



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

Evaluation Report

Volume III



UNFPA Independent Evaluation Office

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

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Annex 1 Evaluation matrix with assumptions, indicators and data sources

Table 1. Evaluation matrix with assumptions and data sources

EVALUATION QUESTION 1: To what extent can the design of the Partnership contribute to addressing the needs of women globally and the current barriers to accessing a choice of quality reproductive and maternal health commodities in line with their needs and preferences, including in humanitarian situations?					
CRITERIA	Relevance	AREA OF INTEREST	Design of the Partnership	LINKAGES TO THE THEORY OF CHANGE	Linked to the area of inputs and resources included at the bottom of the reconstructed theory of change
RATIONALE	The purpose of this evaluation question is to determine the significance and appropriateness of the Partnership design. The analysis is focused on assessing the relevance of the design of the Partnership, and the extent to which it contributes and maximize the Partnership capacity to address its expected goals. The evaluation question looks at whether the Partnership model remains responsive and relevant to evolving demands within its operating environment (soundness of the Partnership design). Addressing this question is critical given that the Partnership design in its Phase III presents a major departure point from prior phases, notably due to its intense focus on sustainable financing.				
	The evaluation question will appraise whether the new approach and strategy—including its emphasis on sustainable financing, structure as a partnership, and custom-tailored approach for partner countries with special attention to the LMA are relevant and aligned with diverse contexts—including regional variations, developmental stages, humanitarian needs, and fragile states. The criteria used for grouping and supporting countries into categories and the various modes of engagement that have been defined will also be evaluated for suitability. Moreover, the question will address whether the design of the existing funding streams, such as HSS, supplies, bridge fund, and match fund, are pertinent. Another significant consideration of this question is how well the Partnership adheres to human rights principles, gender equality, and LNOB. commitments. Meanwhile, the extent to which the design is being effectively implemented is considered in subsequent question (evaluation question 2).				
KEY ASSUMPTIONS		INDICATORS		SOURCES OF EVIDENCE	
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		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		<u>Data and document review:</u> Global plans and strategies, national strategies, plans and roadmaps, Partnership implementation plan, risk assessment and contingency plans, Compact agreements and Annex A, national supply plans, minutes of the Steering Committee and sub-committee meetings), country case studies. <u>Interviews and group discussion:</u> <ul style="list-style-type: none"> UNFPA staff at global, regional, and country level 	

maximizing contribution towards expected goals.	<p>contexts, while considering the development-humanitarian nexus.</p> <p>1.1.3 Views and experience of UNFPA staff at global, regional country levels, partners and health authorities at global and national level, and multilateral/bilateral partners regarding the adequacy of the Partnership's approach and design to adapt and innovate to achieve expected goals in a diversity of contexts.</p> <p>1.1.4 Key stakeholder experiences and opinions on the extent to which the Partnership successfully responds to cases of new global health challenges at country or regional levels.</p>	<ul style="list-style-type: none"> • National health authorities and other governmental partners' representatives • Multilateral/bilateral partners supporting reproductive health/family planning at global level <p><u>Online survey:</u> Question on the adequacy of the design of the Partnership and its new approach.</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.</p> <p>(Linked to theory of change causal assumption 8)</p>	<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>	<p><u>Data and document review:</u> (Global plans and strategies, national strategies, plans, and roadmaps linked to the Partnership), country case studies. Sustainability readiness assessment tool data, equity assessment results (used for establishing country transition to different stages), country case studies and thematic case studies (Match Fund).</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA staff at global, regional, and country level • National health authorities and other governmental partners' representatives • Multilateral/bilateral partners supporting reproductive health/family planning at global level. <p><u>Online survey:</u> Question on the adequacy of the Partnership to address existing needs. Question on the adequacy of existing indicators to classify and define country ceiling for commodities).</p>
<p>Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are</p>	<p>1.3.1 Levels of funding allocation by main funding stream (and sub streams, including the humanitarian contingency plan, the</p>	<p><u>Data and document review:</u> Partnership programmatic documents, Compacts, national supply plans, country follow up reports, country case studies, thematic case study</p>

<p>designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability.</p> <p>(Linked to theory of change causal assumption 8)</p>	<p>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 percent supplies, 15 percent HSS and 10 percent 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>	<p>(Match Fund). Minutes of the Steering Committee and sub-committee meetings. Global Family Planning Van, in-country data from facility survey, other relevant stock data at the service point level, country case studies and thematic case study LMA.</p> <p><u>Interviews and group discussion.</u></p> <ul style="list-style-type: none"> • UNFPA staff at global, regional, and country level • National health authorities and other governmental partners' representatives • Multilateral/bilateral partners supporting reproductive health/family planning at global level. <p><u>Online survey:</u></p> <p>Question on relevance and adaptability of funding streams, question on the adequacy of the design of the Partnership and new approach and question on the availability of data on where commodities go and how well they are truly reaching the hardest-to-reach.</p>
<p><u>Assumption 1.4</u> The Partnership is clearly founded on human rights, gender</p>	<p>1.4.1 Human rights-based approaches and gender transformative approaches are embedded within the design of the Partnership and effectively implemented.</p>	<p><u>Data and document review:</u></p> <p>Partnership result and performance documents, Partnership performance monitoring framework and reconstructed theory of change, final list of Partnership indicators, evaluation and learning plan, Partnership</p>

equality, and the LNOB principles.	1.4.2 LNOB principles are embedded within the design of the Partnership and effectively implemented.	programmatic documents, Partnership implementation plan, LNOB evaluation, etc.).
(Linked to theory of change causal assumption 9)	1.4.3 Views and experiences of implementing partners and right-holders' organizations on the strength of human resources, gender equality and LNOB principles in the design of the Partnership interventions.	<p><u>Interviews and group discussion.</u></p> <ul style="list-style-type: none"> UNFPA staff at global, regional, and country level <p><u>Online survey:</u> Question on the integration of key UNFPA principles into the Partnership design).</p>

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

CRITERIA	Effectiveness / coverage	AREA OF INTEREST	Strategic objective 1 – Availability and Choice (supply dimension)	LINKAGES TO THE THEORY OF CHANGE	Linked to the green boxes for strategic objective 1 in the middle of the theory of change.
RATIONALE	<p>This evaluation question focuses on assessing the contribution made to the achievement of strategic objective 1 about increasing the availability and choice of quality-assured reproductive and maternal health commodities. Given the strong focus of the Partnership on availability (75 percent of funds) versus access (15 percent of funds), this area of investigation strongly emphasizes the supply dimension of the Partnership and the interlinkages between strategic objective 1 and the other strategic objectives. These interlinkages (and particularly with strategic objective 2, also focused on the supply dimension) highlight the broader impact of improving availability on various facets of reproductive and maternal healthcare, ultimately contributing to a more robust healthcare system. Additionally, by focusing on supply chain efficiencies, the Partnership aims to create a sustainable and scalable model that not only addresses current gaps but also anticipates future demand in reproductive and maternal health services.</p> <p>The question examines the strength of the Partnership procurement planning and efficiency, while addressing UNFPA market-shaping capacities. Additionally, the related key assumptions also test the provision of a wide range of high-quality SRH commodities to countries, including in humanitarian settings. Finally, the question also addresses the adaptability of the Partnership to distribute routine commodities as well as new and lesser-used commodities across different country and regional contexts.</p>				
KEY ASSUMPTIONS	INDICATORS		SOURCES OF EVIDENCE		
<u>Assumption 2.1</u> The Partnership collaborates with national authorities and partners, leveraging its global reach and	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.		<p><u>Data and document reviews:</u> Records of coordination meetings/consultations chaired or organized by the Supply Chain Management Unit (SCMU). Partnership annual reports and results framework reports.</p>		

<p>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>2.1.2 Records of coordination meetings and consultations to identify goals and determine negotiating positions prior to contracting with global suppliers.</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>	<p>Price, quality and shipment data for selected reproductive health/family planning commodities over time (SCMU and commodity security branch (CSB) data, Partnership reports, national facilities surveys, LMIS reports, citizen group reporting on stock-outs).</p> <p>Long-term agreements (LTAs) with global suppliers.</p> <p>USAID GHSC-PSM Technical Independence Indicator findings in SP countries</p> <p><u>Interviews and group discussion</u></p> <ul style="list-style-type: none"> • UNFPA SCMU staff • UNFPA Commodity Security Branch staff • UNFPA country offices staff • National health authorities • Multilateral/bilateral partners supporting reproductive health/family planning at global level.
<p><u>Assumption 2.2</u> The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in</p>	<p>2.2.1 Documented increased availability of reproductive health commodities in targeted countries to which the Partnership has contributed, through (a) technical assistance; (b) capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; (e) advocacy.</p> <p>2.2.2 Documented increased quality of Reproductive health commodities in targeted countries linked to the Partnership, through (a) technical assistance; (b)</p>	<p><u>Data and document reviews:</u></p> <p>UNFPA Partnership global data (procurement, distribution, consumption), Partnership reports. National supply plans and records, country follow up reports, country case studies, thematic case study (LMA). Global Family Planning Van. Data for selected reproductive health/family planning commodities over time (PSB and CSB data, Partnership reports, national facilities surveys, LMIS</p>

both humanitarian and development settings. -	<p>capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; and (e) advocacy.</p> <p>2.2.3 Percent of targeted countries where NLU contraceptives have been introduced.</p> <p>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.</p> <p>2.2.5 Stakeholders' perception of the Partnership ability to expand contraceptive method choice.</p>	<p>reports, citizen group reporting on stock-outs). LTAs with global suppliers.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA PSB staff • UNFPA CSB staff • UNFPA country offices staff • National health authorities • Multilateral/bilateral partners supporting reproductive health/family planning at global level.
<p><u>Assumption 2.3</u> 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>2.3.1 Extent to which clear roles and responsibilities are established between the Partnership and the Humanitarian Response Division at the global, regional and national levels to ensure Partnership countries at a higher risk of rapid onset emergencies integrate humanitarian principles (e.g. basic humanitarian functions integrated into the supply framework) to strengthen preparedness and resilience.</p> <p>2.3.2 Programme humanitarian response plans include explicit matching of content of emergency Reproductive health and family kits with identified needs of women and girls in the specific humanitarian setting, in concert with the Humanitarian Response Division.</p> <p>2.3.3 In humanitarian settings, the Partnership engages with national authorities to ensure that its support (including emergency kits) is targeted to all women and girls at risk, including the poor and marginalized.</p> <p>2.3.4 Those involved in service delivery report products were appropriate, of high quality and delivered in a timely manner during humanitarian crises.</p>	<p><u>Field visit and observation.</u> Site visits to service delivery points and distribution sites in the capital and in more remote districts.</p> <p><u>Data and document reviews:</u></p> <p>UNFPA Partnership global data (procurement, distribution, consumption), programme reports. National supply plans and records, country follow up reports, country case studies, thematic case study (LMA). Global Family Planning Van. Data for selected reproductive health/family planning commodities over time (PSB and CSB data, Partnership reports, national facilities surveys, LMIS reports, citizen group reporting on stock-outs).</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA SCMU staff • UNFPA CSB staff • UNFPA Humanitarian Response Division • UNFPA country office staff • National health authorities and governmental partners' representatives. • Multilateral/bilateral partners supporting reproductive health/family planning at global level • Community leaders (traditional leaders, teachers, police, etc.) • Targeted population (e.g. marginalized women and girls accessing services).

	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.	<u>Field visit and observation.</u> Site visits to service delivery points and distribution sites in the capital and in more remote districts in four country case studies.
<u>Assumption 2.4</u> 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>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.</p> <p>2.4.2 Documented examples of programs/project/policy design changes including mitigating measures to address challenges to NLUs including:</p> <ul style="list-style-type: none"> • engaging a single manufacturer • addressing registration/waiver issues • taking proven (piloted) solutions to scale. <p>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.</p> <p>2.4.4 Existence of analysis and systematic processes for applying different funding mechanisms (match funding, routine funding, NLU commodities, emergency Reproductive health commodities kits) effectively to different contexts, i.e. analysis reports, fund applications).</p> <p>2.4.5 National reproductive health/family planning plans, strategies and programmes include measures to address and resolve barriers to access for poor and marginalized women including:</p> <ul style="list-style-type: none"> • Geographic access • Price and affordability constraints • Timely delivery and stable supply 	<p><u>Desk review</u> (Global plans and strategies, National strategies, supply and distribution plans, and roadmaps linked to the Partnership), country case studies and thematic case study. Data for selected reproductive health/family planning commodities over time (PSB and CSB data, Partnership reports, national facilities surveys, LMIS reports, citizen group reporting on stock-outs). LTAs with global suppliers.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA SCMU staff • UNFPA CSB staff • UNFPA country office staff • National health authorities and governmental partners' representatives. <p><u>Field visit and observation.</u> Site visits to service delivery points and distribution sites in the capital and in more remote districts in four country case studies.</p> <p><u>Online survey</u> Question on the adaptability of the Partnership to different contexts, including emerging humanitarian situations. Question on the specific focus of the Partnership to address humanitarian settings).</p>

- 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.

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

CRITERIA	Effectiveness/coverage	AREA OF INTEREST	Strategic objective 2 – Strengthened Supply Chains Ensure supplies for reproductive health commodities reach the “last mile” and promote harmonization and integration of supply systems in countries	LINKAGES TO THE THEORY OF CHANGE	Linked to the green boxes for strategic objective 2 in the middle of the theory of change.
RATIONALE	This evaluation question focuses on assessing the contribution made to the achievement of strategic objective 2, which aims at ensuring that reproductive health commodities reach the “last mile” while promoting improved functionality and tracking within supply systems in countries. This question focuses on assessing the needs for supply chain strengthening to improve availability of reproductive health commodities, addressing these needs, improving data visibility for better data-driven decision making and supplies management, and reaching service providers and end users at the “last mile”, including in humanitarian and fragile or conflict settings. Following the logic set up in the reconstructed theory of change, this question mainly focuses on modes of engagement of (a) technical assistance, (b)				

	capacity building, (c) service delivery, and (d) evidence generation and dissemination. Additionally, since this question focuses on access to reproductive health commodities, it will also address the criteria of coverage linked to humanitarian actions, which addresses the extent to which population groups facing life-threatening conditions were reached by humanitarian action.	
KEY ASSUMPTIONS	INDICATORS	SOURCES OF EVIDENCE
<p>Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.</p>	<p>3.1.1 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>	<p><u>Data and document reviews:</u></p> <p>Records of coordination meetings/consultations at national level (including in humanitarian contexts). Partnership annual reports and results framework reports. Cost benefit analysis reports, review mission reports and audit reports on introduction and roll-out of new manual and automated systems funded by the Partnership (Including installation, upkeep and ongoing development of CHANNEL software). SCM training and capacity building assessments and evaluation reports</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • Country office staff UNFPA Partnership country lead staff • National health authorities • Supply chain managers at national and sub-national levels • Central medical stores staff or their equivalent • Multilateral and bilateral development partners and GHIs working on SCM in countries, including those supporting alternative systems (in some countries) • Staff of international and national non-governmental organizations (NGOs) engaged in distribution of reproductive health/family planning commodities and accessing the supported supply chains <p><u>Online survey.</u></p> <p>Views on the supply chain and how it functions at country level. Views on UNFPA role in identifying/researching gaps in SCM and possible solutions</p>
<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other</p>	<p>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.</p>	<p><u>Data and document reviews.</u></p> <p>Records of coordination meetings/consultations at national level (including in humanitarian contexts). UNFPA Supplies annual reports and results framework reports. Cost benefit analysis reports, review mission reports and audit reports on introduction and roll-out of new manual and automated systems funded by</p>

<p>partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc.</p> <p>(Links to theory of change causal assumption 6)</p>	<p>3.2.2 Documented efforts to strengthen SCM to address staff capabilities and motivation as well as needed improvements in systems and technology.</p> <p>3.2.3 Positive findings on training and capacity building outcomes and results reported.</p> <p>3.2.4 Views of UNFPA country office staff, national health authorities, national supply chain managers and facilities managers at national and sub-national level on quality and usefulness of technical assistance provided by the Partnership.</p> <p>3.2.5 Examples of how enhanced systems have (or have not) led to improved inventory management, stock-outs, unused inventory, etc.) without duplicating efforts, causing undue delays or expense.</p> <p>3.2.6 Reported qualifications of supply chain managers and/or levels of vacancy and turnover in SCM over time.</p> <p>3.2.7 Positive trends in supply chain performance data indicating improved skills and management.</p>	<p>UNFPA Supplies (Including installation, upkeep and ongoing development of CHANNEL software). Guidelines, procedures and operational manuals introduced as technical assistance to support new systems.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • Country office staff UNFPA Partnership country lead staff • National health authorities • Supply chain managers at national and sub-national levels, • Central medical stores staff or their equivalent • Multilateral and bilateral development partners including those supporting alternatives systems (in some countries) • Staff of international and national NGOs engaged in distribution of reproductive health/family planning commodities and accessing the supported supply chains. <p><u>Field visit and observation.</u> Site visits in four country case studies.</p>
<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p> <p>(Links to theory of change causal assumption 7)</p>	<p>3.3.1 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><u>Data and Document Reviews:</u></p> <p>(Global plans and strategies, National strategies, plans, and roadmaps linked to the Partnership), country case studies and thematic case study (LMA). UNFPA Supplies annual reports and results framework reports. Cost benefit analysis reports, review mission reports and audit reports on introduction and roll-out of new manual and automated systems funded by UNFPA Supplies (Including installation, upkeep and ongoing development of CHANNEL software). Guidelines, procedures and operational manuals introduced as technical assistance to support new systems. Data for selected reproductive health/family planning commodities over time (PSB and CSB data, Partnership reports,</p>

	<p>3.3.4 Reduction in frequency, duration and severity of stock-outs at national and sub-national levels.</p> <p>3.3.5 Absence or reduction in the frequency and level of over-supply and unused inventory.</p> <p>3.3.6 Improved data capture and reporting and tracking of commodities from port of entry to end users.</p> <p>3.3.6 Changes and adjustments/reallocation of procurement and shipment of reproductive health/family planning commodities and products to match changes in demand.</p> <p>3.3.7 Timeliness of shipment of identified needed commodities and products during humanitarian crises.</p> <p>3.3.8 Views and experiences of UNFPA staff, national health authorities, national medical stores staff service providers and women and girls accessing commodities.</p>	<p>national facilities surveys, LMIS reports, citizen group reporting on stock-outs). LTAs with global suppliers.</p> <p><u>Interviews and group discussion.</u> UNFPA staff at global, regional, country level, national health authorities and governmental partners’ representatives.</p> <p><u>Field visit and Observation.</u> Site visits in four country case studies.</p> <p><u>Online survey</u> UNFPA country-level perception of whether supply chains have been improved.</p>
<p><u>Assumption 3.4.</u> The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.</p>	<p>3.4.1. Global and Partnership data on “last mile” delivery showing percentage of countries that report having, with Partnership support, improved “last mile” delivery through better local distribution and on-time deliveries, avoidance of stock-outs at facility level, and other means.</p> <p>3.4.2 Developed strategies, adapted to different contexts, to improve “last mile” delivery and assurance using high-quality data and product tracking.</p> <p>3.4.3 Extent to which SCM and delivery to service delivery points has improved, or continued, across humanitarian/conflict/crisis Partnership countries.</p> <p>3.4.4 Extent to which available procurement and delivery data indicate products are reaching the</p>	<p><u>Data and document reviews:</u> (Global plans and strategies, National strategies, plans, and roadmaps linked to the Partnership), country case studies and thematic case study (LMA). Interviews and group discussion. UNFPA staff at global, regional, country level, national health authorities and governmental partners’ representatives.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA PSB staff • UNFPA CSB staff • UNFPA country office staff • National health authorities and governmental partners’ representatives • Multilateral/bilateral partners supporting reproductive health/family planning at global level • Community leaders (traditional leaders, teachers, police, etc.)

“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.

- Targeted population (e.g. marginalized women and girls accessing services).

Field visit and observation.
 Site visits in four country case studies.

EVALUATION QUESTION 4: To what extent is the Partnership contributing to strengthening and enabling environment where governments take up the responsibility of providing choice to quality reproductive health commodities to those who want or need it?					
CRITERIA	Sustainability	AREA OF INTEREST	Strategic objective 3 – Enabling environment dimension	LINKAGES TO THE THEORY OF CHANGE	Linked to the yellow box on the right of the theory of change representing the enabling environment dimension.
RATIONALE	<p>This question focuses on assessing the contribution to strategic objective 3, which aims to increase and diversify countries' financial and programmatic contributions to reproductive health as a core element of sustainable development. It aims to examine whether adequate conditions are implemented to maximise the sustainability of Partnership results.</p> <p>Following the theory of change, this is achieved mainly through advocacy and evidence-generation activities to promote and achieve government ownership of reproductive health supplies, including last-mile assurance and reaching those most left behind. Specifically, this includes the Partnership contribution to increased and diversified programmatic domestic financing for reproductive health, as well as the contribution to increasing and formalizing political commitment towards strengthening reproductive health and the health system in general. The question also examines the financing structure and tools of the Partnership itself to determine how well they support the increased sustainability of RHCS by promoting the achievement and measurement of increased political and financial commitment from targeted countries.</p>				
KEY ASSUMPTIONS	INDICATORS			SOURCES OF EVIDENCE	
<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>4.1.1. Percent of targeted countries where governments have increased domestic financial resources to reproductive health commodities.</p> <p>4.1.2 Percent of Partnership countries where there is evidence of diversified funds for reproductive health commodities.</p> <p>4.1.3 Trends in allocation of reproductive health/family planning budgetary lines in targeted countries.</p> <p>4.1.4 Evolution of the external support of reproductive health/family planning received by targeted countries (including UNFPA and other sources).</p> <p>4.1.5. Processes in place to verify governments' effective purchase of committed commodities.</p> <p>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.</p>			<p><u>Data and document reviews:</u> (Global plans and strategies, Compact Agreements and Annex A, national supply plans, minutes of the Steering Committee and sub-committee meetings).</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA SCMU staff • UNFPA CSB staff • UNFPA country office staff • National health authorities and governmental partners' representatives • Multilateral/bilateral partners supporting reproductive health/family planning at global level. <p><u>Field visit and observation.</u> Site visits in four country case studies.</p> <p><u>Online survey</u></p>	

	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.	Question on the efficiency of mechanisms within the Partnership to promote sustainability.
<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>4.2.1 Advocacy strategies (private and public) and workplans included in programme planning documents and advocacy tools.</p> <p>4.2.2 Country reports contain substantial references to national-level government advocacy.</p> <p>4.2.3 Global monitoring data on advocacy initiatives, showing coherence between global and national strategies in reproductive health/family planning and UNFPA Supplies advocacy and communication messages.</p> <p>4.2.4 National reproductive health/family planning strategies and plans (including in national health plans and reproductive health roadmaps) focus on expanded access, including access for marginalized women and girls, and whenever possible, evidence of influence of UNFPA (e.g. reference to data, studies, publications, etc).</p> <p>4.2.5 Percent of Partnership countries where reproductive health commodities have been included for the first time, or increasingly prioritized, in PHC and UHC plans with a focus on expanded access and active measures to reach marginalized population groups.</p> <p>4.2.6 Stakeholders' views on how advocacy has contributed to strengthening health systems, including improved access for marginalized population groups.</p> <p>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</p>	<p>Data and document reviews: Global plans and strategies, national strategies, plans, and roadmaps linked to the Partnership), partnership advocacy and communications materials, global Partnership data. Global monitoring data on advocacy initiatives. UNFPA datasets for reproductive health commodities.</p> <p>Interviews and group discussion:</p> <ul style="list-style-type: none"> • UNFPA SCMU staff • UNFPA CSB staff • UNFPA country office staff • National health authorities and governmental partners' representatives • Multilateral/bilateral partners supporting reproductive health/family planning at global level. <p>Field visit and observation. Site visits in four country case studies.</p>

	reproductive health commodities for advocacy purposes.	
Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	<p>4.3.1 Documents that evidence the utility of the existing financing structures and co-financing incentives applied to the different levels of support provided (full, modified, technical and transition).</p> <p>4.3.2 Perceptions of stakeholders about the adequacy of the financing and co-financing components (HSS, Match Fund, etc.) to increase political commitments and move countries along the pathway to sustainable transition.</p> <p>4.3.3 Increase (number and frequency) of political commitments in Partnership countries.</p> <p>4.3.4 Percent of Partnership countries who agree funding streams are efficient and relevant to their contexts.</p> <p>4.3.5 Documented explanations of the rationale for application of different funding streams, and regular review.</p> <p>4.3.6 Percent / ratio of different funding streams applied across Partnership countries.</p>	<p><u>Data and document reviews:</u> Global plans and strategies, Compact Agreements and Annex A, national supply plans, minutes of the Steering Committee and sub-committee meetings, country case studies and thematic case study (Match Fund).</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA SCMU staff • UNFPA CSB staff • UNFPA country office staff • National health authorities and governmental partners' representatives. <p><u>Field visit and observation.</u> Site visits in four country case studies.</p> <p><u>Online survey:</u> Question on the adequacy of existing financial resources for the implementation of the Partnership.</p>
Assumption 4.4 The Partnerships mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	<p>4.4.1 Documented evidence on the adequacy of the Sustainability Readiness Tool – systems readiness assessment tool to effectively identify gaps and bottlenecks in the different programmatic areas and inform decisions around the types of activity supported through the HSS funding stream.</p> <p>4.4.2 Percent of Partnership countries using SRAT and results / subsequent improvements in domestic financing.</p> <p>4.4.3 Percent of Partnership countries that have signed Compacts and increased domestic financing</p>	<p><u>Data and document reviews:</u> (Global plans and strategies, Compact Agreements and Annex A, national supply plans, minutes of the Steering Committee and sub-committee meetings), country case studies.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA SCMU staff • UNFPA CSB staff • UNFPA country office staff <p>National health authorities and governmental partners' representatives.</p>

4.4.4 Perceptions of stakeholders on the relevance of the Compact and Annex A, including frequency of renewal.

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

CRITERIA	EFFICIENCY	AREA OF INTEREST	Strategic objective 4 – Governance and management	LINKAGES TO THE THEORY OF CHANGE	Linked to the orange box of the theory of change representing the “governance and management” dimension. Linked also to the underlying list of inputs included at the bottom of the theory of change.
RATIONALE	<p>This question addresses strategic objective 4 on operational efficiency and improved management with shared accountability for results. This strategic objective is at the basis of the theory of change as it represents the basic conditions for the Partnership to achieve its expected goals. As a result, the capacity of the Partnership to deliver results is highly dependent on the achievement of this operationally related objective.</p> <p>As depicted in the reconstructed theory of change, this question focuses on three main modes of engagement: partnerships, integration and coordination, and governance. The areas of analysis considered for this evaluation question focus on the adequacy of the new governance and management structure (governance), as well as the strategy and implementation of external partnerships for synergetic results (partnerships). Moreover, the question addresses the extent to which the existing financial and human resources are adequate for the effective implementation of the Partnership, and the extent to which the four strategic objectives work in coordination as a system to maximize results (integration and coordination). The question also addresses efficiency toward achieving first-level results.</p>				
KEY ASSUMPTIONS		INDICATORS		SOURCES OF EVIDENCE	
<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>5.1.1 Views of stakeholders on the Partnership governance and whether it has improved or worsened.</p> <p>5.1.2 Views of country representatives on the Partnership efficiency in Phase III.</p> <p>5.1.3 Documented improvements in governance processes within Phase III.</p> <p>5.1.4 Experience and views of Partnership secretariat staff and Steering Committee members on the efficiency of new Partnership governance structures, systems and processes.</p> <p>5.1.5 Documented examples of risk analysis and system analysis applied to identify gaps, challenges and weaknesses in Partnership governance and management</p> <p>5.1.6 Decisions of the UNFPA Supplies Steering Committee reflecting inputs from donor partners, Partnership managers and other key stakeholders (e.g. civil society organizations (CSOs), UNFPA staff and national health authorities).</p>		<p><u>Data and document reviews:</u></p> <p>Global plans and strategies, Compact agreements and Annex A, national supply plans, minutes of the Steering Committee and sub-committee meetings, in-country and desk case studies, ToR of SC, SPC, FRC, Independent Chair</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA staff at global, regional, country level • Internal Partnership stakeholders. <p><u>Online survey:</u></p> <p>Question on the efficiency of the Partnership governance structure, with sub-questions on committee</p>	

	<p>5.1.7 Stakeholders' views on the added value of Steering committee and sub-committees.</p> <p>5.1.8 Partnership countries who agree that overall governance structures and processes of Phase III add to the efficiency at the country level.</p> <p>5.1.9. Records of the Steering Committee and sub-committee meetings indicate efficient decision-making processes and the added value of each governance body.</p>	<p>decisions/sub-committees, and other specific issues to be agreed with UNFPA.</p>
<p>Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results.</p> <p>(relates to theory of change causal assumptions 1 and 5.)</p>	<p>5.2.1 Perceptions of stakeholders about the extent to which partners have been selected based upon complementarities and for maximizing / leveraging synergies, across different contexts (i.e. humanitarian contexts, development contexts etc).</p> <p>5.2.2 Views of UNFPA country representatives on whether the relevant partners have been included within the Partnership in view of the objectives to be met at country level.</p> <p>5.2.3 Documented explanations of the rationale for choice of partners.</p>	<p><u>Data and document reviews:</u> Global plans and strategies, external partnership agreements, minutes of the Steering Committee and sub-committee meetings), in-country and desk case studies.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA staff at global, regional, country level • External partners of the Partnership. <p><u>Online survey:</u> Question on the adequacy of partners included in the Partnership).</p>
<p>Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.</p>	<p>5.3.1 Views of, and percent of surveyed stakeholders/countries who agree the MAV funding streams are efficient and relevant to their contexts.</p> <p>5.3.2 Documented explanations of the rationale for application of the MAV funding streams.</p> <p>5.3.3 Percent/ratio of MAV funding stream applied across Partnership countries compared to size and need.</p> <p>5.3.4 Perceptions of stakeholders on the adequacy of the MAV funding stream to ensure goal achievement in their contexts.</p>	<p><u>Data and document reviews:</u> Global plans and strategies, minutes of the Steering Committee and sub-committee meetings), in-country and desk case studies.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA staff at global, regional, country level • Internal Partnership stakeholders • Implementing partners. <p><u>Field visit and observation:</u> Site visits in four country case studies.</p> <p><u>Online survey:</u></p>

		Question on the adequacy of existing financial resources for the implementation of the Partnership.
<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>5.4.1 Level of effort at global, regional and country levels, and skill sets (numbers and roles) available across different levels of the organization assigned to support the Partnership.</p> <p>5.4.2 Perception of staff regarding workload, required staffing levels, and necessary skill sets in relation to the demands of the Partnership.</p> <p>5.4.3 Perception of staff on turnover (and its consequences) among staff designated to support the Partnership.</p>	<p><u>Data and document reviews:</u> UNFPA Partnership global data, including global human resource data.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA staff at global, regional, country level • Internal Partnership stakeholders • Implementing partners. <p><u>Field visit and observation:</u> Site visits in four country case studies.</p> <p><u>Online survey:</u> Question on the workload and staffing, and on the adequacy of existing human resources for the implementation of the Partnership.</p>

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.]

5.5.1 Stakeholders' views on strategic objectives teams working as an integrated system and examples of synergies being maximized.

5.5.2 Percent of countries who can show how strategic objectives interlink.

5.5.3 Documents evidencing proactive efforts to avoid siloed work.

Data and document reviews:

Global plans and strategies, Compact agreements and Annex A, national supply plans, minutes of the Steering Committee and sub-committee meetings), in-country and desk case studies.

Interviews and group discussion:

- UNFPA PSB staff
- UNFPA CSB staff
- UNFPA country office staff
- National health authorities and governmental partners' representatives
- Implementing partners.

Field visit and observation:

Site visits in four country case studies.

Online survey:

Question of the integration of the Partnership at different levels.

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>				
KEY ASSUMPTIONS		INDICATORS		SOURCES OF EVIDENCE	
<p>Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs, the UNFPA Family Planning Strategy (2022–2030), and to align with the UNFPA Strategic Plan (2022–2025).</p> <p>[Links to theory of change causal assumption 13.]</p>		<p>6.1.1 Extent of alignment between the Partnership objectives and strategies and other relevant UNFPA strategies and programmes</p> <p>6.1.2 Extent to which non-Partnership UNFPA objectives, strategies and funded programmes address demand for contraception as a precondition for the Partnership effectiveness.</p> <p>6.1.3 Documented examples of coordinated activities and joint initiatives between the Partnership and other UNFPA programmes and initiatives.</p> <p>6.1.4 Perceptions of UNFPA staff and partners on the effectiveness of alignment efforts between the Partnership and other relevant UNFPA initiatives.</p> <p>6.1.5 Perception of UNFPA representatives and partners on the complementarities between the Partnership and other relevant initiatives, including the extent demand is</p>		<p><u>Data and document reviews:</u></p> <p>UNFPA country and regional programmes, UNFPA Family Planning Strategy, and UNFPA Strategic Plan, MHTF BP Phase IV. Review of joint initiative reports and meeting minutes. Review of programme reports and other UNFPA documents. In-country and desk case studies.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> UNFPA Staff and partners at country, regional and headquarters levels, including UNFPA country representatives UNFPA implementing partners, Government officials, UNFPA and partner organizations staff at global and country levels 	

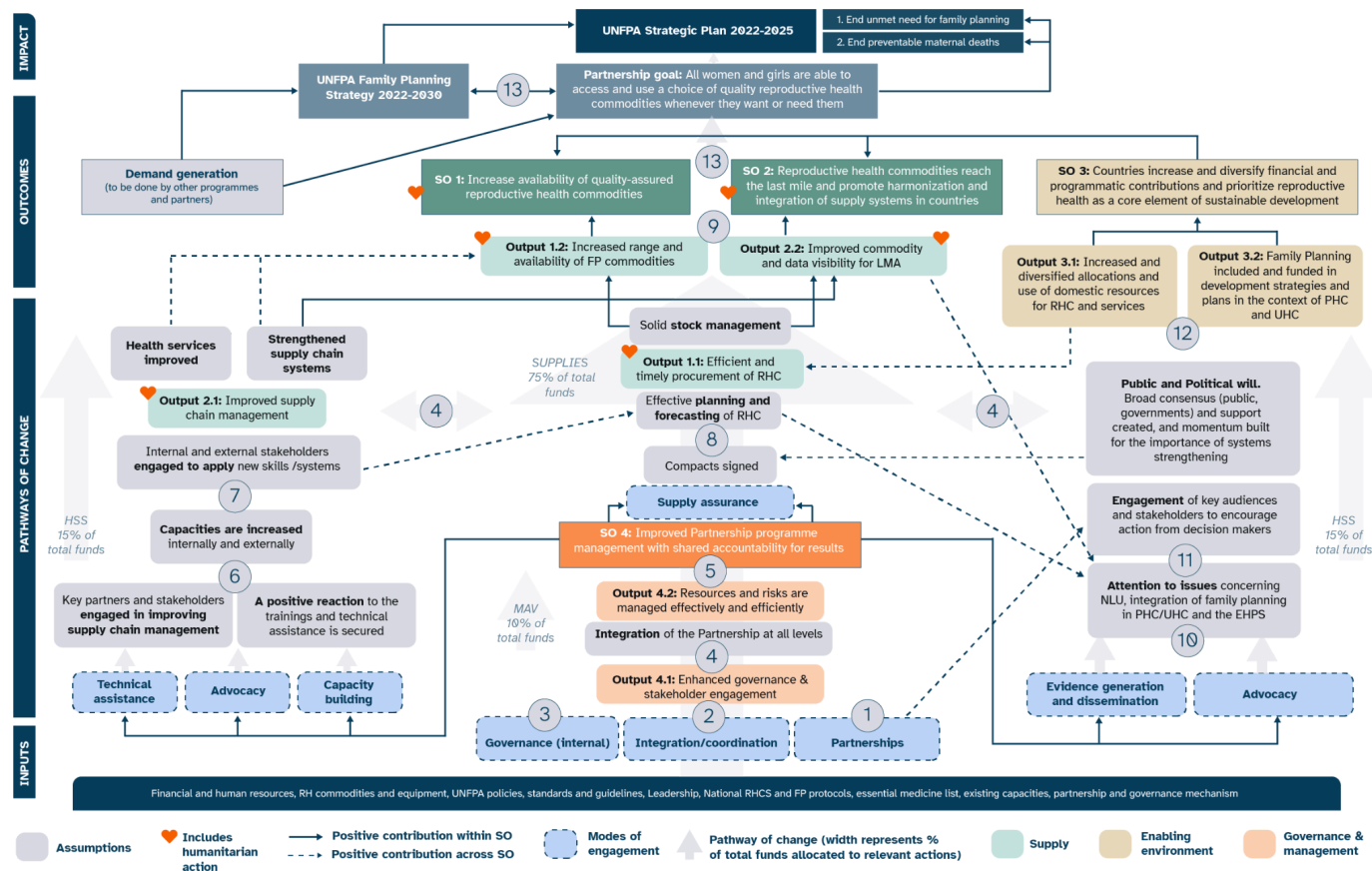
	<p>secured from other relevant internal and external initiatives.</p> <p>6.1.6 Extent to which internal UNFPA documents reflect demand is being generated to meet the supply of reproductive health/family planning commodities in targeted countries.</p>	<ul style="list-style-type: none"> • National health authorities and governmental partners' representatives. <p><u>Field visit and observation:</u> Site visits in four country case studies.</p> <p><u>Online survey:</u> Question of the complementarity of the Partnership with other relevant UNFPA initiatives.</p>
<p>Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.</p>	<p>6.2.1 Extent to which situation analysis and planning documents identify gaps in support of reproductive health commodities as an element in global public health.</p> <p>6.2.2 Extent to which the Partnership strategic documents map out activities in relation to other GHI to identify complementarities and gaps, as well as areas of potential overlap or duplication.</p> <p>6.2.3 Key informants experience and opinion regarding Partnership activities at country level demonstrating complementarities with other donors' programmes and activities.</p> <p>6.2.4 Documented examples of the Partnership design incorporating or highlighting complementary activities building on, or contributing to other development partners' investments in reproductive health commodities and their distribution</p> <p>6.2.5 Stakeholders perception of the Partnership role in the global health landscape and its contribution to filling gaps.</p>	<p><u>Data and document reviews:</u> Strategic documents from a selection of relevant GHI, review of joint initiative reports and meeting minutes. Review of programme reports and other UNFPA documents. In-country and desk case studies.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA staff and partners at country, regional and headquarters levels, including UNFPA country representatives • UNFPA implementing partners, government officials, UNFPA and partner organizations staff at global and country levels • National health authorities and governmental partners' representatives • Representatives from other GHI and other relevant players at both the global and country levels. <p><u>Field visit and observation:</u> Site visits in four country case studies.</p> <p><u>Online survey:</u> Question of the complementarity of the Partnership with other relevant UNFPA initiatives.</p>
<p>Assumption 6.3 The Partnership effectively integrates the</p>	<p>6.3.1 Extent to which the Partnership planning and approval documents, as well as strategic frameworks and operational plans incorporate humanitarian and relevant</p>	<p><u>Data and document reviews:</u></p>

humanitarian-development nexus, ensuring that short-term emergency activities are aligned with long-term development goals.	<p>development objectives, with clear references to the humanitarian-development nexus.</p> <p>6.3.2 Extent to which regional and country-level Partnership implementation plans clearly include provisions for interventions to address humanitarian and emergency needs.</p> <p>6.3.3 Extent to which humanitarian response plans in Partnership countries include specific linkages and strategies to long-term development goals.</p> <p>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.</p>	<p>The Partnership strategic and operational documents, country programme documents, humanitarian development plans and reports on emergency and development activities.</p> <p><u>Interviews and group discussion:</u></p> <ul style="list-style-type: none"> • UNFPA staff and partners at country, regional and headquarters levels, including UNFPA country representatives • UNFPA implementing partners, government officials, UNFPA and partner organizations staff at global and country levels • UNFPA humanitarian partners and other relevant humanitarian players at country level • Community leaders (traditional leaders, teachers, police, etc.) • Targeted population (e.g. marginalized women and girls accessing services). <p><u>Field visit and observation:</u></p> <p>Site visits in four country case studies.</p>
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Annex 2 Reconstruction of the theory of change

Evidence gathered throughout the evaluation process on how the different strategic objectives are interconnected has been reflected in a revised theory of change, as shown in the following figure.

Figure 1. Revised Theory of Change used for assessing the contribution of the Partnership



Source: Theory developed by the evaluation team.

The revised theory of change developed for the evaluation reflects these interconnections, emphasizing key relationships such as:

- Planning and forecasting in SO1 linking to evidence generation for SO3, supporting advocacy for financial sustainability.
- Supply chain capacity building under SO2 contributing to effective forecasting and planning for SO1, ensuring commodities remain available.
- Commodity and data visibility in SO2 informing financial sustainability advocacy in SO3, strengthening public and political commitment.
- UNFPA's convening power influencing stakeholder engagement across SO1, SO2, and SO3, improving advocacy effectiveness and decision-making.

The updated theory of change also highlights the role of demand generation efforts in achieving the Partnership goal. While the Partnership has limited focus on demand generation, contributions from other UNFPA programmes and partner initiatives are assumed to support these areas, as outlined in assumption 6.1.

The convening power of UNFPA to influence and engage key audiences, stakeholders, and partners that has been stressed throughout the analysis is now depicted in the Theory of Change. Advocacy now plays a prominent role as it is linked not only to SO3 but also SO2 and SO1, where UNFPA is expected to leverage its convening power to engage key stakeholders and partners to secure the distribution of commodities to the last mile as a key connection towards achieving results of making a choice of commodities available to end users.¹UNFPA's convening role is now also depicted in the connection made between the "Partnerships" mode of engagement and the result on engaging key audiences and stakeholders to encourage action from decision-makers linked to SO3.

Finally, the theory of change reveals more clearly the links between outputs and objectives and humanitarian action and work in emergency settings. A symbol (star) has been placed under each of the key outputs and strategic objectives that include emergency and humanitarian actions within its operations.

¹ Assumption 6 of the theory of change has been updated accordingly to reflect this change and now includes the statement "UNFPA leverages its convening power to engage partners and other key stakeholders toward strengthening the supply chain system."

Annex 3 Methodology

Annex 3.1 Stakeholder mapping

Annex 3.1.1 Stakeholder maps for UNFPA Supplies Partnership

The evaluation team conducted a comprehensive stakeholder mapping and analysis at the beginning of the data collection phase (Table 2). At the country level, discussions were held with UNFPA Country Office focal points to compile a full list of key informants, including relevant UNFPA staff, partners working within the UNFPA Supplies Partnership and in related programs, national and sub-national government offices, and in-country donors, where applicable. At the global and regional level, the team collaborated with the UNFPA Supplies Partnership team to refine and expand the initial list of global and regional stakeholders compiled by the evaluation team, including the Supplies Partnership focal points. This mapping was conducted as a continuous process, with additions and adjustments made throughout the data collection phase to ensure all relevant perspectives were captured. During the inception phase, the team also conducted a stakeholder mapping of partnerships, programs, and key actors involved in family planning and reproductive health commodity security (Table 3).

Table 2. Stakeholder mapping for UNFPA Supplies Partnership.

Primary group	Sub-group	Purpose of engagement in the evaluation	As intended users of the evaluation
UNFPA	<ul style="list-style-type: none"> • Evaluation Office • Supplies Partnership colleagues (including those on steering committee and sub-committees) • Regional offices • Country offices 	<ul style="list-style-type: none"> • Programme information; • Overview of country, region and global level strategic decisions on Supplies Partnership; • Recommendations for other stakeholders to engage / documents to review. 	Improve conceptualization, coordination and implementation of Supplies Partnership; Identify areas of future research to strengthen Supplies Partnership.
Other UN Agencies, Programmes and Funds – including those on SP steering committees and sub-committees	<ul style="list-style-type: none"> • WHO • UNDP • UNHCR • OCHA 	<ul style="list-style-type: none"> • Information on global context of family planning; • Information on other PD and data initiatives; • Recommendations for other stakeholders to engage; • Recommendations for document review. 	Improve coordination and implementation of FP supplies through lessons learnt from this evaluation.
Government Ministries and Departments (for selected case study countries)	<ul style="list-style-type: none"> • National Health Ministries • Finance Ministries • Regulatory agencies e.g. Drug Regulatory Authorities 	<ul style="list-style-type: none"> • Country and regional level programme information; • Information on country context of procurement and linkages with UNFPA Supplies Partnership. 	
Healthcare providers	<ul style="list-style-type: none"> • Healthcare facilities (hospital, clinics, service delivery points) • Health professionals (doctors, nurses, midwives) 		
Private sector	<ul style="list-style-type: none"> • Chemonics 		
Distributors/Logistics providers	<ul style="list-style-type: none"> • National supply chain units • National medicines and medical supplies agencies • Supply chain management organizations 		

	<ul style="list-style-type: none"> • Transport and logistics companies 		
Reproductive health commodities manufacturers	<ul style="list-style-type: none"> • Pharmaceutical companies • Reproductive health commodities producers 		
Global Partnerships	<ul style="list-style-type: none"> • FP2030 • 2030 Countdown Europe • RHSC • Global Financing Facility • IAWG 	<ul style="list-style-type: none"> • Programme information; • Information on coherence with other programmes; • Overview of country, region and global level strategic decisions on Supplies Partnership. 	
Civil Society - including those on SP steering committees and sub-committees	<ul style="list-style-type: none"> • International and local NGOs and CBOs working on reproductive health • IPPF • MSI Reproductive Choices • Avenir Health • International Centre for Reproductive Health 	<ul style="list-style-type: none"> • Programme information; • Overview of country, region and global level strategic decisions on Supplies Partnership. 	
Academic institutions	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	
Donors/funding agencies - – including those on SP steering committees and sub-committees	<p>All donors as part of the Supplies Partnership: and specifically:</p> <ul style="list-style-type: none"> • BMGF • Global Affairs Canada • Permanent mission of France to the UN • Netherlands • UK, FCDO • USAID 	<ul style="list-style-type: none"> • Programme information; • Overview of country, region and global level strategic decisions on Supplies Partnership. 	Identify areas of future research to strengthen Supplies Partnership
End-users/Communities	<ul style="list-style-type: none"> • Women of reproductive age • Adolescents • Men • Marginalized groups 		

Annex 3.1.2 Partnerships, programmes, and actors for family planning and reproductive health commodity security

Table 3. Partnerships, programmes, and actors for family planning and RHCS.

FP2030 ²	This is a global partnership focused on all aspects of family plan, which includes more than 130 governments, foundations, United Nations agencies, civil society and non-governmental organization (NGO) partners, and the private sector, prioritizing the advancement of family planning by expanding partnerships and leveraging the 2030 agenda, promoting increased and sustainable financing for SRH, and prioritizing the rights of adolescents and youth and of marginalized groups.
The Reproductive Health Supplies Coalition ³	RHSC brings together a diversity of partners and mobilize their collective strengths to increase access to a full range of affordable, quality reproductive health supplies in low- and middle-income countries. The RHSC works across four pillars of availability, quality, equity and choice.
Countdown 2030 Europe ⁴	This is a SRHR Consortium of 15 European NGOs in Europe which advocates to increase European SRHR global funding and to strengthen political support for sexual and reproductive freedom worldwide. It is coordinated by International Planned Parenthood Federation.
The Global Financing Facility ⁵	This is a World Bank hosted country-led partnership working to strengthen health systems and improve access to care. Seventy-one percent of Global Financing Facility partner countries implementing their investment case for five or more years report improvements across essential care, including assisted deliveries, pregnancy and newborn care, childhood immunization, and family planning.
The Global Health Supply Chain Programme-Procurement and Supply Management ⁶	GHSC-PSM aims to enhance health care for communities through transformative supply chain solutions. It purchases and delivers health commodities, strengthens national supply chain systems, and provides global supply chain leadership by working closely with country partners and suppliers worldwide to develop sustainable supply chain systems.
The International Planned Parenthood Federation ⁷	IPPF is a “locally owned and globally connected” civil society organization (CSO) and a leading advocate of SRHR, with 150 Member Associations and Collaborative Partners and a presence in over 146 countries.
MSI Reproductive Choices ⁸	MSI Reproductive Choices is a non-profit organization that works across 36 countries, supporting women and girls to access reproductive healthcare — including abortion and contraception — every day.
The Inter-Agency Working Group on Reproductive Health in Crises ⁹	IAWG is a collaborative global coalition of individual and organizational members and currently includes 55 core member organizations, as well as 4,000 individual members from 122 countries. It is the leading coalition for SRHR in humanitarian settings.

² FP2030. FP2030 Global Strategy. n.d. <https://www.fp2030.org/fp2030-strategy-document/>

³ Reproductive Health Supplies Coalition [website] <https://www.rhsupplies.org>

⁴ Countdown 20230 Europe [website] <https://www.countdown2030europe.org>

⁵ Global Financing Facility [website] <https://www.globalfinancingfacility.org>

⁶ USAID Global Health Supply Chain Program [website] <https://www.ghsupplychain.org/>

⁷ International Planned Parenthood Federation [website] <https://www.ippf.org/>

⁸ MSI Reproductive Choices [website] <https://www.msichoice.org/>

⁹ Inter-Agency Working Group on Reproductive Health in Crises [website] <https://iawg.net>

Annex 3.2 Sampling strategy

Documents and data review. The Evaluation Office at UNFPA, in collaboration with SRHR Branch, Commodity Security Branch, and decentralized units) provided key data documents and data to the evaluation team via Google Drive. A systematic approach was used to identify, review, and code the key documents at global and regional, and country (for the country case studies) levels, extracting information based on the evaluation assumptions into the evaluation matrix, and supplementing additional documents where needed.

The selection of the **country case studies** was a two-fold process, combining criteria identified during the inception phase with a consultative approach involving UNFPA. The criteria included:

- a) Expected contribution to strategic objectives and areas of investigation
- b) Geographic diversity
- c) Participation in previous evaluations in the past five years
- d) Relevance given by key informants during the inception interviews and group discussions
- e) Accessibility of informants and data availability
- f) Absence of country conflict and fragility, and absence of travel restriction
- g) Relevance of thematic areas based on feedback provided by key UNFPA stakeholders.

22 countries were initially identified using the selection criteria (Table 3). From this list, seven countries were selected for the country case studies following the consultative process with UNFPA.

Table 4. Countries identified for the country case studies based on the selection criteria.

No .	Country	Eligibility Phase III	Economic Index Grouping ¹⁰	UNFPA evaluations in the last 5 years	Humanitarian crisis (HRP ¹¹)
1	Djibouti	Eligible Existing	Group 4	2	
2	Timor-Leste	Carryover Countries	Carryover	1	
3	Myanmar	Eligible Existing	Group 3	2	Yes
4	Burundi	Eligible Existing	Group 1	0	
5	Lesotho	Eligible Existing	Group 3	0	
6	Tanzania	Eligible Existing	Group 2	1	

¹⁰ Eligibility Phase III is based on the criteria which considers GNI, mCPR, and MMR. Eligible existing refers to Phase II countries that met the eligibility criteria for Phase III. Eligible new indicates countries that meet the eligibility criteria of Phase III but were not included in Phase II. Carryover countries are Phase II countries that did not meet the proposed eligibility criteria but were not dropped from Phase III to avoid disruption of the services. The economic grouping categorizes countries based on the economic index calculated as the weighted average of indices for each of the three components, with the largest weight given to the GNI per capita component (50 per cent) and equal weight given to the World Bank Group component (25 percent) and the average gross domestic product growth component (25 percent).

¹¹ Based on the presence of a humanitarian response plan (HRP).

7	Democratic Republic of Congo	Eligible Existing	Group 1	2	Yes
8	Kenya	Carryover Countries	Carryover	2	
9	Honduras	Carryover Countries	Carryover	0	
10	Congo	Eligible Existing	Group 3	0	
11	Liberia	Eligible Existing	Group 1	0	
12	Cameroon	Eligible Existing	Group 3	1	Yes
13	Central African Republic	Eligible Existing	Group 1	1	Yes
14	Guinea	Eligible Existing	Group 2	1	
15	Ethiopia	Eligible Existing	Group 2	6	Yes
16	Rwanda	Eligible Existing	Group 2	1	
17	Mali	Eligible Existing	Group 2	2	Yes
18	Chad	Eligible Existing	Group 2	3	Yes
19	Cote d'Ivoire	Eligible Existing	Group 4	3	
20	Yemen	Eligible Existing	Group 1	4	Yes
21	Zambia	Eligible Existing	Group 3	4	
22	Pakistan	Eligible New	Group 3	1	

The topics for the **thematic case studies** were identified in consultation with UNFPA, focusing on key features of the Partnership in Phase III, particularly its emphasis on sustainable financing and last-mile delivery.

Key informants for the semi-structured interviews and group discussions were identified with purposive sampling based on the stakeholder mapping (see Annex 3, section 3.1) conducted in the inception phase to identify Partnership stakeholders at country, regional, and global levels in consultation with UNFPA, supplemented by the evaluation team's knowledge of critical players in the field, such as donors, implementing partners, government representatives, NGOs and CSOs. Snowball sampling was used to identify additional key informants, with interviewees providing connections to others based on gaps identified during data collection and analysis. This process continued until no new data, categories, or relationships emerged.

The sampling strategy for the **online survey** is outlined in section 3.4.

Annex 3.3 Key informant interview protocol

Table 5. Key informant interview protocol.

Interview questions		Areas of discussion	Assumption	Indicators	Recipients			
#	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?				U N F P A s t a f f	P a r t n e r s	B e n e f i c i a r i e s	G o v e r n m e n t

Q1a	What are the main advantages and disadvantages of the new approach of the Partnership and what is missing?	Adequacy of the Partnership's new approach (based on sustainability and framed as a Partnership) to meet the requirements of different contexts.	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.	1.1.3 Views and experience of UNFPA staff at global, regional and 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.	X	X	X	X
Q1b	To what extent does the design ensure the adaptability to the different contexts in which it is being implemented?	<u>Key words:</u> adaptability, innovative approaches, adequacy of the design and implementation strategies.						
Q1c	What has been lost by taking this new approach?							
Q2	How, in your opinion, does the Partnership's new approach respond to cases of new global health challenges at country or regional levels?	Adequacy of the Partnership's new approach (based on sustainability and framed as a Partnership) to meet the requirements of different contexts. <u>Key words:</u> adaptability, innovative approaches, adequacy of the design and implementation strategies.	Assumption 1.1	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.	X	X	X	X

Q3	What do you think of the Partnership's new approach based on grouping and classifying countries for their eligibility and inclusion in the programme? Is this a sound, feasible and realistic approach that can lead to a sustainable transition?	Relevance of the Partnership's new approach (based on grouping and classifying countries for their eligibility and inclusion in the programme) to secure a pathway to sustainable transition <u>Key words:</u> adequacy of the implementation strategies.	Assumption 1.2 The existing approach for in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition.	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.	X	X	X
Q4a	What are the Partnership's funding mechanisms? In your opinion, how do these funding mechanisms, complement each other, create synergies and contribute to the achievement of the Partnership's results?	Adequacy of the existing funding streams and sub-streams to achieve expected results. <u>Keywords:</u> Adequacy, systems approach, commodity availability	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.	1.3.6 Views and experiences of UNFPA staff, implementing 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.	X	X	X
Q4b	What has impeded contribution to achievement and what unintended consequences have there been of the funding mechanism?						
Q5	To what extent does the Partnership's strategy incorporate international requirements regarding human rights, gender	Efficacy of the Partnership's strategy to include most vulnerable groups, ensure gender equality and LNOB principles	Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles.	1.4.3 Views and experiences of implementing partners and right-holders' organizations on the strength of human resources, gender equality and LNOB		X	X

	equality, and the LNOB principles? What are the challenges and opportunities in putting these principles into practice – can you provide concrete examples?	<u>Keywords:</u> efficacy, gender equality, vulnerable groups, LNOB		principles in the design of the Partnership interventions.				
EVALUATION QUESTION 2: To what extent is the Partnership effective at increasing availability and choice of reproductive health and family planning commodities for all women who want and need them, including marginalized groups and those in humanitarian situations, through Partnership strengths in global forecasting, procurement, quality assurance, and delivery?								

Q6	To what extent is the Partnership's programme influencing and shaping the current market for reproductive health commodities? Describe how the Partnership's programme is helping countries improve forecasting and procurement of high-quality reproductive health commodities.	Efficacy of the Partnership's strategy to leverage its global reach and purchasing power <u>Keywords:</u> forecasting, planning for reproductive health commodities, global reach and purchasing power	Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.	2.1.8 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.	x	X	X
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Q7	What is your assessment of the level, means and mechanisms for collaboration between the Partnership and other stakeholders (national authorities and other partners), to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings	Efficacy of the Partnership to catalyse stakeholders' efforts to improve the availability of high-quality reproductive health/maternal health commodities <u>Keywords:</u> method choice, product quality, effective collaboration	Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	2.2.5 Stakeholders' perception of the Partnership ability to expand contraceptive method choice.	x	X	X
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Q8	What is your assessment of the level of collaboration between the Partnership and Humanitarian Response Division (HRD) to procure, package, and deliver emergency SRH/family planning kits and products with the appropriate range, quantity and quality to reach populations in a timely way in humanitarian crises, to enable those affected to meet their SRH/family planning requirements?	Effectiveness of the Partnership in collaborating with and building upon the Partnership and Humanitarian Response Division (HRD) efforts to procure and deliver SRH/family planning commodities to populations in humanitarian crisis situations <u>Key words:</u> humanitarian, emergency, kits, collaboration	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.	2.3.1 Extent to which clear roles and responsibilities are established between the Partnership and the Humanitarian Response Division (HRD) at the global, regional and national levels. 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.	x	x	x	x
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Q9	How, in your opinion, has the Partnership influenced the distribution of routine commodities and NLU products? How has this been managed across different contexts and through different funding mechanisms, while recognizing, monitoring, and mitigating against emerging threats and risks?	Adaptability of the Partnership to influence distribution strategies of reproductive health/family planning products. <u>Keywords:</u> routine distribution, monitoring, and effect mitigation	Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.	2.4.6 Views of UNFPA country office staff, national health (and emergency response) authorities, multilateral and bilateral partners on the availability of a range of high-quality reproductive health/family planning commodities in both development and humanitarian settings.	X	X	X
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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?							
Q10	To what extent and by what means has the Partnership engaged with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support? And how well has the Partnership provided evidence-based, targeted capacity building and technical assistance, technology, and/or innovative practices to address these identified gaps?	Adequacy of the identification of capacity building needs, and provision of appropriately targeted and evidence-based technical assistance, tools and practices <u>Keywords:</u> capacity building, needs assessment, technical assistance, technology, innovative practices	Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.	3.1.4 Views/experiences of national supply partners on the adequacy of the identification of needs toward strengthening the supply chain management and systems.		X	X

Q11	<p>What is your assessment of the quality and usefulness of technical assistance and capacity building provided by the Partnership, if any? To what extent has this assistance improved your country supply chain management abilities, including LMIS, inventory management, distribution to the “last mile” etc.?</p>	<p>Utility of technical assistance and capacity building to improve country supply chain management systems <u>Keywords:</u> effective collaboration with country officials; capacity and skills development, supply chain management; training outcomes</p>	<p>Assumption 3.2 The Partnership, through UNFPA country offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc.</p>	<p>3.2.4 Views of UNFPA country office staff, national health authorities, national supply chain managers and facilities managers at national and sub-national level on quality and usefulness of technical assistance provided by the Partnership.</p>	X	X	X
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Q12	<p>What is your assessment of the specific contribution of the Partnership to improving supply chains and data visibility relative to others working in this space?</p> <p>To what extent has this contribution promoted harmonization and integration of supply systems in your country, to ensure a ready supply of SRH commodities reach end users?</p>	<p>Functionality of the country supply chain system, data capture and reporting for adequate inventory management and timely supply, integration and efficiency of supply chains, evidence-based approach to supply chain management</p> <p><u>Keywords:</u> systems integration; data use for forecasting, inventory management, delivery and supply, access to commodities</p>	<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.</p>	<p>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>	X	X	X	X
Q13	<p>How and to what extent has the Partnership helped to improve the reach of commodities to the last mile in your country, including in humanitarian, conflict and fragile settings?</p> <p>What is your assessment of product availability at point of distribution before and after the Partnership's implementation of activities?</p>	<p>Relevance of the Last Mile Assurance (LMA) approach to improving product availability at health facilities and other points of distribution.</p> <p><u>Keywords:</u> efficacy of programme; systems improvement; last mile; commodity availability</p>	<p>Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.</p>	<p>3.4.5 Views/experiences of UNFPA staff partners and other relevant stakeholders about the Last Mile Assurance (LMA) approach.</p>	X	X		X

EVALUATION QUESTION 4: To what extent is the Partnership contributing to strengthening and enabling an environment where governments take up the responsibility of providing choice to quality reproductive health commodities to those who want or need it?							
Q14	How, in your opinion, has the Partnership supported national authorities to significantly increase and diversify programmatic financial contributions and to prioritize reproductive health as a core element of sustainable development by governments?	Effectiveness of the Partnership in shaping national agenda relative to diversity of funding streams of reproductive health/family planning commodities <u>Keywords:</u> funding mechanisms; funding diversification; reproductive health family planning prioritization	Assumption 4.1 The Partnership, through UNFPA country offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.	4.1.7 Views of UNFPA staff and other Partnership stakeholders at national level on context-specific strategies to implement funding to financing measures for reproductive health commodity security (RHCS).	X	X	X

Q15	How and to what extent have 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.	Efficacy of the Partnership's advocacy strategy to strengthen health systems <u>Keyword</u> : political commitment; advocacy; improved access	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.	4.2.6 Stakeholders' views on how advocacy has contributed to strengthening health systems, including improved access for marginalized population groups.		X	X
Q16	To what extent does the Partnership's financing structure and co-financing schemes contribute to incentivizing countries and securing political commitments? Do these structures contribute to disincentives – what and how?	Efficacy of the Partnership's financing strategy in ensuring political commitment at country level <u>Keywords</u> : political commitment; primary health care (PHC); universal health coverage (UHC); financing scheme; financing structure; co-financing	Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant primary health care (PHC) and universal health coverage (UHC) strategies and plans).	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.		X	X

Q17	What is your assessment of the effect of the compact and Annex A (including frequency of renewal) regarding incentivizing countries and the securing of political commitment to ensure the implementation of the Partnership's strategy? Are the effects disincentivising?	Relevance of the compact and Annex A, including frequency of renewal <u>Keywords:</u> relevance; compact; Annex A; frequency of renewal	Assumption 4.4 The Partnership mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant primary health care (PHC) and universal health coverage (UHC) strategies and plans).	4.4.4 Perceptions of stakeholders on the relevance of the compact and Annex A, including frequency of renewal.		X		X
EVALUATION QUESTION 5. To what extent are the governance mechanisms, processes, and structures of the Partnership efficient at supporting the achievement of other strategic objectives and to what extent this is supported institutionally by UNFPA?								
Q18	How, and to what extent, did the Partnership's governance and management influence engagement among stakeholders? Which practices are most effective in influencing stakeholders? How, if at all, did this effect stakeholders' practices in terms of accountability and drive for efficient decision-making?	Efficacy of the Partnership's governance and management strategy <u>Keywords:</u> engagement; shared accountability; decision-making	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.	5.1.1 Views of stakeholders on the Partnership governance and whether it has improved or worsened. .				X

Q19	To what extent did the Partnership's governance and management influence decision-making processes, particularly with regards to Phase III? What are the main challenges and opportunities of the current governance system?	Partnership's efficiency to increase engagement among stakeholders <u>Keywords:</u> governance; management; phase III; accountability; decision-making	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.	5.1.2 Views of country representatives on the Partnership efficiency in Phase III.	X			
Q20	What is your assessment of the value of the Steering Committee and sub-as components of the Partnership's governance and management in relation to stakeholders' engagement and accountability for results and decision-making?	Steering Committee and sub-committees' efficiency to increase engagement among stakeholders <u>Keywords:</u> governance; management; phase III; accountability; decision-making	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.	5.1.7 Stakeholders' views on the added value of Steering Committee and sub-committees		X		X

Q21	To what extent have partners been selected based upon complementarities and for maximizing/leveraging synergies across different contexts?	Sustained efficiency of the selection of partners participating on the Partnership <u>Keywords:</u> efficiency; partner selection; synergies	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.	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).		X		X
Q22	Do you think that all relevant partners have been included in the Partnership given the objectives to be met at country level? Why or why not? Do all current partners provide an added value to the Partnership? Are you missing any critical partner?	Relevance and completeness of the composition of partners included in the partnership in terms of complementarities and synergies <u>Keywords:</u> complementarities, synergy, representativeness, relevance and completeness	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.	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.	X			
Q23	What is your assessment of the existing financial resources (MAV funding streams)? How could these be improved to be more relevant to their contexts?	Relevance of existing financial resources to their context <u>Keywords:</u> relevance, MAV funding; efficiency for effective implementation	Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	5.3.1 Views of, and percent of surveyed stakeholders/countries who agree the MAV funding streams are efficient and relevant to their contexts.		X		X

Q24	To what extent is the existing MAV funding stream adequate to ensure the achievement of the Partnership's goal given the local context?	Relevance of existing financial resources to their context <u>Keywords:</u> relevance, MAV funding; adequacy for effective implementation	Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	5.3.4 Perceptions of stakeholders on the adequacy of the MAV funding stream to ensure goal achievement in their contexts.		X		X
Q25	To what extent does the Partnership benefit from adequate (level and type of staff) human resources to cover all their needs at global, regional or national levels?	Adequacy of staffing levels <u>Keywords:</u> staffing levels; adequacy; human resources;	Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level.	5.4.2 Perception of staff regarding workload, required staffing levels, and necessary skill sets in relation to the demands of the Partnership.	X	X		X
Q26	What is your assessment of the quality of the existing capacities and staff levels to support the Partnership?	Adequacy of staffing levels <u>Keywords:</u> staffing levels; adequacy; workload; turnover;	Assumption 5.4	5.4.3 Perception of staff on turnover (and its consequences) among staff designated to support the Partnership.	X	X		X
Q27	To what extent do the Partnership's strategic objectives work as an integrated system to efficiently maximize synergies and complementarities, avoiding siloed work?	Efficiency and integration of strategic objectives <u>Keywords:</u> synergy; complementarity of strategic objectives; integrated system	Assumption 5.5 All Strategic Objectives work as an integrated system to efficiently maximize synergies and complementarities, avoiding siloed work.	5.5.1 Stakeholders' views on strategic objectives teams working as an integrated system and examples of synergies being maximized.	X	X		X

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?							
Q28	To what extent, in your opinion, is the partnership aligned with other relevant UNFPA initiatives such as the UNFPA country program, regional programmes, UNFPA family planning strategic plan etc.? Is there a clear effort to complement the strong supply-oriented strategy of the Partnership with other strategies that consider the demand side more actively?	Alignment with other relevant UNFPA national and international efforts <u>Keywords:</u> alignment; effective alignment;	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).	6.1.4 Perceptions of UNFPA staff and partners on the effectiveness of alignment efforts between the Partnership and other relevant UNFPA initiatives.	X	X	X
Q29	To what extent, in your opinion, is the partnership complementary to other similar initiatives external to UNFPA?	Alignment with other (external to UNFPA) relevant national and international efforts <u>Keywords:</u> complementarity of design	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).	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.	X	X	X

Q30	To what extent, in your opinion, is the partnership complementary to other relevant initiatives and programmes from other donors? What specific gaps of needs or demand does the Partnership fit?	Alignment with other relevant national and international efforts <u>Keywords:</u> complementarity of design	Assumption 6.2 The Partnership fills critical gaps and complements other relevant Global health initiatives (GHI) such as Gavi and World Health Organization.	6.2.3 Key informants experience and opinion regarding Partnership activities at country level demonstrating complementarities with other donors' programmes and activities.		X		X
Q31	What is your assessment of the Partnership's role in the global health landscape and its contribution to filling specific gaps? What would be lost if the Partnership did not exist / what gaps would exist if UNFPA was not engaged in this effort?	Alignment with other relevant national and international efforts <u>Keywords:</u> complementarity of design; Gavi; World Health Organization; filling gaps	Assumption 6.2 The Partnership fills critical gaps and complements other relevant Global health initiatives (GHI) such as Gavi and World Health Organization.	6.2.5 Stakeholders perception of the Partnership role in the global health landscape and its contribution to filling gaps.	X	X		X
Q32	How effective is the Partnership's programme in addressing humanitarian and emergency needs, if any? To what extent are short-term emergency activities aligned with long-term development goals in these contexts?	Effectiveness of the Partnership to address emergency and humanitarian needs <u>Keywords:</u> humanitarian development nexus; emergency;	Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus, ensuring that short-term emergency activities are aligned with long-term development goals.	6.3.4 Experiences and opinions of UNFPA staff partners, beneficiaries and local authorities regarding the effectiveness of Partnership interventions to humanitarian and emergency needs while focusing on long-term development goals.	X	X	X	

Annex 3.4 Online survey

Annex 3.4.1 Introduction and methodology

The online survey was conducted to gather further evidence on the evaluation questions and assumptions at country level and primarily used for triangulation of the findings with other data sources. The survey was developed mid-way through the data collection process to address critical evidence gaps.

Available in English and French, the survey was administered through Kobo Toolbox and was open for six weeks during November 2024 - January 2025. It included both open and closed questions (see section 0 for the complete survey questionnaire) and collected demographic information collected for disaggregated analyses. No personal names or email addresses were collected, only positions and organizations, with the information used solely for data disaggregation.

The survey targeted stakeholders across 54 Partnership countries. The evaluation team used purposive sampling to define the sampling frame for the online survey. With the support of the Independent Evaluation Office, the evaluation team requested UNFPA country offices in each Partnership country to identify potential responders in four categories, with two to four each, as detailed in Table 6 below.

Table 6. List of nominees for the online survey submitted by UNFPA country offices.

Category	Requested number of respondents to be identified.
Country office staff engaged in work on UNFPA Supplies	2 to 3 people
Stakeholders/partners from national health authorities or government counterparts (this should include central medical stores and supply chain authorities)	At least 4 people
Staff of bilateral or multilateral organizations supporting RHCS/family planning	At least 4 people
Stakeholders from international or national NGOs, civil society organizations or private sector firms acting as implementing partners or collaborating with UNFPA Supplies Partnership (including FP associations, women's health groups)	At least 4 people

Every office responded to the request, though the number of nominees varied (4 to 21 nominated respondents), as some country offices collaborate with fewer partners or only with the government. This process generated a list of 631 email contacts across the 54 Partnership countries, all of whom were invited to participate in the survey. However, some emails bounced back due to incorrect or inactive addresses. Where possible, the evaluation team followed up to obtain the correct contacts, resulting in 599 people successfully contacted for the survey. Three reminders and a deadline extension were sent to increase participation, with the team aiming for 50% response rate. This approach ensured that the survey reached the appropriate stakeholders who had direct knowledge and experience with the UNFPA Supplies Partnership implementation at the country level.

The data collected from the online survey was systematically analysed using Microsoft Excel and R. Excel was utilized for initial data organization and cleaning, while R was employed to create detailed graphs and charts, as well as to calculate descriptive statistics. The following sections provide an in-depth analysis of the respondents' profile and the overall results.

Annex 3.4.2 Respondents profile

Overall, a total of 241 respondents participated in the survey, resulting in a response rate of 40.2%.

Among them, 78 were UNFPA staff members at the country level (32.4%) and 42 government officials (17.4%) (Figure 2). The remaining 121 respondents (50.2%) were affiliated with other organizations, including bilateral donors or foundations, central medical stores and supply chain authorities, civil society organizations, international/national NGOs, other United Nations/multilateral agencies, and private sector firms (Table 7). In terms of gender distribution, the majority of respondents identified as male (52.7%), while the remaining identified as female (46.9%) (Figure 3). 0.4% of respondents preferred not to disclose their gender.

Table 7. Survey responses by organization.

Organization	Responses (count)	Responses (%)
UNFPA	78	32.4
National/sub-national health department	30	12.4
National/sub-national other government departments	12	5.0
Bilateral donor or foundation	13	5.4
Central medical stores and supply chain authorities	13	5.4
Civil society organizations (FP associations, women's health groups)	13	5.4
International/national NGOs	62	25.7
Other *	6	2.5
Other United Nations /multilateral agency	9	3.7
Private sector firms	5	2.1
All organizations	241	100.0

* Other includes Centrale d'achat de Médicaments essentiel CAMEC/Ministère de la Santé, Ministry of Health Rwanda, National health organization, UNFPA project/Ministry of Public Health.

Figure 2. Distribution of survey respondents by organization type. (n=241) *

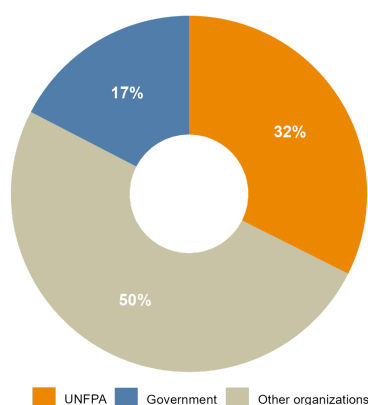
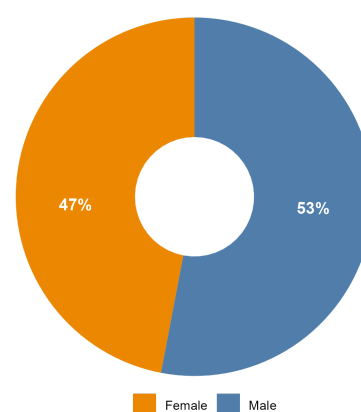


Figure 3. Gender distribution among all survey respondents. (n=241)

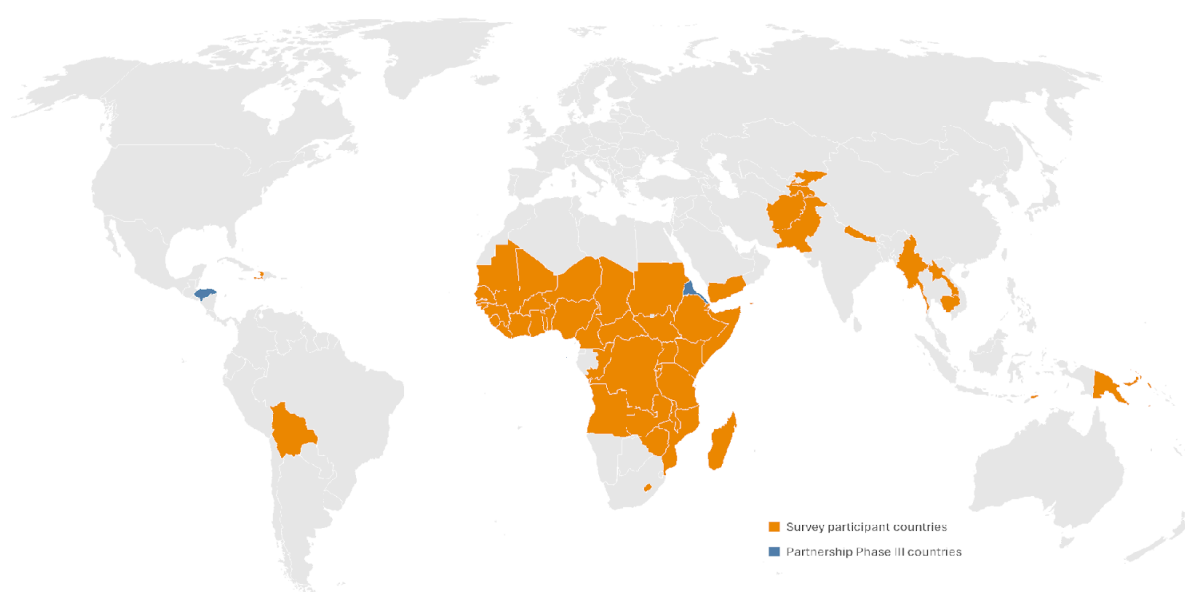


*'Government' includes national/sub-national health department and other government departments. 'Other organizations' includes all other organizations.

Annex 3.4.3 Countries profile

A total of 51 countries were represented in the survey (Figure 4). With the exception of Eritrea, Honduras and São Tomé and Príncipe, all countries of the UNFPA Supplies Partnership Phase III participated in the survey. In most countries, multiple respondents participated (see Table 8 for the frequency for responses). Most responses were collected from respondents in “Eligible existing” countries (73%), classified as “Group 3” (37.3%) and “Group 1” (31.5%) (Figure 5 and Figure 6). The majority of respondents was located in countries in West and Central Africa (34.9%), followed by East and Southern Africa (28.2%), and Asia and the Pacific (19.9%) (Figure 7). Only 4.6% of respondents were from Latin America and the Caribbean, 5.4% from Eastern Europe and Central Asia and 7.1% from the Arab States. This distribution reflects the composition of countries in the Partnership, with most participating countries being “Eligible existing” countries located in Africa.

Figure 4. Map of the 51 survey participant countries. ($n=241$)



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

Table 8. Frequency of the survey responses by country.

Country	Number of responses	Country	Number of responses	Country	Number of responses
Afghanistan	7	Guinea-Bissau	5	Pakistan	3
Angola	2	Haiti	6	Papua New Guinea	2
Benin	3	Ivory Coast	2	Republic of the Congo	2
Bolivia	5	Kenya	1	Rwanda	7
Burkina Faso	4	Kyrgyzstan	10	Senegal	9
Burundi	9	Laos	6	Sierra Leone	9
Cambodia	12	Lesotho	2	Somalia	6
Cameroon	1	Liberia	5	South Sudan	5

Central African Republic	3	Madagascar	8	Sudan	2
Chad	1	Malawi	6	Tajikistan	3
Comoros	1	Mali	10	Tanzania	3
Democratic Republic of the Congo	1	Mauritania	3	The Gambia	4
Djibouti	6	Mozambique	7	Togo	4
East Timor	6	Myanmar	4	Uganda	4
Ethiopia	6	Nepal	8	Yemen	3
Ghana	4	Niger	7	Zambia	1
Guinea	3	Nigeria	5	Zimbabwe	5

Figure 5. Distribution of the survey participants' countries by phase III eligibility. (n=247)

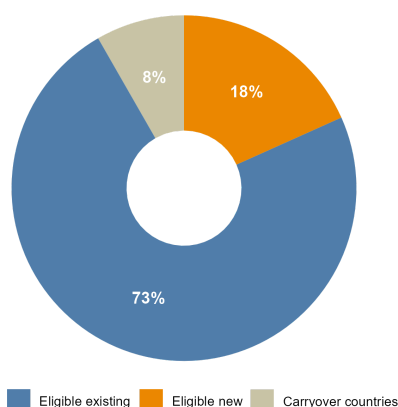


Figure 6. Distribution of survey participants' countries by Economic Index Grouping.

Economic Index Grouping	Responses (%)
Group 1	31.5
Group 2	20.7
Group 3	37.3
Group 4	10.4

Figure 7. Distribution of survey participants countries by UNFPA region.

UNFPA Region	Responses (%)
Arab States	7.1
Asia and the Pacific	19.9
East and Southern Africa	28.2
Eastern Europe and Central Asia	5.4
Latin America and the Caribbean	4.6
West and Central Africa	34.9

National reproductive health and costed family planning strategies in the Partnership countries¹²

The majority of respondents reported having a national reproductive health strategy (85%) or costed family planning strategy (73.9%) in their country (Overall, Group 1 and Group 2 countries had the highest proportion of respondents indicating the existence of both a national reproductive health strategy and a costed family planning strategy (Table 9 and Table 11), though some countries in these groups may be overrepresented in the sample. Among regions, Latin America and the Caribbean reported the highest proportion of national reproductive strategies but the lowest for costed family planning strategies (Table 10 and Table 12). West and Central Africa followed the Latin America and the Caribbean region in reproductive health strategy adoption, while East and Southern Africa, Eastern Europe and

¹² Survey questions: 1) *Is there a national reproductive health strategy in your country (or a RMNCAH Road Map or Investment Case)?* 2) *Is there a costed family planning strategy in your country?*

Central Asia, and West and Central Africa had the highest reported adoption of costed family planning strategies.

Figure 8). A smaller proportion of respondents indicated the absence of such strategies (8.3% no for reproductive health strategy; 17.4% costed family planning strategy) or were uncertain about their existence (7.1%; 8.7%, respectively).

Overall, Group 1 and Group 2 countries had the highest proportion of respondents indicating the existence of both a national reproductive health strategy and a costed family planning strategy (Table 9 and Table 11), though some countries in these groups may be overrepresented in the sample. Among regions, Latin America and the Caribbean reported the highest proportion of national reproductive strategies but the lowest for costed family planning strategies (Table 10 and Table 12). West and Central Africa followed the Latin America and the Caribbean region in reproductive health strategy adoption, while East and Southern Africa, Eastern Europe and Central Asia, and West and Central Africa had the highest reported adoption of costed family planning strategies.

Figure 8. Proportion of countries with national reproductive health and costed family planning strategies. (n=241)

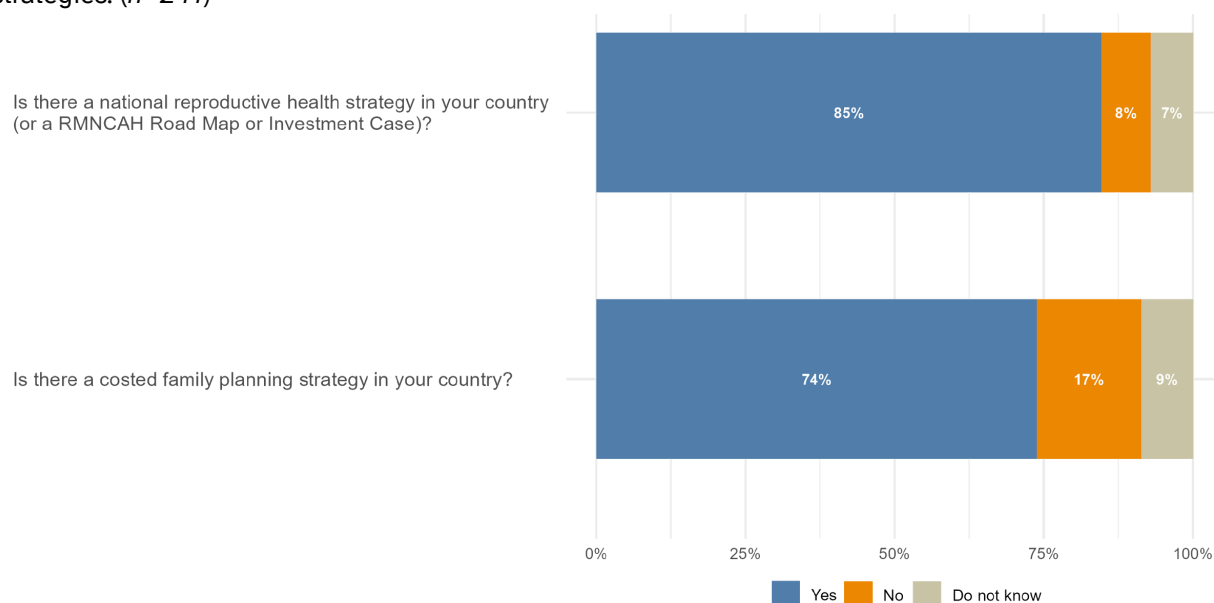


Table 9. Percentage of respondents reporting the existence of a national reproductive health strategy in their country, by Economic Index Grouping.

	Yes (%)	No (%)	Do not know (%)
Group 1	85.5	3.9	10.5
Group 2	92.0	2.0	6.0
Group 3	82.2	11.1	6.7
Group 4	76.0	24.0	

Table 10. Percentage of respondents reporting the existence of a national reproductive health strategy in their country, by UNFPA region.

	Yes (%)	No (%)	Do not know (%)
Arab States	76.5	23.5	
Asia and the Pacific	85.4	8.3	6.2
East and Southern Africa	86.8	7.4	5.9
Eastern Europe and Central Asia	53.8	30.8	15.4

Latin America and the Caribbean	90.9	9.1	
West and Central Africa	88.1	2.4	9.5

Table 11. Percentage of respondents reporting the existence of a costed family planning strategy in their country, by Economic Index Grouping.

	Yes (%)	No (%)	Do not know (%)
Group 1	84.2	6.6	9.2
Group 2	80.0	10.0	10.0
Group 3	66.7	23.3	10.0
Group 4	56.0	44.0	

Table 12. Percentage of respondents reporting the existence of a costed family planning strategy in their country, by UNFPA region.

	Yes (%)	No (%)	Do not know (%)
Arab States	47.1	52.9	
Asia and the Pacific	52.1	31.2	16.7
East and Southern Africa	88.2	5.9	5.9
Eastern Europe and Central Asia	84.6		15.4
Latin America and the Caribbean	27.3	63.6	9.1
West and Central Africa	84.5	8.3	7.1

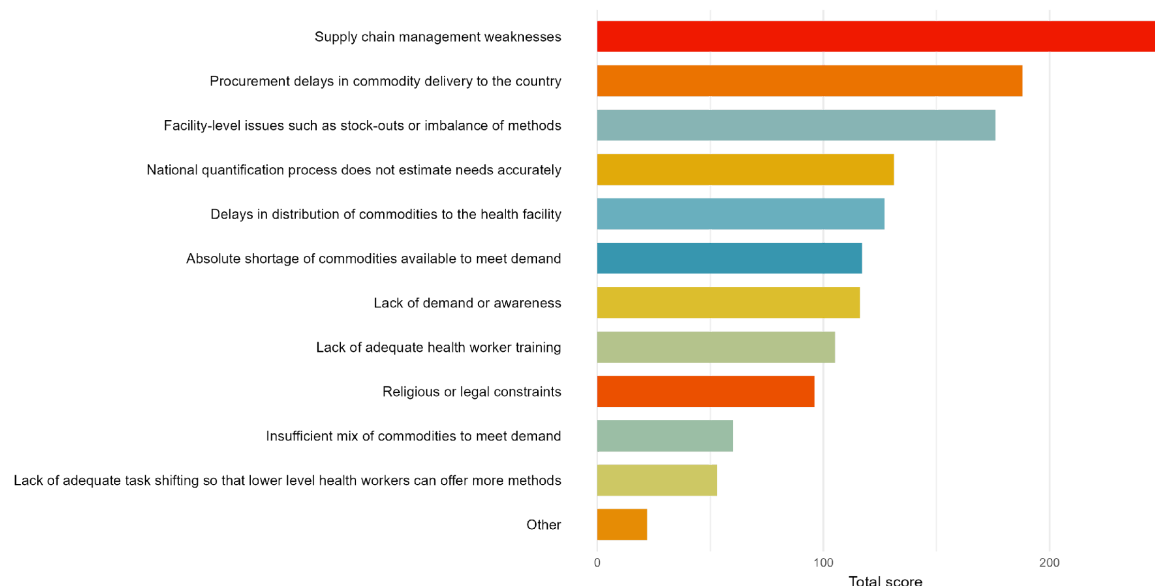
Commodities-related challenges or obstacles in the Partnership countries¹³

Respondents identified supply chain management weaknesses, procurement delays, and facility level issues as the main commodities-related challenges or obstacles to reaching the national target contraceptive rates in the Partnership countries (

Figure 9). Across all respondents, supply chain management was identified as the most significant commodity-related challenge (Figure 10). For UNFPA, the second most pressing challenge was facility-level issues, followed by procurement delays. In contrast, government and other organizations ranked procurement delays as the second most critical challenge, followed by facility-level issues.

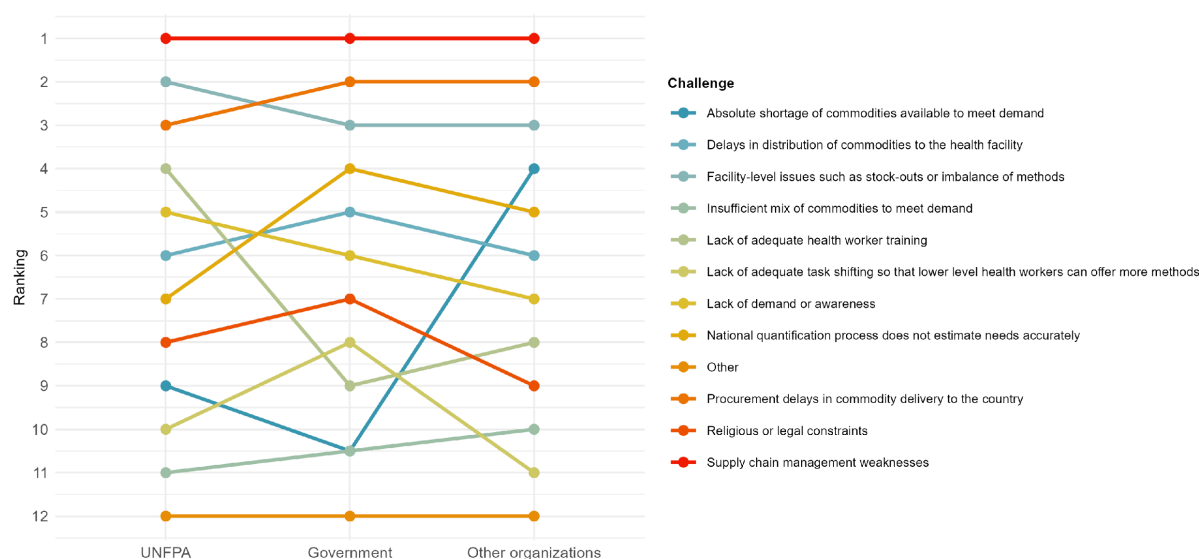
¹³ Survey question: *What are the main commodity-related challenges or obstacles in your country to reaching the national target contraceptive prevalence rate?*

Figure 9. Reported main commodities-related challenges or obstacles in the Partnership countries to reaching the national target contraceptive prevalence rate. (n=241) *



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

Figure 10. Ranking of reported main commodities-related challenges across UNFPA, government, and other organizations, based on the weighted scoring of ranked responses. (n=241)



Enabling and constraining factors for improving access to reproductive health commodities¹⁴

According to the respondents, some key enabling factors for improving access to reproductive health commodities are:

- Strong government commitment
- Stakeholder collaboration e.g. partnerships between UNFPA, USAID, governments, and health facilities

¹⁴ Survey question: *What are the critical factors in the enabling environment that help or constrain access to reproductive commodities?*

- Community engagement
- Supportive policies and frameworks, such as family planning strategies and costing implementation plans, which provide a foundation for reproductive services
- Political will, including high-level advocacy like appointing champions for family planning
- Capacity-building initiatives, including training programs for supply chain staff and health providers

Despite these enabling factors, respondents identified several significant constraints to accessing reproductive commodities:

- Financial challenges were the most frequently cited issue, including inadequate government funding, donor dependency, and high out-of-pocket costs for family planning services.
- Sociocultural and religious barriers e.g. stigma, restrictive laws, and traditional gender norms
- Legal restrictions faced by adolescents prevent them from accessing reproductive services without parental consent in some countries
- Weak supply chain systems: poor forecasting, inadequate transport and storage infrastructure, stockouts, and insufficient supply chain personnel
- Geographical challenges, particularly in rural and remote areas, where long distances to health facilities and poor infrastructure make services inaccessible
- Lack of community engagement and demand generation campaigns

Most respondents (75.9%) indicated that UNFPA has influenced these enabling factors, while 11.6% stated it had not, and 12.4% were unsure (Table 14). The proportion of respondents who indicated UNFPA has influenced the enabling factor was highest among UNFPA respondents (88.5%), and lowest in other organizations (66.9%) (Table 14).

Table 13. Reported influence of UNFPA on the enabling factors. (n=241)

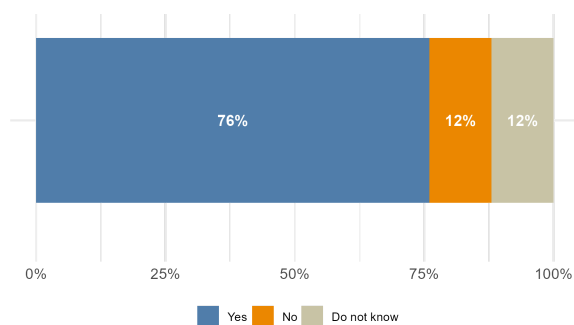


Table 14. Reported influence of UNFPA on the enabling factors disaggregated by type of respondent.

	Yes (%)	No (%)	Do not know (%)
UNFPA	88.5	6.4	5.1
Government	78.6	11.9	9.5
Other organizations	66.9	14.9	18.2

Annex 3.4.4 Overall results

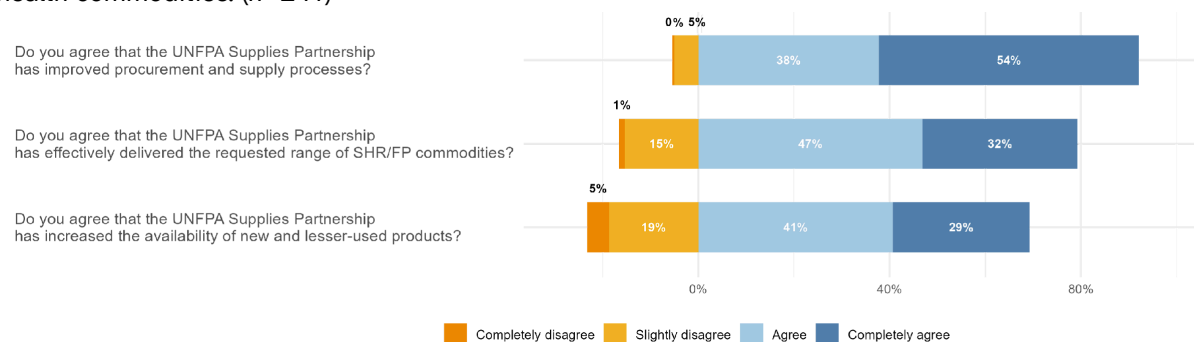
The following results present survey responses by topic, aligned with the corresponding evaluation assumptions. Unless otherwise specified, all questions were asked to stakeholders across all groups.

Reproductive health commodities¹⁵

Figure 11 presents the survey responses to questions assessing the perceived impact of the Partnership in three key areas: improving procurement and supply processes; effectively delivering the requested range of SRH/family planning commodities; and increasing the availability of new and lesser-used products. Most respondents agreed or completely agreed with all three statements, with the strongest support for improvements in procurement and supply processes (54.5% completely agree, 37.8% agree, Table 15). Agreement levels were slightly lower for the effective delivery of commodities (32% completely agree, 47% agree, Table 16) and the availability of new and lesser-used products (29% completely agree, 41% agree, Table 17). However, a notable proportion of respondents expressed disagreement regarding the availability of new and lesser-used products (19% disagree) and commodity delivery (15% disagree), indicating areas for further improvement.

Technical support, institutional capacity building, and partnerships developed with country government were identified by respondents as the most relevant actions carried out by the Partnership contributing to introducing new or lesser-used reproductive health products (Figure 12). Across all types of respondents, technical support e.g. forecasting exercises was indicated as the most relevant action carried out by the Partnership contributing to introducing new or lesser-used reproductive health products (Figure 13). For UNFPA and government respondents, institutional capacity building is the second most relevant activity, whereas for other organisations is partnerships developed with country government (ranked third by government respondents and fourth by UNFPA respondents).

Figure 11. Respondents' agreement with the impact of the UNFPA Supplies Partnership on reproductive health commodities. (n=241) *



*'Do not know' responses are not shown in the figure. They represent: a) improved procurement and supply processes to reach the country with essential high-quality reproductive health commodities: 2.5%, b) effectively delivered the requested range of SRH/family planning commodities to the country on time and in full: 4.1%, c) increased the availability of new and lesser-used products in the country: 7.5%.

¹⁵ Refers to the survey results from the three questions below.

Survey question: *Do you agree that the UNFPA Supplies Partnership has improved procurement and supply processes to reach the country with essential high-quality reproductive health commodities since 2021?* Assumption 2.1

Table 15. Respondents' perceptions on the extent to which the UNFPA Supplies Partnership has improved procurement and supply processes for delivering essential high-quality reproductive health commodities.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	54.4	37.8	5.0	0.4	2.5
UNFPA	69.2	28.2	1.3		1.3
Government	50	42.9	7.1		
Other organisations	46.3	42.1	6.6	0.8	4.1

Survey question: *Do you agree that the UNFPA Supplies Partnership has effectively delivered the requested range of SHR/FP commodities to your country on time and in full, since 2021?* Assumption 2.1

Table 16. Respondents' perception of the contribution of UNFPA Supplies Partnership to harmonized supply chain systems in the Partnership countries since 2021.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	32.4	46.9	15.4	1.2	4.1
UNFPA	48.7	41	6.4	2.6	1.3
Government	31	47.6	19		2.4
Other organisations	22.3	50.4	19.8	0.8	6.6

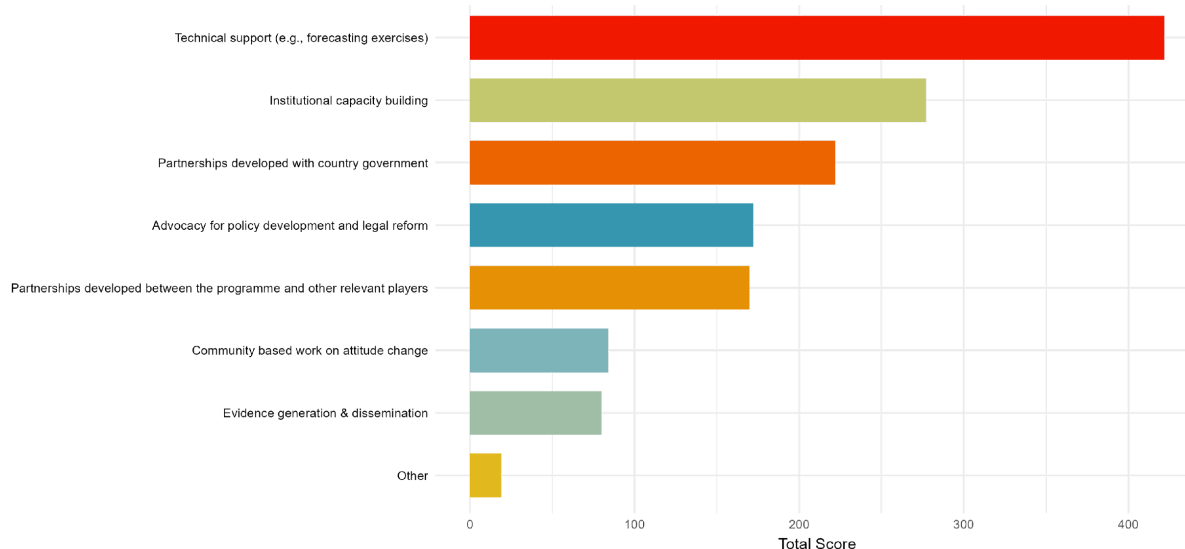
Survey question: *Do you agree that the UNFPA Supplies Partnership has increased the availability of new and lesser-used products (such as Depo-Provera, vasectomy, or tubal ligation) in your country since 2021?* Assumption 2.2

Table 17. Respondents' agreement on the impact of the UNFPA Supplies Partnership in increasing the availability of new and lesser-used products in the Partnership countries since 2021.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	28.6	40.7	18.7	4.6	7.5
UNFPA	42.3	38.5	14.1	2.6	2.6
Government	21.4	33.3	31	9.5	4.8
Other organisations	22.3	44.6	17.4	4.1	11.6

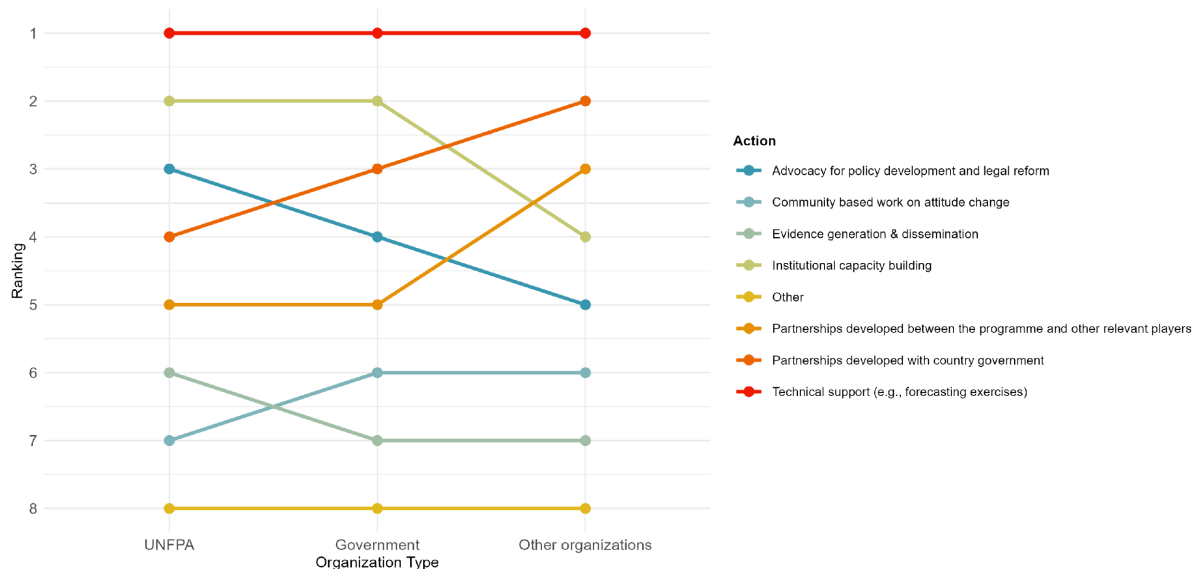
Survey question: *What are, in your opinion, the most relevant actions carried out by the UNFPA Supplies Partnership contributing to introducing new or lesser-used (NLU) RH products in your country?* Assumption 2.2

Figure 12. Most relevant actions carried out by the Partnership contributing to introducing new or lesser-used reproductive health products. (n=241) *



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

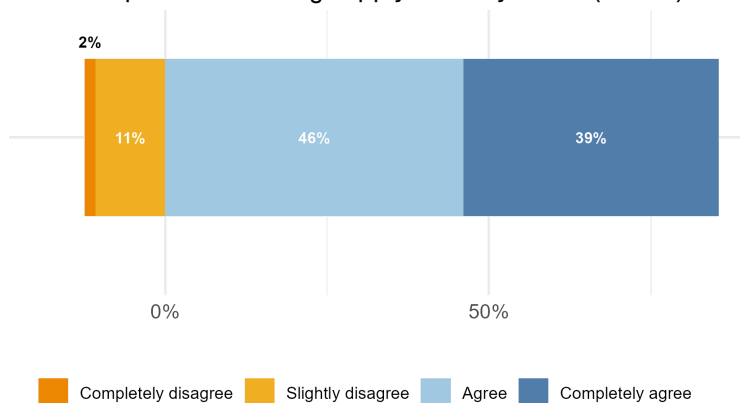
Figure 13. Ranking of the most relevant actions carried out by the Partnership contributing to introducing new or lesser-used reproductive health products, as indicated by UNFPA, government and other organisations respondents. (n=241)



Supply chain systems

Respondents generally agreed that the Partnership has contributed to harmonizing supply chain systems (39.4% completely agree, 46.1% agree, Figure 14). UNFPA respondents had the highest proportion of "completely agree" responses, followed by government officials and other organizations. However, respondents from other organizations had the highest proportion of "agree" responses (Table 18).

Figure 14. Respondents' agreement with the contribution of the Partnership to harmonizing supply chain systems. (n=241) *



**'Do not know' responses (2.1%) are not shown in the figure.

Technical support and institutional capacity building were reported by all respondents as the most relevant actions carried out by the Partnership contributing to harmonizing the supply chain system in the country (Figure 15). Most relevant actions carried out by the Partnership contributing to harmonizing supply chain systems. Across all responses, partnerships developed with country governments were ranked as the third most relevant action. This outcome is attributed to the fact that half of the respondents from other organizations identified it as a key action. UNFPA respondents perceived advocacy for policy development and legal reform to be an important action, whereas government respondents indicated partnerships developed between the programme and other relevant players as a relevant action.

Survey question: *Do you agree that the UNFPA Supplies Partnership has contributed to harmonized supply chain systems in your country?*

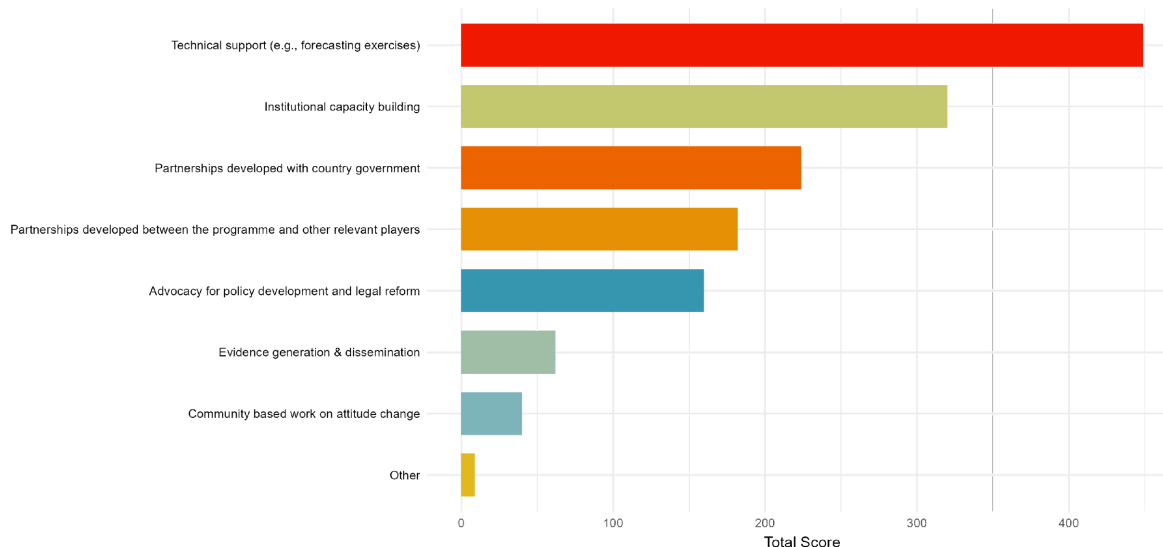
Assumption 3.3

Table 18. Respondents' agreement on the contribution of UNFPA Supplies Partnership to harmonizing supply chain systems.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	39.4	46.1	10.8	1.7	2.1
UNFPA	52.6	39.7	6.4	1.3	
Government	47.6	38.1	11.9	2.4	
Other organisations	28.1	52.9	13.2	1.7	4.1

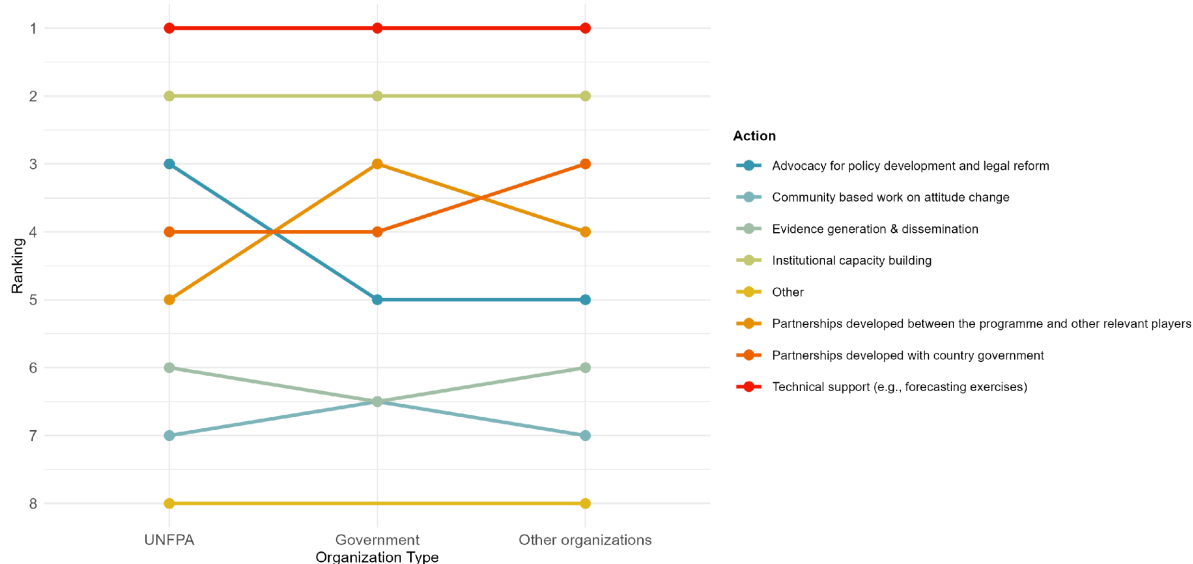
Survey question: *What are, in your opinion, the most relevant actions carried out by the UNFPA Supplies Partnership contributing to harmonizing supply chain systems in your country since 2021?* Assumption 3.3

Figure 15. Most relevant actions carried out by the Partnership contributing to harmonizing supply chain systems. (n=241) *



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

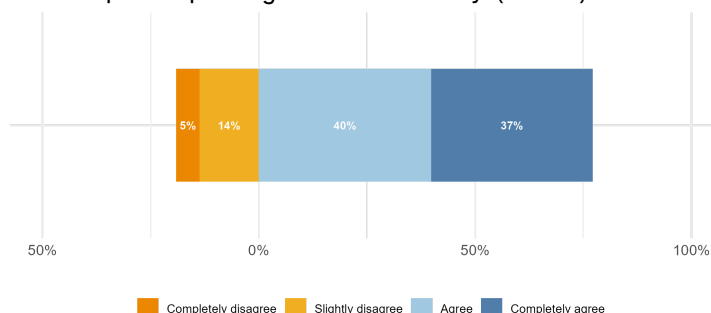
Figure 16. Ranking of the most relevant actions carried out by the Partnership contributing to harmonizing supply chain systems, as indicated by UNFPA, government and other organisations respondents. (n=241)



Last mile delivery

Respondents generally agreed that the Partnership has improved last-mile delivery and increased access to the most rural and hard-to-reach facilities or end users (37.3% completely agree, 39.8% agree, Figure 17). Overall, 19% of respondents disagreed with the statement. The highest proportion of respondents agreeing that the Partnership contributed was from UNFPA (53.8%), followed by government officials (35.7%) and then other organisations (27.3%) (Table 19).

Figure 17. Respondents' agreement with the contribution of the Partnership to improving last-mile delivery. (n=241) *



*'Do not know' responses (3.7%) are not shown in the figure.

Survey question: *Do you agree that the UNFPA Supplies Partnership has contributed to improving last-mile delivery and so increased access to the most rural and hard-to-reach facilities or end users in your country since 2021?* Assumption 3.4

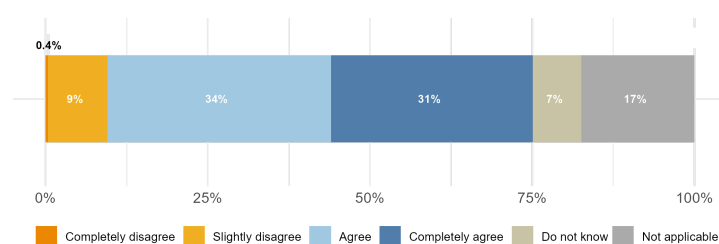
Table 19. Respondents' agreement on the contribution of Partnership to improving last-mile delivery.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	37.3	39.8	13.7	5.4	3.7
UNFPA	53.8	41.0	3.8	1.3	
Government	35.7	42.9	16.7	4.8	
Other organisations	27.3	38.0	19.0	8.3	7.4

Humanitarian settings

Overall, majority of respondents completely agreed (31.3%) or agreed (34.4%) that the Partnership has adapted its operations and continued working in humanitarian settings to make SRH and family planning commodities available (Figure 18). Respondents' agreement with the Partnership adaptation and continuation of operations in humanitarian settings. A small proportion of respondents (9.4%) disagreed with this statement and 7% did not know. 17% of all respondents indicated this question was not applicable to their situation/country.

Figure 18. Respondents' agreement with the Partnership adaptation and continuation of operations in humanitarian settings. (n=241)



Government representatives had the highest proportion of respondents who overall agreed ("completely agree" and "agree") with the Partnership's adaptation, followed by UNFPA respondents (Table 20).

Survey question: *If there has been a humanitarian situation or setting in your country since 2021, do you agree that the UNFPA Supplies Partnership adapted its operations and continued operating in this setting to make SRH/FP commodities available to end users?* Assumption 2.3

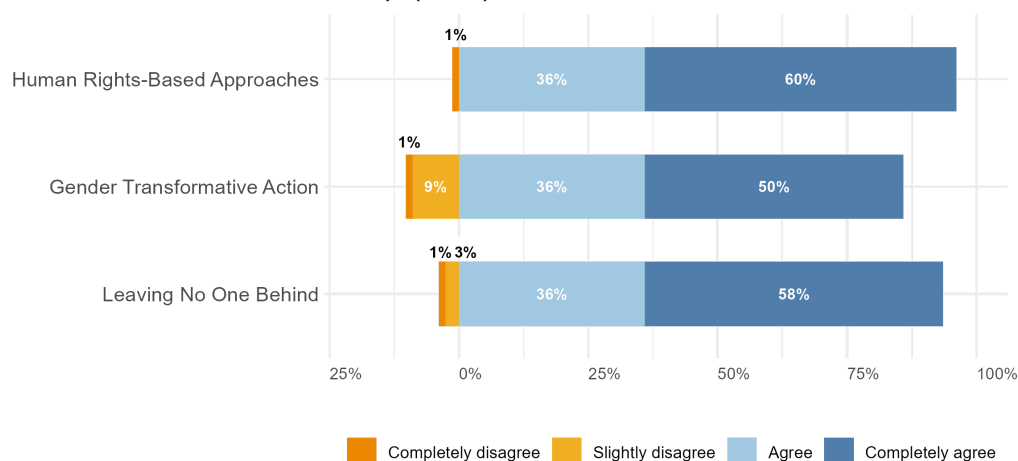
Table 20. Respondents' agreement on the Partnership adaptation and continued operations in humanitarian settings.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)	Not applicable (%)
All responses	31.3	34.4	9.1	0.4	7.5	17.4
UNFPA	38.5	26.9	9.0	1.3		24.4
Government	40.5	31.0	11.9		9.5	7.1
Other organisations	23.1	40.5	8.3		11.6	16.5

UNFPA Strategic Plan principles/accelerators

Respondents largely agreed that the key UNFPA strategic principles/accelerators of human rights-based approaches (HRBA), leaving no one behind (LNOB), Gender Transformative Action (GTA) are integrated in the Partnership (Figure 19, Table 21), with the strongest support for HRBA (96.2% total agreement) and LNOB (93.6% total agreement). GTA received more disagreement (9.0%) compared to HRBA and LNOB, but the majority still agreed (35.9% agreed, 50.0% completely agreed), indicating overall positive perceptions across all areas.

Figure 19. Respondents' agreement on the integration of key UNFPA Strategic Plan principles/accelerators in the Partnership. (n=78) *



*'Do not know' responses not shown in the graph. They represent: a) HRBA: 2.6%, b) GTA: 3.8%, c) LNOB: 2.6%. Not applicable responses were excluded from the analysis.

Survey question: *Do you agree that the UNFPA Supplies Partnership has integrated the key UNFPA Strategic Plan principles/ accelerators of: (1) Human Rights-Based Approaches (HRBA); (2) Gender Transformative Action (GTA); (3) Leaving No One Behind (LNOB).* (UNFPA only) Assumption 1.4

Table 21. Respondents' agreement on the integration of key UNFPA Strategic Plan principles/accelerators in the Partnership.

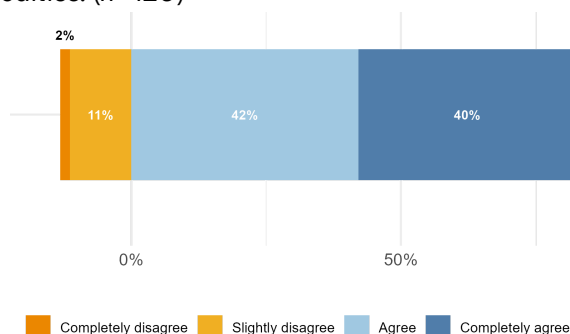
	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
HRBA	60.3	35.9		1.3	2.6
GTA	50.0	35.9	9.0	1.3	3.8
LNOB	57.7	35.9	2.6	1.3	2.6

Funding and domestic financing

Respondents largely agreed the current distribution of funds allows the Partnership to meet its expected goals (Figure 20). A higher proportion of respondents overall agreed on the procurement of SRH/family planning supplies distribution (83.2% total agreement), compared to health systems strengthening (76.7% total agreement) and monitoring, accountability, and visibility (76.6%). Overall, government respondents agreed more with the distribution of the health systems strengthening funds, while UNFPA respondents showed stronger agreement on monitoring, accountability, and visibility and procurement of SRH/family planning supplies (Table 22).

Overall, respondents largely agreed (82.5% total agreement) that the Partnership has played a role in increasing domestic financing for reproductive health commodities (

Figure 21. Respondents' agreement on the Partnership's role in increasing domestic financing for reproductive health commodities. (n=120) *

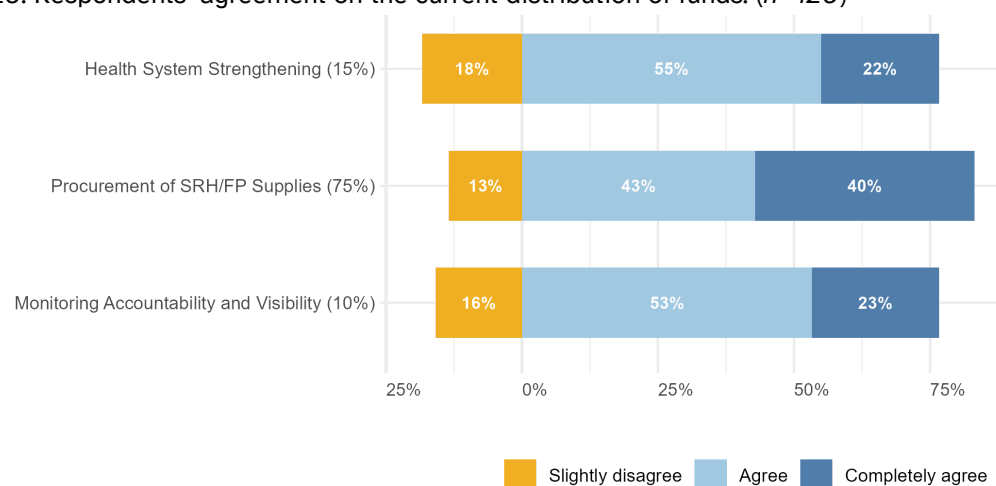


*'Do not know' responses (4.4%) not shown in the graph. 'Not applicable' responses were excluded in the analysis. 'Not applicable' responses were excluded from the analysis.

). Agreement was higher among UNFPA respondents (88.9% total agreement) than government respondents (71.5%). A small proportion of government respondents (9.5%) were not sure about its role (Table 23).

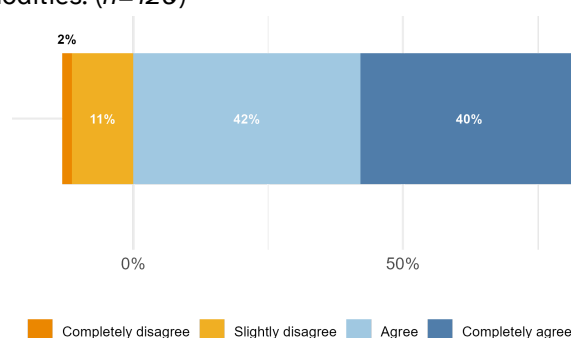
Respondents identified advocacy for policy development and legal reform, technical support, and partnerships with country governments as the most relevant actions carried out by the Partnership contributing to increasing domestic funding (Figure 22). For UNFPA respondents, advocacy for policy development and legal reform ranked as the most important action, followed by technical support. In contrast, government respondents ranked technical support as the top action, with institutional capacity building as the second most important. Partnerships with country governments ranked third for both groups (Figure 23).

Figure 20. Respondents' agreement on the current distribution of funds. (n=120) *



*'Do not know' responses not shown in the graph. They represent a) HSS: 5.0%, b) Procurement of SRH/FP Supplies: 3.4%, c) MAV: 7.5%) not shown in the graph. 'Not applicable' responses were excluded from the analysis.

Figure 21. Respondents' agreement on the Partnership's role in increasing domestic financing for reproductive health commodities. (n=120) *



*'Do not know' responses (4.4%) not shown in the graph. 'Not applicable' responses were excluded in the analysis. 'Not applicable' responses were excluded from the analysis.

Survey question: *Do you agree that the current distribution of funds allows the UNFPA Supplies Partnership to meet its expected goals? (1) Health System Strengthening (HSS) (15%); (2) Procurement of SRH/FP Supplies (75% of total); (3) Monitoring Accountability and Visibility (MAV) - operational costs (10%). (UNFPA and government only)*

Assumption 1.3

Table 22. Respondents' agreement with the current distribution of funds.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
HSS	21.7	55.0	18.3		5.0
HSS (UNFPA)	20.5	53.8	21.8		3.8
HSS (Government)	23.8	57.1	11.9		7.1
Procurement of SRH/FP Supplies	40.3	42.9	13.4		3.4
Procurement of SRH/FP Supplies (UNFPA)	49.4	36.4	13.0		1.3
Procurement of SRH/FP Supplies (Government)	23.8	54.8	14.3		7.1
MAV	23.3	53.3	15.8		7.5
MAV (UNFPA)	28.2	51.3			5.1
MAV (Government)	14.3	57.1			11.9

Survey question: *Do you agree that the UNFPA Supplies Partnership has helped increase domestic financing for RH commodities in your country, in general, since 2021? (UNFPA and government only)*

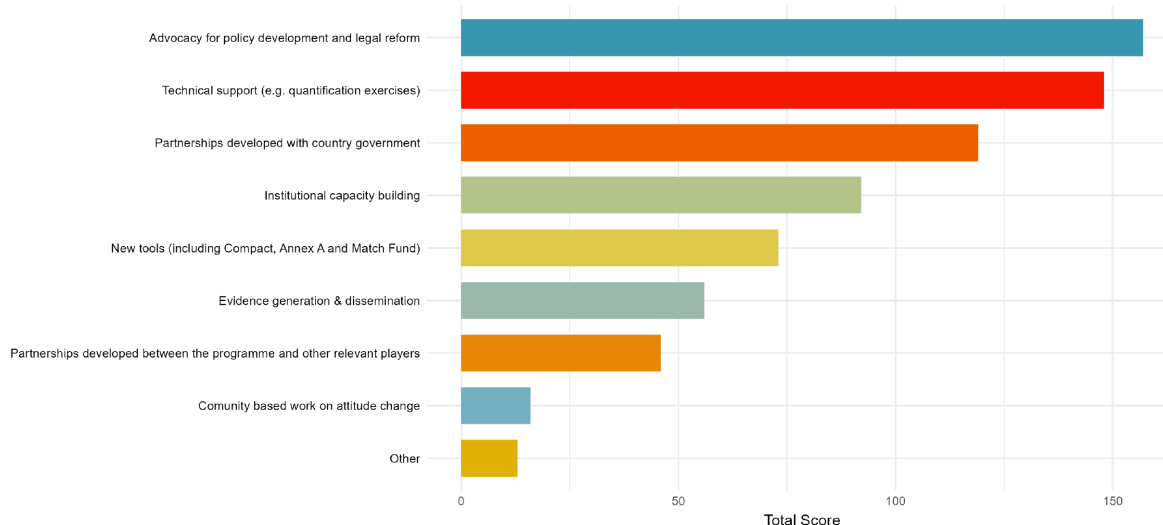
Assumptions
4.1, 4.2, 4.3

Table 23. Respondents' agreement on the Partnership's role in increasing domestic financing for RH commodities.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	40.4	42.1	11.4	1.8	4.4
UNFPA	47.2	41.7	6.9	2.8	1.4
Government	28.6	42.9	19.0		9.5

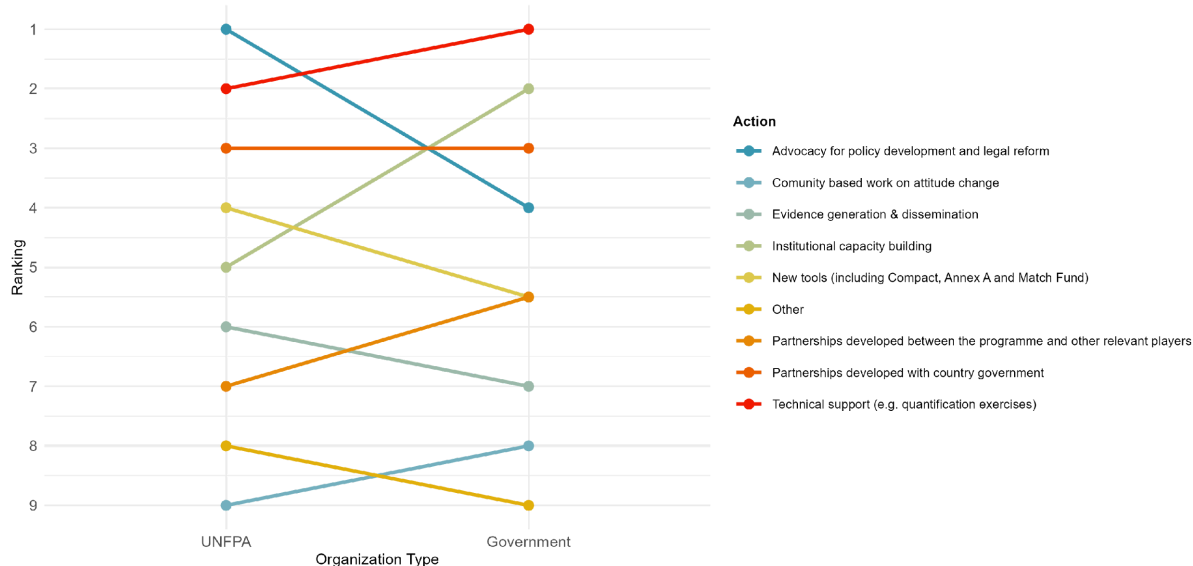
Survey question: *What are, in your opinion, the most relevant actions carried out by the UNFPA Supplies Partnership contributing to increasing domestic funding in your country since 2021? (UNFPA and government only)* Assumptions 4.1, 4.2, 4.3

Figure 22. Most relevant actions carried out by the Partnership contributing to increasing domestic funding. (n=120) *



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

Figure 23. Ranking of the most relevant actions carried out by the Partnership contributing to increased domestic funding, as indicated by UNFPA and government respondents. (n=120)



Co-financing mechanisms

Overall, the majority of respondents agreed the Compact Agreements, Match Fund and Bridge Fund have been useful mechanisms (Figure 24). Compact Agreements were rated most favourably, with 38% agreeing and 42% completely agreeing that they have been useful. For the Match Fund, 65.8% of respondents overall agreed on the usefulness of the mechanisms, while a share of respondents but a larger share indicated some reservations about its impact (9.2% overall disagreement, 14.2% did not know). The Bridge Fund received more mixed responses, with 31.7% agreeing and 33.3% completely agreeing, while 19.2% slightly disagreed and 9.2% were unsure.

Figure 24. Respondents' agreement on the usefulness of the Compact Agreements, Match Fund and Bridge Fund (expected to be operational in 2025) (n=120).

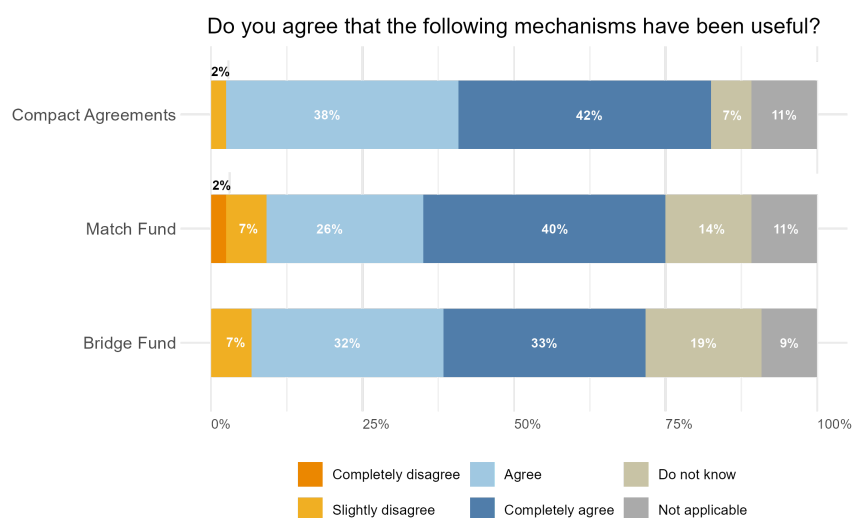
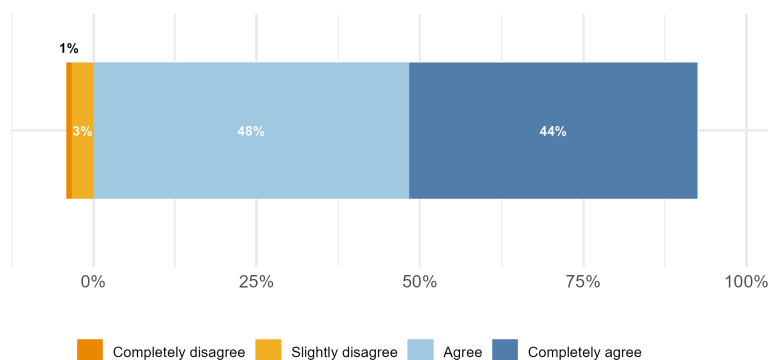


Figure 25. Respondents' agreement on the contribution of the Partnership to inclusion and prioritization of reproductive health commodities in primary health care/universal health coverage plans. (n=120) *



*'Do not know' responses (3.3%) not shown in the graph.

Survey question: *Do you agree that the following mechanisms have been useful?* 1. Compact Agreements, 2. Match Fund. (UNFPA and government only) Assumption 4.2, 4.3

Table 24. Respondents' agreement on the usefulness of the Compact Agreements and Match Fund.

	Compl etely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)	Not applicable (%)
Compact Agreements (All responses)	41.7	38.3	2.5		6.7	10.8
Compact Agreements (UNFPA)	47.4	35.9	1.3			15.4
Compact Agreements (Government)	31.0	42.9	4.8		19.0	2.4
Match Fund (All responses)	40.0	25.8	6.7	2.5	14.2	10.8
Match Fund (UNFPA)	42.3	23.1	7.7	2.6	7.7	16.7
Match Fund (Government)	35.7	31.0	4.8	2.4	26.2	

Survey question: *Do you agree that the Bridge Fund (expected to be operational in 2025) will be useful?* (UNFPA and government only) Assumption 4.2, 4.3

Table 25. Respondents' agreement on the usefulness of the Bridge Fund.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)	Not applicable (%)
Bridge Fund (All responses)	33.3	31.7	6.7		19.2	9.2
Bridge Fund (UNFPA)	35.9	32.1	5.1		15.4	11.5
Bridge Fund (Government)	28.6	31	9.5		26.2	4.8

Survey question: *Do you agree that the UNFPA Supplies Partnership has contributed to reproductive health commodities being included, or increasingly prioritized, in PHC and UHC plans?* (UNFPA and government only) Assumption 4.2

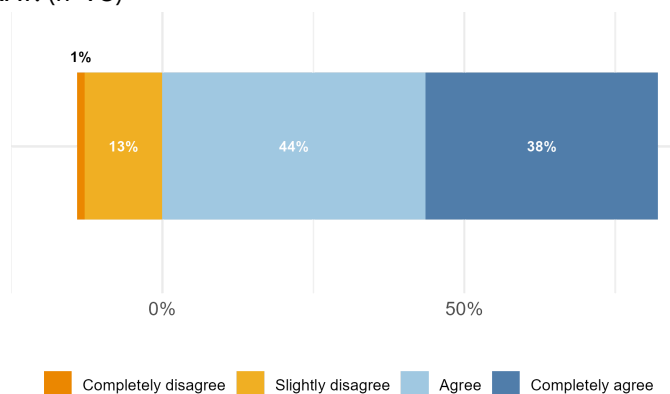
Table 26. Respondents' agreement on the contribution of the Partnership to inclusion and prioritization of reproductive health commodities in primary health care/universal health coverage plans.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	44.2	48.3	3.3	0.8	3.3
UNFPA	46.2	50	1.3	1.3	1.3
Government	40.5	45.2	7.1		7.1

Sustainability Readiness Assessment Tool (SRAT)

Overall, most UNFPA respondents (38% completely agreed, 44% agreed) found the SRAT to be efficient and useful for identifying gaps and bottlenecks (**Error! Reference source not found.**, Table 28). Only 14% of respondents disagreed.

Figure 26. Respondents' agreement on the effectiveness of the SRAT. (n=78) *



*'Do not know' responses (3.8%) are not shown in the figure.

Survey question: *Do you agree that the Sustainability Readiness Assessment Tool (SRAT) is efficient and is useful for identifying gaps and bottlenecks? (UNFPA only)*

Assumption
3.1/4.4

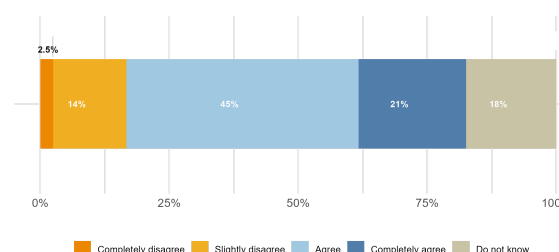
Table 27. Respondents' agreement on the effectiveness of the SRAT.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
UNFPA	38.5	43.6	12.8	1.3	3.8

Governance of the Supplies Partnership

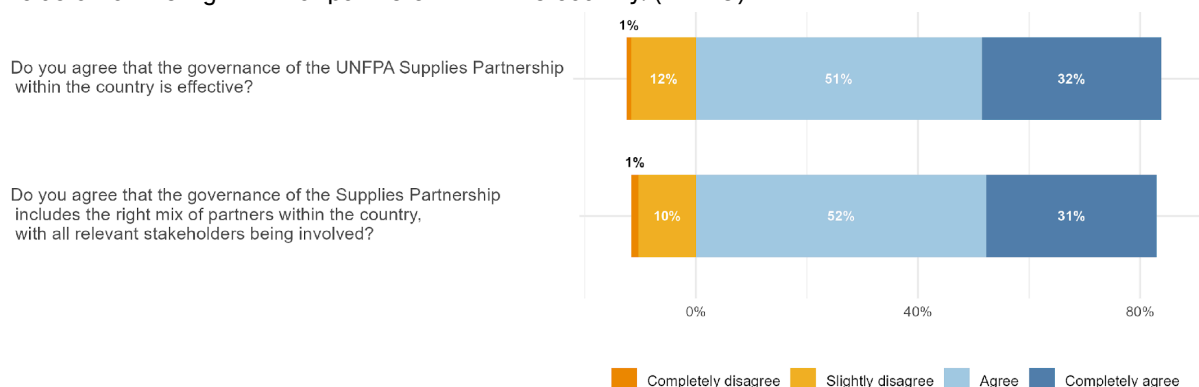
Overall, most UNFPA and government respondents (45.0%) agreed that the countries are sufficiently represented in the Partnership global governance (Figure 27). A large proportion of respondents (17.5%) did not know if the representation of countries is sufficient. The proportion of respondents who agreed countries are sufficiently represented was higher for UNFPA respondents, compared to government respondents (Table 28).

Figure 27. Respondents' agreement on the sufficient representation of countries in the global governance of the Partnership. (n= 120)



Most respondents also agreed the governance within the country is effective (83.9% total agreement) and it includes the right mix of partners within the country (83.0%) (Figure 28). The proportion of respondents who agreed with both statements was highest among UNFPA respondents (Table 29 and Table 30). A slightly higher proportion of respondents from other organizations agreed (81.0% total agreement) that the Partnership's governance includes the right mix of partners compared to those who believed the Partnership is effective (78.5% total agreement).

Figure 28. Respondents' agreement on the effectiveness of the Partnership governance and the inclusion of the right mix of partners within the country. (n=120) *



* 'Do not know' responses are not shown in the graph. They represent: a) Do you agree that the governance of the UNFPA Supplies Partnership within the country is effective: 3.7%, b) Do you agree that the governance of the Supplies Partnership includes the right mix of partners within the country, with all relevant stakeholders being involved: 5.4%.

Survey question: *Do you agree that programme countries are sufficiently represented in the global governance of the UNFPA Supplies Partnership? (UNFPA and government only)*

Assumption 5.1

Table 28. Respondents' agreement on the sufficient representation of countries in the global governance of the Partnership.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	20.8	45.0	14.2	2.5	17.5
UNFPA	24.4	43.6	12.8	2.6	16.7
Government	14.3	47.6	16.7	2.4	19.0

Survey question: *Do you agree that the governance of the UNFPA Supplies Partnership within the country is effective (e.g. through working groups, regular meetings, etc.)?*

Assumption 5.1

Table 29. Respondents' agreement on the effectiveness of the governance of the Partnership within the country.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	32.4	51.5	11.6	0.8	3.7
UNFPA	39.7	53.8	3.8	1.3	1.3
Government	28.6	52.4	14.3	2.4	2.4
Other organisations	28.9	49.6	15.7		5.8

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

Assumption 5.2

Table 30. Respondents' agreement on the inclusion of the right mix of partners in the Partnership governance within the country.

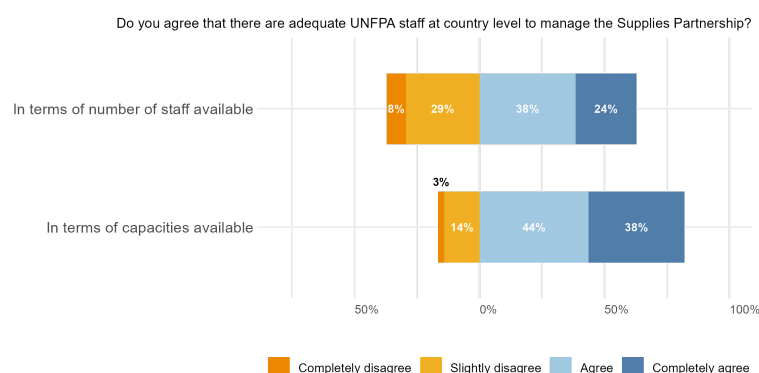
	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	30.7	52.3	10.4	1.2	5.4
UNFPA	37.2	51.3	3.8	1.3	6.4

Government	38.1	40.5	11.9	2.4	7.1
Other organisations	24.0	57.0	14.0	0.8	4.1

Human resources

Overall, UNFPA respondents agreed UNFPA staffing at country level is adequate in terms of capacities available (82.1%) (Figure 29). A lower proportion of respondents agreed staffing is adequate in terms of number of staff available (62.9% total agreement), with a considerable proportion of respondents disagreeing (37.2% total disagreement) Table 31).

Figure 29. UNFPA respondents' agreement on the adequacy of the UNFPA staff at country level, in terms of number of staff available and capacities available. (n=78) *



*Do not responses' are not shown in the graph. They represent: b) In terms of capacities available: 1.3%.

Survey question: *Do you agree that there are adequate UNFPA staff at country level to manage the Supplies Partnership?* 1. In terms of number of staff available, 2. In terms of the capacities available. (UNFPA only) Assumption 5.4

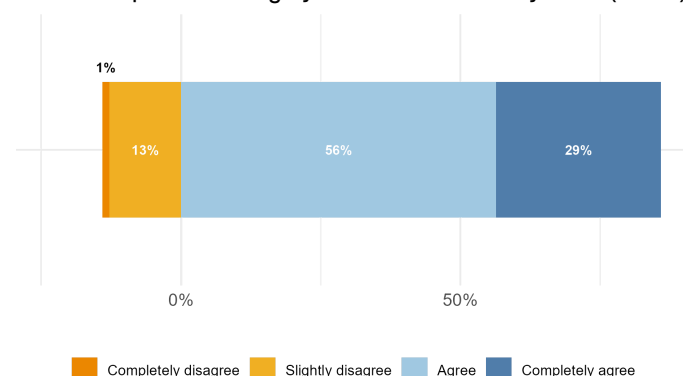
Table 31. UNFPA respondents' agreement on the adequacy of UNFPA staff at country level.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
Staff available	24.4	38.5	29.5	7.7	
Capacities	38.5	43.6	14.1	2.6	1.3

Monitoring and evaluation

A vast majority of UNFPA respondents agreed (29% completely agree, 56% agree) that the UNFPA Supplies Partnership has an effective M&E system at country level to monitor changes towards results and guide the programme (Figure 30). Only 14% of respondents disagreed with its effectiveness (Table 32).

Figure 30. Respondents' agreement on the effectiveness of Partnership monitoring system at the country level (n=78).



Survey question: *Do you agree that the Supplies Partnership has an effective M&E system at the country level to monitor changes in results and guide the programme?* (UNFPA only) Assumption 5.4

Table 32. Respondents' agreement on the effectiveness of the Partnership monitoring system.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
UNFPA	29.5	56.4	12.8	1.3	

Alignment of the UNFPA Supplies Partnership

Nearly all UNFPA respondents completely agreed (60.3%) or agreed (30.8%) that the Partnership is aligned with the Country Programme Document in the Partnership countries (Figure 31, Table 33). Similarly, the majority of all respondents agreed (36.9% completely agree, 43.2% agree) that the Partnership is aligned with other actors, programmes and interventions in the countries (Figure 32). The proportion of respondents who agreed with the external alignment of the Partnership was highest among UNFPA respondents (82.0% total agreement), followed by respondents from other organisations (80.2% total agreement), and government respondents (76.2% total agreement) (Table 34).

Figure 31. Respondents' agreement on the alignment of the Partnership with the Country Programme Document in the Partnership countries (n=78). *

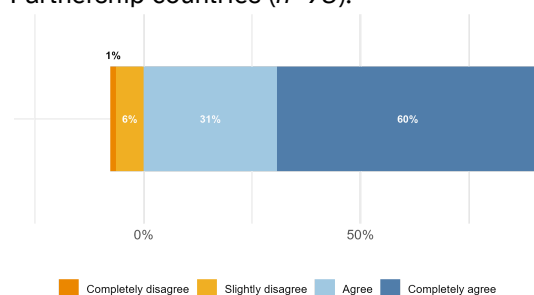
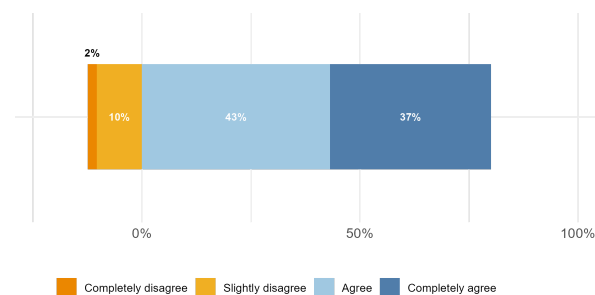


Figure 32. Respondents' agreement on the alignment of the Partnership with other actors, programmes and interventions in the Partnership countries (n=241). *



*'Do not know' responses (1.3%) are not shown in the figure.

*'Do not know' responses (7.5%) are not shown in the figure.

Survey question: *Do you agree that the UNFPA Supplies Partnership is aligned with the Country Programme Document, within the country?* (UNFPA only) Assumption 6.1

Table 33. Respondents' agreement on the alignment of the Partnership with the Country Programme Document in the Partnership countries.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
UNFPA	60.3	30.8	6.4	1.3	1.3

Survey question: *Do you agree that the UNFPA Supplies Partnership is aligned with other actors, programmes and interventions in the country (for example, WHO interventions, GAVI, USAID, etc.)?* Assumption 6.2

Table 34. Respondents' agreement on the alignment of the Partnership with other actors, programmes and interventions in the Partnership countries.

	Completely agree (%)	Agree (%)	Slightly disagree (%)	Completely disagree (%)	Do not know (%)
All responses	36.9	43.2	10.4	2.1	7.5
UNFPA	41.0	41.0	11.5	1.3	5.1
Government	38.1	38.1	9.5	7.1	7.1
Other organisations	33.9	46.3	9.9	0.8	9.1

Annex 3.4.5 Survey questionnaire

Below is the questionnaire used in the online survey. Shaded questions were not applicable to all respondents.

Mid-term evaluation of the UNFPA Supplies Partnership

The Independent Evaluation Office at UNFPA is currently conducting a mid-term evaluation of Phase III of the Supplies Partnership (2021-2030). The purpose of the evaluation is to assess the performance and maximize the contribution of the United Nations Population Fund (UNFPA) Supplies Partnership in providing support to meet the needs of women and girls, including the hardest-to-reach for modern contraceptives and life-saving maternal health medicines, and in strengthening the health systems that make this possible, sustainable and visible in the Partnership countries. The evaluation's results will support implementation of the Supplies Partnership through the end of its current phase. The purpose of this online survey is to gather diverse perspectives from various stakeholders, complementing data collected through interviews, document reviews, and field visits. This survey is a key tool for collecting data to support the evaluation process. **You have been selected as a key informant and we would be very grateful if you could dedicate about 15 minutes and complete this questionnaire.** Please note that the survey is not accessible in the public domain, responses cannot be traced back to the respondents and the results will be treated in a confidential manner. Thank you in advance for your time and cooperation. **The deadline for completion of the questionnaire is Friday 20th December 2024.** If you have any question or encounter any difficulties in accessing or completing the questionnaire, please contact Giulia Mantovani at mantovani@unfpa.org.

Respondent profile

In which country do you work?

- | | | |
|-------------------------------------|--|---|
| <input type="radio"/> Afghanistan | <input type="radio"/> Angola | <input type="radio"/> Benin |
| <input type="radio"/> Bolivia | <input type="radio"/> Burkina Faso | <input type="radio"/> Burundi |
| <input type="radio"/> Cambodia | <input type="radio"/> Cameroon | <input type="radio"/> Central African Republic |
| <input type="radio"/> Chad | <input type="radio"/> Comoros | <input type="radio"/> Congo |
| <input type="radio"/> Cote d'Ivoire | <input type="radio"/> Democratic Republic of Congo | <input type="radio"/> Djibouti |
| <input type="radio"/> Eritrea | <input type="radio"/> Ethiopia | <input type="radio"/> Gambia |
| <input type="radio"/> Ghana | <input type="radio"/> Guinea | <input type="radio"/> Guinea-Bissau |
| <input type="radio"/> Haiti | <input type="radio"/> Honduras | <input type="radio"/> Kenya |
| <input type="radio"/> Kyrgyzstan | <input type="radio"/> Lao People's Democratic Republic | <input type="radio"/> Lesotho |
| <input type="radio"/> Liberia | <input type="radio"/> Madagascar | <input type="radio"/> Malawi |
| <input type="radio"/> Mali | <input type="radio"/> Mauritania | <input type="radio"/> Mozambique |
| <input type="radio"/> Myanmar | <input type="radio"/> Nepal | <input type="radio"/> Niger |
| <input type="radio"/> Nigeria | <input type="radio"/> Pakistan | <input type="radio"/> Papua New Guinea |
| <input type="radio"/> Rwanda | <input type="radio"/> Sao Tome and Principe | <input type="radio"/> Senegal |
| <input type="radio"/> Sierra Leone | <input type="radio"/> Somalia | <input type="radio"/> South Sudan |
| <input type="radio"/> Sudan | <input type="radio"/> Tajikistan | <input type="radio"/> Tanzania(United Republic of) |
| <input type="radio"/> Timor-Leste | <input type="radio"/> Togo | <input type="radio"/> Uganda |
| <input type="radio"/> Yemen | <input type="radio"/> Zambia | <input type="radio"/> Zimbabwe |

What is your position/title?

How would you classify the organization you work for?

- ☐ UNFPA
- ☐ National/sub-national health department
- ☐ National/sub-national other government departments
- ☐ Other UN /multilateral agency
- ☐ Bilateral donor or foundation
- ☐ International/national NGOs
- ☐ Central medical stores and supply chain authorities
- ☐ Private sector firms
- ☐ Civil society organizations (FP associations, women's health groups)
- ☐ Other

Please specify.

To which gender do you identify?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Non-binary
- ☐ Other
- ☐ Prefer not to say

We would appreciate your thoughts and perspectives on the following questions. We confirm again that all answers remain confidential.

Country profile

Is there a national reproductive health strategy in your country (or a RMNCAH Road Map or Investment Case)?

- ☐ Yes
- ☐ No
- ☐ Do not know

If you would like to provide more details, please do so here.

Is there a costed family planning strategy in your country?

- ☐ Yes
- ☐ No
- ☐ Do not know

If you would like to provide more details, please do so here.

What are the main commodity-related challenges or obstacles in your country to reaching the national target contraceptive prevalence rate?

Please rank the 3 most important issues, with 1 being the most urgent challenge and 3 being the least urgent challenge.

1 (Most urgent challenge)

- ☐ Absolute shortage of commodities available to meet demand
- ☐ National quantification process does not estimate needs accurately
- ☐ Insufficient mix of commodities to meet demand
- ☐ Procurement delays in commodity delivery to the country
- ☐ Delays in distribution of commodities to the health facility
- ☐ Facility-level issues such as stock-outs or imbalance of methods
- ☐ Supply chain management weaknesses
- ☐ Lack of adequate task shifting so that lower level health workers can offer more methods
- ☐ Lack of adequate health worker training
- ☐ Lack of demand or awareness
- ☐ Religious or legal constraints
- ☐ Other

2

- ☐ Absolute shortage of commodities available to meet demand
- ☐ National quantification process does not estimate needs accurately
- ☐ Insufficient mix of commodities to meet demand
- ☐ Procurement delays in commodity delivery to the country
- ☐ Delays in distribution of commodities to the health facility
- ☐ Facility-level issues such as stock-outs or imbalance of methods
- ☐ Supply chain management weaknesses
- ☐ Lack of adequate task shifting so that lower level health workers can offer more methods
- ☐ Lack of adequate health worker training
- ☐ Lack of demand or awareness
- ☐ Religious or legal constraints
- ☐ Other

3 (Least urgent challenge)

- ☐ Absolute shortage of commodities available to meet demand
- ☐ National quantification process does not estimate needs accurately
- ☐ Insufficient mix of commodities to meet demand
- ☐ Procurement delays in commodity delivery to the country
- ☐ Delays in distribution of commodities to the health facility
- ☐ Facility-level issues such as stock-outs or imbalance of methods
- ☐ Supply chain management weaknesses
- ☐ Lack of adequate task shifting so that lower level health workers can offer more methods
- ☐ Lack of adequate health worker training
- ☐ Lack of demand or awareness
- ☐ Religious or legal constraints
- ☐ Other

If you have selected other, please specify.

If you would like to elaborate on the main commodity-related challenges or obstacles in your country, please do so here.

What are the critical factors in the enabling environment that help or constrain access to reproductive health commodities?

Has UNFPA influenced any of these enabling factors?

- ☐ Yes
- ☐ No
- ☐ Do not know

Please specify which ones.

Reproductive health commodities

Do you agree that the UNFPA Supplies Partnership has improved procurement and supply processes to reach the country with essential high-quality reproductive health commodities since 2021?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

Do you agree that the UNFPA Supplies Partnership has effectively delivered the requested range of SHR/FP commodities to your country on time and in full, since 2021?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

If you would like to elaborate on the contribution of the UNFPA Supplies Partnership on improving procurement and supply processes for high-quality reproductive health commodities in your country, please do so here.

Do you agree that the UNFPA Supplies Partnership has increased the availability of new and lesser-used products (such as Depo-Provera, vasectomy, or tubal ligation) in your country since 2021?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

What are, in your opinion, the most relevant actions carried out by the UNFPA Supplies Partnership contributing to introducing new or lesser-used (NLU) RH products in your country?

Please rank the 3 most relevant actions, with 1 being the most relevant and 3 the least relevant.

1st action

- ☐ Technical support (e.g., forecasting exercises)
- ☐ Institutional capacity building
- ☐ Advocacy for policy development and legal reform
- ☐ Evidence generation & dissemination
- ☐ Partnerships developed with country government
- ☐ Partnerships developed between the programme and other relevant players
- ☐ Community based work on attitude change
- ☐ Other

2nd action

- ☐ Technical support (e.g., forecasting exercises)
- ☐ Institutional capacity building
- ☐ Advocacy for policy development and legal reform
- ☐ Evidence generation & dissemination
- ☐ Partnerships developed with country government
- ☐ Partnerships developed between the programme and other relevant players
- ☐ Community based work on attitude change
- ☐ Other

3rd action

- ☐ Technical support (e.g., forecasting exercises)
- ☐ Institutional capacity building
- ☐ Advocacy for policy development and legal reform
- ☐ Evidence generation & dissemination
- ☐ Partnerships developed with country government
- ☐ Partnerships developed between the programme and other relevant players
- ☐ Community based work on attitude change
- ☐ Other

If you have selected "other", please specify.

Please provide any additional comments on the role of the UNFPA Supplies Partnership in increasing availability of new and lesser-used products in your country since 2021.

Supply chain systems

Do you agree that the UNFPA Supplies Partnership has contributed to harmonized supply chain systems in your country?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

What are, in your opinion, the most relevant actions carried out by the UNFPA Supplies Partnership contributing to harmonizing supply chain systems in your country since 2021?

Please rank the 3 most relevant actions, with 1 being the most relevant and 3 the least relevant.

1st action

- ☐ Technical support (e.g., forecasting exercises)
- ☐ Institutional capacity building
- ☐ Advocacy for policy development and legal reform
- ☐ Evidence generation & dissemination
- ☐ Partnerships developed with country government
- ☐ Partnerships developed between the programme and other relevant players
- ☐ Community based work on attitude change
- ☐ Other

2nd action

- ☐ Technical support (e.g., forecasting exercises)
- ☐ Institutional capacity building
- ☐ Advocacy for policy development and legal reform
- ☐ Evidence generation & dissemination
- ☐ Partnerships developed with country government
- ☐ Partnerships developed between the programme and other relevant players
- ☐ Community based work on attitude change
- ☐ Other

3rd action

- ☐ Technical support (e.g., forecasting exercises)
- ☐ Institutional capacity building
- ☐ Advocacy for policy development and legal reform
- ☐ Evidence generation & dissemination
- ☐ Partnerships developed with country government
- ☐ Partnerships developed between the programme and other relevant players
- ☐ Community based work on attitude change
- ☐ Other

If you have selected other, please specify.

Please provide any additional comments on the contribution of the UNFPA Supplies Partnership to harmonized supply chain systems.

Last mile delivery

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

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

Please provide any additional comments on the contribution of the UNFPA Supplies Partnership to improve last mile delivery and increased access to the most rural and hard-to-reach facilities or end users..

Humanitarian settings

If there has been a humanitarian situation or setting in your country since 2021, do you agree that the UNFPA Supplies Partnership adapted its operations and continued operating in this setting to make SRH/FP commodities available to end users?

- ☐ Completely agree
☐ Agree
☐ Slightly disagree
☐ Completely disagree
☐ Do not know
☐ Not applicable

Please provide any additional comments on the adaptation of the UNFPA Supplies Partnership in humanitarian settings.

UNFPA Strategic Plan principles/accelerators

Do you agree that the UNFPA Supplies Partnership has integrated the key UNFPA Strategic Plan principles/accelerators of:

	Completely agree	Agree	Slightly disagree	Completely disagree	Do not know	Not applicable
Human Rights-Based Approaches (HRBA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender Transformative Action (GTA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaving No One Behind (LNOB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments on the integration of the UNFPA Supplies Partnership of HRBA, GTA, and LNOB.

Funding and domestic financing

Do you agree that the current distribution of funds allows the UNFPA Supplies Partnership to meet its expected goals?

	Completely agree	Agree	Slightly disagree	Do not know	Not applicable
Health System Strengthening (HSS) (15%)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Procurement of SRH/FP Supplies (75% of total)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring Accountability and Visibility (MAV) - Operational costs (10%)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional comments on the distribution of funds for the UNFPA Supplies Partnership.

Do you agree that the UNFPA Supplies Partnership has helped increase domestic financing for RH commodities in your country, in general since 2021?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know
- ☐ Not applicable

What are, in your opinion, the most relevant actions carried out by the UNFPA Supplies Partnership contributing to increasing domestic funding in your country since 2021?

Please rank the 3 most relevant actions, with 1 being the most relevant and 3 the least relevant.

1st action

- ☐ Technical support (e.g. quantification exercises)
- ☐ Institutional capacity building
- ☐ Advocacy for policy development and legal reform
- ☐ Evidence generation & dissemination
- ☐ Partnerships developed with country government
- ☐ Partnerships developed between the programme and other relevant players
- ☐ Community based work on attitude change
- ☐ New tools (including Compact, Annex A and Match Fund)
- ☐ Other

2nd action

- ☐ Technical support (e.g. quantification exercises)
- ☐ Institutional capacity building
- ☐ Advocacy for policy development and legal reform
- ☐ Evidence generation & dissemination
- ☐ Partnerships developed with country government
- ☐ Partnerships developed between the programme and other relevant players
- ☐ Community based work on attitude change
- ☐ New tools (including Compact, Annex A and Match Fund)
- ☐ Other

3rd action

- ☐ Technical support (e.g. quantification exercises)
☐ Institutional capacity building
☐ Advocacy for policy development and legal reform
☐ Evidence generation & dissemination
☐ Partnerships developed with country government
☐ Partnerships developed between the programme and other relevant players
☐ Community based work on attitude change
☐ New tools (including Compact, Annex A and Match Fund)
☐ Other

If you have selected other, please specify.

Do you agree that the following mechanisms have been useful?	Completely agree	Agree	Slightly disagree	Completely disagree	Do not know	Not applicable
Compact Agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Match Fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you agree that the Bridge Fund (expected to be operational in 2025) will be useful?

- ☐ Completely agree
☐ Agree
☐ Slightly disagree
☐ Completely disagree
☐ Do not know
☐ Not applicable

Please provide any other comments on the utility of the Compact Agreement, Match Fund, or (future) Bridge Fund.

Do you agree that the UNFPA Supplies Partnership has contributed to RH commodities being included, or increasingly prioritized, in PHC and UHC plans?

- ☐ Completely agree
☐ Agree
☐ Slightly disagree
☐ Completely disagree
☐ Do not know
☐ Not applicable

Sustainability Readiness Assessment Tool (SRAT)

Do you agree that the Sustainability Readiness Assessment Tool (SRAT) is efficient and is useful for identifying gaps and bottlenecks?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know
- ☐ Not applicable

Please provide any additional comments on the SRAT here.

Governance

Do you agree that programme countries are sufficiently represented in the global governance of the UNFPA Supplies Partnership?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

Please provide any additional comments on the global governance of the UNFPA Supplies Partnership, the mechanisms/forums used, and the stakeholders that are involved (for example, any important stakeholders that could contribute but are not currently part of the UNFPA Supplies Partnership Partnership)

Do you agree that the governance of the UNFPA Supplies Partnership within the country is effective (e.g. through working groups, regular meetings, etc)?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

Do you agree that the governance of the Supplies Partnership includes the right mix of partners within the country, with all relevant stakeholders being involved?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

Please provide any additional comments on the governance of the UNFPA Supplies Partnership within the country, the mechanisms/forums used, and the stakeholders that are involved (for example, any important stakeholders that could contribute but are not currently part of the Partnership).

Human resources

Do you agree that there are adequate UNFPA staff at country level to manage the Supplies Partnership?

In terms of staff available

In terms of capacities available

Completely
agree

Agree

Slightly
disagree

Completely
disagree

Do not know

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Please provide any additional comments on the UNFPA human resources for the Supplies Partnership in your country.

Monitoring and evaluation (M&E)

Do you agree that the Supplies Partnership has an effective M&E system at the country level to monitor changes towards results and guide the programme?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

Please provide any additional comments on the UNFPA Supplies Partnership M&E system at the country level, particularly any weaknesses or ideas for improvement.

Alignment of the UNFPA Supplies Partnership

Do you agree that the UNFPA Supplies Partnership is aligned with the Country Programme Document, within the country?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

Please provide other comments on the alignment of the UNFPA Supplies Partnership with other UNFPA programmes and frameworks in the country? e.g. the family planning strategy

Do you agree that the UNFPA Supplies Partnership is aligned with other actors, programmes and interventions in the country (for example, WHO interventions, Gavi, USAID, etc)?

- ☐ Completely agree
- ☐ Agree
- ☐ Slightly disagree
- ☐ Completely disagree
- ☐ Do not know

Please provide any other comments on the alignment of the UNFPA Supplies Partnership with other external actors, programmes and interventions in the country?

Please share other comments, thoughts and suggestions about the UNFPA Supplies Partnership.

Annex 4 Last Mile Assurance process: the four components

This annex provides a brief overview of each of the four components of the Partnership Last Mile Assurance (LMA) process.

1. **Component 1: Supply Chain Overview:** this provides visibility into key components of national supply chains, measures their capacity and complexity, and identifies opportunities for strengthening. It is completed annually by multi-stakeholder teams in eligible countries and generates complexity and capacity scores (Levels 1–5) that inform targeted interventions and serve as inputs for the SCM Risk Assessment. Key challenges faced by many countries include procurement delays due to funding release cycles and weak supplier relationships, leading to stock-outs at service delivery points. The Partnership remains heavily reliant on a narrow supplier base (limited manufacturers) for critical commodities, often resulting in long lead times or other disruptions. Delays in procurement, caused by funding release cycles and supplier limitations, contribute to persistent stock-outs. Further, many countries face inadequate storage facilities, limited cold chain capacity, and deteriorating infrastructure, particularly at decentralized levels.
2. **Component two: Quarterly Stock Review (QSR):** this assesses stock levels at central and decentralized warehouses, monitors national supply plans, and identifies risks like stock-outs and expirations to improve inventory management and accountability in countries. It generates stock management capacity scores (Levels 1–5), which inform targeted actions and serve as inputs for the SCM Risk Assessment. However, several challenges remain, such as data discrepancies between reported stock levels versus actual inventory, undermining the reliability of QSR reports for monitoring supply chain performance and informing decision-making. Many health facilities in Partnership countries still rely on manual systems for data collection and stock monitoring, especially at decentralized warehouses and service delivery points, creating inefficiencies, increasing risk of errors and record-keeping gaps, and complicating real-time tracking. Limited technical capacity and resources at country level hinder the ability to complete timely quarterly stock review reports; and the quarterly frequency, while valuable, is laborious for UNFPA country offices, particularly those with capacity limitations.
3. **Component three: The SCM Risk Assessment:** this identifies and assigns risk levels across external, delivery, and fiduciary risk indicators to ensure the proper management and safeguarding of UNFPA supplies. It provides ratings for implementing partners, enabling accountability, risk mitigation, and targeted supply chain strengthening interventions. Annual assessment is required from all UNFPA implementing partners who are eligible for completion of the QSR within that calendar year. While the risk assessment process has improved accountability and helped prioritize gaps, resource constraints continue to hinder the implementation of remedial actions, particularly in fragile and humanitarian settings. However, funding shortfalls limit the ability to address identified gaps in warehousing, distribution, and inventory management. The existence of parallel systems, such as those operated by social marketing organizations which sometimes operate independently of national systems, creates inefficiencies and misalignments in supply chain management and weakens overall accountability and coordination. Many implementing partners lack technical capacity and face challenges in maintaining batch tracking, managing inventory risks and effectively safeguarding supplies by the Partnership. These capacity gaps increase vulnerabilities to stock loss, product expirations and wastage.

4. **Component four: In-Country Assessment (ICA):** this is the LMA component that receives the most monetary resources of the four. It involves annual on-site visits to trace supplies (replacing spot-checks under the previous LMA approach), assess partner capacity, and verify storage, traceability, and quality practices. It provides evidence-based recommendations, monitors progress and ensures accountability for supply chain strengthening. A supply chain strengthening plan is developed based on the ICA recommendations with support from UNFPA and implementing partners and monitored quarterly by the country and regional offices and the LMA team. The ICA has enabled targeted mentoring and capacity building of facility staff, addressing identified supply chain gaps across many countries. However, funding shortfalls and governance gaps delay long-term improvements, particularly for infrastructure and IT adoption. Many countries struggle to achieve full traceability of commodities, especially at decentralized levels. Poor inventory practices and limited IT Many countries struggle to achieve full traceability of commodities, especially at decentralized levels. Poor inventory practices and limited IT adoption further exacerbate these gaps.

Annex 5 Analysis of Compact Agreements¹⁶

			Signatures								Expenditure (\$)					
No.	Country	2024 Annex A signature status	MoH	MoF	UNFPA	Program Leader	Minimum Domestic Financing Requirement (2024)	Government Domestic Financing Compact Commitment (2024)	Minimum Domestic Financing Requirement (2023)	Government Domestic Financing Compact Commitment (2023)	2018	2019	2020	2021	2022	2023
1	Afghanistan	n/a	n/a	n/a	n/a	n/a			n/a	n/a	0	0	0	0	0	0
2	Angola	n/a	n/a	n/a	n/a	n/a	-		n/a	n/a					0	0
3	Benin	Signed	Yes	n/a	Yes	Yes	\$32,024	\$32,024	\$16,012	\$416,666	\$400,000	\$500,000	\$400,000	\$160,000	\$386,205	\$621,948
4	Bolivia	Signed	Yes	No	Yes	Yes	\$151,857	\$1,100,000	\$68,232	\$1,050,000	\$1,972,858	\$1,974,061	\$1317,095	\$1409,942	\$1699,348	\$1,905,711
5	Burkina Faso	Signed	Yes	Yes	Yes	Yes	\$41,816	\$1,833,334	\$18,789	\$1,666,667	\$160,000	\$1,399,993	\$1789,999	\$1468,326	\$1666,667	\$587,192
6	Burundi	Signed	Yes	Yes	Yes	Yes	\$12,000	\$38,654	\$19,327	\$94,327	\$66,667	\$66,667	\$66,667	\$2304,548	\$61,035	\$1316,936
7	Cambodia	n/a	n/a	n/a	n/a	n/a	-								0	\$2143,832
8	Cameroon	Signed	Yes	N/A	Yes	N/A	\$159,020	\$158,673	\$119,084	\$121,875	0		0	0	0	0

¹⁶ The analysis is based on the Compact 2024 analysis of the Annex A assessment conducted by the UNFPA Supplies Partnership team. The expenditure data is based on the annual domestic expenditures from public funds or concessional financing as reported in the Annual CO Questionnaire. This data is considered a 'reported' expenditure as data is sourced from the CO questionnaire but not validated against expenditure documentation. Question reads "How much money from the national budget has been spent for the procurement of contraceptives in YEAR? (in USD)"

9	Central African Republic	Signed	Yes	Yes	Yes		\$29,228	\$866,606	\$13,133	\$172,000	0	0		0	\$80,767	\$41,000
10	Chad	Signed	Yes	Yes	Yes	Yes	\$50,000	\$516,245	\$26,748	\$513,306	0	0	\$60,000	\$60,000	\$164,000	0
11	Comoros	Signed	Yes	Yes	Yes	Yes	-			\$50,000					0	0
12	Congo	Signed	Yes	Yes	Yes	Yes	\$36,000	\$30,000	\$47,101	\$24,585	0	0		0	0	0
13	Cote d'Ivoire	Signed	Yes	Yes	Yes		\$335,654	\$4,090,589	\$201,086	\$664,182	\$800,000	\$862,069		\$701,090	\$800,000	\$671,655
14	Djibouti	Signed	Yes	Yes	Yes		\$55,271	\$19,248	\$13,959	\$13,959	0	0		0	0	\$13,959
15	DR Congo	Signed	Yes	Yes	Yes	Yes	\$135,371		\$60,824	\$5,000,000	\$1,000,000	0		0	\$2,097,680	0
16	Eritrea	Signed	Yes	Yes	Yes	Yes	\$12,000	\$6,000	\$2,835	\$2,835	0	0	0	0	0	0
17	Ethiopia	Signed	Yes	Yes	Yes		\$105,283	\$2,100,000	\$37,660	\$1,941,785	\$11,700,000	\$11,700,000	\$914,285	\$885,714	\$755,555	0
18	Gambia	Signed	Yes	Yes	Yes	Yes	\$17,974	\$57,974	\$8,076	\$18,076	0	0		0	0	0
19	Ghana	Signed	Yes	Yes	Yes	No	\$264,542	\$264,542	\$158,484	\$324,435	0	\$700,000		0	0	0
20	Guinea	Signed	Yes	Yes	Yes	Yes	\$47,716	\$600,000	\$21,440	\$500,000	\$750,000	\$750,000	\$1,300,000	\$50,000	0	\$130,000
21	Guinea-Bissau	Signed	Yes	Yes	Yes	Yes	\$13,850	\$84,000	\$6,223	\$84,000	0	0	0	0	0	0
22	Haiti	n/a									0	0	0	0	0	0
23	Honduras	Signed	Yes	Yes	Yes	Yes	\$125,467	\$1,392,966	\$28,187	\$1,201,347	\$270,020	\$1,460,993	\$619,227	\$1,279,571	\$108,020	\$1,252,497
24	Kenya	Signed	Yes	Yes	Yes		\$412,316	\$345,200	\$172,600	\$172,600	0	0		\$559,000	\$46,500	0
25	Kyrgyz Republic	n/a					-								0	\$92,982
26	Lao PDR	Signed	Yes	Yes	Yes	Yes	\$127,012	\$94,224		\$100,000	\$140,000	\$27,506	\$200,000	\$189,348	\$129,690	0
27	Lesotho	Signed	Yes	Yes	Yes	Yes	\$20,576	\$930,010	\$15,409	\$313,000	0	49,350	\$111,060		\$61,000	\$930,010
28	Liberia	Not signed	pending	pending	pending		\$23,604		\$10,606	\$21,211	0	0		0	0	0
29	Madagascar	Signed	Yes	Yes	Yes	Yes	\$42,210		\$18,966	\$602,602	\$31562	\$31,562	0	0	\$207,000	\$3,735,268
30	Malawi	Signed	Yes	Yes	Yes	Yes	\$27,793		\$12,488	\$446,168	\$119,278	\$24,800	\$248,000	0	\$446,000	\$44,600

31	Mali	Signed	Yes	No	Yes	Yes	\$51,768	\$1,036,000	\$23,260	\$1,023,260	0	0	\$225,835	\$1950,000	\$145,000	0
32	Mauritania	Signed	Yes	No	No	No	\$73,869	\$100,000	\$12,837	\$44,569	0	\$27,000	\$27,374	\$27,374	0	0
33	Mozambique	Signed	Yes	No	Yes	Yes	\$60,437	\$60,437	\$27,156	\$27,156	0	\$312,816	0	0	0	\$27,156
34	Myanmar	n/a									\$1270,000	\$1130,795	\$546,546	0	0	0
35	Nepal	Signed	Yes	No	Yes	No	\$44,343	\$601,504	\$17,012	\$598,000	0	0	\$1890,598	\$845,368	0	\$138,917
36	Niger	Exempt					\$55,657		\$25,008	\$100,000	\$449,304	\$363,636	\$448,000	\$472,727	\$400,000	0
37	Nigeria	Signed	Yes	Yes	Yes	Yes	\$464,316	\$4,000,000	\$347,709	\$4,000,000	\$1,075,652	\$2,166,042	\$1,656,586	0	\$87,000	\$10,000
38	Pakistan	n/a	-	-	-	-									0	\$11,000,000
39	Papua New Guinea	Signed	Yes	Yes	Yes	Yes	\$218,415	\$1,635,360	\$97,084	\$97,084	0	0	\$842,751	0	\$185,815	\$1,500,000
40	Rwanda	Signed	Yes		Yes	Yes	\$30,456	\$479,163	\$13,684	\$865,136	\$746262	\$228,229	\$103,333	\$393,121	\$1285,648	\$336,565
41	Sao Tome and Principe	Signed	Yes	Yes	Yes	Yes	\$19,687	\$19,687	\$11,794	\$11,944	0	0	0	0	0	0
42	Senegal	Signed	Yes	Yes	Yes	Yes	\$99,497	\$128,703	\$74,510	\$74,510	0	0	\$20,4024	\$51,9031	\$83,333	\$866,889
43	Sierra Leone	Signed	Yes	Yes	Yes	Yes	\$27,490	\$26,194	\$12,352	\$12,352	0	0		0	0	0
44	Somalia	Signed	Yes		Yes	Yes	\$62,385		\$10,799	\$10,799	0	0	0	0	0	0
45	South Sudan	n/a	-	-	-	-					0	0	0	0	0	0
46	Sudan	n/a									0	0	0	0	0	0
47	Tajikistan	n/a	-	-	-	-	-								0	\$967,29
48	Tanzania	Signed	Yes	Yes	Yes	Yes	\$59,455	\$2,724,828	\$26,710	\$26,710	\$900,000	\$652,537		0	\$1356,176	0
49	Timor-Leste	Signed	Yes	N/A for our country	Yes	Yes	\$76,421	\$137,664	\$45,783	\$270,000	0	0		0	\$324,000	\$240,648

50	Togo	Signed	Yes	Yes	Yes	Yes	\$29,637	\$250,146	\$13,316	\$247,576	\$300,000	\$300,000	\$22,8750	\$180000	\$18,0000	\$250,000
51	Uganda	Signed	Yes	No	Yes	No	\$63,501	\$63,500	\$40,000	\$40,000	0	\$508,000		0	0	\$40,000
52	Yemen	Signed	Yes	No	No	No	\$70,923	\$70,444	\$31,867	\$31,867	0	0		0	0	\$31,867
53	Zambia	Signed	Yes	Yes	Yes	NA	\$94,952	\$570,654	\$26,710	\$2,002,917	\$140,000	0		0	0	\$272,3930
54	Zimbabwe	Signed	Yes	Yes	Yes	Yes	\$75,621	\$1,700,000	\$56,630	\$1,656,630	0	0	\$15,0000	0	\$15,00000	\$150,0000

Annex 6 UNICEF advocacy frameworks¹⁷

Table 35. Levels of categorization of policy influence achievements (adapted to UNFPA).

Step	Description
Step 1	A baseline policy issue related to the areas supported has been identified, and evidence collected.
Step 2	There is now a firm discursive commitment from key policy actors for a new or revised policy related to the Partnership's efforts in SRH/FP.
Step 3	A new or revised policy related to the Partnership's efforts in SRH/FP has been developed.
Step 4	A new or revised policy related to the Partnership's efforts in SRH/FP has been officially adopted by the responsible State body.
Step 5	A negative policy proposal related to the Partnership's efforts in SRH/FP has been prevented or blocked.
Step 6	A policy related to the to the Partnership's efforts in SRH/FP is implemented with adequate resource allocation.
Step 7	The government or business institution has conducted a comprehensive policy review or evaluation.

Table 36. Categorization of roles played by UNFPA in advocacy initiatives.

Role	Description
Sole Actor	The sole actor calling for the change.
Primary Actor	The actor that coordinated the approach, corralling and organizing others.
Lead Contributor	An actor that made a leading contribution, was prominent throughout, stayed the course, and made a number of significant interventions.
Important Contributor	An actor that played an important role but may not have been vital to the result. There may be a case in which the outcome would have happened anyway.
Seed Sower	The actor that initiated the policy-influencing initiative or the discussion as a result of the evidence generated and sowed the seeds, which then took a life of their own. This makes their fingerprints on the final result difficult to see (but this is positive, because the small seeds sown may have blossomed into something much bigger)
Team Contributor	An actor that worked as part of a team, among whose members it is difficult to disentangle who achieved what. Isolating the factors may not be possible and is probably not that helpful: it is the combinational effect that is key.
Key Role Player	One of a small number of main players, each fulfilling a particular role. Each actor adds value; each is vital.
Over-The-Line-Getter	An actor that made a discreet or niche, but undeniably vital, contribution.

¹⁷ UNICEF (2023). Evaluability Assessment and Formative Evaluation of UNICEF's global approaches to advocacy.

Annex 7 List of participating countries in the UNFPA Supplies Partnership Phase III

Table 37. List of participating countries in the UNFPA Supplies Partnership Phase III. The Partnership also provides support to the Pacific Island Countries and Territories.

No.	Country	Region	Eligibility Phase III	Economic Index Grouping	Humanitarian crisis ¹⁸
1	Djibouti	Arab States	Eligible Existing	Group 4	
2	Somalia		Eligible New	Group 1	HRP
3	Sudan		Eligible Existing	Group 2	HRP, CRP, Regional RRP
4	Yemen		Eligible Existing	Group 1	HRP
5	Afghanistan	Asia and the Pacific	Eligible New	Group 1	HRP, CRP, Regional RRP
6	Cambodia*		Eligible New	Group 3	
7	Lao People's Democratic Republic		Carryover Countries	Group 4	
8	Myanmar		Eligible Existing	Group 3	HRP, CRP, Regional RRP
9	Nepal		Eligible Existing	Group 3	
10	Pakistan*		Eligible New	Group 3	CRP, Regional RRP
11	Papua New Guinea		Carryover Countries	Group 4	
12	Timor-Leste		Carryover Countries	Group 3	
13	Angola*	East and Southern Africa	Eligible New	Group 3	Regional RRP
14	Burundi		Eligible Existing	Group 1	CRP
15	Comoros		Eligible New	Group 3	
16	Democratic Republic of Congo		Eligible Existing	Group 1	HRP, Regional RRP
17	Eritrea		Eligible Existing	Group 1	
18	Ethiopia		Eligible Existing	Group 2	HRP, Regional RRP, CRP
19	Kenya		Carryover Countries	Group 3	
20	Lesotho		Eligible Existing	Group 3	
21	Madagascar		Eligible Existing	Group 1	
22	Malawi		Eligible Existing	Group 1	FA
23	Mozambique		Eligible Existing	Group 1	HRP, FA
24	Rwanda		Eligible Existing	Group 2	Regional RRP

¹⁸ A country was classified as humanitarian based on the presence of a humanitarian response plan (HRP), crisis response plan (CRP), regional refugee response plan (RRP) or a flash appeal (FA). Sources of data (as of 4 February 2025): 1) United Nations Office for the Coordination of Humanitarian Affairs. Humanitarian Action. <https://humanitarianaction.info/>, 2) International Organization for Migration. Crisis Response. IOM. <https://crisisresponse.iom.int/>, 3) UNHCR. Refugee response plans 2025. Guidance note. July 2024. <https://www.unhcr.org/handbooks/rcm/sites/rcm/files/2024-10/RRP%20Guidance%20Note.pdf>

25	South Sudan		Eligible Existing	Group 1	HRP, CRP, Regional RRP
26	Tanzania (United Republic of)		Eligible Existing	Group 3	Regional RRP
27	Uganda		Eligible Existing	Group 2	Regional RRP
28	Zambia		Eligible Existing	Group 3	FA, Regional RRP
29	Zimbabwe		Eligible Existing	Group 3	FA
30	Kyrgyz Republic*	Eastern Europe and Central Asia	Eligible New	Group 3	
31	Tajikistan*		Eligible New	Group 3	Regional RRP
32	Bolivia	Latin America and Caribbean	Carryover Countries	Group 4	Regional RRP
33	Haiti		Eligible Existing	Group 3	HRP, CRP
34	Honduras		Carryover Countries	Group 3	HRP, CRP
35	Benin	West and Central Africa	Eligible Existing	Group 3	
36	Burkina Faso		Eligible Existing	Group 2	HRP
37	Cameroon		Eligible Existing	Group 3	HRP
38	Central African Republic		Eligible Existing	Group 1	HRP, Regional RRP
39	Chad		Eligible Existing	Group 2	HRP, Regional RRP
40	Congo		Eligible Existing	Group 3	
41	Cote d'Ivoire		Eligible Existing	Group 4	
42	Gambia		Eligible Existing	Group 2	
43	Ghana		Eligible Existing	Group 4	
44	Guinea		Eligible Existing	Group 2	
45	Guinea-Bissau		Eligible Existing	Group 2	
46	Liberia		Eligible Existing	Group 1	
47	Mali		Eligible Existing	Group 2	HRP
48	Mauritania		Eligible Existing	Group 3	Country RRP
49	Niger		Eligible Existing	Group 1	HRP
50	Nigeria		Eligible Existing	Group 3	HRP, CRP
51	São Tomé and Príncipe		Carryover Countries	Group 3	
52	Senegal		Eligible Existing	Group 3	
53	Sierra Leone		Eligible Existing	Group 1	
54	Togo		Eligible Existing	Group 2	

*Joined in 2023.

Annex 8 Reproductive health commodities supplied through the Supplies Partnership

Table 38. List of reproductive health commodities supplied through the UNFPA Supplies Partnership.¹⁹

Type	Commodity
Short-acting contraceptives	Combined oral contraceptive pills
	Progestin only pills
	Emergency contraceptive pills ^L
	Injectable contraceptives: DMPA-SC (N); DMPA-IM; NET-EN
	Male and female condoms
	Hormonal vaginal rings*
Long-acting reversible contraceptives	Contraceptive implants*
	Copper intra-uterine devices ^L
	Hormonal intra-uterine devices
	Supplies for insertion of removal of implants and intra-uterine devices
Permanent contraceptive methods	No-scalpel vasectomy kits ^L
	Supplies for tubal ligation ^L
Maternal health supplies	Oxytocin
	Heat-stable carbetocin *
	Tranexamic acid *
	Misoprostol ^L
	Mifepristone ^L
	Misoprostol-Mifepristone combined pack ^L
	Manual vacuum aspirator kits ^L
	Magnesium sulfate
Pre-packaged kits	Calcium gluconate
	Emergency reproductive health kits
	HIV test kits

L = lesser-used commodities, * = commodities newer to public health procurement

¹⁹ UNFPA (n.d.). Welcome to the UNFPA Supplies Partnership 2021-2030, UNFPA (2022). Supplies Partnership Annual Report 2022.

Annex 9 List of persons consulted

Global and regional level

No.	Position	Organization
1	SO1 Lead Technical Adviser	UNFPA, Family Planning Branch
2	Chief, Family Planning Branch, and Acting Programme Lead, UNFPA Supplies Partnership Programme	UNFPA, CSB
3	Knowledge Management Advisor, Commodity Security Branch	UNFPA
4	Programme Manager, UNFPA Supplies Partnership	
5	Programme Specialist, Governance and capacity building	
6	MHTF Coordinator	
7	Operations Advisor	
8	Sustainable Financing Expert	
9	Data Analyst	Avenir Health
10	Data Analyst	
11	Health Director, Track20 Project	
12	Deputy Director	
13	Technical Adviser, M&E	UNFPA, CSB
14	SO3 Co-Lead 2 for Compact and Match Fund	UNFPA, Family Planning Branch
15	Senior Health Expert	Netherlands MoFA
16	Demand and Supply Planning Specialist (Team Lead)	UNFPA, SCMU
17	SO2 Co-Lead 1 for Last Mile Assurance	UNFPA, SCMU
18	"Former SRO for the UKs RH Supplies programme and commodities lead, now	UK Foreign Commonwealth Development Office (FCDO)
19	Senior Adviser, SRHR, Global Health Directorate	
20	Head of Global Health in UK Mission Geneva"	
21	Senior Policy and Programme Manager, SRHR	UNFPA, Family Planning Branch
22	SO3 Lead Technical Adviser	
23	Supply Chain Management Specialist	UNFPA, ESARO
24	SO2 Lead	UNFPA, SCMU
25	Humanitarian Supplies Analyst	Humanitarian Response Division
26	Resource Mobilization and Donor Relations Advisor	UNFPA, Family Planning Branch
27	Global procurement manager	MSI
28	Global advocacy	BMGF
29	Deputy Director, Product Introduction & Market Access	
30	Director, Development and Impact	IPPF
31	Commodity Management Team Lead	UNFPA, WCARO
Cameroon country case study		
32	Supply Chain Specialist	UNFPA
33	Focal Point Supply Chain Management DSF	DSF
34	Focal Point CENAME	CENAME
35	Focal Point DCOOP	DCOOP
36	Focal Point CAMNAFAW	CAMNAFAW
37	Focal Point DPML	DPML
38	Focal Point	Global Fund

	Focal Point ESCAPE Project,	MSH
39	Program Coordinator	ACMS
40	RH Focal Point	GIZ
41	Partner Focal Point	AFRIYAN (Youth-led Organization)
42	MOH representative regional level	DRSP Littoral (Delegate, GAS FP, RH FP)
43	Parastatal agency (Regional warehouse)	Regional Fund for Health promotion (RFHP) LT
44	ISAHC Project Manager	USAID
45	Pharmacy Assistant	Pharmacie St Laurent
46	Pharmacy Assistant	Votre Pharmacie
47	Freight forwarder UNFPA	STAR SARL
48	MoH Representative	FP Focal Point
49	MOH representative regional level	DRSP WEST (Delegate, GAS FP, RH FP)
50	Parastatal agency (Regional warehouse)	Regional Fund for Health promotion (RFHP) West
51	UNFPA FP Midwife	CMA de Bana
DRC country case study		
52	Planning officer / Monitoring and evaluation division	PNSA
53	Technical Assistant / UNFPA-PNSR focal Point	DPS KINSHASA
54	General manager	TRANSITAIRE TLC
55	Director	CDR CAMESKIN
56	director of human resources and administration/ focal point in charge of partnership	DKT
57	Country Representative	TULANE
58	administrative and financial Director	ABEF-ND
59	Program director	APSME
60	administrative and financial Manager	PNAM
61	Health zone head doctor	ZS NSELE
62	Pharmacien warehouse manager	MSI RDC
63	administrative and financial Manager	AFRIYAN
64	RHCS Coordinator, Chief cluster adolescents and youth	UNFPA
65	Responsible for procurement of reproductive health products	PNSR
66	Administrator manager/ PNSR Kongo central	PNSR PROVINCIAL KONGO CENTRAL
67	Director	CDR CAAMEKO
68	Health zone head doctor	BCZS BOMA
Honduras country case study		
69	Oficial de salud sexual y reproductiva	UNFPA
70	Asociado en finanzas y administración, punto focal de RH y punto focal de seguridad.	
71	Asociado de adquisiciones	
72	UNFPA Country Representative	
73	UNFPA Deputy Representative	SESAL - Nivel central
74	Director General de Riesgos Poblaciones	
75	Jefe del Programa de Atención Integral a la Persona, Familia y Comunidad	
76	Oficial técnico del Programa de Atención Integral a la Persona, Familia y Comunidad	
77	Técnico - Dirección General de Normalización	

78	Enlace en la Unidad de Logística de Medicamentos e Insumos (ULMI) para Planificación Familiar.	ULMI - SESAL - Nivel central
79	Jefe del Departamento de Aduanas - SESAL	Departamento de Aduanas - SESAL - Nivel central
80	Directora Nacional de Productos Farmacéuticos de la Agencia de Regulación Sanitaria (ARSA)	ARSA
81	Asesor Regional de Aseguramiento de Insumos	UNFPA
82	Jefe del Almacén Nacional de Medicamentos (ANMI)	ANIMI - SESAL - Nivel central
83	Directora Médica	ASHONPLAFA
84	Directora Administrativa Financiera	
85	Responsable de logística	ASHONPLAFA
86	Gerente de País	DKT
87	Directora	UAP - PROSALH
88	Encargada de país	Médicos del Mundo
89	Director de país	PASMO - PSI
90	Gerente Técnica	Ciudad Mujer
91	Director de Desarrollo Social	Asociación de Municipios de Honduras (AMHON)
92	Coordinadora Nacional	
93	Coordinadora de proyectos	Foro Nacional de VIH/Sida - FOROSIDA
94	Consultora Nacional en Salud Sexual y Reproductiva	Organización Panamericana de la Salud (OPS)
95	Coordinadora de programación de medicamentos	ULMI - SESAL - Nivel central
96	Técnico de la Unidad de Apoyo a la Gestión – Enlace del Programa de Atención a la Mujer	Región Metropolitana de Tegucigalpa SESAL - Nivel Regional
97	Responsable de la clínica de planificación familiar	Centro Integral de Salud (CIS) Alonso Suazo - SESAL - Nivel local
98	Responsable de Farmacia	
99	Responsable de Farmacia	
100	Técnico de la Unidad de Apoyo a la Gestión	
101	Responsable de la Unidad de Logística	
102	Coordinadora de Redes de Servicio	
103	Enlace de Planificación Familiar	Región Metropolitana de Tegucigalpa SESAL - Nivel Regional
104	Punto focal de adolescentes	
105	Coordinadora de la Unidad de Logística	
106	Jefe de Almacén Regional	
107	Coordinadora del Programa de Adolescentes	CIS de San Pedro de Tutule - SESAL - Nivel Local
108	Supervisora municipal	Dirección Municipal de San Pedro de Tutule – Región Departamental de La Paz - SESAL - Nivel Local
109	Supervisora intermunicipal	Región Departamental de La Paz - SESAL - Nivel Regional
110	Supervisora administrativa	
111	Encargado de farmacia	
112	Directora	
113	Voluntario	
114	Voluntaria	Centro Integral de Salud (CIS) Japon - SESAL - Nivel local
115	Voluntaria	

116	Voluntaria	
117	Voluntaria	
118	Voluntaria	
119	Directora	
120	Coordinadora de Atención a la mujer	CIS Monterrey - SESAL - Nivel Local
121	Jefe del Departamento de Enfermería	
122	Voluntaria	
123	Técnico - División de Tesorería	
124	Técnico - División de Presupuesto, parte de ingresos	Secretaría de Finanzas (SEFIN)
125	Técnico - División de Presupuesto, parte de egresos - Seguimiento a la SESAL	
126	Técnico - División de Presupuesto, parte de egresos - Seguimiento a la SESAL	
Kenya country case study		
127	Country Representative	
128	Deputy Representative	
129	FP/RHCS Specialist	
130	M&E specialist	
131	Finance and Operations	
132	Population and Data Specialist	
133	ASRH & Youth Assistant	
134	Operations Assistant	UNFPA Country Office
135	SRH Youth Advisor	
136	Logistics, Programme Assistant	
137	Humanitarian Specialist	
138	Humanitarian staff member (new)	
139	Executive assistant	
140	Administration Assistant	
141	Communication and Advocacy Specialist	
142	International Operations Manager	
143	Clerk	
144	Director of Public Education	
145	National Advocacy Lead and FP Focal Point, Commodity security for RH	National Council for Population and Development (NCPD)
146	UNFPA Focal Point	
147	Executive Director	Network of Adolescents and Youth of Africa (NAYA)
148	Managing Director, East and Southern Africa Regional Hub	FP2030
149	CEO	
150	Project Director	
151	ICTM	
152	Ag. DMCP	
153	DCS	
154	DCS	KEMSA
155	Ag DFS	
156	Ag. DLS	
157	Director HR and administration	
158	Distribution office	
159	Participant but position not listed	
160	Participant but position not listed	

161	Participant but position not listed	
162	Technical Advocacy Advisor	JHPIEGO
163	Director of Family Planning	Ministry of Health
164	Director of SRH	Ministry of Health
165	Team Lead for Health	FCDO – UK Government Foreign, Commonwealth and Development Office
166	Programme Officer for Health	
167	Director, East Africa	Options Consultancy
168	CEO	
169	Director, Social Enterprise	
170	Director, DESIP/Reproductive Health	Population Services Kenya (PSI-K)
171	RH/FP Specialist, DESIP Programme	
172	Programme Manager, SRH	Clinton Health Access Initiative (CHAI)
173	Analyst & seconded to RHSC	
174	Kenya Practice Leader	
175	Pharmacist	In Supply
176	Advisor, Supply Chain	
177	Quality Implementation and Capacity building	
178	Editor & Podcast Host, Nation Media Group	Nation Media Group
179	Strategy & Partnerships, Nation Media Group Foundation	
180	Country Director	International Centre for Reproductive Health – Kenya (ICRH-K)
181	Senior Programme Officer for MH & UNFPA FP	
182	Beneficiaries: FSW peer educators (Mombasa) (by Zoom)	
183	Beneficiaries: FSW peer educators (Mombasa) (by Zoom)	
184	Beneficiaries: FSW peer educators (Mombasa) (by Zoom)	
185	Operations Trustee	
186	Finance assistant	
187	Media	
188	ICT officer	
189	Programme officer	This Ability Trust
190	Skills project officer	
191	Finance officer	
192	Advocacy officer	
193	Finance Manager	
194	Legal Trustee	
195	Senior Programme officer – FP, MNCH, PHC Africa	Bill and Melinda Gates Foundation (BMGF)
196	Sc-PHN Kibra	Nairobi County – Kibra DO Health Centre
197	sub county depot manager	
198	sub county community strategy	
199	Beneficiaries: mother on FP	
200	Beneficiaries: mother on FP	
201	Director of Health	
202	County Pharmacist	Narok County
203	CRHC - Coordination, SRH services for county	
204	SCMOH	Narok south sub-county (Olotulungo)

205	SCRHC	
206	SCCO	
207	Sub County Pharmacist	
208	Nursing Officer Incharge	
209	National Sales Mgr	DKT Healthcare
210	Regional Procurement & Logistics Mgr	
211	Executive Director	Reproductive Health Network Kenya (RHNK)
212	In charge of commodities	
213	Project Officer	
214	Communications and Male Engagement Officer	Polycom Girls
215	beneficiary, mentor	
216	beneficiary, mentor	
217	head of pads programme	
218	Head, Pillar 1 & UNFPA focal point	
219	Senior Programme Manager	
220	new Country Director	
221	Head of procurement	Marie Stopes Kenya (MSI)
222	Programme Assistant, Pillar 1	
223	Procurement & Supply Chain	
224	Finance, Procurement, IT	
225	Technical Services Director	
226	County RH Coordinator, MSI-K focal point, former in-charge at Embakasi HF	
227	Supervisor for HSS, tracking, advocacy for Nairobi	
228	Nurse-midwife	
229	Nurse trained in VSC	Embakasi Health Centre, Embakasi sub-county
230	RH clinical officer & surgeon	
231	MSI QA advisor & trainer on voluntary surgical contraception	
232	MSI-K Advocacy and FP officer	
233	Facility in-Charge, nurse/midwife	
234	vasectomy beneficiary & champion	
235	bitubal ligation champion and CHP	
236	Project Officer supporting migration & human rights	
237	Senior Project Officer, focal point for transitional justice	Kenya National Commission on Human Rights
238	Gender focal point, senior human rights officer, specialist in access of vulnerable groups to SRH	
239	Project Management Specialist, MCH FP & RH for USAID for Eastern Africa	USAID
240	Ministry of Health Monitoring & Evaluation officer	Ministry of Health M&E Dept
241	Lower Eastern region; Supply chain	
242	Logistics & Warehousing	Kenya Red Cross Society
243	Warehousing support)	
244	Lower Eastern region; Health & Nutrition dept	
Pakistan desk study		
245	Director	Indus Hospital and Health Network

246	Director	Population Welfare Department Khyber Pakhtunkhwa
247	Director	Population Welfare Department Sindh
248	Programme Specialist SRH	UNFPA Pakistan Country Office
249	Programme Analyst SCM	
250	Family Planning Advisor	
Zambia desk study		
251	Pharmacist	National Supply Chain Coordination Unit
252	Programme Specialist (SRH)	UNFPA Zambia Country Office
253	Programme Analyst - Reproductive Health Commodity Security	
254	Senior Supply Chain Advisor	
255	Director	USAID
255	Director	ZAMMSA
Yemen desk study		
256	Chief of Party	JSI
257	Reproductive Health Programme Coordinator	UNFPA Yemen Country Office
258	RHCS Specialist	

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Annex 11 Terms of Reference

SECTION II: TERMS OF REFERENCE (TOR)



TERMS OF REFERENCE

Mid-term Evaluation of the UNFPA Supplies Partnership (2021 – 2030)

EVALUATION OFFICE
November 2023

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List of acronyms

CO	Country Offices
CPE	Country programme evaluation
CSB	Commodity Security Branch
DFID	Department for International Development
EQA	Evaluation Quality Assessment
EQQA	Evaluation Quality Assurance and Assessment
EO	UNFPA Evaluation Office
ERG	Evaluation Reference Group
FP	Family planning
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
GPS	Global Positioning System
HIMS	Health Information Management System
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HQ	Headquarters
HSS	Health System Strengthening
ICPD	International Conference on Population and Development
LMA	Last Mile Assurance
LMIS	Logistics Management Information Systems
NSP	National Supply Plan
MAV	Monitoring, accountability and visibility
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MISP	Minimum Initial Service Package
NGO	Non-governmental Organization
OECD DAC	Organization for Economic Cooperation and Development-Development Assistance Committee
PHC	Primary health care
PICTS	Pacific Island countries and territories
PSRO	Pacific Sub-Regional Office
RH	Reproductive Health

RHC	Reproductive Health Commodity
RHCS	Reproductive Health Commodity Security
RHCS TTF	Reproductive Health Commodity Security Thematic Trust Fund
RO	Regional Office
SCMU	Supply Chain Management Unit
SRA	Sustainability Readiness Assessment
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TD	Technical Division
TPP	Third Party Procurement
ToR	Terms of Reference
UHC	Universal Health Coverage
UK	United Kingdom
UN	United Nations
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
VAN	Visibility and Analytics Network
WHO	World Health Organization

1. Introduction

Evaluation at the United Nations Population Fund (UNFPA) serves three main purposes: (a) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (b) support evidence-based decision-making; (c) contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).¹

In accordance with UNFPA Quadrennial Budgeted Evaluation Plan, 2022-2025² and the UNFPA Supplies Partnership Programme,³ the Evaluation Office (EO) will conduct an independent mid-term evaluation of the UNFPA Supplies Partnership (2021-2030) to inform decision-making and policy formulation. This evaluation will commence in March 2024 and its results will be presented to UNFPA in 2025. It will be managed by the UNFPA EO and conducted with a team of external specialists.

These terms of reference (ToR) were prepared by the evaluation manager based on a document review and initial consultations with the Technical Division (TD) at UNFPA. The evaluation questions and related methodological apparatus will be finalized in close collaboration with the evaluation team and in consultation with the evaluation reference group (ERG) during the inception phase. The evaluation team will conduct the evaluation in conformity with these terms of reference (ToR) under the management of the UNFPA EO and guidance of the ERG.

2. Rationale

The independent mid-term evaluation of the UNFPA Supplies Partnership (2021-2030) in its phase III (hereafter: the Partnership) is a matter of corporate strategic significance as the Partnership directly contributes to the transformative and people-centered results of: ending preventable maternal death and unmet need for family planning, as well as to ending gender-based violence and harmful practices, as set out in UNFPA strategic plan, 2021-2025.⁴ A formative evaluation, undertaken early in the implementation of phase III of the program, the mid-term evaluation will inform about the trends in results and indicate whether the objectives of the Partnership are likely to be fulfilled. It will also identify the barriers and facilitators of the programme implementation. It is expected that the evaluation's results will provide an evidence-based analysis of the Partnership's contribution to ensuring that the needs of women and girls, including the hardest-to-reach, for modern contraceptives and life-saving maternal health medicines are met, within countries whose engagement and commitment to reproductive health, including family planning is expressed through policies, programme delivery and the allocation and use of domestic resources in a sustainable manner. The results of the formative mid-term evaluation are then expected to be incorporated into programming and inform the necessary adjustments to be made to improve the design and implementation of the Partnership's phase III moving forward.

¹ See UNFPA evaluation policy - DP/FPA/2013/5

² DP/FPA/2022/1

³ See <https://www.unfpa.org/unfpa-supplies-partnership> and "UNFPA Supplies Partnership 2021-2030, Phase III Programme document"

⁴ DP/FPA/2021/8

The evaluation will cover the Partnership strategic interventions deployed along its areas of focus as stated in its strategic framework and theory of change. It will assess the extent to which it actually plays a catalytic role for sustainable change for women and in programme countries, and will also examine its governance and management procedures. It will identify key lessons learned from the implementation of the third phase so far, with a view to informing the Partnership going forward.

Learnings from the evaluation will also contribute to inform the implementation of the on-going UNFPA Strategy for Family Planning: *Expanding Choices, Ensuring Rights in a Diverse and Changing World (2022–2030)*. Finally, the evaluation will also constitute an important contribution to the formulation of the UNFPA Strategic Plan post 2025.

3. Users of the Evaluation

The evaluation will take stock of the progress accomplished and results achieved since 2021 and is expected to support learning among key stakeholders to inform the implementation of the remainder of the phase III of the Partnership. The main users of the evaluation include:

- UNFPA Commodity Supplies Branch (CSB)
- UNFPA Supply Chain Management Unit (SCMU)
- Technical Division and other UNFPA divisions and units
- Regional and Country Offices
- UNFPA Supplies Partnership Steering Committee (including donors that have funded the programme) and sub-committees
- Counterparts in programme countries, including ministries of finance and ministries of health as well as national health entities and other agencies that form part of national health systems
- Strategic partners such as civil society organizations and diverse stakeholders (including NGOs) in the Partnership programme countries.

The mid-term evaluation will also support accountability of UNFPA through taking stock of the progress accomplished and results achieved under the Partnership from 2021 to 2024.

4. Context

As early as 2000, UNFPA and partner agencies recognized the importance of reproductive health commodity security (RHCS) as a platform for global stakeholders to align their efforts with national priorities with a view to accelerating the reduction of unmet need for family planning, improving maternal health, and enabling women and girls to exercise their reproductive rights. In response, UNFPA and partners developed the Global Strategy for Reproductive Health Commodity Security. The strategy served as the initial framework for integrating reproductive health commodity security into all UNFPA country programmes with a focus on resource mobilization and sustainable financing, coordination for efficiency, and national capacity development.

4.1 Overview of the UNFPA Supplies programme (2007–2020)

In 2004, UNFPA created the RHCS Thematic Trust Fund (TTF) to pool resources from different development partners, thereby minimizing transaction costs, facilitating coordination, and maximizing cost efficiency, particularly in commodity procurement. The TTF guidelines allocated roughly 90 per cent of resources to avoid stock-out situations. In 2007, the second phase of the RHCS TTF developed into the first phase of the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS). The first phase of the GPRHCS operated from 2007 to 2012, with the goal of promoting a more systematic and sustainable country-driven approach to securing essential reproductive health supplies and ensuring their effective use.

The GPRHCS provided support to focus countries classified in three streams. The most intensive support was provided to stream-one countries, which received both commodity support and technical and financial support to interventions aimed at other programme output areas. To promote the prioritization and mainstreaming of RHCS, the GPRHCS focused its efforts around: (i) providing reproductive health commodities (procurement, product and technologies for family planning, condom programming); (ii) strengthening health information management system (HMIS) for forecasting and logistics; and (iii) building governments' capacities in 46 countries as well as in countries facing commodity stock-outs and humanitarian needs.

Funding for the first phase initially started with US \$15 million in 2007 and increased to US \$181 million in 2012 for a total of US \$565M; with 68 per cent going to commodities and 32 per cent to capacity building. In 2011, a mid-term review of the programme was conducted. The review reported positive results, particularly in the 12 priority countries (Stream 1) which received the most comprehensive support. The review also found that the GPRHCS had successfully set up country level building blocks for reproductive health commodity security.

In response, UNFPA developed a second phase of the GPRHCS, later renamed “UNFPA Supplies”, and was implemented from 2013 to 2020. UNFPA Supplies focused on 46 target countries that received integrated, multi-year support for an initial five-year period (2013–2017) and, as such, represented a major expansion from the GPRHCS. In fact, UNFPA Supplies continued efforts in the original focus areas of the GPRHCS and expanded its interventions in the following areas: (i) improving the enabling environment for RHCS; (ii) improving efficiency for procurement and supply of RHC; (iii) improving access to quality RH commodities/family planning services; (iv) strengthening capacity and systems for supply chain management; and (v) improving results-based planning, monitoring and reporting.

The UNFPA Supplies programme was the subject of an independent mid-term evaluation in 2018⁵ whose results informed the programming of the third phase of the programme covering the period 2021–2030. Renamed “Partnership”, the programme departs significantly from the previous phases (2007–2020), notably by:

- Prioritizing a stronger focus on sustainable financing including domestic resources, following the principle that national capacity development is the overarching strategy of the Partnership approach;

⁵ <https://www.unfpa.org/mid-term-evaluation-unfpa-supplies-programme-2013-2020>

- Structuring the programme as a partnership with governments and other implementing partners, taking on more defined responsibilities and commitments;
- Implementing tailored and targeted approaches for Partnership countries, maximizing the impact of resources based on need and opportunity;
- Strengthening performance, accountability and assurance during last mile delivery by using processes to ensure visibility of commodities to the last mile;
- Using the programme as a platform to help prioritize reproductive health, including family planning, as a core element and driver of sustainable development;
- Implementing a new participatory governance model that fosters co-creation and shared decision-making with mutual accountability among Partnership stakeholders for programme results.

4.2 Overview of the UNFPA Supplies Partnership (2021–2030)

Although the number of modern contraceptive users has nearly doubled worldwide since 1990 (from 467 million), 92 million women still use a traditional contraceptive method and 164 million women wanting to delay or avoid pregnancy are not using any contraceptive method, and thus are considered to have an unmet need for family planning.⁶ While the use of specific contraceptive methods varies widely across countries, in approximately one fifth of countries, more than 50 per cent of contraceptive use is accounted for by a single contraceptive method, an overreliance which not only can mean that users are unable to use or choose their preferred method, but can also leave a population vulnerable to stockouts or shortages.⁷ Furthermore, successes in reducing maternal mortality that occurred during the MDG era have stagnated and, in 2020, an estimated 287 000 women globally died from a maternal cause, equivalent to almost 800 maternal deaths every day, almost all of them occurring in developing countries.⁸

Against this context, the UNFPA strategic plan, 2022–2025⁹ focuses on critical pathways and the strategies necessary to accelerate the achievement of three transformative results: (a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage. Advancing progress towards these three transformative results also formed the basis for the UNFPA work dedicated to contraceptive and maternal health commodities for the period 2021–2030. Framed as a Partnership, the programme fosters greater partner countries' engagement and governments' commitment to reproductive health, including family planning, expressed through policies, programme delivery and the allocation and use of domestic resources. This Partnership is also reflected in the governance structure of the programme consisting of a three-tiered committee

⁶ World Family Planning 2022 Meeting the changing needs for family planning: Contraceptive use by age and method, at

https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2023/Feb/undesa_pd_2022_world-family-planning.pdf

⁷ Ibidem

⁸ Trends in maternal mortality 2000 to 2020 Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division at

<https://iris.who.int/bitstream/handle/10665/366225/9789240068759-eng.pdf?sequence=1>

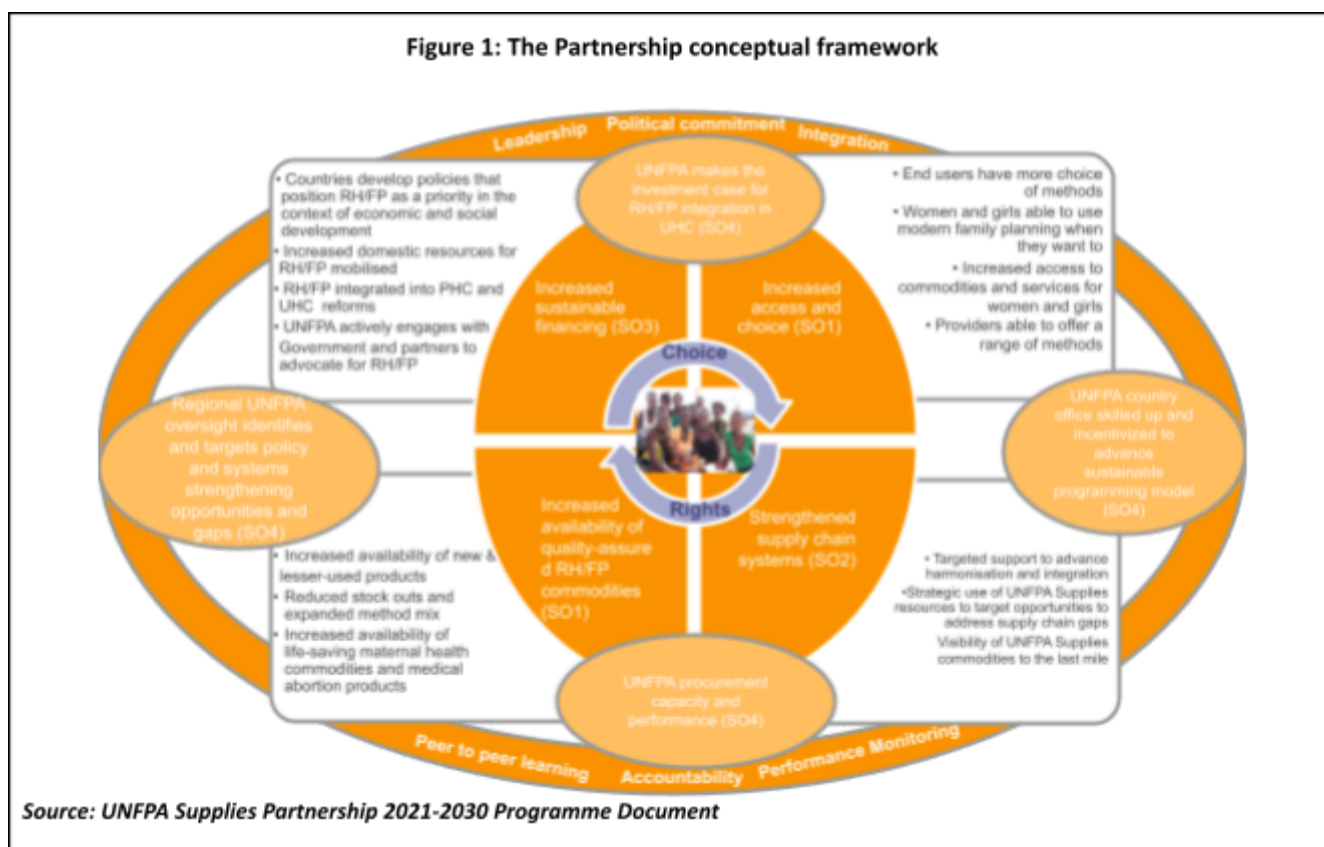
⁹ DP/FPA/2021/8 at

https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf

structure made up of key stakeholders including donors, programme country governments, civil society and strategic partners.

With the overall objective of implementing the Programme of Action of the International Conference on Population and Development (ICPD) in order to accelerate progress towards the 2030 Agenda for Sustainable Development, particularly through contributing to the UNFPA transformative results, the framework of the UNFPA Supplies Partnership is structured around four strategic objectives (SO) as illustrated in figure 1 :

- **SO.1 - Availability of choice:** increase availability of quality-assured reproductive health commodities, including modern contraceptive for family planning
- **SO.2 - Strengthened supply chains:** ensure supplies for reproductive health commodities reach the last mile and promote harmonization and integration of supply systems in countries
- **SO.3 - Increased government commitment:** Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development
- **SO.4 - Operational effectiveness and efficiency:** Improved programme management with shared accountability for results



To deliver its 4 strategic objectives, the UNFPA Supplies Partnership deploys its interacting and mutually reinforcing interventions through two programmatic funding streams; while a separate stream covers the costs of programme delivery, coordination, management and accountability:

- **Funding stream 1 - Supplies:** supports reproductive health commodities and related costs (freight, packaging and labeling, sampling and testing), with a substream for new and lesser-used products and for humanitarian needs and priorities. The bulk (70%) of the Partnership funding is channeled through the Supplies funding stream.
- **Funding stream 2 - Health System Strengthening (HSS):** supports assistance to strengthen supply chains and the enabling environment for reproductive health/family planning policy, with an additional short-term seed fund to help bridge availability and access. Through the HSS funding stream, the Partnership identifies and supports catalytic interventions to increase countries accountability and investment in RH, including family planning, with a focus on supply chain systems strengthening and the enabling of the policy environment to increase commodity security.
- **Funding stream 3 - Performance:** covers the costs attached to monitoring, accountability and visibility (MAV). This stream has two primary functions that both serve to strengthen accountability and visibility for the distribution and use of Partnership-procured commodities from end-to-end, with a focus on the “last mile”. The stream covers: management, governance and personnel costs, as well as last mile assurance (LMA)¹⁰ and performance monitoring activities.

Table 1 - Budget allocation for the period 2021 -2023

¹⁰ The LMA process aims to gain visibility on how UNFPA Programme Supplies are managed at different levels of the supply chain, allowing for better programming, evidence-based supply chain systems strengthening interventions, increased UNFPA and implementing partner accountability, and improved ability to discharge UNFPA's fiduciary obligations to donors. The In-Country Assessment (ICA) is one of four key activities of the LMA process. It consists of on-site visits to selected regions and facilities within a country, to trace UNFPA Programme Supplies at all levels of the supply chain, assess implementing partner capacity to safeguard and manage Programme Supplies, mentor facility personnel and issue short- and long-term recommendations for supply chain systems strengthening. The other LMA key activities are: Supply chain overview; Quarterly stock review; Supply chain management risk assessment.

Overall Allocation Plan by Major Category	Budget (USD)	%	Budget (USD)	%	Budget (USD)	%
	2021		2022		2023	
Commodities	86,956,518	72	127,460,000	69	131,200,000	71
Managing Accountability and Visibility	14,075,000	12	14,750,000	8	17,800,000	10
Transformative Action	16,000,000	13	29,850,000	16	27,000,000	15
Total	117,031,518	97	172,060,000	93	176,000,000	95
Special Restricted Funds		0	13,384,864	7	9000000	5
Adjustment for cost recovery**	4122006	3		0		0
Total	121,153,524	100	185,444,864	100	185,000,000	100

Source: Commodity Security Branch

As of 2023, the UNFPA Supplies Partnership covers **54 countries** with: (a) **low use of modern contraceptives** (less than 32 per cent) where support for purchasing FP commodities may help expand access to contraceptives; (b) **a high rate of maternal mortality** (more than 206 per 100,000 live births), indicative of a low capacity healthcare system; (c) and **a gross national income (GNI) per capita below US\$1,575**, indicative of difficulties to fund commodity purchasing on their own. Among those 54 countries, 46 countries were already part of phase II of the UNFPA Supplies programme, and 8 are entrant countries.¹¹ The Partnership also includes 7 “carry over” countries that did not meet the eligibility criteria but where the programme is not terminated to avoid disruptions in services. In addition to the 54 programme countries, the Partnership also supports 14 Pacific Island countries and territories (PICTS) through the UNFPA Pacific Sub-Regional Office (PSRO).

Table 2 - The UNFPA Supplies Partnership partner countries

UNFPA Region	Phase II countries (including carry-over countries)	New entrant countries
Asia-Pacific Region	Lao PDR	Afghanistan (Year of entry 2021)
	Myanmar	Cambodia (Year of entry 2023)
	Nepal	Pakistan (Year of entry 2023)
	Timor-leste (carry-over country)	
	Papua New Guinea (carry-over country)	

¹¹ As the scale up from 46-54 countries was phased over several years. 2021: 46 countries; 2022: 48 countries; 2023: 54 countries

	PICTS: Cook Islands, Fiji, Federated states of Micronesia (FSM), Marshall Islands, Kiribati, Tonga, Samoa, Vanuatu, Tokelau, Tuvalu, Palau, Nauru, Niue, Solomon Islands	
Arab States Region	Djibouti	Somalia (Year of entry 2021)
	Sudan	
	Yemen	
Eastern Europe and Central Asia Region		Kyrgyzstan (Year of entry 2023)
		Tajikistan (Year of entry 2023)
East and Southern Africa Region	Burundi	Angola (Year of entry 2023)
	Democratic Republic of Congo	Comoros (Year of entry 2023)
	Eritrea	
	Ethiopia	
	Kenya (carry-over country)	
	Lesotho	
	Madagascar	
	Malawi	
	Mozambique	
	Rwanda	
	South Sudan	
	Tanzania	
	Uganda	
	Zambia	
	Zimbabwe (carry-over country)	
Latin America and the Caribbean Region	Bolivia (carry-over country)	
	Haiti	
	Honduras (carry-over country)	
Western and Central Africa Region	Benin	
	Burkina Faso	
	Cameroon	
	Central African Republic	

	Chad	
	Congo-Brazzaville	
	Côte d'Ivoire	
	Gambia	
	Ghana	
	Guinea-Bissau	
	Guinea-Conakry	
	Liberia	
	Mali	
	Mauritania	
	Niger	
	Nigeria	
	Sao Tome and Principe (carry-over country)	
	Senegal	
	Sierra Leone	
	Togo	

Source: UNFPA Supplies Partnership 2021-2030 Programme Document

In Phase II of the UNFPA Supplies programme, two thirds of the 46 programme countries experienced a humanitarian crisis, and received some level of short-term assistance through UNFPA Supplies in the form of emergency reproductive health kits. In its third phase, the Partnership supports UNFPA humanitarian response through the rapid deployment of essential supplies as well as through the promotion of resilience and preparedness in programme countries most likely to be affected. To this effect, the Partnership supports the integration and mainstreaming of humanitarian capacity-building components into its broader efforts in strengthening procurement and supply chain systems for routine commodities.

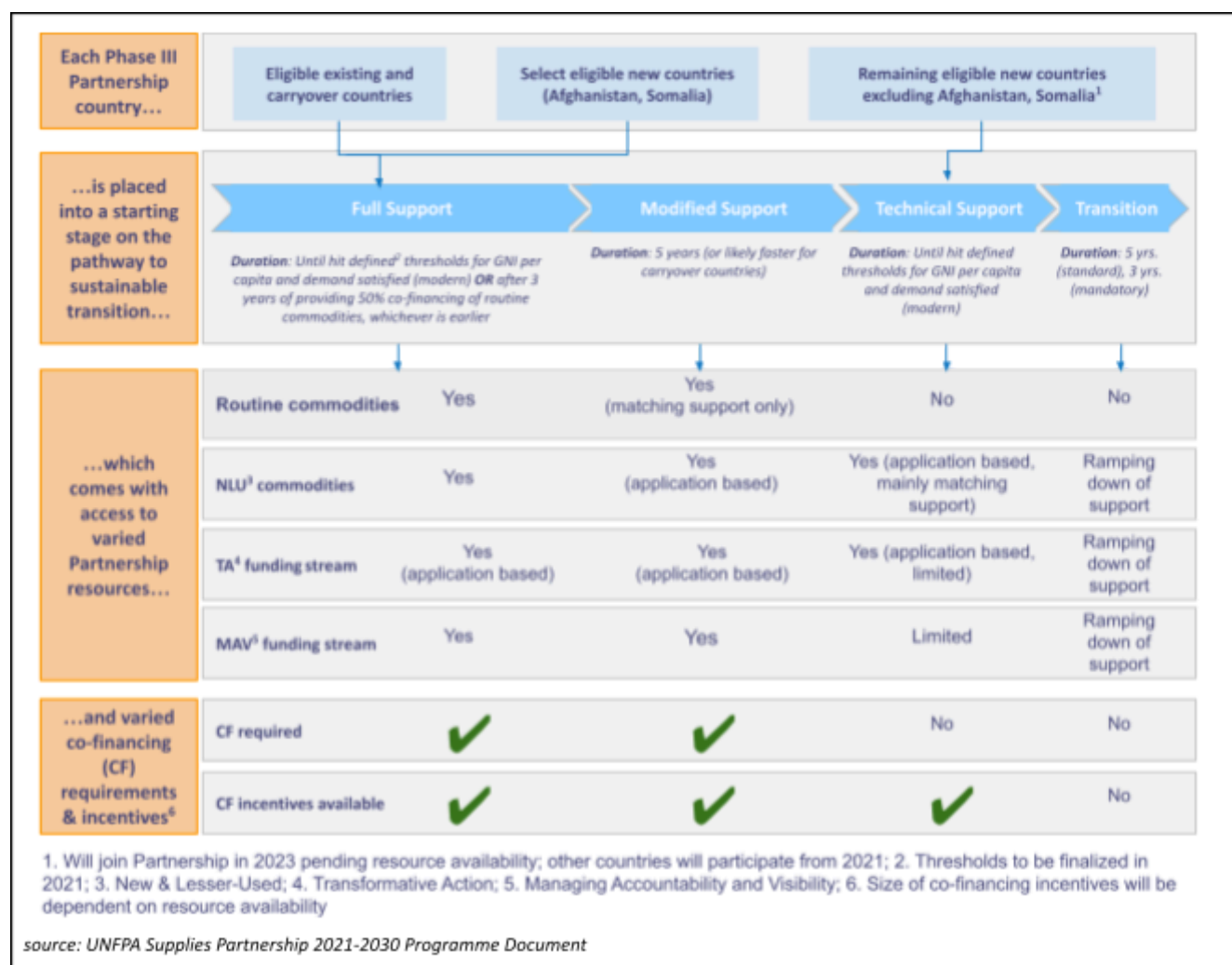
The Partnership resources are distributed following a three-level allocation mode:

- **Level 1:** global allocation across the 3 funding streams (see above)
- **Level 2:** allocation within each funding stream to individual budget lines – e.g. within Stream 1, commodities budget is allocated to individual budget lines such as: Routine commodities; New and Lesser-used products, Humanitarian needs etc.
- **Level 3:** within each budget line, resources are allocated to country-level activities and global and regional-level activities

As already indicated, a significant majority of resources are allocated to commodities. Yet, unlike Phase II of the programme when allocation of commodities and technical assistance to countries was based on a predetermined fixed split (typically 75/25), the Partnership introduces flexibility and a tailored approach. Allocating commodity and transformative action (stream 2 receives 15% of the Partnership funds) resources to countries through separate streams allows for a more needs-driven process that takes into account where each country is in terms of factors such as: policies, systems and capacity; commitment to health generally and RH in particular; capability to deliver and reach the last mile; current financing level and approach. This model also allows for real-time adaptation to changing global context (e.g. the COVID-19 pandemic and its impact on global supply chains).

The Partnership is oriented towards moving countries along a 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 consists of four stages: “full support”, “modified support”, “technical support”, and “transition”. The Partnership makes available a specific package of resources available to the programme countries at each stage of development. When in “full support” mode, countries benefit from all resources available in the Partnership and, as they progress both in terms of economic development and reproductive health outcomes, the support decreases until countries move away from the Partnership support entirely. The pathway to sustainable transition is described in the figure below

**Figure 2 - Pathway to sustainable transition:
Partnership country access to resources at different stages of development**



5. Evaluation Purpose, Objectives and Scope

5.1 Purpose

The purpose of the evaluation is to assess the performance of the UNFPA Supplies Partnership in providing **support to meet the needs of women and girls, including the hardest-to-reach, for modern contraceptives and life-saving maternal health medicines**, and in **strengthening the health systems that make this possible, sustainable and visible in programme countries**. In particular, the evaluation will assess the contribution of the Partnership to expand RH choices and rights and to strengthen health systems through its focus on: (i) increased access and choices; (ii) increased availability of quality-assured RH/FP commodities; (iii) strengthened supply chain systems; and (iv) increased sustainable financing in programme countries. It will also assess (v) the **Partnership's operational effectiveness and efficiency** and how it allows it to play a catalytic role and become a platform to help prioritize reproductive health, including family planning, as a core element and driver of sustainable development, building on UNFPA partnerships at global and country level. The evaluation will also address (vi) the promotion of **gender equality and human rights** in the context of

the programme and assess how, as it targets women and girls, the Partnership aims at meeting the reproductive health and rights for everyone, including the needs of men and adolescents.

The evaluation will cover the period from 2021 with a view to providing useful learning to feed into the formulation and implementation of the Partnership interventions through 2030.

5.2 Objectives

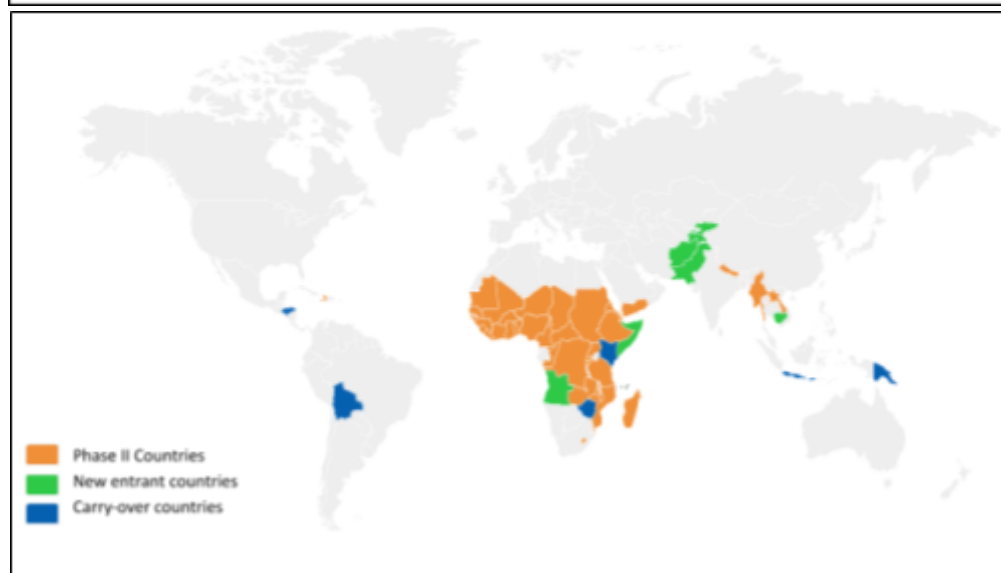
The primary objectives of the mid-term evaluation are to assess the progress made thus far in the formulation and implementation of the Partnership and, in particular to:

1. Analyze how the conceptual framework and theory of change as set out in the UNFPA Supplies Partnership programme document (2021-2030) have guided UNFPA support to countries to procure and pay for commodities as part of establishing sustainable systems that ensure all women and girls have access to a choice of quality commodities, and assess the progress made thus far in the contribution of the Partnership's interventions to the desired outcomes.
2. Facilitate learning and capture good practices from the Partnership across its strategic objectives and under its funding streams to inform the programming and implementation of the current phase of the Partnership through 2030.

5.3 Temporal and geographical scope

The evaluation will cover the period from 2021 under the current Partnership programme Phase III (2021-2030). The geographical scope includes all 54 countries in the UNFPA six regions of operation where the programme interventions are being undertaken: Western and Central Africa; Eastern and Southern Africa, Asia and the Pacific, Arab States, Eastern Europe and Central Asia, Latin America and the Caribbean (see Table 2).

Figure 3 - The UNFPA Supplies Partnership programme countries



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

In consultation with the evaluation manager and the reference group, the evaluation team will propose, at inception phase, a selection of 9 country case studies and the rationale for their selection.

6. Evaluation criteria and areas of investigation

The evaluation questions delineate the thematic scope of the mid-term evaluation and form the basis to determine the data the evaluators will need to collect. The evaluation questions address five evaluation criteria stipulated by the OECD DAC, relevance, coherence, effectiveness, efficiency and sustainability, as well as.

Table 3 - Evaluation criteria

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

For the Partnership’s humanitarian and/or emergency interventions, two additional criteria need to be addressed: coverage and connectedness.¹² These aim to assess the extent to which the Partnership has contributed to support the rapid deployment of essential supplies at the outset of an emergency. When assessing humanitarian interventions, the evaluators will not only consider how the Partnership has worked across the humanitarian-peace-development nexus but also contributed to build resilience and preparedness in countries most likely to be affected by an emergency. The evaluation will assess, in particular, how the

Partnership has promoted the integration of humanitarian capacity-building components into its broader efforts to strengthen procurement and supply chain systems for routine commodities and, ultimately, by linking prevention, preparedness, response and early recovery with national capacity building.

Criteria	Definition
Coverage	The extent to which major population groups facing life-threatening conditions were reached by humanitarian action. Evaluators need to assess the extent of inclusion bias – that is, the inclusion of those in the groups receiving support who should not have been (disaggregated by sex, socio-economic grouping and ethnicity); as well as the extent of exclusion bias, that is, exclusion of groups who should have been covered but were not (disaggregated by sex, socio-economic grouping and ethnicity).

¹²See: Evaluating humanitarian action using the OECD-DAC criteria An ALNAP guide for humanitarian agencies.[LINK:
<https://www.alnap.org/system/files/content/resource/files/main/eha-2006.pdf>

Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account, that is a nexus approach, and that also indicates the complementarity of UNFPA with other partner interventions.
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The mid-term evaluation will consist of a contribution analysis (see below section 7.1) of the Partnership to its desired results: **(1)** expanded access to a choice of quality-assured family planning methods for marginalized girls and women, including the hardest to reach; **(2)** increased sustained domestic financial and programmatic commitment to reproductive health/family planning integrated into primary health care/universal health care explicitly; **(3)** strengthened, harmonized, integrated supply chains deliver commodities to the last mile; **(4)** well-governed Partnership with shared accountability for results operates as a credible mechanism. To this end, the focus of the evaluation will be placed on the level of achievements of outputs *and* how they have contributed to the achievement of outcomes. Evaluators will assess activities (specific technical, financial, advocacy, partnership and dialogue inputs from UNFPA that combine with partner efforts to achieve the outputs) insofar as they account for the observed level of results achieved. This evidence-based analysis will serve as the basis of a judgment, by the evaluators, on how well the programme under way is contributing to the achievement of the intended results foreseen in the Partnership programming documents.

The table below identifies, for each output, issues that were raised during consultations with the UNFPA personnel at the CSB and the SCMU. They point at issues (what has been progressing well, but needs to be further analyzed and it can be better understood; what does not seem to be working as well as planned and where gaps, bottlenecks or stumbling blocks need to be identified, etc.) that, during the inception phase, the evaluation team should be well aware of and further investigate. This will help the evaluators elaborate a set of evaluation questions that will further delineate the thematic scope of the mid-term evaluation. Each question will address one or more of the evaluation criteria listed above in its intent. The evaluation questions are intended to give a more precise form to the evaluation criteria and articulate the key areas of interest to stakeholders, thereby optimizing the focus and utility of the evaluation.

Table 4 - Areas of investigation

Outcome 1: Increase availability of quality-assured reproductive health commodities	
Output 1.1 - Efficient and timely procurement of a choice of quality-assured reproductive health commodities	<ul style="list-style-type: none"> Partnership Country offices, CSB and SCMU capacity and staff skill mix to manage procurement orders, incl. third party procurement, for timely and full-quantity delivery The Partnership's strategy to enhance cost-effectiveness in procuring and delivering quality assured commodities (incl. Procurement of generics medicines, use of long-term agreements, market shaping, and volume guarantee) Capacity of the system to ensure visibility for programme countries of procurement status across the procurement continuum
	<ul style="list-style-type: none"> Complementarity of roles and responsibilities of the Supply Chain Management Unit and the Commodity Security Branch in support of programme delivery

<p>Output 1.2 - Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights</p>	<ul style="list-style-type: none"> • The Partnership's capacity to address inequities in family planning services and commodities provision in programme countries and the incorporation of an equity lens across its interventions with a view to meeting the needs of the most vulnerable • Role of the Partnership in supporting policy development and implementation for family planning and Reproductive Health Commodity Security • The role of the Partnership in promoting the integration of family planning, maternal health, HIV, gender, childhood immunization, commodities, services and information • The Partnership's role in creating synergies with other actors at country, regional and global level to expand access to contraceptive and services, including the demand side, including in humanitarian and conflict context
<p>Outcome 2: Reproductive health commodities reach the last mile and promote harmonization and integration of supply systems in countries</p>	
<p>Output 2.1 - Improved supply chain management</p>	<ul style="list-style-type: none"> • The Partnership's role in strengthening supply chain management systems (incl. [electronics] Logistics management information systems - [e]LMIS) under the leadership of partner governments for ensuring the availability of commodities to the last mile • The role of the Partnership in building human capacity in support of supply chain management system • The partnership role in working with non-state actors, incl. Private sectors and NGOs for the strengthening of supply chain and promoting innovative practices • The Partnership role in promoting green procurement and addressing social impact • The role of the Partnership in advocating for the inclusion of new and lesser used commodities in the health management information system (HMIS) and logistics management information system (LMIS)
<p>Output 2.2 - Improved commodity and data visibility for last mile assurance</p>	<ul style="list-style-type: none"> • Effectiveness of the Last Mile Assurance (LMA) process in contributing to addressing Supply Chain challenges and the implementation of LMA and risk assessment recommendations • The role of the Partnership to support the improvement of commodity and data visibility in coordination with other partners • The role of the Partnership within UNFPA regarding promoting the Global FP Visibility and Analytics Network (VAN) for commodity security
<p>Outcome 3: Countries increase and diversify financial programmatic contributions and prioritize reproductive health as a core element of sustainable development</p>	

<p>Output 3.1 - Increased and diversified allocations and use of domestic resources for reproductive health commodities and services</p>	<ul style="list-style-type: none"> • The Partnership's fitness for the purpose of effectively implementing the co-financing model (introduced in Phase III): capacities and skills at the global, regional and country level • Role of the Partnership in strengthening domestic resource mobilization and ensuring that programme countries are increasing their investment in family planning as part of their total public health budget • Effectiveness of various innovative financing mechanisms, including: the Compact commitment modality and the Match Fund in improving the availability of domestic resources for the procurement of family planning commodities within the context of the country categorization • Effectiveness of the modality built into the Partnership for sustaining domestic resources mobilization from diverse sources (e.g., treasure income allocated to MoH, private sector contributions, concessional financing and in country donor budget support) within the context of the country categorization
<p>Output 3.2 - Family planning is explicitly included and funded in development strategies and plans in the context of primary health care (PHC) and universal health coverage (UHC)</p>	<ul style="list-style-type: none"> • The Partnership's effectiveness in strengthening advocacy efforts at the global and country levels for the integration of family planning in PHC/UHC • The Partnership's effectiveness in strengthening advocacy efforts at the global and country levels for inclusion of family planning in the Essential Package of Health Services
<p>Outcome 4: Improved Partnership programme management with shared accountability for results</p>	
<p>Output 4.1 - Enhanced programme governance and stakeholder engagement</p>	<ul style="list-style-type: none"> • The new governance model: its fitness for purpose in meeting the expectations of stakeholders, including donors/partners, and the effective management of the programme • Level/nature of involvement of donors/partners in programme planning, decision-making and monitoring processes and its effects on the programme design and delivery • Role of the regional offices in the design, programming, coordination, of the Partnership interventions and country offices technical backstopping • In-country coordination mechanisms. The effectiveness of the Partnership in supporting the UNFPA country offices to take leadership roles in the coordination and strengthening of partnerships for family planning interventions at country level • Effectiveness of the results monitoring and reporting arrangements of the Partnership programme in accounting for results, informing programme design, implementation and course correction. • Effectiveness of the communication and advocacy arrangements of the Partnership in raising awareness of the programme among stakeholders/partners (including prospective donors). • Effectiveness of the Partnership to promote knowledge management.
<p>Output 4.2 - Programme resources and risks are managed effectively and efficiently</p>	<ul style="list-style-type: none"> • The effectiveness of the health system strengthening (HSS) funds provided through relatively small amounts and for a short period of time (annual workplans) to programme countries, in contributing to the achievement of the Partnership outcomes • The fitness for purpose of the current Health System Strengthening

	<p>(HSS) application process and its effective management and implementation at country, regional and global levels</p> <ul style="list-style-type: none"> • The extent to which the HSS applications are informed by a strong and thorough analysis of the existing bottlenecks and gaps in countries; their alignment with the thematic priority areas of the Partnership • The risks attached to the ongoing mobilization of resources emanating from a narrow donor basis and the effective allocation, utilization, management and oversight of funds, • The availability of human resources staff and the appropriate skill mix among staff to effectively manage the Partnership's interventions • Effectiveness of the Partnership in deploying a transitioning strategy for programme countries • Integration of the UNFPA Supplies programme within country programmes
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The wording of the evaluation questions (including rationale, assumptions to be assessed, and corresponding qualitative and/or quantitative indicators) will be performed during the inception phase when the evaluation team will have acquired a clear understanding of the logic/rationale of the programme, as well as of the extent of implementation of the Partnership during the period under review. The evaluation team will also take into account issues raised by key informants. The potential usefulness as well as feasibility of each proposed evaluation question will be assessed in close collaboration with the ERG with a view to determining the final set of questions.

7. Evaluation approach and methods

The evaluation will be **transparent, inclusive, and participatory, as well as gender and human rights responsive**. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary methods and collection of different sources of data will be deployed to ensure that the evaluation:

- responds to the needs of users and their intended use of the evaluation results
- integrates gender and human rights principles¹³ throughout the evaluation process including participation and consultation of key stakeholders (rights holders and duty-bearers)
- triangulates the data collected to provide reliable information on the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups

Data will be disaggregated by relevant criteria germane to the groups of beneficiaries. The evaluation will also be sensitive to fair power relations amongst stakeholders.

7.1 A theory-based approach to conduct a contribution analysis

The central tenet of the mid-term evaluation is the theory of change (see Annex A) and the analysis of its logic and internal coherence. Adopting a **theory based approach**, the evaluation methodology will

¹³ UNEG Handbook on Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. See: <http://www.uneval.org/document/detail/980>

be based on the careful analysis of the Partnership's intervention logic, or how the programme is expected to bring about the intended results. As they analyze the theory of change, the evaluators will pay particular attention to: the needs to be met and problems to be addressed; the Partnership's modes of engagement¹⁴ and the nature of implemented activities; the steps in the results chain (outputs and subsequent outcomes); the cause-and-effect assumptions behind the various links and the risks to those assumptions; as well as other external factors that may affect the results.

The analysis of the theory of change, and the reconstruction of its intervention logic will help evaluators assemble evidence about the contribution made by the Partnership to the various levels of intended changes. Contribution analysis is based on the recognition that proving attribution is often not feasible or not practical, while assessing causal connections will allow the evaluators to consider progress towards outcomes, and to come to credible conclusions about the contribution made by the Partnership to the observed results. The contribution analysis will also guide the evaluators in their analysis of how and why the Partnership's interventions have made a difference – or not – and for whom.

The analysis of the theory of change is also instrumental for guiding the selection of data collection tools and analysis methods. The team will design corresponding tools to collect data and assemble information as a foundation for valid, evidence-based answers to the evaluation questions and an overall assessment of the Partnership at mid-term of the implementation of phase III. The methodological design will include: an analytical framework; a strategy for collecting and analyzing data; data collection tools; an evaluation matrix; and a detailed work plan.

7.2 Well-designed Country Case Studies

A well designed case-study approach will be at the center of the mid-term evaluation of the UNFPA Supplies Partnership. The case studies are meant to investigate the design and implementation of the Partnership's interventions, and the results achieved within the specific context of programme countries, at national and/or local level. Each case study shall rely on multiple sources and types of evidence (both quantitative and qualitative) to increase the validity of their findings. **The evaluation will encompass desk as well as field-based country case studies.** Four countries will be selected as field-based case studies, while five other countries will be subject to a desk review.

Case studies will aim to maximize the breadth and depth of insights into the evaluation questions and provide a comprehensive and nuanced picture of the interventions of UNFPA under the Partnership and their effects. Case studies will, therefore, be illustrative (rather than statistically representative), **exemplifying the range of contexts addressed and interventions undertaken by UNFPA under the Partnership.**

Evaluators are expected to begin data collection for the **four field-based case studies** as part of their desk study, but will, in addition, have the opportunity to collect more primary and secondary data during the visits to the respective countries. It is expected that at least one member of the core evaluation team will spend 10 working days (over a period of two weeks) in each of the four

¹⁴ See UNFPA strategic plan, 2022–2025 (DP/FPA/2021/8), Annex 3 - Business model

field-based case study countries. This international team will be supported by a national evaluator from the visited country.

The schedule for each country visit will be determined by the evaluation manager on the basis of the data requirements of the field-based case studies and in close coordination with the concerned country office. Data and information collected from the **field-based country case studies** will be analyzed and documented in a **country case study brief** (see Annex B).

In addition, the **desk-based country case studies** will allow evaluators to cover a wider range of country contexts in their data collection and analysis, thus widening the basis for evidence-based findings, well-informed conclusions and useful recommendations resulting from the evaluation. The data and information collected for the **desk-based country case studies** will be presented in **individual evaluation matrices**.

The final selection and allotment of countries to either a field- or desk-based case study, will result from a consultative process and an assessment performed at inception phase in close consultation with key stakeholders of the Partnership.

7.3 A mixed-method approach

The mid-term evaluation design will rest solidly on a mixed methodology for collecting and combining both quantitative and qualitative data, hence taking stock of the context in which UNFPA operates. The Partnership interventions are deployed in diverse, complex and dynamic economic, social and political environments that affect their contribution to the programme's outcomes. By using different methods and sources at various points in the evaluation process, the evaluation team will build on the strength of each type of data collection, hence minimizing the weaknesses of any single approach. A mixed-method approach will help the evaluation team increase the reliability of the data collected. At minima, the range of methods will include:

- **Comprehensive document review and data analysis.** The evaluation team will collect secondary data related and relevant to the evaluation of the UNFPA Supplies Partnership programme. They will compile qualitative and quantitative data through desk review of documents, websites and online databases with relevant information, including financial data as well as data on key indicators that measure progress at output as well as change at outcome levels.
- **Group interviews and focus groups** will be conducted by the evaluation team with members of the Partnership country teams, government partners, programme participants/beneficiaries, service providers, and decision/policy makers as well as other actors in RHCS, such as participating NGOs and CSOs, etc. The initial protocols for focus group discussions will be developed during the inception phase, and will be finalized when preparing the field visits. When organizing focus group discussions, attention will be given to ensure: gender balance, geographic distribution, and cultural sensitivity, representation of population groups and representation of the stakeholders/duty bearers at all levels (policy/service providers/target groups/communities). In particular, the evaluation team will reflect on the categories of stakeholders targeted by the evaluation as an important component while choosing the type of focus groups (e.g., socially homogeneous group vs. group of diverging point of views). Where applicable the evaluation team

must detail the characteristics of each sample: how it is selected, the rationale for the selection, and the limitations of the sample for interpreting evaluation results.

- **Key informants interviews:** Interviews allow evaluators to collect different kinds of information from a wide range of stakeholders: facts and information for the verification of facts, opinions and perspectives, analyses, suggestions, as well as reactions to the evaluators' hypotheses. The interview is mostly a qualitative device. Facts that can be checked, points of view, analyses and opinions should be clearly distinguished when processing the data collected through evaluations and entering them in the evaluation matrix
- **Focus groups and group discussions:** with selected groups of individuals to gain a collective view about a certain topic. Group interviews are a way of gathering many opinions from individuals within a group setting, and are largely based on interaction between the interviewer and each individual in the group. By contrast, focus group discussions offer the possibility to collect points of view and judgments from specific – socially homogeneous – categories of stakeholders. They provide a useful format for evaluators to understand the rationale behind the opinions expressed by the participants (e.g. for soliciting information from rights-holders such as mothers, adolescent girls, etc), service providers (e.g., doctors, nurses, midwives, community health workers) and sites. Focus groups can also be a useful way to collect information from a small group of representatives from different civil society organizations reflecting on the needs orientation of UNFPA support, the quality and utilization of UNFPA-facilitated deliverables, the risk factors weighing on the continued benefits from UNFPA interventions after they end, etc. Evaluators will seek the perspectives or concerns of different population groups including marginalized groups, and will integrate the principles of leaving no one behind and reaching the furthest behind in a systematic and meaningful way.
- **Survey:** as an efficient tool to collect data from a sample of the broader population targeted by the evaluation. When the sample is randomly selected, findings can be confidently generalized to the entire group of which the respondents are members. To conduct a survey, the evaluation team will draw up a questionnaire that is sufficiently clear and straightforward for the respondents to answer with confidence. When analyzing both quantitative and qualitative survey data (the latter typically collected from open-ended questions), the evaluators will be able to quantify and compare the importance of diverse opinions. It will allow them to check whether the population agrees or not with these opinions and in what proportions. For instance, it is particularly suited to analyze the rights-holders' degree of satisfaction concerning specific UNFPA-supported services.
- **On-site observation:** Observation during site visits is a method for gathering data by watching people's interactions, processes or behaviors as they occur in their natural setting. It will allow evaluators to gather data by watching peoples' directly (e.g service providers' interaction with patients) or indirectly, by observing the results of behaviors or interactions (e.g. checking health commodities stockouts, equipment, etc.). Site visits (and their environment) will provide evaluators with an opportunity to see "what is actually happening" in locations where the Partnership interventions are implemented, and will increase the evaluators' understanding of these interventions and their effects.

The evaluation team will identify the appropriate mix of qualitative and quantitative methods that will allow them to gather and analyze sufficient data offering diverse viewpoints and making

cross-checking (triangulation) possible. The data collection methods are determined in connection with each evaluation question and the related assumptions for verification (all clearly spelt out in the evaluation matrix). A mixed-method approach will also help the evaluators broaden and deepen their understanding of the processes through which results have been achieved, and how these have been affected by the context within which the country programme is being implemented. Finally, achieving an appropriate mix of qualitative and quantitative data is necessary to reduce bias and ensure good quality, validity, reliability, credibility and robustness of the analysis in the evaluation report.

7.4 The evaluation matrix

The evaluation matrix constitutes the CPE analytical framework. Within the matrix, the evaluators unpack each evaluation question and specify:

- the evaluation criteria the question addresses
- the assumptions for verification
- quantitative and qualitative indicators to verify or refute the assumptions
- the methods and tools for data collection.

The evaluation matrix¹⁵ is an essential tool for planning and implementing the evaluation. It helps the evaluation team identify secondary and primary data, spot information gaps and how to fill them. With the matrix, the evaluators ensure that all data collected is analyzed and triangulated to support the development of evidence-based findings in the reporting phase. As such, the evaluation matrix is a key component of the inception phase to verify that the evaluation design is robust and comprehensive. The evaluation matrix is presented in the inception report.

As they move forward in data collection, the evaluators will populate the evaluation matrices (for each case study) with the (qualitative and quantitative) data obtained through interviews with key informants (incl. group interviews and focus groups discussions), on-site observations, surveys, and their continuing document review. In the final report, all data will be presented in a clear manner, easy-to-understand by the different categories of CPE users, and entered in the evaluation matrix according to the questions and assumptions for verification they correspond to. The completed evaluation matrix will be annexed to the final evaluation report.

8. Evaluation Process

The evaluation will consist of six phases, subdivided in subsequent methodological stages and/or related deliverables. The evaluation meetings and evaluation deliverables will be conducted and drafted in English and/or French (see table below).¹⁶

Table 5: Overview of evaluation phases, methodological stages, and associated deliverables

Evaluation phases	Methodological stages	Meeting and deliverables (<i>in italic deliverables by evaluators</i>)
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¹⁵ For the format of the evaluation matrix Volume 2 of the *Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018–2022* report at <https://www.unfpa.org/sites/default/files/2022-11/MHTF%20Evaluation%20Vol%20II%20Annexes.pdf>

¹⁶ See Annex B for templates for the deliverables (e.g. Inception Report, Final Report)

1. Preparatory	Ill Drafting of terms of reference Ill Setting-up of reference group (ERG)	Ill Final terms of reference (UNFPA Evaluation Office)
	Ill Assessment of proposals	Ill Selection of evaluation team and communication to the ERG
2. Inception	Ill Documentary review Ill Select interviews Ill Structuring of the evaluation	Ill Kick-off workshop with ERG (<i>power-point presentation - English</i>)
		<i>IZ Inception report (English)</i>
3. Data collection	Ill Documentary review Ill Desk-based country case studies Ill Field-based country case studies	<input type="checkbox"/> <i>Presentation of the results of data collection in field-based country case studies to Country Offices (power-point, English or French)</i> <input type="checkbox"/> <i>Four Field-based country case study briefs (English or French)</i> <input type="checkbox"/> <i>Five Desk-based country case study evaluation matrices completed (English or French)</i>
		<i>IZ Presentation of the results of the data collection to the ERG (English)</i>
4. Reporting	Ill Data analysis Ill Formulation of evaluation findings (answers to evaluation questions) Ill Judgment based on findings (conclusions) <input type="checkbox"/> Development of recommendations	<i>IZ Completed evaluation matrices for desk-based country case studies (English or French)</i> <i>IZ Field-base country case study briefs (English or French)</i> <i>IZ Recommendations worksheet (English)</i> <input type="checkbox"/> <i>Evaluation report (volume 1) and complete set of annexes (volume 2) (English)</i> Ill <i>Audit trail (response to ERG comments, English)</i>
5. Management response	Ill Response to recommendations	Ill Management response (UNFPA Technical Division)

6. Dissemination	Ill Dissemination seminars/workshops	□ Evaluation brief (<i>English and French</i>)
		IZ PowerPoint presentations of the evaluation results (<i>English</i>) Ill Video (<i>English</i>)

8.1 Preparatory phase

The evaluation manager at UNFPA Evaluation Office leads the preparatory work. This phase includes:

- Initial review of relevant documentation
- Compilation of documents relevant to the Partnership: documentation collected in UNFPA HQ and decentralized units (country and regional offices) and organized into a Document repository to be made available to the evaluation team
- Constitution of an evaluation reference group. The evaluation reference group will consist of key UNFPA staff members working on Partnership as well as other relevant stakeholders
- Drafting of the terms of reference
- Procurement of consultancy services of an external evaluation team.

8.2 Inception phase

The evaluation team will conduct the design of the evaluation in consultation with the EO evaluation manager. This phase includes:

- Review of documents relevant to the UNFPA Supplies Partnership
- Stakeholder mapping to facilitate and illustrate the different (groups of) stakeholders relevant to the evaluation, and their relationships to each other
- Analysis and reconstruction of the intervention logic of the Partnership
- Development of a list of evaluation questions and, for each question, the identification of the assumptions to be assessed, as well as the respective indicators, sources of information and methods and tools for the data collection
- The development of a data collection and analysis strategy as well as a detailed work plan for the field and reporting phases
- The evaluation team will produce an inception report, displaying the results of the above-listed steps and tasks. The evaluation team will submit the inception report to the evaluation manager and present it to the reference group. The inception report will be considered final upon approval by the evaluation manager.
- Other tasks and responsibilities included but not limited to section 8.2 of this TOR in order to ensure full compliance with the terms of reference.

The structure of the Inception report will follow the structure as set out in Annex 2.

8.3 Data collection phase

8.3.1 Desk study

The evaluators analyze the documentation compiled during the preparatory and inception phases of the evaluation. They identify informants and solicit information, documentation and data relevant to the Partnership in UNFPA headquarters and decentralized units (country and regional offices) as well as with other key stakeholders.

Findings of the desk-based country case studies will be compiled and documented in individual detailed and well-structured evaluation matrices for the evaluation manager review. For each evaluation question, the associated “assumptions for verification” and the respective indicators, the evaluators are expected to present the detailed data and information collected and triangulated during the desk study.

In addition to desk-based country case studies, the Evaluators are also expected to use the desk study to carry out the documentary review for the field-based country case studies, in accordance with the case study design developed during the inception phase of the evaluation. This is meant to ensure that the time the international and national consultants spend in-country can be used as effectively and efficiently as possible to deepen the inquiry for these case studies.

8.3.2 Field work

The field study will serve as the opportunity to carry out the in-depth country case studies and to collect other information in the four selected countries.

Each country visit will last 10 working days (over a period of two weeks). The evaluation team consisting of two experienced evaluators (one member of the core international team and one national expert) will conduct an in-depth documentary review, and deploy all necessary tools and methods to collect primary and secondary data. At the end of each mission, the evaluation team will provide the UNFPA Country Office as well as partners, key governmental and non-governmental stakeholders with a debriefing presentation on the main observations of the field-based case study. The list of participants in the debriefing meeting will be established by the UNFPA Country Office in close consultation with the evaluation team.

For each field-based country case study, the evaluation team will prepare a Country Case Study Brief. See Annex 2 for its structure.

8.3.3 Online Survey

The evaluation team will design and implement a questionnaire based survey of key informants in all of the Partnership programme countries. The purpose is to collect data from a wider sample of stakeholders beyond the country-specific case studies. This online survey will be designed at inception phase, refined after implementation of the first field-based country case study and launched shortly thereafter.

8.4 Reporting Phase

The reporting phase will open with a two-day analysis workshop bringing together the evaluation team and the evaluation manager to discuss the results of the data collection phase including the case study findings. The purpose of this analysis workshop is to generate a substantive and meaningful comparison between the different case studies. The objective is to help the various team members to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the report.

This first draft final report will be submitted to the evaluation manager for comments. Prior to submission, the evaluation team must ensure that it was internally quality controlled against the UNFPA Evaluation Office evaluation quality assessment grid.¹⁷ The evaluation manager will assess the quality of the submitted draft report. If the quality of the draft report is satisfactory (substance and form), the report will be circulated to the ERG. In the event that the quality is unsatisfactory, the evaluation team will be required to produce a new version of the draft report.

Approximately two weeks after the draft of the final report has been circulated, the report will be presented to the ERG by the evaluation team.

On the basis of the comments expressed, the evaluation team will make appropriate amendments and submit the second draft final report. For all comments, the evaluation team will indicate in a detailed manner and in writing how they have responded. This will constitute a specific document ("Audit trail") for the review of the evaluation manager and which will be circulated to the evaluation reference group together with the final evaluation report. The final report should clearly account for the strength of the evidence on which findings are made so as to support the reliability and validity of the evaluation. The report should reflect a rigorous, methodical and thoughtful approach. Conclusions need to be built upon the evidence-based findings of the evaluation and must reference the specific evaluation questions they have been derived from.

The report is considered final once it is formally approved by the evaluation manager in consultation with the Director of UNFPA Evaluation Office. The final report will follow the structure as set out in Annex 2.

8.5 The recommendations

The evaluation team is charged with carrying out the evaluation and has responsibility for its overall quality and content. Working under the direction of the evaluation manager, the evaluation team will ensure that:

- All evaluation findings presented in the draft report are based on and linked to evaluation evidence as presented in the report and its annexes (evaluation matrix)
- The evaluation conclusions must, in turn, be grounded in the evaluation findings presented in the evaluation report

¹⁷ The members of the evaluation team must familiarize themselves with the Evaluation Quality Assurance and Assessment: Tools and Guidance available at: <https://www.unfpa.org/evaluation/resources>

- Preliminary recommendations put forward by the evaluation team must arise from and be logically linked to the conclusions presented in the evaluation report

In keeping with its responsibility to carry out the evaluation from an external, independent and unbiased perspective, the evaluation team is most directly responsible for ensuring that the first two of these conditions (grounding findings in evidence and ensuring that conclusions are based on findings) are met. It is also responsible for developing preliminary recommendations that are directly linked to the evaluation conclusions.

The evaluation team is, however, less well equipped to ensure that the final recommendations arising from the evaluation consider operational implications and are fully actionable, technically sound and consistent with ongoing and planned developments in the Partnership going forward. In fact, the Evaluation Reference Group (see Section 9 below) has a direct role to play in the development and refinement of evaluation recommendations.

To this end, when submitting the draft final report, the evaluation team will present, in a separate document, a set of preliminary recommendations. To this effect, a “Recommendations Development Protocol and Worksheet Template” will be provided by the evaluation manager. Along with each suggested recommendation, the evaluation team will provide:

- The rationale for each recommendation
- The level of priority assigned
- The conclusion(s) which give rise to the recommendation
- The addressee(s) of each recommendation (the organization(s) or unit(s) charged with implementing the recommendation)
- A short listing of operational implications necessary for the effective implementation of each recommendation

In order to facilitate dialogue with, and the strongest possible input from the Evaluation Reference Group, the Evaluation Manager will (a) circulate the suggested recommendations to its members for preliminary comments/inputs; (b) host a workshop on the evaluation recommendations for the detailed presentation by the team leader and discussion with the members of the Evaluation Reference Group of the draft evaluation recommendations.

After discussion and endorsement of the recommendations by the Evaluation Reference Group, the final set of recommendations will be included in the final evaluation report. The evaluation team leader and the evaluation manager will ensure that all final recommendations stem logically from the conclusions of the report.

8.6 Management response

Under the guidance of the Policy and Strategy Division, the Commodity Security Branch at the Technical Division will coordinate the preparation of the management response to the evaluation report. The management response will be prepared following the template and process established by the Policy and Strategy Division. In accordance with UNFPA Evaluation Policy, the Management Response must be completed within 6 weeks of the release of the final report and will be published on the UNFPA evaluation website.

8.7 Dissemination and facilitation of use of the evaluation results

The evaluation report (English) will be published on the UNFPA evaluation webpage together with its executive summary in English and French (translation by the Evaluation Office).

The evaluation manager will prepare a one-page Evaluation Brief presenting the main results of the evaluation.

The evaluation team will prepare a detailed powerpoint presentation on the process and results of the evaluation. The Communication Officer at the EO will provide the team with examples.

The evaluation team and the evaluation manager will also select 5 to 6 key messages from the evaluation. It will be the responsibility of the Evaluation Office to use these key messages to develop infographics and a social media launch package for the evaluation. The evaluation team will be required to provide any information requested by the EO Communication Officer in the development of these materials.

The evaluation team will be required to assist the evaluation manager during the dissemination phase. The results, the conclusions and recommendations of the evaluation will be presented in a number of fora, which will be decided at a later stage. These may include the Partnership Steering Committee, the UNFPA Executive Board (informal session) and/or one workshop for UNFPA staff. The participation of the team leader will be requested either via video-conference or in person for no more than three presentations.

9. Management and governance of the Evaluation

The Evaluation Office will lead the management of the evaluation. Its main responsibilities are to support and oversee the evaluation processes and ensure the quality and independence of the evaluation (in line with UNEG Norms and Standards and Ethical Guidelines). The main responsibilities of the office are to:

- prepare the terms of reference
- lead the hiring of the team of external evaluation team, reviewing proposals and approving the selection of the evaluation team
- chair the reference group and convene review meetings with the evaluation team
- supervise and guide the evaluation team throughout the evaluation process
- participate in the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases including in field missions.
- review, provide substantive comments and approve the inception report, including the work plan, analytical framework, methodology, and selection of countries for in-depth case studies
- review and provide substantive feedback on the country case studies deliverables, as well as draft and final evaluation reports, for quality assurance purpose
- approve the final evaluation report in coordination with the reference group
- disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA
- Other tasks and responsibilities included but not limited to section 9 of this TOR in order to ensure full compliance with the present term of reference.

The progress of the evaluation will also be followed closely by the **evaluation reference group** consisting of UNFPA staff as well as other key stakeholders who are directly interested in the results of the mid-term evaluation of the Partnership. The reference group members will support the evaluation at key moments of the evaluation process. They will provide substantive technical inputs, will facilitate access to documents and informants, and will ensure the high technical quality of the evaluation products. The main responsibilities of the reference group are to:

- contribute to the conceptualization, preparation, and design of the evaluation (comments on the inception report)
- provide comments and substantive feedback to ensure the quality – from a technical point of view – of the draft and final evaluation reports, including the evaluation matrices
- act as a source of knowledge for the evaluation and facilitate access to information and documentation
- assist in identifying key informants to be consulted during the evaluation process
- participate in review meetings with the evaluation team as required
- play a central role in assessing, further developing and refining the recommendations suggested by the evaluation team (see section 8.5)
- contribute to learning, knowledge sharing, the dissemination of the evaluation findings and follow-up on the management response
- contribute to the design of a dissemination plan of the evaluation results
- Other tasks and responsibilities included but not limited to section 9 of this TOR in order to ensure full compliance with the present term of reference.

10. The Evaluation Team

This evaluation is to be carried out by a multidisciplinary team that will be externally recruited. The team members (and/or the company they work for) will not have been involved in the design, implementation or monitoring of UNFPA Supplies Partnership 2021–2030 Phase III programme during the period under review, nor will they have other conflict of interest or bias on the subject.

The evaluation will be conducted in accordance with the UNEG Norms and Standards for Evaluation,¹⁸ Ethical Guidelines for Evaluation,¹⁹ and Code of Conduct for Evaluation in the United Nations System.²⁰

The evaluation team will consist in a

- a core team composed of three to four evaluators, including a team leader
- all supported by: (a) data analyst(s)/researcher(s) and (b) an organization and logistics assistant
- with the collaboration of local experts for the preparation, implementation of the field-based country case studies and contribution to the corresponding reporting (country case study briefs).

¹⁸ <http://www.unevaluation.org/document/detail/1914>.

¹⁹ <http://www.unevaluation.org/document/detail/102>.

²⁰ <http://www.unevaluation.org/document/detail/100>.

The team members must be able to communicate clearly in English and must have excellent analytical and drafting skills. In addition, at least one member of the evaluation team should have an excellent knowledge of French.

The **team leader** must have at least 10 years of extensive experience in leading evaluations of a similar size, complexity and character as well as technical expertise in the areas related to sexual and reproductive health and rights and experience in assessing health systems of developing countries and/or humanitarian settings. The team leader should also have experience in gender and human rights, in particular, assessing programmes that employ the human rights-based approaches or that target poor and marginalized women. His/her primary responsibilities will be:

- guiding and managing the team throughout the evaluation phases
- setting out the methodological approach
- leading the first (pilot) field mission
- reviewing and consolidating the team members' inputs to ensure quality and timeliness of the evaluation deliverables
- liaising with the UNFPA Evaluation Office and representing the evaluation team in meetings with stakeholders
- delivering the inception reports, and evaluation report (including the country case study deliverables) in line with the requested outlines and quality standards (see Annexes B)

Fulfilling tasks and assuming responsibilities included but not limited to section 10 in order to ensure full compliance with the present terms of reference. The **team members** will bring together a complementary and balance combination of the necessary technical expertise in the thematic areas directly relevant to the evaluation, including an expert in family planning, sexual and reproductive health and rights, health systems of developing countries and/or humanitarian settings, and an expert in health logistics management, procurement, health commodities. The team members should also have expertise in gender and human rights. The team members should have at least 10 years of individual experience in their respective areas of technical expertise. They must also have experience in applying evaluation methods in their respective areas of expertise. Team members will:

- contribute to the design of the evaluation methodology
- undertake in-depth documentary review
- conduct field work to generate additional evidence from field visits and consultations of a wide range of stakeholders
- participate in team meetings, including with stakeholders
- prepare inputs and make contributions to the evaluation deliverables
- fulfilling tasks and assuming responsibilities included but not limited to section 10 in order to ensure full compliance with the present term of reference.

The evaluation team must ensure that the local team members (support to the core team members in preparation of, during, and following the country field work) present all necessary qualification and experience to plan and organize the field work as well as to actively participate in the data collection and reporting.

11. Quality Assurance

The first level of quality assurance of all evaluation deliverables will be conducted by the evaluation team leader as well as the company the consultants work for, prior to submitting the deliverables for the review of the EO evaluation manager.

To ensure that the evaluation report complies with evaluation professional standards, the evaluators must abide by the evaluation quality assurance norms spelt out in UNFPA guidance.²¹ The evaluation principles set forth in this guidance form the basis of the quality assurance and assessment system at UNFPA, and ground the evaluation function's definition of high-quality evaluations. A key element is the evaluation quality assessment grid (EQA), which sets out processes with in-built steps for quality assurance and outlines for the evaluation report and the review thereof. The EQA grid criteria must be systematically applied to this evaluation.

The second level of quality assurance of the evaluation deliverables will be conducted by the EO evaluation manager. The UNFPA Evaluation Office quality assurance system, based on the UNEG norms and standards and good practices of the international evaluation community, defines the quality standards expected from this evaluation as also illustrated by recently completed evaluations.²²

Finally, the evaluation report will be subject to assessment by an independent (and external) evaluation quality assessment panel. The evaluation quality assessment will be published along with the evaluation deliverables on the Evaluation Office webpage.

The evaluation team is expected to conduct quality control of all outputs prior to the submission to the UNFPA Evaluation Office. The bidding company is expected to dedicate specific resources to quality assurance efforts, and must consider the time, resources, and costs related to this in their technical and financial bid. The bidder must present the quality assurance mechanisms which will be applied throughout the evaluation process as part of the technical offer and must explain how it solidly rests on the UNFPA Evaluation Quality Assurance and Assessment (EQAA) system.

12. Indicative Time Schedule and Deliverables

Evaluation Phases and Stages	Outputs or Deliverables	Dates	Meetings
PREPARATORY PHASE			
Consultations and documentary review with a view to drafting the terms of reference	Terms of reference	October-December 2023	CSB Meeting (with Supply Chain Management Unit staff) on areas of investigation and ERG composition

²¹ Guidance available at:

<https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>

²² SEvaluators must read: [Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022](#); [Evaluation of the UNFPA support to the HIV response \(2016-2019\)](#)

Tendering Process	Terms of Reference for evaluation team	December 2023 - March 2024	
Review of technical proposal		March 2024	
Review of financial proposal (PSB)		March 2024	
Contracts Review Committee		April 2024	
Contract award		April 2024	
INCEPTION PHASE			
Structuring stage /Desk study	Draft Inception report	May 2024	ERG meeting with evaluation team
Reporting stage	Final Inception report	June 2024	
	Presentation of the Inception report to ERG (PowerPoint)	June 2024	ERG meeting with evaluation team
DATA COLLECTION PHASE			
Field missions to selected countries	Debriefing presentations to country offices (PowerPoint)	July-November 2024	Exit meetings in country offices with evaluation team
	Field-based Country Case Study Briefs (draft)	2 weeks after the end of the country visit	
	Desk-based Country Case evaluation matrices	July-November 2024	
	Analysis workshop	December 2024	Evaluation team
	Presentation of the results of the data collection and preliminary findings to ERG (PowerPoint)	January 2025	ERG meeting with evaluation team
	Finalize Field-based Country Case Study Briefs	January 2025	
REPORTING PHASE			
Synthesis and drafting stage	Draft final report	March 2025	
	Presentation of the Draft final report to ERG (PowerPoint)	April 2025	ERG meeting with evaluation team
	Final report	May 2025	
MANAGEMENT RESPONSE			

	Management response (TD and PD)	June 2025	
DISSEMINATION			
	Evaluation brief (EO - English, French)	July 2025	
	Presentation of the evaluation results in a number of fora which may include: (i) UNFPA Executive Committee; (ii) The Partnership Steering Committee; (iii) stakeholders workshop; (iv) UNFPA Executive Board (informal session)	June-September 2025	Presentation by the team leader (3 presentations maximum) and the evaluation manager
	Presentation of evaluation results to Executive Board	TBD	Presentation to the Executive Board by the director of the Evaluation Office

13. Specification of Tender, Cost of the Evaluation and Payment Modalities

13.1 Specification of Tender

The bidder should submit a proposal consisting of two separate components: technical and financial. The technical proposal will be assessed by the UNFPA Evaluation Office while the financial proposal will be assessed by UNFPA procurement services. For detailed instructions on submissions requirements please refer to the RFP document.

The Technical Bid should be concisely presented and structured in the following order to include, but not necessarily be limited to, the following information:

1. Brief description of the firm and the firm's qualifications (1 page maximum).
 - 1.1. This section should provide information that will facilitate our evaluation of your firm/institution's substantive reliability, such as catalogs of the firm, and financial and managerial capacity to provide the services. This section should also address why you would be qualified for this project, highlighting strengths, values and similar prior experience with specific reference to deliverables.
2. Understanding of the terms of reference and requirements for services (2 pages maximum).
 - 2.1. This section should include any assumptions as well as comments on the scope of services as indicated in the terms of reference or as you may otherwise believe to be necessary.
3. Proposed approach and methodology of the mid-term evaluation, including a detailed description of the manner in which your firm would respond to the ToR (6 pages maximum).
 - 3.1. This section should address:
 - (a) An understanding of the objective and scope of the evaluation (1 page maximum)

- (b) A presentation of the types of models and approaches that will be used to facilitate the analysis and reconstruction of the intervention logic / theory of change of the UNFPA Supplies Partnership programme (1 page maximum)
 - (c) A discussion on which established best practices and lessons learned could be used to inform the logical reconstruction of the intervention logic; and to help define clear, concrete and evidence-based assumptions in relation to the theory of change of the UNFPA Supplies programme to be tested by the evaluation (1 page maximum)
 - (c) Based upon the Partnership theory of change (see Annex A) and the areas for investigation (see section 6), an example of an evaluation question presented in the evaluation matrix (see section 7.4)
 - (d) A presentation of how the country case study approach will be combined with desk studies, questionnaires and other methods (1 page maximum)
 - (e) Comments on any challenges or difficulties, which might arise in structuring and conducting the evaluation, suggesting solutions when applicable (1 page maximum)
 - (f) A discussion on quality assurance mechanisms, which will be applied throughout the evaluation process, in reference to the UNFPA Evaluation Quality Assurance and Assessment (EQAA) system (1 page maximum).
4. Proposed Composition of the Evaluation Team (4 page maximum).
- 4.1. This section should include:
- (a) The composition of the team proposed to conduct the evaluation, including the profiles and the work tasks (including supervisory) assigned to each member of the team
 - (b) An organogram/organization chart illustrating the reporting lines, together with a description of such organization of the team structure
5. Detailed work plan and timeline (2 pages maximum).
- 5.1. This section should include:
- (a) The implementation plan and level of efforts of the different team members
 - (b) The roles, functions, responsibilities of the Evaluation Team (including national consultants)
6. Annexes should include, but are not limited to, the following:
- (a) Information on environmental and social policies and any related documentation.
 - (b) All standard forms as explained under clause Section I: Instructions to Bidders, clause of the RFP
 - (c) The curriculum vitae of all the team members including national consultants proposed for the field country case studies.
 - (d) Bidder's previous experience and past clients.

Bidder(s) should not include any information or indications related to their Financial Bid in their Technical Bid. Such action will definitely lead to disqualification of the entire Bid.

13.2 Evaluation Budget

Maximum budget: **US \$315,000**

The costs of the evaluation include:

- The professional fees charged for the evaluation as defined in the terms of reference
- Travel related costs and 'Other' charges for participation in the reference group meetings; all field missions; analysis workshops; and dissemination meetings.

13.3 Travel Expenses

The Vendor will be responsible for the full cost of all travel, including in-country travel for case study country missions, accommodation to/from during the full mission period of the consultants, including for national consultants, and security related costs.

All travel should be budgeted for economy class based on the most economical and direct route. Standard daily subsistence allowances should not exceed the UN DSA rates/diem. National consultants residing in the destination city will not be entitled to the payment of travel costs and daily subsistence allowance fees. Should travel be required outside of the destination city DSA as quoted in annex F price schedule form will apply.

Travel related expenses will be reimbursed based on the actual values up to, but not exceeding the amount offered by the firm in their financial bid. For contracting purposes, UNFPA reserves the right to analyse the financial proposal of the bidder against and in accordance with the UN travel rules and regulations. UNFPA reserves the right to request less than the maximum number of visits and/or visits shorter than the indicated number of days, should the project needs change as work progresses. Should this occur, UNFPA will pay only for the actual number of visits and actual duration of visits requested.

Should additional travel be required, UNFPA may ask the vendor to quote for the additional requested expenses. For contracting purposes, UNFPA reserves the right to analyze the financial quote against the previously submitted financial proposal and in accordance with the UN travel rules and regulations. UNFPA may alternatively choose to arrange the vendor's travel.

The Vendor shall be fully responsible for the safety and security of its personnel and for the safekeeping of all assets, equipment and supplies in the custody of the Vendor or its personnel. The Vendor shall:

- a) Put in place and maintain its own security plan, taking into account the security situation in the country where the Services are being provided;
- b) Assume all risks and liabilities related to the Vendor's security, assets entrusted to it by UNFPA and the full implementation of its own security plan.

13.4 Payment Modalities

The payment modalities will be as follow:

Professional Fees:

- 60% of total Professional Fees upon acceptance of the final inception report

- 40% of total Professional Fees upon acceptance of the final evaluation report, and the presentation of the evaluation results (PowerPoint presentation and team leader's participation in meetings)

Travel Related and 'Other' Out-of-Pocket expenses will be paid in a number of days to be agreed upon contract signature.

It is the responsibility of the firm that all deliverables meet the UN editorial rules and high professional standards. The UNFPA Evaluation Office will reject any deliverables that do not meet these standards.

Note that no payment will be processed until the corresponding deliverables are formally approved by the evaluation manager.

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ANNEXES

- A. UNFPA Supplies Partnership 2021-2030: theory of change
- B. Structure for: Inception report, Country case study briefs and the Evaluation report

Annex A. Theory of change

Figure 1. Theory of change

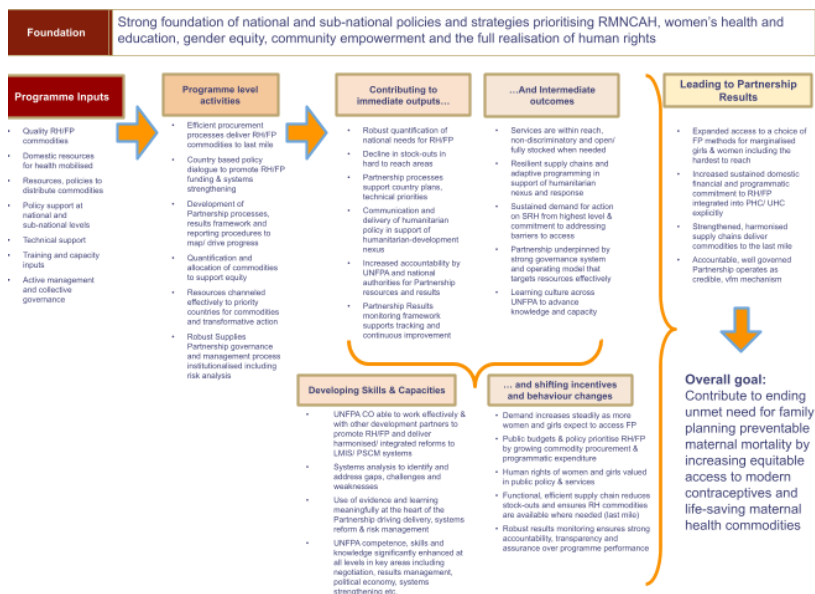


Figure 2. Results chain for UNFPA Supplies Partnership

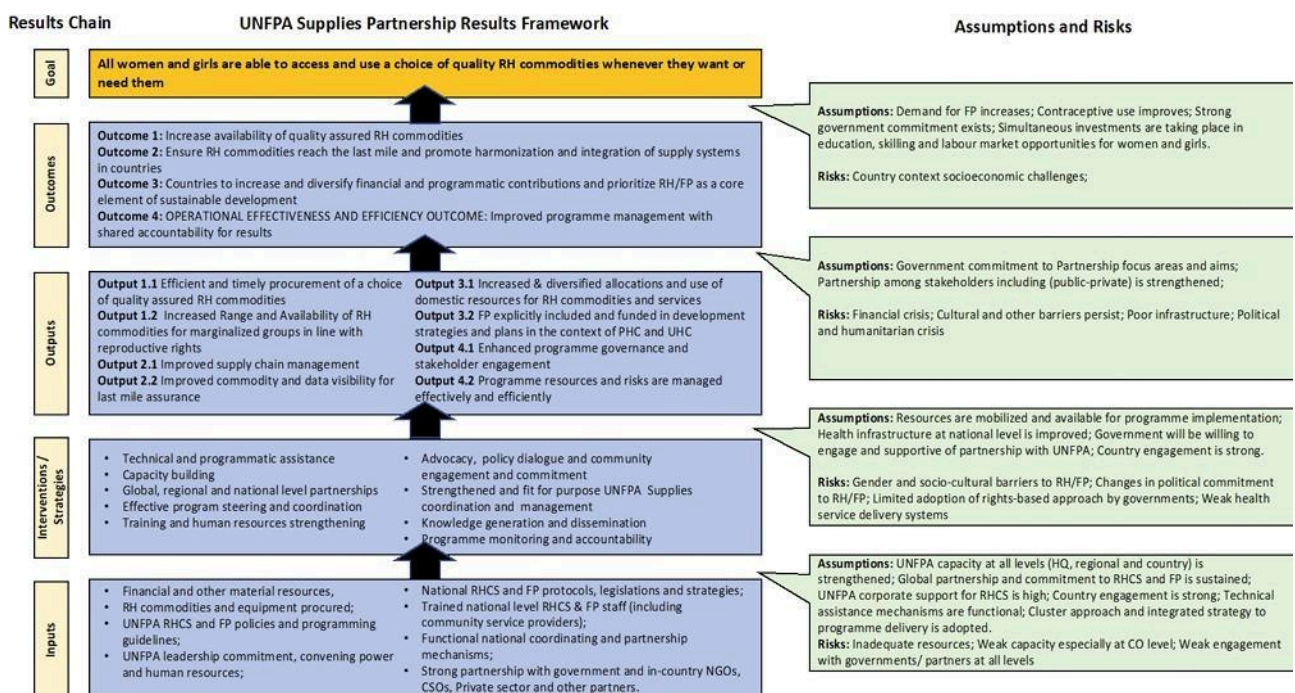


Figure 3. performance framework

Performance Framework for the UNFPA Supplies Partnership	
GOAL: All women and girls are able to access and use a choice of quality reproductive health commodities whenever they want or need them	Goal indicators
	G.1 Number of total modern contraceptives users (target countries, in millions)
	G.2 Unmet need for family planning (target countries)
	G.3 Modern contraceptive prevalence rate (mCPR) (target countries; disaggregated by age, residence and wealth quintile)
	G.4 Demand for family planning satisfied with modern methods (target countries; disaggregated by age, residence and wealth quintile)
	G.5 Contraceptive method mix (including information on method mix score and method skew)
OUTCOME 1: Increase availability of quality-assured reproductive health commodities	Outcome indicators O.C.1.1 Percentage of countries where at least 85 percent of primary service delivery points have at least three modern contraceptive methods available on day of survey/day of data-collection (disaggregated for urban/rural)
	O.C.1.2 Percentage of countries where at least 85 per cent of secondary and tertiary service delivery points (SDPs) have at least five modern contraceptive methods available on day of survey/day of data-collection (disaggregated for urban/rural)
	O.C.1.3 Percentage of countries where at least 85 per cent of service delivery points (SDPs) have magnesium sulfate, misoprostol and oxytocin available on day of survey/day of data-collection (disaggregated for urban/rural and SDP type)
	O.C.1.4 Number of countries that integrate the Minimum Initial Service Package (MISP) for sexual and reproductive health into existing national health and emergency frameworks
Output 1.1: Efficient and timely procurement of a choice of quality assured reproductive health commodities	Output indicators
	O.P.1.1.1 Number of countries where 75 percent of UNFPA Supplies Partnership commodity orders are delivered on time in countries
	O.P.1.1.2 Number of countries where 75 percent of UNFPA Supplies Partnership commodity orders are delivered in agreed quantities by the supplier
Output 1.2: Increased range and availability of family planning commodities for marginalized groups in line with reproductive rights	O.P.1.2.1 Number of countries where new and lesser-used reproductive health commodities are procured for use in the public sector in line with government-led introduction plans and women's reproductive rights

	O.P.1.2.2 Number of countries in humanitarian and fragile contexts that accessed Emergency Funds for procuring Inter-Agency Reproductive Health (IARH) kits at the onset of a crisis
	O.P.1.2.3 Total Couple Years of Protection (<u>Proxy</u> - CYPs ²³) provided for the year through the procurement of contraceptives and condoms by UNFPA Supplies Partnership
	O.P. 1.2.4 Percentage of UNFPA Supplies Partnership programme countries that have implemented strategies to strengthen humanitarian preparedness and resilience
	O.P. 1.2.5 Number of countries where procurement interventions are coordinated with partners who assess or carry out demand generation for contraceptives ²⁴
OUTCOME 2: Ensure reproductive health commodities reach the last mile and promote harmonization and integration of supply systems in countries	Outcome indicators O.C.2.1 Number of countries where 60 percent of service delivery points report no stock outs
	O.C.2.2 Number of countries with a functional logistics management information system (LMIS) up to service delivery points (SDPs) at the primary level
Output 2.1: Improved supply chain management Output indicators O.P.2.1.1 Number of countries where a costed supply chain management s	Output indicators O.P.2.1.1 Number of countries where a costed supply chain management strategy that takes into account recommended actions of the UNFPA/WHO implementation guide “Ensuring human rights within contraceptive delivery” is being implemented
	O.P.2.1.2 Percentage of countries introducing a new reproductive health commodity that successfully integrate the product into the health management information system (HMIS) and logistics management information system (LMIS)
Output 2.2: Improved commodity and data visibility for last mile assurance	O.P. 2.2.1 Number of countries where recommendations from the Last Mile Assurance (LMA) process are implemented to improve on commodity data visibility

²³ In line with recent publications, such as:

<https://www.data4impactproject.org/prh/family-planning/fp/couple-years-of-protection-cyp/>

²⁴ Indicators O.P.1.2.4 to 1.2.5 were introduced in 2023

	O.P.2.2.2 Number of countries where all implementing partners (IPs) have implemented adequate remedial actions relating to known fraud cases ²⁵
OUTCOME 3: Countries to increase and diversify financial and programmatic contributions and prioritize reproductive health as a core element of sustainable development	Outcome indicators O.C.3.1 Number of countries that spend at least 80 per cent of the national budget allocated for the procurement of contraceptives
	O.C.3.2 Percentage of countries where there has been an increase in the Sustainability Readiness Assessment (SRA) score compared with the previous year
	O.C. 3.3 Number of countries with a signed UNFPA Supplies Partnership Country Compact and a valid Annex A for the year in question
Output 3.1: Increased and diversified allocations and use of domestic resources for reproductive health commodities and services	Output indicators O.P.3.1.1 Number of countries utilizing innovative financing mechanisms and tools (such as bridge funding including for Third Party Procurement (TPP), matching funds and co-financing)
	O.P.3.1.2 Percentage of countries where government contributes towards funding of the National Supply Plan (NSP)
Output 3.2: Family planning is explicitly included and funded in development strategies and plans in the context of primary health care (PHC) and universal health coverage (UHC)	O.P.3.2.1 Number of countries implementing UHC strategies that explicitly includes family planning
	O.P.3.2.2 Number of countries where family planning is explicitly included in the Essential Package of Health Services
OUTCOME 4 (Operational effectiveness and efficiency): Improved programme management with shared accountability for results	Outcome indicators O.C.4.1 Summary annual programme plan and budget endorsed by the Steering Committee
	O.C.4.2 Percentage of countries where UNFPA Supplies Partnership risk assessment is rated as "within appetite"
	O.C.4.3. Annual programme budget needs met through resource mobilization, including in-kind contributions
Output 4.1: Enhanced programme governance and stakeholder engagement	Output indicators O.P.4.1.1 Programme governance mechanisms rated as inclusive, functional and transparent
	O.P. 4.1.2. Number of countries where stakeholders are engaged in programme planning, decision-making and monitoring processes
Output 4.2: Programme resources and risks are managed effectively and efficiently	Output 4.2: Programme resources and risks are managed effectively and efficiently
	O.P. 4.2.1 Existence of an updated UNFPA Supplies Partnership Global Risk Matrix

²⁵ As of 2023, the indicators will not be concerned with fraud cases, but with issues related to: loss of products, stock count discrepancies or traceability differences observed during LMA.

Annex B. Structure for: Inception Report; Country Case Study Brief and Evaluation Report

1. Inception Report

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

1 Introduction

Should include: Objectives of the evaluation; Scope of the evaluation; geographical scope; Overview of the evaluation process; Purpose of the inception report.

2 The Global Context of Reproductive Health Commodity Security

Should include: Progress and setbacks in reproductive health commodity security across the world; The global response and programs for family planning and RHCS; Supply chain and commodity security

3 The UNFPA Supplies Partnership and intervention Logic

Should include: Analysis of the Partnership programme and in depth analysis and logical reconstruction of its theory of change. This should also include an overview of other relevant UNFPA strategic frameworks -- including UNFPA Strategic Plan 2022–2025 and the UNFPA strategy for family planning (2022–2030).

4 Methodology

Should include: Applying contribution analysis to the evaluation of the Partnership; Detailed description of all methods and tools (ref. ToR) for data collection from UNFPA headquarters and decentralized units, international bodies, experts and other actors working in the field of RHCS. This section will include: (i) Approach for field-based country case studies (selected countries and rationale, objectives, operational planning and scheduling, analysis and reporting); (ii) Approach for desk country case studies (selected countries and rationale, objectives, timing, methodology).

5 Proposed Evaluation Questions

Should include: A set of evaluation questions with the explanatory comments associated with each question; Overall approach for answering the evaluation questions; Detailed proposed evaluation questions presented in the evaluation matrix (including: rationale; assumptions to be assessed and corresponding qualitative and/or quantitative indicators). The aim is to adequately focus the evaluation taking into consideration the usefulness of the questions, available information, limitations and constraints. The evaluation matrix template will be provided to the evaluators by the evaluation manager.

6 Next Steps

Should include: a detailed work plan for the next phases/stages of the evaluation, including detailed plans for countries selected for field visits, including the list of interventions for in-depth analysis in

the field (explanation of the value added for the visits); Plan for data consolidation, analysis and reporting; Team composition and distribution of tasks; Quality assurance of all evaluation deliverables.

7 Annexes

Should include: Detailed stakeholder map; Draft online survey; Draft interview guides (per category of stakeholders); Bibliography; List of persons met; Terms of reference

(*) *Tables, graphs and diagrams should be numbered and have a title.*

2. Country Case Study Brief

Table of Contents
List of Acronyms

1 Context (2-3 pages)

Should include: Brief overview of country background; country health sector; health indicators; *UNFPA Supplies Partnership* response in the country

2 Main Findings (3-5 pages)

3 Evaluation Matrix

3. Final Report

Table of Contents (incl. list of tables and figures*) Glossary
of terms

Executive Summary

1 Introduction

Should include: Purpose and scope of the evaluation; UNFPA response and global RHCS context; The Partnership.

2 Methodology

Should include: Evaluation approach; Theory of change; Data collection and analysis methods; Limitations and mitigation measures

3 Findings

Should include, for each evaluation question: summary of the response; detailed response

4 Conclusions

Should include for each conclusion: Origin (which evaluation question(s) the conclusion is based on); and related recommendations(s); Detailed conclusion

5 Recommendations

Should include for each recommendation: Type (strategic; programmatic, operational); Priority level (very high/high/medium); Rationale; Target (administrative unit(s) to which the recommendation is addressed); Origin (which conclusion(s) the recommendation is based on); Operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized and targeted at specific business units; accompanied by timing for implementation; useful and operational; if possible, presented as options associated with benefits and risks.

The final version of the evaluation report will be presented in a way that enables publication without need for any further editing .

Annexes will be confined to a separate volume

Should include: Evaluation matrix duly completed; Country Case Study Briefs; methodological instruments used (survey questionnaire; interview protocols, etc.); Bibliography; List of people interviewed; Terms of reference.

(*) *Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

For more guidance, see the following reports : Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022 ; Evaluation of the UNFPA support to the HIV response (2016-2019); and Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020) at:
<https://www.unfpa.org/evaluation/eval-office-reports>

4. Reports Cover

UNFPA logo (there should be no other logo/ name of company) Title of the evaluation:

Mid-term Evaluation of the *UNFPA Supplies* programme 2013-2020

Title of the report (example: Inception Report)

Evaluation Office

New York

Date

The following information should appear on page 2:

- Title of the evaluation
- Title of the report

- Name of the evaluation manager
- Names of the members of the reference group
- Names of the evaluation team

Any enquiries about this Report should be addressed to:
Evaluation Office, United Nations Population Fund
E-mail: evaluation.office@unfpa.org

See examples of evaluation reports at: <https://www.unfpa.org/evaluation/eval-office-reports>

5. Editing Guidelines

UNFPA Evaluation Office documents, publications and other written material follow UN editorial guidelines, available here at <http://dd.dgacm.org/editorialmanual/>

Building on the UN editorial guidelines, the evaluation manager will share with the evaluation team the supplementary editorial guidelines that cover some common editorial issues that are encountered in evaluation reports and related products.

Evaluation reports and notes are formal documents. Therefore they will be drafted in a language and style which is appropriate and consistent and which follows UN editing rules, in particular:

Spelling: The Concise Oxford English Dictionary, twelfth edition, is the current authority for spelling in the United Nations.

Acronyms: In each section of the report, words will be spelt out followed by the corresponding acronym between parentheses. The authors must refrain from using too many acronyms; acronyms or abbreviations should be used only when mentioned repeatedly throughout the text. In tables and figures, acronyms should be spelt out in a note below the table/figure.

Capitalization: Capitalize high ranking officials' titles even when not followed by a name of a specific individual. Capitalize national, political, social, civil etc. groups – e.g. Conference for Gender Equity, Committee on HIV/AIDS, Commission on Regional Development, Government of South Africa.

- Capitalize common nouns when they are used as a shortened title, for example, the 'Conference' (referring to the Conference on Gender Equity) or the 'Committee' (referring to the Committee on HIV/AIDS). However, do not capitalize when used as common nouns – e.g. 'there were several regional conferences.'
- Some titles/names corresponding to acronyms are *not capitalized* – e.g. human development index (HDI), country office (CO).
- Use lower case for: UNFPA headquarters; country office; country programme; country programme evaluation; regional office, country programme document; results framework; results-based monitoring framework; monitoring and evaluation system.

Numbers: Spell out single-digit whole numbers. Use numerals for numbers greater than nine. Always spell out simple fractions and use hyphens with them (e.g. one-half of..., a two-thirds majority). Hyphenate all compound numbers from *twenty-one* through *ninety-nine*. Write out a number if it begins a sentence. Do not use any symbols such as # and & in the text. Use % symbol in tables and “per cent” in the narrative portion of the text

Terminology: Do not give possession to acronyms, abbreviations or inanimate objects. For example, do not write UNFPA’s, UNDP’s, UNICEF’s, the Government’s, the country’s, etc. Such usage does not comply with United Nations editorial guidelines. Instead, write: the UNFPA programme, the government programme, the UNICEF programme, etc. Do not use the word ‘agencies,’ except in the expression, ‘funds, programmes and specialized agencies of the United Nations system’. Instead, use the correct term, ‘United Nations organizations.’ Do not use ‘sister agencies.’ Instead, use ‘partner organizations.’

Bibliography

Author (last name first), *Title of the book*, City: Publisher, Date of publication.

Author (last name first), "Article title," Name of magazine (type of medium). Volume number, (Date): page numbers, date of issue.

URL (Uniform Resource Locator or WWW address). Author (or item's name, if mentioned), date.

List of people consulted

- should include the full name and title of people interviewed as well as the organization to which they belong
- should be organized in alphabetical order (English version) with last name first
- should be structured by type of organization






Before submitting draft country notes and evaluation reports, evaluators will check them for grammar, spelling, punctuation, and perform a thorough editing.

* *

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