



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

Case Study

Yemen



UNFPA Independent Evaluation Office

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

This evaluation and related products are available at
www.unfpa.org/independent-mid-term-evaluation-unfpa-supplies-partnership-2021-2030

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Foreword

The UNFPA Supplies Partnership, established in 2007, is a flagship global health initiative dedicated to strengthening health systems by ensuring equitable access to quality-assured modern contraceptives and life-saving maternal health medicines for women and girls in the world's 54 low-income countries. Directly supporting the implementation of the UNFPA strategic plan, the Partnership is crucial in reducing unintended pregnancies, lowering maternal risks and promoting sustainable development. Now operating in its third phase (2021–2030), the Partnership is strengthening health systems by improving supply chains, developing stronger policies, and diversifying financing to reach the last mile and leave no one behind.

The independent mid-term evaluation of the Partnership (Phase III) comes at a critical moment, serving as both an accountability instrument and a learning tool to ensure the Partnership remains on track to achieve its goals by 2030. It provides an independent assessment of the Partnership's performance in expanding access to modern contraceptives and life-saving maternal health medicines for women and girls, particularly those in hard-to-reach settings. The evaluation also assesses the Partnership's contribution to strengthening health systems for long term sustainability and scale.

The evaluation found that the current phase of the Partnership has positioned UNFPA well as a catalytic global actor. The introduction of innovative financing tools, including Compacts, the Match Fund, and the Supplies Results and Accountability Tool (SRAT), is driving momentum toward sustainable domestic financing and enabling more tailored country engagement. The evaluation also finds that UNFPA has a strong position within the global SRHR landscape, reinforcing its role as both a convener and a strategic advocate. However, the evaluation also reveals that limited attention to health systems strengthening (HSS) and demand-side interventions persist and despite strong country demand for HSS, there is insufficient capacity to drive full systems transformation. Additionally, progress remains uneven across countries due to differences in political will, fiscal space, and institutional capacity.

To accelerate its progress, the evaluation recommends that the Partnership reflect further on its country classification in light of political, economic, and health contexts and policies. The Partnership should strengthen its engagement in humanitarian contexts, particularly in enhancing procurement, supply chain management, and last-mile delivery mechanisms where applicable. The evaluation also recommends diversifying the Partnership's funding sources and strengthening domestic resource mobilization in programme countries.

The evaluation offers a strong assessment of where the Partnership stands today and the direction it should take to achieve its 2030 goals. I am confident that the insights from this evaluation, along with its six actionable recommendations, provide a clear path for strengthening the Partnership, and ultimately enabling more women and girls to exercise their reproductive rights, strengthening health systems to deliver quality services and ensuring countries can sustain equitable access to life-saving reproductive health supplies

Marco Segone

Director

UNFPA Independent Evaluation Office

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Abbreviations and Acronyms

CEWG	Country engagement working group
LMIS	Contraceptive logistics management information system
CPD	UNFPA Country Programme Document
CPR	Contraceptive prevalence rate
CSO	Civil society organization
DMPA-SC	Depot medroxyprogesterone acetate subcutaneous injection
DOH	Department of Health
EC	Emergency contraceptive pills
ECR	Electronic client record
GBV	Gender-based violence
GNI PC	Gross national income per capita
HSS	Health Systems Strengthening
ICA	In-country assessment
ICPD	International Conference on Population and Development
IU(C)D	Intrauterine (contraceptive) device
LARC	Long-acting reversible contraception
LMA	Last Mile Assurance
mCPR	Modern contraceptive prevalence rate
MISP	Minimum initial service package
MMR	Maternal mortality ratio
CHV	Community health volunteers
NGOs	Non-governmental organizations
NLU	New and lesser-used products
PPRA	Public Procurement Regulatory Authority
RHCS	Reproductive health commodity security
SDG	Sustainable Development Goal
IDP	Internally displaced person
SDP	Service delivery point
SRAT	Sustainability Readiness Assessment Tool
SCM	Supply chain management
SMU	UNFPA Supply Chain Management Unit
SRH	Sexual and reproductive health
TA	Transformative Action
TOT	Training of trainers
TPM	Third-party monitoring

UNFPA	United Nations Population Fund
PSB	UNFPA Procurement Services Branch
USAID	United States Agency for International Development
WHO	World Health Organization

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

Background

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

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

Purpose and scope of the evaluation

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

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

Methodology

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

Main findings

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

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

1. Design: Partnership model, sustainability and equity

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

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

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

2. Country eligibility, equity, and scope of coverage

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

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

3. Governance, partnership and strategic alignment

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

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

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

4. Strategic procurement and adaptive supply solutions

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

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

5. From diagnostics to delivery: strengthening supply chains

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

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

6. Incentivizing domestic financing for sustainability

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

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

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

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

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

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

Conclusions

Evolution of the design

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

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

Integration of humanitarian action

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

Integration and coordination

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

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

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

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

Financial sustainability

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

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

Added value and strategic influence

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

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

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

Recommendations

1. Guided by a refined theory of change, **the Partnership should clarify and consistently communicate its strategic focus**, as a global programme for the delivery of SRH commodities and supporter of pre-defined HSS interventions.
2. Going forward, the Partnership should **revise its classification of programme countries** to reflect their political, economic and health contexts and policies, and consider mapping out country transition pathways based on sustainability prospects.
3. The Partnership, in collaboration with the Supply Chain Management Unit (SCMU) and the Humanitarian Response Division (HRD), should **identify programming aspects and contexts for strengthening its work in humanitarian contexts**, including on enhancing procurement, supply chain management and last mile delivery mechanisms, where applicable.
4. The Partnership should **intensify its resource mobilization strategy**. This includes (1) expanding and strengthening efforts to mobilize resources from a diversified base of donors and other financing partners; and (2) strategically focusing on increasing the financial ownership and investment of programme countries by strengthening domestic resource mobilization.
5. The Partnership should **optimize the functioning of the Steering Committee and sub-committee processes** to improve responsiveness and efficiency, strengthen country representation, and improve transparency and accountability in governance.
6. In each of the 54 countries, the Partnership should **strengthen its support to UNFPA COs to enhance collaboration and coordination with in-country partners** (including NGOs and CSOs) to address systemic SRH challenges more effectively. This support should also focus on aligning all UNFPA-managed funding streams with national priorities and long-term objectives, ensuring coherence across planning processes. In doing so, the Partnership can maximize the collective impact of national initiatives while enabling more strategic use of tools such as the SRAT and improving the contextual adaptation of HSS programming.

1 Evaluation matrix

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

Assumption 1.1 The Partnership approach, with a focus on sustainable financing and framed as a partnership, includes relevant measures to ensure the effective adaptation to different and changing contexts with a view to maximizing contribution towards expected goals.	
Indicators 1.1.1 Extent to which the Partnership establishes detailed responsibilities and commitments of all stakeholders. 1.1.2 Reported measures, adaptive management strategies and contingency plans designed to ensure the relevance and adaptability of the model of the Partnership to different and changing contexts, while considering the development-humanitarian nexus. 1.1.3 Views and experience of UNFPA staff at global, regional country levels, partners and health authorities at global and national level, and multilateral/bilateral partners regarding the adequacy of the Partnership’s approach and design to adapt and innovate to achieve expected goals in a diversity of contexts. 1.1.4 Key stakeholder experiences and opinions on the extent to which the Partnership successfully responds to cases of new global health challenges at country or regional levels.	
OBSERVATIONS	SOURCES OF EVIDENCE
NO EVIDENCE	

Assumption 1.2 The existing approach for grouping and classifying countries for their eligibility and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition. (Linked to theory of change causal assumption 8)	
Indicators 1.2.1 Documented report alignment between countries classification and type of support (country stage) provided with declared country needs and relevant health-related strategies. 1.2.2 Limited and justified discrepancies (surplus, gaps) between established country commodity allocation and ceilings based on existing indicators and the declared country needs. 1.2.3 Views and experiences of UNFPA staff at global, regional and country level; views and experiences of partners and health authorities at global and national level about the relevance of the existing system to classify and define support provided to countries.	
OBSERVATIONS	SOURCES OF EVIDENCE
Yemen: “Group 1” Country From 2022–2025, Yemen will be classified as a “Group 1” country. This means that the government of Yemen will need to contribute at least 1% towards the cost of routine commodities provided by UNFPA Supplies in 2023. This financing contribution is expected to increase by a minimum of 1 percentage points per year.	UNFPA (2022). UNFPA Supplies 2022 Yemen Budget Allocation Letter.

Assumption 1.2 The existing approach for grouping and classifying countries for their eligibility and inclusion in the Partnership, including the type of support received and country ceiling approach, is sound to secure a pathway to sustainable transition. (Linked to theory of change causal assumption 8)	
<p>“When it comes to the stream of funds that Yemen is receiving, Yemen is on the top. We receive quite a lot compared to other countries. However, we are still behind, and we are among the countries with under 50% modern contraceptive coverage, so we still have some miles to go. I can recognize that we are fortunate, but still, we have unmet needs in the field, especially for the North¹ (70% of the population lives in the North), where we keep struggling regarding the acceptance of the family planning interventions.”</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>
Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
Indicators 1.3.1 Levels of funding allocation by main funding stream (and sub streams, including the humanitarian contingency plan, the match fund, and others) and evidence of re-allocation across streams in response to changing contexts and/or with a view to creating synergies. 1.3.2 Extent to which the three levels of resource allocation considered in the design of the Partnership ensure that resources are directed where they are needed most and where they can make the biggest difference to accelerating the achievement of Partnership goals. 1.3.3 Documented examples of resource allocation decisions constrained or limited by the existing allocation formula (75 percent supplies, 15 percent HSS and 10 percent MAV). 1.3.4 Extent to which programme support allocated in accordance with the current allocation formula matches the needs and national context as identified in situation analysis and planning documents. 1.3.5 The LMA approach is adequately addressed and funded through the existing MAV and HSS funding streams for its implementation. 1.3.6 Views and experiences of UNFPA staff, implement partners at global, regional country level, as well as Steering Committee and subcommittees’ members on the adequacy of the existing funding streams and sub-streams to achieve expected results.	
OBSERVATIONS	SOURCES OF EVIDENCE
NO EVIDENCE	

¹ See Annex 2. North and South Yemen for clarification of the geopolitical situation in Yemen.

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

Table 1. Planned allocation to Yemen in 2023 from the UNFPA Supplies Partnership regular budget.

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

Budget Category	2023 Budget Allocation	Comments
Reproductive Health Commodities		
Routine Commodities	\$ 2,261,071	Orders will be managed by HQ. See attached excel file for order details.
New and Lesser-Used Commodities	\$ 284,750	NLU is allocated upon special request
Match Fund UNFPA Contribution	Up to \$1.5 million	UNFPA will only match government orders for quality-assured commodities that are <u>additional</u> to the minimum domestic financing requirement.
Total	\$2,545,821 + up to \$1.5M in Match Fund	Routine + NLU + potential Match Fund
Managing Accountability and Visibility		
Human Resources	\$126,600	The amount is for following position(s): NOC (or HR contribution for equivalent amount).
Facility Surveys	\$49,000	For 2023 survey
Transformative Action		
Transformative Action	\$650,000	TA Amounts are transferred to your dept.

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

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

2023 Budget Allocation - Transformative Action (TA): An amount of **\$650,000** has been approved and transferred to your department for support in the following areas: a) strengthen supply chain systems, b) diversify sustainable financing, c) strengthen the policy environment for commodity security and choice of methods, and d) seed funding for expanding women's access to new and lesser used commodities through the Transformative Action (TA) funding stream.

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

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

Table 2. Planned UNFPA Supplies Budget Allocation to Yemen in 2022.

Table 1: Planned UNFPA Supplies Budget Allocation to Yemen in 2022

Budget Category	2022 Budget Allocation
Reproductive Health Commodities	
Routine Commodities	\$2,852,755
New and Lesser-Used Commodities	TBC - upon request
Match Fund UNFPA Contribution	Up to \$260,000 *available from Jan 2022-Dec 2023 and requires government contribution of up to \$130,000
Total	\$3,112,755
Managing Accountability and Visibility	
Human Resources	TBC
Facility Surveys	TBC
Transformative Action	
Transformative Action Grant Funding	\$400,000-\$1,600,000

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

2022 Budget Allocation - Transformative Action (TA): Under Phase III, UNFPA Supplies Partnership will support partner countries to a) strengthen supply chain systems, b) diversify sustainable financing, c) strengthen the policy environment for commodity security and choice of methods, and d) seed funding for expanding women's access to new and lesser used commodities through the Transformative Action (TA) funding stream. **UNFPA Yemen will have the opportunity to apply for TA grants of between \$400,000-\$1,600,000 per year in 2022 and 2023.**

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

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

Table 3. Summary of HSS application Yemen in 2024.

Section 2: Summary of particulars of HSS Application

2.1 Number of years covered by this HSS Application.....

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

No.	HSS Application Area	Total Budget (excluding IC)	
		Amount (US\$)	Percent
1	Expanding Method Mix and Choice	10,230	2%
2	Strengthening Supply Chain Management	479,500	74%
3	Strengthening Health Financing	6000	1%
4	Strengthening evidence/data generation and use for FP	154,970	24%
Total			

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

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

Table 4. Summary of TA application Yemen in 2023.

Section 2: Summary of particulars of TA Application

2.1 Number of years covered by this TA Application One-year 2023.

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

No.	TA Application Area	Total Budget (excluding IC)	
		Amount (US\$)	Percent
1	Strengthening Supply Chain Systems	370,000	57%
2	Enabling environment for increased commodity security for a choice of methods;	125,000	19%
3	Enabling environment for increased sustainable financing for RH/FP from domestic and other sources	0	0%
4	Seed Fund to bridge availability and access for the hardest to reach women and girls)	155,000	24%
Total		650,000	100%

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

Rationale behind, objectives, and key strategies results of this HSS Application:

1. To improve the availability and accessibility of contraceptive methods and maternal medicines:

- **Introduction of the H-IUD and Carbetocin to the Essential Maternal Health list:** This aims to expand the range of available contraceptive methods and lifesaving maternal medicines.

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

Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
<p>2. To improve partnership and collaboration for RHC availability and utilization:</p> <ul style="list-style-type: none"> ● Improved coordination in supply planning for reproductive health commodities: Enhanced coordination among stakeholders to ensure efficient planning and availability of reproductive health commodities, reducing stockouts and improving access to these essential products. <p>3. To build national capacity for distribution and warehousing, including last-mile delivery of reproductive health commodities:</p> <ul style="list-style-type: none"> ● Improved commodity visibility from customs to the last mile: Enhancing visibility and tracking of reproductive health commodities throughout the supply chain helps identify bottlenecks and ensure efficient distribution, especially in reaching the last-mile service delivery points. ● Expand the functionality of the eLMIS to include inventory management and linking the system from SDP to central: This supports effective inventory management and provides real-time information for decision-making, ensuring reproductive health commodities are available when and where needed. ● Training programs: Refreshing TOT on the upgraded LMIS and conducting training for staff at different levels helps build national capacity for effective distribution and warehousing. <p>4. Strengthening national capacity for logistics management:</p> <ul style="list-style-type: none"> ● Ensuring the uninterrupted supply of reproductive health commodities at SDPs: Building national capacity in logistics management helps maintain a continuous supply of reproductive health commodities at service delivery points, reducing stockouts and ensuring availability <p>5. Ensuring commodities reach the last service delivery points:</p> <ul style="list-style-type: none"> ● Recommendations and findings to improve supply chain management: Identifying and addressing gaps in supply chain management helps improve the efficiency and effectiveness of delivering reproductive health commodities to the last-mile service delivery points. ● Ensuring effective supply chain management under IPs and up-to-date data: Strengthening supply chain management practices under IPs and ensuring accurate and timely data contribute to improving commodity availability at the last service delivery points. <p>6. Advocating for government commitment:</p> <ul style="list-style-type: none"> ● Compact signed by the government: Encouraging the government to allocate budgetary resources and sign a compact demonstrates their commitment to supporting and prioritizing RHC availability and utilization. <p>7. Advocating for the importance of LMA:</p>	<p>System Strengthening Application.</p>

Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)	
<ul style="list-style-type: none"> ● Raising awareness among IPs about the importance of LMA activities: Highlighting the significance of LMA activities helps ensure that the last mile of the supply chain receives adequate attention and resources. 8. Promoting family planning through media campaigns: <ul style="list-style-type: none"> ● Conducting family planning media campaigns in the South region: By conducting media campaigns in specific regions, such as the South, the aim is to increase awareness and knowledge about family planning, ultimately benefiting a significant number of people in terms of access to family planning services and information. 	
Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles. (Linked to theory of change causal assumption 9)	
Indicators 1.4.1 Human rights-based approaches and gender transformative approaches are embedded within the design of the Partnership and effectively implemented. 1.4.2 LNOB principles are embedded within the design of the Partnership and effectively implemented. 1.4.3 Views and experiences of implementing partners and right-holders' organizations on the strength of human resources, gender equality and LNOB principles in the design of the Partnership interventions.	
OBSERVATIONS	SOURCES OF EVIDENCE
The TA will contribute to gender equality through improving women's access to Sexual Reproductive Health. Access to SRH enables couples' ability to exercise their right to health including reproductive health rights to decide when and how many children to have safely and in health thus promoting their ability to participate in different economic and other social endeavors which can further equality. The proposed TA is tailored to respond to the unique needs of women and girls in Yemen to access Reproductive Health care that they need to achieve gender equality.	UNFPA (2022). Narrative Template for Transformative Action Application - Strengthening Supply Chain Systems.
The HSS will contribute to gender equality by improving women's access to Sexual Reproductive Health. Access to SRH enables couples' ability to exercise their right to health, including reproductive health rights, to decide when and how many children to have safely and in health, thus promoting their ability to participate in different economic and other social endeavors, which can further equality. The proposed HSS is tailored to respond to the unique needs of women and girls in Yemen to access the Reproductive Health care they need to achieve gender equality.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System

Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles. (Linked to theory of change causal assumption 9)	
	Strengthening Application.

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>				

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>Indicators</p> <p>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> <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>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>2023 UNFPA Supplies Partnership work plan</p> <p>Total Commodities value: UNFPA supplied MOH with life-saving maternal medicines and family planning quantities for 2023, with a total cost of 2,343,492 USD and 2,023,217 USD in the pipeline.</p> <p>Total budget for TA (Transformative Actions):</p> <ul style="list-style-type: none"> • \$650,000 For total budget for TA. • \$3,100,000 for reproductive commodities. 	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>
<p>“Most of commodities (more than 90%) for family planning come from the support of UNFPA. MSI and other local NGOs provide few quantities of family planning commodities, but not as much as UNFPA. The other NGOs mostly provide services for mothers related to reproductive health; if they bring supplies, it is not the quantity needed for family planning in Yemen. UNFPA plays an important role in terms of importing the supplies for family</p>	<p>KII with JSI. November 2024.</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>planning to the Ministry of Public Health. They are also supporting the MOH with distribution of supplies and reporting of the cases who receive family planning.”</p>	
<p>Local procurement and market shaping. “Our policy is stating that all contraceptives should come from headquarters. We don't negotiate that. It's just a question of credibility and image of the organisation. All contraceptives are sourced from outside by headquarters. For the other items related to reproductive health interventions, depending on if they match the criteria that we have in our policy, we can source them locally. This is the first time we would like to source it locally. Before we were giving funds to our IPs and they were sourcing them from the local market somehow without meeting the policies. Now we are reshaping everything to ensure they meet the policy. In terms of contraceptives, the demand is very high from the field, both in the North and the South. But given the fact that the acceptance of contraceptives in the North was banned for almost two years, there was some smuggling. The suppliers were providing this from their private context, and people kept getting contraceptives from the private market without any insurance regarding safety of the product, and we were not able to track user data to understand how many women have been reached with those interventions. Many partners like JSI have joined the partnership and they are ready to join to support as well, in terms of coordination.”</p>	
<p>2023 Budget Allocation - Commodities In 2023, Yemen can expect to receive the following support for reproductive health commodities: Routine Commodities - \$2,261,071 for routine reproductive health/family planning commodities. The attached commodity approval notice details the approved contraceptives and maternal health medicines. The orders will be processed by HQ.</p>	<p>UNFPA (2023). UNFPA Supplies 2023 Yemen Budget Allocation Letter.</p>
<p>At the Reproductive Health Commodity Security Committee Meeting held in February 2024 the annual supply plan was reviewed as well as the UNFPA's commitments to support this plan, explaining that the UNFPA will support the purchase of family planning methods by 100%, as well as the purchase of some emergency obstetric medicines.</p> <ul style="list-style-type: none"> • During the meeting, the attendees agreed that the role of the partners should be complementary to the plans and needs of the Ministry. • That coordination should be carried out with the Population Sector regarding interventions and the purchase of medicines in order to ensure the optimal use of resources. 	<p>UNFPA (2024). Reproductive Health Commodity Security Committee Meeting Minutes. <i>(translated from Arabic)</i></p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<ul style="list-style-type: none"> During the meeting, Dr. Tharwat Ishaq, Director of Supply in the Population Sector, presented the distribution plans for medicines and family planning methods provided by the United Nations Population Fund during the period from 2023 to January 2024. <p>Recommendations:</p> <ol style="list-style-type: none"> Setting a date for another meeting in which the remaining absent partners will be present. The annual supply plan approved by the Ministry should be the reference for support for all partners. Coordination and holding a meeting with care programs to provide folic acid and iron to the mother and coordination to find a mechanism for storing oxytocin. 	
<p>“No supplies related to family planning come directly from UNFPA to NGOs or local associations, they go through the Ministry of Public Health. For example, if JSI is working in the field with community midwives who need to provide these services, they never go to UNFPA to ask them to support with supplies but instead coordinate with the District Health Office and the governorate health office.”</p>	<p>KII with JSI. November 2024.</p>
<p>UNFPA is the sole provider of essential reproductive health medicines and leads reproductive health service provision in Yemen. The reproductive health supply chain being supported by UNFPA serves as lifeline for millions of women and girls in Yemen.</p>	<p>UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.</p>
<p>Findings of the 2020 TPM report</p> <p>Offering contraceptives based on requirements of national guidelines, protocols and laws</p> <p>The survey results showed that almost all the health facilities surveyed provided family planning services in line with the requirements of the national guidelines, protocols and laws. The short acting family planning methods such as (male condoms, oral contraception, and injectables) are made available by almost all the public managed facilities as per national guidelines. The government guidelines suggest that at least three short acting contraception methods are supposed to be available at all types of health facilities. While long-acting contraceptives such as IUDs, and Implants are available in higher level facilities. The contraceptive methods offered depend on the different levels (primary, secondary and tertiary) and capacity of the facility. The modern contraceptive methods included in the assessment were five (Male condoms, Oral contraception, Injectables, IUDs, and Implants). The survey showed that the oral contraception method was offered by all levels of SDPs (100%), followed by Injectables (89%), then Male</p>	<p>Moore Yemen (2020). Monitoring availability and access to reproductive health commodities and services in Yemen.</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
<p>Condoms (81%). IUDs were offered by (60%) and they were not often available at primary level SDPs by (35%). Finally, Implants were the least offered contraceptive method by all levels of SDPs (48%). Like IUDs, the primary level SDPs did not offer Implants by (27%). In terms of location, the survey findings indicated that the urban based SDPs offered the five types of contraceptive methods, while the SDPs located in rural areas frequently offered the three Short term family planning contraceptive methods (Male Condoms, Oral Contraception and Injectables) and the other two Long-term methods (IUDs and Implants) were less frequently available with a percentage of 60% for IUDs and 48% for Implants.</p> <p>In terms of the availability of maternal and reproductive health medicines (i.e., Ampicillin, Azithromycin, Benzathine benzylpenicillin, Dexamethasone, Calcium gluconate, Cefixime, Gentamicin, Hydralazine, Magnesium sulfate, Methyldopa, Metronidazole, Misoprostol, Nifedipine, Oxytocin, Either sodium lactate compound solution or Sodium chloride or both of these medicines and Tetanus toxoid), 146 surveyed SDPs (68%) reported providing maternal health services including delivery services (e.g. with a maternity unit or section for delivery); the health facilities with highest availability were in Hadramawt, Ibb, and Ta'iz governorates. On the other hand, 69 surveyed SDPs (32%) did not provide maternal health services and were located mainly in Hadramawt, Shabwah and Al Bayda. However, most secondary (92%) and tertiary (89%) SDPs provided maternal health services including delivery services. Moreover, a considerable amount of primary level SDPs (48%) provide maternal health services mainly in Hajjah, Hadramawt and Dhamar.</p>	
<p>“We are discussing local procurement; the process has not been that easy. We started discussing with the SCMU in April or May, and we got the necessary support. Still, we face this issue regarding the time delays, meaning that despite the good will, the reality is there. Maybe they need to rethink strategically the procurement process. They don't have all the suppliers at the headquarters level. Some are in India, some are in China, some are in Europe and so forth. They need to rethink the way the supply chain process should be managed, that's the main issue. I'm not sure that it's only a Yemen issue. Even when I was in Haiti, it was quite the same issue there, so we need to raise our voice and see how we rethink the procurement process.”</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>
<p>The TA will support strengthening national capacity for forecasting quantification and rational use of IARH and better contingency planning that will ensure availability of supplies for the implementation of MISP in areas affected by escalation of fighting.</p>	<p>UNFPA (2022). Narrative Template for Transformative</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
	Action Application - Strengthening Supply Chain Systems.
<p>“UNFPA supports technically and financially the commodity security committee, which is led by the population sector at the Ministry of Public Health. All NGOs who provide supplies for family planning and reproductive health are members of this committee. There are annual meetings in December where the annual use of supplies and plan for next year’s needs is discussed. They depend on the guides on the Ministry of Public Health on essential drug list. UNFPA, WHO, UNICEF participate in these meetings, in addition to other NGOs who are supporting the importing of supplies and procure some supplies locally. WHO and UNICEF participate in these meetings and give information about the needs regarding primary health care and secondary health care. All the supplies related to reproductive health, family planning, and newborn health are under the lead of UNFPA, while child health, NCDs, communicable diseases are under WHO. In the meetings we prepare the plan for the next year and decide who can bring what. Each NGO informs UNFPA informs the quantity of the supplies they can support in the next year. UNFPA coordinates with partners regarding the quantity and the type of family planning that other NGOs can support. In addition to the annual meeting, there is a quarterly meeting where we discuss where we are regarding the supplies and provide some technical support if there are weaknesses/gaps from any partners or requests from the Ministry of Public Health. UNFPA coordinates with other NGOs to identify the gaps. The quarterly meetings of the commodity security committee are supported by UNFPA. The annual meetings are supported by all UN agencies and other NGOs who support supplies. There are some contributions from the ministry for family planning supplies (few percentage).”</p>	KII with JSI. November 2024.
<p>The terms of reference for the Reproductive Health Commodities and Supplies Committee were reviewed in detail at the RHCS Committee Meeting held in 2022. All paragraphs were reviewed with the participation of the committee members and the final version of the terms of reference for the Reproductive Health Commodities and Supplies Committee was produced.</p> <p>2022 Reproductive Health Needs, Commitment and Supply Plan.</p> <p>The population sector’s need plan for reproductive health commodities and supplies for the year 2022 (forecasting 2022) was reviewed in accordance with the updated National List of Obstetric and Neonatal Emergency Medicines and Family Planning Methods, and the mechanism for sharing the supply plan and commitment according to needs was discussed and clarified.</p>	<p>Republic of Yemen, Ministry of Public Health and Population (2022). Report of Reproductive Health Commodities and Supplies Committee</p>

<p>Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.</p>	
	<p>Meeting. (<i>translated from Arabic</i>)</p>
<p>Challenges on ensuring family planning access and choice:</p> <ol style="list-style-type: none"> 1. Long lead time for the procurement of contraceptives by the PSB. 2. Forecasting for contraceptives faced challenges, particularly in the governorates under Sana'a authorities in the north, where their supply plan for 2022 and 2023 did not include any quantity of contraceptives, resulting in a shortage of contraceptives at all levels. 3. Absence of government budget for distribution. 	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>
<p>“The issue is that we can still face some delay, related to the supplies coming through the Red Sea. The big portion of the population resides in the North. We have a double custom. All items are arriving in Aden and from there it takes time, they might be cleared, before it comes to the North. We face some barriers and it takes a lot of time in terms of clearance. We wish to have more support from headquarters on this matter. [...] There is support that we need, but we are suffering from the delay times. You can imagine that from when we send our request in February until now, only maybe 10 or 20% have been received. This puts us in a quite bad situation, especially because of the Ministry of Health and the South. The Compact is signed, and they have been providing their share of commitments (1-2%). But the commodities are not arriving, so we cannot provide the amount agreed upon in the Compact. This put us into a not so good situation with them. [...] The other point, which necessitates some improvement, is about the time delay. We keep receiving the items that are coming from headquarters way too late. We find stockouts in the field that may have some implication in terms of life saving for all those who are waiting on us.”</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>

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

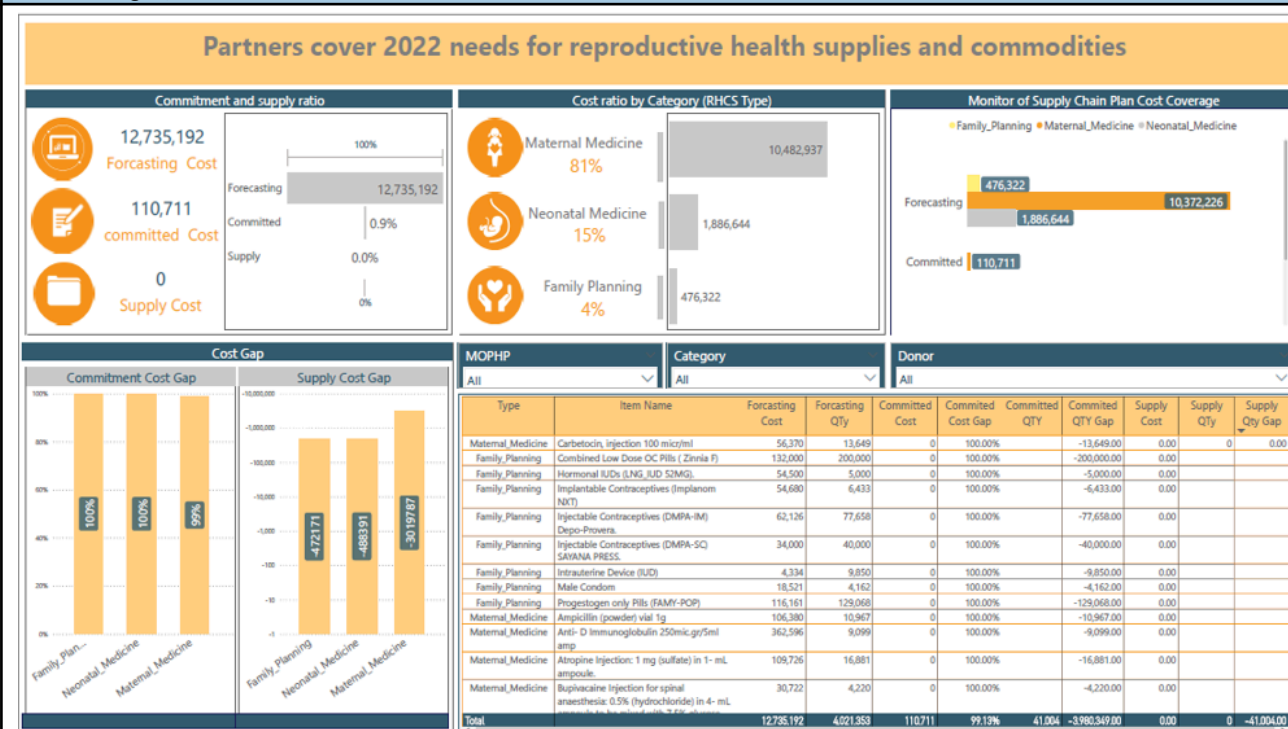


Figure 1. Partners cover 2022 needs for reproductive health supplies and commodities.

Republic of Yemen,
Ministry of Public
Health and
Population (2022).
Report of
Reproductive Health
Commodities and
Supplies Committee
Meeting. (translated
from Arabic)

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to **expand contraceptive method choice of high-quality SRH commodities** for marginalized groups, in both humanitarian and development settings.

Indicators

2.2.1 Documented increased availability of reproductive health commodities in targeted countries to which the Partnership has contributed, through (a) technical assistance; (b) capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; (e) advocacy.

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.	
2.2.2 Documented increased quality of Reproductive health commodities in targeted countries linked to the Partnership, through (a) technical assistance; (b) capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; and (e) advocacy. 2.2.3 Percent of targeted countries where NLU contraceptives have been introduced. 2.2.4 Reported experiences of UNFPA staff and health authorities at central, regional and district levels regarding availability of an appropriate mix of SRH and maternal health commodities. 2.2.5 Stakeholders' perception of the Partnership ability to expand contraceptive method choice.	
OBSERVATIONS	SOURCES OF EVIDENCE
The modern contraceptive prevalence rate in Yemen , which increased from 10 per cent in 1997 to 29 per cent in 2013, is expected to have gone down due to the conflict and the restrictive political environment against family planning , especially in the northern parts of the country, as well as supply-chain challenges caused by the crisis and the COVID-19 pandemic.	UNFPA (2022). Country Programme Document for Yemen (2023-2024).
The Third-Party Monitoring assessment conducted in 2023 found: <ul style="list-style-type: none"> • Among the 140 visited facilities, 97% confirmed receiving maternal and newborn health supplies been by the Ministry of Health/Health offices supported by the United Nations Population Fund in both regions. The remaining 3% (3% Hospitals, 5% Health Centers, 4% Health Units) did not receive such support, all of them were in the North. • Among the facilities who received the maternal and newborn health supplies, only 35% of them said that the received quantities were sufficient (20% Governorate Hospitals, 33% District Hospitals, 29% Health Centers, 58% Health Units) Figure 1. The remaining 65% said quantities were not sufficient, 76% of them said this was due to the increased number of visitors, 24% said some items were sufficient while others were few or not received. • Additionally, 35% of the facilities who received the support commodities said that the received quantities were according to their request. The remaining 65% said otherwise, among them, 72% said that distribution is based on a plan by the Ministry of Health and not according to their need, 27% said available quantities are low and received support was not enough, 1% (one facility) said that they need to constantly go to the health office to request quantities and follow up, and they cannot afford the cost of that. 	Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA, Reproductive Health Supplies for Women and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.

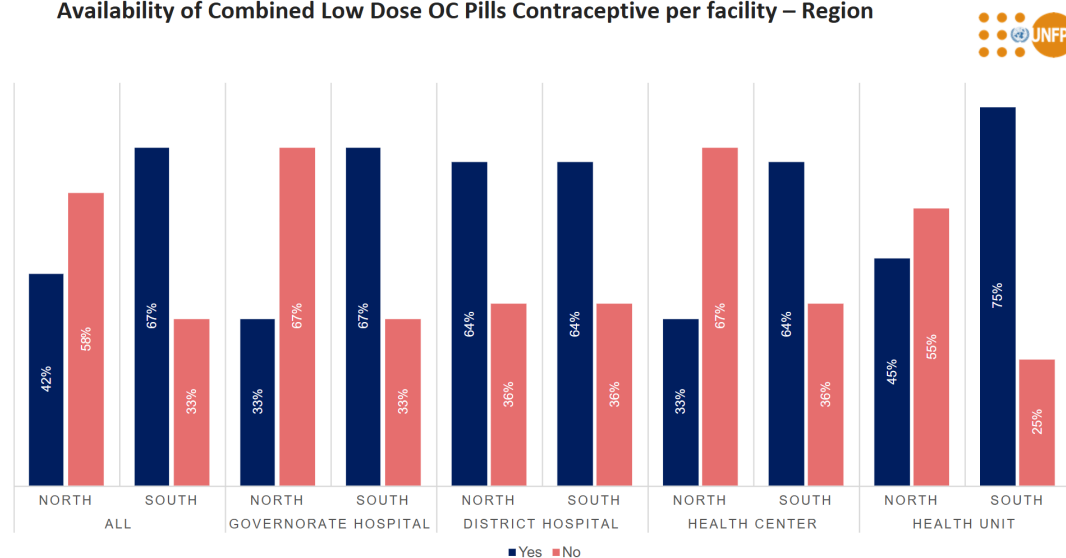
Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to **expand contraceptive method choice of high-quality SRH commodities** for marginalized groups, in both humanitarian and development settings.

Key Milestones vs Achievements of UNFPA Supplies Partnership work plan (Q1 - Q3 2023)

Availability and Access: According to the 2022 assessment conducted in 2023 for the availability of reproductive health commodities, 97% of HFs confirmed receiving reproductive health supplies, with 67% of HFs saying that the received quantities were insufficient.

UNFPA (2023).
Review and
Planning
Meeting: UNFPA
Supplies
Partnership
Countries in the
Arab Region,
Yemen.

Availability of Combined Low Dose OC Pills Contraceptive per facility – Region



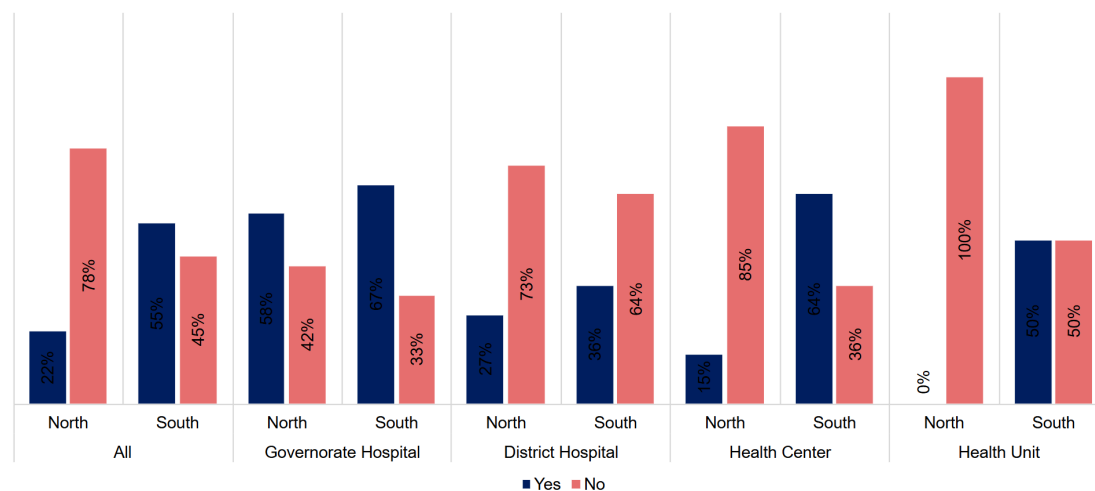
8

Figure 2. Availability of combined low dose OC pills contraceptive per facility - region in 2023.

UNFPA (2023).
Review and
Planning
Meeting: UNFPA
Supplies
Partnership
Countries in the
Arab Region,
Yemen.

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.

Availability of Implanon NXT Contraceptive per facility – Region



UNFPA (2023).
Review and
Planning
Meeting: UNFPA
Supplies
Partnership
Countries in the
Arab Region,
Yemen.

Figure 3. Availability of Implanon NXT contraceptive per facility - region in 2023.

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to **expand contraceptive method choice of high-quality SRH commodities** for marginalized groups, in both humanitarian and development settings.

Table 5. Health facilities offering family planning methods at primary, secondary and tertiary level.

Table 3: Health Facilities offering family planning methods

HF Level	This HF offers at least three (three or more) modern contraceptive methods	This HF does not offer at least three modern contraceptive methods (offers less than three methods)
Primary Level Care HFs (Health Center – Health Unit)	40%	60%
Secondary level care HFs (District Hospital)	85%	15%
Tertiary level care HFs (Governorate Hospital)	93%	7%
Total	56%	44%

Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA. Reproductive Health Supplies for Women and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.

Table 6. Urban and rural health facilities offering at least three modern contraceptive methods.

Table 4: HFs offering at least three modern contraceptive methods as per location

HF Level	This HF offers at least three (three or more) modern contraceptive methods	This HF does not offer at least three modern contraceptive methods (offers less than three methods)
Urban	63%	37%
Rural	52%	48%
Total	56%	44%

Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA. Reproductive Health Supplies for Women and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.

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.

Table 7. Availability of commodities and family planning methods at primary, secondary and tertiary level.

Table 5: Availability of commodities and family planning methods

	Primary Level Care HFs		Secondary level care HFs		Tertiary level care HFs	
	Available	Unavailable	Available	Unavailable	Available	Unavailable
Oxytocin lo iou. 1ml	12%	88%	47%	53%	50%	50%
Gentamycin Inj.	15%	85%	38%	62%	29%	71%
Metronidazole IV bottle	16%	84%	35%	65%	36%	64%
Dexamethasone 6mg/ml injection	13%	87%	47%	53%	21%	79%
Depo-Provera. IM	47%	53%	44%	56%	50%	50%
Lidocaine HCL 20mg/ml (50ml) 2% inj	23%	77%	50%	50%	29%	71%
IV Cannula size 22K gauge	18%	82%	59%	41%	50%	50%
Implanon NXT	33%	67%	32%	68%	57%	43%
I.V CANNULA 20K	22%	78%	53%	47%	50%	50%
I.V CANNULA 18 K	33%	67%	59%	41%	57%	43%
Methyl-dopa 250 mg tab	24%	76%	56%	44%	57%	43%
Combined Low Dose OC Pills	50%	50%	65%	35%	36%	64%
ANTI-DIG0.30MG	0%	100%	6%	94%	21%	79%
Calcium gluconate 1g/10ml inj P20	3%	97%	21%	79%	29%	71%
Misoprostol; 200 mcg tablets	5%	95%	18%	82%	29%	71%

Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA, Reproductive Health Supplies for Women and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.

TPM Main Findings summary:

Modern contraceptives offered by primary level health facilities

The survey findings revealed that at primary level SDPs, 65% of the facilities were providing at least three or more modern

Moore Yemen (2020). Monitoring

Assumption 2.2 The Partnership works effectively with national authorities, and other partners, to expand contraceptive method choice of high-quality SRH commodities for marginalized groups, in both humanitarian and development settings.	
<p>contraceptive methods (i.e., male condoms, oral contraceptive and injectables). However, 35% of primary level health facilities were not providing at least three, which were mainly in Hadramawt and Ibb governorates.</p> <p>Modern contraceptives offered by secondary and tertiary health facilities</p> <p>The availability of at least five modern contraceptive methods (i.e., male condoms, oral contraceptive, injectables, IUDs and implants) at secondary and tertiary level HFs were 60% and 87% respectively. It was observed that the provision of five modern contraceptive methods in secondary level HFs was lower than tertiary level HFs, as mainly noted in Hajjah and Dhamar governorates.</p> <p>Availability of Maternal and reproductive health services and essential medicine</p> <p>With respect to the availability of maternal and reproductive health services and medicines (including the 2 essential lifesaving drugs¹), 146 surveyed SDPs (68%) reported providing maternal health services including delivery services. The health facilities with highest availability of maternal and reproductive health medicines and services were in Lahj, Amanat Alasimah, Ibb, and Ta'iz governorates. The remaining 32% of surveyed SDPs (69) did not provide maternal health services and medicines and were mainly in Al Bayda, Shabwah, and Aden.</p>	<p>availability and access to reproductive health commodities and services in Yemen.</p>
<p>Introduction of 2 new family planning methods: 1- Self injectable SAYANA PRESS and the Hormonal IUD. And the HSC heat stable Carbetocin.</p>	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>
<p>“Three years ago, we introduced Sayana Press (DMPA-SC) both for the Ministry of Health in Sana’a and Eden. Last year the Ministry of Health has agreed to introduce hormonal IUD. We also piloted Carbetocin.”</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>
<p>UNFPA Supplies Progress Report:</p> <p>Activity description: Refresher training on the clinical use of some Items (Carbetocin, Oxytocin, and Misoprostol). Key strategic results: Health staff are aware of the indications and the use of (Carbetocin, Oxytocin, and Misoprostol). Progress: Not achieved. No health staff trained on the rational use of (Carbetocin, Oxytocin, and Misoprostol).</p>	<p>UNFPA (2023). UNFPA Supplies Partnership activities and</p>

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.

Table 8. Comparison of availability of reproductive health and contraceptive methods between the conducted TPM assessments in 2020 and 2023.

4. Comparing the availability between the year 2020 with the year 2023

This section focuses on comparing the availability of RH supplies and contraceptive methods between the conducted TPM assessments.

SDPs Level	Year	Methyldopa	Metronidazole	Misoprostol	Oxytocin	Dexamethasone	Calcium gluconate	Gentamicin	Implanon NXT	Combined Low Dose OC Pills	Depo-Provera. IM	Lidocaine HCL 20mg ml (50ml) 2% inj	ANTI-DIG0.30MG	IV Cannula size 22K gauge	I.V CANNULA 20K	I.V CANNULA 18 K
Primary Level Care SDPs	2020	38%	75%	48%	68%	57%	52%	77%	27%	100%	85%	N/A	N/A	N/A	N/A	N/A
	2023	24%	16%	5%	12%	13%	3%	15%	33%	50%	47%	23%	0%	18%	22%	33%
Secondary level care SDPs	2020	65%	83%	65%	85%	73%	68%	85%	63%	100%	93%	N/A	N/A	N/A	N/A	N/A
	2023	56%	35%	18%	47%	47%	21%	38%	32%	65%	44%	50%	6%	59%	53%	59%
Tertiary level care SDPs	2020	63%	83%	71%	88%	83%	88%	92%	96%	100%	100%	N/A	N/A	N/A	N/A	N/A
	2023	57%	36%	29%	50%	21%	29%	29%	57%	36%	50%	29%	21%	50%	50%	57%

Table 23: Comparison of the availability of RH supplies and contraceptive between 2020 with 2023 by the SDPs level

budget: Yemen progress report.

Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA. Reproductive Health Supplies for Women and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.

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.

Table 9. Comparison of the availability of the reproductive health supplies and contraceptives between 2020 and 2023 in urban and rural areas.

The Area	2020/2023	Methyldopa	Metronidazole	Misoprostol	Oxytocin	Dexamethasone	Calcium gluconate	Gentamicin	Implanon NXT	Combined Low Dose OC Pills	Depo-Provera, IM	Lidocaine HCL 20mg ml (50ml) 2% inj	ANTI-DIG0.30MG	IV Cannula size 22K gauge	I.V CANNULA 20K	I.V CANNULA 18 K
Urban	2020	60%	87%	70%	83%	74%	71%	83%	53%	94%	80%	N/A	N/A	N/A	N/A	N/A
	2023	36%	24%	12%	22%	27%	15%	31%	47%	47%	51%	29%	5%	34%	34%	44%
Rural	2020	49%	74%	50%	75%	63%	59%	83%	23%	94%	72%	N/A	N/A	N/A	N/A	N/A
	2023	35%	22%	10%	26%	19%	6%	16%	26%	56%	43%	31%	2%	30%	31%	40%

Table 24: Comparison of the availability of RH supplies and contraceptive between 2020 with 2023 by the region

Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA. Reproductive Health Supplies for Women and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.

Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers **emergency reproductive health/family planning kits and individual products** with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their reproductive health/family planning requirements.

Indicators

2.3.1 Extent to which clear roles and responsibilities are established between the Partnership and the Humanitarian Response Division at the global, regional and national levels to ensure Partnership countries at a higher risk of rapid onset emergencies integrate humanitarian principles (e.g. basic humanitarian functions integrated into the supply framework) to strengthen preparedness and resilience.

2.3.2 Programme humanitarian response plans include explicit matching of content of emergency Reproductive health and family kits with identified needs of women and girls in the specific humanitarian setting, in concert with the Humanitarian Response Division.

2.3.3 In humanitarian settings, the Partnership engages with national authorities to ensure that its support (including emergency kits) is targeted to all women and girls at risk, including the poor and marginalized.

2.3.4 Those involved in service delivery report products were appropriate, of high quality and delivered in a timely manner during humanitarian crises.

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.	
2.3.5 Extent to which at-risk women and girls report access to needed, appropriate and quality reproductive health/family planning commodities and products.	
OBSERVATIONS	SOURCES OF EVIDENCE
Strategic priorities for UNFPA humanitarian response in Yemen 2024: <ul style="list-style-type: none"> • Provision of vital lifesaving reproductive health services with emphasis on emergency obstetric and neonatal care to reduce maternal mortality and morbidity. • Provision of lifesaving protection services for women and girls with emphasis on prevention and response to different forms of violence. • Reaching all newly displaced persons with emergency lifesaving packages through the Rapid Response Mechanism² 	UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.
In response to the increasing humanitarian challenges, UNFPA has over the years expanded the scope of its programme delivery, shifting from upstream and midstream modes of support to downstream service delivery, focusing mainly on emergency reproductive health and gender-based violence response services. UNFPA established and supported reproductive health and gender-based violence service delivery points that have reached approximately 2.5 million women annually with reproductive health and gender-based violence response-related services. UNFPA has also provided leadership of the Rapid Response Mechanism that involves distribution of dignity kits³ alongside the emergency kits provided by WFP and UNICEF. Through this mechanism, UNFPA collects population data that has, in turn, guided Yemen's humanitarian response in recent years.	UNFPA (2022). Country Programme Document for Yemen (2023-2024).

² The rapid response mechanism (RRM) aims to provide “a minimum package of immediate most critical life-saving assistance for newly displaced persons who are on the move, in collective sites, hard to reach areas or stranded in the military frontlines due to manmade or natural disasters or sudden urgent needs; until the first line cluster response kicks in”. The RRM was established in June 2018 by the Yemen Humanitarian Coordination Team in response to large-scale displacement and it is led by UNFPA. The RRM entails the distribution of immediate response rations provided by the World Food program, basic hygiene kits provided by UNICEF and women's dignity kits provided by UNFPA within 72 hours of receiving a displacement alert. (Source: UNFPA (n.d.). Linking the rapid response mechanism to the provision of cash assistance and women's protection: Yemen case study. https://yemen.unfpa.org/sites/default/files/pub-pdf/rrm_case_study_-_final_version_-_3_feb_2021-_pdf.pdf)

³ The dignity kits included in the Rapid Response Mechanism are not included under the UNFPA Supplies Partnership. UNFPA is acting on behalf of all agencies as a provider of the dignity kits.

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.									
<div><p>Requirement: US\$43.8 M</p><table><tr><td>Mobile team & clinics</td><td>(18%)</td></tr><tr><td>RH kits & supplies</td><td>(11%)</td></tr><tr><td>Capacity building & awareness raising</td><td>(13%)</td></tr><tr><td>Emergency obstetric care</td><td>(57%)</td></tr></table><p>REPRODUCTIVE HEALTH</p><ul style="list-style-type: none">• Ensure availability of lifesaving reproductive health commodities, medicines, supplies and equipment in health facilities.• Ensure qualified health personnel are in place to provide reproductive health services in health facilities.• Support mobile medical teams and clinics to enable them to provide reproductive health services that include; safe deliveries integrated with nutrition services for pregnant women as well as disease prevention information.• Make family planning and birth spacing methods available and accessible to people through health facilities and mobile clinics.• Provide skilled healthcare personnel, particularly midwives, at the community level.• Lead coordination of reproductive health response through the Reproductive Health Inter-Agency Working Group under the Health Cluster.</div>	Mobile team & clinics	(18%)	RH kits & supplies	(11%)	Capacity building & awareness raising	(13%)	Emergency obstetric care	(57%)	UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.
Mobile team & clinics	(18%)								
RH kits & supplies	(11%)								
Capacity building & awareness raising	(13%)								
Emergency obstetric care	(57%)								

Figure 4. Funding requirement for reproductive health and activities for Yemen in 2024.

Figure 4. Funding requirement for reproductive health and activities for Yemen in 2024.

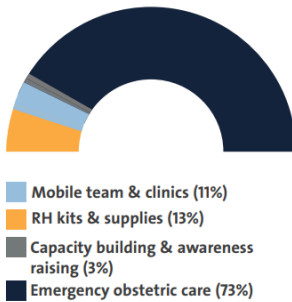
Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers emergency reproductive health/family planning kits and individual products with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their reproductive health/family planning requirements.												
<h2>REPRODUCTIVE HEALTH</h2> <ul style="list-style-type: none">• Ensure availability of lifesaving reproductive health commodities, medicines, supplies and equipment in health facilities.• Ensure qualified health personnel are in place to provide reproductive health services in health facilities.• Support mobile medical teams and clinics to enable them to provide reproductive health services that include; safe deliveries integrated with nutrition services for pregnant women as well as disease prevention information.• Make family planning and birth spacing methods available and accessible to people through health facilities and mobile clinics.• Provide skilled healthcare personnel, particularly midwives, at the community level.• Lead coordination of reproductive health response through the Reproductive Health Inter-Agency Working Group under the Health Cluster.	<p>2023 Requirement: \$38.2 M</p>  <table><tr><th>Category</th><th>Percentage</th></tr><tr><td>Mobile team & clinics</td><td>11%</td></tr><tr><td>RH kits & supplies</td><td>13%</td></tr><tr><td>Capacity building & awareness raising</td><td>3%</td></tr><tr><td>Emergency obstetric care</td><td>73%</td></tr></table>	Category	Percentage	Mobile team & clinics	11%	RH kits & supplies	13%	Capacity building & awareness raising	3%	Emergency obstetric care	73%	UNFPA (2023). 2023 UNFPA Humanitarian Response in Yemen.
Category	Percentage											
Mobile team & clinics	11%											
RH kits & supplies	13%											
Capacity building & awareness raising	3%											
Emergency obstetric care	73%											

Figure 5. Funding requirement for reproductive health and activities for Yemen in 2023.

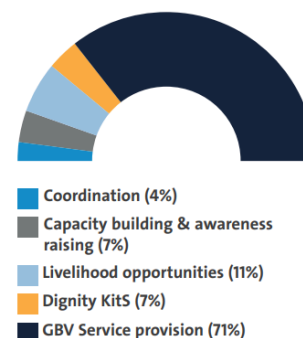
Figure 5. Funding requirement for reproductive health and activities for Yemen in 2023.

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.

PROTECTION OF WOMEN AND GIRLS

- Provide medical supplies including post-rape treatment kits.
- Respond to different forms of violence through the provision of psychosocial support, legal aid, access to safe houses and referrals to health and other services.
- Engage men and boys to enhance mitigation of different forms of violence at the community level.
- Strengthen community awareness about issues related to different forms of violence, and available relevant services.
- Establish referral pathways, protocols and build capacity of service providers and responsible institutions to address challenges for the protection of women and girls.
- Provide support services and livelihood opportunities for survivors of various forms of violence.
- Lead coordination of women's protection response through the women's protection sub-cluster within the Protection Cluster.

**2023 Requirement:
\$20.8 M**



UNFPA (2023). 2023 UNFPA Humanitarian Response in Yemen.

Figure 6. Funding requirement for protection of women and girls and activities for Yemen in 2023.


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.												
<div><p>Requirement: US\$7.1 M</p><table><tr><th>Category</th><th>Percentage</th></tr><tr><td>Enrolment</td><td>34%</td></tr><tr><td>Dignity Kits</td><td>45%</td></tr><tr><td>Distribution</td><td>6%</td></tr><tr><td>Coordination</td><td>15%</td></tr></table><p>RAPID RESPONSE MECHANISM</p><ul style="list-style-type: none">• Lead response to distribute immediate, most critical, lifesaving emergency supplies to newly displaced,families on the move , who may be in hard-to-reach areas or stranded close to the front lines.• Ensure provision of a minimum assistance packages comprising of (1) WFP ready-to-eat food rations (2) UNICEF family basic hygiene kits (3) UNFPA female transit/dignity kit.• Enrollment of newly displaced persons and referral to other actors for further assistance.</div>	Category	Percentage	Enrolment	34%	Dignity Kits	45%	Distribution	6%	Coordination	15%		UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.
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Figure 7. Funding requirement for the rapid response mechanism and activities for Yemen for 2024.

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<p>Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers emergency reproductive health/family planning kits and individual products with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their reproductive health/family planning requirements.</p>											
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<p>2023 Requirement: \$11 M</p> <table border="1"> <thead> <tr> <th>Activity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Enrolment</td> <td>36%</td> </tr> <tr> <td>Dignity Kits</td> <td>33%</td> </tr> <tr> <td>Distribution</td> <td>13%</td> </tr> <tr> <td>Coordination</td> <td>18%</td> </tr> </tbody> </table>	Activity	Percentage	Enrolment	36%	Dignity Kits	33%	Distribution	13%	Coordination	18%	<p>Figure 8. Funding requirement for the rapid response mechanism and activities for Yemen for 2023.</p>
Activity	Percentage										
Enrolment	36%										
Dignity Kits	33%										
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Coordination	18%										
<p>Emergency kits support from UNFPA</p> <p>“There are some kits available from UNFPA to support mothers and provide essential care for the baby but there are some shortages once in a while. Most of the mothers have difficulties reaching health facilities, especially in the rural areas. Maternal health kits should be given to the mothers and community midwives to assist mothers during the delivery. The needs are huge compared to the quantities available. Sometimes there are shortages of these kits. UNFPA recommends NGOs to go directly to companies out of the country to procure kits. Many of the donors do not put funds for supplies and reproductive health kits. Some NGOs have challenges with procuring kits. It would be good for UNFPA to look at country needs and based on this import and support NGOs.”</p>	<p>KII with JSI. November 2024.</p>										
<p>“We received a lot of support [<i>in terms of commodities</i>] from the HRD, which has been shipped. In terms of capacity building, we have webinars, subjects on innovation regarding crises, and climate change HSS is in place as well. Reproductive health is on top of this project. [...] There was a visit in 2022 by a specialist from the HRD to make an assessment for the supply chain, and they provided a good report. In addition to that, we are providing reproductive health kits. Since last year, we have agreed with the Ministry of Health to move to bulk procurement items, but we still keep some small quantities of our emergency kits just in case of a national flood, for example. Sometimes if there is an emergency, we are prepared.</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>										

Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers emergency reproductive health/family planning kits and individual products with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their reproductive health/family planning requirements.	
<p>The TA application for additional seed funding was designed based on an assessment of SCM conducted in 2016 and the subsequent lessons learned while implementing some of the recommendations. The design of TA was also informed by the 2020/21 Third Party Monitoring of the Availability of commodities at service delivery points. A recent Technical Assistance Provided by the Humanitarian Office on moving from IARH Kits to bulk procurement also informed the design of the TA. The CCA also provided valuable information that was reviewed in designing this TA.</p>	<p>UNFPA (2022). Narrative Template for Transformative Action Application - Seed funding to Expand Lesser Used RH/family planning Medicines and Facilitate Access for IDP women and girls.</p>
<p>Main UNFPA achievements in 2023:</p> <ul style="list-style-type: none"> • 2.1M People reached with lifesaving assistance • 116,964 Safe deliveries assisted • 650,189 Unintended pregnancies averted • 101, 883 Survivors of violence assisted • 135,941 People received family planning services • 115,612 Women and girls received dignity kits • 312,690 People received rapid response mechanism kits • 85 Personnel trained on Minimum Initial Service Package 	<p>UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.</p>
<p>Main UNFPA achievements in 2022:</p> <ul style="list-style-type: none"> • 2.7M People reached with lifesaving assistance • 143,200 Safe deliveries assisted • 344,731 Unintended pregnancies averted • 21,968 Survivors of violence assisted • 212,692 People reached with family planning services • 405,230 Women and girls reached with dignity kits • 401,559 People reached with rapid response mechanism kits 	<p>UNFPA (2023). 2023 UNFPA Humanitarian Response in Yemen.</p>

<p>Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.</p>	
<p>Indicators</p> <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 • Choice of methods • Harmful social norms limiting access. <p>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.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>“UNFPA is working with Ministry of Public Health to provide supplies and to support the transportation of the supplies to the district level. The Ministry of Public Health in Yemen has a supplies department, and the population sector has a unit supporting the supplies regarding reaching the supply to the end user. UNFPA is supporting the Ministry level and provides supplies to the Ministry warehouses, based on gap and shortage of supplies at the district and governorates level. UNFPA also supports the fees of supplies transportation to the district level. There are gaps in reaching the end users from the district health facilities. The district health office mostly say they do not have funds to</p>	<p>KII with JSI. November 2024.</p>

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

Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.	
<p>Objectives, key strategic results and activities as part of the seed funding to expanding less-user reproductive health/family planning medicines and facilitate access for IDP women and girls</p> <p><u>Objective 1:</u> To provide a wider choice of effective modern family planning methods at service delivery points</p> <p><u>Key Strategic Results:</u> Increased family planning method mix, enabling couples and individuals to choose methods that best meet their goals and exercise their human rights.</p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Conduct training for healthcare providers on new and lesser-used reproductive health/family planning commodities. • Develop and print 5,357 copies of standards, protocols, guidelines, and behavior change communication (BCC) materials in English and Arabic. <p><u>Objective 2:</u> To scale up effective mechanisms for reaching the most crisis-affected, hardest-to-reach women and girls in Yemen with reproductive health/family planning services</p> <p><u>Key Strategic Results:</u> Improved access to lesser-used reproductive health/family planning commodities for the most crisis-affected, hardest-to-reach women and girls in Yemen.</p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Partner with YAAMAN to implement voucher schemes for increased access to lesser-used reproductive health/family planning methods, targeting IDP populations. • Collaborate with NYMA to support community midwives in reaching 243 beneficiaries with lesser-used reproductive health/family planning methods. <p><u>Objective 3:</u> To strengthen national capacity for humanitarian preparedness</p> <p><u>Key Strategic Results:</u> Improved preparedness for effective implementation of Sreproductive health services for people affected by disasters.</p> <p><u>Activities:</u></p> <ul style="list-style-type: none"> • Conduct training on the Minimum Initial Service Package (MISP) to transition to comprehensive Sreproductive health services for the Ministry of Public Health and Population (MOPHP) and partners. 	<p>UNFPA (2022). Narrative Template for Transformative Action Application - Seed funding to Expand Lesser Used RH/FP Medicines and Facilitate Access for IDP women and girls.</p>
<p>UNFPA Supplies Progress Report:</p> <p>Activity Description: Partnership with Human Access to support voucher schemes for increased access to lesser used reproductive health/family planning methods targeting IDP populations in Al Hodeida</p>	<p>UNFPA (2023). UNFPA Supplies Partnership activities</p>

Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.					
Key strategic results: 2000 IDP and poor women are benefiting from reproductive health/family planning services with free of charge through voucher system including transportation fee. Contracting UNFPA partners who will implement the project in South and the North (Human Access and BFD). Progress: Fully Achieved. The project successfully established in 2 governorates in the north of the country agreements with Zabid Hospital, Mukyras Center, and Al Thawra Hospital were signed and 5 governorates in the south of the country (Hadramout Mukala and Sayoun , Almahra, Taiz, and Lahj governorates). Development of voucher System: The project developed a comprehensive voucher system that enables eligible beneficiaries to access a package of reproductive health services. This involved the design and printing of vouchers, as well as the development of standard operating procedures to ensure smooth implementation. The project conducted training sessions for focal points, community midwives, and community health volunteers (CHVs) involved in the voucher distribution process A total of 25 community midwives and CHVs (16 in Al Bayda'a and 9 in Al Hodiedah) were trained, equipping them with essential knowledge about the project and the distribution of vouchers related to reproductive health services. These trained individuals also collected beneficiaries' data using the KOBO program. number of targeted beneficiaries				and budget: Yemen progress report.	
UNFPA Supplies Progress Report: Activity description: Support the distribution of commodities from central warehouses to the governorates' and district levels. Key strategic results: Improved commodity availability at last Service delivery points. Progress: Fully Achieved.				UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.	

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	LINKAGES TO THE THEORY OF CHANGE	Linked to the green boxes for strategic objective 2 in the middle of the theory of change

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

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

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.	
Challenges and Limitations <ul style="list-style-type: none"> • Delays and procrastinations in issuing the permits by local authorities including the MoPHP due to administrative routine and unreasonable reasons. • The failure to obtain a permit from the Ministry of Health in Sana'a prevented us from applying the methodology we intended to implement. • The Busyness of the health facilities' managers in the Southern governorates with the immunization campaign resulted in delaying the field work in the targeted health facilities until the end of the immunization campaign. • The refusal of some of the health facilities' managers to provide enumerators with the documents or they say the documents are not available. • The procrastination of the Health Office Director in Saada Governorate resulted in the failure to implement the GH0 of Saada. A health facility requested a written confirmation from the Health Director in Saada Governorate, which led to our inability to implement it as well. 	
The on-site monitoring on the availability and access to reproductive health commodities and services in 215 health facilities in Yemen was conducted during the period from 22nd November 2020 to 17th of March 2021 for UNPFA's Reproductive Health programme in Yemen. Moore Yemen as a third-party monitoring organization was contracted by UNFPA to conduct this TPM exercise. The survey aimed generally at monitoring the availability and access to reproductive health commodities and services in Yemen. This included monitoring the availability of maternal and reproductive health medicines, delivery of modern contraceptive methods, stock-out of the reproductive health commodities and modern contraceptive methods, supply chain system, staff training for family planning, availability of guidelines and checklists for family planning and other reproductive health services, methods of waste disposal and user fees, if any. Also, a sample of the available clients at the time of the on-site visits were interviewed to obtain their views about the quality and cost of services through exit interviews.	Moore Yemen (2020). Monitoring availability and access to reproductive health commodities and services in Yemen.
"We would like to conduct more TPM exercises to have more evidence that we can showcase to the line ministries to show investing in reproductive health interventions, this is what you can benefit, and why you should invest more. Having more evidence would be very meaningful and supportive. "	KII with UNFPA Yemen Country Office. November 2024.
UNFPA Supplies Progress Report: Activity Description: Conduct Third Party Monitoring exercises using the approved UNFPA tool for the assessment of the availability of reproductive health commodities at HFs level. Key strategic results: Enhancing	

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

Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures , including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)	
Indicators 3.2.1 Examples of successful introduction and roll out and adoption of new or improved manual or automated systems for SCM (including LMIS, inventory management and distribution) supported by the Partnership. 3.2.2 Documented efforts to strengthen SCM to address staff capabilities and motivation as well as needed improvements in systems and technology. 3.2.3 Positive findings on training and capacity building outcomes and results reported. 3.2.4 Views of UNFPA country office staff, national health authorities, national supply chain managers and facilities managers at national and sub-national level on quality and usefulness of technical assistance provided by the Partnership. 3.2.5 Examples of how enhanced systems have (or have not) led to improved inventory management, stock-outs, unused inventory, etc.) without duplicating efforts, causing undue delays or expense . 3.2.6 Reported qualifications of supply chain managers and/or levels of vacancy and turnover in SCM over time. 3.2.7 Positive trends in supply chain performance data indicating improved skills and management.	
OBSERVATIONS	SOURCES OF EVIDENCE
The TA responds to the unique challenges of Yemen created by the protracted crisis that has impoverished people, torn Yemen into two, and rendered the government unable to finance public health including paying salaries for health workers. It proposes to support coordinated supply planning, building national capacity on forecasting and quantification, and inventory management and ensuring distribution to the last mile. This will be backed by an electronic logistics management system that ensures product visibility throughout the chain. The objectives were prioritized based on a comprehensive assessment of the SCM in Yemen and the extend of implementation of some of the recommendations over the years. The Common Country Assessment, the risk profile for Yemen, SRAT, ongoing monitoring and recommendations from LMA report, and the Humanitarian Office Technical Assistance further informed the selection of the objectives.	UNFPA (2023). UNFPA Supplies Partnership Narrative Template for Transformative Action Application.
An assessment of reproductive health supply chain management needs conducted in 2016, recommended actions around, capacity building, adoption and development of technology to support Logistics Management Information System and renovation of structures and equipment. The country office has made progress in implementing some of these recommendations including the setting up of a reproductive health management information	UNFPA (2022). Narrative Template for Transformative Action Application -

Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures , including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)	
system and capacity building. Lessons learned from this need to be consolidated for further improvement of the supply chain system.	Strengthening Supply Chain Systems.
UNFPA Supplies Progress Report: Activity Description: Upgrade the existing LMIS component , including the adoption of GS1 solution for tracking medicines, extend to health facility level, integrate with DHIS2, and popularize use for last mile decision making and support. Key strategic results: Improved commodity visibility from customs to the last mile. Progress: Contract signed with the developer company, but Not Achieved to 1- Refresh TOT training for Central and 22 governorates staff. 2- Training for the 333 district's staff. 3- Conduct training for the pilot health facilities 300. 3- More efficient report on the Supply situation has been developed"	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
Capacities strengthened by UNFPA in 2022: <ul style="list-style-type: none"> • 102 personnel trained on MISP • 194 personnel trained on provision of family planning 	UNFPA (2023). 2023 UNFPA Humanitarian Response in Yemen.
“UNFPA is mostly working with humanitarian. There are small parts related to building capacity of service providers e.g. support for family planning training, community-based maternal health training.”	KII with JSI. November 2024.
“UNFPA supported the Ministry of Public Health to establish the LMIS”	KII with JSI. November 2024.
Monitoring and Reporting The LMIS that UNFPA helped setup , collects service and logistics data from health facilities all over the country that will provide data for monitoring of service utilization as well as stock status at District and Governorate warehouses. The Country Office has a fully-fledged Monitoring and Evaluation unit that will organize and support the monitoring of this TA. UNFPA program personnel, together with the M&E unit from Sana’a and Aden, and those located at subnational hubs located in (Ibb, Al Hudaydah, Sa’adah, and Marib will conduct physical visits to a sample of health facilities and warehouses to monitor and validate the data collected through the LMIS and provide technical support for program quality. Visits will be done contingent on the security situation. Mitigation measures and security precautions, as advised by the UNDSS will always be adhered to.	UNFPA (2023). UNFPA Supplies Partnership Narrative Template for Transformative Action Application

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)</p>	
<p>UNFPA Supplies Progress Report: Activity Description: Conduct a TOT and train responsible staff from Central, Governorate, District, and Implementing Partners on the updated National Reproductive Health Commodity Supply Chain Manual. (The manual guides Forecasting, Distribution, Storage Conditions, rational use of drugs, and Supervision). Key strategic results: National capacity for logistics management strengthened for uninterrupted supply of reproductive health commodities at SDPs at all times. Progress: Partially Achieved: 1- TOT on the updated reproductive health Commodity SC Manual for both North and South Completed. Targeting Central training from MOH and 22 governorates covering all the country. 2- Training of 22 Governorates on updated reproductive health Commodity SC Manual conducted. 3- Training of the first lot districts completed 183 districts. Not Achieved: Training of the second lot districts completed. 150 Districts</p>	<p>UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.</p>
<p>The reproductive health supply chain manual was developed with UNFPA support, and TOT for the national staff takes place for all governorates, and the training for all districts is ongoing.</p>	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>
<p>“UNFPA builds the capacity of service providers and reaches the DHO, and some of the health facilities, with commodity reporting. UNFPA trains service providers on reporting of supplies and distributes laptops and tables for the district health office to increase supplies reporting.”</p>	<p>KII with JSI. November 2024.</p>
<p>The HSS proposes a set of measures to address these challenges. These measures include supporting coordinated supply planning, enhancing national capacity in forecasting, quantification, and inventory management, and ensuring the distribution of medical supplies reaches even the most remote areas. To facilitate this, an electronic logistics management system will be supported to include all health system levels (Now used at the district level), building upon previous achievements, lessons learned, and experiences from the past few years. The recommendations from the LMA activities conducted over the last three years will also be considered.</p>	<p>UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.</p>

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)</p>	
<p>Key Milestones vs Achievements of UNFPA Supplies Partnership work plan (Q1 - Q3 2023)</p> <p>SCM strengthening:</p> <ul style="list-style-type: none"> • UNFPA co-led the RHCS committee with MOH and supported the meetings in both MOHs. • UNFPA co-led the quantification and forecasting committee for the 2024-2025 annual supply plan. • UNFPA supports the development of the reproductive health supply chain manual, and TOT for the national staff takes place for all governorates, and the training for all districts is ongoing. • UNFPA supports the MOH in conducting supportive supervision visits from the central and governorates to districts and HFs, aiming to strengthen the SC and capacity building. • UNFPA support Need Assessment for the Central and Governorates warehouses to enable MOH to seek funds based on the assessment. • Support the Spot-Check for the LMA. 	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>
<p>RHCS situation: status on commodity availability, stock out, SCM/LMIS including LMA:</p> <ul style="list-style-type: none"> • Active RHCS committee 1 in the North and 1 in the South. • A consolidated 2024-2025 supply plan was developed with MOHs and all stakeholders. • Support Development for LMIS 2nd phase to be used by the central to the district level by this development It is ongoing to be used at the HF level, and MOHs are discussing approving it for all PHC programs. • Implementation for the LMA from 2019-2023. • Completion of the need assessment for the central and governorates warehouses. • Start on rehabilitation for the central warehouse in Sana`a with support from UNOPS 	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>
<p>• In addition to that, the Partnership is not only about Commodities. We use this for LMIs development. UNFPA supports the Ministry of Health on LMIs to strengthen the supply chain management. We support them to develop the reproductive health supply chain manual, we do training for people. A lot of things have been done through this Partnership aiming to make the support as effective as possible. The LMIs play a great role in order to allow us to do tracking for shipment and commodities to the last delivery service point.”</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>
<p>“From 2019 we sit with the Ministry of Health on both sides, and we established the reproductive health Commodity Security Committee, which is responsible for managing and supporting the supply chain commodities and everything related to reproductive health commodities. As a joint effort, UN agencies (UNICEF, WHO), JSI, and other agents, are responsible for quantification, forecasting, and other topics. We build the capacity. In addition to</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>

<p>Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures, including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)</p>	
<p>that, we did important interventions and provided support to the Ministry. First the logistic management information system, which started in 2019 and it reached the central level and district levels last year. There is an upgrade for this system to reach the health facility level soon. To make a system nationwide, it needs a lot of effort and a lot of coordination, collaboration, this is what we do. We succeeded on that: both ministries approved this logistic management information system as a national logistic management information system for other primary healthcare programmes. From this year we start with the upgraded version to do the training. In the South, there is JSI who will also take the responsibility for the logistics, for the supply for 25 districts. They will use this logistic management information system for supply management with the Ministry of Health.”</p>	
<p>“We support both ministries to develop the reproductive health supply chain manual, and we also do training at the district level on that. During the crisis in Yemen all things have collapsed, specifically the supply chain. We are not working like other countries. Other countries build a parallel system to the government. But at least with the UNFPA Partnership, we support the ministries to keep their supply chain working and strengthening. We started from the central level, and the district level in the last three or four years. From this year we reached the health facility level.”</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>
<p>Compact Annex A - Annual schedule to the UNFPA Supplies Partnership Compact B. In-kind contributions from UNFPA: Country Programme Resources and Support: UNFPA will continue supporting the MOH to complete the 2nd phase of eLMIS and support the training and scale-up to reach the service delivery points. In addition, UNFPA will support one National Technical Consultant for the population sector and support supervision and transportation for the commodities from the central warehouse to governorates and district levels based on the available resources.</p>	<p>UNFPA, The Government of Yemen (2023). Compact for the UNFPA Supplies Partnership Between UNFPA and The Government of Yemen.</p>
<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)</p>	
<p>Indicators</p>	

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)</p>	
<p>3.3.1 Reported and/or observed improvements in demand forecasting/quantification over time in partner countries (i.e. reduced positive or negative gaps in estimated national demand and procured supply). 3.3.2 Reported or observed improvements or deterioration in distribution levels from national to regional and district warehouses and, finally, to service delivery points. 3.3.3 Changes in scheduling/availability of services to improve access for women and girls. 3.3.4 Reduction in frequency, duration and severity of stock-outs at national and sub-national levels. 3.3.5 Absence or reduction in the frequency and level of over-supply and unused inventory. 3.3.6 Improved data capture and reporting and tracking of commodities from port of entry to end users. 3.3.6 Changes and adjustments/reallocation of procurement and shipment of reproductive health/family planning commodities and products to match changes in demand. 3.3.7 Timeliness of shipment of identified needed commodities and products during humanitarian crises. 3.3.8 Views and experiences of UNFPA staff, national health authorities, national medical stores staff service providers and women and girls accessing commodities.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>Prioritized Actions for 2024 for UNFPA Supplies Partnership in Yemen <u>Prioritized Actions for SCM strengthening:</u> 1. Continued support for the 2nd phase of LMIS to ensure the use at SDPs. 2. Support the strengthening of the warehousing capacity at the central and governorate levels. 3. Capacity building for supply staff at all levels. 4. Conduct SRAT 5. Conduct TPM for HF assessment for the availability of reproductive health commodities</p>	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>
<p>Challenges on SCM strengthening: 1. Lack of storage capacity of MOH in Aden. 2. Absence of government salary. 3. There is difficulty in transportation for commodities from Aden to Sana'a. 4. There is a lack in the cold chain for Oxytocin at the governorates and district levels.</p>	<p>UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.</p>

Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)	
UNFPA Supplies Progress Report: Activity Description: Implementing recommendation from 2022 Spot check. Key strategic results: Enhancing accountability, tracking, monitoring risks, etc. Progress: Fully Achieved for "Review for the 2022 spot-check findings and develop an implementation plan", and Partially Achieved for "Activities implemented ".	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
TPM Main Findings summary Incidence of ‘No Stock Outs’ of modern contraceptives in the last three months More than half (56%) of the health facilities were providing modern contraceptive methods during the last three months. Availability was lowest at primary level HFs (52%) (e.g., in Amran, Ibb, Ta’iz) compared to other levels of HFs (59%) at secondary level and (64%) at the tertiary level SDPs. The data also shows that in all SDPs, there were stock outs of IUDs at (51%) of surveyed SDPs, and stock outs of implants at (63%) of surveyed SDPs. Incidence of “No Stock Outs” of modern contraceptives on the day of the survey More than half (65%) of the surveyed SDPs did not experience any stock-out on modern contraceptives on the day of the survey; however, (30%) of SDPs experienced stock-out in one or more of the contraceptive methods (e.g., in Sa’dah, Ta’iz, Dhamar, and Amran) followed by (5%) of SDPs that experienced stock-out of at least three or more of the contraceptive methods (e.g., in Amanat Alasimah and Al Jawf).	Moore Yemen (2020). Monitoring availability and access to reproductive health commodities and services in Yemen.
UNFPA Supplies Progress Report: Activity description: Support the central warehouse in with a refrigerator and CCTV. Key strategic results: Improved the warehousing and storage conditions for the central warehouses. Progress on "Refrigerator for oxytocin storage and CCTV are installed" is Partially Achieved .	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
The Third-Party Monitoring Agent assessment of the availability and distribution of maternal and newborn health supplies in Yemen conducted by Moore Yemen concludes that the distribution of commodities and family planning methods occurred on 2022 for both years (2021 – 2022). The distribution was conducted through different layers starting from the Ministry of Health for each region, which distributed the commodities to Government Hospitals, District Hospitals, Health Centers and Health Units based on the distribution plan which was prepared by MoH in each region. The assessment found that there is a need to unify the official receipt documents across all facilities in	Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA, Reproductive Health Supplies for Women

<p>Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)</p>	
<p>both regions to facilitate monitoring and verification of support receipt through using a template that is enforced by the MoH. As to the sufficiency of received quantities, the results show that there are less quantities available in health facilities in the North region, which indicates that there is a need to reassess the distribution plans and support amounts to each region.</p> <p><u>Recommendations</u></p> <ul style="list-style-type: none"> • Since some HFs stated that the received commodities were not sufficient, it is recommended to improve communication between the Ministry of Health, Governorate and District health offices and health facilities to ensure that the distribution of supplies is based on health facilities actual needs and proper channel for reporting and communication between the HFs and the main responsible distribution institutions. • After conducting field work, it has become evident that each health facility, GHO, or DHO had its own unique mechanism for receiving support, and the support receiving documents also vary. As a result, we recommend the implementation of specific and standardized support forms to ensure consistency across all facilities. • It is recommended that UNFPA engages in proactive planning and coordination with the TPM team to facilitate synchronized implementation. It is essential to align the deployment of the monitoring team with the project's execution phase or immediately following its completion. This approach will enhance the timeliness and precision of reporting, contrasting with the 2020 report, which was conducted immediately after project implementation, leading to more accurate findings. 	<p>and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.</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>Indicators</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>	

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
3.4.4 Extent to which available procurement and delivery data indicate products are reaching the “last mile” – the intended end users in Partnership countries – in a timely way.	
3.4.5 Views/experiences of UNFPA staff partners and other relevant stakeholders about the LMA approach.	
OBSERVATIONS	SOURCES OF EVIDENCE
“We have a lot of activities around LMA. We have the quarterly report that we have been working on with the Ministry of Health and also other implementing partners. We are using the LMI. We also have in-country assessment, which is the spot check. We do it on an annual basis with TPM company and in coordination with the ministry of Health. We suggest the MoH should be part of that in order to improve their capacity and to work with them on LMA to be familiar with it. We did advocacy workshops about last mile assurance, for both ministries and they agree about the activities themselves, and we facilitate them. We start with advocacy about the LMA, how it benefits both the Ministry of Health and also other players. We also have the availability of reproductive health commodities and services assessment every two years.”	KII with UNFPA Yemen Country Office. November 2024.
“LMA is about answering the question: how do we provide services? There are many women in remote areas, and we, as UNFPA we have some satellites at the offices that are supporting the government to implement our interventions. But everything is relying on donors' support. And the involvement from the Ministries is quite weak. Everything is relying on us in terms of warehousing, transportation, delivery to the last mile.”	KII with UNFPA Yemen Country Office. November 2024.
Modern contraceptive prevalence rate increased from 10 percent in 1997 to 29 percent in 2013. Again, while there have not been any recent surveys, access to contraceptives has become increasingly challenging. Apart from supply chain bottlenecks including imposition of movement restrictions by authorities that make it difficult to deliver commodities to service delivery points, there is an increasing tendency to restrict women's use of contraceptives. Importation and distribution of contraceptives is being restricted.	UNFPA (2022). Narrative Template for Transformative Action Application – Strengthening Supply Chain Systems.

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>				
	<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>Indicators</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>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.</p>					
OBSERVATIONS					SOURCES OF EVIDENCE

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.	
Yemen's health system is at the verge of collapse after years of conflict. Only 51 per cent of health facilities are fully functional and those that continue to operate are severely understaffed and unable to provide critical services. Government financing of public health has almost ceased. Only 20 percent of health facilities provide MNH services. The COVID-19 pandemic has exacerbated needs.	UNFPA (2022). Narrative Template for Transformative Action Application - Strengthening Supply Chain Systems.
The HSS addresses the unique challenges faced by Yemen due to the prolonged crisis that has impoverished its people and divided the country. This crisis has also left the government unable to finance public health, including the payment of salaries for healthcare workers.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.
Challenges related to family planning and RHCS program Challenges on government commitment on family planning financing: 1. The currently available resources fall short of the total requirement for reproductive health commodities , including contraceptives and maternal and newborn health medicines. 2. The supply of reproductive health commodities totally depends on the donor fund.	UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.
Funding gap “During the forecasting and quantification, we developed the supply plan. For last year it would cost 20 million to meet the needs, while we only provided around 3 million from headquarters and 2 million from other donors. We only reached 35 to 40% of the need. There is no sustainable supply. Each item come alone. In addition, the Ministry of Health both in Sana’a and Aden don’t have a budget for distribution. So, we support both ministries with distribution and warehousing.”	KII with UNFPA Yemen Country Office. November 2024.
The RHCS Committee Meeting was held on November 1 2022. Key outcomes: • Approval of 60% funding for the year 2023 and 2 months for the directorates	Republic of Yemen, Ministry of Public Health and Population (2023).

<p>Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.</p>	
<ul style="list-style-type: none"> • Supply will be for 6 months centrally and 3 months for the governorates • Approval of an increase percentage for some means for the year 2023 over the needs for the year 2022, some 20%, some 5%, and some 10%. • Agreement with the rest of the present partners to commit to funding the remaining gaps that the United Nations Population Fund is unable to provide after participating in the information system and knowing the GAP for each category. • Agreement to delegate Dr. Jamila Heba Allah to sit with the Director of the National Drug Program. To provide suitable space for central warehouses for the population sector • Agree with partners to provide medicines and family planning methods after sitting with the ministry. 	<p>Report of Reproductive Health Commodities and Supplies Committee Meeting. <i>(translated from Arabic)</i></p>
<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].</p>	
<p>Indicators</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>	

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].	
4.2.8 Documented and/or reported Partnership use of UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for reproductive health commodities for advocacy purposes.	
OBSERVATIONS	SOURCES OF EVIDENCE
Prioritized Actions for 2024 for UNFPA Supplies Partnership in Yemen Prioritized Actions for ensuring government commitment on family planning financing: 1. Advocate with the government to sign the compact for 2024 and to benefit from the Match Fund. 2. Advocate with the government to add support for reproductive health commodities to the national annual budget.	UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.
Prioritized Actions for 2024 for UNFPA Supplies Partnership in Yemen Prioritized Actions for ensuring family planning access and choice: 1. Continued advocacy with authorities in Sana'a to forecast and distribute family planning. 2. Conduct the family planning campaign in the southern region. 3. Development for a two-year supply plan 2024-2025.	UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.
UNFPA Supplies Progress Report: Activity Description: Conduct advocacy meetings with MOH and the Ministry of finance on the compact. Progress: Fully achieved. Compact signed by the government. The compact was signed by the governorates, and the amount deposited in UNFPA account.	UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.
<p>“We have advocacy in two manners: in the North we do advocacy to accept and to allow family planning in the health facilities. The other advocacy is with the South, who is supportive of family planning, with the Ministry of Health, and Ministry of Finance. The advocacy aims to convince them to be part of this Partnership. We succeeded in 2023 (1% contribution), and this year (2% contribution), after we did advocacy workshops with the decision makers at the Ministry of Health and also from the Ministry of Finance. We discussed with them the Partnership, its importance and their contribution. [...] In the North, which is conservative, we advocated to the MOH and they have accepted that the UNFPA will provide contraceptives to them. Two years back, the provision of</p>	KII with UNFPA Yemen Country Office. November 2024.

<p>Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].</p>	
<p>contraceptives was banned in the North. Based on this advocacy, it has been provided. We can even provide evidence to illustrate the trend of the service uptake. In the South, we have evidence-based advocacy. This can be seen in the ongoing campaign (which we started last Saturday) and it shows that the services are needed in the field. Now, with this evidence, we'll go to the next step, telling the government, that upon what we have just witnessed after the campaign has been conducted, proved that the reproductive services are in high need. take your leadership, because we have evidence now.</p>	
<p>North vs South “In the North there are big challenges using family planning and supplies (they have their agenda). In the South there are requests for family planning. The catchment population is high in the North compared to the South. While we need to care for the needs of the South, we need to control the quantities that the North needs based on the gaps and not go to the population based on distribution, because context is different.”</p>	<p>KII with JSI. November 2024.</p>
<p>UNFPA Supplies Progress Report: Activity Description: Convene the National RHCS Committee to coordinate in country partners in the development of annual National Supply Plan and quarterly review implementation including monitoring commitments. Key strategic results: Improved coordination in Supply Planning for reproductive health Commodities through joint quantification, forecasting, and monitoring “ Advocacy for Supply management to be part of national reproductive health strategy. Progress: Fully achieved. The National Supply plan for 2024-2025 was developed and approved by MOH in the North and South.</p> <p>There is a newly developed reproductive health strategy for 2024-2026.</p>	<p>UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.</p>
<p>Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).</p>	
<p>Indicators 4.3.1 Documents that evidence the utility of the existing financing structures and co-financing incentives applied to the different levels if support provided (full, modified, technical and transition).</p>	

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
4.3.2 Perceptions of stakeholders about the adequacy of the financing and co-financing components (HSS, Match Fund, etc.) to increase political commitments and move countries along the pathway to sustainable transition. 4.3.3 Increase (number and frequency) of political commitments in Partnership countries. 4.3.4 Percent of Partnership countries who agree funding streams are efficient and relevant to their contexts. 4.3.5 Documented explanations of the rationale for application of different funding streams, and regular review. 4.3.6 Percent/ratio of different funding streams applied across Partnership countries	
OBSERVATIONS	SOURCES OF EVIDENCE
2023 Budget Allocation – Commodities UNFPA Supplies Match Fund - Once the government has met its minimum contribution, UNFPA can match any additional contributions that are made in 2023 towards quality-assured reproductive health/family planning commodities up to a maximum of \$1.5m. Additional government contributions will be matched on a 1:2 basis, meaning that UNFPA will provide \$2 worth of reproductive health/family planning commodities for every additional dollar that is contributed by the government over and above the minimum domestic financing contribution. - To qualify for match funding, the government will need to demonstrate that; 1. Total domestic expenditure on reproductive health/family planning commodities has either increased or remained constant since 2022; 2. Products procured are either WHO Prequalified or have Stringent Regulatory Authority (SRA) approval.	UNFPA (2023). UNFPA Supplies 2023 Yemen Budget Allocation Letter.
2022 Budget Allocation – Commodities In 2022, Yemen can expect to receive the following support for reproductive health commodities: <ul style="list-style-type: none"> \$2,852,755 for routine family planning/reproductive health commodities. Up to \$260,000 in additional commodity funding from the Match Fund between January 2022 and December 2023. Yemen will be entitled to access this funding on a 1:2 matching basis. This means that UNFPA will provide \$2 worth of reproductive health commodities for every \$1 raised by the government, up to a maximum contribution by UNFPA of \$260,000. 	UNFPA (2022). UNFPA Supplies 2022 Yemen Budget Allocation Letter.
“All commodities come free to the Ministry of Public Health. In 2023 and 2024 UNFPA asked the Ministry of Health to have some contribution to support supplies for family planning.”	KII with JSI. November 2024.

Assumption 4.4 The Partnerships mechanisms and tools to ensure sustainability contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
Indicators 4.4.1 Documented evidence on the adequacy of the Sustainability Readiness Tool – systems readiness assessment tool to effectively identify gaps and bottlenecks in the different programmatic areas and inform decisions around the types of activity supported through the HSS funding stream. 4.4.2 Percent of Partnership countries using SRAT and results / subsequent improvements in domestic financing. 4.4.3 Percent of Partnership countries that have signed Compacts and increased domestic financing 4.4.4 Perceptions of stakeholders on the relevance of the Compact and Annex A, including frequency of renewal.	
OBSERVATIONS	SOURCES OF EVIDENCE
Key Milestones vs Achievements of UNFPA Supplies Partnership work plan (Q1 – Q3 2023) <u>Family planning financing:</u> The Government of Yemen signed the compact for UNFPA supply for 2023, and the 1% contribution was paid and delivered to the UNFPA account.	UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.
The Compact for the UNFPA Supplies Partnership between UNFPA and the Government of Yemen was signed in March 2023 (including Annex A).	UNFPA, The Government of Yemen (2023). Compact for the UNFPA Supplies Partnership Between UNFPA and The Government of Yemen.
Compact Annex A – Annual schedule to the UNFPA Supplies Partnership Compact Summary of UNFPA Supplies Partnership commitments by all Compact signatories for 2023 in Yemen Yemen's commitments at the Nairobi Summit on population and development to increase access to protection and reproductive health services for women and girls in humanitarian settings: "Yemen commits to meeting the humanitarian needs of its population through the provision of protection and reproductive health services for women	UNFPA, The Government of Yemen (2023). Compact for the UNFPA Supplies

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>and girls affected by conflict. We will mobilize and provide financial resources to expand access of women to reproductive health services, especially in hard-to-reach areas, by allocating at least 30 percent of our health budget for reproductive health programs immediately when the current conflict comes to an end."</p> <p>To enhance the availability of services, the government has also committed itself to invest in family planning and reproductive health commodity security by strengthening the procurement and supply chain management systems so as to secure Reproductive Health products across the nation.</p> <p>Pertaining to this partnership, the Government will allocate a budget for the procurement of Family Planning and reproductive health commodities on an annual basis by contributing by 1% for this partnership compact in 2023.</p> <p>UNFPA will continue donating contraceptives and life-saving maternal health medicines in kind based on the annual allocation of funds. UNFPA will continue supporting Family Planning service delivery, demand generation, and capacity-building-related activities through its Implementing Partners. In addition, UNFPA will provide incentives in the form of matching funds for the additional financial commitment made by the government beyond the co-financing requirement. It will also provide financial support to strengthen the health system for the provision of reproductive health/family planning services, policy advocacy at different tiers of government, and support towards the expansion of lesser-used and new commodities, such as DMPA Sub-Cutaneous, including supply chain system strengthening and eLMIS rollout up to the service delivery points for better Last Mile Visibility.</p> <p>Time period: 1 January to 31 December 2023</p>	<p>Partnership Between UNFPA and The Government of Yemen.</p>
<p>"We are pushing and pushing the government to be part of this Partnership. They signed the Compact for two years, last year and this year. We are managing two sides, as there are two governments in Yemen (one in the North and the other in the South), with different priorities and different mentality/thinking about their priorities. The Partnership is very important to make life saving commodities available for women. [...] We have just come from Cairo to attend this family planning workshop, and we were discussing about the funding and the financing process. The line ministries are relying a lot on us. When it comes to reproductive health commodities, it's about UNFPA. We need to change the paradigm. Last year, we advocated, and they signed the Compact, and we got an equivalent of almost 30,000 USD. This year, we are advocating to get double, and they accepted. But we need to go beyond and that's</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</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).	
why we really appreciate this kind of Partnership, because now it's about putting the government in front of its own responsibility as part of the six main building blocks. The first one is about governance and leadership."	
Responsibilities of the Government: <ul style="list-style-type: none"> • The MOH commits to lead the annual quantification of reproductive health/family planning commodities and the development/revision of the National Supply Plan and submit it together with other relevant documentation to the Partnership. • The MOH commits to work with the Country Office to develop Procurement Requests and the Distribution Plan. • The MOH commits to work with the Country Office to complete requests or applications to the UNFPA Supplies Partnership Programme, as needed/appropriate, including applications to the Health System Strengthening. • The MOH supports the LMA requirements. • The MOH commits to convene a review and planning meeting annually or as frequently as needed (the "Annual Review and Planning Meeting"), to provide an opportunity for relevant reproductive health/family planning Stakeholders to discuss, inter alia, the following: <ol style="list-style-type: none"> a. Review the results of the Sustainability Readiness Assessment Tool ("SRAT"), a rapid assessment of procurement and supply systems; b. Based on the SRAT findings, identify priorities for UNFPA technical assistance and systems strengthening for the coming year(s) based on which the Country Office may apply for multi-year funding support From the Health System strengthening. c. Discuss domestic resource mobilization and develop a common advocacy strategy where relevant/needed. • The Government acknowledges that it is expected to contribute to the cost of the reproductive health/SH commodities it receives from the Partnership (the "Partnership Commodities") by 2% for the year 2024. And deposit it to the following bank account Number" UNDP IBY 0005-018621-001." • The MOH is expected to contribute to the cost of the Partnership Commodities by either a financial contribution to UNFPA's programmatic procurement activities or by way of procuring eligible Partnership Commodities through UNFPA's Procurement Services with the Government's own financial resources (hereafter referred to as the "Government Contribution") as further specified in Annex A. 	UNFPA & The Government of Yemen (2023). Compact for the UNFPA Supplies Partnership Between UNFPA and The Government of Yemen.

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).

Table 10. UNFPA Supplies Partnership programmatic and financial commitment for 2022, as outline in the Compact.

Funding buckets	Budget approved for previous years		Current year budget 2022	Future years budget (indicative)	
	Year	Amount		Year ⁴	Amount
Routine commodities ⁶	2021	3,491,657	\$2,852,755	2023	\$3,186,691
New and lesser-used commodities ⁶					
Other commodity funds ⁵	2021	607,002			
TA envelope ⁶	2021	394,551	1,229,712	2023	\$750,000
Total					

UNFPA, The Government of Yemen (2023). Compact for the UNFPA Supplies Partnership Between UNFPA and The Government of Yemen.

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).

Table 11. Government contribution for 2023, as outlined in the Compact.

2.1.2 Government^a:

A. Programmatic and financial commitment

The Government will make its designated contribution towards the cost of the UNFPA Supplies Partnership commodities provided in the form of either: (a) a financial contribution to UNFPA programmatic procurement activities; or (b) via direct procurement of eligible commodities through UNFPA Procurement Services with Government financial resources (referred to as the Government contribution).

Government Contribution	For Previous Years [year X to year Y]		Current Year	Future Years [year X to year Y] (indicative) ⁹	
	Insert Year(s)	Amount		Insert Year(s)	Amount
Direct Financial Contribution to UNFPA				2023	\$31,867
Procurement of eligible commodities through UNFPA Procurement Services					

UNFPA, The Government of Yemen (2023). Compact for the UNFPA Supplies Partnership Between UNFPA and The Government of Yemen.

“Last year the ministry of finance contributed 1%. We agree as a committee that the Ministry of Health should have a role to convey the government to **add this contribution to their annual budget**. So now we are looking, not only at the Compact but for sustainable solutions to secure financial commitments.”

KII with UNFPA Yemen Country Office. November 2024.

Assumption 4.4 The Partnerships mechanisms and tools to ensure **sustainability** contribute towards (and adequately measure) incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).

“We have the ongoing family planning campaign, and the uptake of the services is so huge. In the field, the needs are really huge and in order to be sustainable, we need to have in front of us the government taking the lead. But **in the North, they are fully dependent on us**. We need to support the government in terms of capacity building, to understand that it’s okay for them to take the leadership.”

KII with UNFPA Yemen Country Office. November 2024.

DASHBOARD

SUSTAINABILITY READINESS ASSESSMENT TOOL

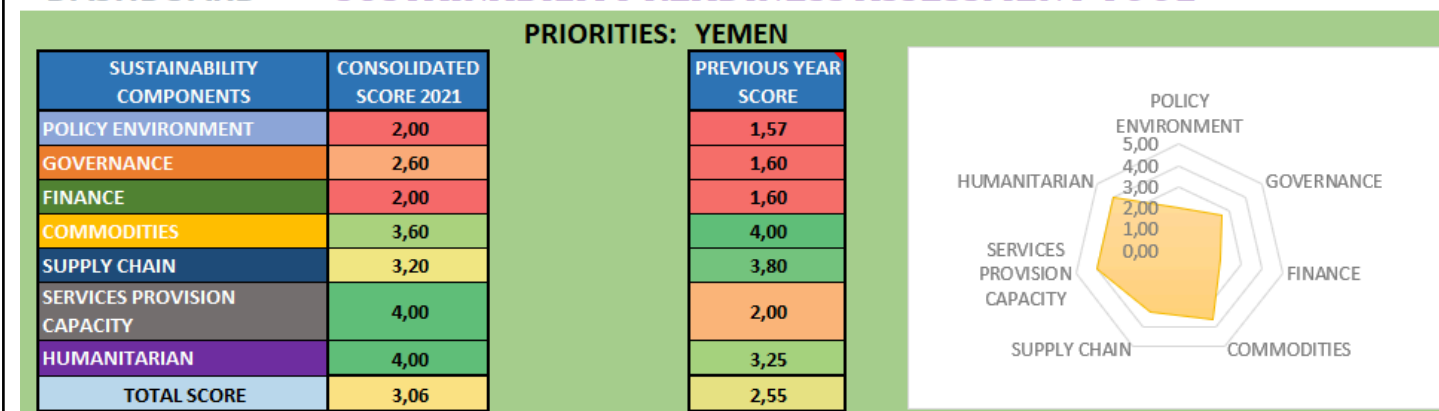


Figure 9. Sustainability Readiness Assessment Tool for Yemen 2021.

UNFPA Supplies Partnership (2022). Sustainability Readiness Assessment Tool.

Table 12. Priorities and milestones to be achieved identified in the Sustainability Readiness Assessment Tool for Yemen 2022.	UNFPA Supplies Partnership (2022). Sustainability Readiness Assessment Tool.
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AREAS	PRIORITIES	MILESTONES TO BE ACHIEVED		
POLICY ENVIRONMENT	Mobilizing and advocating to find national policies that serves the human sites and align with the Yemeni context	Get approval from the ministry's leadership to adopt a national policy that serves the humanitarian side and align with the Yemeni context		
GOVERNANCE	The work of mobilizing and advocating to find national strategies that serve and take into account the humanitarian aspect in based on the Yemeni context	Get approval from the ministry's leadership to adopt a national policy that serves the humanitarian side and align with the Yemeni context		
SERVICES PROVISION CAPACITY	Support development of the second phase of LMIS to reach the Service delivery points.			
	Advocate to add supply chain training to the curriculum			
FINANCE	Advocacy to allocate budget for lifesaving medicines to the national financial budget.	achieving and adopting a financial budget within the national budget to support the supply chain of medicines and reproductive health commodities, even with small contibution.		
	Planning and support training on Supply Chain Management for all levels			
SUPPLY CHAIN	Continue training on the updated supply chain manual.	Training conducted		
	Conduct assessments need for the central warehouse and governorates.	Assessment conducted and development plan developed		

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>				
<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>Indicators</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>					

Assumption 5.1 The improved Partnership governance and management have increased the engagement among main partners and promoted shared accountability for results and efficient decision-making. (Links to theory of change causal assumption 3.)	
5.1.3 Documented improvements in governance processes within Phase III. 5.1.4 Experience and views of Partnership secretariat staff and Steering Committee members on the efficiency of new Partnership governance structures, systems and processes. 5.1.5 Documented examples of risk analysis and system analysis applied to identify gaps, challenges and weaknesses in Partnership governance and management 5.1.6 Decisions of the UNFPA Supplies Steering Committee reflecting inputs from donor partners, Partnership managers and other key stakeholders (e.g. civil society organizations (CSOs), UNFPA staff and national health authorities). 5.1.7 Stakeholders' views on the added value of Steering committee and sub-committees. 5.1.8 Partnership countries who agree that overall governance structures and processes of Phase III add to the efficiency at the country level. 5.1.9. Records of the Steering Committee and sub-committee meetings indicate efficient decision-making processes and the added value of each governance body.	
OBSERVATIONS	SOURCES OF EVIDENCE
NO EVIDENCE	

Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (relates to theory of change causal assumptions 1 and 5.)	
Indicators 5.2.1 Perceptions of stakeholders about the extent to which partners have been selected based upon complementarities and for maximizing / leveraging synergies, across different contexts (i.e. humanitarian contexts, development contexts etc). 5.2.2 Views of UNFPA country representatives on whether the relevant partners have been included within the Partnership in view of the objectives to be met at country level. 5.2.3 Documented explanations of the rationale for choice of partners.	
OBSERVATIONS	SOURCES OF EVIDENCE
Information on the delivery and implementation arrangements in place as well as implementing partners and their roles and responsibilities:	UNFPA (2022). Narrative Template

Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (relates to theory of change causal assumptions 1 and 5.)	
The MOPHP in both Sana'a and Aden are the key partners. The TA has been designed to primarily support the public systems and structures. The implementation will therefore rely on MOPHP staff and facilities around the country. The MOPHP support, particularly the Population Sector, will be key in the successful implementation of the project. UNFPA will however not transfer funds directly to Government, given the current risk profile of the country but will support the government through NGO implementing partners.	for Transformative Action Application – Strengthening Supply Chain Systems.
“Let us stop working only with the MOH as the line Ministry. Reproductive health interventions are public health interventions, meaning that we need to have a high range of participants among them: we need to have other ministries included, like Education, Finance, Health and so forth.”	KII with UNFPA Yemen Country Office. November 2024.
“We were all together in Cairo two weeks back. People from Djibouti shared their experience with us about when UNFPA started to engage with the ministries and others to strengthen their capacity. During the planning session, they need to dedicate some funds to support family planning interventions for countries like Egypt, Tunisia and so forth. In Libya, they are fully funding reproductive health intervention, especially family planning. This is the kind of exercise that we need here in Yemen. UNFPA should not work as a stand-alone organisation but work together with reproductive health organisations. Let’s start from small and see how we can have more connections with WHO, World Bank and other players for better achievements. As an outcome, we got this commitment from our Regional Office, saying that they will support us in this process. Let’s start from somewhere and see how we’ll expand the exercise with the support from multiple players.”	KII with UNFPA Yemen Country Office. November 2024.
The TA was conceived and will be implemented in cooperation with the RHCS Committee of the reproductive health Interagency Working Group. Specifically, the following organizations that are members of the RHCS Committee and are the main stakeholders for reproductive health Commodity Security in Yemen: UNICEF, WHO Marie Stopes International, Save the Children International, and Yemen Reproductive Health Association were involved. The Population Sector of the Ministry of Public Health and Population was fully engaged in the processes. The RHCS Committee will also provide the platform for coordinating the stakeholders impacting RHCS in Yemen.	UNFPA (2023). UNFPA Supplies Partnership Narrative Template for Transformative Action Application.
Programme planning process – with the input of in-country partners: The TA was conceived and will be implemented in cooperation with the RHCS Committee of the reproductive health Interagency Working Group. Specifically, the following organizations that are members of the RHCS Committee and are the main stakeholders for reproductive health Commodity Security in Yemen: Marie Stopes International, Save the Children International, and Yemen Reproductive Health Association were involved. The Population Sector of the	UNFPA (2022). Narrative Template for Transformative Action Application –

Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (relates to theory of change causal assumptions 1 and 5.)	
Ministry of Public Health and Population was fully engaged in the processes. The RHCS Committee will also provide the platform for coordination of the stakeholders that impact RHCS in Yemen.	Strengthening Supply Chain Systems.
<p>The MOPHP in both Sana'a and Aden are the key partners. The TA has been designed to primarily support the public systems and structures. The implementation will therefore rely on MOPHP staff and facilities around the country. The MOPHP support, particularly the Population Sector, will be key in the successful implementation of the project.</p> <p>UNFPA will however not transfer funds directly to Government, given the current risk profile of the country but will support the government through NGO implementing partners. Other partners are YAAMAN (an affiliate of Marie Stopes International) and NYMA (the National Yemen Midwives Association)</p>	UNFPA (2022). Narrative Template for Transformative Action Application – Seed funding to Expand Lesser Used RH/FP Medicines and Facilitate Access for IDP women and girls.
<p>“Yemen is still not stable setting; it is not recommended to do direct support by cash to the authorities. UNFPA does not give cash for transportation to the Ministry of Public Health, nor the health offices or government. UNFPA works through partner local and international NGOs to provide services and support the Ministry of Public Health to provide support for the reproductive health supplies. For the imported UNFPA supplies, UNFPA directly communicates with the Ministry and contracts with local transporters.”</p>	KII with JSI. November 2024.
<p>The TA was conceived and will be implemented in cooperation with the reproductive health Interagency Working Group partners and the Population Sector of the Ministry of Public Health and Population. Specifically, the following organizations that are members of the RHCS Committee and are the main stakeholders for reproductive health Commodity Security in Yemen: Marie Stopes International, Save the Children International, and Yemen Reproductive Health Association were involved. The RHCS Committee will provide the platform for coordination of the stakeholders that impact RHCS in Yemen.</p>	UNFPA (2022). Narrative Template for Transformative Action Application – Seed funding to Expand Lesser Used RH/FP Medicines and Facilitate Access for IDP women and girls.
<p>Partnership with UNFPA</p> <p>“JSI is a member of the reproductive health interagency working group. We have monthly meetings led by the Ministry of Public Health and UNFPA. We discuss together the issues, challenges and give updates regarding</p>	KII with JSI. November 2024.

Assumption 5.2 The selection of external partners for participating in the Partnership is based on complementarities and potential synergies between organizations, which have been efficiently sustained over time to maximise results. (relates to theory of change causal assumptions 1 and 5.)	
maternal, newborn and reproductive health. The NGOs working in the south of Yemen. We are members of the commodity security committee led by UNFPA , which works on ensuring availability of medications and supplies related to reproductive health and family planning. From time to time, we ask support from UNFPA regarding supplies which help the community midwives to provide services for mothers who have difficulties to access the health facilities.”	
Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
Indicators 5.3.1 Views of, and percent of surveyed stakeholders/countries who agree the MAV funding streams are efficient and relevant to their contexts. 5.3.2 Documented explanations of the rationale for application of the MAV funding streams. 5.3.3 Percent/ratio of MAV funding stream applied across Partnership countries compared to size and need. 5.3.4 Perceptions of stakeholders on the adequacy of the MAV funding stream to ensure goal achievement in their contexts.	
OBSERVATIONS	SOURCES OF EVIDENCE
2023 Budget Allocation – Managing Accountability and Visibility (MAV) Human resources: An amount of \$126,600 has been approved for your department for the following positions: NOC. Additional transfers will be made if the actual costs for these approved positions exceed the transferred amount. HR funds must be used for positions directly linked to the thematic fund as noted in the UNFPA policy on Thematic Trust Fund guidelines, Para 17. Positions funded with these resources must contribute to programme implementation in one or a combination of the following functions: (i) Family Planning policy and advocacy, (ii) Health Financing for Family Planning, (iii) Contraceptive Method Mix and Choices, (iv) Supply Chain Management, (v) Knowledge Management and, (vi) Monitoring and Evaluation. The country office, in discussion with the Regional Office, can decide how best to use the funds within these functional areas based on their HR needs. Survey Costs: An amount of \$49,000 has been approved and transferred to your department to fund survey activities. Please note that countries undertaking the survey in 2023 will not be eligible to conduct the survey until after two years, subject to the availability of resources.	UNFPA (2022). UNFPA Supplies 2022 Yemen Budget Allocation Letter.

Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
2022 Budget Allocation – Managing Accountability and Visibility (MAV) <ul style="list-style-type: none"> Human resources: Support for staff positions will be communicated separately to UNFPA Country Offices on an annual basis. If you did not carry out the Facility Survey in 2021, you will be contacted in due course on your interest and readiness to carry out the survey in Yemen in 2022. The Facility Survey will be funded through the MAV and is not part of your TA application envelope. Further guidance on facility surveys and related budget allocations will be shared with the Country Offices before the end of 2021. 	UNFPA (2022). UNFPA Supplies 2022 Yemen Budget Allocation Letter.
Assumption 5.4 The Partnership has been able to access appropriate and needed human resources at the global, regional and national level. [Links to theory of change causal assumption 2.]	
Indicators 5.4.1 Level of effort at global, regional and country levels, and skill sets (numbers and roles) available across different levels of the organization assigned to support the Partnership. 5.4.2 Perception of staff regarding workload, required staffing levels, and necessary skill sets in relation to the demands of the Partnership. 5.4.3 Perception of staff on turnover (and its consequences) among staff designated to support the Partnership.	
OBSERVATIONS	SOURCES OF EVIDENCE
Information on the adequacy of human resources available to implement any technical assistance envisioned for delivery of TA Objectives: The country office has the requisite Technical Capacity to implement the TA with support of the Regional Office. However there is need for the UNFPA supplies to support the salaries of the existing staff given that most of the personnel are on Temporary Appointment or IC as they are supported by humanitarian funding streams.	UNFPA (2022). Narrative Template for Transformative Action Application – Strengthening Supply Chain Systems.
Assumption 5.5 All Strategic Objectives work as an integrated system to efficiently maximize synergies and complementarities, avoiding siloed work. [Links to theory of change causal assumption 4.]	
Indicators 5.5.1 Stakeholders' views on strategic objectives teams working as an integrated system and examples of synergies being maximized.	

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

EVALUATION QUESTION 6: EVALUATION QUESTION 6. To what extent is the Partnership aligned with, complementing, and filling gaps of other UNFPA initiatives as well as other global initiatives aimed at strengthening access and use of quality reproductive health commodities, while also considering the Nexus approach?					
CRITERIA	Coherence	AREA OF INTEREST	Alignment with other relevant internal and external efforts.	LINKAGES TO THE THEORY OF CHANGE	Linked to the area of inputs and resources, the pillar of the reconstructed theory of change.
RATIONALE	<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.</p>				

	Third, this question will assess how effectively the humanitarian-development nexus is considered and integrated into the design and implementation of the Partnership.
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Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs , the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
Indicators 6.1.1 Extent of alignment between the Partnership objectives and strategies and other relevant UNFPA strategies and programmes 6.1.2 Extent to which non-Partnership UNFPA objectives, strategies and funded programmes address demand for contraception as a precondition for the Partnership effectiveness. 6.1.3 Documented examples of coordinated activities and joint initiatives between the Partnership and other UNFPA programmes and initiatives. 6.1.4 Perceptions of UNFPA staff and partners on the effectiveness of alignment efforts between the Partnership and other relevant UNFPA initiatives. 6.1.5 Perception of UNFPA representatives and partners on the complementarities between the Partnership and other relevant initiatives, including the extent demand is secured from other relevant internal and external initiatives. 6.1.6 Extent to which internal UNFPA documents reflect demand is being generated to meet the supply of reproductive health/family planning commodities in targeted countries.	
OBSERVATIONS	SOURCES OF EVIDENCE
By design the TA activities will be integrated into the overall UNFPA country program drawing linkages to other health services not directly supported by this TA and particularly with the GBV program. The TA will facilitate integration through sharing referral pathways at various service delivery points that will to enable effective referral of cases for optimal management	UNFPA (2022). Narrative Template for Transformative Action Application – Seed funding to Expand Lesser Used RH/FP Medicines and Facilitate Access for IDP women and girls.
The HSS will contribute to the following outputs of the UNFPA Yemen Country Program Document 2023-2024 . Output 1: National and subnational health systems have strengthened capacities to provide integrated reproductive	UNFPA (2024). UNFPA Supplies Partnership Narrative

Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs , the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
health information and services, including emergency obstetric care, family planning, and gender-based violence response, particularly for vulnerable women and adolescents affected by the humanitarian crisis	Template for Health System Strengthening Application.
The TA will contribute to the following Country Program Document (as extended to 2022): Output 1: Access to maternal health and family planning services is increased, with a focus on underserved areas and humanitarian emergencies in targeted areas Output 2: The demand for family planning and other reproductive health service is increased Output 3: Youth-friendly reproductive health services and life-skills education are enhanced	UNFPA (2022). Narrative Template for Transformative Action Application – Seed funding to Expand Lesser Used RH/FP Medicines and Facilitate Access for IDP women and girls.
The HSS will directly contribute to the UNFPA Strategic Plan Output 2.7 (strengthening of logistic management systems) will help ensure the availability of reproductive health commodities required to support Output 2.5 (emergency obstetric and newborn care) and scaling up quality service provision (Output 2.10) in Yemen. The HSS will also contribute to enhancing access to life-saving services for people affected by humanitarian settings (Output 5.1) and contribute to the formulation of budgeted plans for preparedness and disaster risk reduction in humanitarian settings (Output 5.8).	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.
“Our direction is integrating all interventions, so it is more effective and comprehensive, especially because we target more or less the same population (youth, GBV, reproductive health).”	KII with UNFPA Yemen Country Office. November 2024.
The TA is in line with the Yemen RMNH Strategy whose vision is for the population in Yemen to enjoy their reproductive rights through ensuring access to, and increasingly improved utilization of quality rights-based integrated Reproductive Health services to contribute to achieving better health level. It is designed to directly contribute to the draft United Nations Yemen Sustainable Development Cooperation	UNFPA (2022). Narrative Template for Transformative Action Application – Seed funding to

Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs , the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]	
Framework (UNSDCF) 2022-2024 intervention of supporting health system strengthening through health sector capacity development, under Output 4.2 Expanded and effective basic services, Outcome 4: ... strengthened social cohesion, through strengthened social protection, social support service delivery and institution building. In line with the Humanitarian Development and Peace nexus, this TA contributes to the Humanitarian Response Plan. The humanitarian community understand that it is imperative to strengthen institutional capacities as a way of preventing total collapse, and as foundations for recovery and development for sustainability of humanitarian response.	Expand Lesser Used RH/FP Medicines and Facilitate Access for IDP women and girls.
This TA application is designed to directly contribute to the approved United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023-2024 intervention of supporting health system strengthening through health sector capacity development, under Output 4.2 Expanded and effective basic services, Outcome 4: ... strengthened social cohesion, through strengthened social protection, social support service delivery, and institution building. In line with the CPD for Yemen 2023-2024 under Output 1: National and subnational health systems have strengthened capacities to provide integrated reproductive health information and services, including emergency obstetric care, family planning, and gender-based violence response, particularly for vulnerable women and adolescents affected by the humanitarian crisis. In line with the Humanitarian Development and Peace nexus, this TA contributes to the Humanitarian Response Plan. The humanitarian community understand that it is imperative to strengthen institutional capacities as a way of preventing total collapse and as foundations for recovery and development for the sustainability of humanitarian response.	UNFPA (2023). UNFPA Supplies Partnership Narrative Template for Transformative Action Application.
Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
Indicators 6.2.1 Extent to which situation analysis and planning documents identify gaps in support of reproductive health commodities as an element in global public health. 6.2.2 Extent to which the Partnership strategic documents map out activities in relation to other GHI to identify complementarities and gaps, as well as areas of potential overlap or duplication. 6.2.3 Key informants experience and opinion regarding Partnership activities at country level demonstrating complementarities with other donors' programmes and activities.	

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
6.2.4 Documented examples of the Partnership design incorporating or highlighting complementary activities building on, or contributing to other development partners' investments in reproductive health commodities and their distribution	
6.2.5 Stakeholders perception of the Partnership role in the global health landscape and its contribution to filling gaps.	
OBSERVATIONS	SOURCES OF EVIDENCE
“The first challenge is related to awareness and building capacity for the providers to provide services and counselling, and awareness of the mothers and families about the important of family planning. Most of the NGOs working in Yemen with reproductive health health have some parts related to awareness and capacity building for families and community regarding the important of using family planning to space and improve the health of a mother and a child. The demand for family planning has increased compared to the situation before but there are challenges the mother faces e.g. supplies. Sometimes, even if the supplies are available at the district or government level, there are challenges with the availability of supplies at the community and health facility levels. The NGOs who support the family planning supplies, work together to have a system to inform the Ministry of Public Health when there is a shortage of supplies at the health facilities. There is no shortage of supplies in the country, the supplies are available, but the problem is the distribution of the supplies to the health facilities. ”	KII with JSI. November 2024.
“ The Partnership is really important for us for Yemen due to the current situation and the crisis and the conflict, and also the lack of governmental support for the reproductive health , especially for the lifesaving medicines and contraceptives. The Partnership is very important and it is well designed.”	KII with UNFPA Yemen Country Office. November 2024.
The HSS is designed to make family planning and maternal and newborn health medicines available at all service delivery points all over the country. Augmented by targeted BCC and IEC dissemination and family planning campaign that will be supported under the HSS will enhance the accessibility and utilization of family planning and other reproductive health commodities by marginalized and underserved areas.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.
UNFPA Supplies Progress Report: Activity description: Conduct family planning campaign . Key strategic results: “300,000 population Benefited from family planning media campaign”. Raising the awareness of the population (women, men and young people) on the importance of family planning services targeting 300,000 population. Progress: Partially Achieved . “Committee to	UNFPA (2023). UNFPA Supplies Partnership activities

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
implement the family planning campaign were established in Q2 by the minister of health and deputy minister and technical team at MOPH and agreed the project to be as part of maternal and newborn care. Discussion with the authority and MOPH were take place and a draft plan for the family planning campaign were drafted by UNFPA and MOPH staff the recommendation by the ministry of health to cover family planning services all governorates in the south”	and budget: Yemen progress report.
Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus , ensuring that short-term emergency activities are aligned with long-term development goals.	
Indicators 6.3.1 Extent to which the Partnership planning and approval documents, as well as strategic frameworks and operational plans incorporate humanitarian and relevant development objectives, with clear references to the humanitarian-development nexus. 6.3.2 Extent to which regional and country-level Partnership implementation plans clearly include provisions for interventions to address humanitarian and emergency needs. 6.3.3 Extent to which humanitarian response plans in Partnership countries include specific linkages and strategies to long-term development goals. 6.3.4 Experiences and opinions of UNFPA staff partners, beneficiaries and local authorities regarding the effectiveness of Partnership interventions to humanitarian and emergency needs while focusing on long-term development goals.	
OBSERVATIONS	SOURCES OF EVIDENCE
“UNFPA leads coordination and provision of lifesaving women’s protection services throughout Yemen, reaching thousands of survivors of different forms of violence. UNFPA also leads the multi-agency Rapid Response Mechanism across the country, providing lifesaving assistance to displaced persons at the frontlines and referring them for further assistance.”	UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.
After nine years of conflict, the needs in Yemen remain immense. Over half of the country’s population, 18.2 million people, require some form of humanitarian assistance in 2024. This is the result of multiple, overlapping emergencies pummelling the country: violent conflict, economic collapse, recurrent climate-change induced disasters, and severely disrupted public services, with recent regional conflict dynamics adding further layers of vulnerability. Women and girls continue to bear the brunt of the crisis.	UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.
Health needs of women and girls remain urgent Of the 17.8 million in need of health assistance in 2024, one quarter are women. Some 5.5 million women of reproductive age, including pregnant and lactating women, face	

Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus, ensuring that short-term emergency activities are aligned with long-term development goals.	
<p>challenges accessing reproductive health services, especially in rural and frontline districts. This is due to the non-availability of specialized female doctors and nurses, insufficient essential medical supplies, and limited access to services. Restrictions on the movement of female aid workers across governorates has further compounded the situation in northern parts of the country. Maternal mortality rates in Yemen remain high, with one woman dying in childbirth every two hours, mostly from causes that are entirely preventable. Fewer than half of all births are assisted by skilled medical personnel and only one third take place in a health facility. Women of childbearing age, particularly pregnant and lactating women, have limited or no access to reproductive health support, including antenatal care, safe delivery services, postnatal care, family planning and emergency obstetric and newborn care. Over 2.7 million pregnant and breastfeeding women are projected to require treatment for acute malnutrition in 2024. They risk giving birth to newborns with severely stunted growth and nursing malnourished infants due to rising food insecurity.</p> <p>This is compounded by extreme shortages of essential medicines, supplies and specialized staff, as only one in five of functioning facilities is able to provide maternal and child health services.</p>	
<p>Funding requirement for UNFPA humanitarian response in Yemen Targeted population: 3.9M Total funding requirement: USD 70 M (funded UDF 7M, funding gap USD 63M)</p> <p>Distribution of required funds by programme area:</p> <ul style="list-style-type: none"> • 55% Reproductive health • 30 % Protection of women and girls • 15 % Rapid Response Mechanism 	<p>UNFPA (2023). 2023 UNFPA Humanitarian Response in Yemen.</p>
<p>Funding requirement for UNFPA humanitarian response in Yemen Targeted population: 3.8M Total funding requirement: USD 70M (funded USD 25.9M, funding gap USD 44.1M)</p> <p>Distribution of required funds by programme area</p> <ul style="list-style-type: none"> • 63% Reproductive health • 27% Protection of women and girls • 10% Rapid Response Mechanism 	<p>UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.</p>

Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus, ensuring that short-term emergency activities are aligned with long-term development goals.	
<p>The TA is in line with the Yemen RMNH Strategy whose vision is for the population in Yemen to enjoy their reproductive rights through ensuring access to, and increasingly improved utilization of quality rights-based integrated Reproductive Health services to contribute to achieving better health level. It is designed to directly contribute to the draft United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2024 intervention of supporting health system strengthening through health sector capacity development, under Output 4.2 Expanded and effective basic services, Outcome 4: strengthened social cohesion, through strengthened social protection, social support service delivery and institution building. In line with the Humanitarian Development and Peace nexus, this TA contributes to the Humanitarian Response Plan. The humanitarian community understand that it is imperative to strengthen institutional capacities as a way of preventing total collapse, and as foundations for recovery and development for sustainability of humanitarian response.</p>	<p>UNFPA (2022). Narrative Template for Transformative Action Application – Strengthening Supply Chain Systems.</p>
<p>“Now we have this paradigm showing that in the North we have less involvement of the Ministries, and we stick to humanitarian lifesaving interventions. In the South, we have an internationally recognized government. There is slight progress that may allow us to move from humanitarian to development, the triple nexus approach. That’s why we need to build the capacity of the Ministries to take the lead. We understand that the health system from both sides is collapsing, but there is a revival that is coming from the South, and we would like to build on this. That is why we are insisting to have governance and leadership. In the North, we are still advocating. We don’t have a clear picture on where we are going with the North, because they are still under lifesaving support. Regarding the future of the partnership, we would like to go both with the funding and the financing mechanism, saying that we will continue the advocacy working hand in hand with stakeholders.”</p>	<p>KII with UNFPA Yemen Country Office. November 2024.</p>
<p>“UNFPA does a great job in humanitarian because it has partnerships with many of the local NGOs. When there is migration, IDPs due to conflict, UNFPA communicates with those areas and NGOs who are working in those areas to ask about the needs. They have hands in many of the areas where most IDPs come. UNFPA supports through partnership with local NGOs or public facilities through the Ministry of Public Health located in the areas near the IDPs.”</p>	<p>KII with JSI. November 2024.</p>
<p>The country programme will be implemented across the whole country; it will ensure resource efficiency and programme effectiveness through the integration of gender-based violence and reproductive health services and by linking the current humanitarian programmes with development initiatives. To this end, the programme will utilize</p>	<p>UNFPA (2022). Country Programme</p>

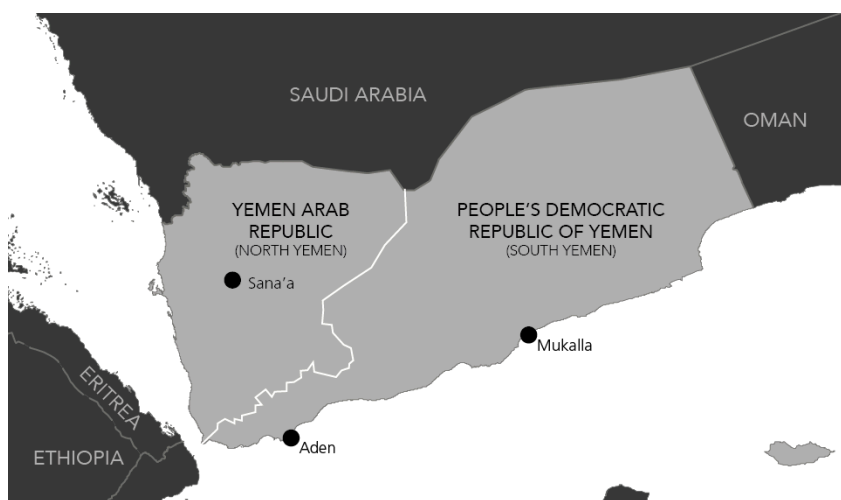
Assumption 6.3 The Partnership effectively integrates the humanitarian-development nexus , ensuring that short-term emergency activities are aligned with long-term development goals.	
the current UNFPA humanitarian hubs⁴ and its wide range of humanitarian implementing partners as a base for implementation of the proposed country programme. The programme will also focus on an outreach modality through community midwives and integrated mobile teams to ensure that the programme reaches the small population groups that are sparsely distributed in topographically hard-to-reach areas as well as in IDP camps, and people with disabilities.	Document for Yemen (2023-2024).
“Broadening our humanitarian interventions was really a very good strategic direction the organisation took, increasing the staffing within the regional office, even in some country offices. For some time, people were saying that UNFPA is not a humanitarian agency, but actually, everybody is convinced that nothing can move ahead if we don’t have reproductive health interventions.”	KII with UNFPA Yemen Country Office. November 2024.
In line with the Humanitarian Development and Peace nexus, this HSS contributes to the Humanitarian Response Plan. The humanitarian community understand that it is imperative to strengthen institutional capacities as a way of preventing total collapse and as foundations for recovery and development for the sustainability of humanitarian response.	UNFPA (2024). UNFPA Supplies Partnership Narrative Template for Health System Strengthening Application.

⁴ UNFPA interventions cover all 22 governorates in Yemen, with overall coordination handled by UNFPA office in Sana’a. In other governorates, joint UN humanitarian hubs coordinate. UNFPA has presence in all seven operational UN humanitarian hubs (Aden, Al Hudaydah, Al Mukalla, Ibb, Sa’ada and Sana’a). Source: UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.

2 North and South Yemen

On 22 May 1990 the Yemen Arab Republic (North Yemen) united with the People's Democratic Republic (South Yemen) to form the current Republic of Yemen, represented as one Member State in the United Nations.⁵ Despite the unification, long-standing political, social and economic divisions persisted. The conflict escalated in 2014 when the Houthis took over the Yemeni capital Sana'a. The political, security and humanitarian situation deteriorated rapidly in 2015, descending into civil war. Today, Yemen is divided, with the Houthis controlling the North, while the internationally recognized government and the Southern Transitional Council (STC) hold parts of the South.⁶ The conflict has unfolded into one of the worst humanitarian crises in the world, with 21.6 million people (two-thirds of the population of Yemen) in dire need of humanitarian assistance and protection services.⁷

Figure 10. Map of Yemen, showing the Yemen Arab Republic (North Yemen) and the People's Democratic Republic of Yemen (South Yemen).⁸



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

3 List of positions consulted

Organization	Position
UNFPA Yemen Country Office	Reproductive Health Programme
UNFPA Yemen Country Office	Coordinator
	RHCS Specialist
JSI	Chief of Party

⁵ United Nations. The United Nations in Yemen. [website] <https://yemen.un.org/en/about/about-the-un>

⁶ Department of Foreign Affairs and Trade, Australian Government (n.d.). Yemen Country Brief. [website] <https://www.dfat.gov.au/geo/yemen/yemen-country-brief>

⁷ United Nations High Commissioner for Refugees (2024). The Yemen Crisis Explained [website] <https://www.unrefugees.org/news/yemen-crisis-explained/#WhendidthecrisisinYemenbegin?>

⁸ The International Displacement Monitoring Center (2019). The road for Yemen: Part 6 [website] <https://www.internal-displacement.org/expert-analysis/the-road-from-yemen-part-6/>

4 Bibliography

Moore Yemen (2020). Monitoring availability and access to reproductive health commodities and services in Yemen.

Moore Yemen, Embassy of Kingdom of the Netherlands, UNFPA, Reproductive Health Supplies for Women and Girls Affected by Crisis in Yemen (2023). TPM Assessment Report.

Republic of Yemen, Ministry of Public Health and Population (2022). Report of Reproductive Health Commodities and Supplies Committee Meeting. (translated from Arabic)

Republic of Yemen, Ministry of Public Health and Population (2023). Report of Reproductive Health Commodities and Supplies Committee Meeting. (translated from Arabic)

UNFPA (2022). Country Programme Document for Yemen (2023-2024).

UNFPA (2022). Narrative Template for Transformative Action Application - Strengthening Supply Chain Systems.

UNFPA (2022). Narrative Template for Transformative Action Application - Seed funding to Expand Lesser Used RH/FP Medicines and Facilitate Access for IDP women and girls.

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

UNFPA (2023). 2023 UNFPA Humanitarian Response in Yemen.

UNFPA (2023). Review and Planning Meeting: UNFPA Supplies Partnership Countries in the Arab Region, Yemen.

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

UNFPA (2023). UNFPA Supplies Partnership activities and budget: Yemen progress report.

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

UNFPA (2024). 2024 UNFPA Humanitarian Response in Yemen.

UNFPA (2024). Reproductive Health Commodity Security Committee Meeting Minutes. (translated from Arabic)






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

UNFPA Supplies Partnership (2022). Sustainability Readiness Assessment Tool.

UNFPA, The Government of Yemen (2023). Compact for the UNFPA Supplies Partnership Between UNFPA and The Government of Yemen.



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