p> <p>Some challenges, more democracy it becomes more difficult to reach conclusions sometimes, to some extent there is some duplications in what we do in various sub-committees and what we do in SC. There was a great comment from FCDO that she felt that in SC meeting we are discussing too many details that should have been dealt with in sub-committees and SC should be forum for decision-making.</p> <p>The idea is that there is one delegate representing others</p> <p>There is also duplication between, I am FSC finance and ? committee, then there is strategy and planning committee, there is some duplication there. They are looking into funds allocation too. Sometimes I have presented the same presentation three times.</p>	<p>KII with UNFPA. October 2024.</p>

Assumption 5.1 The improved Partnership governance and management have increased the engagement among main partners and promoted shared accountability for results and efficient decision-making. (Links to theory of change causal assumption 3.)	
There are 3 sub-committees, FSC, then strategic and planning, then leadership. Leadership is the donor committee. Then on top of that the SC.	
one thing that came up as a challenge in last SC, there are many sub-committees, there was SPC. It felt that a lot of work meant to be done at lower level have not been done and come to SC. It really felt like SC wanted to really get into details, it felt they hadn't been properly briefed or that there wasn't adequate authority at sub-committees. Sub-committees meet once a quarter and that doesn't feel like it's enough it always feels rushed. The recent SC was really clear example of that. That is my big take away. I've presented a lot of things to sub-committees, there is need for folks who have critique to provide input. People are sent away to do work and sub-committee sends away as they don't like it. It is not so engaged.	KII with Avenir Health. November 2024.
The steering committee has seen significant development. UNFPA now better understands the type of information the committee expects (donors), as discussed at the recent meetings. We suggested adding two more seats for implementing countries to balance the donor focus. Hopefully, in November, these countries will join and provide more insights into their successes and challenges, which have previously been overlooked. This inclusion aims to help us address and support overcoming these challenges. However, there are still some issues with aligning decisions made by the SPC and FRC, who meet quarterly, with those of the steering committee. The structure sort of hinders discussion in the steering committee since many members are also part of SPC and FRC. It creates a block where topics have already been discussed and decided upon. I'm unsure how to handle this and while I share SPC and FRC information with my constituency, I am not certain if others are doing the same. It sometimes seems like not all partners have equal access to information within the partnership. The situation is that I'm honestly not certain if this is useful, given that it's a global health initiative involving the DFF and Sif as a donor. I'm not very diplomatic, and Sif wants UNFPA Supplies and the DFF to collaborate. Additionally, UNFPA Supplies aimed to be more involved in the Lusaka agenda and alignment agenda. As a result, the head of the GFF Secretariat attended the previous meeting, but I understand he won't be able to join the next one due to GFF's schedule, which conflicts with their steering committee. I'm unclear on the benefit of having GFF as a non-project member. We questioned whether they truly represent implementing countries, which isn't clear to me regarding how the two new ones were chosen, possibly because I haven't followed up on it properly.	KII with Netherlands MoFA. October 2024.

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.)	
Participant implementing countries: not sure if they represent themselves or all the other countries. That can have implications because they will need to consult and discuss, which might be very difficult or impossible. I believe this is because they will also rotate in those countries.	
<p>I believe they should formalize the transition process more. Last year, they began the transition, leaving donors to decide among themselves who would lead the constituency, which is difficult without set criteria. Ultimately, for the donor countries I'm familiar with, UNPA decided that the four biggest donors would form a constituency, and we were asked to invite other donor countries to join, but I didn't want to do that. I suggested to UNFPA that they approach countries interested in participating in the constituency since not all countries might want to join. Based on that interest, they could propose four constituencies according to the group's funding allocation to the UNFPA Partnership so that an average funding amount contributes to one seat. Honestly, I'm not sure how this worked out in the end. We have two donor seats. I don't think FCDO includes any other country in their constituency; Canada is grouped with Luxembourg and Denmark, while France is with the European Union. As for other constituencies, I am unaware of them, and our situation basically stayed the same. So, I wouldn't know.</p> <p>It seems logical to have one representative for a certain amount of funding. When I spoke with my constituency members, we considered it unfair because the Netherlands will contribute until 2028, and it's unlikely that Norway or Germany will increase their contributions substantially to exceed ours. This means they won't officially be part of the steering committee, though they attend meetings in London, Senegal, and Norway as observers, allowing us to share tasks. In the end, it's the four biggest donors who have the seats. The process was unclear, which is why we didn't start in the new format last April. We will start now since the different constituencies are at least formalized for the donor sites.</p> <p>I'm not sure, because preparation is necessary. It's important for the UNFPO to gradually introduce changes to avoid surprises. In the steering committee, you want everything to proceed smoothly rather than a sudden upheaval; any major changes should happen in the subcommittee first. Honestly, I'm unsure how to handle that, but they are being more transparent now than before, including the agenda and steering committee composition. It's challenging.</p>	KII with Netherlands MoFA. October 2024.

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<p>The time difference between the partners in the steering committee and the subcommittees is quite challenging. While I'm very happy we have in-person meetings, the subcommittee sessions start at five in the afternoon for me, which isn't ideal. Additionally, we often receive a slide deck to review during these meetings, which sometimes leads to discussions about avoiding duplication between SPC and FRC. Unfortunately, I couldn't attend the last combined meeting. Perhaps having a single preparatory body for the steering committee, similar to GAVI's approach for their board meetings, could be a solution.</p>	
<p>Focus on Steering Committee is good, but cannot forget about tracking program in countries, giving quick responses (without too much HQ bureaucracy)</p> <p>(e.g. volcano eruption in Guatemala – SRH kits arrived 2 years late! Embarrassing!)</p> <p>But governance of program is ok. Just too focused on SC/donors rather than on countries, in his opinion. For a country (e.g. S. Sudan) in a dangerous civil war situation – country wanted to reorganize program last year, due to not using some products, and not being able to reach some communities due to war. So country requested a new focus on mobile clinics, which would move around in the field as possible. This sounded rational, but HQ was not in a good position to make a judgement about this – they don't know Africa, particular conditions of a country like this. This should have been assessed by regional office; they should have been involved. Need to transfer more authority and decision authority to regional office. This means transferring budget to these regional offices – to invest, to capacity build, etc. and need to require results from them. This should be done – decentralization and regionalization.</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>
<p>The second thing about governance, for now because that is likely by the country and the donors where they said UNFPA doesn't really have a voting right. All we have to do is provide technical inputs and allowed in the decisions. Because in the steering committee you don't have standing members, but you have standing members of organizations, we find ourselves virtually every year trying to orient new members, help them understand how things function. This can be extremely time consuming. So, from my perspective those are the two major challenges.</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>

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<p>The other challenges are not linked to the state of the program but they are more linked to situations in countries, so I don't want to link that to the program. That's a systemic or structural issue in countries that affects whether the program is developing or not.</p>	
<p>As I alluded to it little earlier, the previous iteration of this program UNFPA was the lead in terms of deciding what to do with resources, allocation of resources for countries within the program but from phase three we have this steering committee. We do also have departments forum where people can come in, but the steering committee takes all the decisions and decision is done by voting UNFPA is not a part of that body. UNFPA is just there to provide technical advice to these committee members during the voting. And like I mentioned before the challenge is you don't always have every member of the steering committee to be fully cognizant of everything in the program. So, we have subcommittees that are supposed to support the steering committee. But like I've mentioned before I leave in the last 1.5– 2 years, we've had changes of the focal points from the donors, so it's a lot of work trying to get them up to date. So sometimes transitions take longer because they don't understand what the decision implies. And also, because they are not supposed to meet that frequently, if they're not able to take a decision or that decision becomes postponed, by the time it's finally addressed it may not be as relevant as what you would have done if it was UNFPA taking that decision at that time.</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>
<p>I think the fact that the donors feel like they have a say has also improved the visibility of their program and made it more attractive. Kudos to our resource mobilization branch. They've done some excellent job bringing even new doors to the table who are not interested in supporting but they just want to see results and thankfully we've been able to show to them Value in terms of return on investment. We've mobilized a lot more resources in the last two years than before. that I think is due to the steering committee being able to communicate effectively to others about how this is working.</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>
<p>The governance has evolved really nicely. Initially, you could just go, and people could participate instead of you, it was not that strict to participate. But then they made it more structured and planned. I think CSOs, governments, and everyone else have conflicts of interest. You either have vertical programmes with beneficiaries, or you bring in a complex program with different beneficiaries. I do not represent IPPF, but CSOs when I sit in the committee. As long as this is the way, it is not a conflict of interest. All governments have their interest, and that is how it is, especially as vertical top-down approaches are the past. Mitigating power imbalance is crucial! And doing it this way is more honest and balanced. You need to speak on behalf of a respective constituency. Another thing, that is normal, is that</p>	<p>KII with IPPF. December 2024.</p>

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some donors weigh more than others. You can see that they take Gates, UNAIDS more seriously than me when I speak up, but I have a say now, as we should. I think the model is fine, you just need to have a very strong chair to move forward.	
<p>The new structures are definitely an improvement, and the steering committee is much closer to being a true decision-making body than it has been in the past. The fact that they are now more disciplined about determining who has access, who is an observer, and so on, is a welcome change that hasn't been present in previous iterations. However, there are still challenges. The agenda tends to be very packed, and there often isn't enough time to go into the necessary detail, which can be frustrating. I believe this is a particular frustration for the implementing partners, who approach things from a different perspective than the donors. Donors tend to focus on the aggregate picture — whether the investment is delivering results. On the other hand, as implementing partners, we need to get into the specifics, the “nitty gritty,” to understand why certain countries may not be succeeding and to identify solutions. Monitoring frameworks that focus on high-level aggregate indicators like “90% of countries succeeded at X” aren't very useful to us, because we need to focus on the 10% that haven't succeeded and figure out the reasons behind that.</p> <p>This lack of detailed analysis and the lack of forums to dive deeper into these issues is a significant gap. However, there have been changes in the staffing of the group, and every year the program matures a bit more. I'm confident that improvements can be made in this area, particularly by sharing more disaggregated data by country, which would be incredibly helpful. Having more country-specific information and meeting papers shared earlier would also make a huge difference. Currently, we often receive meeting papers just a few days before the meeting, which makes it hard to prepare adequately.</p>	KII with MSI. December 2024.
<p>What would be truly helpful is for the group to provide quarterly updates that include a list of countries, grants made, and brief bullet points on progress. For example, we often see that UNFPA is funding health system strengthening efforts in a country, and MSI or IPPF might also be doing similar work in the same country. If we could map out all the efforts in health system strengthening, it would allow us to identify potential synergies and avoid unnecessary duplication of efforts. The lack of this level of detail makes it difficult to gauge where those synergies or duplications exist, and that's something we could really benefit from.</p>	KII with MSI. December 2024.

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Yeah, because, you know, my understanding, historically, before phase three implementation, is that what would typically happen on these steering committees was a lot more performative. You'd have different representation, but often decisions were ultimately made by UNFPA. So, the governance structure that was proposed has really helped ensure proper governance. There's now a voice for the different steering committee members, and topics are discussed in more detail within the subcommittees before being brought to the steering committee. That approach makes a lot of sense. And sometimes it has worked because I've participated in these subcommittees myself.	KII with BMGF. November 2024.
The concept itself—what the steering committee should cover versus the subcommittees, who should be represented in them—it's good in theory. But in practice, it hasn't been executed well. One issue I've seen is that subcommittee meetings are densely packed with topics , leaving no real opportunity to dive into them. So, the members don't have a chance to discuss topics properly before they're taken to the steering committee. Another factor is the meetings are short —maybe an hour or an hour and a half—and happen only once a quarter. When you're trying to get through five or six topics in that timeframe, it's just not realistic to have meaningful discussions or make informed decisions.	KII with BMGF. November 2024.
Another thing is the lack of follow-up. I've seen, over the past two years, a lot of action points identified in subcommittees but with very little follow-through. Things don't get resolved or moved forward, and then, a year later, we're still talking about the same issues. I even brought this up during a steering committee meeting, pointing out that a topic we discussed in April of last year had seen no action by the following year.	KII with BMGF. November 2024.
Now, coming back to the steering committee itself, there are other challenges. I think the leadership changes within the UNFPA Supplies Partnership have had an impact. It would really help to make sure everyone clearly understands their roles and the governance procedures. For example, while I think it's great to have strong representation from funding countries like Zambia, and we've moved in the right direction with that, the governance isn't being executed well. For instance, proposals brought to the steering committee don't always have a clear procedure for formalizing decisions. Sometimes, someone from UNFPA will just say, "Oh, that's a good idea," and it feels like that's it—there's no structured process for how decisions are finalized. That's not respecting the governance structure. So, I'd say we need to remind everyone, especially with all the new steering committee members, about how the governance should work. I thought we saw some improvement last year during the London meeting, but in 2024, the governance has been managed quite poorly. And I think that's largely due to leadership transitions. The	KII with BMGF. November 2024.

<p>Assumption 5.1 The improved Partnership governance and management have increased the engagement among main partners and promoted shared accountability for results and efficient decision-making. (Links to theory of change causal assumption 3.)</p>	
<p>lack of follow-through, unclear scope for subcommittees, and inconsistencies in how decisions are made—it’s all contributed to these challenges. We need to refocus and get back on track with executing governance properly.</p> <p>In summary, I think the governance structure is moving in the right direction—having strong representation, including local country voices like Zambia, is great. But we need to practice and execute governance properly. That means smaller, more focused subcommittees, better communication, stricter adherence to protocols, and formalized decision-making. These changes would help us move forward more efficiently and effectively.</p> <p>We should hear from countries more; they need to be more engaged. There are a lot of observers, UN protocol, and probably is not possible to change, but affects decision making.</p>	
<p>In this phase the strengthened governance mechanism is working well, the partners are adequate, IPPF and MSI are the key actors, they have their associations in each country, they have local NGOs. Like IPPF they have FPAN. MSI have local NGOs. They get most of the commodities from UNFPA and their voices are heard clearly in those governance meetings. We had a few government representatives in steering committees, I think we now have 4-5 these are improvements they have done.</p> <p>In terms of donor representatives, the governance mechanism includes everyone, they have their constituencies, and they pick one member that rotates every 2 year</p>	<p>KII with UNFPA. October 2024.</p>
<p>We need to benefit from voices of country seats a lot more. One of SC I was part of Sierra Leone was saying we should find a way to package all these different financing mechanisms. That would create more efficiencies. Trying to streamline that would be something</p>	<p>KII with UNFPA. October 2024.</p>
<p>I’ve mainly been in the financial risk committee, there I feel it has always been a good conversation and collaboration, but I could then to some extent, I am asking myself, when we get the same questions at SC that we have dealt with in financial risk committee, it feels like something is missing in communication. Some of them they were part of it, the organization but a different person. Otherwise in our committee it has been fine the way it is.</p> <p>From SPC committee, maybe talk to the chair for SPC, we sometimes compare notes, what we discussed was that in the SPC there are 2 NGOs presented and it could be a little bit, it could compromise the objectivity of the committee as they are also receiving commodities so they have a vested interest to get as much as they could so it was a little bit, to what extent should they be included. There is a challenge there to balance that. In</p>	<p>KII with UNFPA. October 2024.</p>

<p>Assumption 5.1 The improved Partnership governance and management have increased the engagement among main partners and promoted shared accountability for results and efficient decision-making. (Links to theory of change causal assumption 3.)</p>	
<p>the financial risk committee, it is not so much of an issue. They should be part of the process and be heard, and it is great that they raise concerns at the same time how much should they be able to influence their own resource situation. But it is great the way the whole governance structure is working, it has reduced the number of ad hoc requests we've received, it is an improvement.</p>	
<p><i>[Question: Do all current external partners play an active role or provide an added value to the Partnership? Which ones in your view are particularly important? Anyone missing?]</i> If this is about the Steering Committee, SPC and FRC, then I would say no. There are varying degrees of understanding of core elements of Phase III, including how the Match Fund works, how the compacts work, the vision behind Phase III and the history of its transition, which means that discussion can sometimes be ill informed. There needs to be more investment by the programme team to brief and ensure thorough understanding of all elements of the programme in order to inform the future of the partnership effectively.</p> <p>Some members prefer a strategic input, steering with the bigger picture, as part of the SRHR ecosystem, reflecting on geopolitical trends etc. whereas other partners prefer the technical, deep diving into percentages, specific costs and challenging core functions of the partnership. This can cause blockages and delays to critical mechanisms - compact contingency measures, the Match Fund, core messages to country partners. Although it's useful to have differing approaches and challenges, it can be challenging at times to move forward and progress. I understand the Partnership will look at strengthening and clarifying the governance to solve this issue as both are useful at differing levels.</p>	<p>KII with UK Foreign Commonwealth Development Office (FCDO). October 2024.</p>
<p>Country engagement is fantastic, but the involvement of CSOs has not been clear. I think the way CSOs are addressed has always been challenging. The Partnership was different, because CSOs are key providers of SRH services. We are still facing issues to see how a CSO is reflected in contracts in this phase of the Partnership. What happens if governments fail to comply with the Compacts, and there is a penalty, and less supplies go to the country?? What happens to CSOs in that country then? They are not responsible for governmental shortfalls, but UNFPA does not provide direct donations to CSOs. When this happens, CSOs represent often the most marginalised ones. Leaving them out of the compacts is a key limitation, therefore. We came to address this several times, but never fully moving ahead with the agenda, and managing this limitation. UNFPA argues that they</p>	<p>KII with IPPF. December 2024.</p>

Assumption 5.1 The improved Partnership governance and management have increased the engagement among main partners and promoted shared accountability for results and efficient decision-making. (Links to theory of change causal assumption 3.)	
can't necessarily do that because that could upset member states and governments. In some countries only partnering with the government is not the way to go when success is sought.	
First, within the subcommittees, the size is starting to get big. We need to think carefully about who really needs to be at these meetings. I think that's one key issue. The second is about the agenda topics. They need to be narrowed down and prioritized. Sometimes, you may only be able to discuss one topic in depth, and that's okay. If we're not able to expand the time—because we're coordinating across multiple time zones and working with a lot of people—then we need to focus on fewer but more critical items. Right now, we get an hour and a half, sometimes two hours, but it's often packed with so many topics that we can't really go deep on anything. For example, in the FRC committee, if the topic is the budget—which is obviously critical—it can take up the whole meeting. And that's fine. It's better to spend the entire time on one key issue than to gloss over several. So, I'd recommend that we absolutely prioritize the scope of these subcommittees and be clear about what is brought forward. And then, we need to ensure that proper information is shared with subcommittee members in advance so they can review it in detail. This brings me to the next point: communication and protocols. I think we could improve by having subcommittee members provide questions or feedback ahead of the meetings. That would help manage discussions more efficiently. Right now, a lot of time is spent going back and forth during the meeting, which can be really inefficient, especially when you have 12 subcommittee members and up to 30 or 40 observers on the call. That size really starts to slow things down. Managing pre-reads, Q&A sessions, and communication better could help keep the focus on substantive content and discussion.	KII with BMGF. November 2024.
From an operational perspective, I believe there's a missed opportunity. There are four key stakeholders in the commodity area: UNFPA in-country, UNFPA HQ, MSI HQ, and the implementing partners (IPs). Over the past few months, there has been better collaboration between the technical team from UNFPA HQ and us at MSI. However, I think there's an opportunity for these four parties to meet more regularly. Regular meetings would help us understand the challenges faced in-country, allowing us to overcome those challenges more quickly. This would lead to a more collaborative effort and could potentially strengthen or expand the supplies network through that interaction.	KII with MSI. December 2024.
A partner's independent review awarded top scores to the programme. Released in December 2022, it concluded that the Phase III governance model is providing donors with stronger oversight and assurance; that last mile	UNFPA (2023). Strengthening services and supplies

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.)	
assurance mechanisms have played a key role in reducing waste and stock-outs and that new financing initiatives such as the Compacts and Match Fund are progressing better than expected.	for reproductive health: UNFPA Supplies Partnership Annual Report 2022.
The first annual UNFPA Supplies Partners Assembly took place 14 November 2022 at the International Conference on Family Planning in Pattaya, Thailand, operationalizing an important programmatic mechanism for governance accountability.	UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA Supplies Partnership Annual Report 2022.
UNFPA Supplies Partners Assembly: shared accountability and stakeholder engagement More than 100 programme partners gathered at the inaugural partners assembly, an event to engage in creative problem-solving and to chart the course of the programme. Roundtable discussions provided inputs on 3 themes: moving from funding to sustainable financing, strengthening broad-based, multi-stakeholder partnerships, leaving no one behind. Presentations from the Reproductive Health Supplies Coalition and a youth advocate from Sierra Leone personalized the commitment of programme partners to family planning.	UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA Supplies Partnership Annual Report 2022.

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.)

Steering Committee composition

Seat holders	March 2021 to 2024	April 2024 to March 2027
Five donor seats <ul style="list-style-type: none"> • Bill & Melinda Gates Foundation • European Commission • Denmark • Netherlands • United Kingdom 	<ul style="list-style-type: none"> • Bill & Melinda Gates Foundation • Canada • France • Netherlands • United Kingdom 	
Civil society organizations <ul style="list-style-type: none"> • International Planned Parenthood Foundation • Marie Stopes International • International Centre for Reproductive Health – Kenya 	<ul style="list-style-type: none"> • International Planned Parenthood Foundation • Marie Stopes International • Health Development Initiative (Rwanda)* To be confirmed 	
Programme countries <ul style="list-style-type: none"> • Lao People's Democratic Republic • Sierra Leone 	<ul style="list-style-type: none"> • Chad • Lao People's Democratic Republic • Sierra Leone • Zambia 	
Global FP coordination body <ul style="list-style-type: none"> • Reproductive Health Supplies Coalition 	<ul style="list-style-type: none"> • Family Planning 2030 	
Strategic partner <ul style="list-style-type: none"> • United States Agency for International Development 	<ul style="list-style-type: none"> • United States Agency for International Development 	

27

UNFPA (2024).
UNFPA Supplies April 2024 Supply Chain meeting.

UNFPA Country Offices and personnel are critical focal points for achieving success. Important roles are also played by UNFPA Regional Offices. These offices review Transformative Action fund applications, share lessons learned and identify opportunities for South-South cooperation. An incremental roll-out ensures appropriate staffing and skills are in place, adequate country-level consultation, realistic planning with the timing of government budgets, implementation of human resources changes and coaching and support to Country Offices. Another priority is alignment and integration with broader UNFPA efforts to achieve the Strategic Plan's three transformative results by 2030.

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

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.)	
I think the strengths we do have every key partners, at least for Donors, international NGOs they are really part of this program whether it's IPPF or FP2030 or BMGF, USAID governments. So, we have the core people on the on the side of Donors. What is still not really clear is the government representation. We do have 4 governments. I was part of the steering committee last month in Dakar. I was just observing and the government representation either the way they're designed or the way they are briefed; I didn't find it they're representing other governments. In that meeting, we had Sierra Leone, Chad, Zambia I think one country from Asia, Papua New Guinea. These ones, when they come they not represent the full 54 countries maybe that's where we have to improve. I don't think also that they understand that bigger role, the design and the follow up, and the monitoring. So, than can also be improved on the government side at least that's what I consider weakness. When they come, they normally say their own things as Chad, as Zambia not as someone that's on the side of representing all 54 countries	KII with UNFPA, WCARO. December 2024.
I think it's one of those few global health programs that are well designed, not because I am working for them. It is well designed, whether it is for the steering committee, then other groups that are meeting, for finance, some strategic discussions. Every voice is heard, every voice is respected. AT UNFPA, we just have one voice. <i>Q: Do you think that this governance management modalities has contributed to change the practices of the shareholders?</i> Oh yes, we because of this different categories of members, whether from governments, donors, the philanthropes, the CSOs, the big ones, the global ones, even for the community ones. So, all the voices are there to really bring up that power to improve the way we present the program. So, as I said I was blessed to be in that same committee as an observer last October. So, we do have among these program people who are representing service providers or governments. These are the pressure groups that can also help us to really look for excellence, to keep that excellence high.	KII with UNFPA, WCARO. December 2024.
Kenya	
The Governance systems in Kenya (NOMT, COMT, S-COMT) need to be strengthened. There should be mentorship sessions, and awards for best-performing counties, to motivate better performance.	KII with UNFPA Kenya Country Office. November 2024.
Zambia	

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.)	
<p>“Apart from the Compact (which brought the Match Fund), the Partnership is increasing the voice of countries in which UNFPA Supplies works. Zambia now sits on the Partnership Steering Committee, sort of representing Southern Africa. The Steering Committee has voices from exactly where the resources are implemented. This will enhance the voice of Zambia and Africa (as countries in the regions often face similar difficulties and demands). The decision-making process has a practical touch, with voices from the field that aid operation of UNFPA Supplies Partnership [...]”</p>	<p>KII with UNFPA Zambia Country Office. October 2024.</p>
Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (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
<p>I think as any of those structures, if we can do better in the preparations of meetings, let's say providing the documents ahead of time but also the members having time to read them because you can provide that no one reads until the last day, this may be preparation that people come equipped the second that I mentioned earlier is empowering the government representations to come prepared to come representing the voices of others but also to get the right people. Sometimes we just get the director of family planning, the ministry of Chad, Sierra Leone, it doesn't mean that this is the right person. I don't think that the high-level meeting steering committee would need a minister. Maybe it's also too high so if we could get the right people in this steering committee but also getting out of the assumption that family planning is a health issue. I don't think so it's beyond health so if I'm on the steering committees, at least for this funding and financing we could get people that make decisions on the finding on finances being this steering committees it can make a big difference.</p>	<p>KII with UNFPA, WCARO. December 2024.</p>

Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (relates to theory of change causal assumptions 1 and 5.)	
Cameroon	
Yes, the collaboration has been improved and it's a good practice. I know that many actors have been trained in various domains.	KII with Association Camerounaise de Marketing Social (ACMS).
The Partnership programme collaborates well with national authorities and its activities involves all the key stakeholders, including international and local NGOs such as USAID, ACMS, PSI, etc. DSF is not the only entity of PoH to be involved. We also have CENAME, DCOOP, PLMI, regional and peripheral entities that are involved in the distribution chain.	KII with Ministry of Health Cameroon. October 2024.
Democratic Republic of the Congo	
Partners contribute to the availability of SR products, which is the most important? I think it's UNFPA because it's the specific partner for this. The others are like complements, for example the Global Fund. They are involved in HIV, tuberculosis and malaria, but as there is sometimes gender-based sexual violence, they may be thinking of giving condoms, and PEP kits for post-exposure prophylaxis. And even for other partners, these are sub-activities in their programme. But for UNFPA it's really specific.	KII with APSME. November 2024.
Honduras	
En el marco de Compact, existe un compromiso para establecer un comité técnico. El anterior, CIDAIA, que cerró hace diez años, se centraba en LMA. En el contexto del Compromiso 2030, se incluyó la estructura de punto focal en la Mesa de Mortalidad Materna. Dentro de este comité específico, cuando se presenta una amenaza de desabastecimiento, las organizaciones involucradas se ponen en marcha. Este comité es más amplio que el CIDAIA porque incluye organizaciones de sociedad civil.	KII with UNFPA Honduras Country Office. November 2024.
Ahora hay una mejor coordinación para que la SESAL gestione sus recursos. Ahora se está hablando de crear una mesa para un abordaje más integrado para el control de los insumos que se compran lleguen a su destino. UNICEF con el tema de las vacunas, OPS con el tema de gastos hospitalarios y costo operativo de los centros de salud. Necesitamos más coordinación. En algunos proyectos apoyamos actividades de generación de demanda, aunque es minoritaria.	KII with UNFPA Honduras Senior Management. November 2024.
Pakistan	

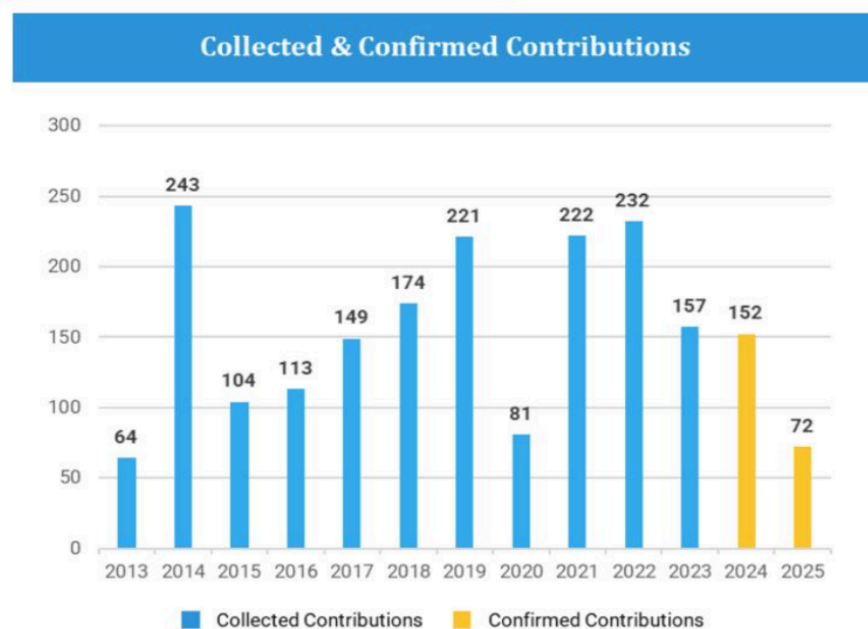
Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (relates to theory of change causal assumptions 1 and 5.)	
<p>The programme 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.</p> <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). <p>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.</p>	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.
<p>“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.”</p>	KII with Indus Hospital and Health Network. November 2024.
<p>“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.”</p>	KII with Population Welfare Department, Khyber Pakhtunkhwa. November 2024.
Yemen	
<p>Information on the delivery and implementation arrangements in place as well as implementing partners and their roles and responsibilities: The MOPHP in both Sana’a and Aden are the key partners. The TA has been designed to primarily support the public systems and structures. The implementation will therefore rely on MOPHP staff and facilities around the country. The MOPHP support, particularly the Population Sector, will be key in the successful implementation of the</p>	UNFPA (2022). Narrative Template for Transformative Action Application – Strengthening Supply Chain Systems.

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.)	
project. UNFPA will however not transfer funds directly to Government, given the current risk profile of the country but will support the government through NGO implementing partners.	
“Let us stop working only with the MOH as the line Ministry. Reproductive health interventions are public health interventions, meaning that we need to have a high range of participants among them: we need to have other ministries included, like Education, Finance, Health and so forth.”	KII with UNFPA Yemen Country Office. November 2024.
“We were all together in Cairo two weeks back. People from Djibouti shared their experience with us about when UNFPA started to engage with the ministries and others to strengthen their capacity. During the planning session, they need to dedicate some funds to support family planning interventions for countries like Egypt, Tunisia and so forth. In Libya, they are fully funding reproductive health intervention, especially family planning. This is the kind of exercise that we need here in Yemen. UNFPA should not work as a stand-alone organisation but work together with reproductive health organisations. Let’s start from small and see how we can have more connections with WHO, World Bank and other players for better achievements. As an outcome, we got this commitment from our Regional Office, saying that they will support us in this process. Let’s start from somewhere and see how we’ll expand the exercise with the support from multiple players.”	KII with UNFPA Yemen Country Office. November 2024.
“Yemen is still not stable setting; it is not recommended to do direct support by cash to the authorities. UNFPA does not give cash for transportation to the Ministry of Public Health, nor the health offices or government. UNFPA works through partner local and international NGOs to provide services and support the Ministry of Public Health to provide support for the reproductive health supplies. For the imported UNFPA supplies, UNFPA directly communicates with the Ministry and contracts with local transporters.”	KII with JSI. November 2024.
Partnership with UNFPA “JSI is a member of the reproductive health interagency working group. We have monthly meetings led by the Ministry of Public Health and UNFPA. We discuss together the issues, challenges and give updates regarding maternal, newborn and reproductive health. The NGOs working in the south of Yemen. We are members of the commodity security committee led by UNFPA , which works on ensuring availability of medications and supplies related to reproductive health and family planning. From time to time, we ask support from UNFPA regarding supplies	KII with JSI. November 2024.

Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (relates to theory of change causal assumptions 1 and 5.)	
which help the community midwives to provide services for mothers who have difficulties to access the health facilities.”	
Zambia	
“For family planning/reproductive health we have TWGs chaired by MoH. For the advocacy for the Compact, the starting point was a presentation made in the TWG which included government partners, UN agencies, US-funded NGOs, as well as civil society. There was buy-in. However, it has not been possible to get other partners who are funding family planning/reproductive health and to join the Match Fund. The government was matching on 2:1 ration, bringing in 3.8 million, and was expecting 7 million. This does not come just from UNFPA, we are trying to get other partners on board. There is interest from partners in the Compact but there is no interest in supporting the Match Fund. At the inception of the Compact, all the planners within the family planning space heard about Compact. We need commitment from government beyond disbursement and commodities procured. The commodities are in the central warehouse but we need them where the women are. We need CSO, organizations working in reproductive health to actually reach the women.”	KII with UNFPA Zambia Country Office. October 2024.
Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
Indicators 5.3.1 Views of, and percent of surveyed stakeholders/countries who agree the MAV funding streams are efficient and relevant to their contexts. 5.3.2 Documented explanations of the rationale for application of the MAV funding streams. 5.3.3 Percent/ratio of MAV funding stream applied across Partnership countries compared to size and need. 5.3.4 Perceptions of stakeholders on the adequacy of the MAV funding stream to ensure goal achievement in their contexts.	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	

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

Donor Contributions, 2013–2025



UNFPA (2024).
UNFPA Supplies
Strategy and
Planning and Finance
and Risk Committee
combined Q3
meeting.

The risk of a funding shortfall has increased due to geopolitical and economic challenges, including the war in Ukraine, the Gaza conflict and a global economic slowdown. These factors are posing fiscal challenges for donors. To mitigate disruptions, **the Steering Committee has approved a reserve fund of \$70 million to provide financial resilience and smooth budget allocations over the next 2 to 3 years**

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

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

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Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
<p>The utilization rate for commodities was 103% which means that it exceeds the allocation target by 3%. The higher amount is a reflection of the high demand for RHC. The higher commodity utilization was compensated by savings in the MAV and TA category.</p> <p>MAV Utilization Rate = 84%. It reflects that the new HR structure is not yet fully implemented and that most expenses for Match Monitoring and Evaluation was covered by external funding.</p> <p>TA (now HSS) Utilization Rate = 93%. It reflects that no separate Match Fund Capacity Building initiatives were carried out. Instead, Match Fund activities were incorporated in the general TA initiatives.</p> <p>Special restricted funds: "No cost extension" was granted for the German contribution for Afghanistan. Otherwise according to the plan.</p>	
<p>The Reserve Fund acts as a financial buffer to support the initial procurement phase at the start of each year before donor contributions are fully received. As these contributions come in later in the year, the Reserve Fund is replenished accordingly, ensuring a smooth transition from one fiscal year to the next. Additionally, the Reserve Fund serves as a contingency to address unforeseen expenses or funding gaps.</p>	UNFPA (2024). Steering Committee Q4 meeting.
<p>The transition to Phase III of the UNFPA Supplies Partnership, 2021–2030 started in 2021 and continued for an additional year in 2022, providing time to adjust to COVID-19 impacts around the world. The programme achieved high levels of operational effectiveness and efficiency. The 2022 human resources skills and competencies assessment recommended skills and competencies strengthening around: family planning policy dialogue and advocacy; health financing; and contraceptive method mix and choice. Development and roll out of a comprehensive capacity building action plan with formal training modules is in progress to ensure UNFPA staff are enabled to deliver fully on the programme.</p>	UNFPA (2023). Supplies Partnership Annual Report 2022.
Honduras	
<p>En cuanto al tema de la disponibilidad de recursos, nuestro equipo se adapta a la cantidad de fondos disponibles. Los programas internos están equilibrados, aunque siempre necesitamos más ayuda en la parte programática debido a una limitación en los recursos humanos disponibles. Además, no hay afectaciones significativas relacionadas con el cambio de divisas, ya que el deslizamiento de monedas no es un problema importante.</p>	KII with UNFPA Honduras Country Office. November 2024.

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Las capacidades de RRHH son limitadas para alcanzar los objetivos. Hacen falta manos para ayudar; por ejemplo, en la parte programática y sobre todo, en la parte de sostenibilidad financiera, hay una limitación en cuanto a quien desarrolla las actividades.	KII with UNFPA Honduras Country Office. November 2024.
Debilidades: La relación con UNFPA también presenta desafíos. La concentración de poder y responsabilidad en una sola persona limita la capacidad de la organización para abordar los problemas de manera efectiva. Se requiere un mayor número de técnicos y personal para mejorar la coordinación y implementación del proyecto.	KII with Médicos del Mundo. November 2024.
Pakistan	
2023 Budget allocation - Managing Accountability and Visibility (MAV) 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. 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.	UNFPA (2023). UNFPA Supplies 2023 Pakistan Budget Allocation Letter.
Yemen	
2023 Budget Allocation – Managing Accountability and Visibility (MAV) Human resources: An amount of \$126,600 has been approved for your department for the following positions: NOC. Additional transfers will be made if the actual costs for these approved positions exceed the transferred amount. HR funds must be used for positions directly linked to the thematic fund as noted in the UNFPA policy on Thematic Trust Fund guidelines, Para 17. Positions funded with these resources must contribute to programme implementation in one or a combination of the following functions: (i) Family Planning policy and advocacy, (ii) Health Financing for Family Planning, (iii) Contraceptive Method Mix and Choices, (iv) Supply Chain Management, (v) Knowledge Management and (vi) Monitoring and Evaluation. The country office, in discussion with the Regional Office, can decide	UNFPA (2022). UNFPA Supplies 2022 Yemen Budget Allocation Letter.

Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
<p>how best to use the funds within these functional areas based on their HR needs.</p> <p>Survey Costs: An amount of \$49,000 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>2022 Budget Allocation – Managing Accountability and Visibility (MAV)</p> <ul style="list-style-type: none"> Human resources: Support for staff positions will be communicated separately to UNFPA Country Offices on an annual basis. <p>If you did not carry out the Facility Survey in 2021, you will be contacted in due course on your interest and readiness to carry out the survey in Yemen in 2022. The Facility Survey will be funded through the MAV and is not part of your TA application envelope. Further guidance on facility surveys and related budget allocations will be shared with the Country Offices before the end of 2021.</p>	<p>UNFPA (2022). UNFPA Supplies 2022 Yemen Budget Allocation Letter.</p>
Zambia	
<p>2023 Budget allocation – MAV</p> <ul style="list-style-type: none"> Human resources: An amount of \$64,200 has been approved for the following positions: NOB. 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>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 Zambia Budget Allocation Letter.</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.]	
Indicators 5.4.1 Level of effort at global, regional and country levels , and skill sets (numbers and roles) available across different levels of the organization assigned to support the Partnership. 5.4.2 Perception of staff regarding workload, required staffing levels, and necessary skill sets in relation to the demands of the Partnership. 5.4.3 Perception of staff on turnover (and its consequences) among staff designated to support the Partnership.	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
<p>Generally, UNFPA COs and F2F. The model works. But needs to be strengthened in a more intentional way. If we really want to go in that direction and countries abide by new model COs will need to change their mindset and shift towards more intentional programming on sustainable financing piece of work. At global regional country level our capacity is more leaned towards SCM this is what we've been doing for last 20 years. It is hard to make that change.</p> <p>The other thing we need to reconsider is the question, do we have the right structure for this at global and regional and country level. It is clear at country level we have one person, FP, that would be SCM person, but most of them have 0 knowledge of financing. But at the global level, we used to have one financing specialist, that was my previous position. With the new structure we do not have financing expertise within the SRHR branch. We want to intensify our efforts in the most important pillars of this programme without a driver in the seat. Most of the successes of this programme are around the compact, but to maintain it you need a dedicated capacity on financing that drives all these efforts.</p>	KII with UNFPA. November 2024.
<p>In the past what we had was the FP branch and that was solely responsible for SP but our support was extended to non SP countries. Now we are part of SRHR branch and with this we will have to work on both SP work and MH work and TA to countries working in both FP and MH. Maybe now we are overstressed because we will have more work to do and we will have to spend more time on corporate stuff. Some of our colleagues moved to other branches such as financing colleagues and being in other branches they will have to support other health financing work. And the number of people remained the same. Since the structure is recently implemented, I don't see there will be changes.</p>	KII with UNFPA. October 2024.

<p>Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level.</p> <p>[Links to theory of change causal assumption 2.]</p>	
<p>For example, if I talk about my role, I will have to look after the SP and the corporate FP programme. Now since you are the programme and HR for UNFPA you are not dedicated just to this trust fund. Now we have both corporate mandate and SP mandate. Maybe that will be a discussion moving forward. Maybe those discussion may also land in the governance mechanism.</p>	
<p>Now I will slide from my previous role as SP person, I used to support the fund distribution now in my current role the organization design space. At the time before merger we were still strained in terms of HR, we have 15mill across all countries and HQ then there was push from donors to say that some positions should be funded through core funds but same donors who sit on executive board say all trust fund positions should be funded from trust fund hen same donors come and say UNFPA does not have HR. This is a problem!</p> <p>We have been trying to put forward investment cases, such as putting 15-20% into HR if you want to see results. But in terms of post-merger, some of the positions will be double hatting which is good in a way there will be coordination across and the staff can see the bigger picture, but it also opens up the conversation on LoE for MHTF vs SP, how can we add more people, and more people into countries.</p> <p>I feel that the SP could do with more support at the global level because of reporting requirements. But at regional and country level we have improved, we just give funding and leave it to them to decide, we have invested quite a bit in our regions it has paid off quite well, I feel they can a little more support.</p> <p>Even FP2030 for instance they have a huge overhead, we don't have huge overheads.</p>	<p>KII with UNFPA. October 2024.</p>
<p>Definitely the way the program is structured now gives the power to the countries to decide where they want to spend their resources based on the priorities that have been identified and based on the health system needs of the country. But it also presents a problem in the sense that the capacity of UNFPA staff in countries to engage with governments engage even within UNFPA management, to advocate for certain areas to be funded is the problem. Because UNFPA Supplies program does not cover every program areas of family planning. For example, it devoted 75% to commodities and remaining 25% there are technical issues that are more than health systems strengthening. But in the countries, we do have a big gap when it comes to behaviour change communication and how the community also engages and religious and traditional leaders... etc.</p> <p>I also think about gender all these other themes funded and supported by UNFPA programs. So there is a misconception in countries that UNFPA supplies is only family planning. So, they decided not to even allocate other</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>

<p>Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level.</p> <p>[Links to theory of change causal assumption 2.]</p>	
<p>resources in the country to family planning to bridge those gaps. So, depending on the capacity of the staff in the country, it then becomes the problem when they are selecting interventions that possibly implemented.</p>	
<p>First and foremost, there was a there was a capacity assessment that was done I think in 2019. The only challenge is that a lot of people have moved from were. So, we cannot use that assessment to continue to categorize countries about what kind of Technical Support is required. However, these staff in the regional office are tasked with that responsibility of understanding the context of the countries in terms of capacity needs of not just the UNFPA staff, but also the UNFPA office in general relation to other implementing partners and donors.</p> <p>One of the things we have done, and this started also in 2019 and has been very useful for the countries is that we worked with Avenir Health which is an organization that does a lot of research and analysis and visualization of data for family planning with funds from the Gates Foundation. We were able to develop what is called the programmatic options and priority actions that lead to the family planning strategy and that strategy was launched in 2022 in October. But that tool has been in existence since 2019. So, we've evolved with using that tool.</p> <p>So, one of the things we've done this tool is to try and level the ground in the countries where capacity in family planning is not so high. So, we've done most of the work for them using this and we've taught them how to use this tool and use it to engage with government and how to use the resources they have to address some of these priorities; and then details are given for each of those outputs.</p> <p>That's just an example of one of the tools. We have other tools where we try to build the capacity of countries to be able to do some of these things and without burdening them with so much. Then there's also the fact that we've been doing a lot of webinars trying to engage countries in certain areas such as the high-cost practices. We know that a number of countries have these family planning one-on-one training course for our staff. We continue to look for ways to build capacity of the country without being one size fits all because we also understand that the countries are different so sometimes we split them up into groups in order to do this but most of the work is done from the regional office to the country level and we just provide some of those other resources or technical guidance about what to do</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>

<p>Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level.</p> <p>[Links to theory of change causal assumption 2.]</p>	
<p>THIS ANNUAL REPORT PRESENTS THE RESULTS OF OUR PARTNERSHIP IN 2023. IT IS ORGANIZED BY OUR FOUR STRATEGIC OBJECTIVES:</p> <p>4.Operational effectiveness and efficiency.</p> <p><u>A milestone in human resources capacity development was achieved in 2023: in each of the 54 programme countries and six UNFPA regional offices, there is now at least one qualified, fully trained national-level officer supporting the programme’s specific focus.</u></p> <p>In addition, all staff supported through the Partnership completed Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) training as part of UNFPA’s zero tolerance strategy.</p> <p>Advocacy and resource mobilization efforts linked family planning to bodily autonomy and maternal health and promoted sustainable country-led financing for family planning. Highlights included a pre-conference at Women Deliver, side event at the UN General Assembly, launch of a Global contraception Atlas with EPF, the Global Citizen Festival and a campaign for World Contraception Day, #AChoiceforAll.</p> <p>The UNFPA Supplies Partnership scored an “A” in the United Kingdom’s 2023 annual review of the programme – highlighting strong programme performance in domestic resource mobilization, supply chain strengthening and method mix.</p> <p>6 NEW COUNTRIES Angola, Cambodia, Comoros, Kyrgyz Republic, Pakistan and Tajikistan joined the programme in 2023.</p> <p>100% OF GOVERNANCE DECISIONS IMPLEMENTED All of the decisions taken by the Steering Committee were implemented and all governance requirements were met, e.g. convenings, technical partnering, and leveraging the leadership sub-committee as an HR advisory board.</p> <p>ENHANCED RISK MANAGEMENT With collaboration with partners and stakeholders, the UNFPA Supplies Partnership Annual Risk Assessment identified improvements in HSS intervention implementation, fewer gaps in supply chains and increased receipt of agreed quantities. These areas have been steadily improving in Phase III of the UNFPA Supplies Partnership. The overall risk rating for the programme remains at a medium level.</p>	<p>UNFPA (2023). UNFPA Supplies Partnership Annual Impact 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>With the support of UNFPA, the Government of Nepal finalized the Family Planning Costed Implementation Plan (2024–2030). This plan is a blueprint for the country to achieve family planning goals and fulfil its FP2030 commitment. The process has been government-owned, with the involvement of all stakeholders.</p> <p>EXAMPLES OF INTERVENTIONS AT COUNTRY LEVEL: Health systems strengthening is critical to family planning sustainability & growth</p> <p>Procuring reproductive health supplies is a vital step, yet its effectiveness hinges on resilient and sustainable health systems adept at reaching even the most marginalized populations. The Health Systems Strengthening (HSS) funding stream, * integral to the UNFPA Supplies Partnership, plays a pivotal role in advancing its objectives. HSS is how we strengthen the health systems to deliver supplies into the hands of adolescents and women who need them most. Allocations through the HSS funding stream totalled 15 per cent of the programme budget (\$27 million). UNFPA Country Offices submit applications to the funding stream in four categories</p>	
<p>The 2022 human resources skills and competencies assessment recommended skills and competencies strengthening around: family planning policy dialogue and advocacy; health financing; and contraceptive method mix and choice. Development and roll out of comprehensive capacity building action plan with formal training modules is in progress to ensure UNFPA staff are enabled to deliver fully on the programme.</p>	<p>UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA Supplies Partnership Annual Report 2022.</p>
<p>The 2022 human resources skills and competencies assessment recommended strengthening around family planning policy dialogue and advocacy; health financing; and contraceptive method mix and choice. A comprehensive capacity building action plan with formal training modules is in progress to ensure UNFPA staff are enabled to deliver fully on the program.</p>	<p>UNFPA (2023). Strengthening services and supplies for reproductive health: UNFPA</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.]

Supplies Partnership
Annual Report 2022.



HSS Category	2022 Allocation	2023 Allocation	2024 Allocation	2025 Projection
Expanding Method Mix (2022 & 2023 = "Increased Commodity Security")	17%	23%	39%	36%
Supply Chain Management	50%	41%	42%	36%
Sustainable Financing	14%	16%	12%	10%
Generation and use of evidence for FP	-	-	7%	7%
Comprehensive Abortion Care	-	-	-	11%
Seed Fund	20%	20%	-	-
Total %	100%	100%	100%	100%
Total \$	25,791,052	24,048,347	27,750,000	28,500,000

UNFPA (2024).
UNFPA Supplies
Finance and Risk
Committee, Q1
meeting.

<p>Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level.</p> <p>[Links to theory of change causal assumption 2.]</p>	
<p>In 2019, UNFPA estimated that additional investments of \$222.2 billion are needed between 2020 and 2030 to achieve the three transformative results by 2030. The 2022–2025 Strategic Plan commits to three strategic shifts which will contribute towards leveraging these resources: (i) Strengthening the UNFPA normative role in all countries where UNFPA is present; (ii) Shifting the focus from funding the ICPD agenda to financing the ICPD agenda; and (iii) Reinvigorating and expanding partnerships, including those with the private sector, civil society organisations, international financial institutions, academia and media, as well as partnerships through South-South and triangular cooperation.</p> <p>Under the coordination of the Deputy Executive Director (Programme), UNFPA's Interdivisional Working Group on Financing for Development (IWGP 4D) has produced a strategy for making the strategic shift from funding to financing: Financing the ICPD Agenda: Implementing the Strategic Plan's Shift from Funding to Financing (F4ICPD).</p> <p>A central site should provide links to each investment case – and similar analytical work – allowing staff to search by theme. A single public site should provide access to all the completed investment cases to improve the likelihood the findings will be used. A prominent online platform would also foster collaboration across agencies, provide greater visibility to UNFPA's financing work, and build recognition of UNFPA's normative role as envisioned in the Strategy.</p>	<p>UNFPA (2024). Guidance to Country Offices on the Use of Investment Cases. Effective use of Investment Cases to support financing the ICPD Agenda.</p>
<p>Democratic Republic of the Congo</p>	
<p>Insufficient number and quality of people trained to create demand for and supply of family planning services</p>	<p>DRC (2023). UNFPA Supplies Partnership Annual Report 2023. (pg4)</p>
<p>Honduras</p>	
<p>Las capacidades de RRHH son limitadas para alcanzar los objetivos. Hacen falta manos para ayudar; por ejemplo, en la parte programática y sobre todo, en la parte de sostenibilidad financiera, hay una limitación en cuanto a quien desarrolla las actividades.</p>	<p>KII with UNFPA Honduras Country Office. November 2024.</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.]	
Debilidades: La relación con UNFPA también presenta desafíos. La concentración de poder y responsabilidad en una sola persona limita la capacidad de la organización para abordar los problemas de manera efectiva. Se requiere un mayor número de técnicos y personal para mejorar la coordinación y implementación del proyecto.	KII with other organization. November 2024.
Pakistan	
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.
Yemen	
Information on the adequacy of human resources available to implement any technical assistance envisioned for delivery of TA Objectives: The country office has the requisite Technical Capacity to implement the TA with support of the Regional Office. However, there is need for the UNFPA supplies to support the salaries of the existing staff given that most of the personnel are on Temporary Appointment or IC as they are supported by humanitarian funding streams.	UNFPA (2022). Narrative Template for Transformative Action Application – Strengthening Supply Chain Systems.
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.	

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.]	
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
Global and regional	
When we were designing this it was challenging, the four objectives became where there are from where we put money in, we were trying to solve a problem in terms of accountability, countries received money in 2 envelopes, 1 for commodities and 1 for TA and HR but donors said we need more nuanced reporting so then SOs were made clear as pillars but that might have become siloed. But trying to look at these results as one, there is some scope to look at this once again.	KII with UNFPA. October 2024.
Honduras	
Me alegra saber que se está trabajando por una buena coordinación entre el programa, la ULMI y el UNFPA , y que se ha establecido un comité técnico de vigilancia de la mortalidad materna para asegurar que las decisiones y las ideas se tomen en consideración.	KII with SESAL - Nivel central. November 2024.
Posibilidad de colaboración: Coordinación con la SESAL. Hay mesa técnica de vigilancia de muertes maternas y otras mesas, Hay que reactivar el comité de la “CIDAIA” (Comité Interinstitucional para la Disponibilidad Asegurada de Insumos Anticonceptivos) y UNFPA debería promover que se haga. UNFPA antes lo gestionaba. Actualmente forman parte de la mesa técnica para la reducción de la mortalidad materna, coordinada por la SESAL, en la cual participa el UNFPA.	KII with ASHONPLAFA. November 2024.
Este año, comenzamos a hablar con UNFPA. En el pasado, hubo un evento organizado por la AECID sobre educación sexual, pero desde 2021 no se ha realizado nada hasta que hace unos meses se llevó a cabo el mencionado evento.	KII with DKT. November 2024.
EVALUATION QUESTION 6: To what extent is the Partnership aligned with, complementing, and filling gaps of other UNFPA initiatives as well as other global initiatives aimed at strengthening access and use of quality reproductive health commodities, while also considering the Nexus approach?	

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

Assumption 6.1 The **Partnership activities are designed and implemented to complement existing UNFPA Country and Regional Programmes**, the UNFPA Family Planning Strategy (2022–2030), and to align with the UNFPA Strategic Plan (2022–2025).

[Links to theory of change causal assumption 13.]

Indicators

6.1.1 Extent of alignment between the Partnership objectives and strategies and other relevant UNFPA strategies and programmes

6.1.2 Extent to which non-Partnership UNFPA objectives, strategies and funded programmes address **demand for contraception** as a precondition for the Partnership effectiveness.

6.1.3 Documented examples of **coordinated activities and joint initiatives** between the Partnership and other UNFPA programmes and initiatives.

Assumption 6.1 The Partnership activities are designed and implemented to complement existing UNFPA Country and Regional Programmes, the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
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
Global and regional	
<p>I think first of all I had mentioned there was an evaluation done of MHTF in 2022 it looked at coordination, at country level coordination works well but at the global level that alignment was not really happening, Since I joined I saw that was a clear strategic opportunity for UNFPA, procurement for support for COs, as well as a lot of ongoing donor attention, release of the global PPH roadmap there were ongoing conversations about establishing a new mechanism for maternal health commodities, that this was it appeared clearly this was a low hanging fruit and should be a priority.</p> <p>What we have done since that within the new MNH strategy positioned MH commodities centrally and said clearly that this is dependent on strong alignment with SP and MHTF. And establishing some key ?? with SP but also then looking at opportunities for strengthening the alignment.</p> <p>Having a new integrated branch with a Chief who has clear vision of synergies across the three pillars in the branch, we are presenting tomorrow to the SP steering committee the key components of joint planning, joint planning template from 2025, aligned tracking from programmatic perspective and financial management. I think that vision that Ayman has brought in and the intentionality of establishing the processes within the branch... there are huge efficiency gains to be made for this integrated approach. The capacity the SP has by virtue of size.</p>	KII with UNFPA. October 2024.
<p>What will be the future of SP in 10 years' time? I think we will become the arrowhead of UNFPA in many areas, we are spearheading the work in financing, that is where the action is happening, that is where we are innovating. But we will be more humanitarian type of programme and organization. We are going to have a more prominent role in strengthening financing elements of ICPD agenda and MIC being more advanced. The other focus has to be on quality. Then whole normative role, LNOB and HRBA and GT etc. But indeed, a huge need will be humanitarian, and</p>	KII with UNFPA. November 2024.

Assumption 6.1 The Partnership activities are designed and implemented to complement existing UNFPA Country and Regional Programmes, the UNFPA Family Planning Strategy (2022–2030), and to align with the UNFPA Strategic Plan (2022–2025). [Links to theory of change causal assumption 13.]	
<p>another need will be financing. Right now, both are considered functions of the organization not integrated across programmes,</p> <p>we have 6 positions on financing on HQ totally disconnected with work at programme level, none support SP. The FP strategy touches about on all these issues, humanitarian low fertility settings etc. We are, with the current resources and structures we have we have achieved so much.</p>	
<p>At global level, we are well integrated into the strategic plan of the Organization. At this level, we are effectively integrated into the organization's strategic plan, which is primarily focused on reproductive health. Many issues reported globally arise from family planning initiatives that originate here. For example, sports-related data is generated and utilized in numerous countries where we work, including support for COVID-19 responses. This information contributes to global reporting and integration into strategic planning reports and those of partners like SP 20, particularly concerning commodity procurement.</p> <p>At the regional level, our involvement decreases since it serves as a bridge between us and individual countries, each with its own program. We assist countries in designing family planning programs by providing technical support, building capacity, and monitoring progress in collaboration with every regional partner. We have regular meetings—previously weekly but now bi-weekly—to coordinate with regional colleagues on program execution. Regional focal points are now more involved in the program—something we have actively integrated due to prior limitations in capacity and bandwidth. Previously, our efforts would directly bypass regional levels to focus on countries. Although the current framework might lack detail on regional performance due to its country-specific focus, we strive to support regions in establishing their niche and finding local partners to collaborate within each country.</p> <p>Example: The SWEDD program in West Africa, which stands for "Sahel Women's Empowerment and Demographic Dividend," is an initiative to procure commodities for specific Sahel countries. We collaborate with them to ensure there is no overlap or over-subscription in countries where they also supply commodities. Additionally, the Gates Foundation provides support for selected countries like Nigeria. Our approach involves aligning with such programs and coordinating with colleagues in the region to effectively monitor and report on these initiatives. This ensures we avoid purchasing more commodities in Nigeria when the Gates Foundation is already funding at the country level.</p>	<p>KII with UNFPA, CSB. October 2024.</p>

Assumption 6.1 The Partnership activities are designed and implemented to complement existing UNFPA Country and Regional Programmes , the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
<p>The integration of our tool into the country program is evident. Country program indicators are aligned with supply indicators, particularly in stock house operations and method availability. We offer a narrative tool that targets these aspects at the country level. We ask how initiatives align with our own programs, and you specify the relevant outputs or outcomes. Additionally, you detail which of your country's program outcomes your initiative supports, specifying how it contributes to achieving indicator goals. Every country submits a narrative proposal, which forms the basis for our approval of activities. Funding will not be provided for initiatives that lack alignment with these established frameworks. Although these documents exist, they may not always be shared with you by colleagues, but access can be facilitated if needed.</p>	
<p>Our program is integrated into the national-level initiatives. At HQ level, we consistently collaborate with the Maternal Health Fund, though not as frequently as we'd like. We focus on aligning our efforts where countries' needs do not fully match ours, particularly in family planning and maternal health areas. We procure the necessary commodities and sometimes assist with programming, even if the frameworks aren't precisely aligned due to differing country needs and objectives. The frameworks are not integrated, the countries are not the same, the objectives are not the same, therefore not integrated. We use to do regular meetings, but no longer. Our framework is more demanding, they do not have a governance structure they have to report. Still, we have meetings with the MHTF, and they have requested our support to develop and adopt their framework, we provide M&E guidance. We've offered joint data collection services if they choose to accept it. By the time your evaluation report is completed, we anticipate further progress in our collaborations.</p> <p>A notable area of collaboration is comprehensive abortion care, for which there is a dedicated fund and program. We primarily handle procurement, while regional partners manage training and guidelines. Our support includes data sharing on maternal health methods, although we no longer conduct joint meetings or reviews—this is due to misalignments in reporting and committee structures, as our approach was deemed too demanding.</p>	KII with UNFPA, CSB. October 2024.
<p>Demand side is not only about global forecasts, but downstream in countries. Demand creation sensitization activities are there, not really funded by SP. The demand side has improved – e.g. MCPR injectables – significant improvement in demand. DMSP Sanopress (3 mo injectable) has seen significant uptake of that product. Started with 12 countries, now with 48 countries. Big growth. People are working on demand side in countries – national partners</p>	KII with UNFPA. SCMU, October 2024.

Assumption 6.1 The Partnership activities are designed and implemented to complement existing UNFPA Country and Regional Programmes, the UNFPA Family Planning Strategy (2022–2030), and to align with the UNFPA Strategic Plan (2022–2025). [Links to theory of change causal assumption 13.]	
engagement is done. Good progress. SP working with partners, consultative process with CHAI and other procurers to shape the market. Shift since 2006 toward more demand generation through several channels – not necessarily one-to-one counselling, but media promotions, social media, peer to peer, etc. and many modes/channels. Programmatic expansion, which also creates community sensitization.	
Programmatic, demand generation. This is not really her area – but she remembers from Procurement work, there was lack of coordination between procurement and program. Strategies for supply side, but lack of effort on demand side, building country demand and uptake. These must go hand in hand.	KII with UNFPA, SCMU. October 2024.
<i>[Question: Is there, in your view, a need to complement the strong supply-oriented strategy of the Partnership with other strategies that consider the demand side more actively?]</i> Answered some of this above - others may have other views. UNFPA Supplies/ SCMU still very far from running an effective supply side organisation - good to get the basics right first and work with other more expert organisations on the demand side.	KII with UK Foreign Commonwealth Development Office (FCDO). October 2024.
It is not integrated enough; I do not think it is integrated in the planning and programming of the Country level. Instead, it seems to operate as a standalone effort because it brings funds specifically for commodity procurement and health systems. There isn't a coordinated approach that combines all resources into a unified national program. At the regional level we are making good progress , since we have developed the family planning and FP acceleration plan, and we are trying to integrate the Partnership to serve those plans. We aim to ensure the program supports these initiatives rather than functioning independently. Discussions, plans, and workshops with regional colleagues and countries are underway to integrate this effort into Family Planning acceleration plans. This way, the supplies program can serve as a resource. It is still a work in progress and not fully developed yet, but we have significant strides to make before achieving full integration across country and regional implementation	KII with UNFPA, CSB. October 2024.
The Supplies Partnership is well aligned with country/regional programmes. Programs can't run without the commodities. SCMU and Regional office try to make sure they are not the blockage in making these programs work. There is good alignment within and across.	KII with UNFPA, ESARO. November 2024.

Assumption 6.1 The Partnership activities are designed and implemented to complement existing UNFPA Country and Regional Programmes , the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
<p>In the UN we always have this country programs documents, the CPDs and it goes to three or four years. So, our programs are always linked to what is in the CPDs, and the CPDs are funded by different resources. So, we do have colleagues who are participating in this program who are paid with co-funding for example core resources which are not necessary from the program. So, we don't differentiate. It's even very intentional not to take this program as a project.</p> <p>It's already embedded into that regional program or country program. It's already embedded into that bigger program of UNFPA. Of course this is one of the biggest vehicles of resources. But to implement family planning strategically FP strategically is beyond the program.</p>	KII with UNFPA, WCARO. December 2024.
Cameroon	
Yes, there is alignment with the strategies, and UNFPA is a key player, intervening in virtually all areas in line with government objectives. They have also supported / drawn up all the technical and financial documents relating to FP.	KII with Cameroon National Association for Family Welfare. October 2024.
Democratic Republic of the Congo	
The partners have to align themselves with what the government has prepared and planned; the government has its pillars. In other words, if the plan is there, it's the plan that shows us the priorities, and the partners simply align themselves with it.	KII with PNSA. November 2024.
<p>I think our partnership is in line with the government's priorities. We have a partnership with UNFPA, but DKT also has a partnership where we have signed a framework agreement with the Congolese government.</p> <p>We're committed to a number of things. And UNFPA, through the partnership we have, is supporting us by providing amenities, for example. As a result, when we look at the government's policy and priorities, we are in fact aligned with these priorities.</p> <p>The partnership is clearly aligned with the policies put in place by the country, in relation to all the issues of health, safety and so on</p>	KII with DKT. November 2024.
Kenya	

Assumption 6.1 The Partnership activities are designed and implemented to complement existing UNFPA Country and Regional Programmes, the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
<p>UNFPA has been trying to bring on board other partners (e.g. private sector, manufacturers, distributors, etc) to complement what the Government can do, and to develop the demand side. UNFPA is pushing for the TMA, to ensure the very poor get products for free, while others can buy them at a reasonable price in non-government outlets.</p> <p>The gap filled by UNFPA is that of ensuring that the right capacities are available for SRH service provision particularly for female CSWs</p>	<p>KII with ICRH-K. October 2024.</p>
<p>SP is integral to UNFPA Country Programme and needs to continue. UNFPA funds are minimal vs. the needs, but catalytic.</p> <p>Data quality and use for the programme has been inadequate. The DHS was delayed for the national census, then Covid. They are starting to train, with MoH, on data quality and use (with KEMSA and others), with the second batch of trainees starting next year.</p> <p>UNFPA through the Partnership has collaborated with organizations such as the Red Cross in ensuring that family planning commodities reach those rights holders in humanitarian contexts. Through the SP, 1,214,741 clients in humanitarian settings have accessed family planning services. Through the SP, 103 Humanitarian Health Care Workers from Red Cross and county health teams were trained in the iLMIS .</p> <p>For those rights holders in areas that culturally are not receptive to family planning, there have been some challenges faced in meeting those needs.</p>	<p>UNFPA rep and key staff meeting. October 2024.</p>
Pakistan	
<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. 	<p>KII with UNFPA Pakistan Country Office. October 2024.</p>

Assumption 6.1 The Partnership activities are designed and implemented to complement existing UNFPA Country and Regional Programmes, the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
<p>“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).”</p>	
Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
Indicators 6.2.1 Extent to which situation analysis and planning documents identify gaps in support of reproductive health commodities as an element in global public health. 6.2.2 Extent to which the Partnership strategic documents map out activities in relation to other GHI to identify complementarities and gaps, as well as areas of potential overlap or duplication. 6.2.3 Key informants experience and opinion regarding Partnership activities at country level demonstrating complementarities with other donors’ programmes and activities. 6.2.4 Documented examples of the Partnership design incorporating or highlighting complementary activities building on, or contributing to other development partners’ investments in reproductive health commodities and their distribution 6.2.5 Stakeholders perception of the Partnership role in the global health landscape and its contribution to filling gaps.	
OBSERVATIONS	SOURCES OF EVIDENCE
Global and regional	
KT demand-side, private sector? From my perspective what I see, demand-generation, well, let me good back to P.I we did some demand-generation and up until middle of P.II around 2013/2014 there were still demand-generation but later on the programme evolved to say there are other actors and resources in country including core fund from UNFPA etc and other local NGOs they work has to be to create the demand and because UNFPA has provided almost 75% of resources for commodities that is how the balance for demand and supply will be done in the country. Now what I see, I think, again, it requires a huge, you have to choose between what is best and what is worst and focusing 75% for commodities and 25% for HSS, without demand-generation, I think that is fine as there are other actors in the country. The government, they have their own programmes and I see IPPF and MSI and PSI doing soft	KII with UNFPA. October 2024.

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
<p>interventions to generate demand and we are then complimenting with the supplies. Maybe a few interventions in demand would not harm the UNFPA, light, not harmful. But I am satisfied with other actors doing demand generation.</p>	
<p>For a long time demand side was not prioritised, it was felt that we did not have funding to meet the needs there that was the approach for some time, we have changed that a bit it is not a no-go to work on demand initiatives. I would say it is part of, when we introduce NLU then we have advocacy and demand creation approach, there is some funding in Partnership for those activities. It is cross-cutting issue, we have different thematic areas and for all of them there are elements related to demand creation Then within the organization, the argument before has been that it shouldn't be up to UNFPA to be responsible for demand creation activities I can see now that we are working more closely with other trust funds like MHTF so trying to create some synergies and also having some combined activities, that is a great thing.</p>	<p>KII with UNFPA. October 2024.</p>
<p>Demand generation question – He says focus on supply side came from evaluation of phase 2 (the advice was that the program should not focus on demand generation but focus on use of evidence that shows that interventions were fit for purpose (there is not enough evidence on demand generation). But there is contradictory situation – because SP highlights leaving no one behind. But how to do this without empowering the demand of those people (mostly women) left behind?! Our MTE must be based on evidence, and maybe there is now more evidence of demand generation and which efforts in this area are effective. But he doesn't know. He thinks we need to measure who are we reaching. If you ask countries which populations are being reached, they cannot answer (e.g. in SRAT). He said we know where we send the commodities, but don't know who the users are (young, rural, married, etc?). UNFPA used to only measure CPR in married women, but now CPR is measured across all women, so this has evolved. There is a steady reduction in the global fertility rate, but not as much reduction in adolescent rates – so need to rethink how they can re-operationalize the LNOB strategy. There is need for LMIS programs in country that can identify actual users of the contraceptives – if you can identify who are the users, you can solve the demand problem (you will know where demand needs to be developed). In LAC, only one country (Peru) has annual SRH/FP survey. In that survey, you can see that adolescents have 3x less CPR than older women. Kenya has similar situation (high adolescent fertility rate, low CPR in youth).</p> <p>But you cannot promote demand if you cannot ensure availability of commodities at service providers/health facilities. Stock-outs at service provider level and LMA are key to resolve. AND, need to measure who are the users (with LMIS). Need to work on demand side in an evidence-driven approach.</p>	<p>KII with UNFPA, Family Planning Branch. October 2024.</p>

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
<p>Meeting unmet needs for family planning is crucial to effectively integrate demand-side efforts with supply-side initiatives. The team focused on youth diligently works on sexuality education and generating demand, aligning closely with UNFPA's supply chain efforts.</p> <p>Meanwhile, the gender and HR team has collaborated on incorporating supplies and conducting workshops on Human Rights-Based Approaches (HRBA), examining all initiatives through a gender lens. There has been significant collaboration in this area.</p>	KII with UNFPA, Family Planning Branch. October 2024.
<p><i>Q: Is there, in your view, a need to complement the strong supply-oriented strategy of the Partnership with other strategies that consider the demand side more actively?</i></p> <p>Absolutely. The freeze on demand sided activities was shortsighted. It was mainly driven by the fear of huge resource requirements for the mass media-driven approaches. However, the FP high impact practices have demonstrated there are more cost-effective and rewarding demand generation activities.</p>	KII with UNFPA, SCMU. October 2024.
<p>So strengthening quantification forecasting, we work with government to enhance their capacity and with other partners such as USAID-funded programmes we all come together to identify what quantity are needed. We build the capacity of government officials and those from IPPF and MSI etc.</p> <p>The other thing we do is strengthen the ELMIS. Basically, the partners we have GSS project in some countries.</p>	KII with UNFPA. October 2024.
<p>The other portion that is really interesting and I hope they think about doing this more, how can we work more closely with other GHIs, what GFF is doing, how can we increase collaboration.</p> <p>How can we be more coordinated with donors, donors are providing bilateral funds to these countries. I think that coordination something we need to think of more closely. I think that work has started.</p> <p>I feel that could be improved not from SP but in terms of advocating for other GHIs to include us, we are often left out of the conversations, if there is a way to, SP cannot be ignored any more at global level, we should be part of those meetings across GHIs. That would help.</p>	KII with UNFPA. October 2024.
<p>And quite intentional building of partnership with UNICEF to be integrated maternal and newborn health.</p>	KII with UNFPA. October 2024.
<p>It is a unique match fund different from other global health initiatives, not even what WB mechanisms it is quite unique it would be good if we could systematize this experience and do some research.</p> <p>For financing part, GFF< GIZ, we implement a couple of joint practice groups with USAID and we conducted 4 meetings this year so far where countries are sharing their lessons learned, between USAID missions and UNFPA COs</p>	KII with UNFPA. November 2024.

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<p>particularly focusing on compact agreement and smart advocacy. We are trying to align things like expenditures tracking. Collaborating and sharing the data we have and triangulating that data with FP2030 etc. So, there are a lot of things we need to do and it will be a gradual process.</p> <p>One of the main gaps and weaknesses we have is we are bad at communicating successes that is something we need to learn to do better. GAVI etc is good at marketing and we are not, we are doing more things with less resources, but we haven't sold it properly,</p>	
<p>In order to sustain systems, need to follow 2030 agenda, continuous review of process. Any exit strategy of SP will "create big trouble for the countries" – When the resources are removed, the country program collapses. Can compare SP countries with non-SP countries, and SP ones are much better. In all ways – QA, expansion of program, financial mgt, leadership, introducing NLUs, etc – all performing better in SP countries.</p> <p>Increase in co-financing brings better sense of sustainability. But "we're not there yet." This is probably beyond 2030.</p>	KII with UNFPA, SCMU. October 2024.
<p>Yes, SP is playing unique and vital role – countries have SP as their main SRH commodity source. There would be almost no products in some countries without the program. Sustainability must be objective, looked at case by case.</p> <p>In LMA process, they have all these tools to measure supply chains, and they are delivering these to the countries to use themselves. Countries are adopting some of these assessment tools themselves. They want countries to build their own capacities to strengthen their SCM. LMA was more an auditing function before, but now more owned by countries.</p>	KII with UNFPA, SCMU. October 2024.
<p>No real alignment with GFF. Yes, there is an MOU in the works, but no examples of how this is working at the country level. E.g. In Nigeria, GFF, USAID, CIFF and MOH have a separate MOU for FP commodities by including a 'Disbursement Linked Indicator on FP' in their funding, separate to the UNFPA Supplies country compact. Need to clarify alignment here.</p> <ul style="list-style-type: none"> Countries always complain about multiple funding streams -- Gates, CIFF, USAID, UNFPA, and bilateral funding which is confusing and uncoordinated. This is worsened through parallel systems for each global health commodity - vaccines, MNH commodities, FP, malaria, TB etc. UNFPA should work with USAID at country level to integrate these systems and provide coordinated TA support to MOHs, but this assumes high-quality UNFPA Country Offices, which isn't always the case. 	KII with UK Foreign Commonwealth Development Office (FCDO). October 2024.

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<p>But there's also a number of partners in countries who work around similar issues so for example we work with CHAI when it comes to issues of new products introduction like the hormonal IUD. When we work with government on issues of capacity building of healthcare workers usually will work with the midwifery schools and then we work with organizations like Marie Stopes, Population Services International etc. Countries have different partners they've identified that have that capacity. Now, because it's such a wide area for family planning, different areas require different streams of funding so one of the things we're trying to do is support the countries to map these resources that exist in the country and the areas where we could leverage these existing resources. Whereas in some areas you may find partners that actually commit to procuring commodities or to supporting the government. For example, in the Pacific, the Australian government provides different bilateral resources for implementing family planning. So in university for example the UNFPA supplies is more about the commodities and then the Australian government is funding all the other things like training.</p> <p>But we still use sources from the supplies partnership to do training or supply chain or other things that are more relevant to the commodities. So countries depending on the context are different; it's not a one-size-fits-all.</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>
<p>For most of that advocacy, usually the UNFPA supplies partnership staff working with the country colleagues to get the data to design whatever materials are required. But when it comes to implementing those, UK Aid, Canada or DFID or so and then we had the USAID was funding the social marketing sector pretty well. For us, we tend to coordinate the development partners, the donors and implementing partners around the advocacy issue. So, it's collective effort for most of the time and also coordinating what actions need to be taken after that the advocacy has been successful or not successful.</p>	<p>KII with UNFPA, Family Planning Branch. December 2024.</p>
<p>From our perspective, we're quite happy that the program mainly focuses on the supply side, because there are already many other donors, initiatives, and organizations focusing on the demand side. Of course, the demand side is important, but it's unethical to create demand if there are no supplies to meet it. What we really need from UNFPA is to be a highly efficient, timely, and sustainable procurement mechanism for contraceptives. The other components, such as addressing demand and awareness, are being handled by UNFPA's core investments and other donors, like IPPF, MSI, and other organizations. So we are comfortable with this focus on supply.</p> <p>However, we believe there are opportunities for these two areas—supply and demand—to come together more effectively at the country level, such as through the FP Technical Working Groups and the FP 2030 technical working</p>	<p>KII with MSI. December 2024.</p>

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<p>groups. There are many platforms at the country level where these conversations can happen, but it's not always clear how much UNFPA is supporting or engaging in these spaces, and the level of involvement may vary. We hear different reports about how actively the UNFPA country offices are involved at the local level, and for us, the key work is at country level. It's at this level where women access services and either feel empowered to do so or face barriers that prevent access. Therefore, country-level work is paramount.</p> <p>That being said, global-level norm-setting is also essential, and we recognize that UNFPA plays a leading role in that space, alongside the donors who fund the program. Both levels—country and global—are necessary to make the program effective.</p>	
<p>The Program is not complementing other demand generating programmes. Not a big deal though. What's crucial is integrating the program with the entire service delivery structure at the country level. The program is a major provider of essential commodities, but these commodities can't be delivered without trained and quality-assured providers. Both providers and commodities need to adhere to performance standards and have necessary access to deliver these services. The entire service delivery structure and its governing policies must be integrated.</p> <p>For instance, if you were appointed the Minister of Health in Spain, I'd tell you how providing all these commodities would strengthen your capacity by ensuring well-trained doctors, or training midwives if there aren't enough doctors. You'd ensure quality control and fully equipped, accessible healthcare centers. The whole health system needs this integration.</p> <p>Regarding your question about demand generation: while integration may not seem obvious initially, when introducing new commodities like the subcutaneous MPA or new hormonal IUDs, it's essential to integrate demand generation for these specific products. Without it, women might not be aware of them.</p> <p>Reflecting on my 30 years in demand generation—things like TV ads or radio speeches—I've found they don't effectively influence demand for services. A woman seeing a family planning ad on a billboard doesn't spontaneously decide to use that method. Demand generation must be specific to methods and contexts as part of the overall health system—a connection I feel is missing right now.</p>	<p>KII with UNFPA, CSB. October 2024.</p>

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<p>UNFPA supplies have significantly improved the availability, pricing, and quality of family planning products. However, it is just one part of a larger picture. Its financial level is different from other global health initiatives. Globally, they're unique. The procurement of family planning commodities is influenced by big suppliers like USAID, which play a significant role in shaping the markets. This influence is crucial, while global funds also impact the market but focus on different commodities, similar to Gavi. At the country level, it would be beneficial to have a more integrated approach to strengthening supply systems, as UNFPA supplies predominantly focus on reproductive health commodities. There could be added value if efforts were better coordinated at this level. Additionally, being based in Copenhagen offers an opportunity to broaden their scope beyond just supplies, potentially aligning more closely with organizations like UNICEF and GAVI. The fragmentation in global health is problematic, but it's unclear what UNFPA supplies can do about it, as they primarily serve as a procurement mechanism and should not be expected to exceed their capacity.</p>	KII with Netherlands MoFA. October 2024.
<p>We still have challenges of course on the demand side. The demand side is more social norms meaning government education so all those that are already in the literature and of course the issue of youth and adolescence.</p> <p>Sometimes it's not easy that an adolescent girl be allowed to because of maybe they have to go I'm mixing readings and doubling every government maybe the road doesn't have sexual education is not so open to train those young girls and boys. Of course, it's not that easy to come and ask for the services.</p> <p>On the demand side we still have some funds to have some of our implementing partners, the key ones to create the demand, to create an enabling environment, look up some good regulations and policies to design programs, for in-school and out of schools for youth and the other young people, for the services for community health workers...</p>	KII with UNFPA, WCARO. December 2024.
<p>I say it's [the SP] the major mechanism funding for RH. If I put in a percentage, it brings a bigger portion of resources whether it's for staffing or commodities or other programs, I think it really brings resources to something otherwise that could just remain not than. So if there are no resources that we may have a good program but you don't have resources that program cannot advance. So I see this program as a contributor to the country programs as I said, rather than having country programs that are not even linked to something, or the programs coming alone, it doesn't fit anywhere... even for supervisory side, everything is integrated in our systems. We don't see an outlier inside the existing mechanisms of UNFPA.</p>	KII with UNFPA, WCARO. December 2024.
Cameroon	

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As part of the country programme, UNFPA will work with the United Nations system to strengthen peacebuilding initiatives and access to justice for women and girls, with UNDP, the United Nations Children's Fund (UNICEF) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).	UNFPA (2021). Country programme document for Cameroon. (pg5)
Democratic Republic of the Congo	
Ideally, all members of the FP2030 Focal Points Group will not only come together as a unit, but actively collaborate and liaise with existing and/or potential influential bodies needed to advance the family planning agenda at the local level, including technical working groups, coalitions, associations, budgeting committees, etc.	FP2030, (n.d.). Points focaux du FP2030: Concept, termes de référence, soutien et sélection. (pg1)
Honduras	
La demanda responde a la realidad. SALMI: Honduras ha sido un país piloto, y relevante para otras áreas. Se necesita integrar más con otras intervenciones, es coyuntural. Las contrapartes y las personas son fundamentales.	KII with UNFPA Honduras Senior Management. November 2024.
Pakistan	
“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.

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“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.
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.
Yemen	
“The first challenge is related to awareness and building capacity for the providers to provide services and counselling, and awareness of the mothers and families about the important of family planning. Most of the NGOs working in Yemen with reproductive health have some parts related to awareness and capacity building for families and community regarding the important of using family planning to space and improve the health of a mother and a child. The demand for family planning has increased compared to the situation before but there are challenges the mother faces e.g. supplies. Sometimes, even if the supplies are available at the district or government level, there are challenges with the availability of supplies at the community and health facility levels . The NGOs who support the family planning supplies, work together to have a system to inform the Ministry of Public Health when there is a shortage of supplies at the health facilities. There is no shortage of supplies in the country, the supplies are available, but the problem is the distribution of the supplies to the health facilities. ”	KII with JSI. November 2024.
“ The Partnership is really important for us for Yemen due to the current situation and the crisis and the conflict, and also the lack of governmental support for the reproductive health , especially for the lifesaving medicines and contraceptives. The Partnership is very important, and it is well designed.”	KII with UNFPA Yemen Country Office. November 2024.

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The HSS is designed to make family planning and maternal and newborn health medicines available at all service delivery points all over the country. Augmented by targeted BCC and IEC dissemination and family planning campaign that will be supported under the HSS will enhance the accessibility and utilization of family planning and other reproductive health commodities by marginalized and underserved areas.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.
UNFPA Supplies Progress Report: Activity description: Conduct family planning campaign. Key strategic results: “300,000 population Benefited from family planning media campaign”. Raising the awareness of the population (women, men and young people) on the importance of family planning services targeting 300,000 population. Progress: Partially Achieved. “Committee to implement the family planning campaign were established in Q2 by the minister of health and deputy minister and technical team at MOPH and agreed the project to be as part of maternal and newborn care. Discussion with the authority and MOPH were take place and a draft plan for the family planning campaign were drafted by UNFPA and MOPH staff the recommendation by the ministry of health to cover family planning services all governorates in the south”	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
Zambia	
“One of the reasons for setting up the National Supply Chain Coordination Unit was to ensure that there is supply chain coordination within the country and ensuring that all supply chain activities carried out by partners are run through this unit to avoid duplication, where all supply chain players are doing the same thing in the same period of time. When we are reporting activities, we are not very specific i.e. providing support to the MoH but maybe covering only a few districts so that are districts with no support. There are partners who are doing similar work, also building the capacity of the staff, but maybe they are in different areas.”	KII with National Supply Chain Coordination Unit. November 2024.
“We have technical working groups where we have all the partners on board. We also have an overall national supply chain technical working group, where UNFPA is presented. Through these technical working groups, we are coordinating everything. This is where we can get partners to complement each other.”	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
“Example of UNFPA’s support for quantification and forecasting of family planning commodities. Other partners all make contributions: UNFPA is paying for the venue, conference scene, whilst another partner is paying for travel	KII with Zambia Medicines and

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
allowance. UNFPA does not typically work alone on anything, they are fused with the technical working group they are working with. Even when they do their procurements, there is close collaboration with ZAMMSA. When it comes to commodity tracking, we are able to track the commodities that UNFPA is bringing in, if there are changes, they are communicated. From the supplies side, we have the supply chain team that comes to ZAMMSA when the commodities are coming in. There's a strong interface with ZAMMSA. The structure of the working group, where all partners are coming in, is what helped us to stop the duplication of efforts. You may find that UNFPA will not be doing LMIS (because there is another partner doing that) but they are supporting other aspects e.g. data quality and how the system has been utilized, so it's complementary. The collaboration with other partners in the space has been pretty good."	Medical Supplies Agency. 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
Global and regional	
The programme can't be everything for everyone so now is the time to say does the programme really need to cater to humanitarian settings and if so, how. The programme is a catalytic investment, it is not supposed to be providing everything for everyone so does that model work or should humanitarian be separate. We do have humanitarian trust fund. To the extent I know, the programme does provide for humanitarian in terms of products, FTP, it is much more expensive to deliver products in that setting. This business model will not work in humanitarian settings. I don't see a lot of initiatives happening on humanitarian side.	KII with UNFPA. 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.	
There is scope to looking at how the model could be used flexibly. Afghanistan cannot sign a compact! How can we introduce agility.	
This is the big elephant in the room. What is the value proposition of SP in humanitarian settings. I don't think we are doing a good job. We don't have an integrated approach as an agency and SP was not designed to be a humanitarian programme. By default, it is not designed for these countries. 10 out of 54 countries were given a waiver as they were experiencing humanitarian crisis, and half experienced humanitarian crisis. It is important to identify whether we need to come up with tailored approach. I don't. believe HRD is also filling that gap, so these countries are kind of a limbo. A big proportion of W&G we serve live in humanitarian countries. We need to be frank and honest; this programme was not designed for these settings. It doesn't make sense to me, these countries don't abide by rules, we waiver them all the time. What is the purpose of having these questions in a development-orientated programme?	KII with UNFPA. November 2024.
2 issues – lead time and lack of emergency response package. Problem in UNFPA – responding to countries' very specific requirements (e.g. specific language, labels etc), which increases lead times, etc. Need to have standard response package, streamline sourcing, to be much more efficient. Finding balance with what country wants vs. speed of delivery.	KII with UNFPA, SCMU. October 2024.
The Partnership provides about \$1.2m annually to HRD for procurement of RH kits for humanitarian response. Countries also distribute non-commodities donated as part of the Partnership's contribution to humanitarian hubs. Besides commodities, the Health System Strengthening grants are also used to implement some humanitarian supply chain and family planning programming activities. However, there is need for a more focussed thematic engagement on humanitarian needs, considering over 50 UNFPA-supported countries (some not UNFPA Supplies countries) are involved in one or more humanitarian emergency response. Building resilience in these countries should be a priority as a strategic move to strengthen local capacity to cope and respond timely. The new Humanitarian Supplies Team at the Supply Chain Management Unit can play a key role in shaping the direction when it comes to mainstreaming resilience and a sharper focus in the Partnership	KII with UNFPA, SCMU. October 2024.
There is a very clear linkage with the work we are doing in emergency response by it is so heavily uninvested in that it seems, from our perspective and the perspective of the country offices, that it is used as an easy way to say something is being done on humanitarian without actually doing something in humanitarian. It is not just HRD division work, it is more about UNFPA's approach to humanitarian response. It is not about as a division. At the re-design of the Partnership, we said we are not forcing the SP to target humanitarian or emergencies,	KII with Humanitarian Response Division. 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.	
<p>that was a decision the Partnership made. If you are going to do that you need a different approach in how the Partnership is implemented and designed in those environments, which is different than stable environments. Concrete thing that could be done: reflection on what are the different areas of the SP, either through financial allocations, engagements with governments, capacity development, allocation of staff and reflect on those pieces of work fit-for-purpose in the way they are designed in a high-risk preparedness environment or in a protracted crisis. It is a methodological question about the Partnership. Institutionally, not just HRD, we have not considered were those pieces of the puzzle fit into the humanitarian response?</p>	
<p>Humanitarian response is more than 50% UNFPA's work from a financial perspective. In 2025, there are 54 countries in the world considered humanitarian. Is 1.2 million USD reflective of what SP wants to be doing in humanitarian?</p>	<p>KII with Humanitarian Response Division. November 2024.</p>
<p>When it comes to the nexus points, the perception is that the Supplies Partnership and nexus run in parallel. There is a defined interagency (IASC) approach to emergency response preparedness, which UNFPA committed to do. As HRD, we are trying to systematize this across the organization. There are defined ways to determine what is a high-risk environment and the things that need to be happening in that environment. When Partnership is thinking about preparedness, they are not embedded into this existing structure around high-risk countries, scenario based, contingency planning, mitigation of risks with government. Country selection based on risk: we have informed risk index on humanitarian side which categorizes countries and risks. As an organization, moving forward we are going to be better at structuring what we are doing.</p>	<p>KII with Humanitarian Response Division. November 2024.</p>
<p>There are different things going on at UNFPA calling themselves preparedness, but they are not necessarily linked and embedded in a concrete and clear way. From the perspective of the country offices, they know what they need to do for SCM in their environment. We are trying to consolidate all the pieces and it is not really clear to us where the Supplies Partnership fits into that. Sometimes the preparedness done by COs is internal institutional preparedness, a lot of it supports national systems e.g. national DM authorities, MOH around continuity planning, etc. I see a lot of things on preparedness, but I do not think it is clear to us from a practical perspective what it means and it is not linking into the approach that HRD is meant to be facilitating across the organization, it trickles down to country offices. When COs are sitting at the humanitarian country team meeting doing interagency contingency and preparedness plans and defining what UNFPA would do, it is not clear how the aspects of the Supplies Partnership is linking into that.</p>	<p>KII with Humanitarian Response Division. November 2024.</p>

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<p>Protracted crisis: what is UNFPA doing vs Partnership doing? There is a humanitarian response plan interagency approach. In a context like Yemen or South Sudan, there is an agreed framework at the UNCT or humanitarian country team defining what humanitarian community is going to do in the next year of 3 years. Sometimes it is not very clear, other than we do not have to procure contraceptives or use supplies trust fund resources like the RHCS advisors or funds for capacity development role. It is floating from a conceptual planning and implementation perspective. We have all these RHCS advisors in countries that end up turning into logisticians and they end up doing wider work around supply planning, separate from the supplies fund because we do not have an unlimited capacity of staff in country offices.</p> <p>There is awareness that this exists and where possible utilization of some of the resources that come from that, but it does not feel like it is embedded within our humanitarian approach as an organization, which should include things like unmet need for contraceptives. According to the MISP, contraceptives are considered a lifesaving approach that we should be doing at all times.</p>	<p>KII with Humanitarian Response Division. November 2024.</p>
<p><i>Q: HDP nexus</i></p> <p>Good that you bring it up, as we have not heard this from previous evaluations, and it has not been truly focused on. The way we categorize and understand these contexts are not unified. Humanitarian matters are dealt with in different teams. Sometimes you can't discuss things, because we are told, that is not discussed here and now, the Committee does not cover it. DRC is a good example. Why are they not a humanitarian context?? Sudan was a development one, going into humanitarian. We need to be more sensitive towards fragile countries, even due to dysfunctional governments.</p> <p>The difficulty is, that the humanitarian program sits in another division from the UNFPA Supplies. We need to talk to different teams and people when we want to know more about humanitarian settings, info. A member association if it works in a developmental country like DRC, we need kits, we manage to get it, but it is not straightforward, as we need to make deals and agreements with different units (Partnership, Humanitarian aids). Always talking to different people is a challenge. We are welcoming any opportunity for the teams to work together. We are in a world when a country can shift so quickly to humanitarian countries from being a developmental one, without a foreseeable end of the crises. Countries are bombarded with health emergencies, m pox, covid, humanitarian crises, so we need to stop looking at programs in a fragmented way. We may have different setups,</p>	<p>KII with IPPF. December 2024.</p>

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but the operational part should sit together and overlook things. Many bottlenecks could be identified. SCMU and Humanitarian unit sits together in Copenhagen.	
There are different things going on at UNFPA calling themselves preparedness, but they are not necessarily linked and embedded in a concrete and clear way. From the perspective of the country offices, they know what they need to do for SCM in their environment. We are trying to consolidate all the pieces and it is not really clear to us where the Supplies Partnership fits into that. Sometimes the preparedness done by COs is internal institutional preparedness, a lot of it supports national systems e.g. national DM authorities, MOH around continuity planning, etc. I see a lot of things on preparedness, but I do not think it is clear to us from a practical perspective what it means and it is not linking into the approach that HRD is meant to be facilitating across the organization, it trickles down to country offices. When COs are sitting at the humanitarian country team meeting doing interagency contingency and preparedness plans and defining what UNFPA would do, it is not clear how the aspects of the Supplies Partnership is linking into that.	KII with Humanitarian Response Division. November 2024.
<p>Whenever there is a humanitarian crisis, UNFPA puts forward the agenda for RH to be among the essential services. We do have this minimum preparedness actions that we ask every country to develop. We also have the advanced action plans to make sure that from those minimum we are doing some actions.</p> <p>So, it's really on the core of our businesses whenever there is crisis but depending on who's funding sometimes it's very hard to get resources because there are so many priorities.</p> <p>We are responsible partner for RH within the health cluster. We have our areas of work, so we coordinate others, so we have teams we have already started to train different groups of people, whether it is GBV or SRH or logistics, then for leadership for operations management. So, there is a big extension in term of humanitarian management. Whenever we bring product, we are conscious that part of it will be used for humanitarian. In our region, we have now protracted crises, so the nexus is clear, humanitarian development and peace is clear for those countries passing through humanitarian crises. You cannot separate programs and humanitarian now if you are in Mali, Burkina Faso, Nigeria... You are obliged to design your program within the nexus of humanitarian preparedness.</p>	KII with UNFPA, WCARO. December 2024.
Cameroon	
Internally displaced persons had been targeted over the past 3 years through certain local CSOs.	KII with GIZ. October 2024.






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Sexual minorities, indigenous populations, those with disabilities, internally displaced persons, IUDS, and prisoners were targeted from 2021 to 2023 for RH with a RH human rights subgroup of the FM under the NMF3 model. The actions helped to remove barriers to access to health services for key populations.	
Kenya	
Kenya Red Cross Society is a key IP of UNFPA for humanitarian settings, facilitating distribution of kits and other commodities to ASAL areas and other hard-to-reach areas, refugee camps and disaster areas	KII with Red Cross KII. November 2024.
Pakistan	
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.

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<p>“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.”</p>	KII with UNFPA Pakistan Country Office. October 2024.
<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. <p>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.”</p>	KII with Indus Hospital and Health Network. November 2024.
Yemen	
<p>“UNFPA leads coordination and provision of lifesaving women’s protection services throughout Yemen, reaching thousands of survivors of different forms of violence. UNFPA also leads the multi-agency Rapid Response Mechanism across the country, providing lifesaving assistance to displaced persons at the frontlines and referring them for further assistance.”</p>	UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.
<p>“Now we have this paradigm showing that in the North we have less involvement of the Ministries, and we stick to humanitarian lifesaving interventions. In the South, we have an internationally recognized government. There is slight progress that may allow us to move from humanitarian to development, the triple nexus approach. That’s why we need to build the capacity of the Ministries to take the lead. We understand that the health system from both sides is collapsing, but there is a revival that is coming from the South, and we would like to build on this. That is why we are insisting to have governance and leadership. In the North, we are still advocating. We don't have a clear picture on where we are going with the North, because they are still under lifesaving support. Regarding</p>	KII with UNFPA Yemen Country Office. November 2024.

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the future of the partnership, we would like to go both with the funding and the financing mechanism, saying that we will continue the advocacy working hand in hand with stakeholders.”	
“ UNFPA does a great job in humanitarian because it has partnerships with many of the local NGOs. When there is migration, IDPs due to conflict, UNFPA communicates with those areas and NGOs who are working in those areas to ask about the needs. They have hands in many of the areas where most IDPs come. UNFPA supports through partnership with local NGOs or public facilities through the Ministry of Public Health located in the areas near the IDPs.”	KII with JSI. November 2024.
“ Broadening our humanitarian interventions was really a very good strategic direction the organisation took, increasing the staffing within the regional office, even in some country offices. For some time, people were saying that UNFPA is not a humanitarian agency, but actually, everybody is convinced that nothing can move ahead if we don’t have reproductive health interventions.”	KII with UNFPA Yemen Country Office. November 2024.



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