
Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020)



UNFPA Evaluation Office

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THE PURPOSE AND SCOPE OF THE EVALUATION

In 2007, UNFPA created its global programme to enhance reproductive health commodity security (GPRHCS). The programme, now called “the UNFPA Supplies Programme” and hereafter referred to as “UNFPA Supplies”, promotes a more systematic and sustainable, country-driven approach to increasing the availability of, access to, and utilization of reproductive health supplies for voluntary family planning, HIV/STI prevention, and maternal health services. Since 2013, UNFPA Supplies has focused its interventions on 46 countries, all of which receive integrated, multi-year support, and has expanded its activities in five areas aimed at: (i) improving the enabling environment for reproductive health commodity security (RHCS); (ii) increasing demand for reproductive health and family planning services; (iii) improving efficiency for procurement and supply of commodities; (iv) improving access to quality reproductive health commodities/family planning services; and (v) strengthening capacity and systems for supply-chain management.

The purpose of this mid-term evaluation was to assess the progress made in the implementation of UNFPA Supplies since 2013. The evaluation examines the interventions carried out during the period 2013 to 2017 and covers all 46 focus countries in the six UNFPA regions of operation where the programme interventions take place.

APPROACH AND METHODOLOGY

The evaluation aims to identify the contribution UNFPA Supplies has made to improving results in key areas of reproductive health and family planning (RH/FP), including commodity security. To this end, the evaluation adopted a theory-based approach with analysis of the intended outcomes, outputs, activities, as well as analysis of contextual factors and their potential to achieve the desired UNFPA Supplies outcomes.

CONCLUSIONS

CONCLUSION 1: UNFPA Supplies is an effective vehicle for promoting family planning as a priority intervention. As such, UNFPA has leveraged the programme to foster positive environments conducive to normalizing family planning and supporting its integration into primary health services. Although UNFPA Supplies has been an important driver of action in support of family planning for country offices, UNFPA as an organization has not made full use of UNFPA Supplies as a platform for global and national leadership in advocating for effective family planning policies and programmes.

CONCLUSION 2: UNFPA Supplies has had limited success in broadening sustainable sources of financing for reproductive health commodity security and family planning and remains the dominant source of commodities used by the public sector in almost all programme countries. UNFPA Supplies still does not offer a range of effective tools and incentives to assist country offices in advocating national governments to increase their investment in procuring reproductive health and family planning commodities, despite the recent (2016/2017) change in the allocation formula

for determining the share of the annual, country-specific UNFPA Supplies budget to be devoted to commodity procurement.

CONCLUSION 3: The contribution of UNFPA Supplies to increased demand for family planning has been especially important in some country contexts. By working in effective partnership with national health authorities, as well as national and international NGOs, UNFPA Supplies has helped demonstrate an important link between demand creation and strengthened family planning service-delivery. Although investments in community engagement to change social norms and attitudes toward family planning have often been small in scale, discontinuing UNFPA Supplies support to demand-creation activities (2017) has been counterproductive in contexts where demand for modern contraception is limited. In those contexts, there is a continuing need to robustly support demand generation, even if not funded by UNFPA Supplies.

CONCLUSION 4: UNFPA Supplies has made a significant contribution to expanding access to family planning products and services in programme countries. It has helped to extend the reach of mobile services, increase the range of contraceptive

options, promote task-shifting among service providers and strengthen the capacity of midwives. It has also effectively supported efforts to extend the geographic reach of services to isolated and marginalized communities. However, stock-outs in some countries have negatively affected the ability of clients to access their preferred method.

CONCLUSION 5: UNFPA Supplies has made a positive contribution to ensuring reproductive health and family planning services are accessible to marginalized women and girls and to adolescents and youth. The programme contributed to efforts to address gender equality through community engagement in order to remove socio-cultural barriers to access for women and girls. It has also devoted attention to selected aspects of a rights-based approach to family planning, notably: the increased availability and accessibility of commodities and services; a wider methods choice and options (sometimes weakened by stock-outs); and support to equitable, non-discriminatory services. Although it embraces the concept of rights-based family planning, UNFPA Supplies has not yet systematically applied existing UNFPA guidance to assess and operationalize the progressive realization of rights within contraceptive service-delivery.

CONCLUSION 6: UNFPA (mainly through UNFPA Supplies) has achieved an established position as the world's leading procurer of family planning commodities and has the capability to use its purchasing power and influence to affect global markets. UNFPA has used its strong position to develop tools and devices to streamline the process of national needs-assessment and procurement. It has also effectively encouraged suppliers to produce, hold and manage stocks and has supported improvements in quality assurance. At the same time, attempts to shape global markets and reduce unit costs by providing longer-term and higher-volume commitments to manufacturers have been hampered by the short-term and inflexible nature of cash flows, a situation which has only partially been addressed by the recent creation of a bridge-funding mechanism.

CONCLUSION 7: UNFPA Supplies has provided important support aimed at filling gaps and addressing specific weaknesses in national and local capacities for supply-chain

management and has also supported the development of national strategies for integrating and improving supply chains. However, in some countries, UNFPA country offices have not been able to capitalize on the importance of UNFPA Supplies to promote a government-led, national consensus on how supply chains should be strengthened or which roles should be played by supporting external partners. This has hampered efforts to address the continued fragmentation of supply chains and the lack of coordinated support to supply-chain management from external partners, especially considering the programme's very large footprint (46 countries).

CONCLUSION 8: UNFPA Supplies has contributed directly to strengthening government-led platforms for coordinating national action and external support to RHCS at national level. This has been most evident around operational issues relating to coordinated procurement and shipping and makes UNFPA a valued partner at global and national level. However, in country offices (where the UNFPA Supplies team is almost always very small) both procurement and shipment as well as processes for quantifying national needs, assigning budgets, validating procurement requests, and dealing with suppliers can all be overwhelmingly complex. These processes are also somewhat opaque from the perspective of implementing partners.

CONCLUSION 9: UNFPA Supplies has helped to improve the effectiveness of the UNFPA response to meeting the reproductive health and family planning needs of women and girls during humanitarian emergencies both at global and country levels. In some country offices, UNFPA Supplies funds have been used to train local emergency response personnel in the use of the Minimum Initial Service Package (MISP), an important tool for ensuring that women and girls are reached with the right package of services as quickly as possible. At global level, the programme provides an annual funding allocation to enable UNFPA to deliver a rapid response in emergencies across the world, mainly through the supply of emergency kits. However, commodity delivery response times have been uneven and reproductive health and other emergency kits have sometimes been slow to arrive. There is also a lack of clear understanding about when, where and under what circumstances it is appropriate to pre-position commodities, and guidance in these areas is currently under development.

RECOMMENDATIONS

RECOMMENDATION 1: Asserting leadership: UNFPA, as a matter of organizational priority, should take steps to capitalize fully on the critical importance of UNFPA Supplies as a lever for asserting its leadership role in reproductive health and family planning at global, regional and national level (including in humanitarian contexts).

RECOMMENDATION 2: Sustainable financing: UNFPA Commodity Security Branch and country offices, with involvement from other units of UNFPA, should implement a flexible approach that is tailor-made to national contexts with a view to broadening and deepening the sources of sustainable financing for RHCS. It should reflect the evidence and experience of “what works” in terms of incentivising and supporting domestic resource mobilization, including lessons learned by other global funds on co-financing policies and innovative financing mechanisms.

RECOMMENDATION 3: Adequate attention to demand generation: UNFPA Commodity Security Branch and country offices should develop an evidence-based process for defining needs and assessing funding gaps for demand generation in priority countries and they should assess the capacity and capability of UNFPA to support high priority interventions. This should form the basis for determining the role and comparative advantage of UNFPA among other health partners in supporting demand-generation interventions.

RECOMMENDATION 4: Human rights-based family planning services: UNFPA Supplies should ensure the systematic application of a human rights-based approach to the provision of family planning services. This should include specific guidance on how to improve gender equality and social inclusion by addressing socio-cultural barriers that impede access to reproductive health and family planning services and commodities.

RECOMMENDATION 5: Shaping global markets and reducing the opacity of processes: UNFPA Supplies should build on

progress already achieved and continue to support improved national demand-forecasting and annual supplies-planning and quantification. Efforts should be directed towards making the procurement, shipment, and delivery processes more visible to implementing partners.

RECOMMENDATION 6: Coordinated, risk-based approach to supply-chain management: UNFPA country offices should support national governments to coordinate a multi-partner approach to an agreed, nationally-led, coherent strategy and programme for managing and strengthening supply chains. This should reflect a differentiated, risk-based approach to supply-chain management, which adapts distribution models and supply-chain interventions according to the risk profile of a given country. It should include agreed technical and financial supporting roles (while recognizing the context of broader health supply chain systems) and support to countries with post-emergency or protracted emergency settings with a view to moving away from emergency reproductive health kit procurement and creating sustainable medical commodity supply chains.

RECOMMENDATION 7: Responding to variations in national context: UNFPA Commodity Security Branch and country offices should strengthen monitoring and oversight of programme planning, budgeting and implementation at country level in order to ensure that the programme addresses gaps and needs in: (i) the balance between demand generation, access to services, service delivery quality and security of supply; (ii) the national strategy and approach to strengthening supply-chain management; (iii) national strategies and policies regarding access to reproductive health and family planning services; (iv) national capacity for broadening and deepening sustainable investments in RHCS in general, and in procurement of commodities in particular; (v) efforts made by development partners and the private sector to provide or improve services at the national level.

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