

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

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Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2016)

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ABBREVIATIONS AND ACRONYMS

BMGF	Bill and Melinda Gates Foundation
CHAI	Clinton Health Access Initiative
CO	Country Office
CSB	Commodity Security Branch (of UNFPA)
CSO	Civil society organisation
DFID	UK Department for International Development
DHIS	District Health Management Information Systems
EHG	Euro Health Group
eLMIS	Electronic Logistics Management Information System
ERG	Evaluation Reference Group
EWEC	(UN) Every Woman Every Child initiative
FEFO	First Expired First Out
GFF	Global Financing Facility
GPRHCS	Global Programme for Reproductive Health Security
H4+JPCS	H4+ Joint Programme Canada Sweden (Sida)
INGO	International Non-Governmental Organisation
IT	Information technology
JSI	John Snow International
Lao PDR	Laos People'
LMD	Last-Mile Delivery
LMIS	Logistics Management Information System
LTA	Long-term agreement
MISP	Minimum Initial Service Package (kit)
MSI	Marie Stopes International
NGO	Non-governmental organisation
PSB	Procurement Services Branch (of UNFPA)
PSI	Population Services International
PSM	Procurement and supply management
QA	Quality assurance
RH	Reproductive Health
RH/FP	Reproductive Health/Family Planning
RHCS/FP	Reproductive Health Commodity Security/Family Planning
RHSC	Reproductive Health Supplies Coalition
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SCM	Supply chain management
SDGs	Sustainable Development Goals
SEED	Supply, Enabling Environment and Demand
SRH	Sexual and Reproductive Health
The Global Fund	Global Fund for Aids, Tuberculosis and Malaria
TMA	Total market approach
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VAN	Visibility Analytics Network
WHO	World Health Organisation

1 INTRODUCTION

This report presents the results of the **inception phase** of the Mid-Term Evaluation of UNFPA Supplies. It contains a detailed description of the context, focus, approach and methodologies to be used during the **data collection** and **analysis and reporting** phases of the evaluation. In short, the report provides a blue-print of how the evaluation will respond to the requirements of the Terms of Reference (ToR).

The members of the Evaluation Reference Group (ERG) have provided comments and suggested improvements to important components of the draft inception report. To a large extent, these suggestions served to improve the validity and usefulness of the evaluation design. As a result, they have been incorporated into this report. Some suggested changes would, however, have required a departure from the approved evaluation ToR, and are not reflected in the sections which follow.

1.1 Objectives of the evaluation

The **purpose** of the evaluation is to assess the progress made in the implementation of UNFPA Supplies since 2013.¹ The evaluation is expected to support **learning** among key stakeholders to inform the implementation of the remainder of the programme as well as other strategies such as the UNFPA Family Planning Strategy *Choices Not Chances (2012-2020)*. The mid-term evaluation will also support the **accountability** of UNFPA by taking stock of progress made and results achieved by UNFPA Supplies.

The **objectives** of the evaluation are to:

- Assess the relevance of the objectives and approach of UNFPA Supplies
- Assess the effectiveness and efficiency of the implementation of UNFPA Supplies at global, regional, national and sub-national levels
- Assess the results achieved in UNFPA supplies at global, regional, national and sub-national levels and the extent to which sustainability considerations have been built in to the programme
- Assess the extent to which issues of gender equality and social inclusion and equity have been taken into consideration
- Assess the extent of coordination with national partners and other prominent actors in the area of commodity security with a view to creating synergies and partnerships
- Assess the extent to which UNFPA supplies played a catalytic role at all levels (global, regional, and national)
- Identify lessons and good practices from the implementation of UNFPA Supplies, and opportunities to improve programme planning, formulation, appraisal and implementation and to feed into the planning of UNFPA strategic documents.

1.2 Scope of the evaluation

The evaluation will cover UNFPA Supplies programme interventions during the period 2013 to 2016, recognizing, where appropriate, recent developments in the programme's direction (including for example, the decision to remove increasing demand for Reproductive Health and Family Planning (RH/FP) commodities and services as a programme output).

¹ UNFPA, *Terms of Reference, Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020)*. Evaluation Office, UNFPA, October, 2016. P.9

The evaluation will also be forward looking and will provide actionable recommendations to improve on the future performance of the programme. The geographic scope of the programme will cover all 46 programme countries in the six UNFPA regions where programme interventions are being undertaken: Western and Central Africa; Eastern and Southern Africa; Asia and the Pacific; Arab States, Eastern Europe and Central Asia; and Latin America and the Caribbean. In order to achieve appropriate geographic coverage, the evaluation will conduct country case studies in nine programme countries.

Table 1: Field and Desk-Based Country Case Studies

Mid-Term Evaluation of UNFPA Supplies: Case Study Countries	
Field-Based Country Case Studies	Desk-Based Country Case Studies
Lao People’s Democratic Republic	Haiti
Nigeria	Madagascar
Sierra Leone	Malawi
Sudan	Nepal
	Togo

The evaluation will also use other methods, including the online survey of key stakeholders and a global document and data review to ensure coverage of all UNFPA Supplies programme countries.

1.3 Overview

The evaluation is structured in three phases. The inception phase took place from the beginning of June to the end of August, 2017. The data collection phase covers the period from the beginning of September to the end of December 2017. The analysis and reporting phase will be carried out from the beginning of January to the end of May, 2018.

The evaluation uses contribution analysis as its main analytical approach. This theory-based evaluation approach is described in detail in section 3.1. The evaluation process begins with the development of a re-constructed ToC for UNFPA Supplies and the identification of key causal assumptions to be tested during the evaluation. While contribution analysis and a re-developed programme ToC are at its core, the evaluation also relies on a diverse set of data collection methods including:

- A comprehensive review of relevant programme documents at global, regional, and national levels
- Interviews, and group discussions at global, regional, national and local levels and site visits in field-based case study countries
- Field and desk-based country studies as indicated in Table 1
- An on-line survey of key stakeholders in all 46 programme countries.

The data collection methods to be used are described in greater detail in section 3.4.

1.4 Purpose and structure of the inception report

The purpose of the inception report is to:

- Review the global context for the UNFPA Supplies programme in the evolving architecture of international support to RH/FP and, especially, to Reproductive Health Commodity Security (RHCS)
- Reconstruct and refine the intervention strategy and ToC for UNFPA Supplies, especially as they relate to the main areas of investigation of the evaluation

- Develop the evaluation questions addressing the main topics and issues identified in the ToR
- Identify the indicators and data sources to be used to address all the evaluation questions
- Describe the methodology and research instruments to be used
- Discuss challenges, limitations and risks which could affect implementation
- Present a detailed workplan.

The chapters of the inception report focus on:

- Chapter 2 describes the global context of UNFPA Supplies
- Chapter 3 identifies the intervention logic of UNFPA Supplies and its changes during the evaluation period, and reconstructs the ToC
- Chapter 4 covers details of the methodology and analysis to be used
- Chapter 5 presents the evaluation matrix with details of the questions to be answered in each of the areas of investigation highlighted in the ToR, including the rationale for those questions, the assumptions to be verified, and the indicators and data sources to be used
- Chapter 6 describes the next steps for the evaluation and provides a detailed timetable. The annexes present information on the instruments and protocols to be used for data collection.

2 THE GLOBAL CONTEXT

2.1 The global context for family planning

2.1.1 Unmet need and the case for investment in family planning

The case for continued investment and attention to improving access and use of Sexual and Reproductive Health (SRH) services, including contraception, is as strong as ever. According to the Guttmacher Institute,² despite renewed global attention for family planning, there is widespread unmet need for contraception in 2017: 214 million women in developing countries want to avoid pregnancy, yet are not using a modern method of contraception (including 155 million who use no contraception at all). Forty-three per cent of the estimated 206 million pregnancies in developing countries are unintended, with 84 percent occurring in women who had an unmet need for contraception. The region with the highest proportion of women with unmet need is Sub-Saharan Africa (21 per cent), while the largest absolute number (70 million women) live in Southern Asia. Women who are least able to access contraception are also those at greater risk for adverse outcomes; namely, the poorest, youngest, least educated and those living in rural or remote areas. Inequities in the percentage of demand satisfied are observed in all regions except Central Asia, and the largest gaps are in Sub-Saharan Africa.³

The toll of this unmet need on the health of women and children is huge. In 2017, it is estimated that 308,000 women will die from pregnancy related causes and 2.7 million babies will die within the first month of birth. Many of these deaths could be prevented with full access to contraceptive care. Further, today an estimated 60 per cent of maternal deaths and 45 per cent of new-born deaths occur in countries affected by humanitarian crises and fragility.⁴ Young people often represent a

² <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>

³ Ortayli and Malarcher (2010). *Equity Analysis: Identifying Who Benefits from Family Planning Programs*, Studies in Family Planning, Vol. 41, No. 2, p. 101-108.

⁴ UNFPA (2017). *Humanitarian Action 2017 Overview*, p. 11.

large proportion of those affected and are particularly vulnerable during times of crisis. They urgently need access to education and services to protect themselves from unintended pregnancy and disease.

2.1.2 Roadblocks and resource gaps

One of the major roadblocks to meeting demand is the lack of available contraceptive services and commodities. There is a **large funding gap for contraceptive commodities alone** estimated at USD 233 million per year by 2020.⁵ This gap is defined as the amount spent on supplies in 2014 and the cost of the volume of supplies users will require in 2020 if current trajectories of growth in contraceptive use continue in the 69 focus countries. The estimate would be even higher if it included the cost of supplies and equipment required for contraceptive service delivery. Globally, in 2014, an estimated USD 1.2 billion was spent on contraceptive commodities, with 25 per cent from all donor sources, 17 per cent from governments using non-donor funds, and 58 per cent from individuals directly purchasing supplies from the private sector.⁶ If there are decreases in donor or public sector funding for commodities, the burden for making up the gap would require greater out-of-pocket expenditures from individuals, many of whom would not be able to pay.

Beyond resource gaps, there are many other reasons that prevent individuals from accessing, adopting or continuing to use contraception. These include policy restrictions, lack of available quality services further hobbled by persistent stock-outs of commodities, shortages of competent providers, social and economic barriers to access to services along with individual concerns about health risks and side effects, and a lack of trust in the health services. Family planning programmes have been working to address these issues for several decades, resulting in an extensive body of literature and experience to guide programming and investment.

Much has been learned about the holistic programme components required to ensure equitable access to a broad range of modern contraceptives and rights-based services: a policy component that supports equitable access and services without discrimination, adequate resources, good governance and accountability; (ii) a service component that supports a strengthened health system with the capacity to offer a broad choice of contraceptive methods and access to acceptable and high-quality services; and (iii) a demand component that promotes increased knowledge, participation and empowerment of individuals so that they can determine how to meet their fertility desires and intentions.⁷ On the other hand, there is still a learning gap on: (i) how to scale up and sustain locally-led and-owned programme efforts; (ii) how to offer integrated services that are client-centred and meet individuals' sexual and reproductive health needs and rights, especially for marginalized women and girls; and (iii) how to promote and offer a wide array of contraceptive options that align with a range of individual preferences and reproductive intentions throughout women's life cycle. In addition, there is a continuing challenge to identify effective approaches to delivering youth friendly services.

2.1.3 Global partnerships and programs for family planning and RHCS

In 2012, after a decade or so where family planning funding and action plateaued, the London Summit on Family Planning, hosted by the Bill and Melinda Gates Foundation (BMGF) and the UK Department for International Development (DFID), kick-started renewed global attention and interest in family planning among donors, governments and civil society organisations. The Summit resulted in commitments of resources and action to support contraceptive information and services

⁵ Reproductive Health Supplies Coalition (2017). *Global Contraceptive Commodity Gap Analysis*, p. 5.

⁶ RHCS (2017), p. 5

⁷ Hardee, K. et al (2014). *Voluntary Rights-based Family Planning: A Conceptual Framework*. Studies in Family Planning, Vol 45, No. 1 (March 2014), p 1-18.

for 120 million women and girls in the 69 poorest countries. **FP2020** was established as a major global partnership to track progress towards meeting the commitments and goal, and now serves as a major platform for knowledge-sharing and country-level action.⁸ UNFPA is an active leader on the FP2020 reference group, and has played an important role in garnering country engagement and government commitment. UNFPA and the United States Agency for International Development (USAID) play important roles serving as focal points for country planning and action in almost all countries partnering in FP2020.

Another important global initiative is **Every Woman Every Child (EWEC)**, an UN-led campaign started in 2010 to address the major health challenges facing women and children. The Global Strategy 2.0⁹, aligned with the Sustainable Development Goals (SDGs), explicitly includes family planning within its objectives and targets to ensure universal access to sexual and reproductive health-care services and rights. UNFPA played an important advocacy role in ensuring explicit mention of family planning within the SDGs, a critical effort to ensuring that country commitments to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) consider and include family planning as an important component for saving lives.

The **Reproductive Health Supplies Coalition (RHSC)** is a global partnership of public, private and non-governmental organisations that aims to ensure that all people in low- and middle-income countries can choose, obtain and use the supplies and appropriate services they need to safeguard reproductive health. RHSC is the largest reproductive health membership organisation in the world and is widely recognized for raising the profile of reproductive health commodity issues on the global agenda. It provides a neutral convening power to share knowledge, raise awareness and propose action to tackle RH supplies issues. For example, RHSC has worked to harmonize metrics for measuring stock-outs and has ensured the visibility of RH/FP within the development and implementation of the Global Financing Facility (GFF).¹⁰ It is also funded by DFID, USAID, the Bill and Melinda Gates Foundation, the Clinton Health Access Initiative and others to improve market dynamics, reduce commodity prices, and encourage participation of southern based manufacturers.¹¹

UNFPA Supplies

UNFPA Supplies is the flagship programme for family planning at UNFPA. It is organized as a thematic trust fund to support countries to “procure essential reproductive health supplies, deliver them through a functional supply chain and ensure their use by all who need them, particularly poor and marginalized women and girls.”¹² It is a seven-year programme that started in 2013/14, the goal of which is to provide support to 46 high need countries, which include countries making FP2020 commitments. All 46 UNFPA Supplies Stream 1 countries are included within the 60 target countries of FP 2020.¹³

From 2013 onward, a planned 65 per cent of UNFPA Supplies total financing was to be expended on commodities, and 40% on other outputs including capacity building, policy dialogue and data generation, and strategic interventions to build demand and access for vulnerable groups.¹⁴

⁸ FP2020 (2017). <http://www.familyplanning2020.org/about>, accessed on 8/11/17.

⁹ Every Woman Every Child (2015). *The Global Strategy for Women’s, Children’s and Adolescent’s Health (2016-2030)*, p.6.

¹⁰ Reproductive Health Supplies Coalition (2016). *Strategic Plan 2015-2025*, p. 16.

¹¹ DFID (date?). *Business Case and Intervention Summary: Securing reliable supplies of reproductive health and family planning products in 46 countries: improving the health of women and girls*, p. 18.

¹² UNFPA (2014). *UNFPA Supplies Annual Report 2014*, p. 2

¹³ FP2020 (2017). *The Family Planning Summit: For Safer, Healthier and Empowered Futures*, p. 1.

¹⁴ DFID (2013). *Business Case and Intervention Summary: Securing reliable supplies of reproductive health and family planning products in 46 countries: improving the health of women and girls*, p. 2.

Since 2007, the thematic trust fund that finances UNFPA Supplies received support from Australia, Belgium, Bill and Melinda Gates Foundation, Canada, Children’s Investment Fund Foundation, Denmark, European Union, Finland, France, Ireland, Liechtenstein, Luxembourg, Netherlands, Norway, Nutrition International, Portugal, private individuals (online), the RMNCH Trust Fund, Slovenia, Spain, Spain-Cataluña, Sweden, Treehouse Investments, United Kingdom, and the Winslow Foundation.¹⁵

UNFPA estimates that in 2014 it accounted for 43 per cent of global contraceptive procurement, followed by **USAID** at 34 per cent.¹⁶ USAID advances and supports voluntary family planning and reproductive health programmes in more than 45 countries across the global and provides focused assistance to 24 which have been designated a high priority. Commodity security is a technical priority area for USAID. Through its direct work and support to major global projects with implementing partners (DELIVER Project II, Global Health Supply Chain Projects for Technical Assistance and Procurement and Supply Chain Management),¹⁷ it offers technical assistance and financial support for: improved supply chain management and demand forecasting; product registration; better use of data to engage industry and align supply and demand, enabling existing and new quality assured suppliers to enter markets; and support for new product introduction.¹⁸ As the two major procurers of contraceptive commodities, UNFPA and USAID have expanded their partnership and collaboration to support uninterrupted supply to country programmes.

2.2 Global supply chains and the context for commodity security

Access to medicines and health products is an essential component of health programmes. These products – everything from rapid tests to detect various diseases, to medicines, bed-nets, laboratory reagents, condoms and contraceptive pills -- are vital for preventing, diagnosing, and treating diseases and enabling populations to meet their health and family planning needs. The right products must be delivered at the right time, in the right place, in the right quantities to enable patients and clients to have access to them. As the USAID-funded Deliver project famously stated: “No product, no program.”¹⁹ Supply chains for health products remain fragmented and ineffective in many countries, creating barriers and reducing access, and weakening the national response to their population’s health needs.

The UNFPA Supplies Programme brief “*Strengthening Supply Chains*” states that “[k]eeping the shelves stocked means no woman walks away empty-handed from her local family planning clinic or risks dying in childbirth for lack of medicine to stop heavy bleeding or treat infection.”²⁰ However, the complicated supply chain challenges affecting other health programmes are also evident for RH/FP products. These include weak health systems and inadequate staff and infrastructure including roads, warehouses, vehicles, and Logistics Management Information Systems (LMIS). Systems struggle to provide a steady supply of needed health products, especially to populations in more remote areas. Stock-outs, expiries, losses and shortages are common. These problems may be compounded by inappropriate incentives and organisational structures which impede effective management of supply chains.

Ineffective supply chain systems and/or gaps at any level of the chain (from supplier to final consumer) lead to stock-outs and over-stocks, expired and wasted products, spoiled, damaged or

¹⁵ <http://www.unfpa.org/unfpa-supplies>.

¹⁶ UNFPA (2015). *Contraceptives and Condoms for Family Planning and STI & HIV Prevention: External Procurement Support Report 2014*, p. 15.

¹⁷ USAID (2016). *User Guide to USAID/Washington Health Programs*, p. 64-67.

¹⁸ USAID (2015). *GH/PRH Priorities for 2014-2020 (draft for discussion)*, p. 18.

¹⁹ Available at: <http://deliver.jsi.com>.

²⁰ UNFPA (undated). *Strengthening Supply Chains*, p.1.

stolen products. They also squander resources due to duplication of efforts and waste, with additional detrimental effects on health care.

With growing needs among expanding populations, these problems present an increasing risk to health programmes including the UNFPA Supplies programme. Previous global efforts to rectify stock/supply issues focused largely on improving global and national procurement processes. However, in recent years, there has been a growing realization of the long-standing and persistent problems with in-country supply chains. These include problems of products not reaching patients (especially in “last mile” sites in peripheral areas), not being accounted for, or being lost, wasted, diverted, damaged or expired. There is a new global focus on addressing the systematic challenges to country supply chains, and to guarantee they function better to ensure last mile delivery (LMD) to the patient. The Global Fund and others are currently conducting numerous country Supply Chain Assessments to ascertain the major challenges and best areas for investment in country Supply Chain improvements.

Many donors and development partners have worked with countries to build or enhance their Supply Chain Management (SCM) capabilities – both as part of their technical assistance to these countries, and also to ensure the safety and security of their programmes’ products entering the country and destined for programme beneficiaries. Development partners have typically worked with government entities to enhance their supply chain systems through one-off investments in warehouses, delivery vehicles, computer systems and other elements, as well as sometimes through longer-term efforts (e.g. the USAID funded “Deliver” project which worked long-term with countries, with John Snow International (JSI) staff based in numerous countries working closely with national authorities).

But these efforts (while usually meeting a need to move products in a given country, or addressing an identified capacity gap) have been fragmented and not always sustainable. In fact, the multitude of programmes, donors, and products, has often exacerbated the fragmented nature of supply chains, creating numerous parallel supply systems using different software, communication networks, third-party logistics providers, LMIS, and implementing partners. Sustainable SCM systems that function properly and consistently have been elusive, and supply chain problems including stock-outs and losses have persisted.

In *Scaling Up for Impact*, the Global Programme for Reproductive Health Security (GPRHCS) (precursor of UNFPA Supplies) noted that “in 2013, 32 of GPRHCS 46 countries had logistics systems in place, and 25 countries had budget line allocations for RH supplies.”²¹ UNFPA Supplies works with countries to address all levels of supply chain issues, from regulatory to forecasting, procurement, warehousing and inventory management and distribution.²² The programme emphasises support to logistics and stock information management tools used by countries; enhancing forecasting capabilities among national staff; and reducing the need for emergency or ad hoc requests for products. In 2015, the Key Results report also notes that UNFPA Supplies collaborates with numerous international partners -- including USAID, JSI, Marie Stopes International (MSI) -- who also provide health products to countries.

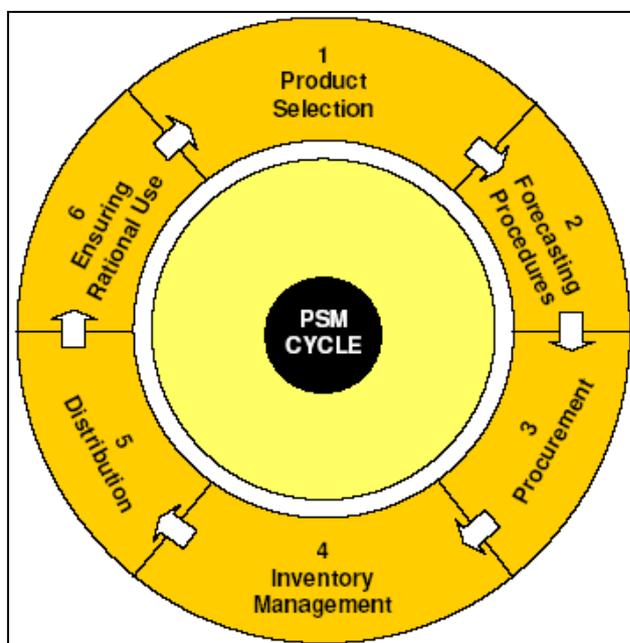
Supply chain weaknesses, some of which are consistent across many countries (poor forecasting, improper product selection and quality assurance, poor record keeping and reporting) are exacerbated by the common under-appreciation by national authorities and decision makers of the importance and complexity of the procurement and supply management (PSM) functions in the

²¹ UNFPA (2014), *GPRHCS: Scaling Up for Impact – Scaling Up from 12 to 46 program countries*.

²² UNFPA (2015), *UNFPA Supplies, Key Results 2015*. P.12.

health system. As figure 1 illustrates, PSM is a complex area, involving many technical capacities and disciplines.

Figure 1: The Procurement and Supply Management Cycle



Source: Management Sciences for Health

The areas of technical capacity necessary to effective operation of a PSM system include:

- **Medical and pharmacy** expertise for product selection (following national treatment protocols and needs, international guidelines) and ensuring rational use of pharmaceuticals and other health products
- **Mathematical** models and calculations for forecasting and quantifying needs for a given period
- **Financial skills** for analysing and matching/prioritising budgets to forecasted needs
- **Business skills** in negotiating with suppliers, issuing and managing competitive tenders and awarding procurement contracts, ensuring coverage in contracts for such things as maintenance of equipment
- **Regulatory and legal** expertise to ensure compliance with national, international, and donor/partner regulations as well as adherence to any patent or licensing requirements and protection of intellectual property rights
- **Quality assurance**, awareness of donor, national, international norms and requirements and the technical requirement for ensuring quality of handling of specific products
- **Receiving and quality control** testing, random checking of samples, assurance of avoidance of counterfeits and other quality concerns
- **LMIS and record keeping**, IT systems, data collection, analysis and reporting
- **Laboratory knowledge** to ensure equipment is properly housed and maintained (and regularly tested), that reagents and other lab products are stored and used properly and that expiry dates are managed, that consumables and reagents are forecast and ordered in a timely way, etc.
- **Warehousing and inventory control** with: different needs for different types of products (e.g., injectable medications require cold chain and refrigeration while other pharmaceuticals require sub 25C storage and safe handling); First Expired First Out (FEFO) management;

security and safety of stocks; managing space constraints and movement of goods into and out of storage sites and pharmacies/facilities

- **Logistics and transportation:** fleet management, network and route management, cool chain and cold chain, security and accountability in transit, etc.
- **Pharmacovigilance:** system for reporting and capturing (and acting upon -- including through product recalls if necessary) incidences of toxicity and adverse effects of medicines or other products.

PSM is a complex and critically important area, and one that requires the UNFPA Supplies programme to adopt a multi-faceted approach.

3 EVALUATION APPROACH AND METHODOLOGY

3.1 Analytical approach: contribution analysis and theories of change

This evaluation is designed to meet its objectives by using contribution analysis as its central, theory based analytical approach. Applying contribution analysis requires the completion of the following steps:²³

1. Set out the attribution problem to be addressed
2. Develop and adapt a theory of change (ToC) for the programme and its related assumptions
3. Gather existing evidence on the ToC and the changes that have taken place along identified causal pathways
4. Identify the contribution of UNFPA Supplies to those changes (the contribution story)
5. Seek out additional evidence where it is needed
6. Revise the ToC and identify the contribution of UNFPA Supplies to positive outcomes in Reproductive Health and Family Planning.

The first of these steps was carried out during the preparatory phase of the evaluation and the preparation of the terms of reference (ToR) with the identification of evaluation criteria and indicative areas of investigation. The second step was carried out during the inception phase and is illustrated in section 3.2 and Annex 1. It resulted in the logical reconstruction of the ToC for UNFPA Supplies and a set of evaluation questions and related causal assumptions to cover the areas of investigation and evaluation criteria as set out in the ToR. Steps three to five are the focus of the data collection phase of the evaluation, while step six will be undertaken during the analysis phase.

All of the qualitative and quantitative evidence to be gathered during the evaluation will be consolidated, triangulated and subsequently used to:

- Document results achieved with the support of UNFPA Supplies at the global, regional and country levels
- Identify the contribution made by UNFPA Supplies to observed results, while recognizing, and taking account of the other programmes, activities and influences that may also contribute. Rarely will programme results be definitively attributable to the influence of a single programme indeed. In particular, the field-based country case studies will allow the evaluation to document the influence of other initiatives and other actors as they contribute to observed results

²³ Mayne, John (2008), *Contribution Analysis. An approach to exploring cause and effect*. ILAC Brief, 16. P.2.

- Test the strengths and weaknesses of the ToC and identify the contribution of UNFPA Supplies to results and the pathways of change for each of the areas of investigation, taking into account the interdependence of outputs and their close association
- Identify the linkages and connections between UNFPA Supplies actions at the global and regional level and contributions at country and district level
- Developing the evaluation findings and conclusions to be detailed in the draft and final report.

The evaluation recommendations will be developed jointly by the members of the evaluation team and the ERG. Recommendations will benefit from input from the ERG members to ensure that they are useful, operational and feasible, and the conditions of implementation are specified. The evaluation team will ensure that all recommendations derive directly from the conclusions.

3.1.1 Important considerations in applying contribution analysis to UNFPA Supplies

In applying contribution analysis to the evaluation of UNFPA Supplies, it is important to give careful consideration to a number of characteristics of the programme which are particularly relevant because of the chosen analytical framework:

1. The programme is meant to be catalytic. It aims to build on the ongoing work of national and local health authorities in RH/FP and the support provided to that work by other programmes and organisations. Contribution analysis explicitly recognises that outcomes are almost always the result of multiple influences and efforts, and cannot normally be attributed to any one intervention.
2. Contribution analysis incorporates elements of realist evaluation and, as a result, is particularly useful in recognizing the role that context plays in the achievement of results. As a group, the 46 UNFPA Supplies countries face a wide-ranging set of daunting contexts including: the recent Ebola virus emergency, recent histories of conflict, and varying degrees of economic and social crisis and recovery. In applying the chosen data collection and analysis methods, the evaluation will need to be especially careful to situate the programme contribution into the changing global, national, and local contexts.
3. The global and regional levels of UNFPA Supplies play an important role in the programme. These different roles indicate that the evaluation will need to take into account the interlinkages between the global, regional and country levels of programming. These interlinkages are reflected in the evaluation matrix and the data collection tools developed for the evaluation.
4. The UNFPA Supplies programme is in a state of transition. From 2017 onward, increased demand for RH/FP commodities and services is no longer an expected outcome of the programme and is no longer included in the results framework for UNFPA Supplies. Similarly, as a response to the recent McKinsey study, UNFPA Supplies has altered its approach to allocating budgets for technical assistance and for procuring RH/FP commodities to each of the 46 programme countries.²⁴ It will be important for the evaluation to assess programme effectiveness in the period 2013 to 2016, before these recent changes were implemented, while recognizing that the current programme takes some very different directions.

²⁴ McKinsey and Company, *Strengthening the UNFPA Supplies Programme*, Power Point Presentation, March, 2016. Slides 13-15.

3.2 Logical reconstruction of the theory of change

The reconstructed ToC and intervention logic for UNFPA Supplies as developed during the inception phase will guide the evaluation team in the design of data collection methods, the analysis of data collected, the reporting of findings, and the development of conclusions and recommendations.

3.2.1 Useful theories of change

A ToC is a representation of the underlying concept of how a programme contributes to desired changes. The process of development begins with the depiction of the causal links explaining how the activities of the intervention are expected to lead to desired results. The depiction of these links and pathways from activities to results is described in the literature under different terms including results chains, logic models, and impact pathways.²⁵ For the purposes of this evaluation, the term *intervention logic* is used to describe the depiction of causal links from activities to results for UNFPA Supplies.

The main difference between a causal model or intervention logic diagram and a more complete ToC is the additional step of identifying the causal assumptions behind the links from activities to results – what has to happen for the causal assumptions to be realised.²⁶ It is in fact the combination of a well-constructed intervention logic and the identification of key causal assumptions which characterises a useful ToC.

In recent years, the application of contribution analysis as both a programme design tool and an analytical framework for programme evaluation has emphasized the identification of only the most important causal assumptions.

1. Causal assumptions are not simply restatements or explanations of each link in the causal pathway. Rather, they identify the “*events and conditions which need to occur for each link in the causal pathway to work as specified in the intervention logic.*”²⁷
2. It is not necessary to identify all the causal assumptions to test a ToC. Only those which are *salient* to the situation and stand out as essential need to be tested. Evaluations should test those assumptions which are most important to addressing their defined areas of investigation.

3.2.2 Types of theories of change and their purpose

In keeping with recent practice which emphasises the strong relationship between the ToC and evaluation areas of investigation, the evaluation team has reconstructed the ToC for UNFPA Supplies at two levels. The first (Figure 1) presents an overall ToC for UNFPA Supplies at global, regional and country level. This allows the evaluation to describe all the key causal linkages in the programme and to identify all of the planned results of UNFPA Supplies at different levels in the chain of effects (from interventions, through outputs and outcomes to the achievement of the programme goal).

However, to identify the most important causal assumptions for testing during the evaluation, it was necessary to isolate and describe the **causal pathways which correspond to the areas of investigation** which are so important to this evaluation. This type of pathway ToCs are often referred to as a “nested” ToCs since they depict the causal relationships in one segment of the overall programme ToC.

²⁵ Mayne, John (2015). *Useful Theories of Change Models*, in Canadian Journal of Programme Evaluation (Fall, 2015). P.119-142

²⁶ Mayne (2015), p.121

²⁷ Mayne (2015), p.122

The evaluation developed pathway ToCs for areas of investigation one through five. For areas of investigation six (improved coordination and management), and seven (the catalytic role of *UNFPA Supplies*) the evaluation identified key causal assumptions directly relating to the evaluation questions and sub-questions rather than through a pathway ToC.

Table 2: Theories of change in relation to areas of investigation

	Theory of Change type	
	Overall Global and Country ToC	Pathway ToC
1. Enabling Environment	•	•
2. Increased Demand	•	•
3. Improved Efficiency of Procurement and Supply	•	•
4. Improved Access to RH/FP Commodities and Services	•	•
5. Improved National Capacity for Supply Chain Management	•	•
6. Improved Programme Coordination and Management	•	Not Required
7. Catalytic Role of UNFPA Supplies	Not Required	Not Required

3.2.3 Sources used to reconstruct the theory of change

In developing the reconstructed ToC (including pathway ToCs) for *UNFPA Supplies*, the evaluation team relied on different sources:

- The existing ToC provided as an annex to the ToR (p.31)
- A review of programme documents at the global, regional and country level
- Stakeholder interviews, carried out during the start-up meetings at UNFPA headquarters and by telephone
- Documents from other sources and agencies dealing with reproductive health commodities and services.
- Comments and suggestion by the Reference Group members on the draft ToC presented in the *Preliminary Note on Evaluation Questions and Theory of Change* of 13 June.

3.2.4 Linking supply, enabling environment and demand

It immediately became clear from the interviews and documentary sources that there is an especially **strong inter-relationship between three of the six programme outputs** of *UNFPA Supplies*:

Output 1: An enabling environment for Reproductive Health Commodity Security (RHCS) and Family Planning (FP) at national, regional and global levels.

Output 2: Increased demand for RH/FP commodities and services by poor and marginalized women.

Output 4: Improved access to RH/FP commodities and services (mainly through improved **supply** provision including the “last mile” of delivery).

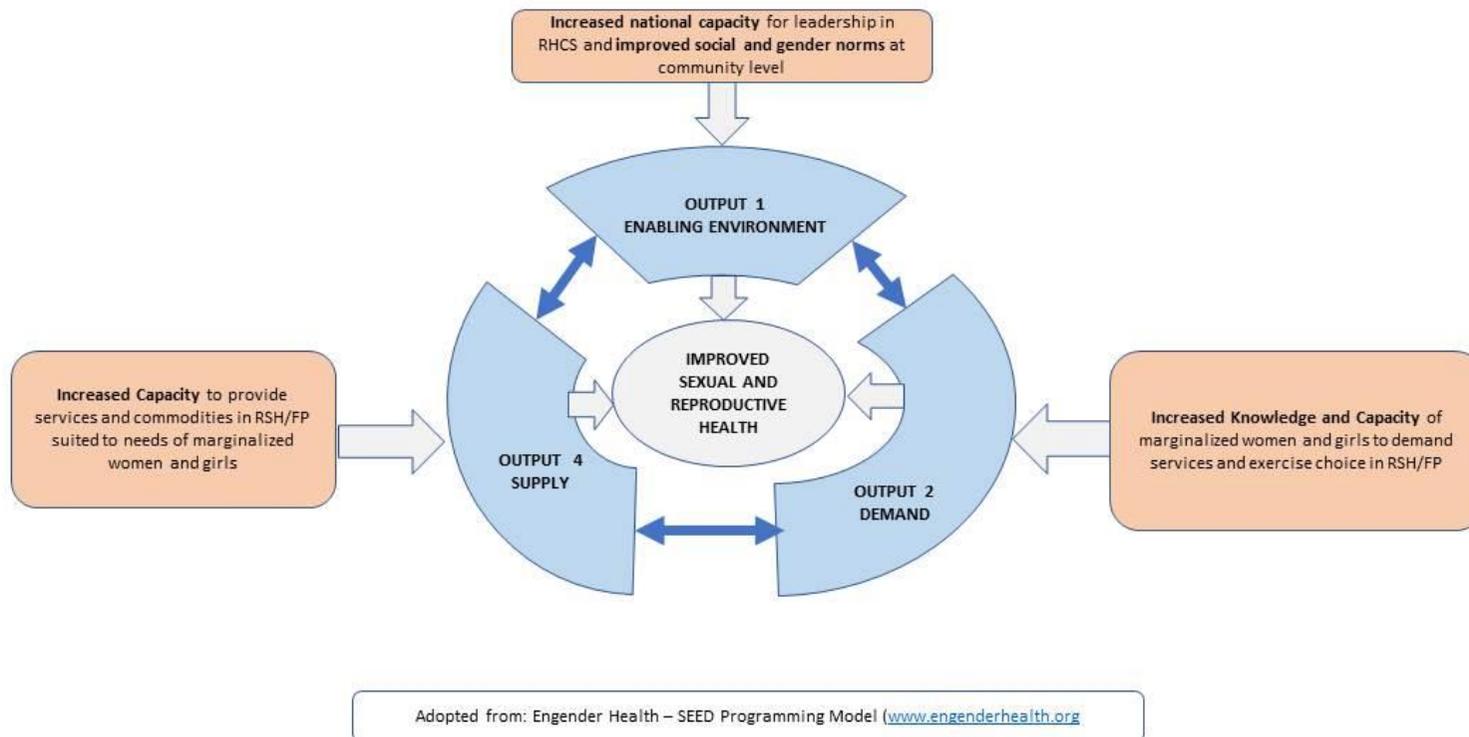
These three programme outputs cover three of the most important elements of programming in Sexual and Reproductive Health and Family Planning: **Supply, the Enabling Environment and Demand**. It is evident that improvements in one of these elements depends on, and will encourage, progress in the others. Improvements in supply and the availability of needed commodities in the right place, at the right time and at the right price can have a strong influence on demand. Similarly, efforts to improve the enabling environment by influencing global and national policies and programmes and to address community level barriers to access can have a direct effect on both supply and demand.

The **interconnected nature of supply, the enabling environment and demand** is illustrated in Figure 2. This figure is adopted from the Supply, Enabling Environment and Demand (SEED) model for RH/FP programming developed by Engender Health. It has been modified by directly incorporating elements of the UNFPA Supplies ToC.

Of course, UNFPA Supplies does not operate in a vacuum. Parts of the SEED model for programming in RH/FP may often be realized by national programmes with funding and technical support provided by national governments and/or other development partners. Nonetheless it is important for the evaluation to recognize that the **relationship between supply, the enabling environment and demand is neither linear nor one-directional**: developments in one area can influence developments in the other two.

Programme **Outputs 3** (improved efficiency of procurement and supply), **5** (strengthened systems for supply chain management) **and 6** (improved coordination and management) are also closely connected to achieving the intended results of UNFPA Supplies. However, these three programme outputs **can be seen as interim results**, providing essential steps in the chain of results that contribute to achieving Outputs 1, 2 and 4. This relationship is illustrated in Figure 3, the reconstructed ToC for UNFPA Supplies.

Figure 2: Supply, Enabling Environment and Demand (SEED) Programming Model



3.3 Theory of change

This section first presents the overall, comprehensive ToC for UNFPA Supplies (Figure 3). It is important to note that the evaluation will update and improve the ToC during the evaluation process. This will ensure that the draft and final synthesis report provides a re-assessment of the strengths and weaknesses of the ToC which drives the contribution made by UNFPA Supplies.

This section also presents the pathway ToC for area of investigation one: the enabling environment for RH/FP, including the key causal assumptions relevant to evaluation question one. Pathway ToC diagrams for evaluation areas of investigation one through five are presented in Annex 1.

3.3.1 Overall theory of change for UNFPA Supplies

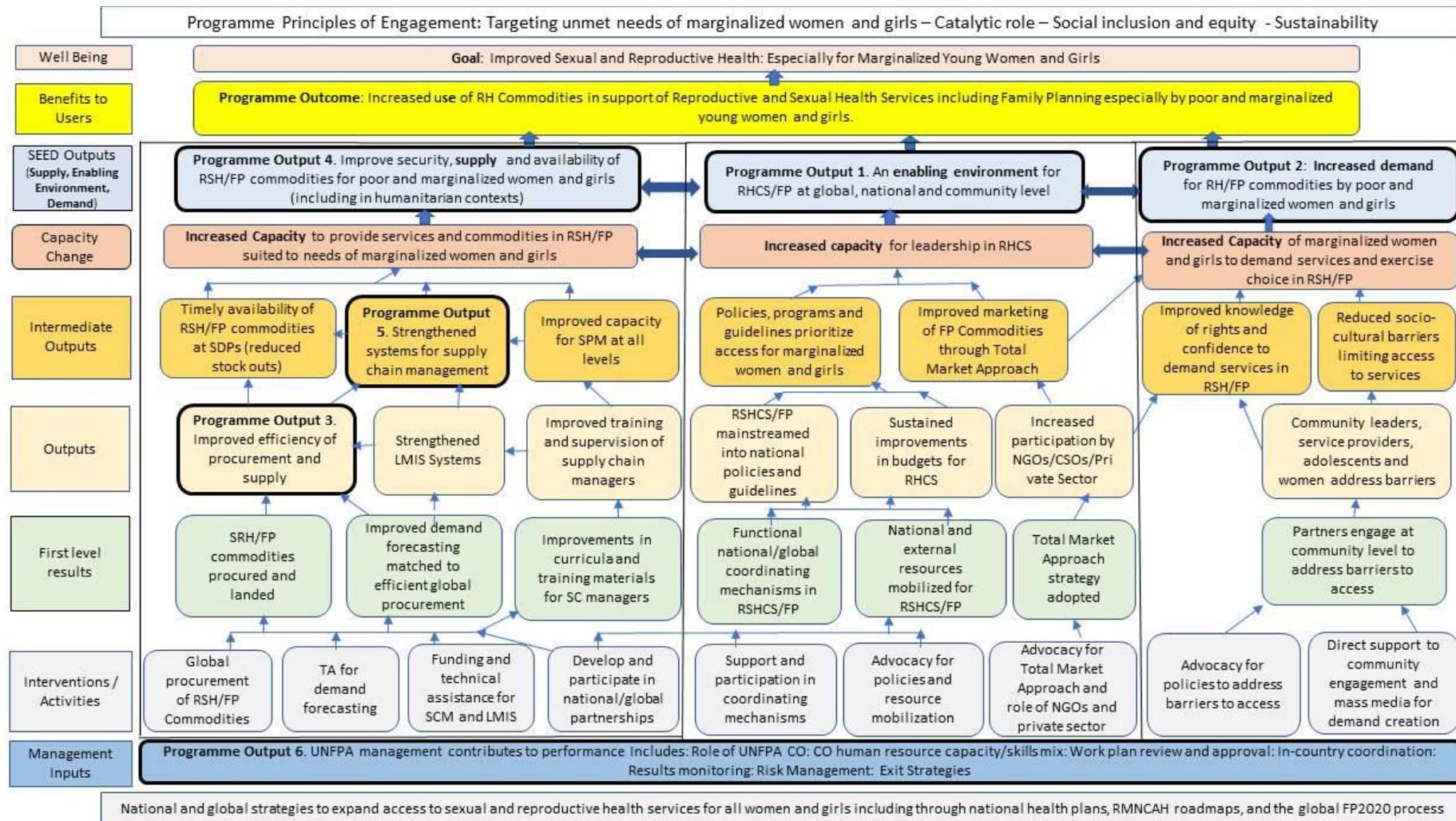
Some important features of the overall ToC for UNFPA Supplies:

- The ToC diagram **organizes the different activities, outputs, outcomes and goal of UNFPA Supplies under three main inter-related pillars**: Supply, Enabling Environment and Demand. This recognizes the inter-related nature of results for these three programme outputs as illustrated in the SEED model.
- The ToC illustrates that **not all six UNFPA Supplies Outputs as described in the evaluation Terms of Reference occur at the same level of the chain of effects**. Outputs, 1 (enabling environment), 2 (demand) and 4 (supply/access) have been placed fairly high in the chain of effects since they contribute directly to the overall programme outcome of increased use of RH/FP commodities, especially by poor and marginalized women and girls. In contrast, output 5 (strengthened systems for supply chain management) is placed at the level of an intermediate output. Similarly, programme Output 3 (improved efficiency of global procurement and supply) is placed at the level of an immediate programme output.
- The **chain of effects** has been specified using somewhat different labels than those used in traditional results models. This is in keeping with current practice in theory-based evaluation.²⁸ It allows the ToC to incorporate, for example, the importance of capacity change and direct benefits to users as two critical programme results. However, the ToC carries over the basic structure used in the pre-existing UNFPA Supplies ToC (activities and outputs).

Rather than identifying and incorporating general causal assumptions at each level of the reconstructed ToC, the evaluation has developed key causal assumptions for each of the seven areas of investigation identified in the ToR.

²⁸ Mayne (2015), p. 119-142.

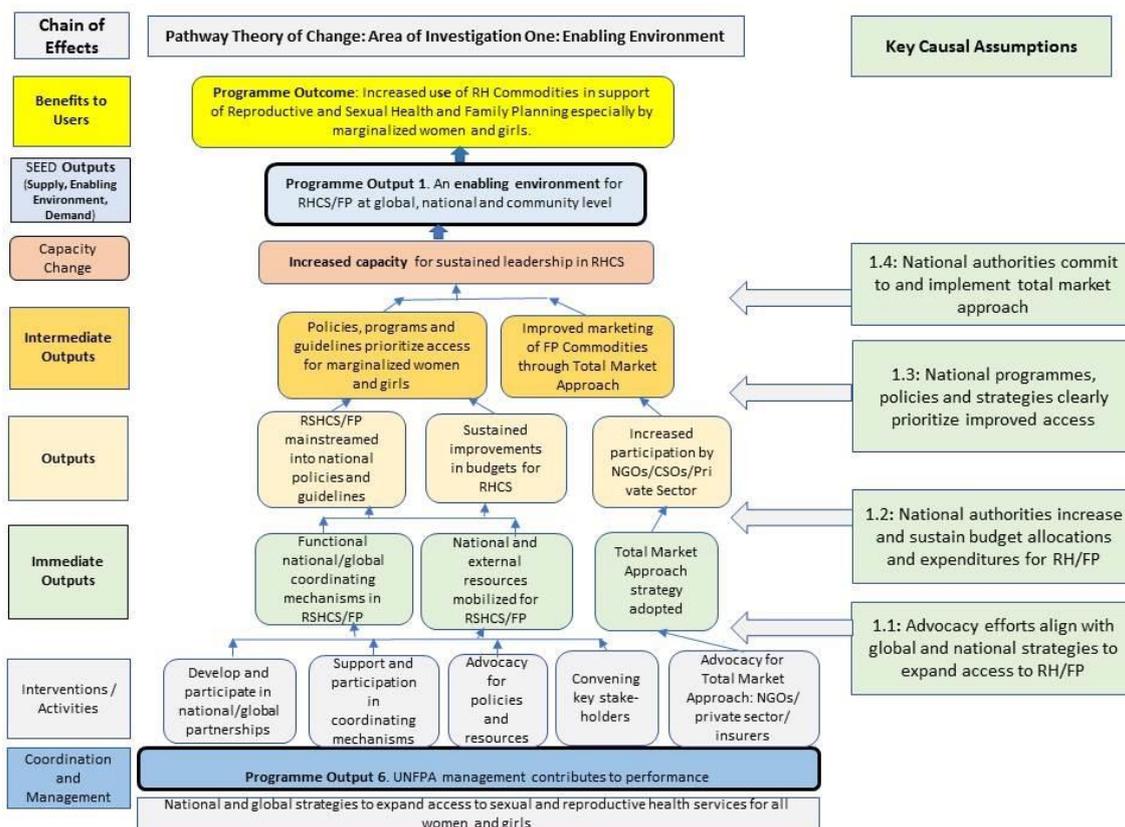
Figure 3: Comprehensive Theory of Change for UNFPA Supplies



3.3.2 Pathway theory of change for evaluation question one: enabling environment

The pathway ToC for area of investigation one includes only those elements of the overall programme ToC which are relevant to the role of UNFPA Supplies in contributing to a positive enabling environment for RH/FP. By identifying key causal assumptions, it provides the basis for development of the detailed evaluation matrix provided in section 4.2.

Figure 4: Pathway Theory of Change for Evaluation Question One



3.4 Evaluation methodology

The evaluation will use a combination of qualitative and quantitative methods for data collection and analysis and will triangulate the information drawn from each method by consolidating them through use of the evaluation matrix presented in Chapter 5. Quantitative methods (closed elements of the online survey, profiles of financial data, trend analysis of outcomes data) will help to relate the programme operations to trends in both inputs and outcomes, especially at national and sub-national levels. Qualitative methods (document reviews, interviews, focus group discussions, open elements of the on-line surveys) will provide the evaluation with a deeper insight into the operations of UNFPA Supplies and its contribution to outputs and outcomes in RH/FP.

Data collection methods include:

- A comprehensive review of global, regional and country level documents
- A review and profiling of internationally available data on outcomes in RH/FP for the nine cast study countries
- Key informant interviews and focus group discussions with key stakeholders at global, regional, national and sub-national levels

- Four field country case studies (Lao PDR, Nigeria, Sierra Leone, Sudan)
- Five desk country case studies (Haiti, Madagascar, Myanmar, Nepal, Togo)
- An on-line survey of key informants in all 46 programme countries.

The methods and tools to be used in the data collection phase have been developed and tested during the inception phase. However, they will continue to be refined prior to full deployment in document reviews, surveys and field case studies.

3.4.1 Document review

The document review process began immediately at the beginning of the inception phase and will continue throughout the data collection phase. During the inception phase, the document review was used to reconstruct the intervention logic and to develop the overall and pathway theories of change described in Chapter 3. The review provided a basis for the preparation for the pilot field country case study mission in Sierra Leone, and the refinement of the evaluation approach and methodology.

During the preparatory phase, the Evaluation Office at UNFPA (working with Contraceptive Service Branch, Procurement Services Branch and UNFPA Country Offices (COs) in the nine case study countries) developed a database of relevant documents at global, regional and country levels. These documents were arranged in a nested system stored on the internet and accessible to the evaluation team through a Google drive. During the inception phase, and into the data collection phase, the evaluation team will supplement this data base with additional relevant documents.

While reviewing the documents based on their current organisation represents a challenge (with over 2000 text documents alone), the evaluation team will apply a systematic approach to ensuring that those documents most relevant to the evaluation are obtained and properly reviewed.

This process begins with the identification of a set of core documents for review, including:

- UNFPA Supplies annual reports
- Annual workplans at global and country levels
- Annual expenditure reports at country and global levels
- Results frameworks and results reports at global and country levels
- Reports of meetings and workshops on RHCS/FP
- Programme review and evaluation documents at global and country level
- Planning and monitoring mission reports at global and country level
- National plans and programmes in RHCS/FP in the nine case study countries
- Documents produced by other agencies evaluating or assessing programmes and conditions in RMNCAH in the nine case study countries
- Stakeholder maps at global and country level, including information on the roles and influence of each organisation.

This set of core documents will be augmented during the data collection phase. During the course of the evaluation, the evaluation team will identify, locate and upload other key documents from the existing database into core document folders. The remaining documents will be accessed and reviewed using electronic means through structured key word searches.

The core documents will be used for:

- Profiling UNFPA Supplies programming in each of the nine selected programme countries

- Reviewing the evolution of the programme over time, especially platforms and processes for coordinated programming and collaborative action at global and country levels
- Identifying key stakeholders and upgrading the existing stakeholder maps
- Securing data on conditions and outcomes in RHCS/FP national and sub-national level where it is contained in documents
- Identifying trends in the context for RHCS/FP in the programme countries
- Documenting the roles, responsibilities and potential contribution to results of key stakeholders to inform the assessment of the contribution made by UNFPA Supplies by embedding it in a solid understanding of the country context.

The non-core documents will be used to supplement information gathered from the sub-set of core documents. This process is currently under way.

3.4.2 Profiles of quantitative data

The process of data analysis begins with identifying a set of key indicators of outcomes in RHCS/FP for the nine programme countries and tracking trends in those indicators over the programme period (Annex 3). The trends in national data presented in Annex 3 will be used to establish the context for UNFPA Supplies in each country. The national data will also be used as a background and context for any data on RH/FP service availability and outcomes at sub-national level.

At sub-national level, there are a number of data sets which may provide useful information on the availability and use of RH/FP services and even outcomes at district level. These include:

- Reports on stock-outs, shortages and over-supply at facilities level included in national facilities surveys supported by UNFPA Supplies
- District Health Management Information Systems (DHIS) data on service availability and outcomes
- Data on the use and availability of RH/FP commodities (including stock outs) recorded in Electronic Logistics Management Information Systems (E-LMIS) and similar data reported by citizens groups as is done in Sierra Leone (with support from UNFPA Supplies).

3.4.3 Key informant interviews and group discussions

As the evaluation enters the data collection phase, the evaluation team will carry out structured interviews and group discussions with key informants selected across the spectrum of UNFPA Supplies stakeholders. Stakeholder maps have been developed at global and country levels (Annex 2). For presentation purposes, the country stakeholder maps are represented by the map for Sierra Leone. Table 3 provides a list of some of the most important stakeholders for interviews and group discussions.

Table 3: Categories of key stakeholders for interviews and group discussions

Level	Key Stakeholders for Interviews and Group Discussions
Global/Regional	<ul style="list-style-type: none"> • UNFPA Supplies Steering Committee members • Global NGO Partners (MSI, JSI, the Bill and Melinda Gates Foundation, the RHSC) • UNFPA HQ staff of Commodity Security Branch (of UNFPA)(CSB) and Procurement Services Branch (of UNFPA) (PSB) • Regional Office UNFPA staff supporting the programme • Bilateral development partners active in RH/FP but not represented in the

Level	Key Stakeholders for Interviews and Group Discussions
	UNFPA Supplies Steering Committee (e.g. US-AID) <ul style="list-style-type: none"> • Global funds supporting reproductive health (the Global Financing Facility, the Global Fund for AIDS Tuberculosis and Malaria (the Global Fund))
Country	<ul style="list-style-type: none"> • UNFPA CO Representative and key staff engaged with UNFPA Supplies • Ministry of Health officials, especially those responsible for RH/FP • Officials of other government ministries and agencies involved in the RH commodities supply chain, for example central medical stores • Policy makers, managers and technical staff of national authorities involved in supply chain management for RH commodities who have benefited from UNFPA Supplies capacity development support • Service providers in RH and family planning • Bilateral and multilateral development partners supporting RH commodities security, for example USAID and DFID, the Global Fund • INGOs active in supporting RH/FP, especially those accessing RH commodities provided by UNFPA or other development partners: examples include MSI, the country's International Planned Parenthood Federation (IPPF) affiliate, Population Services International (PSI) • National NGOs or Civil Society Organisations (CSO) active in RH/FP, including NGO implementing partners of UNFPA Supplies • Private, non-profit and for-profit service providers (including faith-based organisations where appropriate) providing access to services in RH/FP using commodities procured with the support of UNFPA Supplies • Clients and end-users of RH and family planning services making use of commodities at national, district and local levels • Representatives of women's and youth networks, CSOs and faith-based organisations • Community leaders, advocates and other key informants.

Nota bene: Draft protocols for interviews and group discussions are provided in Annex 5.

3.4.4 Field country case studies

Objective

The field and desk country case studies are the core of the data collection phase. Together they cover nine of the 46 programme countries. The overall objective of the field country case studies is to provide inputs useful to addressing all evaluation questions as they apply at country level. By answering these questions, the studies allow for testing the most important causal assumptions which underlie the UNFPA Supplies ToC, and credibly verifying the programme's contribution to results.

Operational Planning and Scheduling

The field country case study team leader is responsible for advance planning of his/her field country case study. They will also ensure that accessible country relevant documents are obtained and reviewed prior to the field country case study mission. Advance logistical planning on the ground will be led by the evaluation team national researcher in each country, working closely with the UNFPA CO. This process has already begun in all four field case study countries. Constant and open communications between the relevant field case study team leader, the national team member, and the UNFPA Supplies contact person in each CO will be maintained prior to the field visit.

Table 4: Timing and lead responsibility for the field country case studies

Field Case Study Country	Scheduled Dates	Team Members
Sierra Leone	Monday, September 4 – Friday, September 15	<ul style="list-style-type: none"> • Ted Freeman, country study team leader • Magnus Ken Gborie, national consultant • Louis Charpentier, evaluation manager • Lene Klosterskov Andersen, researcher
Sudan	Sunday, October 15 – Thursday, October 26	<ul style="list-style-type: none"> • Allison Beattie, country study team leader • Mohamed Assad, national consultant • Louis Charpentier, evaluation manager
Nigeria	Monday, November 6 – Friday, November 17	<ul style="list-style-type: none"> • Lynn Bakamjian, country study team leader • Vivian Odu, national consultant • Louis Charpentier, evaluation manager
Lao PDR	Monday, December 4 – Friday, December 15	<ul style="list-style-type: none"> • Jennifer Lissfelt, country study team leader • Manivanh Southammavong , national consultant • Louis Charpentier, evaluation manager

In each field case study country, the evaluation team will follow the same basic plan of operations.

Table 5: Operational plan for field country case studies

Task	Timing
Refine data collection instruments and operational plan	Basic outline plan communicated by end of inception phase – detailed plan agreed at least two weeks prior to mission start up
Refined operational plan	Two weeks prior to mission start up
Confirm logistics, transport, permissions for district level work	No later than one week before mission start up
Field mission start	Monday week one
Introductory meetings with UNFPA Representative and interviews with programme officers	Monday of week one
Introductory meetings with senior management level of national health authorities	Monday of week one
Meetings and interviews with key stakeholders in the capital	Tuesday to Thursday of week one
Visits to a sample of sites for warehousing, distribution and use of RH/FP commodities and services in urban and peri-urban locations	Thursday and Friday of week one
Travel to location outside the capital	Sunday of week one
Site visits, key informant interviews and focus group discussions at provincial/district level	Monday and Tuesday of week two
Return to the capital and follow-up interviews	Wednesday of week two
Team analysis workshop and preparation of findings as a Power Point Presentation	Thursday of week two
Debriefing presentation to UNFPA Representative, programme officers and selected partners	Friday morning of week two
Team departure	Friday afternoon or evening of week two
Preparation and submission of completed field country case study matrix	Within four weeks of departure

Analysis and Reporting

Analysis begins during the field country case study mission with the preparation of preliminary findings for presentation and discussion during a debriefing session with the UNFPA CO and selected key stakeholders. The debriefing presentation and discussion is an important step in the validation of facts and to ensure careful consideration of context by the evaluation team. Final approval of the country case study findings rests with the Evaluation Office of UNFPA based on the data and information collected in the evaluation matrix.

On completion of the field country case study mission, each team will populate the evaluation matrix with the quantitative and qualitative country specific data gathered before and during the mission.

Under the direction of the country case study team leader, each team will then consolidate, analyse and triangulate the data in the evaluation matrix and prepare the key findings of the country case study for review. The Euro Health Group (EHG) internal quality assurance team will determine that the findings of the field country case study are consistent with the content of the evaluation matrix associated with it. This will include assurance that the data and evaluative information in the matrix is well presented, understandable and complete and is presented under the correct assumption.

Linking the results of the field and desk-based country case studies

The field country case studies for the evaluation have been designed in accordance with Robert Yin's definition of a case study as "an empirical study that investigates a contemporary phenomenon in depth and within its real-life context".²⁹ As he and others have pointed out, a case study is not a research method of investigation but the subject matter of the research. As such, the field country case studies rely on multiple data collection methods including document reviews, key informant interviews, pre-post comparisons of quantitative data trends, site observations, and group discussions.

The ultimate result of the field country case studies will be a reasoned and balanced assessment of the contribution UNFPA Supplies has made to accelerating progress in improving RH/FP results in the country.

During the synthesis process and preparation of the draft final report, it will be essential to link the findings of the field country case studies to those developed for the desk country case studies. This will be made through the use of a common structure for both the field and desk country case studies. The **desk country study summaries** will be focused on a sub-set of the causal assumptions identified in the matrix.

It is essential that the process of synthesizing evaluation results into findings for the draft final report considers the results of *all* nine case studies, with the field case studies providing a more in-depth test of the overall and pathway ToCs for UNFPA Supplies at country level.

3.4.5 Desk country case studies

The evaluation relies on case studies, not only in the field case study countries but in the five countries for which a desk study will be carried out (Haiti, Madagascar, Malawi, Myanmar and Togo). As a result, it is important that the desk country case studies are as systematic, thorough and analytical as possible with the limited resources available. They must be more than just a compilation of quantitative and qualitative data and will include an analytical component.

²⁹ Yin, Robert K. (2009). *Case Study Research: Design and Methods*. Los Angeles, Sage Publications. p.18.

Objective

The objective of the desk country case study notes is to analyse existing and available documentation, data and information (supplemented by phone/skype interviews with selected key informants). The desk-based case study findings will contribute to the overall evaluation with supplemental input to be triangulated with other data collection methods (i.e., field-based country case studies and the online survey) with a view to answering the evaluation questions. The desk-based country studies will provide descriptive and illustrative input for the overall evaluation synthesis report through the identification of key issues and lessons learned.

Timing

The desk-based country studies will be carried out in the period from October to December 2017. They will be completed in good time for the scheduled data consolidation and findings development workshop.

Methodology

The methodology will consist of a comprehensive review of available documents and data on the planning, implementation and monitoring of UNFPA Supplies supported activities in the countries.

Table 6: Documents to be reviewed for the desk case studies

Desk Case Study Documents to be reviewed
• UNFPA Supplies annual workplans (CO level)
• UNFPA Supplies annual expenditure reports (CO level)
• PSB Reports on volume and cost of commodities procured and shipped to the country
• UNFPA Supplies annual reports (global and country)
• Country programme evaluation reports
• Minutes from national coordinating committees for RHCS/FP
• Facilities surveys and reports on stock-outs
• Annual and quarterly reports from implementing partners supported by UNFPA Supplies
• Reports of review and supervision missions
• Documents produced by other development partners and NGOs which provide general background on the national context, policies, plans and/or special initiatives in RHCS/FP
• National plans and strategies for reproductive health and RHCS including road maps and Costed Implementation Plans

The documentary evidence collected will be supplemented by phone or Skype interviews with key informants familiar with UNFPA Supplies in the country. The key informants will be selected in consultation with the UNFPA Supplies focal point and will likely include a representative from the Ministry of Health and a bilateral development partner active in supporting RHCS/FP. The purpose of these interviews will be to clarify points and obtain additional in-depth information. The deputy team leader will review drafts of completed desk-based country case study and findings and related matrices for quality assurance purposes prior to finalisation.

3.4.6 Online Survey

Objectives

The online survey will be used to collect evaluation evidence in and beyond the nine case study countries. It will directly address a number of the important assumptions used to test the ToC for the programme. The link between the online survey responses and specific evaluation questions and assumptions is illustrated in the evaluation matrix in Chapter 5.

Operation and content

Experience from recent evaluations strongly suggests that on-line surveys must be brief and easy to complete if a reasonable response rate is to be expected. With this lesson in mind, the evaluation has developed a brief draft survey questionnaire (Annex 5) which can be completed in 15 minutes or less. The questionnaire concentrates on obtaining evaluative information which is directly relevant to the widest possible range of evaluation questions given the brief period of time most respondents are willing to devote to this type of survey.

Sampling frame and targeting strategy for the online survey

The online survey will cover all 46 UNFPA Supplies programme country. In each country, the UNFPA CO has been asked to identify potential respondents in four different categories, with two or three in each category:

- CO staff engaged in work on UNFPA Supplies
- National authorities (Ministry of Health or other lead agency)
- Bilateral or multilateral agencies supporting RH/FP
- INGOs, national NGOs, CSOs or the private sector.

As a result, the sample will include 12-16 respondents from each of the 46 programme countries for an overall sample size of 556 to 732 potential respondents who will be invited to complete the survey. The survey will be opened for three weeks in October/November with a planned follow up reminder for those who have not completed the questionnaire within that time frame. Results will be available to the evaluation team by the end of December 2017. Given the importance of the evaluation and the brief nature of the questionnaire itself, the target response rate is 50 per cent.

3.4.7 Sampling and Triangulation

Sampling

It is important to note that for all forms of data collection and subsequent analysis (document reviews, key informant interviews, group discussions and online surveys), the evaluation does not make use of a randomized, statistically valid sampling processes.

Instead, the evaluation follows a strategy of purposive sampling. The purposive samples are aimed at selecting specific sources of information which are as illustrative as possible of the contribution made by the UNFPA Supplies. For example:

- **Nine of the 46 programme countries** have been selected as the subject of a field or country case study. This allows the evaluation to examine an illustrative sample of countries of very different sizes, programme budget allocations, development contexts, UNFPA regional representation, and recent history of humanitarian crises
- **The nine sample countries** provide examples of very different forms of geographic, social, cultural and economic isolation and marginalization of girls and women. These, in turn, may give rise to different barriers to access, and to different solutions
- **A set of core key documents** has been identified and secured for each country case study (field and desk)
- **Key informants at central level in each field case study country** have been purposively chosen through consultations between the evaluation team and the UNFPA CO to identify partners and other informants most knowledgeable about the programme and its contribution to results, while ensuring the evaluation has access to a diverse set of experienced key informants

- **Urban and rural commodity distribution and service delivery sites** are being identified in each field case study country to allow for a clear illustration of work in diverse geographic areas
- **Potential respondents to the online survey** are being identified through consultations with UNFPA staff in each programme country
- **Quantitative data on results indicators** is being gathered from all potential sources at country level in order to build a profile of progress relative to intended results. Variations may be expected from country to country, yet not as a result of different sampling strategies.

This approach is especially relevant for an evaluation with a strong methodological focus on case studies. The research goal of the case studies is not to arrive at a point estimate of stakeholder opinion, or a statistical estimate of a quantitative outcome, both goals which are best achieved through statistically valid, random sampling approaches. Rather, the case studies in this evaluation focus on identifying the contributions made by UNFPA Supplies to a set of targeted results: a goal much more readily served by using a purposive sampling approach.

Triangulation

The evaluation will rely on triangulation both across and within categories of data sources. The evaluation will, for example, triangulate the responses of different key informants at global, regional and country level to ensure that differences of experiences and opinions are not lost to the analysis. The information obtained through key informant interviews and group discussions (in different districts and facilities) within each field-based case study country will also be triangulated and compared. Similarly, the results of the online surveys will be compared and triangulated with the opinions and experiences related by key informants in the desk and field-based country case studies.

The central focal point for triangulation of all qualitative and quantitative information will be the testing of key causal assumptions relating to each of the areas of investigation/evaluation questions. This is especially appropriate given that challenging and validating causal assumptions is a core task in contribution analysis.

3.5 Limitations of the methodologies

The scope and depth of the Mid-Term Evaluation of UNFPA Supplies represents a significant methodological challenge. The evaluation is designed to meet that challenge by using an approach, which has proven successful in other, similar evaluations.³⁰ Nonetheless, the approaches and methodologies used in the design do have some inherent limitations and risks:

1. The availability and accessibility of quantitative and qualitative data will vary significantly from country to country, including the field-based case study countries.
2. Three of the four field-based case study countries has experienced some form of humanitarian crises during the evaluation period (2013-2016). Each of these humanitarian crises were very different in nature: from Ebola Virus Disease in Sierra Leone to conflict with Boko Haram in Nigeria, and a refugee influx to Sudan (from instability in South Sudan). They each present very different challenges to a field-based country case study, including problems of access to the areas affected and to key informants. These challenges are not taken lightly but can be addressed, to some extent, by careful operational planning of each field mission.

³⁰ UNFPA, *End-Line Evaluation of the H4+ Joint Programme, Canada and Sweden, 2011-2016*. UNFPA, New York, May, 2017

3. Findings of the field and desk-based country case studies will need to be carefully calibrated to take note of differences in context.
4. On-line surveys, while inexpensive and efficient, often struggle to achieve reasonably high response rates. The evaluation team will work diligently at identifying the sample frame and will use reminders to improve the response rate. Nonetheless, it will be important to recognise the limitations of the survey when analysing responses.
5. The identification of causal assumptions for testing in all seven areas of investigation of the evaluation opens up avenues for further data collection and analysis. The evaluation team will need to be both focused and efficient in gathering data, populating the evaluation matrix, and arriving at findings and conclusions. There is a risk of lack of focus if this is not done in a disciplined way.

These risks and limitations do not seriously weaken the overall validity of the evaluation design or the suitability of the methods chosen for data collection and analysis. If the work of the evaluation is centred on the careful use of contribution analysis and grounded in a recognisable and realistic ToC, past experience indicates that it will meet its objectives.

4 EVALUATION QUESTIONS AND MATRIX

4.1 Developing the evaluation questions

Working with the theories of change and the causal pathways described in Chapter 3, the evaluation team developed an overall evaluation question (with sub-questions as necessary) for each of the seven areas of investigation of the evaluation. These were then associated with the relevant causal assumptions and matched with indicators, data collection methods and sources.

4.1.1 The evaluation questions

Table 7: Evaluation questions

Evaluation Questions
Area of Investigation 1: Enabling environment for Reproductive Health Commodity Security (RHCS) and Family Planning (FP)
<p>Evaluation Question One: To what extent has UNFPA Supplies contributed to creating and strengthening an enabling environment for RHCS/FP at global, regional and national level?</p> <p>Sub-Questions</p> <ol style="list-style-type: none"> a) To what extent has UNFPA Supplies been effective in advocating with national partners so that RHCS and family planning are integrated into and prioritized in national budgets, programmes, and health policies and strategies (including guidelines, protocols and tools)? b) To what extent has UNFPA Supplies 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 UNFPA Supplies 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 UNFPA Supplies been effective in advocating for and supporting a total market approach strategy for marketing of family planning commodities and services?

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Area of Investigation 2: Increased demand for RH commodities and Services

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 (including but not limited to harmful socio-cultural norms) while taking account of the needs of marginalized women and girls ?
- 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 and attitudes, reducing barriers and improving the capacity of women and girls to demand services and exercise choice in accessing RH/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 on the supply side complement and are coordinated with demand generation actions of partners?

Area of Investigation 3: Improved efficiency of procurement and supply

Evaluation Question 3: To what extent has UNFPA Supplies, through its global operations and advocacy interventions, **contributed to improving the efficiency of the procurement and supply of reproductive health and family planning commodities** for the 46 target countries?

Sub-Questions

- a) To what extent has UNFPA Supplies contributed to improving the efficiency of global procurement of SRH/FP products across all critical dimensions of performance (quality, mix, price, lead time, supplier performance, etc.)?
- b) Is there evidence that UNFPA Supplies has helped to improve global forecasting, prequalification, pricing and long-term agreements with a variety of suppliers?
- c) To what extent has UNFPA Supplies, in coordination with national authorities and partners, helped to avoid global supply disruptions, over-stocking, over-paying, and quality issues?
- d) Is there evidence of increased choice (prequalified suppliers and products), competitive pricing, reduced lead times, and increasing volumes distributed to key populations, including populations experiencing **humanitarian crises**?
- e) To what extent has UNFPA Supplies helped to improve the global supply chain of these commodities, and to shape the global market for them (influencing price, quality, innovation, and availability), using its global reach and purchasing power?

Area of Investigation Four: 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 and family planning commodities and services** in programme countries, especially for poor and marginalized women and girls, **in keeping with their needs and choices**, including 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 quality RH/FP services and related commodities and to integrate family planning into other services?

Evaluation Questions

- 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?

Area of Investigation Five: Strengthened systems and capacity for Supply Chain Management

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 enhanced 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 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?

Area of Investigation Six: Improved programme coordination and management

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**?

Sub-Questions

- a) To what extent have the UNFPA Supplies Steering Committee and UNFPA programme managers (HQ, Regional and COs) 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?
- 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?
- 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?
- 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

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management and to ongoing programme management?

Area of Investigation Seven: 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?

4.2 The evaluation matrix

The tables below show the full evaluation matrix. For each area of investigation, the matrix identifies: (i) the evaluation question; (ii) the corresponding evaluation criteria; and, (iii) the rationale for including this area in the evaluation. This is followed by (iv) the "unpacking" of the questions into a series of assumptions, (v) together with their indicators and (vi) sources of information, both quantitative and qualitative. Although each area of investigation is tabulated separately, the important links and synergies between them will be fully explored in the data collection and analysis.

Table 8: Evaluation Matrix

8.1 - An enabling environment for Reproductive Health Commodity Security (RHCS) and Family Planning (FP)	
<p>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?</p> <p>Sub-Questions:</p> <ul style="list-style-type: none"> a) 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? b) To what extent has <i>UNFPA Supplies</i> been effective in advocating with national partners so that RHCS and family planning are integrated into and prioritized in national budgets, programmes, and health policies and strategies (including guidelines, protocols and tools)? 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 family planning 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. ³¹ This is consistent with the 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 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.

³¹ 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/>

Question 1: Key Assumptions	Indicators	Sources of Evidence
<p>Assumption 1.1: <i>UNFPA Supplies</i> advocacy efforts at global, regional and national level are coordinated and aligned with national and global strategies to expand access to RH/FP services and commodities.</p>	<ul style="list-style-type: none"> • Coherence/alignment between global and national strategies in RH/FP and UNFPA Supplies advocacy and communication messages at global/regional/national level. • 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 staff at global, regional country level • Views of national health authorities • Views/experience of multilateral/bilateral partners 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • Global plans and strategies in RH/FP (EWEC, Global Strategy 2.0, FP 2030 etc.) • National strategies, plans, and roadmaps in RH/FP • UNFPA Supplies global, regional and country workplans • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies advocacy and communications material <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA staff at global, regional, country level • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs engaged in RH/FP
<p>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.</p>	<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 • Views/experience of multilateral/bilateral partners and UNFPA staff 	<p><u>Data and Document Reviews</u></p> <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 <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO office staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs engaged in RH/FP <p><u>Online Survey</u></p> <ul style="list-style-type: none"> • Questions on financial commitments • Questions on factors encouraging support to FP
<p>Assumption 1.3: National programmes, policies and strategies (including guidelines,</p>	<ul style="list-style-type: none"> • Relative priority given to improved access for marginalized women and girls in 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • National strategies, plans, and roadmaps in RH/FP

Question 1: Key Assumptions	Indicators	Sources of Evidence
<p>protocols and tools prioritize improving access to RH/FP services and commodities, including access for poor and marginalized women and girls.</p>	<p>national programmes, policies and strategies.</p> <ul style="list-style-type: none"> • Views and experience of health authorities at national and sub-national level and of service providers 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. • Views of implementing partners (national health services, NGOs, CSOs) 	<ul style="list-style-type: none"> • National health service guidelines, protocols and tools covering delivery of RH/FP services • UNFPA Supplies annual reports and results framework reports <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA staff at global, regional, country level • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery • Staff of national, provincial, district level service delivery points for RH/FP services (including Community Based Distributors (CBD)) • Site visits to service delivery points and distribution sites in the capital and in more remote districts <p><u>Online Survey</u></p> <ul style="list-style-type: none"> • Questions on policies and strategies • Questions on outcomes
<p>Assumption 1.4: National authorities are receptive to a total market approach strategy for RH/FP services and commodities which encourages increased participation by NGOs, civil society and the private sector and potentially can contribute to improved marketing and increased demand.</p>	<ul style="list-style-type: none"> • Identification of a total market approach (TMA) approach in national plans and programmes for increased use of RH/FP commodities. • Trend over time in participation in national programmes for demand creation by NGOs, civil society and the private sector • Views of national health authorities, international and national NGOs active in RH/FP, civil society organisations and private sector representatives • Views of UNFPA staff and of bilateral and multilateral development partners 	<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 <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO staff • National health authorities/Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery • Staff of national, provincial, district level service delivery

Question 1: Key Assumptions	Indicators	Sources of Evidence
	supporting RH/FP	points for RH/FP services <u>Online Survey</u> • Questions on partnership and implementation strategies

8.2 - 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:**
- Has UNFPA Supplies **advocated effectively for policies and programmes to strengthen demand and address barriers to access** (including but not limited to harmful socio-cultural norms) while taking account of the needs of marginalized women and girls?
 - Has UNFPA Supplies been effective in **supporting engagement by community leaders, service providers, adolescents and women to build demand and address barriers to access**?
 - To what extent have policies and programmes supported by UNFPA Supplies contributed to **improving knowledge and attitudes, reducing barriers and improving the capacity** of women and girls **to demand services and exercise choice** in accessing RH/FP commodities in a range of settings?
 - From 2017**, with UNFPA Supplies **no longer providing direct support to increasing demand**, what processes and mechanisms have been/will be used to ensure that 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 effectively for sustainable policies, programmes and investments addressing socio-cultural norms and other barriers to	<ul style="list-style-type: none"> Coherence/alignment between national strategies in RH/FP and advocacy messages supported by UNFPA Supplies at national level. National RH/FP strategies and plans focus on addressing socio-cultural norms and other 	<u>Data and Document Reviews</u> <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

Question 2: Key Assumptions	Indicators	Sources of Evidence
<p>improve the knowledge and capacity of marginalized women and girls to demand access to RH/FP commodities, including through community engagement and use of a total market approach.</p>	<p>barriers to access for marginalized women and girls</p> <ul style="list-style-type: none"> • 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 CO staff • Views of national health authorities • Views/experience of multilateral/bilateral partners active in RH/FP • Views/experience of staff of national health systems, international and national NGOs, civil society organisations, private sector entities active in community engagement and service delivery • Views/experience of community members (including community leaders) • Views/experience of marginalized women and girls participating in community engagement activities 	<p>reports</p> <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery and in community engagement (especially implementing partners of UNFPA Supplies) • Staff of national, provincial, district level service delivery points for RH/FP services. • Community leaders (traditional leaders, teachers, police, etc.) • Marginalized women and girls participating in community engagement activities or accessing services <p><u>Online Survey</u></p> <ul style="list-style-type: none"> • Views on advocacy and leadership • Significance of barriers to change
<p>Assumption 2.2: UNFPA Supplies supports policies and programmes including effective 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 documented and specific measures to address socio-cultural barriers to improving knowledge and ability of marginalized women and girls to demand appropriate services • Opinions and experience of key stakeholders as indicated. 	<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, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector

Question 2: Key Assumptions	Indicators	Sources of Evidence
		<p>agencies engaged in RH/FP service delivery and in community engagement (especially implementing partners of UNFPA Supplies)</p> <ul style="list-style-type: none"> • Staff of national, provincial, district level service delivery points for RH/FP services. • Community leaders (traditional leaders, teachers, police, etc.) • Marginalized women and girls participating in community engagement activities or accessing services
<p>Assumption 2.3: UNFPA Supplies support to increasing demand in partnership with governments and others for RH/FP commodities complements and is coordinated with support from other sources at national and sub-national levels.</p>	<ul style="list-style-type: none"> • Evidence that other programmes address socio cultural barriers to effective demand • Existence of functioning national and sub-national structures to coordinate support and interventions in demand generation for RH/FP (including community engagement • Evidence of active participation by UNFPA in national and sub-national coordinating bodies • Views of UNFPA CO staff, national health authorities, multilateral and bilateral development partners, international and national NGOs 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • Mandate letters/statements and minutes of meetings of national coordinating bodies in RH/FP • UNFPA Supplies annual reports and results framework reports <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery and in community engagement (especially implementing partners of UNFPA Supplies) <p><u>Online Survey</u></p> <ul style="list-style-type: none"> • Views on growth in demand for commodities and services

8.3 - Improved efficiency for procurement and supply of RH commodities (global focus)

Evaluation Question 3: To what extent has UNFPA Supplies, through its global operations and advocacy interventions, contributed to **improving the efficiency of the procurement and supply** of reproductive health and family planning commodities for the 46 target countries?

Sub-Questions

- a) To what extent has UNFPA Supplies contributed to improving the **efficiency of global procurement of SRH/FP products** across all critical dimensions of performance (quality, mix, price, lead time, supplier performance, etc.)?
- b) Is there evidence that UNFPA Supplies has helped to **improve global forecasting, prequalification, pricing and long-term agreements** with a variety of suppliers.
- c) To what extent has UNFPA Supplies, in coordination with national authorities and partners, helped to **avoid global supply disruptions, over-stocking, over-paying, and quality issues**?
- d) Is there **evidence of increased choice** (prequalified suppliers and products), competitive pricing, reduced lead times, and increasing volumes distributed to key populations, including populations experiencing humanitarian crises?
- e) To what extent has UNFPA Supplies helped to **improve the global supply chain** of these commodities, and to **shape the global market** for them (influencing price, quality, innovation, and availability), using its global reach and purchasing power?

Evaluation Criteria	Relevance, effectiveness, efficiency
Rationale	UNFPA Supplies acts as a major force in the global system for forecasting needs and procuring and shipping appropriate RH/FP commodities to the programme’s 46 countries. As a result, through the combined operations of UNFPA Country and Regional Offices, Commodities Services Branch and Procurement Services Branch, UNFPA Supplies is in a position to exercise considerable influence on the global market for the commodities it provides. This evaluation question aims to determine how well UNFPA Supplies has used its influential position to shape the global market and to improve the overall market conditions to enable the programme to forecast global demand accurately and procure and deliver the appropriate, quality RH/FP commodities. This should also be done in accordance with national needs (and in coordination with national authorities and other partners), with deliveries on time and at the most competitive price possible. It is important to capture this global effect because, if realized, UNFPA Supplies’ ability to shape the global market for RH/FP commodities should increase the effectiveness of programme interventions in each of the programme countries.

Question 3: Key Assumptions	Indicators	Sources of Evidence
Assumption 3.1: UNFPA Supplies had the necessary funding/resources made available at the appropriate time in the 2013-2016 period to meet its mandate in procurement and	<ul style="list-style-type: none"> • Trends in funds mobilized by UNFPA Supplies over time • Expenditures by UNFPA Supplies at global, regional, national level • Identified funding gaps and time lags 	<u>Data and Document Reviews</u> <ul style="list-style-type: none"> • UNFPA Supplies annual reports and results framework reports • Minutes of the UNFPA Supplies Steering Committee • Reports on global support to RH/FP (Countdown,

Question 3: Key Assumptions	Indicators	Sources of Evidence
<p>supply of RH/FP commodities for focal countries.</p>	<ul style="list-style-type: none"> • Trends in external support (including by UNFPA Supplies) to RHCS/FP • Views of key stakeholders in RHCS/FP at global, regional and national levels 	<p>FP2030, etc.)</p> <ul style="list-style-type: none"> • PSB procurement and shipment data • Supplies Programme financial data <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA Procurement Service Branch Staff (HQ) • UNFPA Commodity Services Branch Staff (HQ) (Including financial managers) • UNFPA CO Staff • Multilateral/bilateral partners supporting RH/FP at global level • International NGOs active in RH/FP at global level
<p>Assumption 3.2: Using its global reach and purchasing power, UNFPA Supplies collaborates with national authorities and other partners to negotiate effectively with global suppliers and manufacturers to forecast and procure quality RH/FP commodities, seeking the most cost-effective, reliable, efficient supply stream for UNFPA Supplies. This has the effect of influencing and helping to shape the market for these products, affecting aspects of quality, price, innovation and supply.</p>	<ul style="list-style-type: none"> • Evidence/records of coordination meetings and consultations to identify goals and determine negotiating positions prior to contracting with global suppliers • Functioning mechanisms/processes for forecasting demand for selected quality RH/FP commodities • Trends over time in prices and choice of products available for a sample of RH/FP commodities as identified in long and short-term agreements • Functioning mechanisms/processes for quality assurance and quality control for commodities/products procured and shipped with support of UNFPA Supplies • Downward trend in instances of sub-standard quality and delays in shipment of products/commodities • Examples of innovation in RH/FP commodities and products procured 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • Records of coordination meetings/consultations chaired or organized by Procurement Services Branch • UNFPA Supplies annual reports and results framework reports • Price, quality and shipment data for selected RH/FP commodities over time (PSB and CSB data, UNFPA Supplies reports, national facilities surveys, LMIS reports, citizen group reporting on stock-outs). • Long-term agreements (LTAs) with global suppliers <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA Procurement Service Branch Staff (HQ) • UNFPA Commodity Services Branch Staff (HQ) • UNFPA CO Staff • National health authorities • Multilateral/bilateral partners supporting RH/FP at global level • International NGOs active in RH/FP at global level

Question 3: Key Assumptions	Indicators	Sources of Evidence
<p>Assumption 3.3 UNFPA Supplies actively participates in national commodity forecasting and planning processes and collaborates with national authorities to provide appropriate commodities delivered on time to the 46 countries. It also collaborates with national authorities and with other global and country-based partners, to ensure forecasting and supply functions are efficient and not duplicative.</p>	<ul style="list-style-type: none"> • Functioning mechanisms/processes for forecasting demand for selected RH/FP commodities • Functioning mechanisms/processes for quality assurance and quality control for commodities/products procured and shipped with support of UNFPA Supplies • Downward trend in instances of sub-standard quality and or delays in shipment of products/commodities • Reductions over time in country stock-outs of selected RH/FP commodities and products (and in wastage or non-use because of inappropriate products) • Absence or reduction in instances of overlap or duplication in mechanisms for global forecasting, procurement and shipment • Products procured and shipped adhere to orders received and comply with international quality standards 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • Records of meetings/consultation/oversight of demand forecasting mechanisms • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies CO workplans • Price, and shipment data for selected RH/FP commodities over time • Facilities surveys and stock out reports (country level) <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA Procurement Service Branch Staff (HQ) • UNFPA Commodity Services Branch Staff (HQ) • UNFPA CO Staff • National health authorities • Multilateral/bilateral partners supporting RH/FP at global level • International NGOs active in RH/FP at global level
<p>Assumption 3.4 UNFPA Supplies works (through PSB and CSB) to maximize the efficiency and effectiveness of its procurement and supply of products through ongoing review and monitoring including of family planning methods, new designs, quality issues, supplier performance and compliance, global prices, reports of adverse effects or toxicity, and shifting demand trends.</p>	<ul style="list-style-type: none"> • Existence of monitoring processes and reports on efficiency of procurement and supply (procurement reports and data on products procured, ordered, shipped and delivered on time and in full) • Evidence of ongoing monitoring and periodic research examining innovations in family planning methods, designs, quality assurance etc. • Ongoing monitoring reports tracking supplier performance and compliance, global prices, adverse effects and shifting demand trends (with procurement adjusted accordingly) 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • UNFPA Supplies annual reports and results framework reports • Minutes of the UNFPA Supplies Steering Committee • Review mission reports • Selected UNFPA country programme evaluation reports • PSB procurement and shipment data <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA Procurement Service Branch Staff (HQ) • UNFPA Commodity Services Branch Staff (HQ) • UNFPA CO Staff • Multilateral/bilateral partners supporting RH/FP at

Question 3: Key Assumptions	Indicators	Sources of Evidence
		global level <ul style="list-style-type: none"> • International NGOs active in RH/FP at global level <u>Online Survey</u> <ul style="list-style-type: none"> • Views of UNFPA Supply's role in SCM strengthening in different countries

8.4 - 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 , including in humanitarian situations?	
Sub-Questions: <ol style="list-style-type: none"> 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 quality RH/FP services and related commodities and to integrate family planning into other services? 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 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 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
<p>Assumption 4.1: UNFA Supplies works effectively 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 availability of affordable RH/FP commodities that are accessible to marginalized women and girls.</p>	<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 • Timeliness of shipment of identified needed commodities and products during humanitarian crises • Views and experiences of UNFPA staff, national health authorities, national medical stores staff, service providers and women and girls accessing commodities 	<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 • Price, quality and shipment data for selected RH/FP commodities over time (PSB data, UNFPA Supplies reports, national facilities surveys, LMIS reports, citizen group reporting on stock-outs). <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA Procurement Service Branch Staff (HQ) • UNFPA Commodity Services Branch Staff (HQ) (Country Leads) • UNFPA CO Staff • National health authorities • Staff of national medical stores at national and sub-national level • Service providers in RH/FP (health authorities, international and national NGOs, CSOs, private sector agencies) • Women and girls accessing commodities, including in humanitarian settings
<p>Assumption 4.2: UNFPA Supplies and Country Offices work effectively (with national authorities, and other partners) to develop new approaches to address and resolve barriers preventing poor and marginalized women and girls (including those in humanitarian crises) from</p>	<ul style="list-style-type: none"> • National RH/FP 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 	<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 • Monitoring reports, field mission visit reports and

Question 4: Key Assumptions	Indicators	Sources of Evidence
<p>accessing RH/FP commodities and services across the entire market (public, private, NGOs, etc.).</p>	<ul style="list-style-type: none"> ○ Choice of methods ○ Harmful social norms limiting access ● In humanitarian settings, UNFPA Supplies engages with national authorities to ensure that its support (including emergency kits) is targeted to all women and girls at risk, including poor and marginalized. ● Views of UNFPA CO staff, national health (and emergency response) authorities, multilateral and bilateral partners supporting RH/FP 	<p>real-time evaluation reports of UNFPA response to humanitarian crisis</p> <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> ● UNFPA CO staff ● UNFPA Supplies HQ country lead staff ● National health authorities ● Multilateral/bilateral partners supporting RH/FP ● International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery ● Staff of national, provincial, district level service delivery points for RH/FP services. ● Community leaders (traditional leaders, teachers, police, women’s group leaders, etc.) ● Marginalized women and girls participating in community engagement activities or accessing services. ● Women and girls accessing RH/FP commodities including contents of UNFPA Kits for use in humanitarian contexts <p><u>Online Survey</u></p> <ul style="list-style-type: none"> ● Views on barriers to access ● Factors constraining or promoting access and UNFPA’s role in addressing these
<p>Assumption 4.3: UNFPA Supplies works effectively with national authorities, and other partners, to enhance availability and ease of access to RH/FP services and commodities using a total market approach (engaging a full range of public, NGOs, and private sector providers including social insurers and social</p>	<ul style="list-style-type: none"> ● Identification of a TMA approach in national plans and programmes for increased use of RH/FP commodities. ● Increased participation in national programmes for demand creation by non-state actors. ● Trend over time in use of modern methods and in unmet need ● Views of national health authorities, 	<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, Group Discussion, Site Visits</u></p>

Question 4: Key Assumptions	Indicators	Sources of Evidence
marketing outlets and kiosks/dispensers for condoms, etc.).	<ul style="list-style-type: none"> international and national NGOs active in RH/FP, civil society organisations and private sector representatives • Views of UNFPA staff and of bilateral and multilateral development partners supporting RH/FP 	<ul style="list-style-type: none"> • UNFPA CO staff • UNFPA HQ country lead staff • National health authorities • Central medical stores staff • Multilateral/bilateral partners supporting RH/FP • International and national NGOs, CSOs and private sector agencies engaged in RH/FP service delivery • Staff of national, provincial, district level service delivery points for RH/FP services
<p>Assumption 4.4: UNFPA Supplies procures, packages and delivers emergency RH/FP 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 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 • Those involved in service delivery report kits and their contents were appropriate, of high quality and delivered in a timely manner • Women and girls affected by the humanitarian crisis report access to needed, appropriate and quality RH/FP commodities and products 	<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, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO Staff • National health and emergency response authorities • Service providers in RH/FP (health authorities, international and national NGOs, civil society organisations, private sector agencies. • Women and girls accessing commodities, including in humanitarian settings <p><u>Online Survey</u></p> <ul style="list-style-type: none"> • Views on reliance on emergency kits • Views on the value and utility of kits

8.5 - 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 enhanced 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 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 ToC (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 5.1: UNFPA Supplies engages with national supply chain managers and development partners in countries to discern key areas of supply chain management requiring support (while seeking consensus among stakeholders regarding gaps and requirements to address them), and works to supply targeted training, technology, and innovations to address the identified gaps.</p>	<ul style="list-style-type: none"> • Mechanisms for joint assessment of national supply chains and identification of gaps and weaknesses are operational • UNFPA Supplies initiatives to strengthen supply chain management are targeted to addressing agreed weaknesses • UNFPA Supplies support to strengthening supply chain management does not overlap or duplicate support from other bilateral or multilateral partners or national programmes • Efforts to strengthen supply chain management address staff capabilities and motivation as well as needed improvements in systems and technology • Positive findings on training outcomes and results reported • Trends in supply chain performance data 	<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) • Supply chain management training and capacity building assessments and evaluation reports <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO Staff • UNFPA Supplies HQ country lead staff • National health authorities • Supply chain managers at national and sub-national levels • Central medical stores staff or their equivalent • Multilateral and bilateral development partners including those supporting alternatives systems (in some countries) • Staff of international and national NGOs engaged in distribution of RH/FP commodities and accessing the supported supply chains <p><u>Online Survey</u></p> <ul style="list-style-type: none"> • Views on the supply chain and how it functions at country level • Views on UNFPA role in identifying/researching gaps in supply chain management and possible solutions
<p>Assumption 5.2: UNFPA Supplies (through Country Offices)</p>	<ul style="list-style-type: none"> • Examples of successful introduction and roll out of new or improved manual or automated systems for supply chain management 	<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)

Question 5: Key Assumptions	Indicators	Sources of Evidence
<p>collaborates effectively 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>	<p>(including LMIS, inventory management and distribution)</p> <ul style="list-style-type: none"> • Absence of examples of unsuccessful, duplicative or excessively delayed or expensive introduction or role out of new systems, especially automated systems supported by UNFPA Supplies • Views of UNFPA CO staff, national health authorities, national supply chain managers and facilities managers at national and sub-national level • Evidence of use of LMIS and other supply chain management tools • Examples of how improved systems have (or have not) improved inventory management, stock-outs, unused inventory, etc.) 	<ul style="list-style-type: none"> • 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, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO Staff • UNFP Supply HQ country lead staff • National health authorities • Supply chain managers at national and sub-national levels • Central medical stores staff or their equivalent • Multilateral and bilateral development partners including those supporting alternatives systems (in some countries) • Staff of international and national NGOs engaged in distribution of RH/FP commodities and accessing the supported supply chains
<p>Assumption 5.3: UNFPA Supplies has access to high-quality supply chain management systems and to capability/expertise, and the ability to convey these and to share technologies (for example CHANNEL software) with the 46 programme countries.</p>	<ul style="list-style-type: none"> • Examples of UNFPA Supplies documentation of best/good practices in supply chain management. • Systems and mechanisms for UNFPA Supplies to access specialized expertise in supply chain management (software, systems development expertise, consultants, academics) and to make these available to partners in programme countries. • Views of national health authorities and supply chain managers on quality of technical assistance provided by UNFPA Supplies 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies documents and materials on good/best practice in supply chain management • 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

Question 5: Key Assumptions	Indicators	Sources of Evidence
	<ul style="list-style-type: none"> • Examples of successful introduction and adoption of new systems and approaches for SCM at national level supported by UNFPA supplies 	<p>quality of UNFPA technical assistance <u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA Global, Regional and CO Staff • Bilateral and Multilateral Partners supporting improvements in SCM at global and country level • National health authorities • Supply chain managers at national and sub-national levels • Central medical stores staff or their equivalent • Staff of international and national NGOs engaged in distribution of RH/FP commodities and accessing the supported supply chains
<p>Assumption 5.4: At the country level, UNFPA Supplies support focuses on providing incremental value (adding to the efforts of government and others without duplication), supporting sustainability.</p>	<ul style="list-style-type: none"> • UNFP Supplies support to strengthening supply chain management includes explicit exit strategies and sustainability plans • National commitments to continued strengthening of SCM after completion of UNFPA Supplies support (including appropriate budgets and financial resources) • Evidence of burden sharing and commitment of financial and technical resources to strengthening supply chain management by other multilateral and bilateral partners and national governments (trends 2013-2016) • Continued operation of improved SCM systems in the period after support by UNFPA Supplies (i.e. use of improved software systems, active and supportive supervision, etc.) 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • UNFPA Supplies annual reports and results framework reports • UNFPA Supplies country workplans and operational programme plans, especially those aimed at strengthening supply chain management • Review mission reports, case studies and audit reports on UNFPA Supplies support to supply chain management <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO Staff • Bilateral and Multilateral Partners supporting improvements in SCM at country level • National health authorities • Supply chain managers at national and sub-national levels • Central medical stores staff or their equivalent • Staff of international and national NGOs engaged in distribution of RH/FP commodities and accessing the supported supply chains

8.6 - Improved programme coordination and management

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?

- Sub-Questions**
- a) To what extent have the UNFPA Supplies Steering Committee and UNFPA programme managers (HQ, Regional and COs) 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?
 - 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**?
 - 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?
 - 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?

Evaluation Criteria	Effectiveness, efficiency
Rationale	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.

Question 6: Key Assumptions	Indicators	Sources of Evidence
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, implementing partners and other	<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 sub-national levels, including international and local NGOs and sub-national staff of 	<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 • UNFPA Country Programme evaluation reports

Question 6: Key Assumptions	Indicators	Sources of Evidence
<p>key stakeholders.</p>	<p>health authorities</p>	<ul style="list-style-type: none"> • Collaboration agreements and memoranda of understanding <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA CO staff • UNFPA Supplies HQ country leads • National health authorities • Multilateral/bilateral partners supporting RH/FP • Staff of international and national NGOs engaged in distribution of RH/FP commodities at country level <p><u>Online Survey</u></p> <ul style="list-style-type: none"> • Views on coordination mechanisms
<p>Assumption 6.2: UNFPA Supplies has been able to access appropriate and needed human resources at the global, regional and national level.</p>	<ul style="list-style-type: none"> • Numbers and roles of staff assigned to support UNFPA Supplies at global, regional and national level. • Perceptions regarding the fit between demands of the UNFPA Supplies programme and available skills and capacity of UNFPA staff at global, regional and national level. • Views of UNFPA staff at global, regional and CO level • Human resources data on rates of turnover among staff designated to support UNFPA Supplies 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • UNFPA Supplies staffing reports • Evaluation and audit reports <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA global, regional and CO staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • Staff of international and national NGOs engaged in distribution of RH/FP commodities at country level <p><u>Online Survey</u></p> <ul style="list-style-type: none"> • Views on adequacy of UNFPA human resources
<p>Assumption 6.3: The systems and processes for the governance of UNFPA Supplies (including the UNFPA Supplies Steering Committee) have been effective in balancing the viewpoints of donor partners, programme country health authorities, programme managers and other key</p>	<ul style="list-style-type: none"> • Views of members of the UNFPA Supplies Steering Committee • Decisions of the UNFPA Supplies Steering Committee reflect inputs from donor partners, programme managers and other key stakeholders (including regional UNFPA staff and national health authorities) • Views of multilateral and bilateral partners at global level • Views of international NGO partners 	<p><u>Data and Document Reviews</u></p> <ul style="list-style-type: none"> • Minutes and decisions of the UNFPA Supplies Steering Committee <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • Members of the UNFPA Supplies Steering Committee • UNFPA global, regional staff • National health authorities • Multilateral/bilateral partners supporting RH/FP • Staff of international NGOs engaged in developing

Question 6: Key Assumptions	Indicators	Sources of Evidence
stakeholders in providing strategic direction and over-sight which is responsive to differing contexts and changing conditions .	<ul style="list-style-type: none"> Views of national health authorities in programme countries Experience of national health authorities with the implementation of the McKinsey report recommendations on levels of procurement support by country 	global strategies and approaches in RH/FP

8.7 - 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 <ol style="list-style-type: none"> 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? To what extent has UNFPA Supplies programming been sufficiently flexible and responsive to changing country needs and priorities, including during and after humanitarian crises? 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
<p>Assumption 7.1: The design of UNFPA Supplies as reflected in strategic documents and in systems and processes for programme planning, approval and review, takes account of the roles of other actors and sources of support to RH/FP and attempts to influence them in their programming.</p>	<ul style="list-style-type: none"> • Deliberations/decisions of the steering committee emphasis the complementary and gap-filling role of UNFPA Supplies • Guidance to COs for developing work plans includes reference to catalytic role • Allocations of commodity budgets by CSB to specific countries take account of other sources of financing • Views and experience of UNFPA headquarters staff (CSB and PSB) • Views and experience of steering committee members 	<p><u>Data and Document Review</u></p> <ul style="list-style-type: none"> • Minutes and decision records of the steering committee • UNFPA Supplies annual workplans (country level) • Guidelines for development of country workplans • Mckinsey study recommendations on country allocations <p><u>Interviews, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA headquarters (CSB and PSB), regional and CO staff • Steering committee members
<p>Assumption 7.2: The process for planning, budgeting, implementing, 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>	<ul style="list-style-type: none"> • Documented changes in annual workplans and allocations of UNFPA Supplies commodity budgets at national level in response to changing conditions/needs (including humanitarian emergencies) • 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 	<p><u>Data and Document Review</u></p> <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, Group Discussion, Site Visits</u></p> <ul style="list-style-type: none"> • UNFPA headquarters (CSB and PSB), regional and CO staff • UNFPA Supply Steering committee members • National health authorities • Staff of central medical stores • International and national NGOs engaged in delivery of RH/FP commodities • Sub-national and district level health authorities and service providers • Women and girls accessing commodities and services provided by UNFPA Supplies

4.3 Evaluation criteria covered by the evaluation matrix

Table 9 relates the evaluation questions and their associated assumptions to each of the evaluation criteria detailed in the evaluation terms of reference. The table illustrates that all the identified criteria are addressed in the evaluation matrix.

Table 9: Evaluation Questions in Relation to the Evaluation Criteria

Evaluation Question	Relevance	Effectiveness (Including Cost- Effectiveness)	Efficiency	Sustainability	Coordination
1. Enabling Environment	X	X		X	X
2. Increased Demand	X	X		X	
3. Efficiency of procurement and supply	X	X	X		X
4. Access to quality RH/FP Services	X	X	X	X	
5. Capacity for supply chain management	X	X	X	X	
6. Coordination and management	X	X	X		X
7. Catalytic Role		X	X		X

5 NEXT STEPS

Immediately following completion of the inception phase, work will commence on the data collection phase, which will include activities at the global, regional and country levels. This section sets out the next steps for the data collection phase.

5.1 Data collection phase: global and regional levels

Over the period from 1 September to the end of December, 2017, the evaluation team will undertake the following data collection tasks at global and regional levels:

1. Conduct the comprehensive review of documents compiled during the preparatory phase by the Evaluation Office and staff of UNFPA Supplies as supplemented by documents gathered by the evaluation team during the inception and throughout the data collection phase. Gaps in information will be addressed by requesting additional documents where needed.
2. Continue profiling of national level data on outcomes in RHCS/FP which can provide important contextual information for assessing the results the case-study countries. This process has begun with the identification of key indicators available from recognized sources. This data has already been profiled for the nine case-study countries and is presented in Annex 3.
3. Continue profiling programme expenditures and the volume and value of commodities procured and shipped by UNFPA Supplies. This will include annual expenditures by area of output for each of the case study countries.

4. Carry out additional selected interviews at global and regional level in accordance with the stakeholder map in Annex 2.

5.2 Data collection phase – country case studies and internet survey

5.2.1 Field country case studies

1. Based on the results of the pilot field-based country case study in Sierra Leone (4 – 15 September), refine and finalize interview guides, discussion group protocols and other data collection instruments to be used in the field country case studies.
2. Complete detailed logistics and work planning for the four country case study missions.
3. Carry out the field country case study missions in accordance with the schedule presented in Section 3.2.4.
4. On completion of the field country case study mission each evaluation country case study team leader will engage with team members to produce the completed country case study evaluation matrix and finalize the evaluation findings for that case study in the form of a Study Brief. Each Study Brief will include:
 - a. A review of the country context including developments in the health sector, trends in indicators of RHCS/FP and the response of UNFPA Supplies (2-3 pages)
 - b. the main findings of the country case study including findings for the evaluation questions which are most relevant to the specific country case study (3-5 pages)
 - c. conclusions of the country case study (2-3 pages)
 - d. The completed country case study evaluation matrix.

5.2.2 Desk country case studies

1. Finalise the desk case study protocol presented in Section 3.4.5 and the evaluation matrix presented in Annex 6.
2. Review the core set of country case study documents identified in the country case study protocol.
3. Conduct telephone or skype interviews with two to three key informants familiar with UNFPA supplies in each desk-based case study country.
4. Draft the completed desk-based case study matrix for each country and articulate evaluation findings for each evaluation question.

5.2.3 Data collection phase: internet survey

1. Finalise the online survey questionnaires.
2. Finalise the sample frame and implement the targeting strategy for contacting survey participants.
3. Conduct the online survey.

5.3 Consolidation of data, analysis and reporting

5.3.1 Data consolidation and drafting findings and conclusions

The evaluation core team will undertake a data analysis workshop to consolidate data, review the completed evaluation matrices, examine the findings of the country studies (field and desk), and analyse the results of the online survey. This will allow the core team to identify preliminary synthesized findings and conclusions across all evaluation questions and areas of investigation.

The result of this workshop will be consolidated in a power point presentation which will be made available to the members of the ERG as early as possible in 2018.

Following completion of the data consolidation workshop, the evaluation team will draw on all sources of evidence to develop the first draft of the report of the Mid-Term Evaluation of UNFPA Supplies. This will include the evidence from all data sources gathered into one completed evaluation matrix for each evaluation findings. It will also include the main body of the draft evaluation report as described in the terms of reference including evaluation findings and conclusions.

5.3.2 Development of Evaluation Recommendations

Following submission of the Draft Evaluation Report, the evaluation team will develop a working paper on evaluation recommendations. This paper will include, for each proposed recommendation:

- The wording of the proposed recommendation
- The conclusion or conclusions which give rise to the proposed recommendation
- The operational requirements which need to be met if the recommendation is to be implemented
- The relative priority of the proposed recommendation
- The locus of responsibility for implementing the proposed recommendation.

The working paper on recommendations will serve as the source material for a half day workshop facilitated by the evaluation manager with the team leader and full participation by the members of the ERG. The result of the workshop will be a consolidated set of evaluation recommendations.

5.3.3 Schedule for remaining evaluation tasks

Table 10: Evaluation Schedule

Phase	Activities and Milestones	Dates	Products (Deliverables to ERG in Bold)
Inception Phase	Circulation of the Draft Inception Report to Evaluation Reference Group	28 August 2017	Draft Inception Report
	Finalize Inception Report	2 October 2017	Inception Report
Data Collection Phase	Online Survey (Development, Distribution and Analysis)	21 August to Mid-November 2017	Results of on-line survey
	Five Desk Country Case Studies	1 September to Mid-December 2017	Desk country case study briefs
	Pilot Field Country Case Study: Sierra Leone	4 – 15 September 2017	Exit meeting and country team debrief at UNFPA CO
	Presentation on the Results of the Sierra Leone Pilot Field Country Case Study	2 October 2017	Power Point Presentation to the ERG (NYC)
	Field Country Case Study 2: Sudan	15 – 27 October 2017	Exit meeting and country team debrief at UNFPA CO
	Field Country Case Study 3: Nigeria	6 – 17 November 2017	Exit meeting and country team debrief at UNFPA CO
	Field Country Case Study 4: Lao PDR	4 – 15 December 2017	Exit meeting and country team debrief

Phase	Activities and Milestones	Dates	Products (Deliverables to ERG in Bold) at UNFPA CO
Analysis and Reporting Phase	Draft Field Country Case Study Briefs	Four weeks after field mission completion	Field Country Case Study Briefs
	Team Evaluation Evidence Consolidation and Analysis Workshop	22,23, 24 January 2018	Draft Evaluation Findings and Conclusions
	Make Available Presentation of Preliminary Evaluation Findings and Conclusions	25 January 2018	Slide Deck of Preliminary Evaluation Findings and Conclusions
	Draft Final Report	28 February 2018	Draft Final Report
	Presentation of Draft Final Report to the ERG	April 2018	Presentation of Draft Report to the ERG
	Final Report	May 2018	Final Report
Management Response and Dissemination	Management Response Prepared by TD and PD	June 2018	
	Evaluation Briefs	July 2018	Evaluation Briefs
	Presentations of Results (Up to 5 events)	June-September 2018	Presentations
	Presentation of Results to Executive Board of UNFPA	To be determined	Presentation

5.4 Quality assurance for deliverables

Plan for the Quality Management, Monitoring, and Auditing – In connection with the services offered by Euro Health Group (EHG) for the current evaluation, the EHG Quality Assurance Management System has been adapted to the particular conditions of the assignment. EHG is an ISO 9001:2008 certified company and consequently complies with standard ISO 9001:2008 requirements with regard to quality management.

Contents of the Final Quality Plan – a specific quality assurance plan has been designed in order to ensure that:

- The technical assistance provided by the consultant fulfils the requirements of UNFPA and is in full conformity with the scope of services as described in ToR including the quality assurance grid (see Annex 9 of the ToR) as well as in the technical proposal
- The evaluation is a learning exercise for all involved
- Findings are derived from data and based on evidence; a high-quality analysis ensures that findings are sound, credible and able to withstand criticism
- Conclusions provide clear answers to the questions and present a substantiated value judgement on the merits and worth of the programme.
- Recommendations are related to the conclusions (without replicating them); they are prioritized, useful, operational and feasible and the conditions of implementation are specified
- Deliverables (including annexes) have been quality controlled and peer reviewed before submission
- Key stakeholders are involved and benefit from every step of the evaluation process

- EHG is fully committed to continuously monitor, evaluate, and act to improve the services provided in full cooperation with the EMG and joint ERG.

Each deliverable quality assessment is conducted as follows:

- The team leader finalises a first version
- The internal quality manager (QM) and external peer reviewer (PR) read the document carefully; they insert detailed comments in the assessed document and rate the relevant quality criteria in a grid based on annex 4 of the Terms of Reference
- The team leader (referring if necessary to team members) responds to all major comments from the QM and PR and produces the next version
- The QM and PR immediately check whether comments have been properly integrated, then update the rating of quality criteria and edit the grid in order to highlight the main points which have been addressed through the quality assessment process
- The quality assured product is submitted to the UNFPA Evaluation Manager for review.

ANNEXES IN VOLUME II

Annex 1	Pathway Theories of Change One to Five
Annex 2	Stakeholder Maps for UNFPA Supplies
Annex 3	Indicators of Reproductive Health and Family Planning Outcomes in Nine Case-Study Countries
Annex 4	Draft On-Line Survey Questionnaire
Annex 5	Draft Interview Guides – Field Country Case Studies
Annex 6	Evaluation Matrix for desk Studies
Annex 7	Persons Interviewed
Annex 8	References
Annex 9	UNFPA Supplies Channel Software: An Overview
Annex 10	Terms of Reference