

MID-TERM EVALUATION OF THE UNFPA SUPPLIES PROGRAMME (2013-2016)

VOLUME II – ANNEXES

EVALUATION OFFICE

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ANNEX 1 PATHWAY THEORIES OF CHANGE ONE TO FIVE

Figure 1: Pathway Theory of Change: Area of Investigation One: Enabling Environment

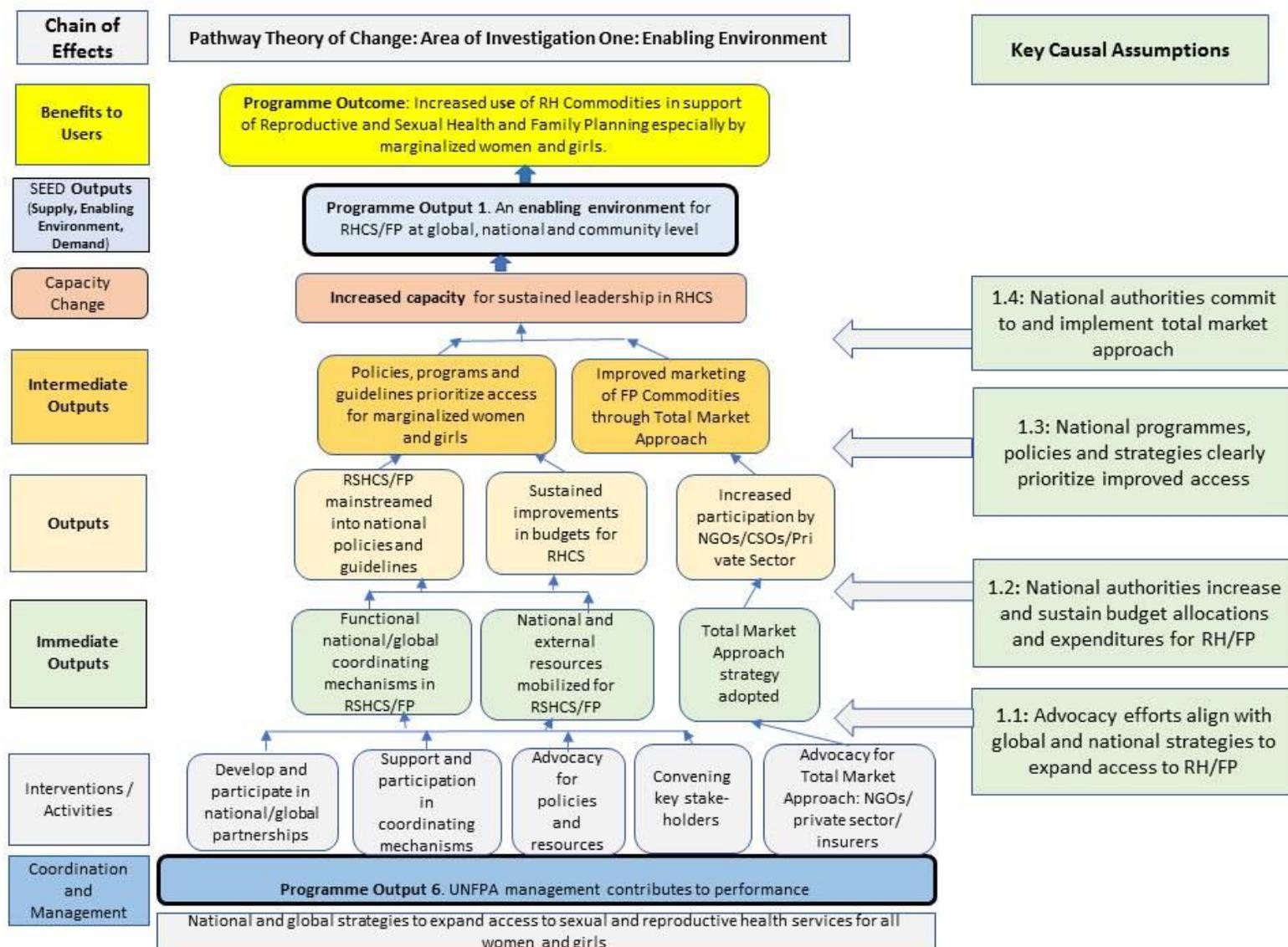


Figure 2: Pathway Theory of Change: Area of Investigation Two: Increased Demand for RH Commodities

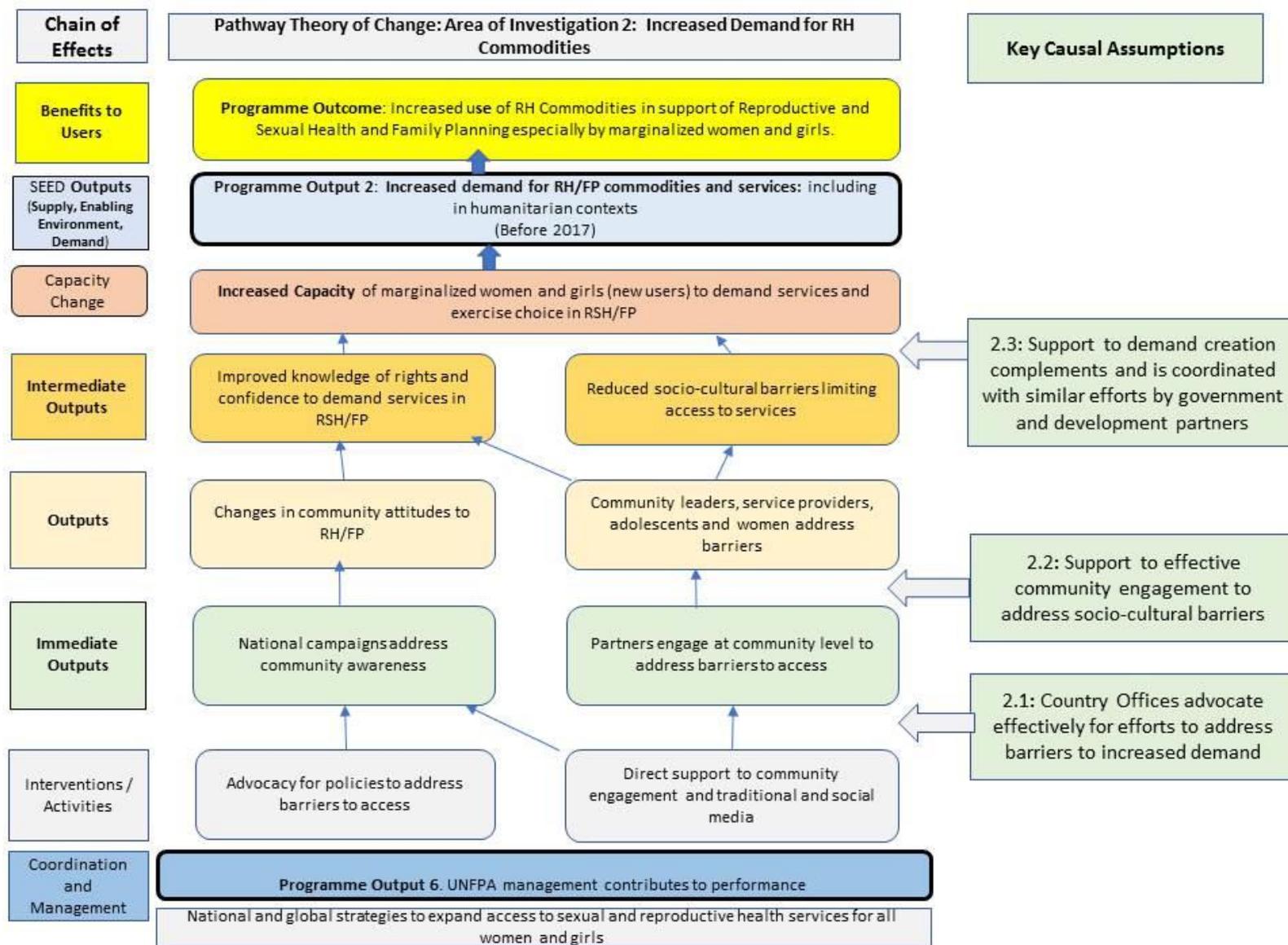


Figure 3: Pathway Theory of Change: Area of Investigation Three: Improved Efficiency of Procurement and Supply

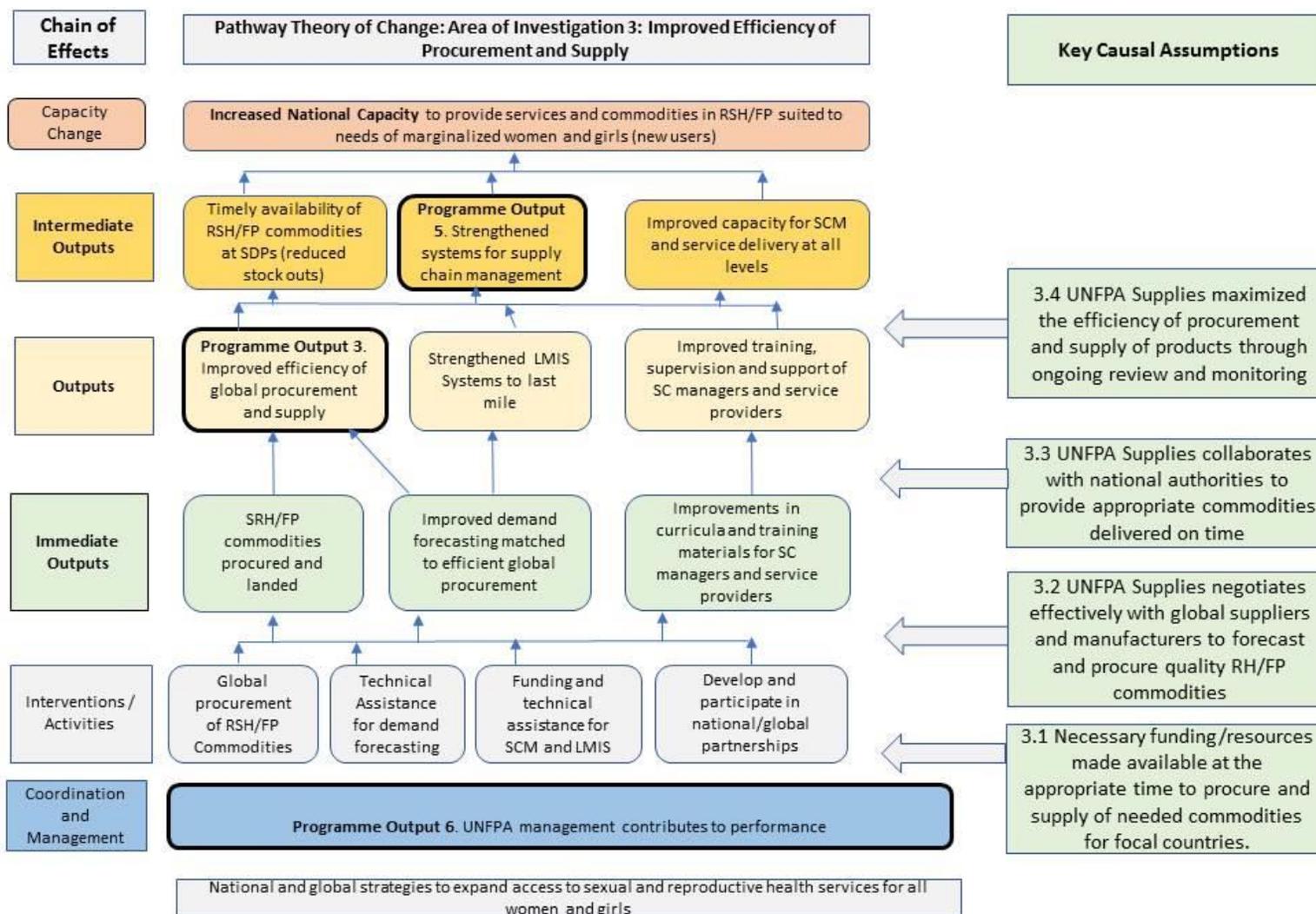
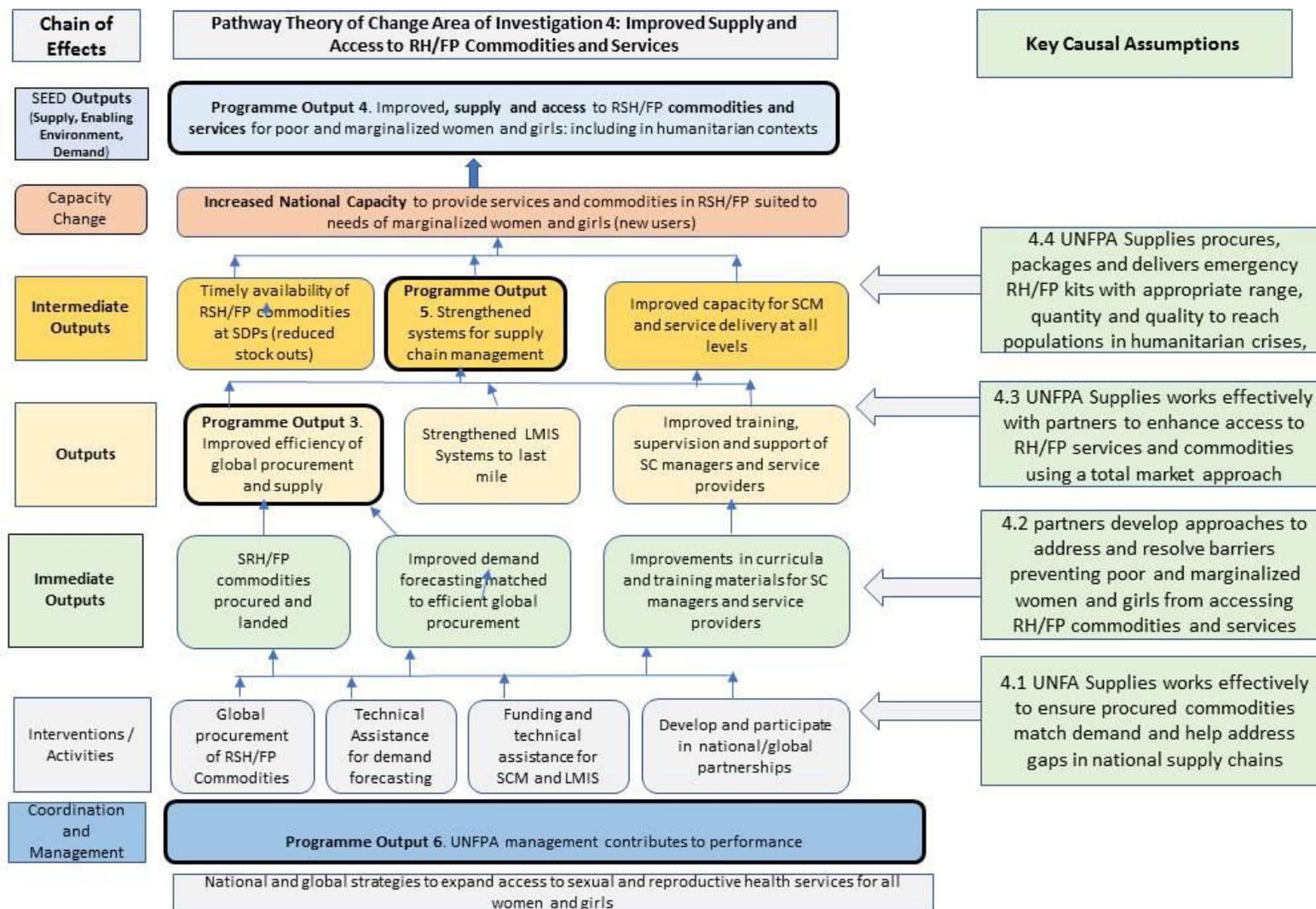


Figure 4: Pathway Theory of Change: Area of Investigation Four: Improved Supply and Access to RH/FP Commodities and Services



ANNEX 2 STAKEHOLDER MAPS FOR UNFPA SUPPLIES

Table 1: Stakeholder Maps for UNFPA Supplies. Part One: Global Level

Stakeholder Group	Key Stakeholders	Level of Engagement (Low, Medium, High)	Contact Person and Title	Contact Information	ERG Members
UNFPA HQ (NYC)	Technical Division	High	Benoit Kalasa, Director	kalasa@unfpa.org	
	Humanitarian and Fragile Context Branch	High	Henia Dakkak, Technical Adviser	dakkak@unfpa.org	Yes
		High	Ugochi Daniels, Chief	daniels@unfpa.org	
		High	Wilma Doedens, Technical Adviser	dakkak@unfpa.org	Yes
		High	Bouchta Mourabit, Humanitarian Specialist	mourabit@unfpa.org	
	Internal Audit Branch	Low	Eric Wong, Audit Specialist	ewong@unfpa.org	
	Sexual and Reproductive Health Branch	High	Bidia Deperthes, HIV Prevention Advisor	deperthes@unfpa.org	Yes
		High	Petra Tenhoope-Bender, Technical Advisor	Tenhoope-bender@unfpa.org	Yes
		High	Anneka Ternald Knuttson, Chief	knuttson@unfpa.org	
	Commodity Security Branch	High	Joseph Abraham, Technical Advisor, RH Commodities	jabraham@unfpa.org	
		High	Gifty Addico, Chief	gaddico@unfpa.org	
		High	Kabir Ahmed, Lead, Supply Chain Management	kahmed@unfpa.org	
		High	Ayman, Abdelmohsen, Global Operations Coordinator	abdelmohsen@unfpa.org	Yes

Stakeholder Group	Key Stakeholders	Level of Engagement (Low, Medium, High)	Contact Person and Title	Contact Information	ERG Members
		High	Agnes Chidanyika, Technical Specialist	chidanyika@unfpa.org	Yes
		High	Jenny, Greaney, Knowledge Management Specialist	greaney@unfpa.org	
		High	Sennen Hounton, Technical Advisor, RH	hounton@unfpa.org	
UNFPA HQ NYC	Commodity Security Branch (Cont.)	High	Desmond Koroma, Technical Specialist, Program Monitoring and Reporting	koroma@unfpa.org	Yes
		High	Ben Light, Senior Policy Advisor, Family Planning &RH	light@unfpa.org	
		High	Sukanta Sarkar, Technical Specialist	sarkar@unfpa.org	
		High	Renee Van de Weerdte, Technical Adviser, RH Commodities	vandeweerdtr@unfpa.org	
	Resource Mobilization Branch	High	Beatriz de la Mora, Resource Mobilization Specialist	delamora@unfpa.org	
		High	Julie Morizet, Resource Mobilization Specialist	morizet@unfpa.org	
	Non-Core Funds Management Unit	Medium	Klaus Greifenstein, Technical Specialist	greifenstein@unfpa.org	
UNFPA Copenhagen	Procurement Services Branch	High	Jing Anelli, Team Lead, Global Emergency Kits	Anelli@unfpa.org	
		High	Udara Bandara, Procurement Specialist, Anglo Africa	bandara@unfpa.org	Yes

Stakeholder Group	Key Stakeholders	Level of Engagement (Low, Medium, High)	Contact Person and Title	Contact Information	ERG Members
		High	Andres Blasco, Team Lead, ASEA Regiona	blasco@unfpa.org	
		High	Vivian, Cintron, Outreach and Communications	cintron@unfpa.org	
		High	Irian Ciochina, Technical Associate, Metrics and Business Processes	ciochina@unfpa.org	
		High	Monica Lay, Latin America and the Caribbean	lay@unfpa.org	
		High	Roberto Mena, Contracting Specialist	mena@unfpa.org	
UNFPA Copenhagen	Procurement Services Branch	High	Seloi Mogate, Quality Assurance Specialist	mogate@unfpa.org	
		High	Kristian Nielsen, Demand Forecasting Associate	nielsen@unfpa.org	
		High	Ingegerd Nordin, Procurement Coordinator	nording@unfpa.org	Yes
		High	Lidia Porto, Francophone Africa	porto@unfpa.org	
UNFPA Regional Office	Latin America and Caribbean RO	High	Frederico Tober, Regional Technical Advisor	ftobar@unfpa.org	Yes
UNFPA Country Office	Nicaragua Country Office	High	Edgard Narvaes	narvaez@unfpa.org	Yes
	DRC Country Office	High	Ali Dotial Wanogo, RHCS Coordinator	wanogo@unfpa.org	Yes
		High	Jean Claude Kamanda	kamanda@unfpa.org	Yes
Bilateral Donors Supporting UNFPA Supplies	Department for International Development (UK)	High	Meena Gandhi, Health Advisor	m-gandhi@dfid.gov.uk	Yes
		High	Kevin Leitch	k-leitch@dfic.gov.uk	Yes

Stakeholder Group	Key Stakeholders	Level of Engagement (Low, Medium, High)	Contact Person and Title	Contact Information	ERG Members
	Global Affairs Canada, Maternal and Newborn Health Division	High	Ryan Hutter, Senior Development Officer, Immunization and Newborn Health	Ryan.hutter@international.gc.ca	
	Netherlands, Foreign Affairs	High	Frank Van de Looij, Health and AIDS Division	Frank-vande.looij@minbuza.nl	
International NGOs	John Snow International	High	Edward Wilson, Director, Centre for Health Logistics	Edward_wilson@jsi.com	yes
		High	Dana Aronovitch, Senior Technical Adviser	Dana_aronovich@jsi.com	yes
	Marie Stopes International	High	Ms Frederiek Chatfield, Supply Chain Management Director		
International NGOs	Marie Stopes International	High	Ms Sarah Shaw, Head of Advocacy		

Table 2: Stakeholder Maps for UNFPA Supplies. Part Two: Country Level – Sierra Leone Example

Stakeholder Group	Key Stakeholders	Level of Engagement (Low, Medium, High)	Contact Person and Title	Contact Information (phone, e-mail, Skype)	Comments/Additional Information
1. Direct (primary) beneficiaries	Ministry of Health and Sanitation - Reproductive Health Family Planning (MoHS-RHFP)	High	Dr Sulaiman G. Conteh, Programme Manager Reproductive Health Family Planning Division	conteh4722@gmail.com +232-78 789609	MoHS RHFP Division leads Reproductive Health and Family Planning Programme. Our engagement mostly for technical, financial support with advocacy and policy dialogue and support for survey for RHCS
<i>Examples - Ministry of Health; Training institutes; Health care providers; Communities and civil society</i>	National Pharmaceutical Procurement Unit (NPPU)/Central Medical Store (CMS) - MoHS	High	Dr Bassie Turay, The Director of Drugs and Medical Supplies in the Ministry of Health and Sanitation (MoHS) Mr. Thomas Dennis Interim Team Lead NPPU	bassiran@yahoo.com +232-768470 enntamba@yahoo.com +232-606367	NPPU responsible for the procurement, storage, distribution and management of drugs and medical supplies, for and on behalf of all public health facilities throughout Sierra Leone, to establish a NPPU Board and to provide for other related matters. UNFPA SL CO is strengthening of distribution /monitoring /coordination /forecasting /ELMIS /in collaboration with MoHS, NPPU and other RHCS committee members
2. Secondary beneficiaries	Directorate of Policy Planning and Information (DPPI)	High	Mr. Wogba Kamara	wogbaepkamara@gmail.com +232-76 734 513	DPPI maintain Data relevant to HMIS/ Service Delivery Points (SDPs).
Examples: Zonal, district and community local	Health Post (HP)	High	List of Service Delivery Points attached		
	Clients	High			

Stakeholder Group	Key Stakeholders	Level of Engagement (Low, Medium, High)	Contact Person and Title	Contact Information (phone, e-mail, Skype)	Comments/Additional Information
authorities; families of patients of supported health service providers					
3. Executing agencies /implementing organizations	Marie Stopes SL (MSSL)	High	Edward Benya, Senior Programme Manager	edward.benya@mariestopes.org.sl 076 614722/078 129917	UNFPA SL has partnership with MSSL for provision of FP & RH Clinical outreach services in hard to reach areas
Examples: JSI, USAID	Planned Parenthood Ass. SL (PPASL)	High	David Williams	vid_williams@yahoo.co.uk +232-76 607817	UNFPA SL has partnership with PPASL for provision of FP & RH Clinical outreach services in hard to reach areas
	Health for All Coalition (HFAC)	High	Alhassan Kamara - Programme Manager	hacsl@yahoo.com 076 76 880885	UNFPA in collaboration with HFAC conducting regular monitoring of RH commodities at National, Sub-National and SDPs level
4. Donors	DFID	High	Zynab Rodney-Sandy Programme Manager, Basic Services Team DFID Sierra Leone Desmond Woode Senior Programme Manager, DFID SL	z-rodney-sandy@dfid.gov.uk +232 (0)99 502050 DL-Woode@dfid.gov.uk +232 (0) 99 502046	High level engagement at country level in family planning, FP2020 and Supply Chain Management.

Stakeholder Group	Key Stakeholders	Level of Engagement (Low, Medium, High)	Contact Person and Title	Contact Information (phone, e-mail, Skype)	Comments/Additional Information
5. Other partners	Ministry of Education, Science and Technology (MEST)	Medium	Ms. Olive Musa Component manager and out of school focal point	olivemusa2014@gmail.com +232-76755315	Designing and implementation of community and school based comprehensive sexuality education (CSE) and providing out-of-school life skills education, integrating family planning, HIV and SRH issues for vulnerable young people in partnership with MEST
	Women in Crisis Movement (WICM) and Matei Multipurpose Cooperative Society (MATCOPS)	Medium	Juliana Kontech (Director WICM) Mamusu Williams (Director MATCOPS)	womenicmsl@gmail.com +232-76-614076 matcopessl@gmail.com +232-76-715103	Providing asset-building programmes that increase access to family planning services among adolescent girls at risk of teenage pregnancy and child marriage through Women in Crisis Movement (WICM) and Matei Multipurpose Cooperative Society (MATCOPS)
	Family Initiative Network for Equality (FINE-SL)	Medium	Rev. George Buannie Executive Director	finesierraleone@gmail.com +232-78-079100	Providing support for the promotion of Women's reproductive health and services through Fambul Initiative Network for Equality (FINE-SL)
	National Aids Secretariat (NAS)	Medium	Abu B.B. Koroma IEC/BCC Coordinator 15 Kingharman Road	abubockay2005@yahoo.co.uk + 232 76 611 450	Provision of youth friendly RH information on family planning, HCT & STI towards the prevention of teenage pregnancy in partnership with NAS

ANNEX 3 INDICATORS OF REPRODUCTIVE HEALTH AND FAMILY PLANNING OUTCOMES IN NINE CASE-STUDY COUNTRIES

Table 3: Indicators of reproductive Health and Family Planning Outcomes. Country: Haiti

Number	Indicator	Data (date)	Source
1	Total population	10,711,000 (2015)	Countdown to 2030
2	Maternal Mortality Ratio (MMR) (maternal deaths per 100,000 live births)	380 (2014)	Countdown to 2030
3	Total fertility rate (per woman) (Births per woman)	3.0 (2015)	Countdown to 2030
4	Adolescent birth rate (births per 1000 girls)	65 (2009)	Countdown to 2030
5	Modern contraceptive prevalence rates (mCPR) (trends over time)	2012 21.5 2014 22.6 2016 23.8	FP2020
6	Percentage of women with unmet need for family planning (trends over time)	2012 38.7 2014 37.5 2016 36.3	FP2020
7	Percentage of women with demand for family planning satisfied (trends over time)	2012 44.6 2014 46.7 2016 48.7	FP2020
8	Demand for family planning satisfied by lowest and highest quintiles (equity)	Q1 47.0 (poorest) Q2 43.7 Q3 51.7 Q4 51.6 Q5 51.6 (richest)	Countdown to 2030
9	Method mix table	Inserted below	FP2020
10	Public health expenditure (PHE) as a percentage of the state budget	2014 6.1	World Bank data bank (online)
11	Total health expenditure (THE) as a percentage of gross domestic product (GDP)	2014 7.6	World Bank data bank (online)
12	Percentage of all health expenditure that is out of pocket.	2014 79.4	World Bank data bank (online)
13	Number of unintended pregnancies	2012 249,000 2014 248,000 2016 247,000	FP2020/ track20.org

Number	Indicator	Data (date)	Source
14	Number of unintended pregnancies averted due to use of modern methods of contraception	2012 151,000 2014 164,000 2016 178,000	FP2020/ track20.org
15	Number of unsafe abortions averted due to use of modern methods of contraception	2012 25,000 2014 27,000 2016 29,000	FP2020/ track20.org
16	Number of maternal deaths averted due to use of modern methods of contraception	2012 300 2014 300 2016 300	FP2020/ track20.org

Methods mix table: (DHS 2012)

Percentage of women using each modern method of contraception (method mix)

Long-acting and permanent methods	%
Sterilization (female)	5.1
Sterilization (male)	0.0
IUD	4.2
Implant	0.5
Short-term methods	
Injection	26.9
Pill	54.2
Condom (male)	0.9
LAM	7.9
Other modern methods	0.5

Sources:

FP2020: <http://www.familyplanning2020.org>

Countdown to 2030: <http://countdown2030.org>

World Bank data bank: <http://databank.worldbank.org/data/home.aspx>

FP2020/ Track20.org: <http://www.track20.org/pages/data.php>

Table 4: Indicators of reproductive Health and Family Planning Outcomes. Country: Madagascar

Number	Indicator	Data (date)	Source
1	Total population	24,235,000 (2015)	Countdown to 2030
2	Maternal Mortality Ratio (MMR) (maternal deaths per 100,000 live births)	440 (2014)	Countdown to 2030
3	Total fertility rate (per woman) (Births per woman)	4.4 (2015)	Countdown to 2030
4	Adolescent birth rate (births per 1000 girls)	147 (2006)	Countdown to 2030
5	Modern contraceptive prevalence rates (mCPR) (trends over time)	2012 27.1 2014 29.1 2016 23.9	FP2020
6	Percentage of women with unmet need for family planning (trends over time)	2012 25.2 2014 24.6 2016 23.9	FP2020
7	Percentage of women with demand for family planning satisfied (trends over time)	2012 57.1 2014 59.4 2016 61.6	FP2020
8	Demand for family planning satisfied by lowest and highest quintiles (equity)	Q1 46.4 (poorest) Q2 57.3 Q3 69.0 Q4 74.5 Q5 77.8 (richest)	Countdown to 2030
9	Method mix table	Inserted below	FP2020
10	Public health expenditure (PHE) as a percentage of the state budget	2014 10.2	World Bank data bank (online)
11	Total health expenditure (THE) as a percentage of gross domestic product (GDP)	2014 3.0	World Bank data bank (online)
12	Percentage of all health expenditure that is out of pocket.	2014 51.6	World Bank data bank (online)
13	Number of unintended pregnancies	2012 173,000 2014 180,000 2016 188,000	FP2020/ track20.org
14	Number of unintended pregnancies averted due to use of modern methods of contraception	2012 384,000 2014 440,000 2016 501,000	FP2020/ track20.org

Number	Indicator	Data (date)	Source
15	Number of unsafe abortions averted due to use of modern methods of contraception	2012 114,000 2014 131,000 2016 149,000	FP2020/ track20.org
16	Number of maternal deaths averted due to use of modern methods of contraception	2012 1,000 2014 1,000 2016 2,000	FP2020/ track20.org

Methods mix table: (EM OMD 2012)

Percentage of women using each modern method of contraception (method mix)

Long-acting and permanent methods	%
Sterilization (female)	7.8
Sterilization (male)	2.1
IUD	4.2
Implant	0.0
Short-term methods	
Injection	3.0
Pill	59.6
Condom (male)	3.6
LAM	19.8
Other modern methods	0.0

Sources:

FP2020: <http://www.familyplanning2020.org>

Countdown to 2030: <http://countdown2030.org>

World Bank data bank: <http://databank.worldbank.org/data/home.aspx>

FP2020/ Track20.org: <http://www.track20.org/pages/data.php>

Table 5: Indicators of reproductive Health and Family Planning Outcomes. Country: Malawi

Number	Indicator	Data (date)	Source
1	Total population	17,215,000 (2015)	Countdown to 2030
2	Maternal Mortality Ratio (MMR) (maternal deaths per 100,000 live births)	510 (2014)	Countdown to 2030
3	Total fertility rate (per woman) (Births per woman)	5.0 (2015)	Countdown to 2030
4	Adolescent birth rate (births per 1000 girls)	143 (2012)	Countdown to 2030
5	Modern contraceptive prevalence rates (mCPR) (trends over time)	2012 39.6 2014 44.6 2016 45.3	FP2020
6	Percentage of women with unmet need for family planning (trends over time)	2012 24.1 2014 20.0 2016 19.3	FP2020
7	Percentage of women with demand for family planning satisfied (trends over time)	2012 68.0 2014 74.3 2016 75.2	FP2020
8	Demand for family planning satisfied by lowest and highest quintiles (equity)	Q1 56.6 (poorest) Q2 61.3 Q3 62.6 Q4 65.9 Q5 70.6 (richest)	Countdown to 2030
9	Method mix table	Inserted below	FP2020
10	Public health expenditure (PHE) as a percentage of the state budget	2014 16.8	World Bank data bank (online)
11	Total health expenditure (THE) as a percentage of gross domestic product (GDP)	2014 11.4	World Bank data bank (online)
12	Percentage of all health expenditure that is out of pocket.	2014 47.3	World Bank data bank (online)
13	Number of unintended pregnancies	2012 500,000 2014 522,000 2016 543,000	FP2020/ track20.org

Number	Indicator	Data (date)	Source
14	Number of unintended pregnancies averted due to use of modern methods of contraception	2012 401,000 2014 487,000 2016 532,000	FP2020/ track20.org
15	Number of unsafe abortions averted due to use of modern methods of contraception	2012 119,000 2014 144,000 2016 158,000	FP2020/ track20.org
16	Number of maternal deaths averted due to use of modern methods of contraception	2012 1,000 2014 2,000 2016 2,000	FP2020/ track20.org

Methods mix table (MICS 2014)

Percentage of women using each modern method of contraception (method mix)

Long-acting and permanent methods	%
Sterilization (female)	16.4
Sterilization (male)	1.8
IUD	17.8
Implant	0.2
Short-term methods	
Injection	3.8
Pill	56.2
Condom (male)	0.0
LAM	3.8
Other modern methods	0.0

Sources:

FP2020: <http://www.familyplanning2020.org>

Countdown to 2030: <http://countdown2030.org>

World Bank data bank: <http://databank.worldbank.org/data/home.aspx>

FP2020/ Track20.org: <http://www.track20.org/pages/data.php>

Table 6: Indicators of reproductive Health and Family Planning Outcomes. Country: Myanmar

Number	Indicator	Data (date)	Source
1	Total population	53,097,000 (2015)	Countdown to 2030
2	Maternal Mortality Ratio (MMR) (maternal deaths per 100,000 live births)	200 (2014)	Countdown to 2030
3	Total fertility rate (per woman) (Births per woman)	2.2 (2015)	Countdown to 2030
4	Adolescent birth rate (births per 1000 girls)	17 (2006)	Countdown to 2030
5	Modern contraceptive prevalence rates (mCPR) (trends over time)	2012 30.3 2014 31.7 2016 32.9	FP2020
6	Percentage of women with unmet need for family planning (trends over time)	2012 20.6 2014 19.9 2016 19.3	FP2020
7	Percentage of women with demand for family planning satisfied (trends over time)	2012 69.0 2014 70.7 2016 72.1	FP2020
8	Demand for family planning satisfied by lowest and highest quintiles (equity)	No Data	Countdown to 2030
9	Method mix table	Inserted below	FP2020
10	Public health expenditure (PHE) as a percentage of the state budget	2014 3.6	World Bank data bank (online)
11	Total health expenditure (THE) as a percentage of gross domestic product (GDP)	2014 2.3	World Bank data bank (online)
12	Percentage of all health expenditure that is out of pocket.	2014 54.1	World Bank data bank (online)
13	Number of unintended pregnancies	2012 761,000 2014 753,000 2016 746,000	FP2020/ track20.org
14	Number of unintended pregnancies averted due to use of modern methods of contraception	2012 1,189,000 2014 1,264,000 2016 1,340,000	FP2020/ track20.org
15	Number of unsafe abortions averted due to use of modern methods of contraception	2012 413,000 2014 439,000 2016 466,000	FP2020/ track20.org

Number	Indicator	Data (date)	Source
16	Number of maternal deaths averted due to use of modern methods of contraception	2012 1,000 2014 1,000 2016 1,000	FP2020/ track20.org

Methods mix table: (MICS 2010)

Percentage of women using each modern method of contraception (method mix)

Long-acting and permanent methods	%
Sterilization (female)	0.2
Sterilization (male)	4.6
IUD	7.9
Implant	0.9
Short-term methods	
Injection	0.9
Pill	60.2
Condom (male)	0.2
LAM	25.2
Other modern methods	0.0

Sources:

FP2020: <http://www.familyplanning2020.org>

Countdown to 2030: <http://countdown2030.org>

World Bank data bank: <http://databank.worldbank.org/data/home.aspx>

FP2020/ Track20.org: <http://www.track20.org/pages/data.php>

Table 7: Indicators of reproductive Health and Family Planning Outcomes. Country: Nepal

Number	Indicator	Data (date)	Source
1	Total population	28,514,000 (2015)	Countdown to 2030
2	Maternal Mortality Ratio (MMR) (maternal deaths per 100,000 live births)	190 (2014)	Countdown to 2030
3	Total fertility rate (per woman) (Births per woman)	2.2 (2015)	Countdown to 2030
4	Adolescent birth rate (births per 1000 girls)	87 (2008)	Countdown to 2030
5	Modern contraceptive prevalence rates (mCPR) (trends over time)	2012 34.6 2014 36.2 2016 37.8	FP2020
6	Percentage of women with unmet need for family planning (trends over time)	2012 26.8 2014 24.8 2016 22.2	FP2020
7	Percentage of women with demand for family planning satisfied (trends over time)	2012 62.6 2014 65.5 2016 68.8	FP2020
8	Demand for family planning satisfied by lowest and highest quintiles (equity)	Q1 55.9 (poorest) Q2 61.8 Q3 62.5 Q4 66.0 Q5 72.7 (richest)	Countdown to 2030
9	Method mix table	Inserted below	FP2020
10	Public health expenditure (PHE) as a percentage of the state budget	2014 11.2	World Bank data bank (online)
11	Total health expenditure (THE) as a percentage of gross domestic product (GDP)	2014 2.3	World Bank data bank (online)
12	Percentage of all health expenditure that is out of pocket.	2014 59.7	World Bank data bank (online)
13	Number of unintended pregnancies	2012 373,000 2014 373,000 2016 374,000	FP2020/ track20.org
14	Number of unintended pregnancies averted due to use of modern methods of contraception	2012 723,000 2014 793,000 2016 864,000	FP2020/ track20.org

Number	Indicator	Data (date)	Source
15	Number of unsafe abortions averted due to use of modern methods of contraception	2012 221,000 2014 242,000 2016 263,000	FP2020/ track20.org
16	Number of maternal deaths averted due to use of modern methods of contraception	2012 1,000 2014 1,000 2016 1,000	FP2020/ track20.org

Methods mix table (DHS 2013)

Percentage of women using each modern method of contraception (method mix)

Long-acting and permanent methods	%
Sterilization (female)	2.8
Sterilization (male)	3.6
IUD	38.1
Implant	10.0
Short-term methods	
Injection	7.8
Pill	27.5
Condom (male)	0.0
LAM	10.0
Other modern methods	0.2

Sources:

FP2020: <http://www.familyplanning2020.org>

Countdown to 2030: <http://countdown2030.org>

World Bank data bank: <http://databank.worldbank.org/data/home.aspx>

FP2020/ Track20.org: <http://www.track20.org/pages/data.php>

Table 8: Indicators of reproductive Health and Family Planning Outcomes. Country: Nigeria

Number	Indicator	Data (date)	Source
1	Total population	182,202,000 (2015)	Countdown to 2030
2	Maternal Mortality Ratio (MMR) (maternal deaths per 100,000 live births)	560 (2014)	Countdown to 2030
3	Total fertility rate (per woman) (Births per woman)	5.6 (2015)	Countdown to 2030
4	Adolescent birth rate (births per 1000 girls)	123 (2010)	Countdown to 2030
5	Modern contraceptive prevalence rates (mCPR) (trends over time)	2012 12.1 2014 12.9 2016 14.7	FP2020
6	Percentage of women with unmet need for family planning (trends over time)	2012 21.8 2014 22.0 2016 22.6	FP2020
7	Percentage of women with demand for family planning satisfied (trends over time)	2012 32.9 2014 34.1 2016 36.5	FP2020
8	Demand for family planning satisfied by lowest and highest quintiles (equity)	Q1 10.4 (poorest) Q2 24.9 Q3 39.8 Q4 55.2 Q5 73.9 (richest)	Countdown to 2030
9	Method mix table	Inserted below	FP2020
10	Public health expenditure (PHE) as a percentage of the state budget	8.2 (2014)	World Bank data bank (online)
11	Total health expenditure (THE) as a percentage of gross domestic product (GDP)	0.9 (2014)	World Bank data bank (online)
12	Percentage of all health expenditure that is out of pocket.	74.9 (2014)	World Bank data bank (online)
13	Number of unintended pregnancies	1,096,000 (2016)	FP2020/ track20.org
14	Number of unintended pregnancies averted due to use of modern methods of contraception	1,450,000 (2016)	FP2020/ track20.org
15	Number of unsafe abortions averted due to use of modern methods of contraception	464,000 (2016)	FP2020/ track20.org

Number	Indicator	Data (date)	Source
16	Number of maternal deaths averted due to use of modern methods of contraception	9,000 (2016)	FP2020/ track20.org

Methods mix table: (DHS 2013)

Percentage of women using each modern method of contraception (method mix)

Long-acting and permanent methods	%
Sterilization (female)	2.7
Sterilization (male)	7.1
IUD	2.7
Implant	0.0
Short-term methods	
Injection	40.2
Pill	22.3
Condom (male)	2.7
LAM	17.0
Other modern methods	5.4

Sources:

FP2020: <http://www.familyplanning2020.org>

Countdown to 2030: <http://countdown2030.org>

World Bank data bank: <http://databank.worldbank.org/data/home.aspx>

FP2020/ Track20.org: <http://www.track20.org/pages/data.php>

Table 9: Indicators of reproductive Health and Family Planning Outcomes. Country: Sierra Leone

Number	Indicator	Data (date)	Source
1	Total population	6,453,000	Countdown to 2030
2	Maternal Mortality Ratio (MMR) (maternal deaths per 100,000 live births)	1100	Countdown to 2030
3	Total fertility rate (per woman) (Births per woman)	4.5 (2015)	Countdown to 2030
4	Adolescent birth rate (births per 1000 girls)	131 (2011)	Countdown to 2030
5	Modern contraceptive prevalence rates (mCPR) (trends over time)	2012 17.2 2014 20.4 2016 22.1	FP2020
6	Percentage of women with unmet need for family planning (trends over time)	2012 27.4 2014 27.0 2016 27.1	FP2020
7	Percentage of women with demand for family planning satisfied (trends over time)	2012 31.8 2014 36.0 2016 27.8	FP2020
8	Demand for family planning satisfied by lowest and highest quintiles (equity)	Q1 34.4 (poorest) Q2 31.6 Q3 33.6 Q4 45.3 Q5 53.0 (richest)	Countdown to 2030
9	Method mix table	<i>Inserted below</i>	FP2020
10	Public health expenditure (PHE) as a percentage of the state budget	10.8% (2014)	World Bank data bank (online)
11	Total health expenditure (THE) as a percentage of gross domestic product (GDP)	11.1% (2014)	World Bank data bank (online)
12	Percentage of all health expenditure that is out of pocket.	83.0 (2014)	World Bank data bank (online)
13	Number of unintended pregnancies	2012 55,000 2014 56,000 2016 56,000	FP2020/ track20.org
14	Number of unintended pregnancies averted due to use of modern methods of contraception	2012 66,000 2014 83,000	FP2020/ track20.org

Number	Indicator	Data (date)	Source
		2016 95,000	
15	Number of unsafe abortions averted due to use of modern methods of contraception	2012 21,000 2014 26,000 2016 30,000	FP2020/ track20.org
16	Number of maternal deaths averted due to use of modern methods of contraception	2012 700 2014 800 2016 1,000	FP2020/ track20.org

Methods mix table: DHS 2013

Percentage of women using each modern method of contraception (method mix)

Long-acting and permanent methods	%
Sterilization (female)	18.4
Sterilization (male)	1.0
IUD	1.5
Implant	0.0
Short-term methods	
Injection	3.4
Pill	47.3
Condom (male)	3.4
LAM	24.6
Other modern methods	0.5

Sources:

FP2020: <http://www.familyplanning2020.org>

Countdown to 2030: <http://countdown2030.org>

World Bank data bank: <http://databank.worldbank.org/data/home.aspx>

FP2020/ Track20.org: <http://www.track20.org/pages/data.php>

Table 10: Indicators of reproductive Health and Family Planning Outcomes. Country: Sudan

Number	Indicator	Data (date)	Source
1	Total population	40,235,000	Countdown to 2030
2	Maternal Mortality Ratio (MMR) (maternal deaths per 100,000 live births)	360 (2015)	Countdown to 2030
3	Total fertility rate (per woman) (Births per woman)	4.3 (2015)	Countdown to 2030
4	Adolescent birth rate (births per 1000 girls)	102 (2010)	Countdown to 2030
5	Modern contraceptive prevalence rates (mCPR) (trends over time)	2012 10.5 2014 11.5 2016 12.9	FP2020
6	Percentage of women with unmet need for family planning (trends over time)	2012 29.3 2014 29.3 2016 29.4	FP2020
7	Percentage of women with demand for family planning satisfied (trends over time)	2012 27.8 2014 29.7 2016 32.1	FP2020
8	Demand for family planning satisfied by lowest and highest quintiles (equity)	No Data	Countdown to 2030
9	Method mix table	Inserted below	FP2020
10	Public health expenditure (PHE) as a percentage of the state budget	11.6 (2014)	World Bank data bank (online)
11	Total health expenditure (THE) as a percentage of gross domestic product (GDP)	8.4 (2014)	World Bank data bank (online)
12	Percentage of all health expenditure that is out of pocket.	78.6 (2014)	World Bank data bank (online)
13	Number of unintended pregnancies	643,000 (2016)	FP2020/ track20.org
14	Number of unintended pregnancies averted due to use of modern methods of contraception	2012 231,000 2014 267,000 2016 316,000	FP2020/ track20.org
15	Number of unsafe abortions averted due to use of modern methods of contraception	2012 106,000 2014 123,000 2016 145,000	FP2020/ track20.org

Number	Indicator	Data (date)	Source
16	Number of maternal deaths averted due to use of modern methods of contraception	2012 800 2014 900 2016 1,000	FP2020/ track20.org

Methods mix table (MICS 2014)

Percentage of women using each modern method of contraception (method mix)

Long-acting and permanent methods	%
Sterilization (female)	2.6
Sterilization (male)	3.5
IUD	0.0
Implant	0.0
Short-term methods	
Injection	0.0
Pill	12.2
Condom (male)	3.5
LAM	78.3
Other modern methods	0.0

Sources:

FP2020: <http://www.familyplanning2020.org>

Countdown to 2030: <http://countdown2030.org>

World Bank data bank: <http://databank.worldbank.org/data/home.aspx>

FP2020/ Track20.org: <http://www.track20.org/pages/data.php>

Table 11: Indicators of reproductive Health and Family Planning Outcomes. Country: Togo

Number	Indicator	Data (date)	Source
1	Total population	7,305,000 (2015)	Countdown to 2030
2	Maternal Mortality Ratio (MMR) (maternal deaths per 100,000 live births)	450 (2014)	Countdown to 2030
3	Total fertility rate (per woman) (Births per woman)	4.5 (2015)	Countdown to 2030
4	Adolescent birth rate (births per 1000 girls)	77 (2011)	Countdown to 2030
5	Modern contraceptive prevalence rates (mCPR) (trends over time)	2012 15.6 2014 17.2 2016 18.7	FP2020
6	Percentage of women with unmet need for family planning (trends over time)	2012 37.0 2014 36.3 2016 35.8	FP2020
7	Percentage of women with demand for family planning satisfied (trends over time)	2012 30.5 2014 32.9 2016 35.1	FP2020
8	Demand for family planning satisfied by lowest and highest quintiles (equity)	Q1 32.7 (poorest) Q2 35.7 Q3 36.4 Q4 35.1 Q5 44.9 (richest)	Countdown to 2030
9	Method mix table	Inserted below	FP2020
10	Public health expenditure (PHE) as a percentage of the state budget	2014 7.8	World Bank data bank (online)
11	Total health expenditure (THE) as a percentage of gross domestic product (GDP)	2014 5.2	World Bank data bank (online)
12	Percentage of all health expenditure that is out of pocket.	2014 61.6	World Bank data bank (online)
13	Number of unintended pregnancies	2012 126,000 2014 129,000 2016 132,000	FP2020/ track20.org
14	Number of unintended pregnancies averted due to use of modern methods of contraception	2012 66,000 2014 77,000 2016 89,000	FP2020/ track20.org

Number	Indicator	Data (date)	Source
15	Number of unsafe abortions averted due to use of modern methods of contraception	2012 21,000 2014 24,000 2016 28,000	FP2020/ track20.org
16	Number of maternal deaths averted due to use of modern methods of contraception	2012 100 2014 200 2016 200	FP2020/ track20.org

Methods mix table (2013 DHS)

Percentage of women using each modern method of contraception (method mix)

Long-acting and permanent methods	%
Sterilization (female)	20.4
Sterilization (male)	3.6
IUD	1.2
Implant	0.0
Short-term methods	
Injection	32.3
Pill	30.5
Condom (male)	0.0
LAM	11.4
Other modern methods	0.6

Sources:

FP2020: <http://www.familyplanning2020.org>

Countdown to 2030: <http://countdown2030.org>

World Bank data bank: <http://databank.worldbank.org/data/home.aspx>

FP2020/ Track20.org: <http://www.track20.org/pages/data.php>

ANNEX 4 DRAFT ON-LINE SURVEY QUESTIONNAIRE

1a. Is there a national reproductive health strategy in your country? (or a RMNCAH Road Map or Investment Plan)?

1b. Please give the dates it covers:

1c. What is the highest national authority that approved the plan (Directorate in the MoH, Minister of Health, State President, parliament etc.)?

2a. In your country, what is the baseline and the target contraceptive prevalence rate to be reached by the end of the current national strategy?

- baseline _____

- target _____

2b. Is your country experiencing a humanitarian crisis in any part of it? Does your country order or rely on any of the Reproductive Health Emergency Kits that UNFPA Supplies has access to?

Yes _____ No _____

3. What are the main commodity related challenges or obstacles to reaching the target? Select the most important 3 to 5 and number these from 1 to 5 with 1 being the most urgent challenge).

___ Absolute shortage of commodities available to meet demand

___ National quantification process does not estimate needs accurately

___ Insufficient mix of commodities to meet demand

___ Procurement delays in commodity delivery to the country

___ Delays in distribution of commodity to the health facility

___ Facility level issues like stock outs or imbalance of methods.

___ Supply chain management weaknesses

___ Task shifting so that lower level/ informal health workers could offer more methods

___ Health worker training to improve quality of services

4. What are the critical factors in the enabling environment that help or constrain access to reproductive health commodities? List up to three in each group:

Enabling environmental factors could be the presence or absence of, for example, political commitment to family planning and reproductive health; adequate funding for services; human

resources policies; integration of FP into broader services; a clear role for the private sector; social norms change around adolescent access or access by all women, the availability of free services etc.

Helpful enablers:

1. _____
2. _____
3. _____

Constraints:

1. _____
2. _____
3. _____

Has UNFPA influenced any of these enabling factors? Yes _____ No _____

If so, which ones? _____

5. Does UNFPA participate in country based reproductive health coordination fora?

If so, does UNFPA take a leadership role in coordinating and strengthening the reproductive health sector? Yes ____ No ____

Comments: _____

6. What are the main contributions that the UNFPA Supplies program makes to RH/FP results in your country?

- Support to government policy development
 - Promote or raise the profile of family planning e.g. through advocacy within the health sector
 - Promote or raise the profile of family planning with other sectors beyond health (e.g. education, environment, etc.)
 - Support to legal reform
 - Institutional capacity building
 - Supply chain management
 - Support to national quantification exercises
 - Commodity procurement
 - Community-based work on attitude change
 - Knowledge management (e.g. research, use of evidence, best practice)
 - Nothing
 - Other
-

7. Has the type of support provided by UNFPA for family planning changed in any of the following ways in the period from 2013-2016?

- Service delivery
 - Capacity building
 - Supply chain management
 - Advocacy
 - Financing and expenditure for reproductive health
 - Range and quality of commodities available
-

8. Has the procurement and supply chain management system in your country improved since 2013?

Yes _____ No _____

Please describe the changes whether positive or negative?

Did UNFPA contribute to this change?

•

If yes, how did they contribute?

9. Has the government budget for family planning increased in your country since 2013?

Did UNFPA contribute to this through advocacy or some other means? Yes ___ No ___

If the budget for FP has increased do you think it is sustainable? Yes___ No ___

What is the reason for your answer?

10.Has UNFPA support or investment led to more reliable, quality services for marginalized and hard to reach women and girls?

Yes ___ No ___

•

How has it done this? _____

11.Does UNFPA take a leadership role in supporting the expansion of reproductive health services to adolescents and young people?

Yes _____ No _____

If so, how does it do this? _____

12.Any other comments about UNFPA's role in your country, particularly concerning reproductive health commodities and/ or family planning services?

ANNEX 5 DRAFT INTERVIEW GUIDES – FIELD COUNTRY CASE STUDIES

Table 12: Draft Interview Guide for Key Informants Based in the Capital City

Topic Area and Questions	Respondents by Type					
	UNFPA Staff	National Health Authorities	Central Medical Stores	Dev. Partners	Implementing Partners	Others
Enabling environment for RHCS/FP						
1. Are UNFPA Country Office (CO) advocacy and communications efforts (in support of UNFPA Supplies) consistent and aligned with global and national strategies in Reproductive Health Commodity Security (RHCS) and family planning? What processes help with this?	X		X	X	X	X
2. To what extent has the UNFPA CO been able to use its role in administering UNFPA Supplies to influence the national government to increase or sustain budget allocations in support of RH/FP commodity security and access?	X	X		X	X	X
3. To what extent has UNFPA Supplies (including through the advocacy work of the CO) been able to influence national plans, priorities and programmes in RH/FP to improve access, especially for marginalized women and girls? What has worked or not worked in this effort?	X	X				
4. Has adopting a “total market approach” for promoting RH/FP commodities and services been a feature of UNFPA advocacy? Have national authorities been receptive to this message and what has been the result?	X		X	X		
Increasing Demand for RH/FP Commodities and Services						
5. How has your advocacy work (supported by UNFPA Supplies) contributed to strengthening national efforts to promote demand, including by over-coming socio-economic barriers for marginalized women and girls to exercise effective demand for RH/FP commodities and services?	X	X		X	X	X
6. Has UNFPA Supplies been effective in supporting community engagement to identify and overcome socio-cultural barriers to improving the knowledge and ability of young women and girls, including the poor and marginalized? How?	X	X			X	X
7. How has the demand promotion work of UNFPA Supplies been coordinated with efforts by the national government and support from other development partners? Is there an effective national coordinating mechanism? How does this partnership work?	X	X		X	X	X
8. As UNFPA Supplies exits its role in direct support of demand generation efforts by implementing partners, what will be the effect on the national effort to increase demand for RH/FP commodities and services?	X	X		X	X	X

Topic Area and Questions	Respondents by Type					
	UNFPA Staff	National Health Authorities	Central Medical Stores	Dev. Partners	Implementing Partners	Others
Improved efficiency of procurement and supply (Global)						
9. Have UNFPA Supplies operations at a global level (including market shaping efforts) improved the availability, quality, price and reliability of procurement and shipping of RH/FP commodities? How? Is there data which illustrates this improvement?	X	X	X	X	X	X
10. In particular, has UNFPA supplies improved demand forecasting (nationally and globally) and used its negotiating power with global suppliers and manufacturers to improve the cost-effectiveness and reliability of supply streams for RH/FP commodities in _____?	X	X	X	X		X
11. Has UNFPA supplies improved the proportion of appropriate (i.e. needed and demanded) RH/FP commodities which are delivered on time? How?	X	X	X	X	X	X
12. To your knowledge, how does UNFPA Supplies (globally and at country level) monitor the effectiveness of procurement and supply operations? This would include efforts to monitor new family planning methods, new product designs, supplier performance, compliance with standards, price competitiveness, etc.	X	X	X		X	
Improved access to quality RH/FP Services						
13. Have UNFPA Supplies and its relevant partners been able to identify effective approaches to addressing and overcoming barriers preventing poor and marginalized women from accessing the RH/FP commodities and services they need and choose? This includes accessibility and availability of a choice of commodities and services that are timely and affordable?	X	X		X	X	X
14. Does this country engage the full range of potentially effective service providers and delivery mechanisms including social marketing outlets, NGOs, faith-based organizations, social insurers, and private sector outlets to reach women and girls with RH/FP commodities and services? (Total market approach)	X	X		X	X	
15. Has UNFPA supplies procured, packaged and delivered emergency kits (and individual products) with appropriate contents and quality and that have reached the women and girls most in need in a timely way during humanitarian crises ? What factors enabled or limited success in reaching those affected?	X	X	X	X	X	X
Strengthened systems and capacities for Supply Chain Management (SCM)						
16. How has UNFPA Supplies collaborated with national authorities and other stakeholders to identify gaps and weaknesses in national supply chains (including gaps resulting from crises)? Especially those effecting poor and marginalized women and girls?	X	X	X	X	X	X

Topic Area and Questions	Respondents by Type					
	UNFPA Staff	National Health Authorities	Central Medical Stores	Dev. Partners	Implementing Partners	Others
17. How has UNFPA Supplies collaborated with national authorities to enable introduction and roll-out of needed SCM systems (including LMIS) helping to improve distribution to the last mile? Are the systems supported by UNFPA Supplies functioning effectively? Why or why not?	X	X	X	X	X	
18. Does UNFPA have access to high-quality SCM systems and to the capabilities and expertise needed to support those systems at country level (drawing on resources in the Country Office and at regional and global level)?	X	X	X	X		
19. Does UNFPA Supplies provide support to supply chain strengthening which is incremental and which adds to the effectiveness of efforts by the national government and other partners? Does it avoid providing support which duplicates or overlaps with the work of others?	X	X	X	X		X
20. To what extent is the support provided by UNFPA Supplies promoting the sustainability of national policies and programmes in RHCS and family planning? Is there a medium or longer-term exit strategy for UNFPA Supplies? Is it realistic?	X	X	X	X		X
Improved Programming and Management						
21. Does the process for work planning, budgeting, approval and review of UNFPA Supplies activities allow for meaningful participation by a range of stakeholders (national health authorities, INGOs, other implementing partners)? Does it extend from the capital to the district and local level? How big a part is played by implementing partners?	X	X	X	X	X	X
22. Does the UNFPA Country Office have access to the appropriate needed and technically competent human resources to implement the programme at country level? Can it draw on technical assistance and other needed resources from the global and regional levels? Is this support adequate? Is it timely?	X	X	X	X	X	X
23. How have strategic decisions on programme direction and content (for example, the decision to eliminate increased demand creation as an output of the programme, or the decision to alter the allocation of procured commodities based on a country's perceived progress toward sustainability) enhanced or impeded the effectiveness of the programme in _____? Did these decisions take account of inputs from the national authorities?	X	X	X	X	X	X
The Catalytic Role of UNFPA Supplies						
24. How well does the design and operation of UNFPA Supplies in ____ take account of the roles of other actors and other sources of support to RHCS/FP (national and external)? Has UNFPA Supplies avoided duplication and overlap with other sources of support?	X	X		X	X	

Topic Area and Questions	Respondents by Type					
	UNFPA Staff	National Health Authorities	Central Medical Stores	Dev. Partners	Implementing Partners	Others
25. To what extent has UNFPA Supplies been able to mobilize and leverage additional resources for support to RH/FP? How has it contributed to strengthening national ownership?	X	X		X		
26. Has UNFPA Supplies been able to contribute to the increased effectiveness of national programmes in RHCS and family planning? Has it strengthened programmes receiving support from other sources, including other development partners? How?	X	X		X		

Table 13: Draft Interview Guide for Key Informants Engaged in Delivery of RH/FP Services Supported by UNFPA Supplies and Located Outside the Capital City

Topic Area and Questions	Respondents by Type					
	Staff of Regional/District Stores	Staff of Govt. SDPs	Staff of NGO Run SDPS	Private Sector Staff (Kiosks)	Women and Young Girls	Women's Organisations
Enabling environment for RHCS/FP						
1. Have you experienced increased, sustained or decreasing budget and other resource allocations in support of RH/FP commodities and services in recent years? What about during the and after the Ebola Virus Diseases (EVD) crisis? (This latter question for Sierra Leone only...for other countries, insert specifics, e.g. for Nepal the 2015 earthquake)	X	X	X	X		
2. In your experience, what has been done in recent years to improve access for women and girls (especially for marginalized women and girls) to the RH/FP commodities and services they need? Has this worked or not?		X	X	X	X	X
Increasing Demand for RH/FP Commodities and Services						
3. What are the most significant socio-economic barriers for marginalized women and girls to demand the RH/FP commodities and services they need? What has been done to overcome these barriers? Has it worked?		X	X	X	X	X
4. Who works at the community level to identify and overcome socio-cultural barriers to improving the knowledge and ability of young women and girls, including the poor and marginalized? How do they engage with the community? Which group (s) are most active and are they effective?	X	X	X		X	X
5. Do you think the work done to engage with the community around overcoming barriers to increased demand for RH/FP commodities and services by young women and girls has increased trust and improved the relationship between poor and marginalized women and girls and service providers? How and why?		X	X	X	X	X
6. Do you think there is enough work being done to increase demand for RH/FP commodities and services in your community? Is this work effective? Which organizations (other than UNFPA) are active in supporting increased demand creation? Do they work with UNFPA at all? Will they continue working in your community in the future?	X	X	X	X	X	X
7. In recent years and months have you seen an improvement in the ability of girls and women to get the FP/RH commodities and services they need on time, at an affordable price and without stock-outs or other disruptions? Why do you think this		X	X	X	X	X

Topic Area and Questions	Respondents by Type					
	Staff of Regional/District Stores	Staff of Govt. SDPs	Staff of NGO Run SDPS	Private Sector Staff (Kiosks)	Women and Young Girls	Women's Organisations
situation improved (or did not)? How about during and after the EVD crisis (or earthquake, etc. – use country specific info here)?						
Improved efficiency of procurement and supply (Global and National)						
8. Is the supply stream for reproductive health and family planning commodities and services (all the way to the end user) becoming more reliable over time? Are stock-outs reducing? Are the commodities that women and girls want and need available in sufficient quantities at all times? If not, why not?	X	X	X	X	X	X
9. Do women and girls (including poor and marginalized young women and girls) have sufficient choice of methods of family planning? Do they get to choose a method which suits their needs and is available when they need it at an affordable price? If not, why not?	X	X	X	X	X	X
10. Who monitors the availability of RH/FP commodities in your community? Do they report publicly on stock-outs or over-supplies? Do these happen frequently? What happens when stock-outs occur?	X	X	X		X	
Improved access to quality RH/FP Services						
11. What have service providers done to help young women and girls to overcome problems of access and barriers which limit the accessibility of services in RH/FP? Has it worked? What more could they do?	X	X	X	X	X	X
12. Who provides RH/FP commodities and services in this community? Government clinics and primary health care posts, NGO clinics, faith-based organizations, private pharmacies and/or kiosks? Others? If more than one type, which is most effective and why?	X	X	x	X	X	X
13. During the recent EVD crisis (or, in Nepal, the 2015 earthquake), did your community receive products from emergency kits of RH/FP commodities? If so, were the products of good quality and did they reach the women and girls most in need in a timely way?	X	X	X	X	X	X
Strengthened systems and capacities for Supply Chain Management (SCM)						

Topic Area and Questions	Respondents by Type					
	Staff of Regional/District Stores	Staff of Govt. SDPs	Staff of NGO Run SDPS	Private Sector Staff (Kiosks)	Women and Young Girls	Women's Organisations
14. What do you see as the main gaps and weaknesses in national supply chains for RH/FP commodities (including gaps resulting from crises)? Especially those effecting poor and marginalized women and girls?	X	X	X	X		
15. Has the national government (with UNFPA Support) introduced and rolled out needed new or improved supply chain management systems (including LMIS) in recent years? Have these systems helped to improve distribution to the last mile? Are they functioning effectively? Why or why not?	X	X	X	X		X
16. In your opinion are the SCM systems in use (including LMIS systems) of high quality? Do national authorities have access (including from UNFPA) to the technical capacity and financial resources necessary to maintain these systems?	X	X	X	X		
17. In your experience, is the support provided to SCM systems by development partners (including UNFPA) well coordinated? Have you seen examples of support in this area which duplicates or overlaps with the work of different partners?	X	X	X	X		
18. What is your opinion of the sustainability of national policies and programmes in RHCS and family planning? Will the necessary financial and technical resources be available in the medium-term future to allow _____ (country) to procure and distribute needed RH/FP commodities without support from UNFPA (or other development partners)?	X	X	X	X		
The Catalytic Role of UNFPA Supplies						
19. Do you think that services in reproductive health and family planning in your area and community are improving over time? If so how? Do you see the level of effort increasing? Are service providers more skilled and knowledgeable? If they are improving, do you think that is because of national programmes or are there other reasons?	X	X	X	X	X	X
20. Do you have any other comments you would like to add?	X	X	X	X	X	X

ANNEX 6 EVALUATION MATRIX FOR DESK STUDIES

The desk-based country case studies (Haiti, Madagascar, Malawi, Myanmar and Togo) do not cover all the evaluation questions, sub-questions and key causal assumptions. For example, they do not address evaluation question three: the effect of global operations on shaping global markets. As a result, the draft evaluation matrix for the desk-based country case studies is a modified, shorter version of the matrix for the evaluation as a whole. It covers those evaluation questions, sub-questions and causal assumptions which can be addressed at country level relying mainly on documentary sources.

Table 14: Draft Evaluation Matrix for Desk-Based Country Studies

3.1: An enabling environment for Reproductive Health Commodity Security (RHCS) and Family Planning (FP)	
Evaluation Question 1: To what extent has UNFPA Supplies contributed to creating and strengthening an enabling environment for RHCS/FP at global, regional and national level?	
Sub-Questions:	
<ul style="list-style-type: none"> a) To what extent has UNFPA Supplies been effective in advocating with national partners so that RHCS and FP are integrated into and prioritized in national budgets, programmes, and health policies and strategies (including guidelines, protocols and tools)? b) To what extent has <i>UNFPA Supplies</i> been effective in engaging with global and regional partners to secure commitments and mobilize resources in support of country needs in RHCS/FP? c) To what extent has <i>UNFPA Supplies</i> been effective in strengthening and participating in coordination mechanisms at all levels to ensure support and programming aligns with global and national strategies to expand access to RH/FP commodities and services, especially (but not exclusively) for poor and marginalized women and girls and other new users? d) To what extent has <i>UNFPA Supplies</i> been effective in advocating for and supporting a total market approach strategy for marketing of FP commodities and services? 	
Evaluation Criteria	Relevance, effectiveness, coordination, sustainability
Rationale	Recent evaluations in reproductive health and family planning (the <i>Evaluation of UNFPA Support to Family Planning</i> and the <i>End-Line Evaluation of the H4+ Joint Programme Canada and Sweden</i>) have found that effective programming requires adequate attention to the enabling environment at global, regional, and especially at national levels. ¹ This is consistent with the Supply-Enabling Environment-Demand (SEED) model of Sexual and Reproductive Health programming and reflects the importance given to addressing the enabling environment in the design of <i>UNFPA Supplies</i> (where it has been designated as output number one). A strengthened enabling environment is also an essential element in sustaining improved outcomes in RHCS and FP. From 2017 onward, <i>UNFPA Supplies</i> has varied the level of commodities it procures for each country depending

¹ The Engender Health, *SEED Programming Model*, indicates that the conditions for a positive enabling environment for improved Sexual and Reproductive Health have been attained when: “the policy, programme and community environment, coupled with social and gender norms, support functioning health systems and facilitate healthy behaviors”. See: <https://www.engenderhealth.org/our-work/seed/>

	on its capacity to sustain national programmes and budgets in RHCS/FP. This capacity will, itself, depend on the strength and durability of the enabling environment for RHCS/FP.	
Question 1: Key Assumptions	Indicators	Sources of Evidence
Assumption 1.1: UNFPA Supplies advocacy efforts at national level are coordinated and aligned with national strategies to expand access to RH/FP services and commodities.	<ul style="list-style-type: none"> National RH/FP strategies and plans (including in national health plans and reproductive health roadmaps) include focus on expanded access, including access for marginalized women and girls. Views of UNFPA country staff and national health authorities 	<u>Data and Document Reviews</u> <ul style="list-style-type: none"> National strategies, plans, and roadmaps in RH/FP UNFPA Supplies country workplans UNFPA Supplies country annual reports and results framework reports <u>Interviews</u> <ul style="list-style-type: none"> UNFPA staff at country level National health authorities
Assumption 1.2: Drawing on global, regional and national sources for financial support, national health authorities have been able to achieve (and to varying degrees, sustain) increased budget allocations and expenditures for RHCS/FP.	<ul style="list-style-type: none"> Levels of external support designated to RHCS/FP over time (including UNFPA Supplies and other sources) Budget line item for RHCS/FP or components implemented and trend over time in budget allocations Views/experience of national health authorities and UNFPA staff 	<u>Data and Document Reviews</u> <ul style="list-style-type: none"> UNFPA Supplies country workplans UNFPA Supplies annual reports and results framework reports National Health Accounts Reports National health budgets <u>Interviews, Group Discussion, Site Visits</u> <ul style="list-style-type: none"> UNFPA country office staff National health authorities
Assumption 1.3: National programmes, policies and strategies (including guidelines, protocols and tools prioritize improving access to RH/FP services and commodities, including access for poor and marginalized women and girls.	<ul style="list-style-type: none"> Relative priority given to improved access for marginalized women and girls in national programmes, policies and strategies. Views and experience of national health authorities regarding priority of focus on marginalized women and girls. Active measures included in guidelines, protocols and tools for improving access to poor and marginalized women and girls. 	<u>Data and Document Reviews</u> <ul style="list-style-type: none"> National strategies, plans, and roadmaps in RH/FP National health service guidelines, protocols and tools covering delivery of RH/FP services UNFPA Supplies annual reports and results framework reports <u>Interviews, Group Discussion, Site Visits</u> <ul style="list-style-type: none"> UNFPA staff at country level National health authorities

3.2: Increased demand for RH commodities by poor and marginalized women and girls

Evaluation Question 2: To what extent has UNFPA Supplies **contributed to increasing demand for reproductive health and family planning commodities and services**, including demand by poor and marginalized women and girls in keeping with their needs and choices (including in humanitarian situations)?

Sub - Questions:

- a) Has UNFPA Supplies **advocated effectively for policies and programmes to strengthen demand and address barriers to access** while taking account of the needs of marginalized women and girls, including but not limited to harmful socio-cultural norms?
- b) Has UNFPA Supplies been effective in **supporting engagement by community leaders, service providers, adolescents and women to build demand and address barriers to access?**
- c) To what extent have policies and programmes supported by UNFPA Supplies contributed to **improving knowledge, reducing barriers and improving the capacity** of women and girls **to demand services and exercise choice** in accessing RSH/FP commodities in a range of settings?
- d) **From 2017**, with UNFPA Supplies **no longer providing direct support to increasing demand**, what processes and mechanisms have been/will be used to **ensure improvements in supply complement and are coordinated with demand generation actions of partners?**

Evaluation Criteria	Relevance, effectiveness, sustainability
Rationale	While recent decisions have re-directed UNFPA Supplies away from direct demand creation efforts, in most countries, the programme supported efforts to strengthen demand creation from 2013 through 2016. As a result, the Mid-Term Evaluation should examine the effectiveness of demand creation efforts. In addition, given the inter-related dynamic between the areas of Supply, Enabling Environment and Demand, it will be useful to examine the extent that UNFPA Supplies has been able to link efforts to support action across all three of these important programme outputs. Evaluation Question 2 and its sub-questions allow the evaluation to examine programme effectiveness in achieving this output and to establish the linkages, if any, across important elements of the programme.

Question 2: Key Assumptions	Indicators	Sources of Evidence
Assumption 2.1: UNFPA Country Offices advocate for sustainable policies, programmes and investments addressing socio-cultural norms and other barriers to improve the knowledge and capacity of marginalized women and girls to demand access to RH/FP commodities , including	<ul style="list-style-type: none"> • National RH/FP strategies and plans focus on addressing socio-cultural norms and other barriers to improved knowledge and capacity of marginalized women and girls • National RH/FP programmes include active measures to strengthen knowledge and capacity of marginalized women and girls through community engagement and TMA • Views of UNFPA country office staff 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • National strategies, plans, and roadmaps in RH/FP • National health service guidelines for community engagement and demand generation • UNFPA Supplies annual reports and results framework reports <p><u>Interviews</u></p> <ul style="list-style-type: none"> • UNFPA Country Office staff • National health authorities

Question 2: Key Assumptions	Indicators	Sources of Evidence
through community engagement and use of a total market approach.	<ul style="list-style-type: none"> Views of national health authorities 	
<p>Assumption 2.2: UNFPA Supplies supports policies and programmes including community engagement to directly address socio-cultural barriers to improving the knowledge and ability of marginalized women and girls to demand appropriate RH/FP commodities of their choice.</p>	<ul style="list-style-type: none"> Community engagement activities supported by UNFPA supplies include measures to address socio-cultural barriers to improving knowledge and ability of marginalized women and girls to demand appropriate services 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> National and sub-national budgets and programme reports on community engagement and demand generation activities UNFPA Supply annual country workplans UNFPA Supplies country annual reports and results framework reports <p><u>Interviews</u></p> <ul style="list-style-type: none"> UNFPA Country Office staff National health authorities

3.3: Improved efficiency for procurement and supply of RH commodities (global focus)

Not suited to desk-based country case studies

3.4: Improved access to quality RH/FP commodities and services

Evaluation Question 4: To what extent has UNFPA Supplies contributed to **improved security of supply, availability and accessibility of reproductive health (RH) and family planning (FP) commodities and services** in programme countries, especially for poor and marginalized women and girls, **in keeping with their needs and choices**, in humanitarian situations?

Sub-Questions:

- a) To what extent has UNFPA Supplies contributed to the **development of effective strategies and approaches** for making **high-quality RH/FP commodities and services available and accessible** for marginalized women and girls?
- b) To what extent has UNFPA Supplies been effective in supporting efforts to **strengthen the capacity of service providers for the delivery of services and related commodities** and to integrate Family Planning into a range of services including maternal health, HIV prevention and treatment, immunization, etc.?
- c) Has UNFPA Supplies been effective in **brokering and managing partnerships that maximize the reach of efforts by all partners** to locate and provide a **secure and constant supply of high-quality RH/FP services and commodities** to poor and marginalized women and girls?
- d) To what extent has UNFPA Supplies worked effectively with national authorities, and other partners to provide a **timely, secure and constant supply** (and related services) of RH/FP **commodities to women and girls in areas affected by humanitarian crises**, using the Minimum Initial Service Package (MISP) kits and guidance as well as other necessary commodities and services where appropriate?

Evaluation Criteria	Relevance, effectiveness, sustainability
Rationale	These questions are directly focused on access for poor and marginalized women and girls. In the case of UNFPA Supplies, access involves the ability of poor and marginalized women and girls to demand and receive the RH/FP commodities and services when and where they need them and at prices they can afford. The question of access also serves as a strong link between supply and demand promoting activities in the Supply – Enabling Environment – Demand (SEED) model of effective programming in RH/FP (see Figure 1). With this question, the evaluation is able to assess how the programme has contributed to the availability and accessibility of a supply of RH/FP commodities (and services) which responds to the needs and choices of poor and marginalized women and girls.

Question 4: Key Assumptions	Indicators	Sources of Evidence
Assumption 4.1: UNFA Supplies works to ensure procured commodities match demand and help address gaps in national supply chains (including gaps resulting from crises), to enhance the secure flow and constant	<ul style="list-style-type: none"> • Reduction in frequency, duration and severity of stock outs at national and sub-national levels • Absence or reduction in the frequency and level of over-supply and unused inventory • Changes and adjustments/reallocation of procurement and shipment of RH/FP commodities and products to match changes in demand 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • Records of coordination meetings/consultations at global, regional, national level (including in humanitarian contexts) • UNFPA Supplies annual reports and results framework reports <p><u>Interviews</u></p>

Question 4: Key Assumptions	Indicators	Sources of Evidence
availability of affordable RH/FP commodities that are accessible to marginalized women and girls.	<ul style="list-style-type: none"> • Timeliness of shipment of identified needed commodities and products during humanitarian crises • Views and experiences of UNFPA staff and national health authorities 	<ul style="list-style-type: none"> • UNFPA Country Office Staff • National health authorities
<p>Assumption 4.3: UNFPA Supplies works with national authorities, and other partners, to enhance availability of and ease of access to RH/FP services and commodities using a total market approach (engaging a full range of public, NGO, and private sector providers including social insurers and social marketing outlets and kiosks/dispensers for condoms, etc.).</p>	<ul style="list-style-type: none"> • Identification of a TMA approach in national plans and programmes for increased use of RH/FP commodities. • Trend over time in use of modern methods and in percent of demand met • Views of national health authorities, • Views of UNFPA staff 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • National strategies, plans, and roadmaps in RH/FP • National health service guidelines, protocols and tools covering marketing and delivery of RH/FP services • UNFPA Supplies annual reports and results framework reports • DHS surveys and other reports of unmet need <p><u>Interviews</u></p> <ul style="list-style-type: none"> • UNFPA Country Office staff • National health authorities
<p>Assumption 4.4: UNFPA Supplies procures, packages and delivers emergency RH/FP kits and individual products with the appropriate range, quantity and quality and that reach populations in a timely way at the start of and during humanitarian crises, to enable those affected to meet their RH/FP requirements.</p>	<ul style="list-style-type: none"> • Programme humanitarian response plans include explicit matching of content of emergency RH-FP kits with identified needs of women and girls in the specific humanitarian emergency • Humanitarian response plans identify the number of kits needed to meet needs arising from the crisis along with strategies and approaches for effective delivery 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • Records of coordination meetings/consultations at global, regional, national level (including in humanitarian contexts) • UNFPA Supplies annual reports and results framework reports • Review mission reports and real-time evaluation reports of UNFPA response to humanitarian emergencies <p><u>Interviews</u></p> <ul style="list-style-type: none"> • UNFPA Country Office Staff • National health authorities

3.5: Strengthened systems and capacity for Supply Chain Management (SCM)

Evaluation Question 5: To what extent has UNFPA Supplies contributed to **improving systems and strengthening capacity for supply chain management** for reproductive health and family planning commodities in programme countries?

Sub-Questions:

- a) To what extent has UNFPA Supplies **strengthened supply chains** by enhancing the ability of programme countries **to move commodities** from their point of arrival through various supply channels to the **last mile and service delivery points**?
- b) To what extent has UNFPA Supplies strengthened supply chains for RH/FP commodities in areas affected by humanitarian crises?
- c) To what extent has UNFPA Supplies contributed to strengthening the **capacity of supply chain managers and service providers** to forecast, order, receive, store, distribute and report on commodities? Has programme support addressed the capability, opportunity and motivation of supply chain managers and service providers?
- d) Has UNFPA Supplies been effective in **improving systems (both computerized and manual) and procedures** for supply chain management (including Logistics Management Information Systems (LMIS) and systems for inventory management, distribution, tracking and tracing of products), by working with **public, NGO and private sector actors**? Have countries reported positive results in tracking and managing these products?
- e) To what extent have UNFPA Supplies interventions incorporated a focus on **sustainability of supply** (to mitigate the potential risk of supply disruptions) through increased national ownership and support?

Evaluation Criteria	Effectiveness, efficiency, sustainability
Rationale	Strengthened systems and capacities for supply chain management (UNFPA Supplies Programme Output 5) are an essential pre-requisite for improving the availability of RH/FP commodities and thereby improving access to those commodities by poor and marginalized women and girls. This is illustrated clearly in the programme Theory of Change (Figure 2), where strengthened systems for supply chain management contribute to improved national capacity to provide needed services and commodities in RH/FP which, in turn, contributes to improved availability and access (Output 4). In addition, these questions focus directly on the improvements in automated and manual systems and procedures which can aid the overall strengthening of supply chains. Alongside investments in systems and technology, the evaluation question addresses the needed improvements in the capacity of supply chain managers and service providers to play their essential roles in forecasting need, managing supplies, and carrying out distribution so that national supply chains can operate effectively. Finally, these questions and assumptions address the need for system improvements to be sustainable. For external programmes to move from a process of supporting ongoing systems management to strengthening systems themselves they need to be sustainable over the medium and long-term.

Question 5: Key Assumptions	Indicators	Sources of Evidence
<p>Assumption 5.2: UNFPA Supplies (through Country Offices) collaborates with country officials, to enable introduction and roll-out (with requisite training) of required new manual and automated supply chain management systems and procedures including LMIS, inventory management, distribution to the last mile, track-and-trace mechanisms, etc.</p>	<ul style="list-style-type: none"> • Reported examples of successful introduction and roll out of new or improved manual or automated systems for supply chain management (including LMIS, inventory management and distribution) • Absence of examples of unsuccessful, duplicative or excessively delayed or expensive introduction or roll out of new systems, especially automated systems supported by UNFPA Supplies • Views of UNFPA country office staff and national health authorities 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • Records of coordination meetings/consultations at national level (including in humanitarian contexts) • UNFPA Supplies annual reports and results framework reports • Cost benefit analysis reports, review mission reports and audit reports on introduction and roll-out of new manual and automated systems funded by UNFPA Supplies (Including installation, upkeep and ongoing development of CHANNEL software). • Guidelines, procedures and operational manuals introduced as technical assistance to support new systems <p><u>Interviews</u></p> <ul style="list-style-type: none"> • UNFPA Country Office Staff • National health authorities
<p>Assumption 5.3: National authorities have the capacity and are willing to adopt the innovative policies and systems promoted by the programme.</p>	<ul style="list-style-type: none"> • Reported examples of successful introduction and adoption of new systems and approaches for SCM at national level supported by UNFPA supplies 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • UNFPA Supplies global, regional and country workplans • Review mission reports, case studies and audit reports on UNFPA Supplies technical support to supply chain management • Independent assessment and evaluation reports on UNFPA supply chain support (e.g. CHANNEL software) and the quality of UNFPA technical assistance <p><u>Interviews</u></p> <ul style="list-style-type: none"> • UNFPA Country Office Staff • Supply chain managers at national and sub-national levels

Table 15: Draft Evaluation Matrix for Desk-Based Country Studies: Question Six: Improved Coordination and Management

Question 6: Improved programme coordination and management		
<p>Evaluation Question 6: To what extent have the governance structures (UNFPA Supplies Steering Committee) management systems and internal coordination mechanisms of UNFPA Supplies contributed to overall programme performance?</p>		
<p>Sub-Questions</p> <p>a) To what extent have the UNFPA Supplies Steering Committee and UNFPA programme managers (HQ, Regional and Country Offices) been effective in providing strategic direction and oversight to UNFPA Supplies as well as internal programme coordination at the global, regional and national level? Are Steering Committee members satisfied with the current governance structure?</p> <p>b) Have systems for work programming, budgeting, review and approval been effective at the global, regional, and country level? Has UNFPA Supplies been effectively integrated into UNFPA country programmes?</p> <p>c) Has UNFPA Supplies been able to assemble and deploy the required human resources with the appropriate mix of skills and capabilities to effectively support programme implementation at global, regional and national levels?</p> <p>d) To what extent have the systems for results-monitoring, reporting and accountability for UNFPA Supplies been effective? Have they contributed to learning and knowledge management and to ongoing programme management?</p>		
<p>Evaluation Criteria</p>	Effectiveness, efficiency	
<p>Rationale</p>	<p>In order for UNFPA Supplies to contribute effectively to programme outputs and, ultimately, to the goal of improved sexual and reproductive health for poor and marginalized women and girls, it must be effectively governed and managed. This, in turn, requires the right mix of skills and capacities among programme managers at all levels. It also requires effective systems for programme planning, budgeting, review and approval along with effective systems for results monitoring and accountability. Finally, it is important that UNFPA Supplies benefits from a governance structure in which key stakeholders bring the necessary expertise to provide strategic direction and oversight. However, the evaluation is not an in-depth management review of the UNFPA Supplies programme. In examining efforts to improve coordination and management over time, the evaluation must focus on the extent that these efforts contribute to achieving the targeted results of the programme as expressed in Outputs 1 to 5.</p>	
Question 6: Key Assumptions	Indicators	Sources of Evidence
<p>Assumption 6.1: Systems for work planning, budgeting, approval and review of UNFPA Supplies at the country level incorporate meaningful participation by national health authorities,</p>	<ul style="list-style-type: none"> • National mechanisms for planning, budgeting, implementation and review of programmes in RH/FP encompass issues of RHCS and supply • National mechanisms for coordination in RH/FP include participation by all key stakeholders at national and 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • Minutes of national coordinating mechanisms in RH/FP and RHCS • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies country work plans

Question 6: Key Assumptions	Indicators	Sources of Evidence
implementing partners and other key stakeholders.	sub-national levels, including international and local NGOs and sub-national staff of health authorities	<ul style="list-style-type: none"> UNFPA Country Programme evaluation reports Collaboration agreements and memoranda of understanding <u>Interviews</u> <ul style="list-style-type: none"> UNFPA country office staff National health authorities

Table 16: Draft Evaluation Matrix for Question Seven Cross Cutting Themes

Question 7: Cross Cutting Theme: The Catalytic Role of UNFPA Supplies		
Evaluation Question 7: To what extent has UNFPA Supplies played a catalytic role by leveraging increased investment by other actors and supplementing existing programmes in RH/FP at global, regional and national levels?		
Sub-Questions		
a) To what extent has UNFPA Supplies been able to leverage increased investments and commitments by other actors in support of RH/FP commodities and services at global, regional and country level? b) To what extent has UNFPA Supplies programming been sufficiently flexible and responsive to changing country needs and priorities, including during and after humanitarian crises? c) To what extent has UNFPA Supplies supported effective action to mitigate environmental risks in procurement and disposal of RH/FP commodities?		
Evaluation Criteria	Effectiveness, efficiency, coordination	
Rationale	<p>The financial, technical and material support provided by UNFPA Supplies in the 46 programme countries should complement national resources and programmes as well as support from other partners. The support should also be catalytic by mobilizing external and national resources for RHCS/FP. To achieve this, the programme would need to be flexible and responsive to changing national needs and priorities (in the context of global strategies and lessons learned). It would also need to be ready and able to support the introduction, testing and scaling up of innovative approaches in RHCS and FP. However, support to innovation was not identified as a key programme output in the original or the reconstructed ToC for UNFPA Supplies. Thus, while the evaluation can identify and assess specific efforts to support innovation, it is not feasible to devote significant evaluation resources to systematically documenting and analysing the programme’s strategy, approach, systems and processes for supporting innovation.</p>	
Question 7: Key Assumptions	Indicators	Sources of Evidence
Assumption 7.2: The process for planning, budgeting, implementing,	<ul style="list-style-type: none"> Documented changes in annual workplans and allocations of UNFPA Supplies commodity budgets at 	<u>Data and Document Review</u>

Question 7: Key Assumptions	Indicators	Sources of Evidence
<p>reviewing and monitoring UNFPA Supplies at country level is responsive to the needs of national stakeholders (national authorities, development partners, NGOS, civil society and the private sector) including in humanitarian settings. It also contributes to strengthened/increased action to address needs.</p>	<p>national level in response to changing conditions/needs (including humanitarian emergencies)</p> <ul style="list-style-type: none"> • Records of consultative and coordinating mechanisms at country level indicate programme changes in response to changing national needs and priorities (including at sub-national level and in humanitarian emergencies) • Joint mechanisms for programme planning, monitoring and review include participation by key stakeholders, including non-government partners and stakeholders at sub-national level 	<ul style="list-style-type: none"> • Minutes and decision records of national coordinating mechanisms • UNFPA Supplies annual workplans (country level) • Annual allocation of commodities by country <p><u>Interviews</u></p> <ul style="list-style-type: none"> • UNFPA country office staff • National health authorities

ANNEX 7 PERSONS INTERVIEWED

Table 17: Persons Interviewed

	Name	Organisation	Position
1	Abdelmohsen, Ayman	UNFPA	Commodity Security Branch, Global Operations Coordinator
2	Addico, Gifty	UNFPA	Commodity Security Branch, Chief
3	Ahmed, Kabir	UNFPA	Commodity Security Branch, Lead, Supply Chain Management
4	Bandara, Udara	UNFPA	Procurement Services Branch, Procurement Specialist, Anglophone Africa
5	Blasco, Andres	UNFPA	Procurement Services Branch, Team Lead, Eastern and Southern Africa
6	Chidanyika, Agnes	UNFPA	Commodity Security Branch, Technical Specialist
7	Dakkak, Hennia	UNFPA	Humanitarian and Fragile Contexts Branch, Technical Adviser
8	Deperthes, Bidia	UNFPA	Sexual and Reproductive Health Branch, HIV Prevention Adviser
9	Greifenstein, Klaus	UNFPA	Non-Core Funds Management Unit, Technical Specialist
10	Hounton, Sennen	UNFPA	Commodity Security Branch, Technical Adviser, Reproductive Health
11	Kalasa, Benoit	UNFPA	Technical Division, Director
12	Knuttson, Ternald	UNFPA	Sexual and Reproductive Health Branch, Chief
13	Koroma, Desmond	UNFPA	Commodity Security Branch, Technical Specialist, Programme Monitoring and Reporting
14	Light, Ben	UNFPA	Commodity Security Branch (Brussels), Senior Policy Adviser, Family Planning and Reproductive Health
15	Mogatle, Selo	UNFPA	Procurement Services Branch, Quality Assurance Specialist
16	Morizet, Julie	UNFPA	Resource Mobilization Branch, Resource Mobilization Specialist
17	Mourabit, Bouchta	UNFPA	Humanitarian and Fragile Contexts Branch, Humanitarian Specialist
18	Nielsen, Kristian	UNFPA	Procurement Services Branch, Demand Forecasting Associate
19	Nordin, Ingegerd	UNFPA	Procurement Services Branch, Procurement Coordinator
20	Sukanta Sarker	UNFPA	Commodity Security Branch, Technical Specialist
21	Ternald, Anneke	UNFPA	Sexual and Reproductive Health Branch, Chief

	Name	Organisation	Position
22	Chatfield, Frederiek	Marie Stopes International	Procurement Branch, Supply Chain Management Director
23	Gandhi, Meena	Government of the UK	Department for International Development, UK, Health Adviser
24	Hutter, Ryan	Government of Canada	Global Affairs Canada, Immunization and Newborn Health, Senior Adviser
25	Shaw, Sarah	Marie Stopes International	Policy Department, Head of Advocacy
26	Van De Looij, Frank	Government of the Netherlands	Ministry of Foreign Affairs, Health and AIDS Division, Technical Specialist
27	Wilson, Edward	John Snow Inc. (JSI)	JSI Center for Health Logistics, Director

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ANNEX 9 UNFPA SUPPLIES CHANNEL SOFTWARE: AN OVERVIEW

What it is:

CHANNEL is a computer software developed by UNFPA (and periodically revised), for managing health supplies (diagnostics, medicines, reproductive health products) in warehouses and service delivery points. This electronic logistics management information system (eLMIS) can be used at central, regional, district, and health facility levels, and works with the country's public health distribution system. It is a customized Microsoft Visual Basic Application, designed to manage up to 1,000 different products, with the user entering stock data (quantities, products, expiry dates, etc.) on arrival to the site and on distribution or dispensing from the site. The platform produces 15 reports for use in stock management and forecasting, to allow logistics officers and managers to properly monitor and manage stock pipelines and distribution across the country. In some countries (e.g. Madagascar and Guinea), some entities (e.g. the Catholic Relief Service) are also using the software to manage the supplies of mosquito nets and other products.

The software is free for countries who request it to obtain from UNFPA, and requires a two to three day course to of training. CHANNEL is meant to be user friendly and easy to use, as described in the PSM Toolbox platform hosted by the World Health Organization (WHO). (<http://www.psmtoolbox.org/en/tool-details%7CInventory-Management%7CCHANNEL%7C261>). UNFPA Supplies Programme products are tracked using CHANNEL in countries and Country Offices that use it.

Experience with CHANNEL:

The software was piloted in 20 countries in 2012, and UNFPA trained in-country staff on its use. In countries, program managers and coordinators collect RH/FP product/stock data from service delivery sites on data verification and monitoring visits (in some countries - e.g. Nigeria - using a specific UNFPA stock table to collect the data). UNFPA country offices use CHANNEL software to record the data and manage their program stocks nationally, providing the national level with visibility into stock levels of products stored at depots across the country (although the data in CHANNEL is not web-based and real-time, so there are time lags in its accuracy).

In Nigeria, UNFPA has been piloting use of the software to aggregate data at state level and manage stocks nationally. In some countries (e.g. Sierra Leone), UNFPA funds salaries of Health Information Officers (HIOs) in District Medical Stores, whose responsibility it is to enter the data from stock forms submitted by sites into the Channel software to manage district stock/inventory records. (Note in Sierra Leone, there were plans to replace CHANNEL with MSupply software (<https://msupply.org.nz/>) to perform a similar role but with expected improved performance (according to the Sierra Leone RH SC Rapid Assessment 2016, p.9).

Context:

As part of the new (May 2017 draft) UNFPA Supply Chain Management Strategy, UNFPA focuses on technology as one of the six key external factors impacting the ability to ensure needed supplies reach those who need them, and states a need to "improve use of data and clarify accountability," based on experience and limitations found to date in countries. Therefore, technology and LMIS is a significant area of interest and focus for UNFPA. This may mean there will be a new examination of CHANNEL and its adequacy.

Whereas in private sector operations globally, product supply chains use technology to provide up-to-date (or real time) information on stocks and movements in the pipeline, public sector health systems in developing countries often rely on manual and paper-based systems (especially at last-mile level), and lack comprehensive and functioning Logistic Management Information Systems (LMIS) throughout their health system. A well-functioning LMIS can monitor supply chain performance, and provide accurate and current data to enable managers and decision makers to monitor and adjust, forecast, and properly manage inventories nationwide. But this requires that accurate and complete data are collected and recorded (down to the last mile), reports are generated, and that the data/reports are used for relevant decision making. USAID and other partners

have worked with many countries to integrate technology into their LMIS for health products (for various health programs), with mixed results. There are now numerous (and sometimes overlapping or competing) programs and platforms in use across the developing world, to varying degrees of functionality. This variation in use of LMIS platforms and systems is part of the fragmentation that is so prevalent in supply chain operations in countries, across various programs and products.

A “Visibility Analytics Network” (VAN) project funded by the Bill and Melinda Gates Foundation (BMGF) was developed to optimize tools, and help coordinate LMIS management among donors, including UNFPA (as noted in an interview with the UNFPA Procurement Services Branch). The VAN has started with RH products, with the expectation that it will eventually encompass all health products/partners. The VAN begins with national forecasts, and builds from there, to show the worldwide requirements and contributions in products. Country VANs are operating in Nigeria, South Africa, Pakistan, Ethiopia and elsewhere, but country VANs cannot work well without access to data on shipments into their country/region from all sources. It is hoped that national LMIS systems can be improved and then linked to a global VAN to enhance control and visibility over product stock levels and shipments at global, regional, national levels. PSB notes that VAN is key for UNFPA to have proper, reliable data on RH/FP commodities globally (and to better understand the global requirements and contributions from governments and various partners). A “Track and Trace” project (with bar codes for PSB tracking products in countries) attracted some interest and was made part of the VAN project.

ANNEX 10 TERMS OF REFERENCE



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evaluation of UNFPA S