



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

Case Study

Zambia



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

eLMIS	Electronic logistics management information system
CPD	UNFPA Country Programme Document
CPR	Contraceptive prevalence rate
CSO	Civil society organization
DMPA-SC	Depot medroxyprogesterone acetate subcutaneous injection
DHO	District Health Office
EC	Emergency contraceptive pills
GBV	Gender-based violence
GNI PC	Gross national income per capita
HSS	Health Systems Strengthening
LNG IUS	Levonorgestrel intrauterine system (LNG IUS)
ICA	In-country assessment
ICPD	International Conference on Population and Development
LARC	Long-acting reversible contraception
LMA	Last Mile Assurance
mCPR	Modern contraceptive prevalence rate
MOH	Ministry of Health
MISP	Minimum initial service package
MMR	Maternal mortality ratio
NGOs	Non-governmental organizations
NLU	New and lesser-used products
RHCS	Reproductive health commodity security
SDG	Sustainable Development Goal
SDP	Service delivery point
SMU	UNFPA Supply Chain Management Unit
SRH	Sexual and reproductive health
TA	Transformative Action
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
ZAMMSA	Zambia Medicines and Medical Supplies Agency
TMA	Total Market Approach
TWG	Technical working group
CIP	Costed implementation plan
RMNCAH-N	Reproductive, maternal, newborn, child and adolescent health and nutrition

SRHR	Sexual and reproductive health and rights
MOU	Memorandum of Understanding

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: SO1 – 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 Evidence Matrix

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

Assumption 1.1 The Partnership approach, with a focus on sustainable financing and framed as a partnership, includes relevant measures to ensure the effective adaptation to different and changing contexts with a view to maximizing contribution towards expected goals.	
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
Zambia is classified as a Group 3 country. From 2022, all Partnership countries will be assigned to one of five groups (Group 1, 2, 3, 4 or the Carryover Group) using an economic index. Country groupings will be used to determine the level of commodity support that each country receives and the domestic financing contribution that needs to be made towards the cost of commodities from 2023 onwards. From 2022–2025, Zambia will be classified as a “Group 3” country. This means that the government of Zambia will need to contribute at least 5% towards the cost of routine commodities provided by UNFPA Supplies in 2023. This financing contribution is expected to increase by a minimum of 5 percentage points per year.	UNFPA (2022). UNFPA Supplies 2022 Zambia 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)	
Indicators	

<p>Assumption 1.3 The existing funding streams (supplies, HSS and MAV) and sub-streams are designed to reinforce each other and contribute to achieve Partnership results with a focus on a system strengthening approach to improving commodity availability. (Linked to theory of change causal assumption 8)</p>	
<p>1.3.1 Levels of funding allocation by main funding stream (and sub streams, including the humanitarian contingency plan, the match fund, and others) and evidence of re-allocation across streams in response to changing contexts and/or with a view to creating synergies.</p> <p>1.3.2 Extent to which the three levels of resource allocation considered in the design of the Partnership ensure that resources are directed where they are needed most and where they can make the biggest difference to accelerating the achievement of Partnership goals.</p> <p>1.3.3 Documented examples of resource allocation decisions constrained or limited by the existing allocation formula (75 percent supplies, 15 percent HSS and 10 percent MAV).</p> <p>1.3.4 Extent to which programme support allocated in accordance with the current allocation formula matches the needs and national context as identified in situation analysis and planning documents.</p> <p>1.3.5 The LMA approach is adequately addressed and funded through the existing MAV and HSS funding streams for its implementation.</p> <p>1.3.6 Views and experiences of UNFPA staff, implement partners at global, regional country level, as well as Steering Committee and subcommittees' members on the adequacy of the existing funding streams and sub-streams to achieve expected results.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE

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

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

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

Budget Category	2023 Budget Allocation	Comments
Reproductive Health Commodities		
Routine Commodities	\$ 721,486	Orders will be managed by HQ. See attached excel file for order details.
New and Lesser-Used Commodities	\$ 425,000	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	\$1,146,486 + up to \$1.5M in Match Fund	Routine + NLU + potential Match Fund
Managing Accountability and Visibility		
Human Resources	\$64,200	The amount is for following position(s): NOB (or HR contribution for equivalent amount).
Facility Surveys	\$0	For 2023 survey
Transformative Action		
Transformative Action	\$360,000	TA Amounts are transferred to your dept.

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

2023 Budget allocation – Commodities

- **Routine Commodities: \$721,486 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 UNFPA headquarters.

New and Lesser-Used Commodities: Countries can request for new and lesser-used commodities outside of the allocated commodity ceiling. However, every request for a new or lesser used product, must be accompanied with a detailed costed introduction/implementation plan.

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

UNFPA (2023). UNFPA Supplies 2023 Zambia 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)																							
2023 Budget allocation - Transformative Action (TA): An amount of \$360,000 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. The fund code for UNFPA Supplies Partnership is ZZT05.	UNFPA (2023). UNFPA Supplies 2023 Zambia Budget Allocation Letter.																						
Table 2. Planned UNFPA Supplies Budget Allocation to Zambia in 2022. Table 1: Planned UNFPA Supplies Budget Allocation to Zambia in 2022 <table border="1"> <thead> <tr> <th>Budget Category</th><th>2022 Budget Allocation</th></tr> </thead> <tbody> <tr> <td colspan="2">Reproductive Health Commodities</td></tr> <tr> <td>Routine Commodities</td><td>\$748,879</td></tr> <tr> <td>New and Lesser-Used Commodities</td><td>TBC - upon request</td></tr> <tr> <td>Match Fund UNFPA Contribution</td><td>Up to \$750,000 *available from Jan 2022-Dec 2023 and requires government contribution of up to \$375,000</td></tr> <tr> <td>Total</td><td>\$1,498,879</td></tr> <tr> <td colspan="2">Managing Accountability and Visibility</td></tr> <tr> <td>Human Resources</td><td>TBC</td></tr> <tr> <td>Facility Surveys</td><td>TBC</td></tr> <tr> <td colspan="2">Transformative Action</td></tr> <tr> <td>Transformative Action Grant Funding</td><td>\$150,000-\$500,000</td></tr> </tbody> </table>	Budget Category	2022 Budget Allocation	Reproductive Health Commodities		Routine Commodities	\$748,879	New and Lesser-Used Commodities	TBC - upon request	Match Fund UNFPA Contribution	Up to \$750,000 *available from Jan 2022-Dec 2023 and requires government contribution of up to \$375,000	Total	\$1,498,879	Managing Accountability and Visibility		Human Resources	TBC	Facility Surveys	TBC	Transformative Action		Transformative Action Grant Funding	\$150,000-\$500,000	UNFPA (2022). UNFPA Supplies 2022 Zambia Budget Allocation Letter.
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2022 Budget allocation - Commodities Routine commodities In 2022, Zambia can expect to receive the following support for reproductive health commodities: <ul style="list-style-type: none"> • \$748,879 for routine family planning/reproductive health commodities • Up to \$750,000 in additional commodity funding from the Match Fund between January 2022 and December 2023. Zambia will be entitled to access this funding on a 1:2 matching basis. This means that UNFPA will provide \$2 worth of 																							

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reproductive health commodities for every \$1 raised by the government, up to a maximum contribution by UNFPA of \$750,000.	
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 Zambia will have the opportunity to apply for TA grants of between \$150,000-\$500,000 per year in 2022 and 2023. TA grants are competitive and will be awarded based on merit.	UNFPA (2022). UNFPA Supplies 2022 Zambia Budget Allocation Letter
“The evolvment towards health system strengthening has helped. There are clear pillars funded by the UNFPA Supplies Partnership, ensuring there is way to strengthen programs to reach the last mile. The Country Office was being provided with resources to increase the method mix and strengthen supply chain but also provided resources to sustain government for sustained domestic financing. They were able to fund underutilized commodities to expand method mix. [...] The HSS funding stream allowed to also budget on how countries can introduce new products and enhance new products e.g. IUD. We were able to train people at national level who were able to cascade the training. There is a sustained demand for products and because of economies of scale, the suppliers see value. [...] We depend on the resources of the Partnership. We have also received resources from the HSS component, which we have used to ensure there is a method mix and for supply chain strengthening.”	KII with UNFPA Zambia Country Office. October 2024.
Assumption 1.4 The Partnership is clearly founded on human rights, gender equality, and the LNOB principles. (Linked to theory of change causal assumption 9)	
Indicators 1.4.1 Human rights-based approaches and gender transformative approaches are embedded within the design of the Partnership and effectively implemented. 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
NO EVIDENCE	
EVALUATION QUESTION 2: To what extent is the Partnership effective at increasing availability and choice of reproductive health and family planning commodities for all women who want and need them, including marginalized groups and those in humanitarian situations, through the Partnership strengths in global forecasting, procurement, quality assurance, and delivery?	

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

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

Indicators

- 2.1.1** Reproductive health commodities by type and volume (including dollar amounts) procured and shipped to partner countries (per their requests/orders) by the Supplies Partnership over time.
- 2.1.2** Records of coordination meetings and consultations to identify goals and determine negotiating positions prior to contracting with global suppliers.
- 2.1.3** Functioning mechanisms/processes for forecasting demand for and planning timely delivery of selected quality reproductive health/family planning commodities, including through coordination efforts with other in-country partners.
- 2.1.4** Trends over time in prices and choice of products available for a sample of reproductive health/family planning commodities as identified in long and short-term agreements.
- 2.1.5** Functioning mechanisms/processes for quality assurance and quality control for commodities/products procured and shipped with support of the Partnership.
- 2.1.6** Downward trend in instances of sub-standard quality and delays in shipment of products/commodities.
- 2.1.7** Examples of innovation in reproductive health/family planning commodities and products procured.

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2.1.8 Stakeholders' perception of the Partnership's ability to forecast and procure Reproductive health commodities, and to influence and help shape the market for these products.	
OBSERVATIONS	SOURCES OF EVIDENCE
Method mix In Zambia there are a variety of methods used for contraception. <ul style="list-style-type: none"> • Male Condoms specific to family planning • Female Condoms specific to family planning • Oral Combined Pills • Oral Progestin only pills • Injectables • Implants • Lactation amenorrhea method • Female sterilization • Standard days method 	Zambia Ministry of Health (2023). Zambia Annual Quantification Report for Family Planning Commodities (2024-2026).
The trends in modern contraceptive use Zambia has experienced a steady increase in contraceptive prevalence from 9% in 1992 to 33% in 2007 and 48% in 2018. There is a decline in total fertility rate from 6.5 in 1992 to 4.7 children 2018. The reporting rates from the routine data for family planning from January to March 2020 was at 96.4% and April to July was at 96.3% while for January to March 2021 was at 76.4% and April to July was at 97.2%. The observed reduction in Qtr.1,2021 was due to change in data capturing and reporting tools which was due to additional of indicators. However, the data capture and entry is ongoing at DHO and reporting rates expected to increase afterwards. In first and second quarter of 2020-2021 utilization for contraceptives indicated a downward trend for some Contraceptives/family planning methods . COC pills, Injectables, Implants methods showed downward trend from the programme data; The question was raised to see if downward trend was caused by non-reporting, poor data, commodities stock out or lack of demand creation by Programme. Monitoring and Evaluation team mentioned indicated that the observed lower trend for first quarter 2021 might due to the data reporting tools being changed and some data entry was delayed. However, Lusaka province had a lower trend in all indicators and this need further investigations and may not be due to low reporting rates from private facility. It was observed from data presented on trends for Contraceptives/family planning utilization that the target of 58% by 2020 was not be achieved. The 2018 contraceptive prevalence was at 36% for all women giving a gap of 22% to reach 58%. Unmet need for contraceptives is still very high currently at 21% with target of 14% which means the gap stands at 9% before 2020.	Zambia Ministry of Health (2021). Zambia Annual Forecasting and Supply Planning Report for Reproductive Health/Contraceptive Commodities (2022 -2024).

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Source mix of family planning commodities The main source of family planning commodities in Zambia is the public sector . However, some NGOs/CSOs may procure a certain percentage of the need and this data was provided by the NGOs and the CSOs. The commercial sector also procures some commodities and the commercial sector data was based on the Zambia Demographic and Health Survey 2018.				Zambia Ministry of Health (2023). Zambia Annual Quantification Report for Family Planning Commodities (2024-2026).																									
In 2021, UNFPA continued to support the Government of Zambia towards ending unmet need for family planning, through the procurement of more than 60% of the country's reproductive health medicines , amounting to an average of US\$10,000,000 annually, through the UNFPA Supplies Partnership and bilateral donors. <ul style="list-style-type: none"> 2,840,349 couple Years of Protection (i.e. 1 year of protection against unintended pregnancy) were generated through UNFPA's procurement of 60% of family planning commodity needs for the public sector. 80,000 additional users of modern contraceptives were reached, bringing the total number of women using a modern method of contraception in Zambia to 1,680,000 as at the end of 2021. 630,000 unintended pregnancies and 158,000 unsafe abortions were averted, due to use of modern methods of contraception 				UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.																									
In 2022, UNFPA continued to partner with the Government of the Republic of Zambia towards ending unmet need for family planning, through the procurement of 68% of the country's reproductive health commodities , funded through the UNFPA Supplies Partnership and bilateral donors.				UNFPA (2022). Zambia Annual Report 2022: Delivering on the transformative results.																									
In 2024, UNFPA is bringing in about 3 million worth of commodities . We've had some gaps in some of the product lines because there's nobody procuring those, and the government has put in some resources. But UNFPA is the major supplier for most of the commodities that are being procured this year. If UNFPA is not there, Zambia will have a crisis of commodities. UNFPA is the major contributors to the family planning commodities in the country and I think they've had that role for some time.				KII with USAID. November 2024.																									
Outlook on UNFPA shipments Table 3. UNFPA shipments to Zambia in 2024. <table border="1"> <thead> <tr> <th>S/N</th><th>Item Description</th><th>Arrived in May & June (MoS)</th><th>Arriving this month (MoS)</th><th>Arriving later in the year (MoS)</th></tr> </thead> <tbody> <tr> <td>1.</td><td>Medroxyprogesterone IM (Depo)</td><td></td><td></td><td>290,000 (1.9) – After Oct</td></tr> <tr> <td>2.</td><td>Medroxyprogesterone SC (Sayana)</td><td></td><td></td><td>793,000(3.8) – Afer Oct</td></tr> <tr> <td>3.</td><td>Levonorgestrel 75mg Implant (Jadelle)</td><td></td><td></td><td>24,000 (1.7) – After Oct</td></tr> <tr> <td>4.</td><td>Levonorgestrel 75mg implant (Levoplant)</td><td></td><td></td><td>22,906 (6.4) – After Oct</td></tr> </tbody> </table>				S/N	Item Description	Arrived in May & June (MoS)	Arriving this month (MoS)	Arriving later in the year (MoS)	1.	Medroxyprogesterone IM (Depo)			290,000 (1.9) – After Oct	2.	Medroxyprogesterone SC (Sayana)			793,000(3.8) – Afer Oct	3.	Levonorgestrel 75mg Implant (Jadelle)			24,000 (1.7) – After Oct	4.	Levonorgestrel 75mg implant (Levoplant)			22,906 (6.4) – After Oct	UNFPA (2024). Fact Finding Mission on Stock Position at Lusaka District Health Office.
S/N	Item Description	Arrived in May & June (MoS)	Arriving this month (MoS)	Arriving later in the year (MoS)																									
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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.				
5.	Etonogestrel 68mg implants (Implanon)	65,000 (4)		4,390 (0.2) – 17 Jun
6.	Combined Oral Contraceptives		636,048(4)	870,000(3.6) – After Oct
7.	Male Condoms*			35m(2.8)-30 Sep 5m (0.4) – 30 Aug
8.	Female Condoms	5,000 (0.5)		
9.	Progestin Only Contraceptives (Microlut)			
10.	Levonorgestrel 0.75mg tabs (Emergency Pill)		100,700 (6.8)	92,066(6.1) – After Oct
11.	Hormonal IUD	2,520 (7.1)		2,640 (7.4) – After Oct
12.	Copper T		52,000 (2.1)	
13.	Norethisterone			2,984(3.6) – After Oct
<p>All the commodities in the table below have been received by ZAMMSA the last of which was Etonogestrel 68mg delivered on 14th May 2024. Notable is the fact that the invoice for the \$3.8 million has been signed by ZAMMSA and the funds received by Supply Chain Management Unit (SCMU). The orders have been placed and going by the earlier TPP we are confident we will deliver within the estimated timings. Traceability of commodities up to Service Delivery Point (SDP) is well documented e.g. by the last mile assurance in-country assessment conducted by the government of Zambia and UNFPA with other cooperating partners in the Supply Chain space. We have noted that most facilities when asked to report on stock-on-hand use data from the bin cards in the pharmacy stores and leave out commodities sitting at the service delivery outlets like MCH and stock that may be in labor wards, Comprehensive Abortion Care rooms etc.</p>				
				UNFPA (n.d.). The UNFPA Supplies Compact of Commitment: Sustainable financing for commodities in Zambia.

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Table 4. Commodities shipped by UNFPA received by ZAMMSA in 2024.

ITEM DESCRIPTION	UOM	QUANTITY	VALUE
Cu T IUD 380A	Set	44,500	17,755.50
Medroxyprogesterone Acetate 150mg/ml, IM Injection	Each	1,620,200	1,231,352.00
Medroxyprogesterone Acetate 104mg/0.65ml, IM Injection	Each	910,000	773,500.00
Levonorgestrel 75mg Implant	Set	29,200	248,200.00
Etonogestrel 68mg Implant	Set	29,603	251,625.00

“From the public sector perspective, it’s very clear UNFPA had a great impact in promoting family planning and reproductive health efforts.”

KII with National Supply Chain Coordination Unit. November 2024.

“In 2023, the amount remitted by the government for reproductive health was 2.7 million USD. In 2024 what was committed and paid to UNFPA was 4.2 million USD. **A range of commodities was there: Implanon NXT, long-term family planning commodities IUDs, combined oral contraceptives, as well as injectables.** A bigger pool of players that is bringing in different methods is also increasing the choice for people.”

KII with Zambia Medicines and Medical Supplies Agency. November 2024.

From January to May 2024, **Lusaka DHO was only supplied with the following family planning commodities:**

- Male Condoms – 5765 x 144 pieces
- Implanon – 100 implants

UNFPA (2024). Fact Finding Mission on Stock Position at

Assumption 2.1 The Partnership collaborates with national authorities and partners, leveraging its global reach and purchasing power to negotiate with suppliers and manufacturers for the efficient and timely forecasting and procurement of high-quality reproductive health/family planning commodities, to respond to country demand. This effort helps shape the market for these products, positively impacting quality, price, innovation, and supply.	
These deliveries were made on 24th January, 3rd February and 11th March 2024. Ideally, deliveries are supposed to be made once in two months going by the ZAMMSA distribution schedule.	Lusaka District Health Office.
Supply chain procurements <ul style="list-style-type: none"> Received 7,000 (2MoS) RHC Kits, and successfully distributed to the last mile to all provinces. There are 4million pieces of male condoms in each consignment of 7,000. Next shipment of 2 MoS is expected in September 2023 and then another 14,000 in December 2023 (4 MoS). Bulk shipments (ZAMMSA, UNICEF and UNDP) underway (average of 8MoS) – all commodity areas 	Zambia Ministry of Health (2023). Family Planning Annual Review Meeting Report 2023.
“UNFPA is one of those agencies who are assisting us with securing some reproductive health commodities. We have our local funding for medicines and medical supplies and we have an allocation for reproductive health commodities. We’ve tried to leverage on the expertise and goodwill that UNFPA may have with a number of suppliers , so we sometimes secure commodities from UNFPA because the costs will be reduced and you may have more commodities.”	KII with National Supply Chain Coordination Unit. November 2024.
“From an institutional standpoint, we are an agency of the Ministry of Health: we implement the mandate of procurement, storage and distribution. The medicines and supplies fund are sent to ZAMMSA, then the MoH makes commitments. We have been using a separate services procurement agreement with UNFPA to undertake procurement on our behalf on certain commodities , in line with government commitment to increase support to bring in reproductive health and family planning commodities. There are certain strengths of UNFPA that we can leverage i.e. their supply agreements with manufacturers so we can get more competitive prices . It is better in terms of utilization of funds and cost-effectiveness to enter into an MoU where they are the procuring agent for us. We give them an advance. It is the government procuring but we are using UNFPA as a platform and their procurement processes to bring in the commodities. ”	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
UNFPA has a shorter procurement process During the discussion at the Family Planning Annual Review Meeting, the following question was asked: based on the data presented, we foresee stock outs for many commodities seeing as delivery is projected for Dec 2023 and April 2024 whereas stock levels are projected at 4-5 months. What is the plan to mitigate stock out? The response was that various shipments are expected as early as September as such we do not anticipate disruption in availability of commodities. Partners are also procuring from UNFPA which has a shorter delivery period. ZAMMSA has entered into a Memorandum of Understanding (MOU) with various partners to e.g. UNFPA which has a shorter procurement process.	Zambia Ministry of Health (2023). Family Planning Annual Review Meeting Report 2023.
“The Partnership has been beneficial [to the market for reproductive health commodities in Zambia]. The funding that was coming from UNFPA was reduced prior to the Partnership and their commitments would have been less. The other major funder outside of UNFPA is the US government. Depending on which government is in power and their priorities, the funding for reproductive health commodities tends to be affected.”	KII with Zambia Medicines and Medical Supplies Agency. November 2024.

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.	
“The Partnership is in 54 countries with pooled resources; any manufacturer finds this appetizing (if they mass procure, they have a client). From the country perspective, they are dealing with a trusted agent [UNFPA] and UNFPA would not allow to procure outside of WHO-prequalified commodities and major funders. This increased and improved the credibility and provided global suppliers an assured market (the commodities procured will be taken on board).”	KII with UNFPA Zambia Country Office. October 2024.
“With the Match Fund, we got an additional amount so we could bring in more commodities. The Partnership has been impactful in terms of commodity availability within the country. ”	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
“On the methods mix side, there has been extensive support: UNFPA has been instrumental in ensuring newer methods are shared and discussed with the team to see how best to advance in some of these methods. There is a lot of support in Luapula province by UNFPA.”	KII with National Supply Chain Coordination Unit. November 2024.
UNFPA has provided financial and technical support to conduct the annual forecasting and quantification meetings.	
UNFPA Zambia Country Office has been providing both financial and technical support to the Ministry of Health to reduce the unmet need for family planning and to end preventable maternal deaths. Key to this support is the procurement of family planning and reproductive health commodities and capacity building in supply chain management. For procurements to fulfil specific needs of the family planning and reproductive health programme, there is need for evidence-based forecasting and supply planning. To this end the Ministry convened a meeting in Kitwe to conduct annual forecasting and supply planning for reproductive health and essential medicines and medical supplies for the period 2025 –2027. The meeting was split into two; a pre-quantification meeting to be held from 6 – 10 May 2024, and the main quantification to be held from 13-17 May 2024. The objective of the pre-quantification meeting were to: 1) to review, clean and validate data to be used for the National Annual Quantification; 2) to build assumptions for the annual consumption. The Ministry invited various experts from a variety of organisations that play a role in the management and use of medicines and medical supplies, and these included: clinicians, nurses, pharmacists, procurement experts, public health experts, supply chain managers. The following data sets was collected in advance of the meeting; a) Issues data from ZAMMSA; b) Consumption data from eLMIS; c) Service and morbidity data from HMIS; d) Demographic from ZAMSTATS	UNFPA (2024). Mission Report: Forecasting and quantification meeting held in Kitwe at Garden Court Hotel.
“Every year we hold the forecasting and supply planning quantification meetings, which all the partners attend. There are commitments made after the process. Government commitments are presented together with commitments from other players. UNFPA has supported with quite extensive budgetary support.”	KII with National Supply Chain Coordination Unit. November 2024.

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<p>The goal of the 2022 forecasting and quantification workshop was to estimate the total commodity requirements for reproductive health commodities for 2023 to 2025. Based on the results of the exercise, funding requirements to procure these products and commitments from funding partners were to be established.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. To determine the national commodity and funding needs for 2023 – 2025. 2. To develop the 2023 commodity supply plans. 3. To determine commodity funding commitments from GRZ and its partners 4. To identify commodity funding gaps. 	<p>Zambia Ministry of Health (2022). Zambia Annual Forecasting and Quantification Report for Reproductive Health Commodities (2023–2025).</p>
<p>The annual forecasting and quantification meeting held in 2023, put forward the following recommendations:</p> <ol style="list-style-type: none"> 1. Levoplant and LNG-IUD to be integrated into eLMIS and HMIS for routine data capture. 2. The Ministry of Health and UNFPA to consider branding the male condoms in the view of improved uptake of public health provided free condoms. 3. Ministry of Health to closely monitor data and take interventions to improve accuracy in the capturing in both HMIS and eLMIS with support from partners as well as put in data capturing tools, and plan for data audit on a quarterly basis. 4. There is need to continuously train and mentor health care workers in-charge of capturing data in HMIS and eLMIS in order to have correct data for forecasting and quantification 5. ZAMMSA to document reasons for any high issues so that they can be used during the forecasting and quantification meeting 6. The forecasting and quantification core team members should be maintained for continuity and sustainability of the activity 7. More support needed for capacity building and demand generation to increase uptake of LARC methods 8. Invest and strengthen existing last mile distribution for commodities to avoid stock outs at SDPs. 9. There is a need to strengthen the logistics management system to address stock outs. 10. There is a need for reference documents to be made available in due time before the quantification exercise. 11. Emergency pill, need for facility staff sensitization concerning the restricted access as the staff only issue this drug for GBV instead of issuing to all who need it provided it is available. Need to introduce a screening tool for the emergency pill 	<p>Zambia Ministry of Health (2023). Zambia Annual Quantification Report for Family Planning Commodities (2024–2026).</p>
<p>“UNFPA has been a major support to us in conducting family planning quantification. UNFPA supports the logistics of the meetings and brings in the players. They are very active within the supply chain technical working group, the family planning TWG and the sub-committee on supply chain. The family planning TWG has meetings on a monthly basis to look at stocks, how they are moving, challenges. UNFPA is with us in the sub-committee and also supporting the reviews and accurate forecasting. UNFPA is a key member and key participant in the supply chain sub-committee under family planning technical working group;</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>

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they have supported the logistics of quantification meetings for a number of years. We have relied on UNFPA support to do the forecasting and quantification for family planning commodities.”	
“With UNFPA, we’ve been working to closely coordinate reproductive health supplies. We have an annual budget, which we invest in critical reproductive health commodities, and that’s why we tend to leverage resources with UNFPA. We support forecasting and quantification of commodities with all the key stakeholders , and then from there, we come up with commitments. We’ll then sit down and discuss exactly how much funds are available after establishing the overall national need. UNFPA would come in with their contribution. Then we look at what we can come up with. When we do our supply plans, we know that UNFPA will bring in commodities with this much, USAID this much, the Ministry of Health will also buy this much. If there are any other partners that are donating commodities, they will equally come on board. These are the commodities they will bring, and that’s how we work as a team when it comes to that.”	KII with USAID. November 2024.
“A good job has been done to make the commodities available, of a particular range. We’ve not been inclined towards a particular product. We’ve made sure that during our quantification exercises we hear from the stakeholders; we invite one or two people from the community to hear their voices regarding what they would prefer or what sort of products should be part of the catalogue . That’s the basis of our operations and it has also helped in ensuring that we have a wide range of family planning commodities and reproductive health commodities.”	KII with USAID. November 2024.
“The way we’ve done it here in Zambia, is that we’ve been working as a team . It’s not like UNFPA first quantifies on their own. We’ve been coming together, and then we’ve been monitoring the supply plans together, then we agree UNFPA brings one contraceptive and USAID another. In a situation where UNFPA supplies are not able to come in good time, we’ve always sat down to see whose shipments can come in, because there will be a delay expected on this other shipment. We see where we can move supplies here and there, based on who’s willing to shift, or where it’s easier for us to move shipments. We sit down and try and reorganize the quantities. We also conduct some periodic reviews to see if we’ve received so much of this particular product and if the utilization is low, we need to make adjustments and see if some shipments can be held off. That’s the level of coordination. So far, we’ve not had major issues of delays resulting in major stock outs, we’ve had relatively good availability of the key reproductive health products . But obviously there’s been some challenges here and there, especially when it comes to the government of Zambia or the Ministry of Health procurements; at times, they would make commitments, and then the shipments are either delayed or, because of lack of funding, they are not procured . That puts a bit of pressure on the other stakeholders to make adjustments. We’ve had those types of incidences, but we are now seeing some improvements from the Ministry of Health. UNFPA has been involved in the procurements, they have at least stuck to their plans, and where there was a possibility of delays, they’ve brought that up to us to say we expect some delays in the shipments because of a funding issue, or if it’s a situation where they’re expecting the government to match up the funds for them to initiate the procurements. There have been all these discussions to make sure that there’s no interruption in commodities with the planned shipments.”	Key informant interview with USAID. November 2024.

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.	
The funding commitments are based on the forecasting and quantification “The buying of the commodities is tied to the supply plans. First, we quantify and establish the need. Once we establish the need and the quantities of commodities we will require for the next one year, then we look at the funding commitments. If there is a gap, we look at how to address this gap. If the funds are not enough, then we have to engage the government, to see if they can increase their allocation. And if they cannot increase their allocation, then we need to look at other potential partners that can come on board. If that doesn't work, then we'll leave with that gap, and we'll anticipate stock outs here and there. Fortunately, we've not had this situation where we have a gap, and commodities are continuously out of stock.”	KII with USAID. November 2024.
“When it comes to commodities for reproductive health, there's always the element of, first of all, choice, you can't really impose that. These are the commodities to use; the women have to make their choices of what they prefer. We have issues related to provider preference: certain providers are inclined towards the usage of certain contraceptives, so obviously that gives the particular preference in terms of utilization. We've already seen these trends where we now see more usage of implants and injectables, and less on IUDs or contraceptives. Certain products are going to waste because the providers do not prefer them. These have been the challenges in terms of managing the supply chain, where we have a range of products, but some of the products, because the providers are not inclined to use them, are not used. This affects the overall availability and use. We are trying to ensure that even as we're doing the forecasting and quantification for these commodities, the assumptions that the stakeholders come up with should be at least lined up with what is expected out there. Then there are also cultural norms where people feel like, if they take these products, then it will be difficult for them to have kids. There are all sorts of barriers that are associated with contraceptives. But it's also dependent on the messaging out there by the program officers, those that are directly interacting with the clients, and the messaging that is going out to the communities.”	KII with USAID. November 2024.
The Ministry of Health (MoH) with technical assistance from the USAID GHSC-PSM project and financial support from UNFPA has made great strides in the mission to provide a reliable supply of Essential Medicines, Medical supplies, and Family Planning commodities to the public-sector facilities. MOH sees the need for planning to support against the burdened of various public health conditions and reproductive health related issues. MOH has from 2007 been developing long-term forecasts to plan in the short-term for procurements and funding required, and in the long-term for resource mobilization. In this respect, MOH with support from the above implementing partners conducted the annual forecasting and quantification meeting for stated commodities. The quantification task was to forecast for Essential Medicines, Medical supplies, condoms, and Family Planning requirements, develop procurement plans for the coming years, quantify the funding requirements for the future, review funding commitments and identify funding gaps. The goal of the 2021 Forecasting and Supply Planning workshop was to estimate the total commodity requirements for Essential Medicines, Medical Supplies and Reproductive Health commodities for 2022 and 2024. Based on the results of the exercise, funding requirements to procure these products and to obtain commitments from funding partners was established. The forecast included estimates of	Zambia Ministry of Health (2021). Zambia Annual Forecasting and Supply Planning Report for Reproductive Health/Contraceptive Commodities (2022–2024).

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>commodities recommended in the standard treatment guidelines for public health conditions including Maternal, Child and Reproductive Health. The objectives of the meeting were to:</p> <ol style="list-style-type: none"> 1. Determine the national commodity and funding needs for 2022 – 2024. 2. Develop the 2022 supply plans. 3. Determine funding commitments from GRZ and Partners 4. Identify commodity funding gap. 	
<p>The MOH has made great strides in the mission to provide a reliable supply of reproductive health commodities to the public-sector health facilities. MOH has from 2007 been developing long-term forecasts to plan in the short-term for procurements and funding required, and in the long-term for resource mobilization. In this respect, MOH with support from USAID GHSC-PSM conducted the annual forecasting and quantification meeting for the stated commodities. The main objective for the quantification team was to forecast for reproductive health commodities requirements for 2023, develop procurement plans for the coming year, review funding commitments and identify funding gaps.</p>	<p>Zambia Ministry of Health (2022). Zambia Annual Forecasting and Quantification Report for Reproductive Health Commodities (2023–2025).</p>
<p>The MOH conducted a four-year national forecast of family planning products for the years 2024 to 2026 in March 2023 with technical and financial assistance from the USAID GHSC-PSM and UNFPA. Participants in the exercise included nurses, pharmacists, clinicians, public health experts and supply chain specialists from key health institutions, provincial and district health offices. Partner organizations that participated in the quantification process included GHSCPSM, ZAMMSA, Marie Stopes Zambia, UNFPA, JSI-ZamHealth, PATH, PPAZ, CIDRZ, CHAI, etc. The 2023 quantification exercise set out to determine the overall quantity of commodities needed from 2024 to 2026 for reproductive health commodities, create supply plans for 2024, determine financing commitments, and pinpoint if any budget shortfalls. Furthermore, the Government recognizes the role of the line ministries, private sector, civil society organizations and cooperating partners among other key stakeholders and thus a multi stakeholder collaborative approach in the implementation of reproductive health services at all levels of care. More specifically, the objectives were to:</p> <ol style="list-style-type: none"> 1. To determine the national commodity and funding needs for 2023 – 2026. 2. To develop the 2023 commodity supply plans. 3. To determine commodity funding commitments from GRZ and its partners 4. To identify commodity funding gap 	<p>Zambia Ministry of Health (2023). Zambia Annual Quantification Report for Family Planning Commodities (2024–2026).</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.	
Indicators	

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>2.2.1 Documented increased availability of reproductive health commodities in targeted countries to which the Partnership has contributed, through (a) technical assistance; (b) capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; (e) advocacy.</p> <p>2.2.2 Documented increased quality of Reproductive health commodities in targeted countries linked to the Partnership, through (a) technical assistance; (b) capacity building and knowledge management; (c) service delivery; (d) evidence generation and dissemination; and (e) advocacy.</p> <p>2.2.3 Percent of targeted countries where NLU contraceptives have been introduced.</p> <p>2.2.4 Reported experiences of UNFPA staff and health authorities at central, regional and district levels regarding availability of an appropriate mix of SRH and maternal health commodities.</p> <p>2.2.5 Stakeholders' perception of the Partnership ability to expand contraceptive method choice.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>Some of the successes recorded in the past year were;</p> <ul style="list-style-type: none"> • The expansion of method-mix to include Levoplant and LNG-IUS • The involvement of private pharmacies in the provision of family planning including DMPA SC, SI • The integration of the contraception/family planning into immunization for postpartum women – currently under pilot in Southern province with support from PATH 	<p>Zambia Ministry of Health (2022). Zambia Annual Forecasting and Quantification Report for Reproductive Health Commodities (2023–2025).</p>
<p>“The success of programme implementation in the health sector depends so much on research and development. Though we have not been able to conduct big research, with support with UNFPA Supplies, this year we will be able to get deeper understanding on the factors influencing the uptake of the IUD (copper and hormonal IUD), one of the most underutilized methods as part of the methods mix, in a commissioned study. This kind of support is helpful, with the acceptance of the Supplies Partnership to fund this kind of studies in the countries, we are able to clearly understand the factors the influence uptake of different methods.”</p>	<p>KII with UNFPA Zambia Country Office. October 2024.</p>
<p>In 2021, key milestones by UNFPA and the Government of Zambia included capacity building of nurses training schools to be able to deliver quality pre-service training on family planning method mix.</p>	<p>UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.</p>
<p>“I would say UNFPA has done a good job <i>[to expand contraceptive method choice]</i>, the reason being that we have a wide range of these commodities. So, from that perspective, a good job has been done. The client has to make a choice. Our role is to make sure that the entire range, or at least good range, of commodities, is made available.”</p>	<p>KII with USAID. November 2024.</p>
<p>“I think the Partnership has been a positive influence, mostly because we are discussing most of these methods as a team. UNFPA has contributed significantly, they have supported us with making condoms (female and male) oral contraceptives, injectables, IUDs, implants available.”</p>	<p>KII with National Supply Chain</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.	
	Coordination Unit. November 2024.
In 2022 UNFPA also contributed to enhanced knowledge and skills among service providers in various districts to deliver a method mix of family planning services , as part of ongoing efforts to increase demand for life saving reproductive health commodities.	UNFPA (2022). Zambia Annual Report 2022: Delivering on the transformative results.
<p>UNFPA has been supporting Luapula Province in Phase III with healthcare workers trainings. Key recorded achievements in the Province include:</p> <ul style="list-style-type: none"> • Availability of commodities throughout the review period. • Conducted last mile distribution of reproductive health commodities to the facilities. • Radio Health programs on importance of family planning • Outreach services with support from Marie stopes and UNFPA • Received assorted commodities and supplies to support family planning services amidst covid 19- MOH/UNFPA support • Trained 20 HCP in LARC – MOH/UNFPA support. • Conducted family planning modular TOT training for 30 participants with support from FHN USAID • Mentored 78 HCP in LNGIUS with UNFPA support (UNFPA-Sites) • Mentored 110 CBDs in demand creation for LNGIUS (UNFPA sites) • Conducted mentorships in LARC and reached 35 mentees in Chipili, Chifunabuli ,Samfya and Mansa • Trained 60 CBVs in demand creation for LNGIUS - UNFPA support • Trained HF in logistics management which also included reproductive health commodities. (22 in 2022 and 25 in 2023). • Conducted mentorship in eLMIS for 60 HF staff. • Conducted spot-check activities on reproductive health commodity management with support from UNFPA in 2022 and follow up activity in 2023. • Supply of family planning commodities with support from UNFPA to refugee camp clinic • Received LARC instruments with support from UNFPA <p>In addition, UNFPA Has been supporting the Northwestern and Western Provinces with staff training on LARC and hormonal IUDs.</p> <ul style="list-style-type: none"> • Increased staff trained in LARC and hormonal IUDs leading to increased insertions with the support from CHAI Western Province, Marie Stopes /UNFPA (NWP) • With support from UNFPA through Maris topes Zambia, 40 health care providers were trained in hormonal IUCD (IUS) (Northwestern) 	Zambia Ministry of Health (2023). Family Planning Annual Review Meeting Report 2023.

<p>Assumption 2.3 The Partnership, with the support of the Humanitarian Office, procures, packages and delivers emergency reproductive health/family planning kits and individual products with the appropriate range, quantity and quality reaching populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their reproductive health/family planning requirements.</p>	
<p>Indicators</p> <p>2.3.1 Extent to which clear roles and responsibilities are established between the Partnership and the Humanitarian Response Division at the global, regional and national levels to ensure Partnership countries at a higher risk of rapid onset emergencies integrate humanitarian principles (e.g. basic humanitarian functions integrated into the supply framework) to strengthen preparedness and resilience.</p> <p>2.3.2 Programme humanitarian response plans include explicit matching of content of emergency Reproductive health and family kits with identified needs of women and girls in the specific humanitarian setting, in concert with the Humanitarian Response Division.</p> <p>2.3.3 In humanitarian settings, the Partnership engages with national authorities to ensure that its support (including emergency kits) is targeted to all women and girls at risk, including the poor and marginalized.</p> <p>2.3.4 Those involved in service delivery report products were appropriate, of high quality and delivered in a timely manner during humanitarian crises.</p> <p>2.3.5 Extent to which at-risk women and girls report access to needed, appropriate and quality reproductive health/family planning commodities and products.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>In 2021 key results in humanitarian action in Zambia included:</p> <ul style="list-style-type: none"> • 5,405 vulnerable women and girls received relief supplies (dignity and mama kits), as part of UNFPA support to humanitarian emergencies occasioned by COVID-19, severe drought and floods • 155 health care providers and multi-disciplinary teams in 4 districts had their capacity strengthened in minimum Initial Service Package (MISP) for sexual and reproductive health in crisis situations • UNFPA scaled up support towards the procurement and distribution of essential maternal health medicines and supplies, which facilitated the continuity of services in the context of COVID-19 	<p>UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.</p>
<p>To accelerate the reduction of preventable maternal deaths, the strategies of the Country Programme 2023-2027, which are partly informed by the investment case on reproductive, maternal, newborn, child and adolescent health using a human rights-based approach, will focus on: (a) improving readiness and functionality of the primary health care delivery system, especially integration of quality SRHR interventions into the national universal health coverage frameworks; (b) scaling up of high-quality basic and comprehensive emergency obstetric and newborn care; (c) strengthening institutionalization and implementation of maternal perinatal death surveillance and response recommendations; (d) scaling up midwifery practices; (e) empowering women and girls to strengthen health-seeking behaviours and utilization of SRH services; and (f) scaling up the provision of the Minimum Initial Services Package (MISP) for reproductive health during emergencies and climatic events to reduce vulnerabilities among women, adolescents and young people.</p>	<p>UNFPA (2022). Country programme document for Zambia 2023-2027.</p>
<p>In 2022 key results in humanitarian action in Zambia included:</p>	<p>UNFPA (2022). Zambia Annual Report 2022:</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.		
<ul style="list-style-type: none"> • UNFPA conducted a Minimum Initial Service Package (MISP) readiness assessment, which contributed to strengthening national capacities implement sexual and reproductive health interventions during humanitarian situations. • UNFPA sustained the pre-positioning and distribution of essential relief supplies (dignity and mama kits), as part of its support to humanitarian emergencies occasioned by severe drought and floods, as well as in refugee settlements. 	Delivering on the transformative results.	
In 2023 key UNFPA supported results in humanitarian action included: <ul style="list-style-type: none"> • 620 vulnerable women and girls in Southern and Eastern Provinces were reached with essential relief supplies as part of UNFPA's support to humanitarian emergencies occasioned by severe flooding. • 127 health workers and multi-disciplinary teams had their skills enhanced in Minimum Initial Service Package (MISP) for sexual and reproductive health in humanitarian settings. 		UNFPA (2023). Zambia Annual Report 2023: Turning the ICPD vision into reality.

Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.		
Indicators		
2.4.1 Documented changes in annual workplans, distribution and supply plans, and allocations of the Partnership commodity budgets at the national level in response to changing conditions/needs, including humanitarian emergencies.		
2.4.2 Documented examples of programs/project/policy design changes including mitigating measures to address challenges to NLUs including: <ul style="list-style-type: none"> • engaging a single manufacturer • addressing registration/waiver issues • taking proven (piloted) solutions to scale. 		
2.4.3 Documentation on mitigation measures against challenges for NLUs – demand generation; capacity building; single manufacturer; registration / waiver issues; moving from pilot to scale-up.		
2.4.4 Existence of analysis and systematic processes for applying different funding mechanisms (match funding, routine funding, NLU commodities, emergency Reproductive health commodities kits) effectively to different contexts, i.e. analysis reports, fund applications).		
2.4.5 National reproductive health/family planning plans, strategies and programmes include measures to address and resolve barriers to access for poor and marginalized women including: <ul style="list-style-type: none"> • Geographic access • Price and affordability constraints • Timely delivery and stable supply • Choice of methods • Harmful social norms limiting access. 		
2.4.6 Views of UNFPA country office staff, national health (and emergency response) authorities, multilateral and bilateral partners on the availability of a range of high-quality reproductive health/family planning commodities in both development and humanitarian settings.		

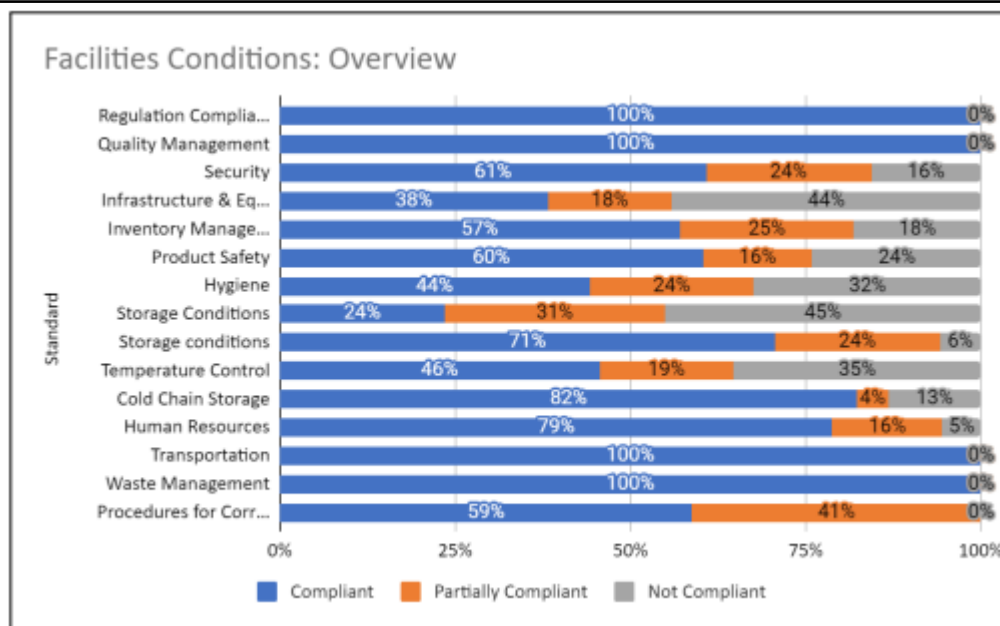
Assumption 2.4 The Partnership has demonstrated adaptability for the effective distribution of routine commodities and NLU products, across different contexts and through different funding mechanisms, recognizing, monitoring, and consistently mitigating against emerging threats and risks.					
OBSERVATIONS				SOURCES OF EVIDENCE	
In 2021, key milestones by UNFPA and the Government of Zambia included the development of the National Hormonal Intrauterine System (IUS) and Levoplant Strategic Introduction and Scale-Up Plan in Zambia .				UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.	
“Apart from bringing commodities up to the central level or at ZAMMSA, there have been a few initiatives to distribute to the last mile. UNFPA has done that for a few provinces, but UNFPA is not fully involved in distribution, as we have a third-party logistics company that fulfils the mandate of distribution on behalf of the agency (they are not covering the whole 100% because the agency also has some fleet and they are delivering in specific areas). The agency is under contract, and they need to meet the obligations, so it wouldn't be possible to have another player within their space. Where we have ZAMMSA distributing to end users, partners are still welcome to try and support that. UNFPA has assisted in distributing some commodities based on that.”				KII with National Supply Chain Coordination Unit. November 2024.	
To ensure consistent condom supply and availability as closer to the point of need as possible, UNFPA partnered with the Ministry of Health and other key stakeholders on an integrated, comprehensive and sustainable condom delivery pilot project . The pilot facilitated increased demand and synergies to strengthen community-based distribution of condoms, reaching 1,832,000 people with condom messaging and providing 1,008,000 condoms to 42 hotspots.				UNFPA (2023). Zambia Annual Report 2023: Turning the ICPD vision into reality	
EVALUATION QUESTION 3: To what extent is the Partnership effective at ensuring that reproductive health commodities reach the “last mile” and promote harmonization and integration of supply chain systems in countries for all women who want and need them, including marginalized groups and those in humanitarian situations?					
CRITERIA	Effectiveness/ coverage	AREA OF INTEREST	Strategic objective 2 – Strengthened Supply Chains Ensure supplies for reproductive health commodities reach the “last mile” and promote harmonization and integration of supply systems in countries	LINKAGES TO THE THEORY OF CHANGE	Linked to the green boxes for strategic objective 2 in the middle of the theory of change
RATIONALE	This evaluation question focuses on assessing the contribution made to the achievement of strategic objective 2, which aims at ensuring that reproductive health commodities reach the “last mile” while promoting improved functionality				

	<p>and tracking within supply systems in countries. This question focuses on assessing the needs for supply chain strengthening to improve availability of reproductive health commodities, addressing these needs, improving data visibility for better data-driven decision making and supplies management, and reaching service providers and end users at the “last mile”, including in humanitarian and fragile or conflict settings. Following the logic set up in the reconstructed theory of change, this question mainly focuses on modes of engagement of (a) technical assistance, (b) capacity building, (c) service delivery, and (d) evidence generation and dissemination. Additionally, since this question focuses on access to reproductive health commodities, it will also address the criteria of coverage linked to humanitarian actions, which addresses the extent to which population groups facing life-threatening conditions were reached by humanitarian action.</p>
<p>Assumption 3.1 The Partnership engages with national supply chain managers and other relevant partners in countries to identify key areas of supply chain management requiring support and provides evidence-based, targeted capacity building and technical assistance, technology, as well as innovative practices to address the identified gaps.</p>	
<p>Indicators</p> <p>3.1.1 Mechanisms for joint assessment (with partners) of national supply chains and identification of gaps and weaknesses are operational.</p> <p>3.1.2 The Partnership initiatives to strengthen SCM are targeted to addressing agreed weaknesses.</p> <p>3.1.3 The Partnership support to strengthening SCM contributes to but does not overlap or duplicate support from other bilateral or multilateral partners or national programmes.</p> <p>3.1.4 Views/experiences of national supply partners on the adequacy of the identification of needs toward strengthening the SCM and systems.</p>	
<p>OBSERVATIONS</p>	<p>SOURCES OF EVIDENCE</p>
<p>“In each of the ICAs we conducted over the last 3 years we saw inadequate storage space but as a partner to the government, this is not an area we can deal with. Addressing one inadequate storage space would go a long way (some facilities were built a long time ago and security is an issue). Putting money in some of the facilities is also a big incentive to the government.”</p>	<p>KII with UNFPA Zambia Country Office. October 2024.</p>
<p>The in-country assessment conducted in 2023, highlighted the following:</p> <p>Exemplary conditions:</p> <ul style="list-style-type: none"> • CW - Proper arrangement of commodities • Sikatengwa HP - Arrangement of commodities on pallets and away from the wall • Chipata hub - Serviced fire extinguisher • All SDPs visited- Solar powered cold storage • Chipata Hub- Automated temperature reader • Chipata hub - Staging area 	<p>UNFPA (2023). In-Country Assessment Report 2023 Zambia.</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.

Strengthening priorities:

- Egichikeni RHC - Poor storage of commodities
- Mpomwa RHC - Poor storage of commodities
- Mpomwa RHC - Poor storage of commodities
- Nkhanyu HP - Leaking roof & wasps infestation
- Mzuza RHC - Incomplete temperature log
- Phikamala RHC - Dust on commodity

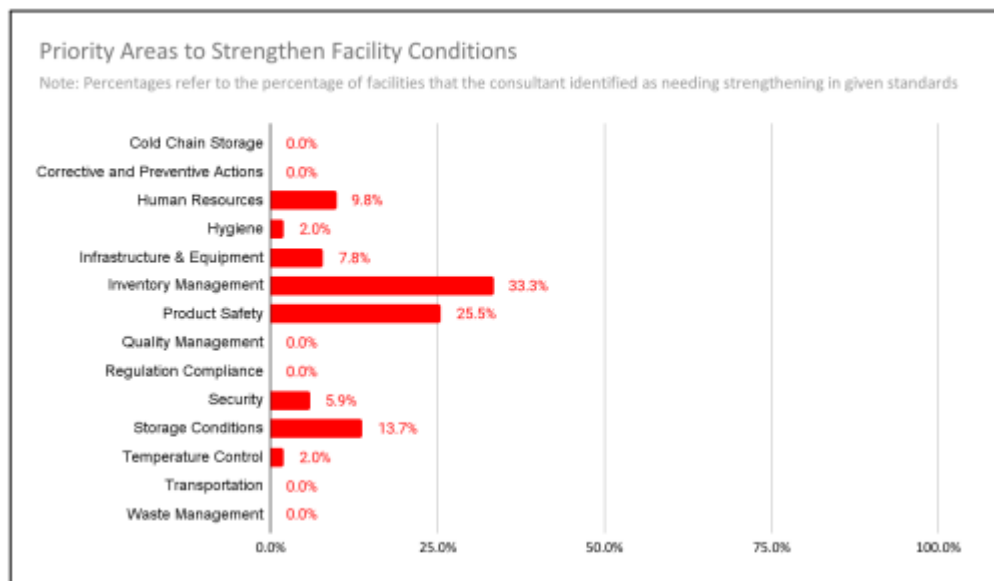


UNFPA (2023).
In-Country Assessment
Report 2023 Zambia.

Figure 1. Overview of facilities conditions.

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Priority Areas to Strengthen Facility Conditions



UNFPA (2023).
In-Country Assessment
Report 2023 Zambia.

Figure 2. Priority areas to strengthen facility conditions.

Challenges

- **Geographic and Infrastructure Barriers: Many parts of Zambia are rural and difficult to reach**, with poor road networks and limited transportation options. This makes it challenging to deliver supplies consistently and reliably. **Inadequate infrastructure**, including limited storage facilities at the service delivery points, hampers the efficient management of supplies.
- **Inventory Management: Ensuring accurate and timely inventory management is challenging**, leading to stockouts or overstocking at different points in the supply chain. Most inventory management tools e.g. stock control cards are not filled out completely.
- **Limited Data Integration: Fragmented and non-integrated data systems** make it difficult to track supplies from central warehouses to the last mile. Limited access to and adoption of modern technology and digital tools for supply chain management can restrict efficiency gains, **not all facilities for example are connected to and use the facility edition of the electronic Logistics Management Information System (eLMIS)**. Further, the facility edition of eLMIS and the

UNFPA (n.d.). The
UNFPA Supplies
Compact of
Commitment:
Sustainable financing
for commodities in
Zambia.

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>Central Warehouse Management Information System (CWMIS) are not interoperable leading to loss of information in the process. Lack of real-time data on stock levels and consumption patterns hinders proactive decision-making and timely replenishment.</p> <ul style="list-style-type: none"> • Training and Capacity Building: There is often a shortage of adequately trained personnel to manage logistics and supply chain functions effectively especially at service delivery points. • Insufficient Funding: Limited financial resources dedicated to the last mile logistics can result in inadequate transportation, storage facilities, and human resources. Competing priorities within the health sector can limit the budget available for SRH supply chain improvements. • Awareness and Demand Generation: Limited awareness and understanding of family planning options among the community can lead to lower demand and inconsistent utilization of available supplies. 	
<p>Limitations with logistics data</p> <ul style="list-style-type: none"> • Data quality on consumption data for female condoms and implants affected projections • Consumption of condoms by NAC and PACO were not adequately reported. • Double reporting of consumption data from issues by DHO's to facilities and Facilities to users. • Push system by ZAMMSA affects the actuals issues that could have been given to facilities. • Data is affected by stocks outs at central level • Consumption data reported from facilities to the central level is not accurate in some cases • Programmatic shifts influence logistics data as this will bring about increased/reduced issues/consumption for some commodities. 	<p>Zambia Ministry of Health (2021). Zambia Annual Forecasting and Supply Planning Report for Reproductive Health/Contraceptive Commodities (2022–2024).</p>
<p>“We’ve not fully addressed the issue of storage space, especially in facilities. Storage space has been improved centrally: the current warehouse, with the support of so many partners, has been increased from an 8000 m2 pallet space warehouse to over 30,000 m2 pallet space warehouse. Hubs have also been constructed in specific regions, in the eastern part of Zambia (Luapula province, Copper Belt, Central) to create more storage space to ensure that products are kept closer to where most of the facilities are. At the central level there's been an improvement in expanding storage space, but we've had challenges with facilities. The population is growing; there has to be a corresponding increase in the number of health facilities. The existing facilities need infrastructure which will allow them to expand storage. Storage is still a big issue. We tried to put in place prefabricated storage units in 100 districts, but even those are not adequate. The storage units were just in selected facilities but Zambia has 3500 facilities, and we only managed in 100. We are also trying to engage the government to look at this as a critical area for them to allocate some funding towards building more health facilities and expanding storage space in some of the high-volume facilities, high volume facilities. We've been advocating towards that and we hope to see some improvements. UNFPA has been part of these discussions, except that no efforts have been made towards increasing storage space. I think they are in a better place to respond to why that's an issue, but they've noted that storage space is a challenge.</p>	<p>KII with USAID. November 2024.</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>“Once a year, we conduct ICAs. There are different kinds of issues that arise from ICAs. For tracking down the commodities to the facilities and for challenges about inventory management, we are able to provide technical assistance. But in the event of challenges with storage space, we can just advocate for the construction for houses. We cannot provide support to the full extent – we cannot build to expand facilities, but we can identify the facilities. Some facilities do not have equipment for e-LMIS: when there is no equipment, we cannot buy it for them. Where do we want support in terms of funding? For example, to support customs clearance; it would be nice to have the option.”</p>	<p>KII with UNFPA Zambia Country Office. October 2024.</p>
<p>“UNFPA has supported data quality audits where you go to the facilities to see how they are utilizing LMIS and see the challenges and problems and how things are being used. These activities are undertaken by a combined team (UNFPA, MOH, ZAMMSA) at the facility level. The visits are followed by action points in the report and debriefings to see what is going on, how can the facilities be supported, what things need to be corrected. From an LMIS perspective, I have seen UNFPA contribute in terms of doing the assessments and identifying problems that the facilities are facing and assisting with those problems.”</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>
<p>Despite progress made in demand-driven planning for reproductive health commodities, gaps still exist in readiness, agility, functionality and accountability mechanisms in the health care system. Key bottlenecks are weaknesses in supply chain management, impacting ‘last-mile’ distribution, and gaps in domestic financing, including affordability of health services. The COVID-19 pandemic disrupted service delivery, contributing to a decline in health service utilization, particularly antenatal care, health facility deliveries and uptake of family planning, with commodities remaining largely donor dependent as government expenditure accounts for approximately 11 per cent of the total financing requirements.</p>	<p>UNFPA (2022). Country programme document for Zambia 2023-2027.</p>
Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures , including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)	
Indicators	
<p>3.2.1 Examples of successful introduction and roll out and adoption of new or improved manual or automated systems for SCM (including LMIS, inventory management and distribution) supported by the Partnership.</p>	
<p>3.2.2 Documented efforts to strengthen SCM to address staff capabilities and motivation as well as needed improvements in systems and technology.</p>	
<p>3.2.3 Positive findings on training and capacity building outcomes and results reported.</p>	
<p>3.2.4 Views of UNFPA country office staff, national health authorities, national supply chain managers and facilities managers at national and sub-national level on quality and usefulness of technical assistance provided by the Partnership.</p>	
<p>3.2.5 Examples of how enhanced systems have (or have not) led to improved inventory management, stock-outs, unused inventory, etc.) without duplicating efforts, causing undue delays or expense .</p>	
<p>3.2.6 Reported qualifications of supply chain managers and/or levels of vacancy and turnover in SCM over time.</p>	

Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures , including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)	
3.2.7 Positive trends in supply chain performance data indicating improved skills and management.	
OBSERVATIONS	SOURCES OF EVIDENCE
The supply chain for family planning in the public sector is integrated in the Essential Medicines Logistics Improvement Program, which operates through the electronic logistics management information system (eLMIS), and facilities report their consumption in eLMIS Facility. ZAMMSA issues commodities to all facilities in the country based on their reports as captured by eLMIS. Logistics based forecast was derived by using consumption data as reported by the facilities and issues data from ZAMMSA overtime to project commodity requirements.	Zambia Ministry of Health (2023). Zambia Annual Quantification Report for Family Planning Commodities (2024-2026).
Strategic interventions have been employed to improve the availability of health commodities and enhance the performance of the supply chain within the sector. The reforms have included the adoption of commodity management systems such as electronic reporting and ordering systems (eLMIS) at central level-ZAMMSA Warehouse Management System and sub national levels. Other improvements are related to the capacity building of staff, management of procurement at ZAMMSA, adherence to timely distribution and resupply schedule, expanded storage capacity and installation of prefabricated storage facilities at district level with support from partners.	Zambia Ministry of Health (2022). Zambia Annual Forecasting and Quantification Report for Reproductive Health Commodities (2023 -2025).
To further strengthen sub-national level capacities for the management of reproductive health commodities, UNFPA facilitated data review meetings with targeted health facilities in 4 districts, to enable submission of accurate data through eLMIS.	UNFPA (2022). Zambia Annual Report 2022: Delivering on the transformative results.
“We’ve had discussions to see how best eLMIS can be supported, but we are yet to get more details as to how UNFPA can come into that space. What we’ve done as USAID is to deploy LMIS to 54% of the facilities and we intend to scale that up. We are hoping that once funding is secured, we can continue increasing that percentage to have more facilities. This is where we would want to discuss with UNFPA and see what form of support they can bring on board. The only issue we are facing right is the power deficit, which is affecting most parts of the country. We are trying to advocate for alternative power sources. I’m sure institutions like UNFPA are considering to be on board to support some of these facilities with solar solutions or any other alternative power so that the logistics systems can run.”	KII with USAID. November 2024.
“We have quite a number of systems, most of them are supported by USAID. We haven't seen much of UNFPA on that front, maybe because the support is coming from USAID . But we have seen some level of support in improving the systems through procurement by UNFPA of some of the gadgets we are supposed to use in the facilities. For example, in some provinces they are currently trying to roll out the eLMIS in the facilities. UNFPA may not be directly involved in integrating systems or	KII with National Supply Chain Coordination Unit. November 2024.

Assumption 3.2 The Partnership, through UNFPA Country Offices and partners, collaborates effectively with country officials and other partners, to develop capacities and skills and to provide technical assistance for the improvement of the supply chain management systems and procedures , including LMIS, inventory management, distribution to the “last mile”, etc. (Links to theory of change causal assumption 6)	
developing them, but the gadgets, software or equipment used to ensure these systems are in operation are provided by UNFPA. It would be good to receive more support.”	
“There has been great support for forecasting from the Partnership. There were regional trainings on forecasting. The Zambia Country Office had an opportunity to improve forecasting. There was an additional national level training this year on how to forecast and procure. We have been able to support such activities for the last three years, both with technical and financial support. [...] We also supported the review of the supply plan activities in June, which is supported by the national government and sometimes USAID. The annual family planning review has also been supported by UNFPA Supplies resources to get an understanding of commodities and methods uptake, this helps to gather body of evidence.”	KII with UNFPA Zambia Country Office. October 2024.
“There is quite significant support coming from UNFPA in terms of procuring family planning commodities for Zambia. UNFPA has also extended its support to ensuring that these commodities are managed better with capacity building trainings to equip human resources with skills and knowledge on how to manage commodities and strengthening the available systems within the facilities. Where they have capacity, they have been able to support systems improvements.”	KII with National Supply Chain Coordination Unit. November 2024.
“We have 3500 facilities across the country. In the aspect of supporting human resources and capacity building, and also improving health systems, UNFPA has had more impact in one of the provinces, where they are fully functioning (Luapula Province). There are other partners within the supply chain who are supporting the Ministry and government, but the support is not yet adequate. More support is welcome, considering how vast the country is, and the number of facilities. ”	KII with National Supply Chain Coordination Unit. November 2024.
The adequate availability and access of a wide range of reproductive health medicines and other related products (contraceptives, condoms, and life -saving maternal health medicines) remains a key concern over time at service delivery points. While many factors have influenced medicine access at all levels, the capacity of the in-country supply chain to accurately forecast, procure and distribute quality essential medicines and health supplies on time and at a right price to the health centers remains a major constraint. Some of the challenges which has affected the supply systems of reproductive health commodities include delays in distribution to the last mile, erratic supply and stock out of commodities, inadequate skilled staff to provide Long Acting Reversible Contraceptive (LARC), and inadequate dedicated staff for supply chain management. To this end strategic interventions have been employed to improve the availability of Reproductive health commodities and enhance the performance of the supply chain within the sector. The reforms have included the establishing the commodity management systems such as electronic reporting and ordering systems (eLMIS) and Warehouse Management System . Other improvements are related to the capacity building of staff in provision of LARC services, establishing family planning technical working groups at national and sub national levels, expanded storage capacity and installation of prefabricated storage facilities at district level. The technical working groups have improved oversight of the commodity security coordination and implementation at all levels. These measures among others are expected to build resilience and	Zambia Ministry of Health (2023). Zambia Annual Quantification Report for Family Planning Commodities (2024-2026).

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)	
efficiency for the incountry supply chain system and assure commodity security for essential medicines including reproductive health commodities.	
“We need UNFPA to expand their mandate in terms of increasing capacity building activities. There has been extensive work done in regard to procurement and distribution of health commodities, but there hasn’t been much work in terms of ensuring we cover human resources and capacity building. UNFPA can probably increase its presence to cover this gap.	KII with National Supply Chain Coordination Unit. November 2024.
“We have a delegated function at primary healthcare level, where we don’t have pharmacy personnel in most of these facilities. Nurses and environmental health technologies are performing delegated functions for pharmacists. They can be performing functions to a certain extent, but it is not their profession. It is a challenge we are facing; we try to cover some knowledge deficiencies in colleagues with delegated functions with capacity building. It would be good if that support would be expanded to cover a number of facilities. [...] Building capacity and human resources that is performing delegated functions is key.”	KII with National Supply Chain Coordination Unit. November 2024.
Following the fact-finding mission on stock position at the Lusaka Health District, the following points were recommended: <ul style="list-style-type: none"> • Interrogate further the inconsistent supply of commodities to facilities. It was observed that despite Lusaka DHO submitting reports on time and ZAMMSA having some of commodities in stock, ZAMMSA did not always deliver the ordered commodities. • Technical support to be provided to Lusaka DHO staff on inventory management and data entry onto eLMIS • Expedite delivery of all consignments in the pipeline to avert stock outs at central and SDP level. • Strengthen intra-provincial and inter-facility reverse logistics 	UNFPA (2024). Fact Finding Mission on Stock Position at Lusaka District Health Office.
“In previous years [before the current phase III of the UNFPA Supplies Partnership], UNFPA sponsored staff at the MoH and central medical stores to do trainings in forecasting and quantification. [...] This is moving towards sustainability, because there is in-built capacity within us to conduct that.”	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
“We have tried to make the national supply chain unit operational. The unit is supposed to be a control tower for the supply chain in the country. UNFPA has supported the coordination unit with some gadgets. It would be good for UNFPA to expand its data quality to support the unit.”	KII with National Supply Chain Coordination Unit. November 2024.

Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)	
Indicators 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.	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>“We have huge data challenges. The main challenge for the Partnership in Zambia is inventory management challenges, stock-outs of commodities; the issue is at the different units, e.g. pharmacy, storage units. Facilities say there are stock outs but it’s about the reporting of the supplies. They may record stockouts, but the commodities are actually available. These data disparities affect perception of what is happening on the ground. The online data is not available in real time, there is a delay (the current data is only until August). These data quality challenges affect quantification. In terms of sources of data, we look at demographic data from centrals statistics office to know how many women are in need for family planning and the completed by service data HMIS (facilities report what commodities they have). Double checking (often manual) needs to be done on available data too. We compare this with the data of facilities, at what they issue out and dispensed, and look at forecasted quantities compared to what is issued by the central house. Because the data have so many gaps, they are not accurate.”</p>	KII with UNFPA Zambia Country Office. October 2024.
<p>Limitations with service statistics data</p> <ul style="list-style-type: none"> • Current registers unable to disaggregate Copper T and LNG IUD • HMIS does not have data for emergency contraceptives and Levoplant • Central and facility level commodity stockouts. • Data quality – Some of the data reported through HMIS may not be captured accurately. <p>Recommendations</p> <ul style="list-style-type: none"> • Provide mentorship to facility staff on quality data capturing and management in HMIS. 	

Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)	
<ul style="list-style-type: none"> Disaggregate Copper IUD and LNG IUD, inclusion of Levoplant and emergency contraceptive in registers and HMIS. To disseminate the updated reporting tools for HMIS to capture updated service data for the next quantification period. 	
<p>Despite consistently submitting reports, Lusaka DHO submitted reports that had a number of data quality issues such as;</p> <ol style="list-style-type: none"> Mismatching Opening and closing balances. The opening balance for the reporting month should be exactly the same as the closing balance for the previous balance. When the two are not matching, it distorts the facility consumption data. Inaccurate number of days stocked out. The calculation for the average monthly consumption factors in the number of days the commodity was stocked out. Therefore, when the number of days a commodity is stocked out is inaccurately filled, the resupply quantities will also be inaccurate. Data on stock control cards different from data entered in eLMIS. For example, the facility has had 52 pieces of female condoms recorded on the stock control card for months on end. However, in eLMIS, the report shows that the facility has been stocked out throughout the period. 	UNFPA (2024). Fact Finding Mission on Stock Position at Lusaka District Health Office.
<p>FP2030 commitment 2: The Government will support the generation of new data, improving the quality of and better use of existing data for Family Planning Programming and decision making.</p> <p><u>Objective statament:</u> Strengthen the generation and usage of data collection tools correctly and consistently such as score cards and surveys to generate new evidence and improve data warehousing in Sexual Reproductive Health and Family Planning services by 2026.</p> <p><u>Rationale:</u> Zambia has information systems in place, including national census, Demographic Health Survey, HMIS and research that provide data for decision making. However, there is need to improve quality of data to better inform decision making and policy in the following areas: accuracy, timeliness, precision, reliability, relevance, disaggregation by age.</p> <p><u>Strategies:</u></p> <ul style="list-style-type: none"> Capacity building for personnel in Health Facilities involved in data collection, management and processing; Developing evidence-based information from data that is collected for decision making and policy development; Harmonization of data collection tools; Utilization of data to track and inform progress as well as decision making; Periodic review and harmonization of data capturing tools to be in conformity with emerging issues in Family Planning. 	The Government of the Republic of Zambia (n.d.). Zambia FP2030 Commitments.
<p>Supply chain challenges</p> <ul style="list-style-type: none"> Poor visibility of facility level data in ELMIS. Lack of coordination between MCH and bulk Pharmacy in terms of commodity availability Overstocks and Stock outs e.g. facilities in Kabwe (Makupo A Health Center) had overstocked of Depo, some of which is expiring within 4 months 	Zambia Ministry of Health (2023). Family Planning Annual Review Meeting Report 2023.

Assumption 3.3 The Partnership has contributed to **improved supply chains** and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users.

(Links to theory of change causal assumption 7)

Table 5. Family planning commodities stocked out in May 2024.

b) Stocked out at the time of the visit

S/ N	Item Description	Date stocked out
1.	Medroxyprogesterone Acetate 150mg/ml (Depo)	05/05/2024
2.	Medroxyprogesterone Acetate 104mg/0.65ml (Sayana Press)	03/06/2024
3.	Etonogestrel 68mg implant (Implanon -	03/05/2024
4.	Noristerat 200mg injection	22/05/2024
5.	Oral Combined Contraceptives	Out of stock for over 6 months
6.	Hormonal IUD	Out of stock for over 1 year
7.	Progestin only Pills (Microlut)	Out of stock for over 1 year
8.	Levonorgestrel 75mg implant (Levoplant)	Out of stock for over six months
9.	Levonorgestrel 0.75mg tablets	Out of stock for over six months

UNFPA (2024). Fact Finding Mission on Stock Position at Lusaka District Health Office.

There have been **reports of stock outs of family planning commodities coming from a number of Service delivery Points (SDPs) around the country**. Among SDPs where such reports were received were Mtendere and Kanyama first level hospitals. These two facilities fall under Lusaka District and draw their commodities from the central warehouse. However, in cases where stock levels in these and other facilities are low and the scheduled delivery from ZAMMSA is several weeks away, facilities can order their commodities from the District Health Office (DHO). The stock that DHOs receive from ZAMMSA serves as buffer stock for all facilities under them. **According to the 2024 – 2026 forecasting and quantification report, there was no gap anticipated in terms of commodity security in the 2024 financial year.** This, of course was based on the commitments made by the Ministry of Health as well as by various cooperating partners in the family planning space. **A local mission was planned to establish the actual stock position of family planning commodities and potential causes of any stock imbalances in five facilities under Lusaka district** namely; Mtendere, Kanyama, Chelstone, Chilenje and Matero level one hospitals. However due to competing priorities coupled with transport challenges, **only Lusaka DHO was visited**. Visiting the DHO would to some extent give a representative picture of the stock position at SDP level. The assessment of the stock levels was done by **analysing stock control cards and conducting a physical count of the**

UNFPA (2024). Fact Finding Mission on Stock Position at Lusaka District Health Office.

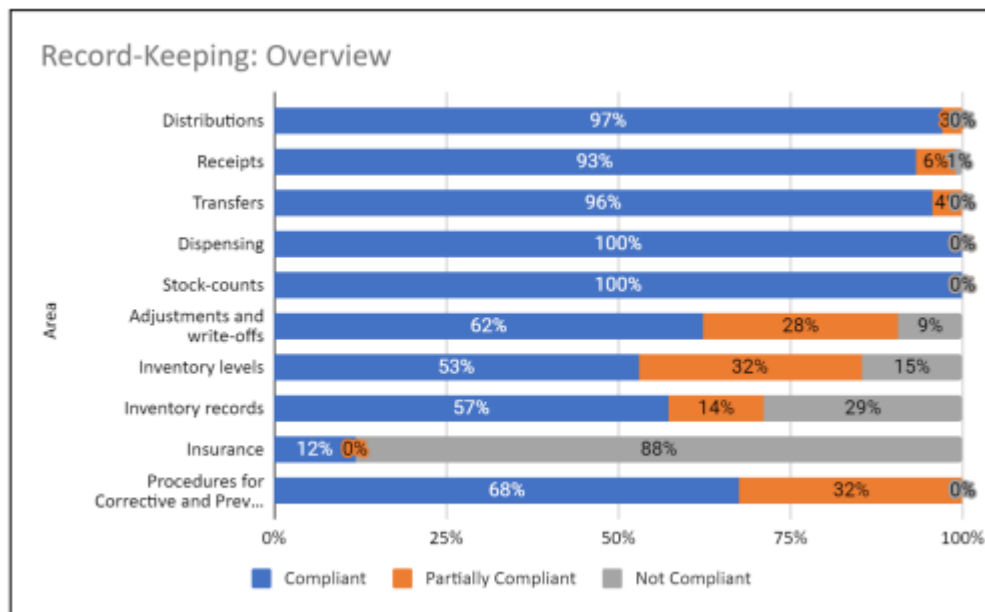
Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)	
available family planning commodities at the District Pharmacy Bulk Store. The observed stock levels were then compared with the provincial and central level stock levels from January to May 2024. Further, reports for resupply submitted to ZAMMSA through eLMIS were analysed to check for reporting rates and accuracy. To appreciate the potential outlook of stock levels in the coming months, the pipeline for all family planning commodities was also analysed. The mission objectives were to: <ol style="list-style-type: none"> Establish the stock position of all family planning commodities Determine factors that likely affected stock levels between January and March 2024 Suggest ways of improving the stock position at Lusaka DHO and indeed countrywide 	
Key bottlenecks are gaps in quality of care, including a weak referral system, shortage of midwives and limited skills among healthcare workers in emergency obstetric and newborn care, stock-outs of life-saving maternal health drugs and commodities , and inadequate supplies and equipment. These gaps are exacerbated during emergencies, reinforcing the need to ensure sustained availability of the Minimum Initial Services Package (MISP) for reproductive health in crisis situations to reduce the vulnerabilities of women, adolescents and young people.	UNFPA (2022). Country programme document for Zambia 2023–2027
In 2022, key UNFPA supported results towards zero unmet need for family planning included: <ul style="list-style-type: none"> 85% Of service delivery points reported no stock-out of three or more contraceptives. This was an increase from 65% in 2021. Through ongoing support supervision visits by UNFPA, 85% of service delivery points reported no stock-out of three or more contraceptives as part of their regular services. This was an increase from 65% in 2021. 	UNFPA (2022). Zambia Annual Report 2022: Delivering on the transformative results.
The spot-check assessments conducted in Western and Luapula Provinces in 2022 found: <u>Inventory management:</u> 65% (20 out of the 31) facilities assessed were stocked out of 1 or more of the products sampled (DMPA IM, DMPA SC, and Implanon). Route causes identified: a) A quick enquiry indicated that DMPA IM was generally not available in the province and at national level during the same period. b) The stock outs observed in some facilities were purely due to ineffective communication between facilities and poor inventory management skills. Facilities were encouraged to continue monitoring stock levels for commodities and take appropriate action were needed; Provincial and District supervisors to continue offering technical support around inventory monitoring and management; Enhance communication among facilities to facilitate stock movement in response to overstock, stock-outs and inadequate stock levels <u>Inventory controls:</u> <ul style="list-style-type: none"> 55% (17 out of 31) of the facilities were not tracking commodities by batch numbers. Some warehouse personnel did not realize that tracking commodities by Batch numbers was very important. 96% (28 out of 31) of the facilities were not segregating UNFPA procured goods from similar goods procured by other donors. DCWs and SDPs never have information on which products are procured by which donor. Further, the limited storage space makes it difficult for commodities to be segregated according to funders. 	UNFPA (2022). Mission report combined spotchecks Western and Luapula Provinces.

Assumption 3.3 The Partnership has contributed to improved supply chains and data visibility and has promoted harmonization and integration of supply systems in countries, to ensure a ready supply of SRH commodities reach end users. (Links to theory of change causal assumption 7)	
<ul style="list-style-type: none"> ● 16% (5 out of 31) of the facilities had inadequate cold storage facilities. Due to inadequate funding, some facilities could not procure cold storage facilities. Personnel in charge of managing commodities were implored to be indicating batch numbers on stock control cards. In emphasizing this point, personnel were informed on the critical role batch numbers play in implementing pharmacovigilance activities. The district and provincial personnel to continue offering technical support on the value of documenting batch numbers. ZAMMSA (CW) to make a deliberate policy of indicating on dispatch notes the various funders for the commodities delivered to facilities. In addition, with support from other Cooperating Partners, there is need to expand these facilities or to construct new facilities where possible, to cater for the growing population. With information on the funders of commodities and adequate storage space, facilities will be finding it easy to segregate UNFPA procured goods. In the interim, personnel were encouraged to be inspecting goods and accompanying documents timely. As a long term plan, there is need for more pharmacy personnel to manage commodities. Facilities continue lobbying for adequate funds for the procurement of refrigerators. 	
<p>The spot-check assessments conducted in Western and Luapula Provinces in 2022 found:</p> <p>No Fraud reported in any of the facilities visited during the period reviewed. Facilities restricted the entry to the pharmacy stores and management of inventory to specified personnel. Further, all facilities conduct stock counts at least once a month. However, there was a report of theft of ICT equipment which is stored in the same room as medicines and medical supplies at one facility. Therefore, even though no medicines and medical supplies were reported as having been stolen, there is a strong indication of potential fraud at the facility. The District and Provincial Supervisors were encouraged to continue offering Technical Support in the area of Record Keeping.</p>	UNFPA (2022). Mission report combined spotchecks Western and Luapula Provinces.
<p>As part of preparation for the spot-check assessment exercise, the UNFPA Country Office team conducted a sensitization session to ZAMMSA and MOH personnel selected for spot-checks before the official commencement of mission. The presentation covered the detailed highlights on the definition, relevance, objectives, scope, major focus areas of the assessment and the possible expectations out of the mission on which all the members were actively participated gained a common understanding.</p> <p>Furthermore, the team assigned to cover spot-checks in Western and Luapula Province had a chance to hold an official entry-level meeting with the Provincial Health Office teams. The entry meetings mainly focused and addressed the overall objectives and the overall expectations including the required support to be extended to the team at all levels up to the last miles to be assessed/covered by the spot-check exercises. Hence, all DHO's, PHO's and health facilities personnel were fully cooperative to support the team by providing all the required documentations and clarifications as sufficiently as required.</p>	UNFPA (2022). Mission report combined spotchecks Western and Luapula Provinces.
<p>The fact finding mission on stock position at the Lusaka Health District found that Lusaka DHO has been consistent in submitting their reports to ZAMMSA. Between December 2023 and 31st May 2024, they submitted 19 reports of which only</p>	UNFPA (2024). Fact Finding Mission on Stock Position at

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)	
nine were processed/converted into orders by ZAMMSA. In some months they sent more than one report indicating that others were submitted as emergency orders.	Lusaka District Health Office.
Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
Indicators 3.4.1. Global and Partnership data on “last mile” delivery showing percentage of countries that report having, with Partnership support, improved “last mile” delivery through better local distribution and on-time deliveries, avoidance of stock-outs at facility level, and other means. 3.4.2 Developed strategies, adapted to different contexts, to improve “last mile” delivery and assurance using high-quality data and product tracking. 3.4.3 Extent to which SCM and delivery to service delivery points has improved, or continued, across humanitarian/conflict/crisis Partnership countries. 3.4.4 Extent to which available procurement and delivery data indicate products are reaching the “last mile” – the intended end users in Partnership countries – in a timely way. 3.4.5 Views/experiences of UNFPA staff partners and other relevant stakeholders about the LMA approach.	
OBSERVATIONS	SOURCES OF EVIDENCE
As part of the UN Zambia joint response to COVID-19, UNFPA supports ongoing efforts to facilitate the continuity of sexual and reproductive health services, as well as protection services for women and young people in Zambia. Among other priority interventions, UNFPA supports the Government and partners to invest in the last mile distribution of essential reproductive health supplies and midwife’s deployment to ensure that family planning and maternal health services are available amid the pandemic.	UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.
The spot-check assessments conducted in Western and Luapula Provinces in 2022 found: <u>Traceability of UNFPA deliveries:</u> The goods delivered by UNFPA to the Central Warehouse (ZAMMSA) were generally found to have been received in the expected quantities and in good condition, properly recorded in the its inventory control systems. ZAMMSA has an automated system of recording transactions from the point of receipt to dispatch and this makes it easy to maintain accurate records. The value of the five verified contraceptives and the Maternal Health commodity (Oxytocin) delivered to ZAMMSA in 2021 was \$3,972,908.00. ZAMMSA was commended for the good work and implored to continue maintaining good records. <u>Traceability of IP distributions:</u> 90% of the transactions were verified as received. The transactions were supported by delivery notes, Goods received notes and entries on the stock control cards. Facilities prioritised the timely recording of transactions and the keeping of records in safe and easily accessible areas. However, 10% of all the transactions were not recorded the Goods Received Notes nor in any of the inventory records. Officers involved in the management of commodities were not recording transactions in real time and as such certain transactions were not documented. Technical Assistance was offered on	UNFPA (2022). Mission report combined spotchecks Western and Luapula Provinces.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
the day on the visit on the importance of recording all transactions as stipulated in the Standard Operating Procedure manuals and keeping inventory documents accessible and updated.	
<p>The in-country assessment (ICA) conducted by UNFPA in 2023 in Zambia involved visits to Zambia Medicines and Medical Supplies Agency (ZAMMSA) - implementing partner Central Warehouse (CW), Decentralized Warehouses (DCW – ZAMMSA Regional Hub in Chipata and 3 District Health Offices - DHOs) and 12 Service Delivery Points (SDP, i.e. health centers and health posts). The main aims of the ICA are to: 1) Perform traceability exercises for UNFPA and IP r distributions; 2) Measure country stock on hand at CW, DCW and SDPs; 3) Assess if quality of products is safeguarded at facilities; 4) Measure product expiration, waste, and loss; 5) Evaluate facility record-keeping and storage practices; 6) Build capacity of facility staff; 7) Verify information collected in previous LMA process activities; 8) Gather data for issuance of evidence-based recommendations for supply chain strengthening; 9) Monitor and evaluate progress of remedial actions issued in previous in-country assessments; 10) Ensure UNFPA and IP accountability; 11) Improve UNFPA and IP ability to discharge fiduciary obligations to donors. The ICA included 4 main activities:</p> <ol style="list-style-type: none"> 1. Traceability Exercise: The objective is to verify that supplies distributed by UNFPA and/or the IP were received and adequately recorded. 2. Stock Review: The aim is to assess the accuracy of facility inventory records and identify risks of stockouts and overstock of UNFPA Programme Supplies. 3. Verification of Facilities: The purpose is to understand the record-keeping practices used to manage UNFPA Programme Supplies and the conditions of facilities where they are stored. 4. Fraud Risk Assessment: The aim is to determine the existence of confirmed fraud instances and potential supply chain management irregularities that could affect UNFPA Programme Supplies. <p>The Ministry of Health’s agency for Procurement, Distribution and Storage, ZAMMSA, was selected as the implementing partner for the Zambia 2023 ICA.</p>	UNFPA (2023). In-Country Assessment Report 2023 Zambia.
“We conducted LMA with consultants. This year, we have focused on 10 provinces. In November/December we will go back to the provinces to see how the recommendations have been followed.”	KII with UNFPA Zambia Country Office. October 2024.

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



UNFPA (2023).
In-Country
Assessment Report
2023 Zambia.

Figure 3. Overview of record-keeping.

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

Priority Areas to Strengthen Record-Keeping Practices



Figure 4. Priority area to strengthen record-keeping practices.

UNFPA (2023).
In-Country
Assessment Report
2023 Zambia.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.																							
<p>Last Mile Assurance Scorecard</p> <table> <tr> <th>Findings</th><th>Loss Due to Expiration</th><th>Loss Due to Causes Other Than Expiration</th><th>Goods Expiring in 12 months</th><th>UNFPA Traceability Differences</th><th>IP Traceability Differences</th><th>Stock Count Differences</th><th>IP Record-Keeping Discrepancies</th></tr> <tr> <td>2023 In-Country Assessment</td><td>\$18</td><td>\$83</td><td>\$18,079</td><td>\$0</td><td>\$0</td><td>\$13,625</td><td>\$4,531</td></tr> </table>							Findings	Loss Due to Expiration	Loss Due to Causes Other Than Expiration	Goods Expiring in 12 months	UNFPA Traceability Differences	IP Traceability Differences	Stock Count Differences	IP Record-Keeping Discrepancies	2023 In-Country Assessment	\$18	\$83	\$18,079	\$0	\$0	\$13,625	\$4,531	UNFPA (2023). In-Country Assessment Report 2023 Zambia.
Findings	Loss Due to Expiration	Loss Due to Causes Other Than Expiration	Goods Expiring in 12 months	UNFPA Traceability Differences	IP Traceability Differences	Stock Count Differences	IP Record-Keeping Discrepancies																
2023 In-Country Assessment	\$18	\$83	\$18,079	\$0	\$0	\$13,625	\$4,531																
<p>“If we conduct an analysis across the spectrum, we can see the goodwill from Partnership has been fulfilled 100%. Now we need to identify new bottlenecks along value chain to ensure we address things holistically and have a comprehensive approach on reproductive commodities reaching the last mile.”</p>							KII with UNFPA Zambia Country Office. October 2024.																
<p>“For the ICA, we look at commodity traceability from what was ordered at international level, to what was allocated to UNFPA Zambia, to the central warehouse, right down to the service delivery point. We have good commodity traceability (100%). Having a system to look at commodities and how they are moving is helpful, we are able to look at bottlenecks. In all the ICAs we have conducted, we have identified inadequate storage space. USAID has supported the government to expand storage space. UNFPA was able to identify this as a clear bottleneck.”</p>							KII with UNFPA Zambia Country Office. October 2024.																
<p>Traceability: UNFPA Deliveries 1.1. Discrepancies between IP Inventory Records and UNFPA distributions: there were no discrepancies between IP Inventory Records and UNFPA distributions. Recommendation: requirements met. 1.2 Discrepancies between IP Inventory Records and IP RIR: there were no discrepancies between IP Inventory Records and IP RIR. Recommendation: requirements met. Traceability: IP Deliveries 2.1 Discrepancies between Recipient Facility Receipt Documents and Issuing Facility Inventory Records. Recommendation: requirements met. 2.2 Discrepancies between Recipient Facility Inventory Records and Recipient Facility Receipt Documents. Recommendation: Facility</p>							UNFPA (2023). In-Country Assessment Report 2023 Zambia.																

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
<p>in-charges to ensure all receipts to be immediately documented and recorded in GRN, and a copy attached to the Delivery Note. The stock cards to be immediately updated for all receipts and issuances; Facilities that do not have GRN to make requisition to the respective DHO; Facility staff to ensure proper filing of delivery notes, GRN and stock cards in a box file per year.</p> <p>2.3 Unavailability of Receipt Documents and/or Inventory Records. Recommendation: Facility in-charges to ensure timely recording of receipts and filling of GRN and stock cards in line with national standards.</p>	
<p>"I feel the Partnership has concentrated more on the funding to bring in the supplies and less concentration was made on the LMA and capacities for last mile distribution. As an agency, the more commodities we bring in, we know to transport and move them, and the replenishment of health facilities is costly. <i>[The Match Fund works so that]</i> If you put in this much in terms of commodities, we'll give you some additional commodities. But then what about the last mile indicators? What are we monitoring there? How are we ensuring that, even as there are funds to bring in commodities, the government in the country has the capacity to conduct last mile distribution? (storage, quality assurance, processing of orders, internal warehousing, packing and transporting the products to the last mile). In a situation where you are bringing in a lot of commodities and have a wonderful stock status according to the plan at central level, you may be limping at the last mile because there hasn't been that much attention or deliberate focus to build capacity in that area."</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>
<p>"For the goods to be moved from central level to the last mile it needs resources. For example, the Global Fund will bring commodities e.g. condoms, antiretroviral, mosquito nets. As they come in, we know that the commodities need to be stored and distributed. Within Zambia we have conducted studies to look at the costs of storage, processing and distribution. For the Partnership, before saying how much we are bringing in for this, the advocacy needs to be there to say that for each amount that you are bringing in, a certain percentage needs to be set aside to ensure last mile distribution is done and adequately resourced. It does not matter how much they are bringing in (also for the Global Fund), what is required is an agreement of a percentage e.g. 1% or 2% that goes directly to distribution costs. It does not make sense to bring in quite a lot of commodities and still have challenges to distribute them. For example, in the following Partnership, we would agree that this is our commitment and 2% of this is going towards distribution costs. Or whatever percentage because, right now, it is 0%."</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>
<p>Given volume of the products it receives on annual basis, Zambia was expected to undertake two spot-check assessments in 2022. Accordingly, the first round (of 2022) spot-check was conducted in selected districts in Central and Copperbelt Provinces in June 2022. The second assessment on which this report is based was conducted from 26th to 31st December 2022. The facilities visited included decentralized warehouses and service delivery points in Western and Luapula provinces, for a total of 31 facilities (25 service delivery points and 6 decentralized warehouses). Verifications were focused on on a sample of higher value products provided to the in-scope IP: Oxytocin (OXYTOCIN_10IU/ML); Jadelle/Levonorgestrel (LNG_IMPL_75MG); Depo-Provera 150 mg/ml (MPA_150MG); Sayana Press (MPA_SUBQ_104MG); Implanon (ETONOG_68MG).</p> <p>Assessment criteria of the spot check: For this particular spot-check exercise, traceability of UNFPA Deliveries, traceability of IP distribution, inventory management, inventory controls and fraud were the parameters used as per the program supplies management policy requirements.</p>	<p>UNFPA (2022). Mission report combined spotchecks Western and Luapula Provinces.</p>

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
<p>Following the spot-check assessments conducted in Western and Luapula Provinces in 2022, the team recommended:</p> <ul style="list-style-type: none"> a) There need to implement a regular joint supportive supervision to be employed (UNFPA, MOH, ZAMMSA and IPs) b) Conduct capacity building training on eLMIS for the personnel involved in supply chain c) Mapping responsibility and accountability areas of the units and personnel of the parties involved at all levels across the supply chain to last mile d) Improve storage conditions and ZAMMSA to consider procurement of Fridges, Air Conditions to facilities that may require them. e) Strengthen proper documentation and record keeping exercises. f) Mitigate artificial stock outs by placing orders in a timely manner 	
<p>In 2022 key UNFPA supported results towards zero unmet need for family planning included:</p> <ul style="list-style-type: none"> ● 90,000 additional users of modern contraceptives were reached, bringing the total number of women using a modern method of contraception in Zambia to 1,840,000 as at the end of 2022. ● 690,000 unintended pregnancies were averted, due to the use of modern methods of contraception. This achievement was 30,000 higher than the 2021 estimate of 660,000 ● 172,000 Unsafe abortions were averted due to the use of modern methods of contraception in Zambia 	UNFPA (2022). Zambia Annual Report 2022: Delivering on the transformative results.
<p>In 2023 key UNFPA supported results towards zero unmet need for family planning included:</p> <ul style="list-style-type: none"> ● 90,000 additional users of modern contraceptives were reached, bringing the total number of users to 1,840,000. ● 690,000 unintended pregnancies were averted, due to the use of modern methods of contraception. ● 172,000 unsafe abortions were averted due to the use of modern methods of contraception ● A total of 3,100,000 Couple-Years of Protection against unintended pregnancy were recorded through commodities procured by UNFPA. 	UNFPA (2023). Zambia Annual Report 2023: Turning the ICPD vision into reality.
<p>“As far back as 2014, USAID has been supporting ZAMMSA in terms of distribution. It came as a challenge to fulfil last mile obligations by ZAMMSA because of the challenges they've had with funding, so we had to step in to provide some support. We procured vehicles to help improve their distribution; if you use vehicles, you need to also plan for maintenance, fuel and driver allowances. That proved to be a challenge because ZAMMSA did not have enough funding allocated to the institution. Through our implementing partner, we outsourced the distribution to third party logistics providers, and we supported them from 2015 to about 2022. Currently we have a project which goes up to 2027 to support last mile distribution to really showcase to the ministry that ZAMMSA can function with the engagement of the private sector for last mile distribution. The ministry doesn't have to be buying trucks all the time, they can invest those resources using the private sector. All the studies have shown that it's a much cheaper model to outsource rather than to buy trucks, hire drivers, maintain those vehicles, which is quite costly in the long run.</p>	KII with USAID. November 2024.

Assumption 3.4. The Partnership commodities reach the “last mile” in Partnership countries, including in humanitarian, conflict, and fragile state settings.	
UNFPA has been supporting with some resources towards that. In our last meeting, we were trying to see how we can coordinate when it comes to distribution commodities and support ZAMMSA.”	
“We have our own internal issues regarding commodities distribution . For numerous reasons they might not reach the target population. This could be due to challenges associated with human resources, systems, maybe the commodities are not being put correctly.”	KII with National Supply Chain Coordination Unit. November 2024.
As part of the UN Zambia joint response to COVID-19, UNFPA supports ongoing efforts to facilitate the continuity of sexual and reproductive health services, as well as protection services for women and young people in Zambia. Among other priority interventions, UNFPA supports the Government and partners to invest in the last mile distribution of essential reproductive health supplies and midwife’s deployment to ensure that family planning and maternal health services are available amid the pandemic.	UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.
“The inadequacies in inventory management (which are “easy”) can be included in the HSS support . If it is building capacities at the level of facilities, we have resources to follow up and do mentorship and assist facilities in tackling these gaps. UNFPA Supplies can support in ensuring there is LMA in these commodities. Distribution is not an allowed activity in the HSS plan. When we allocate the Match Fund resources, is there a way to support this as well?”	KII with UNFPA Zambia Country Office. October 2024.
“ Instead of all of us buying the commodities, one of the partners can decide to support health system strengthening activities. I really would like to look at flexibility . I think there are certain instances where we are all buying the same commodities: UNFPA is buying implants, USAID is buying implants. But is there a way that UNFPA can be flexible enough to support e.g. storage space? If we have funding to procure the commodities, and UNFPA is able to channel funding towards this need (prefabricated storage units, or expansion of storage), then maybe USA focuses more on buying the commodities, because we don't have flexibilities in that space. These are the types of discussions we can be having to see what the flexibilities are, to understand how best we can be supporting the overall supply chain in country. The supply chain is not just commodities: it is also the tools that are allowing the commodities to be made available in facilities. So, if the tools are weak, then the supply chain is weak, despite us buying the commodities, which will end up not being appropriately utilized. We need to fully understand what flexibility UNFPA has. That’s a discussion that will help to then see how we can work around the terms of supporting the ministry. We have invested quite a lot outside commodities (prefabricated units, vehicles, equipment, racking of warehouses), but there are always restrictions here and there. We need to discuss more to see if, at all UNFPA, is able to support such activities outside the commodities. ”	KII with USAID. November 2024.
EVALUATION QUESTION 4: To what extent is the Partnership contributing to strengthening and enabling environment where governments take up the responsibility of providing choice to quality reproductive health commodities to those who want or need it?	

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

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

Indicators

- 4.1.1.** Percent of targeted countries where governments have increased domestic financial resources to reproductive health commodities.
- 4.1.2** Percent of Partnership countries where there is evidence of diversified funds for reproductive health commodities.
- 4.1.3** Trends in allocation of reproductive health/family planning budgetary lines in targeted countries.
- 4.1.4** Evolution of the external support of reproductive health/family planning received by targeted countries (including UNFPA and other sources).
- 4.1.5.** Processes in place to verify governments' effective purchase of committed commodities.
- 4.1.6** Perceptions of stakeholders, including national health authorities and other partners, expressing confidence in the contribution of the Partnership to the prioritization of reproductive health in Partnership countries.
- 4.1.7** Views of UNFPA staff and other Partnership stakeholders at national level on context-specific strategies to implement funding to financing measures for RHCS.

OBSERVATIONS	SOURCES OF EVIDENCE
In 2022, the government increased the budget allocation from ZMW 1.4 billion in 2021 to ZMW 3.4 billion. Further, the government has increased drug budgetary allocation in 2023 to ZMW 4 billion. The Reproductive Health budget line is also	Zambia Ministry of Health (2022). Zambia

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.	
expected to be increased by more than 50% from the current. These measures among others are expected to restore the in-country supply chain system and assure commodity security for essential medicines.	Annual Forecasting and Quantification Report for Reproductive Health Commodities (2023–2025).
The government has increased the drug budget by more than 40% (4.6 billion kwacha for procurement of medicines and medical supplies for 2023) to ensure availability of health commodities. It is one thing to budget, quantify and procure and another to ensure those commodities are secured and used for the intended purpose and reach the right clients. There is a need to curb pilferage and ensure safety of these commodities and thus efficient use of allocated resources.	Zambia Ministry of Health (2022). Zambia Annual Forecasting and Quantification Report for Reproductive Health Commodities (2023–2025).
The Government of the Republic Zambia is committed to providing a reliable and uninterrupted supply of reproductive health commodities for clients to make informed choices and access the commodities as and when they need them. The commitment is demonstrated in the increased budget for the procurement of essential medicines, reproductive health commodities, laboratory test kits and other related medical products. In 2023, the government increased the budget allocation for health commodities from ZMW 3.4 billion in 2022 to ZMW 4.6 billion in 2023.	Zambia Ministry of Health (2023). Zambia Annual Quantification Report for Family Planning Commodities (2024–2026).
“Historically, the government was not contributing enough towards family planning procurement in Zambia, so this Compact was supposed to make them prioritize reproductive health and commit a certain percentage of resources. [...] In terms of government expenditure, only in 2023 and 2024 the government committed with the resources required and, in terms of procurement, they did not have a gap of resources. The issue lies in the supply chain. Keeping appetite for government and Match Fund is helping government to leverage resources and reach the last mile. [...] In 2023, there were 2.7 million USD contributed by the government, in 2024 4.7 million. The other part was contributed by USAID and UNFPA. 60–70% of commodities in Zambia are procured through the Partnership. All commodities have been delivered this year.”	KII with UNFPA Zambia Country Office. October 2024.
“The start of the Partnership coincided with the increase of the amount the government was committing and remitting and the increasing of pooled resources to meet the needs for family planning and reproductive health commodities. [...] When we have more resources on board and there is more commitment, then you can look into bringing more methods. Through the Partnership, the government is committing more.”	KII with Zambia Medicines and Medical Supplies Agency. November 2024.

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<p>The COVID-19 pandemic disrupted service delivery, contributing to a decline in health service utilization, particularly antenatal care, health facility deliveries and uptake of family planning, with commodities remaining largely donor dependent as government expenditure accounts for approximately 11 per cent of the total financing requirements. The financing gap will be reduced through domestic financing modalities and other innovative financing mechanisms to facilitate the sustainability of family planning commodities and services.</p>	<p>UNFPA (2022). Country programme document for Zambia 2023-2027.</p>
<p>In 2021, key milestones by UNFPA and the Government of Zambia included improved policy environment for private sector participation and promotion of a Total Market Approach (TMA) to increase points of access for contraceptives.</p>	<p>UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.</p>
<p>Since 2013, the Government of the Republic of Zambia (GRZ) has been actively working to generate demand, open dialogue, and improve family planning access and quality in a coordinated effort guided by the National Costed Eight-Year Integrated Family Planning Scale-up Plan. The costed implementation plan (CIP) was a response to the 2012 London Summit on Family Planning. At this summit, the Government of the Republic of Zambia made several commitments to the following:</p> <ul style="list-style-type: none"> • Double budgetary allocation to family planning commodities with the aim of eliminating the unmet need for family planning and improve universal coverage through an expanded method-mix and increased access, particularly to the underserved population • Address policy barriers to allow task shifting to community health assistants (CHAs) and trained Community Based Distributors (CBDs) to increase access to the underserved communities. • Initiate new dialogue with religious and traditional leaders at local level to generate demand, dispel the myths and ‘open up the dialogue’ on family planning. 	<p>The Government of the Republic of Zambia (2021). Zambia Integrated Family Planning Costed Implementation Plan and Business Case (2021-2026).</p>
<p>Zambia has developed an Integrated Family Planning Costed Implementation Plan (2021- 2026) with a focus of repositioning family planning as not only a health issue, but a factor in national development.</p>	
<p>Since 2022, the Government of the Republic of Zambia (GRZ) has been actively working to generate demand, open dialogue, and improve family planning access and quality in a coordinated effort as guided by the National Costed Eight-Year Integrated Family Planning Scale-up Plan. Zambia developed and implemented the 2021- 2026 costed implementation plan (CIP) in response to the 2012 London Summit on Family Planning. The process of developing the CIP revealed that Zambia was headed in the right direction as far as ensuring commodity security, capacity and building of health workers to deliver quality integrated SRHR services including family planning.</p> <p>As Zambia strives to reach middle-income status by 2030, the Health Sector will play a major role in contributing to healthy families and individuals that will be able to contribute to the socio-economic development of the country. As such, strengthening integrated Family Planning and Sexual Reproductive Health (SRH) services will be cardinal in pushing forward the universal health</p>	<p>Zambia Ministry of Health (2023). Family Planning Annual Review Meeting Report 2023.</p>

Assumption 4.1 The Partnership , through UNFPA Country Offices and partners, effectively supports national authorities to significantly increase and diversify programmatic financial contributions, as well as to prioritize reproductive health as a core element of sustainable development by governments.													
<p>coverage agenda. With this in mind, the Ministry of Health (MOH), in collaboration with partners, developed the CIP as a strategy to provide national guidance for increased knowledge and access to family planning services. The CIP will be implemented in synergy with many other national policies and guidance documents such as the Agenda 2063, Vision 2030, 8th National Development Plan, National Health Policy 2011, National Health Strategic Plan (2022-2026), and the Zambia Adolescent Strategy that have emphasized the need for investment in family planning programs overtime.</p>													
<p>Funding Sources and Gap Analysis</p> <p>Following the assumption meeting held in June 2019, a dissemination meeting was held in August 2019 at which the assumptions were shared with donors and commitments made for the forecasted years. The key funding sources for reproductive health commodity procurement in Zambia are Government of Zambia (GRZ), United States Government, USG (GHSC - PSM funded by PEPFAR through USAID) and United Nations Population Fund (UNFPA). Total funding from respective partners represents the cost of shipments expected to be procured and received in a respective year. It does not represent total partner annual funding allocation in a respective year e.g., annual funding for a partner can be used in two different years depending on when shipment arrives in country.</p>	<p>Zambia Ministry of Health (2021). Zambia Annual Forecasting and Supply Planning Report for Reproductive Health/Contraceptive Commodities (2022 -2024).</p>												
<p>FP2030 commitment 1: The Government of the Republic of Zambia commits to spend USD 12,000,000 in 2023 of Family Planning programming in Zambia and subsequently increase by 30% annually as tabulated below:</p> <p>Table 6. Government of Zambia committed spending in 2023, 2024, 2025 and 2026.</p> <table border="1"> <thead> <tr> <th>Year</th><th>Total Amount (US\$)</th></tr> </thead> <tbody> <tr> <td>2023</td><td>12,000,000</td></tr> <tr> <td>2024</td><td>15,600,000</td></tr> <tr> <td>2025</td><td>20,280,000</td></tr> <tr> <td>2026</td><td>26,364,000</td></tr> <tr> <td>TOTAL</td><td>74,244,000</td></tr> </tbody> </table> <ul style="list-style-type: none"> • Objective statement: The Government of the Republic of Zambia will spend 30.7% of the total annual costs of the 2021 – 2026 Costed Implementation Plan (CIP). • Rationale: Zambia's Family Planning Programme is highly donor dependent. In order to sustain national ownership, the Country needs to increase domestic resource mobilisation for Family Planning commodities, service delivery and demand creation. To attain the demographic dividend, there is need to prioritise strategic investments in human capital (health and education) as well as implement sound economic and governance policies. 	Year	Total Amount (US\$)	2023	12,000,000	2024	15,600,000	2025	20,280,000	2026	26,364,000	TOTAL	74,244,000	<p>The Government of the Republic of Zambia (n.d.). Zambia FP2030 Commitments.</p>
Year	Total Amount (US\$)												
2023	12,000,000												
2024	15,600,000												
2025	20,280,000												
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TOTAL	74,244,000												

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<ul style="list-style-type: none"> • <u>Policy Related Strategies</u> <ul style="list-style-type: none"> o National Health Insurance Scheme (NHIS) – The Government will leverage resources from the NHIS to support the financing for procurement of Family Planning commodities as enshrined in the Zambia Medicines and Medical Supplies Agency Act, 2019 (Part II, Section 18); o Medicines and Medical Supplies Fund – Zambia enacted the Zambia Medicines and Medical Supplies Agency Act, 2019 which has a provision for the Medical Supplies Fund. The fund is established to raise funds for procurement and distribution of medicines and medical supplies and a proportion of this will support the procurement of Contraceptives. • <u>Program Related Strategies</u> <ul style="list-style-type: none"> o Budget Tracking – The government will strengthen the existing institutions which support budget tracking, disbursement and expenditure including the parliament while the Civil Society Organizations will strengthen their role of providing advocacy and monitoring of budget release o Total Market Approach (TMA) – The Government will support a TMA approach to allow the private players to take up their segment in the market and ensure that those who are willing to pay for services and can afford to pay are not subsidized by the Government 	

Table 7. Family planning financing commitment and funding gap (in USD).	The Government of the Republic of Zambia (2021). Zambia Integrated Family Planning Costed Implementation Plan and Business Case (2021-2026).
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Table 6.1 Family Planning Financing Commitment and Funding Gap (US\$)

S. No	MOH/Cooperating Partner/Donor	Amount Committed (US\$)						Total Commitments
		2021	2022	2023	2024	2025	2026	
1	MoH	59,471.00	63,323.00	65,280.00				188,074.00
2	NHIS							
3	FCDO (DFID)	3,500,000						3,500,000
4	USAID							
5	SIDA							
6	CHAI	300,000.00						300,000.00
7	WB/GFF							
8	Global Fund		200,278.00	267,987.00				468,265.00
9	MSL (DRF)							
10	UNFPA	9,000,000.00	6,500,000.00	6,000,000.00				21,500,000.00
11	WHO							
12	CHAZ							

	TOTAL COMMITMENT	12,859,471.00	6,763,601.00	6,333,267.00				
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The total commitment as per Table 6.1 was US\$ 12,859,471 for 2021, US\$ 6,763,601 for 2022 and US\$ 6,333,267 for 2023. More commitments are expected including for periods where no commitments were made.

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.

Table 8. 2022-2024 consolidated funding gap for reproductive health commodities.

Table 26: 2022 – 2024 Consolidated Funding Gap Analysis for RH Commodities

	2022	2023	2024
Commodity required for client need only	\$12,083,401	\$13,415,662	\$14,738,934
Buffer stock to end the year with the desired stock levels	\$6,041,701	\$6,707,831	\$7,369,467
Total Requirement (Need + Buffer)	\$18,125,102	\$20,123,493	\$22,108,401
Projected SOH at the beginning of the year	\$7,006,934	\$6,403,878	\$7,371,145
Total Annual Need – (Plus Cost Recovery and Less SOH)	\$11,225,734	\$13,719,615	\$14,737,257
USAID POP 2022	\$1,243,541*		
UNFPA 2022	\$2,513,353		
MOH 2022	\$2,002,918		
Total Funding	\$5,828,410	\$0	\$0
Annual Funding Gap	\$5,465,922	\$13,719,615	\$14,737,257

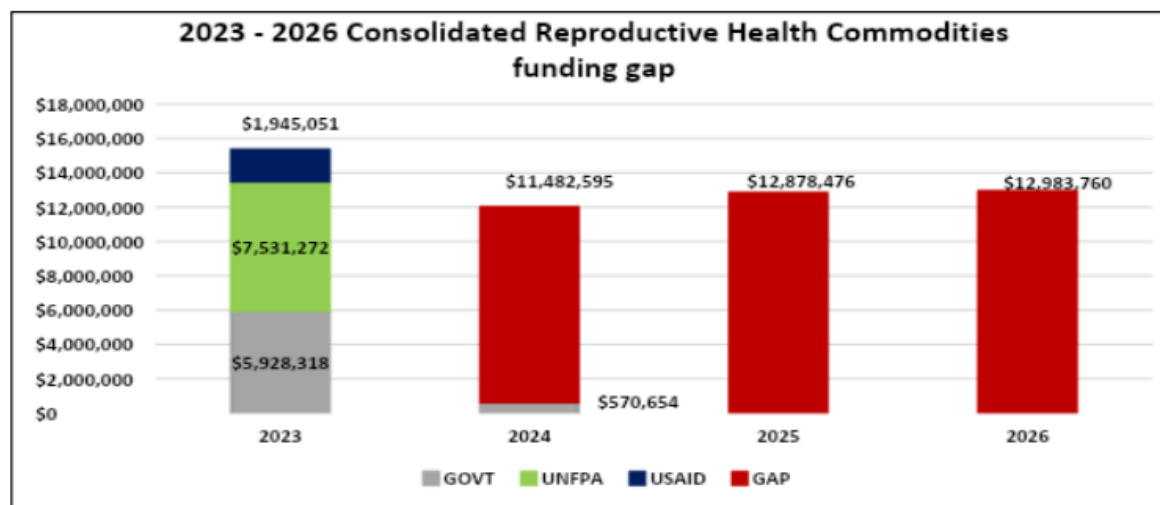
**Total USAID commitment is \$1,243,541 inclusive of the cost recovery of \$107,566*

Zambia Ministry of Health (2021). Zambia Annual Forecasting and Supply Planning Report for Reproductive Health/Contraceptive Commodities (2022–2024).

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

4.2.3 Funding Sources and Gap Analysis

Figure 1: National FP Funding Estimates for 2023 – 2026



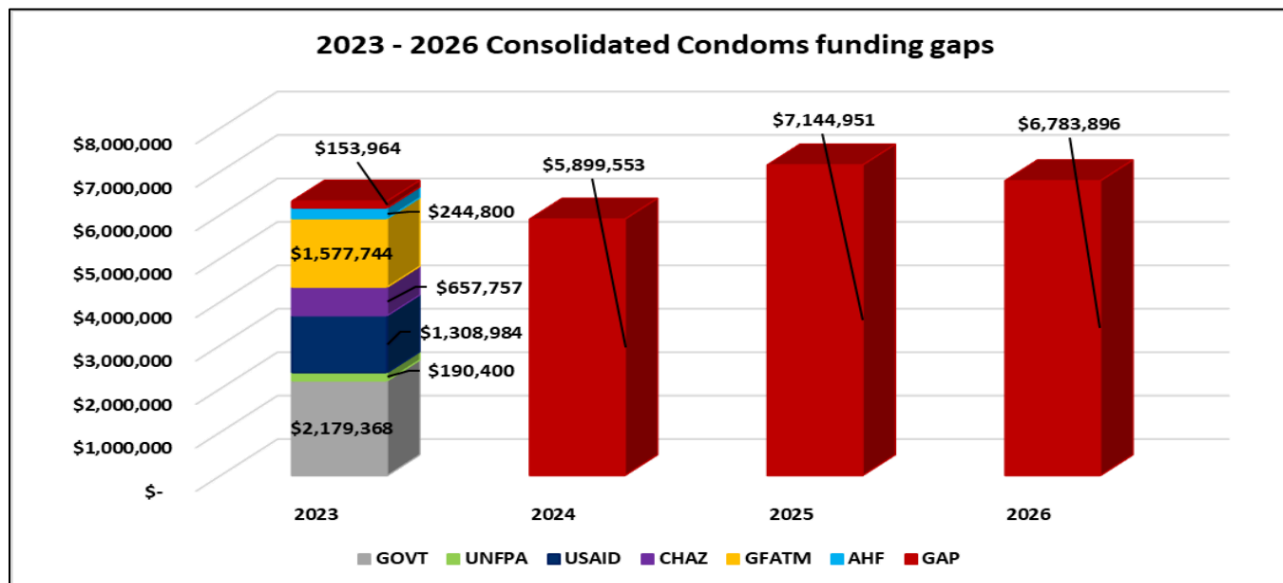
At the time this report was being shared there was no GAP for reproductive health commodities with planned commitments from Government (\$6,500,000), UNFPA (\$1,165,853), USAID (\$2,000,000) and a UNFPA carry over shipment of \$6,366,419 leaving surplus of \$571,037 in planned shipments moved to 2024.

Figure 6. National funding estimates for 2023–2026.

Zambia Ministry of Health (2023). Zambia Annual Quantification Report for Family Planning Commodities (2024–2026).

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.

Figure 2: National Condoms Funding Estimates for 2023 – 2026



At the time this report was being shared there was no GAP for the consolidated condom needs with planned commitments from GRZ (\$1,000,008), AHF (\$244,800), CHAZ (\$657,757), Global Fund (\$1,577,744), UNFPA (\$1,000,000) and USAID (\$1,323,029) leaving a funding gap \$153,964

Figure 7. National condoms funding estimates for 2023-2026.

Zambia Ministry of Health (2023). Zambia Annual Quantification Report for Family Planning Commodities (2024-2026).

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

Indicators

4.2.1 Advocacy strategies (private and public) and workplans included in programme planning documents and advocacy tools.

4.2.2 Country reports contain substantial references to national-level government advocacy.

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>4.2.3 Global monitoring data on advocacy initiatives, showing coherence between global and national strategies in reproductive health/family planning and UNFPA Supplies advocacy and communication messages.</p> <p>4.2.4 National reproductive health/family planning strategies and plans (including in national health plans and reproductive health roadmaps) focus on expanded access, including access for marginalized women and girls, and whenever possible, evidence of influence of UNFPA (e.g. reference to data, studies, publications, etc.).</p> <p>4.2.5 Percent of Partnership countries where reproductive health commodities have been included for the first time, or increasingly prioritized, in PHC and UHC plans with a focus on expanded access and active measures to reach marginalized population groups.</p> <p>4.2.6 Stakeholders' views on how advocacy has contributed to strengthening health systems, including improved access for marginalized population groups.</p> <p>4.2.7 National, regional and global level UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for Reproductive health commodities.</p> <p>4.2.8 Documented and/or reported Partnership use of UNFPA-generated or UNFPA-consolidated, regularly updated, and well-disaggregated datasets for reproductive health commodities for advocacy purposes.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>“The main advocacy has been in terms of showing the results, presenting what is happening and also celebrating the improvements. Everyone wants to be part of that story. The government is incentivized not to go below what they have committed so far, they try to do better. UNFPA has been engaging the MoH. During our quantification meetings where we also look at the needs, we also have a reflection on the previous year and the commitments of government, UNFPA, USAID, Global Fund to make sure these data points are part of the routing meetings, so when they are planning for the next allocations they have an idea in terms of maintaining or increasing the commitment (less than this would be reducing the quantities).”</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>
<p>“From the government perspective, this is when we are seeing some improvements coming, but we hope that the government (the Ministry of Health) will maintain their momentum to bring in more shipments or increase their allocation towards family planning commodities. There's been advocacy from UNFPA to push this agenda, so the government of Zambia increases its allocation of reproductive health commodities. The government of Zambia has been responding positively towards that [UNFPA's advocacy]. They know that they've had this support for a very long time, and most of the donors will gradually be reducing their support. The government of Zambia has to take that up. There's that commitment. I think we've seen it, especially with some of the increments we noted this year, a sign that they are taking that seriously and that we should start seeing them taking up a major role in the procurement of these commodities. This is a big plus from the donor community, where they are pushing this agenda and allowing the government of Zambia to own up the procurement of these commodities. The time has to come when the government has to be in the forefront. It cannot always be a situation or where the donors bring in the commodities, the time has come for the government to start showing that high level of commitment, that they should be the main players in family planning, or any other areas where donors have been playing a critical role. Advocacy is having an impact. At the</p>	<p>KII with USAID. 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].	
last meeting we had with UNFPA, they talked about Match Fund and agreement that they currently have with the Zambian government, and it's bearing fruit from the funding allocations that are coming from the government."	
<p>"In terms of advocacy, we have been engaging technocrats and had discussion at technical level first. Then, we had discussions with political leaders with UNFPA leadership, showing the value of investing in family planning programmes. For example, reproductive health commodities were not itemized in the allocation/procurement under essential medicines. Because of our discussion, they then introduced a line for reproductive health commodities, separate from essential medicines."</p>	<p>KII with UNFPA Zambia Country Office. October 2024.</p>
<p>At policy level, UNFPA supported the Ministry of Health in the development and dissemination of the investment case for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N), developed in response to the need for accelerated actions to meet the targets of the National Health Strategic Plan (2022-2024).</p>	<p>UNFPA (2022). Zambia Annual Report 2022: Delivering on the transformative results.</p>
<p>Some of the successes recorded in the past year were: the RMNCAH investment case was developed.</p>	<p>Zambia Ministry of Health (2022). Zambia Annual Forecasting and Quantification Report for Reproductive Health Commodities (2023 -2025).</p>
<p>Implemented over a period of 5 years from 2017 to 2022, the "Health System's Strengthening Programme for Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) and Social Accountability" has made notable progress towards achieving universal health coverage in Western and Central Provinces of Zambia. A joint initiative of the Government of Zambia and the United Nations in Zambia, with funding from the UK FCDO, the Programme focused on two area aligned to key national priorities namely: 1. family planning and adolescent sexual and reproductive health, implemented by UNFPA, 2. mother and child nutrition interventions, implemented by UNICEF. The Programme evaluation highlighted increased utilisation of sexual and reproductive health services among women and adolescent girls through high quality, public sector delivery channels, as well as improved capacity among health workers to deliver quality and integrated family planning and comprehensive abortion care services. During the implementation phase, the Programme facilitated the procurement of reproductive health commodities estimated at over USD 5,286,373.27, thus contributing to over 60% of public sector commodity needs, and more than 1,990,354 Couple Years of Protection.</p>	<p>UNFPA (2022). Zambia Annual Report 2022: Delivering on the transformative results.</p>
<p>The Zambia Integrated Family Planning Costed Implementation Plan and Business Case 2021- 2026 is the result of extensive consultations with stakeholders working at all levels, including key sector ministries, cooperating partners, implementing partners, professional associations, and for-profit organizations working in aligned areas. The development of this document has been produced with funding and technical support from the UNFPA Zambia.</p>	<p>The Government of the Republic of Zambia (2021). Zambia Integrated Family</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>The Plan and Business Case details the country's plans to achieve its family planning vision and goals to improve the health and well-being of its population and the nation through providing high-quality, right-based family planning information and services. The plan provides critical direction to Zambia's family planning programme, ensuring that all components are adequately addressed and budgeted for. More specifically, the family planning-CIP and Business Case will be used from 2021 to 2026 to:</p> <ol style="list-style-type: none"> 1. Ensure a unified country strategy for family planning is followed 2. Define key strategies, activities, inputs and an implementation roadmap 3. Determine demographic, health, and economic impacts of the family planning programme 4. Define a national budget for family planning 5. Mobilize resources in order to secure cooperating partners, government and private sector commitments for the family planning programming. 6. Coordinate activities and monitor progress of activities implemented by multiple stakeholders 7. Provide a framework for inclusive and broad-based participation of stakeholders within and outside of the MoH 	<p>Planning Costed Implementation Plan and Business Case (2021-2026).</p>
<p>To further strengthen national capacity towards sustainable domestic financing for commodities, UNFPA supported the Government to develop the FP2030 family planning commitments, outlining Zambia's medium-term Family Planning aspirations and strategic interventions to achieve the set targets.</p>	<p>UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.</p>
<p>Zambia FP2030 commitments</p> <ol style="list-style-type: none"> 1. The Government of the Republic of Zambia commits to spend US\$ 12,000,000 in 2023 of Family Planning programming in Zambia and subsequently increase by 30% annually. 2. The Government will support the generation of new data, improving the quality of and better use of existing data for Family Planning Programming and decision making. 3. By the year 2030 Zambia will transform Social and Gender norms articulating the success statement by 2030 as "A woman or adolescent girl's decision to use modern contraception is supported and accepted". 4. The Government of the Republic of Zambia commits to provide an enabling environment for rights based, Family Planning / Sexual and Reproductive Health (family planning/SRH) service delivery for all adolescents and young people that will contribute to the reduction of teenage pregnancy from 29.2% to 25% by 2026. 	<p>The Government of the Republic of Zambia (n.d.). Zambia FP2030 Commitments.</p>
<p>Success</p> <ul style="list-style-type: none"> • Successfully launched the Family Planning Costed implementation Plan, family planning 2030 commitments, RMNCAH road map and the investment case. • Reviewed the 2017 family planning protocols and guidelines awaiting finalisation (Formatting) • Rolled out provision of LNGIUS • Reproductive Health Policy Reviewed – awaiting cabinet approval 	<p>Zambia Ministry of Health (2023). Family Planning Annual Review Meeting Report 2023.</p>

Assumption 4.2 The advocacy and data generation efforts of the Partnership contribute to influencing and generating pressure on power holders, which translates into political commitments, including national development plans and strategies aimed at strengthening health systems. [links to theory of change causal assumption 10].	
<ul style="list-style-type: none"> Adapted the WHO digital kit for provision of family planning services National quantification and forecasting meetings conducted regularly Trained health care providers from the private institutions in the provision of LARC Ongoing capacity building activities in supply chain management approaches 	
<p>“I have seen assessments on last mile assurance and distribution. But where I am coming in is the support on distribution. What are the resources constraints that are impending distribution on time and in which way does the Partnership work together to advocate to the government and others that we need resources in this area to ensure last mile distribution is happening on time according of the needs of health facilities?”</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>
<p>“Beyond the Partnership and the benefits we get from having the procurement of commodities through UNFPA, the only way that it is sustainable is if governments now move to having pooled inter-country procurement agreements. If different countries are going about procurement on their own, the only way of getting good value and benefiting from economies of scale is through a global player like UNFPA to buy for a lot of different countries. The only way for them to sustain that is to support countries to have pooled procurement agreements (e.g. East African Region) where countries are putting together their needs and saying for these commodities, this is what we are facing as a region and parcel out their actual need. Up to the time that countries do that, the procurement services they are providing will be very important. As countries increase their commitment to procure these commodities, to ensure that we are getting as much commodities for the money we are putting in, we would need UNFPA to start advocating so countries and medical stories in different countries start talking to each other, knowing our needs, going into pooled procurement.”</p>	<p>KII with Zambia Medicines and Medical Supplies Agency. November 2024.</p>
Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
Indicators	
4.3.1 Documents that evidence the utility of the existing financing structures and co-financing incentives applied to the different levels if support provided (full, modified, technical and transition).	
4.3.2 Perceptions of stakeholders about the adequacy of the financing and co-financing components (HSS, Match Fund, etc.) to increase political commitments and move countries along the pathway to sustainable transition.	
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	

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).	
OBSERVATIONS	SOURCES OF EVIDENCE
<p>2023 Budget allocation - Commodities</p> <p>UNFPA Supplies Match Fund</p> <ul style="list-style-type: none"> 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; <ol style="list-style-type: none"> Total domestic expenditure on reproductive health/FAMILY PLANNING commodities has either increased or remained constant since 2022; Products procured are either WHO Prequalified or have Stringent Regulatory Authority (SRA) approval. 	UNFPA (2023). UNFPA Supplies 2023 Zambia Budget Allocation Letter.
The Government of Zambia through ZAMMSA has remitted USD \$2.7million to UNFPA for the procurement of family planning commodities. With this remittance Zambia has qualified for a match fund amounting to USD\$1.5million to go towards procurement of family planning commodities. In addition, the government has initiated an additional procurement of USD \$4.2million to see the country through to June 2024.	Zambia Ministry of Health (2023). Family Planning Annual Review Meeting Report 2023.
<p>In 2023 key UNFPA supported results towards zero unmet need for family planning included:</p> <ul style="list-style-type: none"> USD 2.7 Million Government commitment to co-financing of modern contraceptives and essential maternal and newborn health medicines (an increase of 3,857%). This was beyond the expected USD 70 thousand (5% of the USD 1.4 million committed by UNFPA). 	UNFPA (2023). Zambia Annual Report 2023: Turning the ICPD vision into reality.
<p>“Countries should be given options on how the Match Fund is utilized. Countries can choose to procure commodities for as long as these as approved by WHO and then there is 3rd party procurement. These are bottlenecks from the perspective of the Partnership. When governments allocate a sum of money in their budget, it does not indicate that they have that money for the procurement. When the government has raised enough money to procure commodities indicated in their supply plan, the treasury might release more resources, but there are issues of custom clearance, in-land transport, distribution and storage. In the annex, alongside the Compact, the understanding is that aside from the commitment, there are in-kind contributions as part of Partnership. Part of this is custom clearance, warehousing, distribution of commodities. The government in Zambia is struggling to fund the central warehouses to distribute these commodities, thus women are still not benefiting from that. [...] Zambia for the next two years will be on Steering Committee of the Partnership. Here, they will perhaps discuss if there is a way, once a country qualifies for Match Fund, for the Match Fund to not be exclusive to procurement of more commodities. Zambia qualified for 2 million: is there a way to ensure small percentage can go to the bottlenecks? We need to look at ensuring we avoid commodities being held up in central warehouses.”</p>	KII with UNFPA Zambia Country Office. October 2024.

Assumption 4.3 The financing structure and co-financing schemes of the Partnership contribute towards incentivizing countries and securing political commitments (both financing and relevant PHC and UHC strategies and plans).	
<p>“The Partnership, beyond the general guidance given to all countries (we have a list of dos and don’ts across the board), should engage on a case-by-case basis. In Zambia, we were coming from 0 resources allocated to reproductive health/FAMILY PLANNING, then suddenly the government committed less than a million, coming with Match Fund 1:1 (which as capped at 1.5 million), which then shifted to 2:1. When there is such a high level commitment, that goes beyond their pledge (200-300% more), is there a possibility to engage on a one-to-one basis? In the event that there are other players that cover commodities, how can the Partnership engage countries on a one-to-one basis, so the Match Fund is not locked into commodities but is for LMA? Is the client benefiting from these commodities? Can we move into that? UNFPA Supplies is putting money into commodities, always looking back [at forecasting based on previous years]. Instead of creating a one fits all solution, we should discuss and agree what the funds should be spent on, so there is last mile distribution.”</p>	KII with UNFPA Zambia Country Office. October 2024.
<p>“We also participated in application for the Match Fund and, when it was granted, we participated with the MoH in prioritizing what commodities can come in from the Match Fund.”</p>	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
<p>“The Partnership incentivized the government to make bigger commitments, because there was the incentive of the Match Fund. Because of the Match Fund, we were able to buy more commodities and say there was an unprecedented government commitment.”</p>	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
<p>The Match Fund can used to cover gaps in the allocation of funds towards maternal health medicines. “We are looking at family planning and reproductive health commodities. Whereas in family planning there may commitments for everything, there may be gaps for key essential maternal medicines (oxytocin, tranexamic acid), which you can cover with the Match Fund. There is benefit in bringing in more lifesaving maternal health commodities with the Match Fund. We have maternal and reproductive health indicators that we wouldn’t want to fall; we need to maintain the funding that is required for getting the commodities.”</p>	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
<p>“From my perspective at ZAMMSA, there is a need to sensitize people around the Match Fund and what it means. When we are granted a certain Match Fund, our needs are always a lot, but there is a threshold for the Match Fund. We need to understand that the Match Fund will not be forever. It’s supposed to be for a certain period, to bring us to a level where we’re committing more and then it will not be there. Planning around that is very important, so that we do not take the fact that we have gotten this much support for granted. This need is there now, and we keep increasing it year on year and how are we planning around that when there is no Match Fund.”</p>	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
<p>“The Partnership has been a first good step: it has been able to increase the resources pool to bring in commodities through incentives. We should go in strong with the last mile to see what resources are needed, what percentage at minimum are UNFPA, government and others committing for the distribution of the commodities.”</p>	KII with Zambia Medicines and Medical Supplies Agency. 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
Compact of Commitments This concept will require the Government of the Republic of Zambia to contribute about 5% towards UNFPA procured supplies . The country also had an opportunity of receiving commodities from UNFPA equivalent to any amount that it would spend towards the procurement of commodities over and above the 5%. UNFPA with support from the Global Fund had embarked on the Condom Strategic Initiative Project whose overall aim was to increase condom utilization in the country using various strategies.	Zambia Ministry of Health (2022). Zambia Annual Forecasting and Quantification Report for Reproductive Health Commodities (2023–2025).
A key milestone for the year 2023 was the signing of the Compact of Commitment match funding modality between the Government of Zambia and UNFPA Supplies Partnership , aimed at increasing availability of modern contraceptives and essential maternal health medicines to the last mile.	UNFPA (2023). Zambia Annual Report 2023: Turning the ICPD vision into reality.
In Zambia, the Compact (MoU as per government requirement) was signed in January 2023 by the Minister of Finance, Minister of Health, Director General at Zambia Medicines and Medical Supplies Agency (ZAMMSA) and UNFPA. This followed stakeholder consultations that led to the crafting of the wording in the Compact and clearance by the Ministry of Justice. Since then, the government of Zambia has disbursed more than USD 6.5 million from the treasury for Third Party Procurement of reproductive health Commodities. 2.7 million USD was disbursed in August 2023 and in January 2024 3.8 million USD was released making the total of 6.5 million highlighted above. The Compact is a new innovative financing mechanism that will enable UNFPA to match domestically raised contributions for Family Planning and Reproductive Health (family planning/reproductive health) commodities. In 2023 the Match Fund was capped at \$1,500,000 and Zambia qualified for the full amount. In 2024 UNFPA will match domestically raised resources on a 1:2 ratio capped at \$2,000,000 . The first Third Party Procurement (TPP) procurements from the 2.7 million USD were placed in August 2023 following transfer of resources from government to the UN.	UNFPA (n.d.). The UNFPA Supplies Compact of Commitment: Sustainable financing for commodities in Zambia.

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).	
In Zambia the Compact (MoU as per government requirement) was signed in January 2023 by the Minister of Finance, Minister of Health, Director General at ZAMMSA and UNFPA. This followed stakeholder consultations that led to the crafting of the wording in the Compact and clearance by the Ministry of Justice.	UNFPA (n.d.). The UNFPA Supplies Compact of Commitment: Sustainable financing for commodities in Zambia.
“We did SMART advocacy regarding who comes to the table in these discussions. <i>[The Compact]</i> worked in favor of the government. When we engaged the government, we did not just look from being users (MOH) but also engaged MoF, which is the placeholder. With the level of engagement recognized by MoH, MoF felt obliged to provide their end of bargain, so the secretary of treasury convened the meeting and expected outcomes from there. MoH insisted that the legal department was a part of it. Going forward, we want to get buy-in from other donors in terms of expanding the Match Fund. The engagement [for the Compact] also involved cabinet ministers, looking at development perspectives. Over the next 2 years, advocacy is something that needs to be sustained. We need to get buy-in from legislators and MoH, and the placeholder. The MoH has other things to implement, the decision to invest in RHC is a developmental commitment, which requires sustained and continued advocacy. [...] There is an interagency committee for RMNCAH , which is a body of hands of agency chaired by MOH, to which agencies take technical issues, but it requires head of agencies to approve and sources funding for. When we were in the process of developing the Compact, they heard and deliberated about it. [...] For family planning/reproductive health we have TWGs chaired by MOH. For the advocacy for the Compact, the starting point was a presentation made in the TWGs which included government partners, UN agencies, US-funded NGOs, as well as civil society.”	KII with UNFPA Zambia Country Office. October 2024.
<p>The Compact The Memorandum of Understanding between the Government of Zambia (MoH, MoFNP and ZAMMSA) and UNFPA Supplies Partnership was signed in 2023 and refers to: 1 January 2023 to December 2027.</p> <p>Implementation Period: 1st January 2024 to 31st December 2024 Other resources: UNFPA will procure reproductive health/family planning commodities in-kind to match any extra contribution for eligible quality assured contraceptive commodities, made by the Government beyond the cofinancing requirements. This Match Fund is capped at USD 2.0 million for the year 2024.</p>	UNFPA, The Government of the Republic of Zambia, Zambia Medicines and Medical Supplies Agency (2024). Annex A: Annual schedule for the Government of Zambia and UNFPA Supplies Partnership.
“At the time I was at the MOH, the Compact agreement was signed. We went through the responsibilities of MOH, ZAMMSA and the agencies within the partnership. Afterwards, we looked at the finalization of the document and Zambia signed it.”	KII with Zambia Medicines and Medical Supplies Agency. 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).

“In 2019, **the government was not spending anything on commodities**. After the Compact agreement, the money has been spent; this is a success made by the Compact. [...] The discussions around the Compact started in 2022, and the Compact was signed in 2023. Before that in 2020, 2021, there was no government expenditure on family planning. **After the Compact was signed, there was a huge sum committed to RHC in 2023** (2.7 million USD). In 2024 there were more contributions (another contribution for 4.4 million dollars due to the pressure of the arrangement). All of this was made possible by the Compact. The main strength of the Compact is that additional funds were also made available for Zambia (such as the Match Fund). [...] The title page of the Compact says **“Memorandum of Understanding”** – the government wanted to align with the language they are familiar with.

KII with UNFPA Zambia Country Office. October 2024.

Table 9. UNFPA Supplies Partnership programmatic and financial commitment for 2022.

A. Programmatic and financial commitment

a)

Funding buckets	Budget approved for previous year(2021)		Current year (2022) budget, USD	Future years budget (2023) (indicative)	
		Amount (USD)			Amount (USD)
Routine commodities ⁶		2,914,325	3,632,155		1,422,120
New and lesser-used commodities ⁶		98,100	178,040		178,000
<u>TA envelope[1]</u>		141,003	120,000		250,000
Total		3,153,428	3,930,195		1,900,120

UNFPA, The Government of the Republic of Zambia, Zambia Medicines and Medical Supplies Agency (2023). Memorandum of Understanding.

Compact Article 6 - Roles and responsibilities of MoH:

The MOH agrees to:

- a) provide overall guidance, oversight, technical assistance and leadership, as appropriate, for the implementation of the MOU activities:

UNFPA, The Government of the Republic of Zambia, Zambia Medicines and

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).	
<ul style="list-style-type: none"> b) approve the selection of reproductive health/family planning commodities necessary to provide an input in the forecasting and quantification process undertaken by ZAMMSA; c) provide specifications for SRH commodities; d) provide capacity building utilization of reproductive health/family planning commodities; d) provide overall policy guidance on the utilization of reproductive health/family planning commodities; e) facilitate the registration of new reproductive health/family planning products with ZAMRA; f) include new reproductive health/family planning commodities in the essential medicines list; g) provide oversight responsibilities on Monitoring and evaluation of reproductive health/family planning commodities relating to this MOU; h) budget together with ZAMMSA for the 5-percentage requirement to access the Matching Fund in their Annual Budgets; and i) convene a review and planning meeting annually or as frequently as needed (the "Annual Review and Planning Meeting"), to provide an opportunity for relevant SRH stakeholders to discuss, inter alia, the following: <ul style="list-style-type: none"> - review the results of the Sustainability Readiness Assessment Tool (SRAT), a rapid assessment of procurement and supply systems; - 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 Transformative Action Envelope; and - discuss domestic resource mobilization and develop advocacy strategy, where relevant/needed. <p>Compact Article 7 - Roles and responsibilities of MoFNP: The MoFNP agrees to:</p> <ul style="list-style-type: none"> a) allocate funds to MOH to co-finance the cost of the Reproductive Health and Family Planning (reproductive health/family planning) commodities; and b) secure the co-financing for the activities of this Mou as a foreign currency or work with the IJNFPA to establish circumstance in which to use local currency for the co-financing. <p>Compact Article 8 - Roles and responsibilities of ZAMMSA The ZAMMSA agrees to:</p> <ul style="list-style-type: none"> a) lead the annual quantification of SRH commodities and the development/revision of the National Supply Plan and submit it together with other relevant documentation to UNFPA through MOH; b) work with MOH and UNFPA to develop Procurement Requests for SRH commodities; c) procuring quality assured reproductive health/family planning commodities as governed by relevant legislation and guidelines 	<p>Medical Supplies Agency (2023). Memorandum of Understanding.</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).	
<ul style="list-style-type: none"> d) work with MOH and UNFPA to complete requests or applications to the UNFPA Supplies Partnership Programme as needed/appropriate e) support the LMA requirements f) request and use the funds allocated to ZAMMSA for the intended purpose as per the MoU: and g) submit the annual quantification result of reproductive health/family planning commodities and the National Supply Plan together with other relevant documentation, including distribution to the UNFPA Partnership. 	
<p>The Compact</p> <p>A. Programmatic and financial commitment: Starting in 2023, the Government will make its designated in-kind contribution towards the cost of the UNFPA Supplies Partnership commodities. In addition, Government will ensure that provided in the form of in-kind supply of SRH/family planning commodities are procured with the government's own budget through the public procurement system from WHO prequalified suppliers.</p> <p>B. In-kind contributions from the Government of the Republic of Zambia; The Government through its statutory bodies will provide support in the following ways:</p> <ol style="list-style-type: none"> 1. Facilitation of issuance of Import Permits, import permit waiver, and Customs duty clearance 2. Product registration/special import permit in case UNFPA only has access to and subsequently procures products not registered in response to programmatic requirements 3. In-country storage, distribution, and management of UNFPA procured reproductive health/family planning commodities 4. Supporting ad hoc an routine stock count and distribution of UNFPA procured reproductive health/family planning commodities 5. Facilitation of any other processes that might be required to ensure that quality and efficacious reproductive health/family planning commodities reach the last mile in time 	<p>UNFPA, The Government of the Republic of Zambia, Zambia Medicines and Medical Supplies Agency (2024). Annex A: Annual schedule for the Government of Zambia and UNFPA Supplies Partnership.</p>

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

Table 10. UNFPA Supplies Partnership programmatic and financial commitment for 2023, as outlined in the Compact.

2.1.1 UNFPA Supplies Partnership:

A. Programmatic and financial commitment

a)

Funding buckets	Budget approved for previous year(2022)		Current year (2023) budget, USD	Future years budget (2024) (indicative)
		Amount (USD)		Amount (USD)
Routine commodities ⁶		3,632,155.00	5,571,031.18	1,582,535.00
New and lesser-used commodities ⁶		178,040.00	1,757,218.00	702,826.00
HSS envelope[1]		120,000.00	250,000.00	360,000.00
Total		3,930,195.00	7,578,249.18	2,645,361.00

b) Other resources²

UNFPA will procure RH/FP commodities in-kind to match any extra contribution for eligible quality assured contraceptive commodities, made by the Government beyond the co-financing requirements. This Match Fund is capped at USD2.0 million for the year 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).

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

Government Contribution	For Previous Years 2022		Current Year 2023	Future Years [2024] (indicative) ⁵	
	Year	Amount in USD		Year	Amount in USD
Government's allocation from the Treasury to RH/FP commodities procurement (routine commodities)	2022	0	2,723,930.56	2024	570,654

The Government through the Zambia Medicines and Medical Supplies Agency will procure, store and distribute SRH commodities through the co-financing commitment as well as those procured by UNFPA. These RH/FP commodities will be distributed to the last mile to be used by the clients at health facilities. This requires sufficient vehicles, adequate financial resources and a dedicated workforce to facilitate seamless implementation.

UNFPA, The Government of the Republic of Zambia, Zambia Medicines and Medical Supplies Agency (2024). Annex A: Annual schedule for the Government of Zambia and UNFPA Supplies Partnership.

PRIORITIES: ZAMBIA

SUSTAINABILITY COMPONENTS	CONSOLIDATED SCORE 2021	PREVIOUS YEAR SCORE
POLICY ENVIRONMENT	3.29	4.29
GOVERNANCE	4.60	4.60
FINANCE	4.00	2.60
COMMODITIES	4.20	4.60
SUPPLY CHAIN	4.00	4.00
SERVICES PROVISION CAPACITY	3.50	4.83
HUMANITARIAN	3.75	2.50
TOTAL SCORE	3.91	3.92

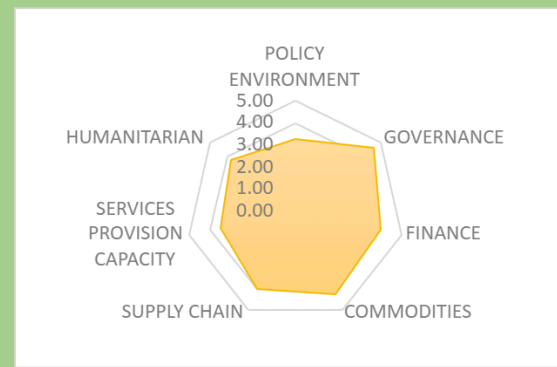


Figure 8. Sustainability Readiness Assessment Tool for Zambia 2023.

UNFPA Supplies Partnership (2023). Sustainability Readiness Assessment tool 2023 Zambia.

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).

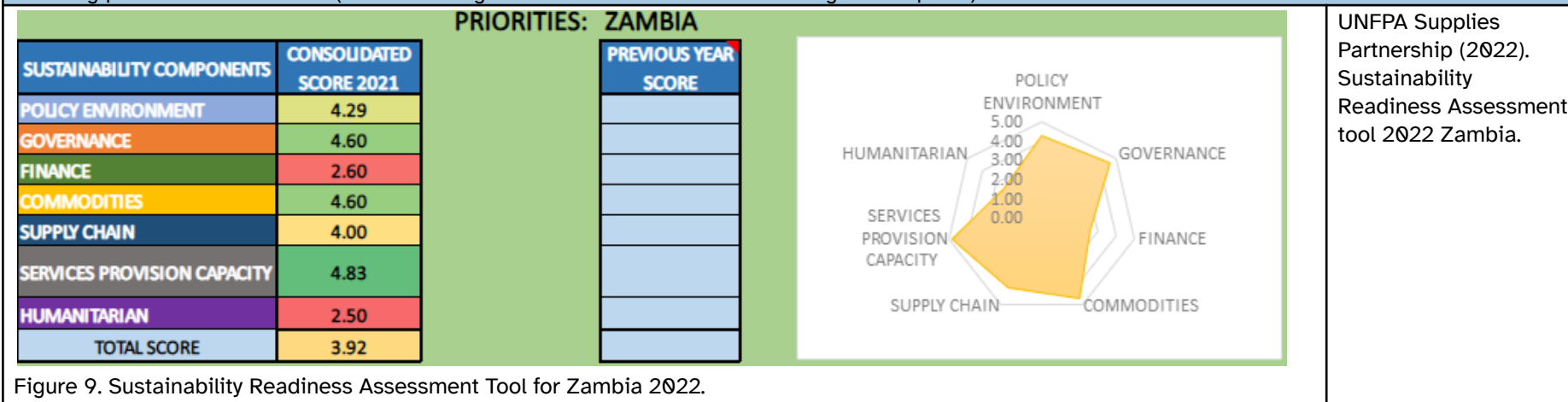


Figure 9. Sustainability Readiness Assessment Tool for Zambia 2022.

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 12. Priorities and milestones to be achieved identified in the Sustainability Readiness Assessment Tool for Zambia 2022.

AREAS	PRIORITIES	MILESTONE TO BE ACHIEVED
POLICY ENVIRONMENT	Address cultural barriers which hinder access to FP services	Cultural barriers hindering access to FP services by young people identified
		Strategies of working with traditional leaders on cultural barriers hindering access to FP services by young people established
GOVERNANCE	Strengthen FP integration into all routine clinical practices	
	Review the finalisation of Health Sector Supply Chain Strategy	National Medicines Policy approved and HSSC Strategy, launched and disseminated
	Engagement of Law makers in development of SRHR programming	Consultative meetings held with MPs on SRHR Programming
FINANCE	GRZ Commitment towards FP and Increased Budget allocation	GRZ to Spend 12,000,000 in 2023 and increase allocation by 30% for subsequent years 2024,2025,2026 respectively
	Strengthen existing institutions which support Budget tracking	Budget tracking tool developed.
	Enhance Total Market Approach	Private sector engaged in provision of RH services
COMMODITIES	Actualise weekly reporting in eLMIS	all Facilities with FE eLMIS able to report weekly
	Enhance Visibility of ZAMMSA issues to facilities	Rate of inaccurate issues of commodities from ZAMMSA reduced
	Assessment of facility performance affecting data quality	factors affecting data quality identified and appropriate interventions developed
SUPPLY CHAIN	Roll out of Facility Edition eLMIS to SDPs	Percentage of facilities using eLMIS increased from 43% to 70% by December 2024
	Conduct trainings in Logistics management especially in newly recruited staff	At least one training conducted in Northern Province in Logistics Management
SERVICES PROVISION CAPACITY	Have a systematic approach in training health professionals in RHCS through the review of the current curriculum	Introduction of RHCS in the curricula
	Include all RH commodities in the curricula	Introduction of all RHC in the curricula
	Develop a standardized number of service delivery points needed per certain population	One service delivery point per 10,000 population
HUMANITARIAN	Activate SRH subcluster	
	A need to conduct trainings at subnational level in IARH kit management and humanitarian logistics	Conduct quarterly trainings in provinces

UNFPA Supplies Partnership (2022). Sustainability Readiness Assessment tool 2022 Zambia.

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 13. Priorities and milestones to be achieved identified in the Sustainability Readiness Assessment Tool for Zambia 2021.

AREAS	PRIORITIES	MILESTONE TO BE ACHIEVED
FINANCE	Increase annual domestic budget for commodity procurement and FP interventions	USD17M disbursed for FP annually
	CSOs to advocate for increased budget allocation to FP using the CIP	Govt adopts the CIP as the official guiding document for FP annual budgeting.
HUMANITARIAN	Prioritization and implementation of FP/SRH interventions during humanitarian response	SRH Cluster developed and included in as part of the Disaster Management and Mitigation Unit humanitarian response
	Availability of commodities to support a full MISP response in times of humanitarian response	Continuous training programme in place for public and private sector in MISP
SUPPLY CHAIN	Develop integrated LMIS networked from the central level up to the SDPs	Roadmap for the revision of the LMIS approved
	Distribution system optimized with information systems to respond to critical inventory issues	Roadmap for the optimization of the distribution system approved
	Strengthen the use of LMIS and quality of data reported	Provide mentorship for trained supply chain managers
POLICY ENVIRONMENT	Advocate for the harmonization of the age consent for access to health services including FP for adolescents	Policy briefs developed.
	Review and update National Drug Policy and the Supply Chain Strategy	Policy and Strategy updated and approved
	Promote TMA by incentivizing private sector participation in RH service delivery	Roll-out of DMPA provision to pilot sites completed and evaluated
SERVICES PROVISION CAPACITY	Availability of skilled service providers at all levels of care to quality service provision	Mentorship of trained service providers to ensure quality is maintained
	Adopt quality standard of care at national level to ensure continuous improvement at all levels.	Standard of quality of care are adopted and integrated at all levels and feed back from final users collected.
COMMODITIES	Multi-year quantification completed led by Government	SOPs for quantification developed and applied
	Optimize last mile assurance processes and Technical Support to sub national levels	Improved inventory management at all levels
	Support last mile distribution at subnational levels	Timely distribution of SRH medicines and medical supplies
GOVERNANCE	Subnational level coordination for FP/RHCS strengthened to review goals and targets for the programme	Bi-annual coordination meetings held

UNFPA Supplies Partnership (2021). Sustainability Readiness Assessment tool 2021 Zambia..

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).

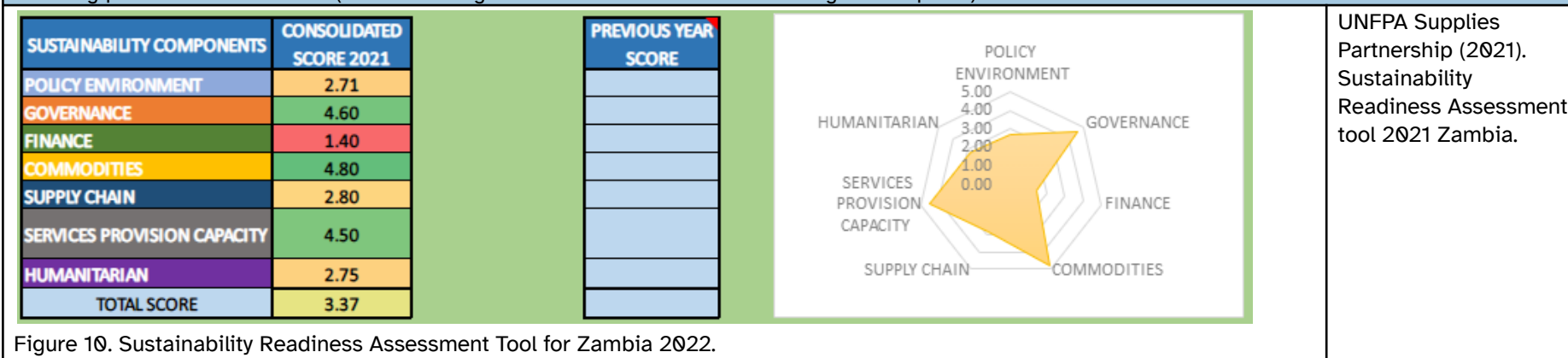


Figure 10. Sustainability Readiness Assessment Tool for Zambia 2022.

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</p>				

	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.
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Assumption 5.1 The improved Partnership governance and management have increased the engagement among main partners and promoted shared accountability for results and efficient decision-making.
(Links to theory of change causal assumption 3.)

Indicators

- 5.1.1** Views of stakeholders on the Partnership governance and whether it has improved or worsened.
- 5.1.2** Views of country representatives on the Partnership efficiency in Phase III.
- 5.1.3** Documented improvements in governance processes within Phase III.
- 5.1.4** Experience and views of Partnership secretariat staff and Steering Committee members on the efficiency of new Partnership governance structures, systems and processes.
- 5.1.5** Documented examples of risk analysis and system analysis applied to identify gaps, challenges and weaknesses in Partnership governance and management
- 5.1.6** Decisions of the UNFPA Supplies Steering Committee reflecting inputs from donor partners, Partnership managers and other key stakeholders (e.g. civil society organizations (CSOs), UNFPA staff and national health authorities).
- 5.1.7** Stakeholders' views on the added value of Steering committee and sub-committees.
- 5.1.8** Partnership countries who agree that overall governance structures and processes of Phase III add to the efficiency at the country level.
- 5.1.9.** Records of the Steering Committee and sub-committee meetings indicate efficient decision-making processes and the added value of each governance body.

OBSERVATIONS	SOURCES OF EVIDENCE
"Apart from the Compact (which brought the Match Fund), the Partnership is increasing the voice of countries in which UNFPA Supplies works. Zambia now sits on the Partnership Steering Committee, sort of representing Southern Africa. The Steering Committee has voices from exactly where the resources are implemented. This will enhance the voice of Zambia and Africa (as countries in the regions often face similar difficulties and demands). The decision-making process has a practical touch, with voices from the field that aid operation of UNFPA Supplies Partnership [...]."	KII with UNFPA Zambia Country Office. October 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.)

Indicators

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.)	
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
“USAID supports UNFPA Zambia Country Office on a few programmes: strength on logistics management and supply chain management, support management of tools, The e-LMIS is owned by USAID. [...] We are widening the stakeholders beyond government, US government and UN agencies to bring other CSOs, and all other players that support SRH to sit on TWG.	KII with UNFPA Zambia Country Office. October 2024.
“For family planning/reproductive health we have TWGs chaired by MoH. For the advocacy for the Compact, the starting point was a presentation made in the TWG which included government partners, UN agencies, US-funded NGOs, as well as civil society. There was buy-in. However, it has not been possible to get other partners who are funding family planning/reproductive health and to join the Match Fund. The government was matching on 2:1 ration, bringing in 3.8 million, and was expecting 7 million. This does not come just from UNFPA, we are trying to get other partners on board. There is interest from partners in the Compact but there is no interest in supporting the Match Fund. At the inception of the Compact, all the planners within the family planning space heard about Compact. We need commitment from government beyond disbursement and commodities procured. The commodities are in the central warehouse but we need them where the women are. We need CSO, organizations working in reproductive health to actually reach the women.”	KII with UNFPA Zambia Country Office. October 2024.
Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
Indicators 5.3.1 Views of, and percent of surveyed stakeholders/countries who agree the MAV funding streams are efficient and relevant to their contexts. 5.3.2 Documented explanations of the rationale for application of the MAV funding streams. 5.3.3 Percent/ratio of MAV funding stream applied across Partnership countries compared to size and need. 5.3.4 Perceptions of stakeholders on the adequacy of the MAV funding stream to ensure goal achievement in their contexts.	
OBSERVATIONS	SOURCES OF EVIDENCE
2023 Budget allocation – MAV <ul style="list-style-type: none"> Human resources: An amount of \$64,200 has been approved for the following positions: NOB. Additional transfers will be made if the actual costs for these approved positions exceed the transferred amount. HR funds must be used for 	UNFPA (2023). UNFPA Supplies 2023 Zambia

Assumption 5.3 The existing financial resources (MAV funding streams) are adequate to ensure the effective implementation of the Partnership.	
<p>positions directly linked to the thematic fund as noted in the UNFPA policy on Thematic Trust Fund guidelines, Para 17. Positions funded with these resources must contribute to programme implementation in one or a combination of the following functions: (i) Family Planning policy and advocacy, (ii) Health Financing for Family Planning, (iii) Contraceptive Method Mix and Choices, (iv) Supply Chain Management, (v) Knowledge Management and, (vi) Monitoring and Evaluation. The country office, in discussion with the Regional Office, can decide how best to use the funds within these functional areas based on their HR needs.</p> <ul style="list-style-type: none"> • Survey Costs: An amount of \$0 has been approved and transferred to your department to fund survey activities. Please note that countries undertaking the survey in 2023 will not be eligible to conduct the survey until after two years, subject to the availability of resources. 	Budget Allocation Letter.
<p>2022 Budget allocation - Managing Accountability and Visibility (MAV)</p> <p>Human resources: Support for staff positions will be communicated separately to UNFPA Country Offices on an annual basis.</p>	UNFPA (2022). UNFPA Supplies 2022 Zambia 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.]	
<p>Indicators</p> <p>5.4.1 Level of effort at global, regional and country levels, and skill sets (numbers and roles) available across different levels of the organization assigned to support the Partnership.</p> <p>5.4.2 Perception of staff regarding workload, required staffing levels, and necessary skill sets in relation to the demands of the Partnership.</p> <p>5.4.3 Perception of staff on turnover (and its consequences) among staff designated to support the Partnership.</p>	
OBSERVATIONS	SOURCES OF EVIDENCE
NO EVIDENCE	

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.]	
<p>Indicators</p> <p>5.5.1 Stakeholders' views on strategic objectives teams working as an integrated system and examples of synergies being maximized.</p> <p>5.5.2 Percent of countries who can show how strategic objectives interlink.</p> <p>5.5.3 Documents evidencing proactive efforts to avoid siloed work</p>	
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. Third, this question will assess how effectively the humanitarian-development nexus is considered and integrated into the design and implementation of the Partnership.</p>				

Assumption 6.1 The Partnerships activities are designed and implemented to complement existing UNFPA Country and Regional Programs , the UNFPA Family Planning Strategy (2022-2030), and to align with the UNFPA Strategic Plan (2022-2025). [Links to theory of change causal assumption 13.]
<p>Indicators</p> <p>6.1.1 Extent of alignment between the Partnership objectives and strategies and other relevant UNFPA strategies and programmes</p> <p>6.1.2 Extent to which non-Partnership UNFPA objectives, strategies and funded programmes address demand for contraception as a precondition for the Partnership effectiveness.</p> <p>6.1.3 Documented examples of coordinated activities and joint initiatives between the Partnership and other UNFPA programmes and initiatives.</p> <p>6.1.4 Perceptions of UNFPA staff and partners on the effectiveness of alignment efforts between the Partnership and other relevant UNFPA initiatives.</p>

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.]	
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
To accelerate reduction in unmet need for family planning, the Country Programme 2023-2027 will prioritize the following pathways: (a) mobilization of domestic resources for family planning , leveraging innovative financing mechanisms, (b) advocacy for the harmonization and implementation of policies to ensure an integrated approach to voluntary family planning; (c) strengthening resilient supply chains to improve commodity security ; (d) scaling up innovative demand generation for integrated and client-centred SRHR services, including voluntary family planning for young people; (e) capacity development of duty bearers for high-quality family planning service provision; and (f) generation of data and evidence to identify and address gaps in unmet need for family planning.	UNFPA (2022). Country programme document for Zambia 2023-2027.
Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
Indicators 6.2.1 Extent to which situation analysis and planning documents identify gaps in support of reproductive health commodities as an element in global public health. 6.2.2 Extent to which the Partnership strategic documents map out activities in relation to other GHI to identify complementarities and gaps, as well as areas of potential overlap or duplication. 6.2.3 Key informants experience and opinion regarding Partnership activities at country level demonstrating complementarities with other donors' programmes and activities. 6.2.4 Documented examples of the Partnership design incorporating or highlighting complementary activities building on, or contributing to other development partners' investments in reproductive health commodities and their distribution 6.2.5 Stakeholders perception of the Partnership role in the global health landscape and its contribution to filling gaps.	
OBSERVATIONS	SOURCES OF EVIDENCE
"One of the reasons for setting up the National Supply Chain Coordination Unit was to ensure that there is supply chain coordination within the country and ensuring that all supply chain activities carried out by partners are run through this unit to avoid duplication , where all supply chain players are doing the same thing in the same period of time. When we are reporting activities, we are not very specific i.e. providing support to the MoH but maybe covering only a few districts so that are	KII with National Supply Chain Coordination Unit. November 2024.

Assumption 6.2 The Partnership fills critical gaps and complements other relevant GHI such as Gavi and World Health Organization.	
districts with no support. There are partners who are doing similar work, also building the capacity of the staff, but maybe they are in different areas.”	
“We have technical working groups where we have all the partners on board. We also have an overall national supply chain technical working group, where UNFPA is presented. Through these technical working groups, we are coordinating everything. This is where we can get partners to complement each other.”	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
“Example of UNFPA’s support for quantification and forecasting of family planning commodities. Other partners all make contributions: UNFPA is paying for the venue, conference scene, whilst another partner is paying for travel allowance. UNFPA does not typically work alone on anything, they are fused with the technical working group they are working with. Even when they do their procurements, there is close collaboration with ZAMMSA. When it comes to commodity tracking, we are able to track the commodities that UNFPA is bringing in, if there are changes, they are communicated. From the supplies side, we have the supply chain team that comes to ZAMMSA when the commodities are coming in. There’s a strong interface with ZAMMSA. The structure of the working group, where all partners are coming in, is what helped us to stop the duplication of efforts. You may find that UNFPA will not be doing LMIS (because there is another partner doing that) but they are supporting other aspects e.g. data quality and how the system has been utilized, so it’s complementary. The collaboration with other partners in the space has been pretty good.”	KII with Zambia Medicines and Medical Supplies Agency. November 2024.
“The collaboration among partners has been excellent. We have the technical working group where we bring in the partners supporting us in the reproductive health space to share experiences, and share some form of support we are bringing in. That covers discussions around various family planning and reproductive commodities. There is a lot of collaboration, and we have quite varied family planning methods and commodities available.”	KII with National Supply Chain Coordination Unit. November 2024.
“The major challenge with regards to reproductive health (and global health) is access. Access hinges on a number of things. We are dealing with a community that needs to appreciate what reproductive health actually means; many don't believe in a number of reproductive health efforts, and methods. We have continued education and roll out of some of these outreaches, which are crucial and can improve the situation. We want to ensure we improve access to reproductive health and family planning methods in communities. In some cases, people’s beliefs prohibit them from taking contraception, and according to their values they are supposed to have as many kids as possible. If we are dealing with such communities, even uptake will be a challenge in those communities.”	KII with National Supply Chain Coordination Unit. November 2024.
With support from the Foreign, Commonwealth and Development Office (FCDO) of the United Kingdom, and in partnership with Marie Stopes, UNFPA in Zambia has invested in the use of animated "video cards" to enhance information sharing and increase demand for family planning in underserved rural communities of Central Province. The animated video cards were designed as an interactive, user-friendly tool for use by health workers, outreach teams and community-based distributors to facilitate stimulating conversations about family planning at the community and inter-personal level. The cards are lightweight, portable units which use rechargeable batteries, hence convenient for use in remote rural areas with limited access to power sources.	UNFPA (2021). Zambia Annual Report 2021: Delivering amid a pandemic.

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
“The government leads humanitarian and emergency efforts and then brings in partners to support them. From USAID side, we’ve always helped out in those areas. On the supply chain side, we make contingency plans for those facilities that are in flood prone areas, or hard to reach/cut off during the rainy season to, to have those facilities stocked up. Certain facilities are cut off for six months, they are inaccessible. We try to ensure that those facilities have enough stocks to last them that period. These types of arrangements are made well in advance.”	KII with USAID. November 2024.

2 Provinces of Zambia

Zambia is divided into ten provinces, each administered by an appointed deputy minister. Each province is divided into several districts (81 districts in total). The provinces are: Western Province, North-Western Province, Copperbelt Province, Central Province, Luapula Province, Northern Province, Eastern Province, Lusaka Province, Southern Province and Muchinga Province.¹

Figure 11. Map of the provinces of Zambia.²



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

3 List of positions consulted

Organization	Position
UNFPA Zambia Country Office	Programme Specialist (SRH)
UNFPA Zambia Country Office	Programme Analyst - Reproductive Health
	Commodity Security
ZAMMSA	Director
USAID	Senior Supply Chain Advisor
National Supply Chain Coordination Unit	Pharmacist

¹ Central Province, Provincial Administration (n.d.). Zambia Provinces. [website]
https://www.cen.gov.zm/?page_id=1061

² Source: United Nations Geospatial (2021). Map of Zambia. [website]
<https://www.un.org/geospatial/content/zambia-0>

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