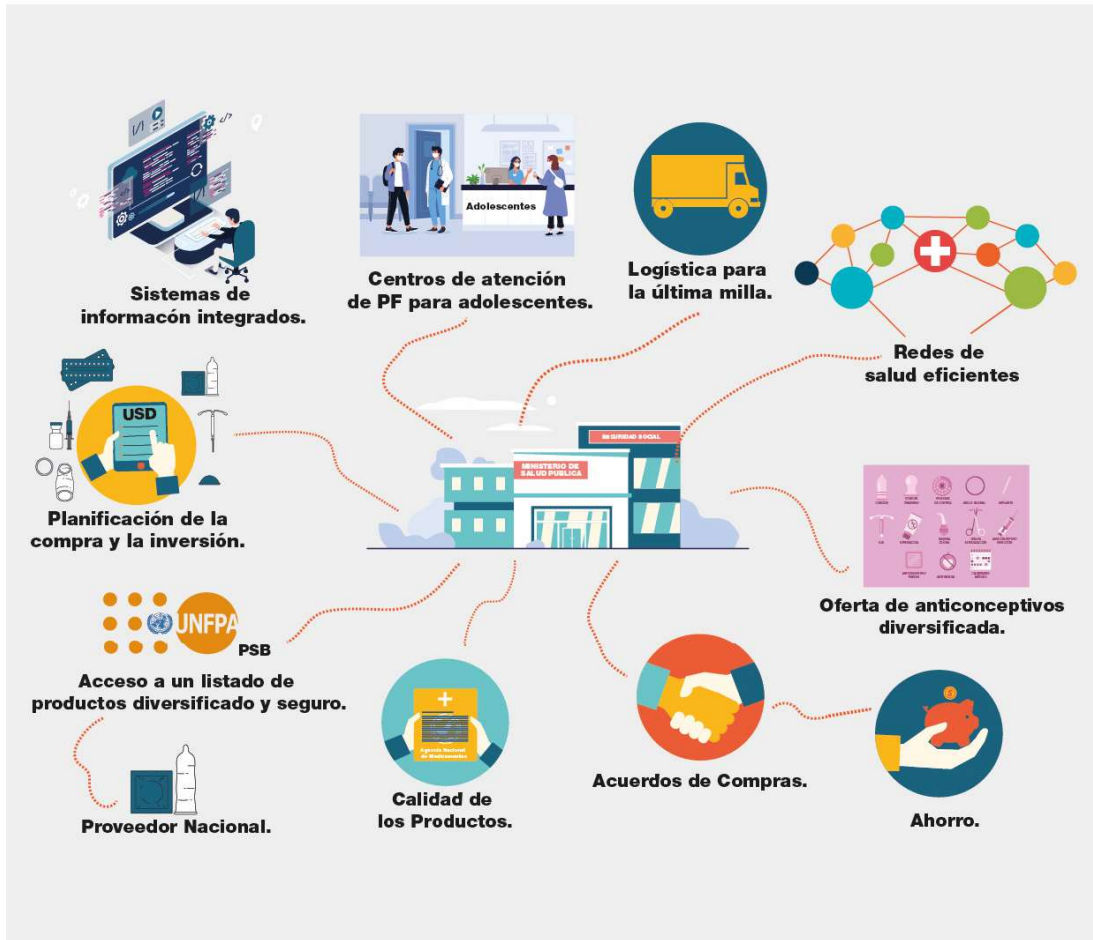


Regional Evaluation of UNFPA's contribution to Family Planning and Commodity Security in Latin America and the Caribbean



Oficina Regional para América Latina y el Caribe

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**Graphic Design: The cover and the rest of the original images have been created specifically for this report.**

## ABBREVIATIONS AND ACRONYMS

CARICOM	Caribbean Community
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women.
CFA	Cofinancing Agreement
CM	Contraceptive method
CO	Country Office
CPAP	Country Program Action Plan
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
CS	Commodity Security
CSSRH	Commodity Security for Sexual and Reproductive Health
ECLAC	Economic Commission for Latin America and the Caribbean
EE	Evaluation Team
ENIA	Plan for the prevention of unintended pregnancies in adolescents in Argentina
FG	Focus Group
FP	Family Planning
FP-CS	Family Planning-Commodity Security
GDI	Gender Development Index
GPRHCS	Global Programme Reproductive Health Commodity Security.
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICPD	International Conference on Population and Development
IDB	Inter-American Development Bank
LAC	Latin America and the Caribbean
LACRO	Regional Office for Latin America and the Caribbean (LACRO)
LARCs	Long-Acting Reversible Contraceptives
MDGs	Millennium Development Goals
MINSA	Ministry of Health
MMR	Maternal Mortality Ratio
OECS	Organization of Eastern Caribbean States
ORAS-CONHU	Andean Health Organization
PAHO	Pan American Health Organization
PASIGLIM	Automated Programme for Medical Supply Logistics Management System
PSB	UNFPA Procurement Service
RHCS	Reproductive Health Commodity Security
RIAP	Regional Interventions Action Plan
RO	Regional Office
SDGs	Sustainable Development Goals
SIAL	United Nations Logistics Management Information System
SP	Strategic Plan
STIs	Sexually Transmitted Infections
SUGEMI	Dominican Republic National Health Service
TFR	Total fertility rate
ToR	Terms of Reference
TPP	Third Party Procurement
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group



UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
UNS	United Nations System
WB	World Bank
WHO	World Health Organization

## EXECUTIVE OVERVIEW

The UNFPA Regional Office decided to carry out an independent external evaluation to assess UNFPA's contribution to family planning and commodity security in the Latin American and Caribbean region. This exercise has been supported by a Reference Group that was formed for this purpose and consisted of UNFPA staff and experts from the field. The Regional Report has been complemented by 4 case studies from Argentina, Ecuador, Honduras and Trinidad and Tobago.

The scope of the two programming cycles being evaluated (2014-2017; 2018-2021) includes a study of the most important initiatives and interventions to reduce unmet needs for family planning, with adolescents as a priority target group. This evaluation also contributes to an assessment of the effectiveness of support for countries in emergency and humanitarian contexts.

### *Approach and methodology:*

The evaluation used a regional approach, taking as reference points the initiatives or interventions that have been expanded to several countries and the LACRO office has played an important technical and coordinating role in their implementation. This is a formative evaluation, designed to identify best practices and lessons learned, as well as recommendations for the next cycle. Semi-structured individual and group interviews have been prioritized as a data collection method. A total of **90 interviews** were conducted *online* with stakeholders (government agencies, UNFPA offices and civil society organizations).

In accordance with UNFPA's evaluation standards and guidelines, this evaluation focuses its analysis on the criteria of relevance, effectiveness, efficiency and sustainability. Criteria of coordination, coverage and connectivity in emergency and humanitarian situations have also been considered.

Based on its overall assessment, **the evaluation affirms the effectiveness of the results/services provided by UNFPA** to strengthen family planning policies with a focus on commodity security. These have been articulated through **3 major strategies**: **(i)** Strengthening country capacities to consolidate commodity security (RHCS) with a focus on the supply chain; **(ii)** Expanding the supply of contraceptive methods and strengthening demand; and **(iii)** Addressing the contraceptive needs of the adolescent population in order to prevent unplanned pregnancies.

The conclusions and recommendations that have the most strategic value according to the evaluation team are highlighted below.

## Conclusions

### **Commodity security helps make progress with reducing unmet contraception needs**

- i. **Reproductive health commodity security (RHCS) is a key factor for achieving UNFPA's Transformative Outcome 2 and Sustainable Development Goals 3.7 and 5.6 and the relevance of RHCS has increased during the pandemic.** Fourteen months into the pandemic, unmet family

planning needs in the region increased from 11.4% to 17.7%. This represents an increase of about 20 million women who have unmet contraception needs and is equivalent to a setback of about 30 years in terms of regional achievements for this indicator. Maintaining investment in contraceptive methods (CMs) is a critical element given the economic downturns, increased public debt and significant reductions in fiscal space caused by COVID-19.

- ii. **The approach identifies that "middle-income" countries are obsolete.** In the context described above, the categories used to classify countries in the region is inconsistent and needs to be modified. The Theory of Change for the Regional Programme requires some adjustments in the absence of financial instruments that are adapted to the reality of Latin America and the Caribbean.
- iii. **UNFPA has comparative advantages in the field of supply chain assurance.** These advantages have allowed UNFPA to make important contributions in areas such as: logistics information systems; expansion of available contraceptive methods; strengthening of demand; and estimation of investments for the acquisition of CMs that are not recognized by any other partner in the Latin American and Caribbean Region.
- iv. **UNFPA is positioned for resource mobilization through commodity security in the region.** UNFPA's capacities and progress, coupled with the strategic weight of commodity security in order to achieve the SDGs, have positioned it so that it can capitalize on mobilization opportunities and act as a cornerstone for a new UNFPA business model in the region.
- v. **The RHCS environment in Caribbean countries faces challenges.** This topic has not yet been incorporated into the agenda as an *issue* that needs to be strengthened through a more articulated perspective among the countries. Supply chain management presents weaknesses that currently constitute a threat given their potential impact on the performance of SRH indicators.
- vi. **A critical aspect of RHCS development in the region is the UNFPA Procurement Service.** The Global Procurement Facility (GPF) is both a strength and a constraint. It is highly relevant in the region because it has been the largest purchaser of CMs and other SRH commodities through the Procurement Service Branch (PSB) in recent years. As a result of the TPP Agreement between 2011 and 2020, countries in the region invested USD 114.6 million, with Ecuador as the largest buyer. This represents a contribution of USD 5.73 million (5%) in administrative fees paid by the countries in the region to UNFPA. Despite this situation, restrictions on the availability of certain products, the requirement of advance payment and the absence of product registration in countries in the region affected the possibility of creating a "favorable purchasing environment" to ensure the commodity supply in the critical context described above.
- vii. **UNFPA has demonstrated capacity for innovation in terms of RHCS in the region.** Tools have been designed for estimating investments and to analyze the optimization of MAC purchases. These tools support countries to improve the efficiency of national investments, assessing their opportunity cost and estimating their sustainability and impact on reducing unmet FP needs. These tools have created a new channel for policy dialogue and advocacy with partners in order contribute to Transformative Outcomes 1 and 2 and the

SDGs. Notable examples are the SEPREMI pricing database and the MIPLAN assessment tool used for the prospective analysis of investment scenarios.

- viii. The evaluation identified that the efficiency of **interventions aimed at strongly positioning the most effective methods (LARCs)** achieved highly satisfactory results, some of which are very low cost such as the IUD.

- ix. **UNFPA has shown its capacity to influence Ministries of Health and contribute to the design of a significant number of SRH/FP policies, plans, programs, and standards**, with Caribbean countries lagging behind in the region. Advocacy actions to influence investment in FP-CS policies and plans have been isolated or unsystematic as they have not successfully captured the direct effect of technical assistance (including advocacy) on an important management indicator like the contraceptive commodity budget.

### Ensuring contraception for the full development of the adolescent population

- x. **Reducing unintended adolescent pregnancies is the greatest challenge for FP and RHCS in Latin America and the Caribbean. The magnitude and trends of this phenomenon** make it one of the most striking expressions of inequalities in the Region. The adolescent birth rate in Latin America and the Caribbean will be significantly impacted by COVID-19. The evidence collected by UNFPA regarding the socioeconomic impact of unintended adolescent pregnancies on countries in the region is indisputable. Success in the area of RHCS is compromised if the contraceptive interests of the adolescent population are not addressed.
- xi. **The evaluation identified that the methodology to generate economic evidence** regarding the impact of adolescent pregnancies (MILENA) **is highly strategic**. It creates an unprecedented area of work that contributes to **social innovation**. The findings highlight the scope of these methodologies that bring together different institutions in the area of development, positioning the reduction of unmet contraception needs in the *hard* development agenda and contributing an innovative methodology to social policies, including social protection policies.

### Securing FP-CS in COVID-19 and Humanitarian Contexts

- xii. **The effectiveness and efficiency of the commodity response in the humanitarian field has been constrained by the lead time required for the delivery of SRH commodities.** While the evaluation identified that UNFPA's added value in this area is enormous, no other agencies have been identified as implementing minimum SRH/FP service packages or ensuring contraceptive commodity security. It is up to UNFPA to make political and programmatic decisions that would raise its profile in the field of humanitarian response, an area where the institution's reputational loss is currently being felt by Country Offices.
- xiii. **COVID-19 presents an opportunity to develop remote FP care models.** However, there is still no objective evidence that certifies the validity and effectiveness of these models, e.g.: how many women were assured access to contraceptive methods during the pandemic using a rights-based perspective; how many adolescents received telecounseling and what effect it had on their decision-making regarding their contraceptive needs. These are just a few questions that have not yet been answered. It will be very important to have accurate information about these issues so that inequality gaps do not increase.

## RECOMMENDATIONS

### General Recommendations:

- i. **The evaluation recommends leveraging UNFPA's comparative advantages** in two areas: (i) **commodity security** as a factor in the sustainability of FP policies; and (ii) **prevention of unintended/unplanned pregnancies** among the **female adolescent population**. In both cases, LACRO can capitalize on its achievements and capacities to guide regional work in this area without affecting complementary programmatic solutions at the country level.  
In order to implement this recommendation, management needs to encourage internal dialogue in the context of designing the new Strategic Plan. The evaluation proposes some criteria for this discussion that explain the **catalytic effect** of commodity security and prevention of adolescent pregnancies that the evaluation has identified. The strategies included in the new Plan should:
  - Respond to a critical situation in the region and leverage the UNFPA agenda to better contribute to Strategic Outcomes 1 and 2.
  - Enhance UNFPA's comparative advantages.
  - Enable intersections, complementary actions and synergies between LACRO's different results and areas that contribute to specific actions and add value to these results (as opposed to the dispersion of actions).
  - Have the capacity to be scaled up.
  - Generate integration in the regional response, strengthening symmetries with the Caribbean subregion in two areas that are of special interest.
- ii. A recommendation is to **"package"** interventions/tools that have shown high strategic value into a **portfolio of services**: simulation tools to support countries' decision making so that they can optimize their investments in CM with a focus on LARCs (MIPLAN); corporate instruments to achieve lower purchase prices (PSB); monitoring and evaluation systems for FP policies and plans with a focus on adolescents (MEMI); logistics information systems (SALMI); clinical update and training packages designed for health professionals (standards of care for adolescents, interventions to insert implants and IUDs); and social communication strategies. This kit is useful for negotiating a systematic roadmap with countries and is designed to sustain FP policies, **combining UNFPA's efforts**.  
To implement this recommendation, it is estimated that consultancy services may be required to systematize these interventions in terms of their applicability and benefits, which will in turn consolidate this portfolio of services. Some resources can be earmarked for pilot interventions with interested countries.

### Specific recommendations linked to the services portfolio

- i) It is recommended that a **cross-cutting, results-oriented strategy should be defined to facilitate countries' access to the procurement of contraceptive methods, emphasizing the promotion of LARCs**. Specifically, it is **recommended that** a roadmap is designed to **promote procurement**

**agreements with PSBs.** The evaluation suggests introducing an indicator related to country investment in MAC as a **program management indicator**, as well as an indicator for the number of plans or policies approved by countries.

In order to implement the strategy using PSB, a series of preconditions will have to be analyzed and discussed with UNFPA senior management: the relevance of operating a **Bridge Fund** for advance payment; solutions to facilitate the **registration of some inputs** in countries; alternatives to **expand the catalogue of UNFPA suppliers** that are based in Latin America; solutions to improve **delivery times**; and innovations with current PSB tasks, for example, the possibility of delivering **technical assistance to countries** (clients) on strategic issues (emulating the PAHO Strategic Fund) in specific cases. Each of these preconditions will require specialized technical assistance to identify whether they are feasible.

iii. **It is recommended to increase political dialogue with authorities in the countries located in the Caribbean subregion** to define a roadmap aimed at strengthening the RHCS environment in the COVID-19 context. The results of a study carried out in 2020 show that this action is a priority, particularly support for integrated supply chain management. The service portfolio can be an ideal entry point for this dialogue.

iv. **It is recommended to increase the production of economic evidence, which has been very innovative** for positioning the prevention of adolescent pregnancies in the hard development agenda. The evaluation suggests **broadening the spectrum** of this evidence to include other vulnerable populations: indigenous and Afro-descendant populations; girls aged between 10 and 14 years of age; and migrants located at borders.

v. **It is recommended that** countries receive support for the **protocolization and standardization of counseling for the adolescent population and maternal health care through telemedicine services**. This is a challenge that several countries have identified and would require coordinated action by LACRO.

In terms of experiences of care and services during COVID-19, **it is recommended that some studies should be carried out to generate evidence** on the effectiveness of care for FP users, especially adolescents. This will inform best practices and provide warnings about the failures of models that are less effective. Knowing what really happened is an essential requirement for the continuity of FP-CS public policies.

vi. **It is recommended that internal discussions and analysis take place regarding the leadership that UNFPA wants and can take in humanitarian responses.** Evidence suggests that an appropriate support structure is required to secure FP inputs quickly. Without this structure, it is almost impossible to even engage in policy dialogue with countries, agencies and other stakeholders. **It is recommended that a feasibility analysis is conducted on the operation of a prepositioned SRH commodity fund** in the Latin American and Caribbean Region. In the Caribbean, regional structures such as CARICOM can be involved given the relevance of designing an articulated RHCS strategy, as mentioned previously.

## CHAPTER 1. INTRODUCTION

### 1.1. Purpose and Objectives of the Evaluation

As stated in the [UNFPA Evaluation Policy](#)<sup>1</sup> and the guidelines contained in the Evaluation Handbook<sup>2</sup>, an evaluation is an independent technical assessment exercise that seeks to feed back into decision-making and identify improvements for UNFPA's areas of work, in this case in the areas of family planning and commodity security. These improvements will expand the current knowledge base on how to accelerate implementation and advance the achievements of the ICPD Programme of Action, the Nairobi Commitments, the Montevideo Consensus and the Sustainable Development Goals. Looking ahead to the next program cycle, it is hoped that this report will provide guidance so that UNFPA's contribution can be more effective and achieve the transformative outcome of *ending unmet family planning needs*.

Specifically, the evaluation has the following objectives:

- Conduct an independent evaluation of UNFPA's contribution to family planning and commodity security at the regional level, in accordance with the objectives of the Cairo International Population Conference Plan of Action, the Nairobi Commitments, the Montevideo Consensus and the Sustainable Development Goals that aim to "leave no one behind".
- Provide an independent analysis of UNFPA's performance in the region to contribute to the transformative outcome of achieving the end of unmet family planning needs and to evaluate the relevance, effectiveness, efficiency and sustainability of its work in this area.
- Analyze the family planning and commodity security needs of countries in the region to identify existing bottlenecks and provide recommendations that will help the UNFPA Regional Office and country offices provide more efficient, effective and sustainable support to countries.
- Conduct an analysis of UNFPA's response to the COVID-19 emergency that takes into account the disruption to the global commodity chain caused by the pandemic, as well as implications of this emergency on achieving the transformative outcome of ending unmet family planning needs. This analysis should include recommendations on how to incorporate the challenges of post-COVID-19 recovery into the framework of the new UNFPA Regional Program (2022-2025), including, among other issues, changes to work modalities.
- Identify lessons learned and opportunities for improvement in the area of sexual and reproductive health commodity security for the UNFPA Regional Office for Latin America and the Caribbean.

This evaluation has been commissioned by the UNFPA Regional Office for Latin America and the Caribbean (LACRO) but the results are expected to feed back into the work of countries and regional and/or national partners.

### 1.2. Scope of the evaluation: constraints and limits

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<sup>1</sup> Revised UNFPA Evaluation Policy, 2019.

<sup>2</sup> Evaluation handbook: How to design and conduct an UNFPA Country Program Evaluation (2019). The



handbook provides guidance for country-level evaluations, not regional evaluations, so some approaches have been left to the discretion of the evaluation team.

At the program level, the evaluation covers UNFPA's interventions and actions in favor of family planning and commodity security at both regional and national levels in the framework of the two most recent Strategic Plans (2014-2017 and 2018-2021). The evaluation has also included 4 case studies that, for different criteria, were selected by LACRO: **Argentina, Ecuador, Honduras, and Trinidad and Tobago.**

Given the breadth of FP and CS actions carried out in the countries and led by LACRO<sup>3</sup>, the evaluation team agreed to narrow its scope in the following manner:

- From a programmatic point of view, the evaluation has paid **special attention to UNFPA's contribution to the area of contraceptive commodity security<sup>4</sup> (with an emphasis on LARCs)**, as it represents a critical node for the Latin America and Caribbean Region that has been exacerbated by COVID-19.
- Within this same field, the evaluation examines how UNFPA's contribution has made it possible to improve the availability of contraceptives with a consequent reduction of stock-outs and, in this sense, how UNFPA's advice and technical assistance has contributed to securing or mobilizing financing for the purchase of contraceptive commodities.
- From a regional perspective, the evaluation reviews the initiatives that have contributed to both diversifying supply and strengthening demand for contraceptive methods, especially for and from the most vulnerable populations.
- Finally, while UNFPA aims to leave no one behind, the prioritized vulnerable population for this evaluation is adolescents, specifically adolescent girls. Addressing their contraceptive needs, when they need it, where they need it, and achieving the right quantities and quality, is a strategic focus of UNFPA's work in the region. Related to this topic, the evaluation also analyses UNFPA's contribution to the prevention of unwanted pregnancies in the adolescent population.

### 1.3. Methodology: approaches and areas of analysis

#### 1.3.1. Evaluation approaches

According to its objectives, this evaluation has prioritized a formative approach and has placed a special value on institutional learning, identifying strategies that have been effective for the implementation of FP and CS as well as areas for improvement that can be considered in the next program cycle.

The evaluation takes a regional approach, focusing on interventions where LACRO's coordination or leadership role has been highlighted.

An assessment of the performance of tracer indicators such as: the contraceptive prevalence rate; adolescent birth rates; and the proportion of women aged 15-49 who are married or in a civil union who have unmet family planning needs will not be included in this evaluation as this would require identifying the level of UNFPA's contribution to these areas, which goes beyond the methodological scope of this evaluation.

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<sup>3</sup> To provide an idea about the breadth of the evaluation, UNFPA provided the evaluation team with around 500 documents.

<sup>4</sup> The concept of Assurance of Sexual and Reproductive Health Supplies (AISSR) is considered to be even broader, as it

also includes medicines and reproductive health supplies such as oxytocin for obstetric care.

Despite this, the Evaluation Team has carried out a comprehensive review of these indicators as part of their work.

The analytical methods that have been applied have used a participatory approach, taking the Reference Group as a mechanism for exchanging information and experiences. The COs, governmental actors and civil society organizations at national and regional levels have also participated.

Without affecting the objectivity and independence of the evaluation, it was not possible to make contact with the direct beneficiaries of FP and CS policies and strategies. The context of the evaluation, affected by the restrictions imposed by COVID-19, meant that it was not possible to observe some of the dynamics in the field and collect the perspectives of users.

Although the recommendations from UNEG<sup>5</sup> have been reviewed regarding the integration of human rights and gender equality approaches, which are mandatory principles for all UNS agencies and funds, it is important to note that **the reference framework for the Regional Programme being evaluated is largely based on the principles of gender equality and human rights**. The evaluation identified that both UNFPA's global objective and the 3 transformative results expected to be achieved through the strategic response are clearly framed with a rights-based approach that is based on the recognition of sexual and reproductive rights as human rights. In addition, these results prioritize vulnerable populations, including adolescents. Informed access to family planning and contraceptive supplies is just one expression of the exercising of these rights. In terms of the gender approach, the objectives of the evaluation are framed in instruments designed to reduce gender-based inequalities and achieve the empowerment of women, such as the CEDAW, the ICPD and the Montevideo Consensus. Access to family planning is of strategic interest for women (GED approach), as it contributes to their autonomy in terms of making decisions about their life projects, which implies, among other things, defining reproductive choices.

#### 1.4. Evaluation Criteria

Based on UNFPA's evaluation standards, UNFPA's contributions to FP-CS have been assessed using the criteria of relevance, efficiency, effectiveness and sustainability of results derived from UNFPA's contribution. Similarly, UNFPA's efforts to increase coordination, coverage and connectivity in favor of FP and CS have been evaluated. The latter two evaluation criteria are related to the humanitarian field.

Associated with the evaluation criteria are a series of evaluation questions, sub-questions, indicators and sources that form the evaluation matrix presented in Annex 1.

#### 1.5. Methods for data collection and analysis

Quantitative and qualitative methods for data collection and analysis have been combined in this evaluation. Some judgments made for the evaluation have been based on the

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<sup>5</sup> Integrating Human Rights and Gender Equality in Evaluations, UNEG, 2014

principle of *reliability* (Theory of Reliability<sup>6</sup>), which involves considering key informants' contributions as truthful as they have been repeated by a variety of people consulted in the evaluation.

These contributions are summarized below:

2) **Document review of the regional program, country programs and other relevant programs:** Programmatic and strategic information provided by the Regional Office and Country Offices on the topics of family planning and commodity security has been reviewed in an in-depth manner by the Evaluation Team. The following UNFPA strategic guidance documents were reviewed: 2014-2017 and 2018-2021 Strategic Plans; *Choices, not Chance* Family Planning Strategy; Regional Interventions Action Plan for LAC 2014-2018 and 2018-2021. Progress reports on the SDGs have been reviewed, as well as other related documents produced by ECLAC. The annual regional reports produced by LACRO of the Global RHCS Programme have been reviewed, along with the annual results of the application of the RHCS assessment tool in the countries, including the recent study carried out of the Caribbean sub-region. Other studies produced by LACRO have been analyzed, including the impact of COVID-19 in the region. National surveys on the supply of methods, strategies, norms, demand for contraception and plans and strategies for the prevention of adolescent pregnancies have been reviewed. In summary, an exhaustive review of documents has been carried out. In terms of procurement, the statistics provided by PSB on the contraceptive purchases made by countries were reviewed.

The case studies added breadth and depth to the Evaluation Team's review of the relevant documentation. In any case, what is described here does not include all of the information that has been consulted and described in the annexes.

3) **Individual and group interviews:** The semi-structured interview was prioritized as the main data collection instrument. A total of **90 interviews** were carried out, all of them *online*. The sample of informants<sup>7</sup> was selective and based on suitability criteria. The Evaluation Team selected informants who have played an important role as implementers and/or partners in the work plans agreed upon between national authorities and UNFPA. UNFPA Country Office staff responsible for the Family Planning and Commodity Security workstreams are identified in this sample and, in some cases, Country Representatives were interviewed. Also included in the sample were regional advisors working in the Regional Office (LACRO). In terms of government authorities, the sample includes staff from the ministries of health, including sexual and reproductive health units and directorates and the entities responsible for procurement and the contraceptive commodity supply chain. Some NGOs at the regional level were also contacted, as well as some at the national level. At the UNFPA global level, the UNFPA Procurement Service (PSB) was contacted.

**Table 1:** Informants based on their institution/organization

Institutions/organizations	No. of informants
UNFPA	33
National/subnational counterparts	30
Civil Society Organizations	14
Other UN System Agencies	3

<sup>6</sup> [www.socialresearchmethods.net](http://www.socialresearchmethods.net)

<sup>7</sup> Details of the people interviewed can be found in the Annexes to this report.

<b>PSB</b>	6
<b>Other relevant informants</b>	4
<b>Total</b>	<b>90</b>
<b>Women</b>	70%
<b>Men</b>	30%

- 4) **Questionnaire:** A self-administered, structured and semi-closed questionnaire for the heads of UNFPA offices in 19 Latin American countries<sup>8</sup> was carried out, disseminated and analyzed, obtaining a 100% response rate.

This questionnaire was conducted in the first stage of the data collection phase with the objective of extracting an initial snapshot of the main challenges that the Country Offices identified in terms of FP and CS. The questionnaire helped refine the scope of the interviews.

- 5) **Processing and systematization** of the collected information. The information was organized and systematized to produce judgments and assessments of responses to the evaluation questions.

The case studies, given their scope, are reports that can be analyzed autonomously. As a result, they are not annexes to this report, but complementary documents that contribute to the performance of the work strategies in the countries covered by the case studies and in several aspects contribute to the general narrative of this report.

Triangulation techniques were used for the interpretation of the findings and their subsequent evaluation, comparing information from different sources collected using different collection methods. There has also been a fluid exchange with the Reference Group for the validation of some hypotheses.

## 1.6. Assessing evaluability: limitations and mitigation strategies

*Evaluability* is the extent to which a program can be evaluated in a reliable manner, i.e., maintaining consistency between data, information and assessment judgements, so that these judgements can be trusted<sup>9</sup>. In addition to considering **aspects associated with the evaluation process** (favorable conditions for the document review and conducting field work, in this case using a remote modality), *evaluability* refers to the **quality of the intervention strategy and the results chain**. The evaluation affirms that there have been suitable evaluability conditions although some challenges are listed below:

- **The regional approach to the evaluation lends complexity to the framework of results or outcomes sought**, taking into account the breadth and diversity of the programmatic frameworks: Strategic Plans, Regional Programme (RIAP); Subregional Programme for the Caribbean; Global Programme UNFPA Supplies and the initiatives and actions derived from the country programs. In addition to this programmatic framework, there are some specific sub-regional strategies or plans promoted by bodies such as CARICOM or SICA. To overcome this challenge, the Evaluation Team has adapted a Theory of Change based on narrowing the scope of the evaluation described above.

<sup>8</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El

Salvador, Guatemala, Honduras, Nicaragua, Mexico, Panama, Paraguay, Peru, Uruguay and Venezuela. The Caribbean countries did not receive the questionnaire as they do not have Country Offices. For the Caribbean, the Evaluation Team decided to interview the person in charge of the SRO.

<sup>9</sup> OECD/CAD: 2002-2009



- **The impact of COVID-19 in all countries imposed sudden changes to programming, both at regional and country levels**, which required the implementation of unplanned actions to support governments.
- **The measurement of the efficiency criterion presented some difficulties**, including determining the appropriateness of the selection of products, their implementation strategies and the allocation of resources, given that the methodological basis of this evaluation did not allow for the assessment of a cost-efficiency analysis by product. Given the size of the object of the evaluation, a budgetary analysis for each country was ruled out, although the report did account for the regional budget that is allocated in accordance with each country's results, either regular funds or funds from programs such as UNFPA Supplies. The Evaluation Team observed the challenges in terms of the available budgetary allocation vs. the enormous challenges that the region is facing.

## CHAPTER 2. REGIONAL CONTEXT.

### Gaps and Challenges for Family Planning and Commodity Security

Sexual and reproductive health (SRH) can be defined as "a state of general physical, mental and social well-being in all matters relating to the reproductive system. It includes the ability to have a satisfying and safe sex life and to reproduce, and the freedom to decide whether, when and how often to do so" (UNFPA, 2016)<sup>10</sup>. This concept of SRH is linked to conclusions from the 1994 International Conference on Population and Development (ICPD), which links reproductive health, human rights and sustainable development. When SRH needs are not met, people are deprived of the right to make crucial choices about their own bodies and futures, with ripple effects on the well-being of their families and future generations. Given that women are the ones who give birth to children and in many cases are also responsible for feeding them, sexual and reproductive health and rights issues cannot be separated from gender equality issues (Rodriguez Wong and Perpetuo, 2011).

One of the main goals of the ICPD in 1994, universal access to SRH, was adopted in the framework of the Millennium Development Goals (MDGs) and included by the United Nations General Assembly (UNGA) in Resolution 70/1 establishing the 2030 Agenda for Sustainable Development (hereinafter the "2030 Agenda") and the Sustainable Development Goals (SDGs). UNFPA is particularly focused on Targets 3.7 and 5.6.11 from SDGs 3 and 5 respectively.

Family planning is considered a human right, available to all who wish to exercise it. Lack of access to family planning violates the right to health for all women, particularly adolescent girls, as they are more likely to die in childbirth and give birth to a premature or low birth weight baby. Part of the challenge faced in the field of family planning involves the need to provide effective and affordable family planning services.

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<sup>10</sup> Definition taken from the UNFPA website. Available at: <https://www.unfpa.org/es/salud-sexual-y-reproductiva>

11 **Target 3.7** By 2030, ensure universal access to sexual and reproductive health services, including family planning, information and education, as well as the integration of reproductive health into national strategies and programs; **Target 5.6.** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD, the Beijing Platform for Action and the outcome documents of their review conferences.

that are much more attuned to changes in sexual behavior. There is also a need to provide an increased variety of options in terms of the combination of methods they use, the graduation of hormone doses and the possibility of using female condoms are just some of the needs that women have today<sup>12</sup>. It is also important to incorporate the voluntary surgical vasectomy method for men and meet the needs of adolescents in situations where there has been a reduction in the average age of initiation of sexual relations and changes in cultural patterns for relationships (fewer long-term partners, increased number of sexual partners). These factors form part of new complexities involved in addressing the issue of family planning. This is a crossroads in which cultural, legal and geographical barriers for accessing sexual health services and supplies for adolescents and young people, combined with the impoverishment of this population group (who are facing increasing difficulties with entering the labor market and, when they manage to do so, work in precarious conditions), are linked to an increased birth rate for people under 19 years of age.

The 2020 SDGs Report<sup>13</sup> shows some general SRH trends at the global level which we compare with the situation in the Latin America and the Caribbean region. According to data collected between 2007- 2018 in 57 countries from women aged 15-49 who were married or in a stable civil union, just over half of the women surveyed (55%) made their own SRH decisions while this percentage reaches 74% in LAC. Most women have autonomy to decide on their contraceptive use (91%), with a similar total for LAC. However, only three out of four women make their own decisions about medical care or whether or not to have sex. In the Caribbean<sup>14</sup>, the most recent data shows that Guyana has the highest adolescent fertility rate at 97 per 1,000 births, followed by Belize (90 per 1,000 births) and Jamaica (72 per 1,000 births). A 2009 study found that in the Caribbean, the median age of sexual initiation is 12 years or younger. Progress on other fronts is encouraging: by 2019, countries had put in place 73% of the laws and regulations required to ensure full and equitable access to SRH, according to data from 75 countries. The results were particularly encouraging when it comes to HIV. On average, countries had established 87% of the necessary laws and regulations for HIV testing and counselling services, 91% of norms required to guarantee HIV treatment and care and 96% of regulations to ensure HIV patient confidentiality. HIV prevalence in the Caribbean is the second highest in the world, with the highest infection rates in the Bahamas, Jamaica and Trinidad and Tobago where young people account for nearly 60% of new infections. In 2019, 79% of countries had established relevant laws and regulations requiring the full, free and informed consent of individuals before they receive contraceptive services, including sterilization.

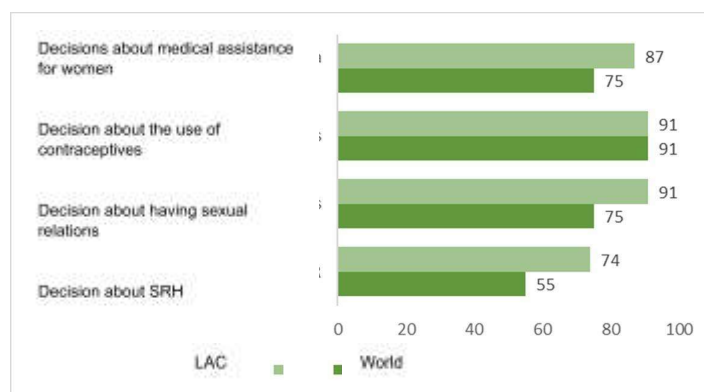
**Figure 1: Proportion of women aged 15-49 who make their own decisions regarding their sexual and reproductive health and rights. Latest data from between 2007 - 2018 (%)**

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<sup>12</sup> The most popular contraceptive methods include: oral contraceptive pills, implants, injectables, patches, vaginal rings, intrauterine devices, condoms, male and female sterilization, lactational amenorrhea method, coitus interruptus and fertility awareness methods. These methods have different action mechanisms and levels of effectiveness for preventing unwanted pregnancies. Effectiveness is measured by the number of pregnancies in a year per 100 women who use the method regularly. Methods are classified as: highly effective (between 0 and 0.9 pregnancies per 100 women); effective (between 1 and 9 pregnancies per 100 women); moderately effective (between 10 and 19 pregnancies per 100 women); and less effective (20 or more pregnancies per 100 women).

<sup>13</sup> Available at: [https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020\\_Spanish.pdf](https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020_Spanish.pdf)

<sup>14</sup> The Dutch and English Caribbean data is available in the Subregional Programme Document for the English- and Dutch-speaking Caribbean DP/FPA/CPD/CAR/6, 2016.



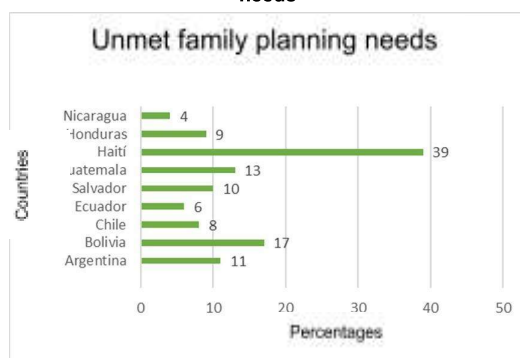
Source: Own design based on the SDG 2020 Report.

## 2.2. Current situation in the Latin American and Caribbean region.

### a) Unmet Family Planning Needs

Regarding the unmet need for family planning, according to UNFPA (2018) the proportion of women aged 15-49 years who are married or in a civil union with unmet family planning needs is 10% for Latin America and 17% for the Caribbean. A total of 8 LAC countries were used for this analysis, in accordance with the selection made by Tobar (2013, 2015, 2020). It was detected that only Haiti exceeds the average percentage for this area, and to a lesser extent the Plurinational State of Bolivia. In Jamaica, unsatisfied needs decreased from 22% in 2008 to 12% in 2013. In Guyana, these needs still hover around 28% of all women in relationships. The main cause of this unmet need is limited access to sexual and reproductive health commodities, especially for adolescents and people with low incomes.

Figure 2: Proportion of women aged 15-49 who are married or in a civil union and have unmet family planning needs



Source: Own elaboration based on data provided by PAHO (2019).

### b) Prevalence of contraceptive methods

The contraceptive prevalence rate (CPR)<sup>15</sup> for any type of contraceptive is 74% for Latin America and 61% for the Caribbean. Modern contraceptive use is 67%. As shown in Table 1, the proportion of women (15-49 years old) in the 8 sampled countries who are married or in a civil union and use contraceptive methods is close to the average rate, except in the case of Haiti where it does not exceed 34%. Regarding the use of modern contraceptives, there are countries that exceed this average such as Argentina, which reaches 78%.

Table 2. Proportion of women (aged 15-49) using contraceptive methods

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15 The APR provides a measure of population coverage of contraceptive use, taking into account all supply sources and all contraceptive methods, from sterilization to so-called natural methods. It is the most widely used measure for reporting on the outcome of family planning programs at the population level.

	Any method	Modern method	PIU	Intrauterine Device	Sterilization - women	Sterilization - men	injection	Male condom
Argentina	81	78	--	8	6	0	--	24
Bolivia	67	45	4	7	10	0	12	7
Chile	76	70	25	17	12	0	7	8
Ecuador	80	72	11	5	32	0	11	5
El Salvador	72	68	4	2	37	0	20	4
Guatemala	61	49	3	2	21	1	17	4
Haiti	34	32	2	0	1	0	21	4
Honduras	73	64	12	7	22	0	18	4
Nicaragua	80	77	11	4	30	0	26	5

Source: Own elaboration based on PAHO 2020 data.

### c) Adolescent fertility rate and adolescents who are first-time mothers

Regarding the adolescent pregnancy rate, the region has the second highest adolescent pregnancy rate in the world, with 66.5 births per thousand adolescents aged 15 - 19 years (2010-2015 period) (UNFPA and PAHO, 2018). This average rate is surpassed by the Central American countries in the sample, as well as Haiti.

### Total fertility rate, adolescent fertility rate, first-time adolescent mothers (%) and maternal mortality ratio.

	Total fertility rate (children/woman)	Adolescent fertility rate (no. per 1,000 females aged 15-19 years)	Adolescent girls who are mothers or pregnant for the first time (%)	Maternal mortality rate (per 100,000 live births) and deaths	
				2014-2018 Rate*	2014-2018 Deaths
Argentina	4,2	64,0	--	28,7	202
Bolivia	2,7	63,9	18	160	538
Chile	1,6	40,1	--	17,3	38
Ecuador	2,4	78,8	--	42,8	143
The Salvador	2	68,6	23	28,6	32
Guatemala	2,8	69,8	21	108	438
Haiti	2,9	51	10	529	
Honduras	2,4	71,8	24	78,1	144
Nicaragua	2,4	83,3	--	34,5	47

Source: Own elaboration based on PAHO 2020 data.

Finally, the maternal mortality ratio for Latin America and the Caribbean in 2016 according to PAHO data available in the ECLAC Observatory, is 50<sup>16</sup> although it doubles in Guatemala, triples in Bolivia and increases tenfold in Haiti. In the Caribbean, Guyana and Suriname still have rates of more than 100 per 100,000 live births, mainly due to the lack of skilled birth attendants in the interior areas of these countries.

## CHAPTER 3. UNFPA'S STRATEGIC RESPONSE AND REGIONAL PROGRAMME

### 3.1. Towards the achievement of the three transformative outcomes

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16 Information available at: <https://oig.cepal.org/es/indicadores/mortalidad-materna>



The implementation of the ICPD Plan of Action forms UNFPA's mandate, the strategic direction of which is reflected in successive Strategic Plans (SPs).

The SPs provide the context for UNFPA global and regional programming through an integrated results framework and a results-oriented management operating model. Country Offices (COs) engage in dialogue with national authorities to tailor each country program (CPD) to national needs, priorities and conditions in alignment with the United Nations System-wide Cooperation Framework (UNDAF).

This evaluation examines two strategic plans (2014-2017, 2018-2021) that have guided UNFPA's programmatic path for family planning and commodity security at both regional and national levels.

Both strategic plans keep the strategic vision focused on a single objective, which is “to achieve universal access to sexual and reproductive health, ensure access to reproductive rights and reduce maternal mortality in order to accelerate progress with the implementation of the ICPD agenda”. UNFPA's review of the 2014-2017 SP confirmed not just the validity of this goal but also its results framework, reinforcing the focus on generating demand for FP products. It also concluded that aspects related to the provision of integrated sexual and reproductive health services should be addressed using the perspective of strengthening national health systems, including management of the SRH supply chain that includes the supply of contraceptive commodities (with some exceptions). The current SP (2018-2021) reinforces UNFPA's focus on prioritizing interventions designed for young people, especially adolescent girls.



Source: Strategic Plan 2018-2021

Figure 1: UNFPA 2014-2017 Strategic Direction

The major programmatic transformation assumed by the 2018-2021 SP was its alignment with the 2030 Agenda, specifically SDGs 3 and 5. The targets and indicators planned for these goals mean that UNFPA aligned its work around 3 transformative people-centered outcomes.

### 3.2. UNFPA's Regional Response

Figure 2: UNFPA's Transformative Results

Based on the strategic framework described above, UNFPA has implemented a series of prioritized actions in the areas of SRH and family planning at the regional level that have been included in the two successive Regional Programmes (RIAP) that inform the organization's strategic work areas. Similar to the 2018-2021 SP, the Regional Plan for the same period includes the SP results framework (4 outcomes)<sup>17</sup> but has a focus on youth and adolescents, recognizing their sexual and reproductive rights as a central part of their development.

The main output related to family planning and commodity security that the regional program will contribute to is *Output 4*:



*Strengthened national capacities to effectively forecast, procure, distribute and track the delivery of reproductive health commodities, including in humanitarian situations.*

Strategic interventions to achieve this outcome include, technical support and knowledge management for:

- the design and implementation of costed national master plans for reproductive health commodity security;
- scaling up best practices to improve reproductive health commodity security at the national and local levels;
- Strengthening logistics management information systems through systematic cross-country evaluation.

UNFPA's regional work is aligned with two other important frameworks: the "Choices not Chance Strategy: 2012-2020 UNFPA Family Planning Strategy" and the "Global Programme for Reproductive Health Commodity Security Support" (GPRHCS).

The *Choices not Chance* Strategy focuses on contraception and meeting unmet needs. Output 3 focuses on enabling and facilitating the availability of contraceptive supplies by improving the reliability and sustainability of national supply chains. Based on this perspective, the Strategy also advocates for strengthening

<sup>17</sup> **Outcome 1:** All women, adolescent girls and young people around the world, especially those living in the most remote areas, have used integrated sexual and reproductive health services and have exercised their reproductive rights free from coercion, discrimination and violence.

**Outcome 2** All adolescents and young people, particularly adolescent girls, are empowered to access their sexual and reproductive health and reproductive rights in all settings.

**Outcome3:** Gender equality, empowerment of all women and girls and reproductive rights are favored in humanitarian and development settings.

**Outcome 4:** All people, everywhere, are counted and accounted for in the pursuit of sustainable development.

national capacity so that, with proper chain management, a broad mix of methods ensures the provision of services at the right time and place.

The Strategy calls on the government sector and strategic partners from both civil society and the private sector to help countries achieve universal access to human rights-based family planning.

In a complementary manner, the Global Programme for Commodity Security<sup>18</sup> has deployed a series of initiatives in some countries in Latin America and the Caribbean that seek to improve the availability, access and use of reproductive health commodities. The first phase of the GPRHCS included 8 countries in the region (Haiti, Nicaragua, El Salvador, Honduras, Panama, Ecuador, Peru and Uruguay).

In the second phase of the GPRHCS, which ran from 2014 to 2020, the program was renamed *UNFPA Supplies* and focused on 48 countries selected on the basis of indices, primarily GNP per capita and the rate of unmet contraceptive needs. These criteria meant that just three countries were included from the region: Haiti, Bolivia and Honduras.

In 2021, the third phase of the program will begin under the title of *UNFPA Supplies Partnership (USP)*, which adopts a very different implementation modality and incorporates three distinct areas of funding: 1) commodities, 2) transformative actions, and 3) management and visibility to ensure delivery to the last part of the supply chain. In Phase 3, only Haiti remains as an eligible LAC country to continue receiving direct USP support, although Bolivia and Honduras will temporarily continue to receive the Program's support.

### 3.3. Reconstructed Theory of Change for the evaluation

Based on the programmatic frameworks described above, UNFPA contributes to improving or strengthening the implementation of FP-CS policies.

National capacities are strengthened through the transfer of evidence, studies, instruments and tools that help establish the priority of working on public policies at the national level that are designed to reduce adolescent pregnancies, favor the provision of contraception to this population group and address unmet family planning needs as a catalytic result in the framework of a country's social development policies.

Technical assistance to improve logistics and supply chain management systems will facilitate coverage and availability. UNFPA will generate innovative tools to engage countries in consolidating commodity security, taking advantage of all comparative advantages to provide countries with efficient procurement alternatives in a cost-effective and efficient manner to ensure

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<sup>18</sup> In 2007 UNFPA launched the Global Programme to Improve Reproductive Health Commodity Security (GPRHCS). The first phase lasted from 2007 to 2012. In 2013 (when the second phase began, which in 2015 was renamed UNFPA Supplies) the Programme focused on 46 countries and established 3 categories of countries that would receive support from the Fund based on different criteria. The countries with the greatest needs have received technical and financial support in addition to SRH supplies, although all countries have received multi-year support until 2020 when this second phase ends. The UNFPA Supplies Programme expanded its activities to include: (i) improving the enabling environment for Reproductive Health Commodity Security (RHCS); (ii) increasing demand for reproductive health and family planning services; (iii) improving efficiency in commodity procurement and supply; (iv) improving access to quality reproductive health supplies/family planning services; and (v) strengthening capacity and systems to manage the supply chain. The third phase of the program (UNFPA Supplies Partnership Programme) is currently finalizing implementation mechanisms and incorporates a new governance model with countries as an innovative element.

quality and transparent supply security on a sustained basis. Humanitarian and/or crisis environments (whether caused by climate events or otherwise) will be strengthened to ensure continued access to contraception and life-saving SRH commodities.

In compliance with updated clinical recommendations, UNFPA conducts research, studies, and analyses to identify FP-CS results, contributing to different countries' adoption of clinical standards and recommendations for contraceptive counseling and delivery.

The synergistic action of the different interventions evidences a regional context that shows progress towards achieving the commitments made in the global agenda of the Sustainable Development Goals, guiding favorable impacts on the reduction of unmet family planning needs and thus contributing to UNFPA's transformative results.

**Figure 3: Theory of Change adapted to the evaluation**

**Goal:** Achieve universal access to sexual and reproductive health, fulfill reproductive rights and reduce maternal mortality in order to accelerate progress with the ICPD agenda.

Transformative Outcome: **ENDING UNMET FAMILY PLANNING NEEDS**

Risks: Paradigm shifts under global pressure from conservative groups, financial crises.  
Assumptions: Commitment to SDGs and the ICPD is strengthened; despite the economic impact of COVID.

Output A. Focused on adolescents, achieved a national enabling environment for FP-CS, strengthened and diversified the supply of

CM, as well as demand, and ensured minimum package supply in humanitarian contexts.

Output B Developed the national capacity to effectively forecast, procure, distribute and monitor the delivery of sexual and reproductive health commodities, particularly CMs, for resilient supply chains.

countries develop financial instruments to achieve FP and CS. Donors reinforce commitment to FP-CS

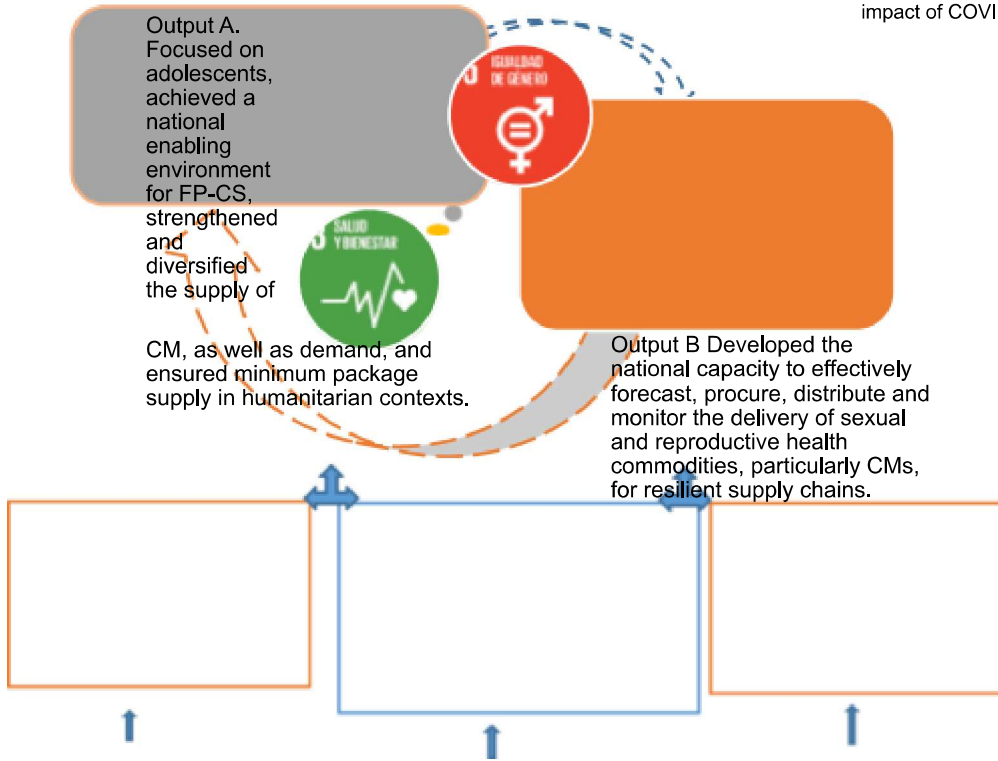
Risks: Neither countries nor the LACRO office are able to strategically reposition FP-CS by mobilizing resources. Dramatic regression of FP and CS indicators. This risk is compounded by national difficulties with using public resources to finance the investment needed to avoid going backwards with achieving Transformative Result 2.

Assumptions: Enabling environments facilitated by UNFPA through evidence generation, achieve funding for CS and FP, influencing the sustainability of national budgets in this area. UNFPA provides strategic guidance for post-COVID FP and CS recovery. Sufficient resources are available to respond to the humanitarian crisis.

Intervention 1: Facilitate enabling environments (political, policy, regulatory and budgetary) for FP and CS with a focus on adolescents.

Intervention 2: Support national capacity for commodity security with a focus on supply chain management, including sourcing in humanitarian settings

Intervention 3: Support national capacity to expand the supply of LARCs and increase demand, leaving no one behind.



## Intervention strategies

### Advocacy and policy dialogue

- Contribute to the generation of regulations that make FP and contraceptive CS policies viable and systematic.
- Contribute evidence for greater investment in FP and CS in countries
- Contribute evidence to the repositioning of adolescent pregnancy prevention through the generation of specific strategies, plans and public policies.

### National capacity support

- Technical assistance (TA) and financial support through Global Input Programme to incentivize public investment.
- TA for the design and implementation of strategies and programs that address demand for, access to and utilization of family planning services, particularly access to ARVs.
- TA to contribute to the efficiency of the supply chain, improving information, traceability and logistics systems to reach the last mile, ensuring coverage and accessibility for the adolescent population in situations of increased vulnerability;
- TA for the design and application of norms and standards, strategies and best practices for the broadening and diversification of contraception supply, with a focus on LARCs.

### Knowledge Management

- Generate evidence that can be applied to national public policies governing family planning and commodity security and use evidence to raise awareness so that stakeholders can make informed decisions.
- Generate evidence about the RHCS status of countries to refine work plans.
- Generate evidence about the impact of COVID-19 on access to methods in order to properly define the work strategy for the next programming cycle.
- Create and disseminate guidelines and tools to improve family planning services.

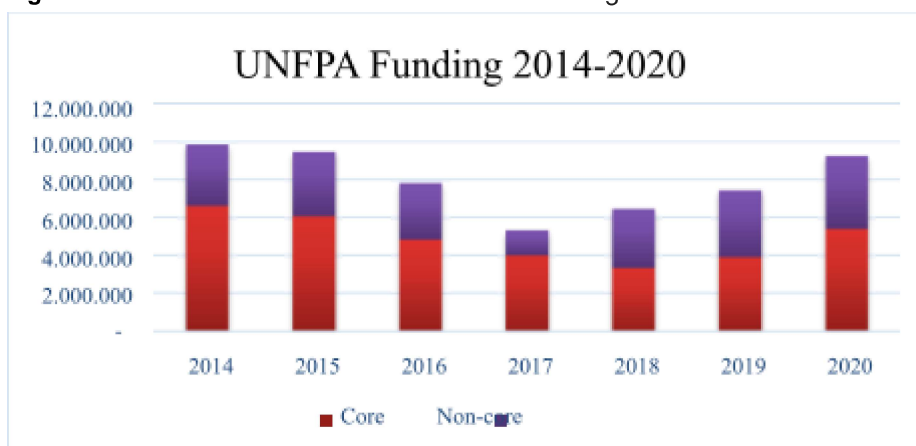
Risks: Deterioration of general health systems, and specifically SRH programs, which is a consequence of reduced public budgets. Uncoordinated and inefficient control of the supply chain.

Assumptions: Common understanding between UNFPA Global and Regional Offices to take on board country proposals for Commodity Security, strengthening critical aspects of FP supply and access; governments and donors commit and allocate more domestic resources to SRH interventions.

### 3.4. Budgetary structure of the Regional Programme

This section presents how UNFPA-LACRO's budget has been distributed during the period 2014-2020 with the purpose of observing possible trends. Figure 3 shows all of the funding received (regular and non-regular) for the period covered by this study. The marked downward trend that is reflected between 2017 and 2019 is primarily due to the decrease in core funding, which in 2017 represented 25% of the total, compared to the average during the observed period of 40%. In 2020 there was nominal growth of more than 70% of funding compared to 2017. In fact, 2020 had the highest amount of non-core funding during the whole observed period.

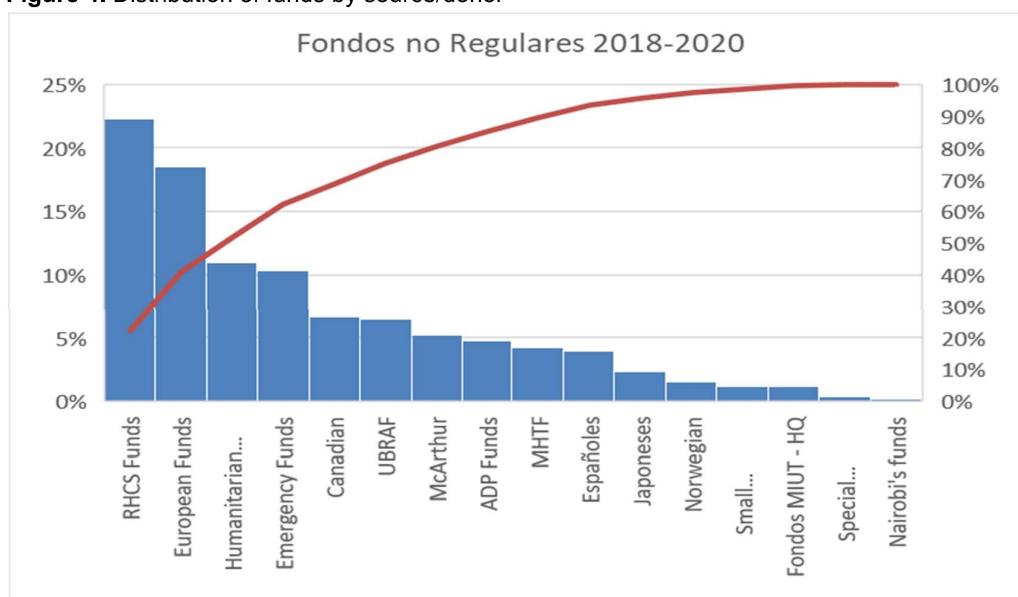
**Figure 3:** UNFPA LACRO core and non-core funding 2014-2020



Source: LACRO

Following the analysis of non-core funds, between 2018 and 2020 several sources/donors participated in the Programme, as shown in the following chart.

**Figure 4.** Distribution of funds by source/donor



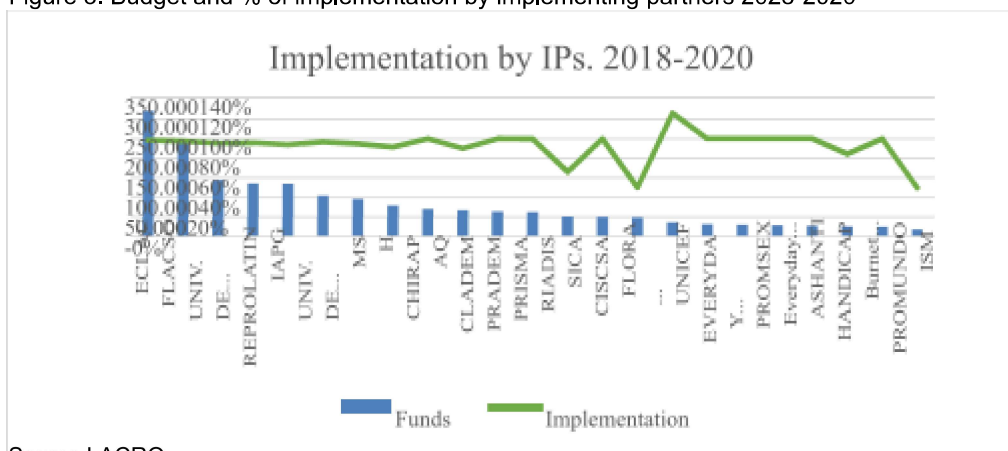
Source: LACRO

There were a total of 23 implementing partners during the years 2018 to 2020 with an average allocation of US\$82,000. In addition, just 4 received funding during the entire period (ECLAC, FLACSO, the University of Chile and REPROLATINA).



The partners that have received the most funding have been ECLAC and FLACSO, with total budgets of US\$321,740 and US\$248,121 respectively. It is important to note the high budgetary execution rate of the projects, which exceeded 93%.

Figure 5. Budget and % of implementation by implementing partners 2018-2020



Source LACRO

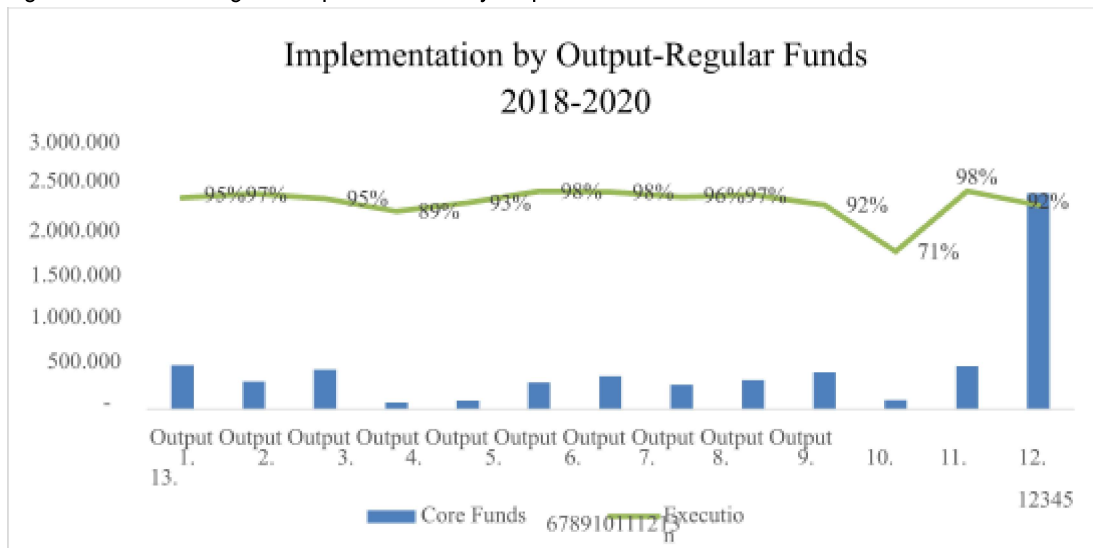
Looking at the implementation by output<sup>19</sup>, among the core funding for the years 2018 to 2020, Output 13 has the highest amount of funding with more than US\$ 2,500,000, representing 40% of all funds. This is primarily because this Output includes health emergencies. This is followed by slightly more than US\$ 400,000 for Output 1 (Improving capacities to develop and implement SRH policies) and Output 3 (Strengthened capacities of health workers).

- <sup>19</sup> Output 1: Improved capacities to develop and implement policies, including financial protection mechanisms, that prioritize access to sexual and reproductive health information and services and reproductive rights for those furthest behind, including in humanitarian situations.
- Output 2: Strengthened capacities to provide high-quality integrated information and services in the areas of family planning, comprehensive maternal health, sexually transmitted infections and HIV, as well as information and services that respond to fragile contexts and emergencies.
- Output 3: Strengthened capacities of health workers, especially midwives, in health management and clinical skills to provide high-quality integrated sexual and reproductive health services, including in humanitarian settings.
- Output 4: Development of capacities to effectively plan, procure, distribute and monitor the delivery of sexual and reproductive health commodities for resilient supply chains.
- Output 5: Improved national accountability mechanisms for sexual and reproductive health and reproductive rights through the involvement of communities and stakeholders in the health system at all levels.
- Output 6: Young people, especially adolescent girls, have the capacities and skills to make informed decisions about their sexual and reproductive health and rights and well-being.
- Output 7: Policies and programs in relevant sectors address the factors that condition young people's and adolescents' sexual and reproductive health and well-being.
- Output 8: Young people have the opportunity to exercise leadership and participate in humanitarian and sustainable development actions and to sustain peace.
- Output 9: Strengthened policy, legal and accountability frameworks to develop gender equality and empower women and girls to exercise their reproductive rights and protect them from violence and harmful practices.
- Output 10: Strengthening of civil society and community mobilization to eliminate socio-cultural and gender discriminatory norms affecting women and girls
- Output 11: Improved cross-cutting capacity using a progressive approach in all settings with an emphasis on advocacy, data, health and health systems, psychosocial support and coordination.
- Output 12: Strengthened response to eradicate harmful practices, including child, early and forced marriage, female genital mutilation and son preference.
- Output 13: Improved national population data systems to identify and address inequalities; promote the achievement of the Sustainable Development Goals and ICPD Programme of Action commitments; and strengthen interventions during humanitarian crises.



These 3 Outputs received 55% of funding. In addition, the Outputs had a high overall budgetary execution rate of 89%, with the exception of Output 11.

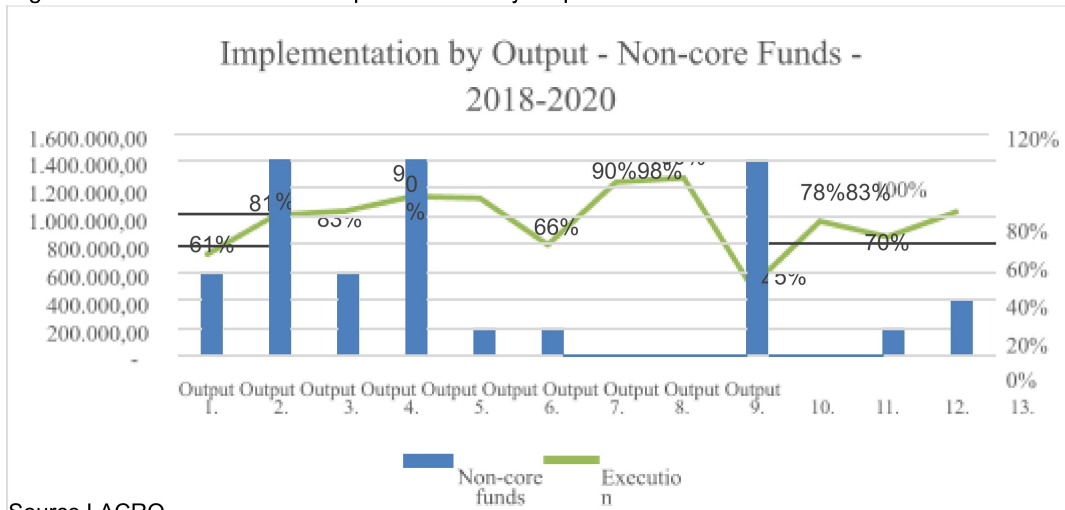
Figure 6. Core funding and implementation by outputs 2028-2020



Source LACRO

In the case of implementation for Outputs using non-core funds for the same period, it can be observed that actions to achieve Outputs 2, 4 and 10 represent almost 65% of the total funds. There were also low execution rates for some specific Outputs, with percentages below 70%.

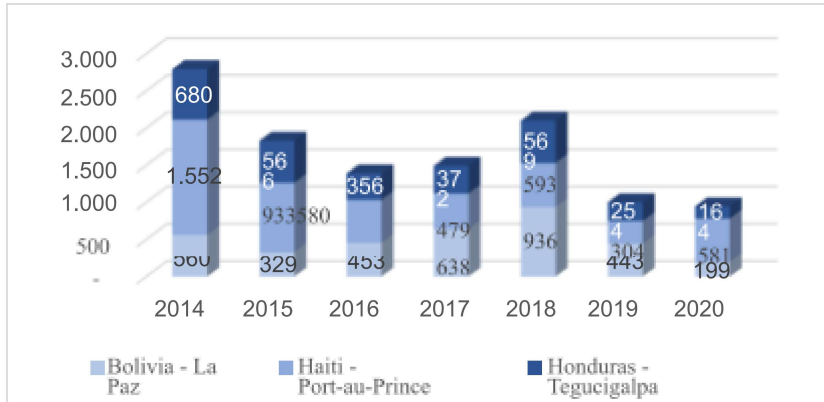
Figure 7. Non-core funds and implementation by outputs 2028-2020



Source LACRO

Finally, regarding the UNFPA Supplies Fund during the most recent period of the Regional Plan (2018-2020), it has had a steady budget during these 3 years, hovering around \$500,000 for the LACRO office. The trend of funding support for countries has continued to decline.

Figure 8: UNFPA Supplies Funding to Priority Countries 2018-2020



Source UNFPA Supplies

## CHAPTER 4. DESCRIPTION OF FINDINGS

This section presents the main findings regarding UNFPA's regional response in the areas of commodity security and family planning. The findings are structured based on the evaluation criteria and articulated around selected evaluation questions.

### 4.1. Relevance

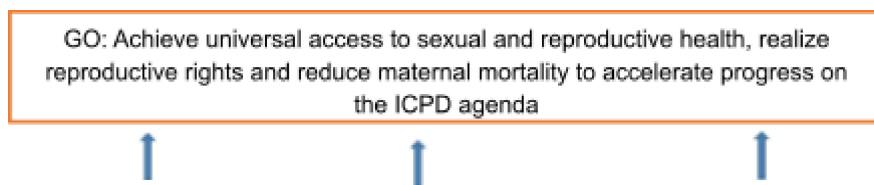
Q.1. Does UNFPA's work respond to international and national commitments established by countries in the region, such as the ICPD Plan of Action, the Nairobi Commitments, the Montevideo Consensus and the 2030 Agenda, as well as UNFPA Strategic Plans and the Regional Programme?

For decades UNFPA has developed a strategic guidance framework that builds on the ICPD Plan of Action and has been augmented by the Nairobi Commitments, the Montevideo Consensus, SAMOA Pathway20 and the Sustainable Development Goals.

The Latin American and Caribbean region has aligned its program with this road map, providing countries with technical and financial assistance to respond to existing needs in the areas of family planning and commodity security. The mobilization of global resources through initiatives like the UNFPA Supplies Programme has been very relevant for implementing the Regional Programme.

The following figure shows the programmatic alignment of the different instruments that form the UNFPA regional programmatic response, which has been used to designed the scope of this evaluation.

**Figure 4:** Strategic and programmatic alignment of UNFPA's regional response.



**R.1. All women, adolescents and young people everywhere, especially those furthest behind, use integrated sexual health services and exercise their reproductive rights free of coercion, discrimination and violence.**

<p><b>PLANESY STRATEGIES</b> <b>STRATEGIC PLAN 2014-2017</b></p>	<p><b>PRODUCTS prioritized in the area of FP and CS</b></p> <p><b>Output 2:</b> Enhanced national capacity to strengthen the enabling environment, increase demand, provide modern contraceptive supplies and improve quality family planning services that are free of coercion, discrimination and violence.</p>	
<p><b>STRATEGIC PLAN 2018-2021</b></p>		<p><b>Output 4:</b> Capacities are developed to effectively forecast, procure, distribute and monitor the delivery of sexual and reproductive health commodities for resilient supply chains.</p>
<p><b>UNFPA STRATEGY 2012-2020: CHOICES, NOT CHANCE</b></p> <p><b>PF</b></p>	<p><b>Output 1:</b> Facilitate environments for rights-based family planning as an essential part of sexual and reproductive health and rights.</p>	<p><b>Output 2:</b> Increase demand for family planning in accordance with clients' interests and intentions.</p> <p><b>Output 3:</b> Improved availability and reliable supply of quality contraceptives.</p>
<p><b>REGIONAL INITIATIVES ACTION PLAN(RIAP) 2018-2021</b></p>	<p><b>Output 1:</b> Increased national capacity to develop and implement national capacities to design and implement policies and plans aimed at ensuring the effective delivery of universal access to reproductive health information and services, for young women and female adolescents who are generally neglected by these services.</p>	<div data-bbox="1089 1188 1395 1509" style="border: 1px solid black; padding: 5px;"> <p>Strengthening of national capacities to forecast, procure, distribute and monitor the delivery of sexual and reproductive health commodities, including in humanitarian situations.</p> </div>

**UNFPA SUPPLIES**

**Output 1:** An enabling environment for reproductive health and commodity security including family planning at national, regional and global levels.

**Output 2:** Increased demand for reproductive health commodities among marginalized women and girls.

**Output 3:** Improved efficiency in procuring and supplying reproductive health commodities (focus at the country level).

Source: Own elaboration

**Q.2** What elements indicate that UNFPA's programmatic response has been aligned with national efforts to promote public family planning plans/policies and commodity security with a focus on vulnerable populations?

The history of how family planning and contraception became public policy with concrete health outcomes has been an arduous journey that has spanned several decades. Some countries like Chile, which since 1964 has had a public policy on FP and contraception based on a logic of rights, are in direct contrast with other countries in the Latin American and Caribbean region that have been subject to harsh, highly ideologized debates about how the State should or should not have control over women's fertility and in what way. UNFPA has technically and financially accompanied this process over the last four decades, which has seen both increased and reduced scope for these policies in different national settings. Throughout this history of policy development, the role of civil society, particularly women's organizations and feminist organizations, has been crucial to frame FP in the field of rights. UNFPA funded civil society organizations so that they could implement many of the advocacy strategies designed to position the Cairo Conference with great force in the context of claiming sexual and reproductive rights.

**The contribution of UNFPA** to the generation of FP-CS plans and policies<sup>21</sup> in the Latin American and Caribbean region has been and is **unquestionable** according to the assessment of interested parties. It has been noted that a significant part of this *corpus* draws on a theoretical framework based on human rights as a guiding principle for the actions implemented as part of these policies or programs.

It is important to note that, while recognizing the progress made in the 22 English- and Dutch-speaking countries of the Caribbean subregion, this region has seen the least amount of changes in terms of legal and regulatory frameworks, with the adolescent population of these countries being the most affected by this situation as their right to contraception is severely restricted.

The prevention of adolescent pregnancies has also been the subject of subregional agreements, supported by UNFPA and involving a range of entities. These agreements include: the 2018 Regional Strategic Plan for the prevention of pregnancies in Central America and the Dominican Republic, the involving COMISCA-SICA and supported by UNFPA and PAHO; the Integrated Strategic Framework to reduce adolescent pregnancies in the Caribbean Community, involving CARICOM; and the Andean Plan for the prevention and reduction of adolescent pregnancies 2017- 2022 with the Andean Health Organization and ORAS-CONHU. The sub-regional agreements have been an area of work that has highlighted the benefits of inter-agency actions (UNFPA, PAHO, UNICEF, UN AIDS) has, either in the design process, the dissemination process or in certain aspects that provide support for their implementation.

Within the heterogeneity of the region's context, it is important to recognize that certain countries are showing regulatory advances in areas such as fertility, abortion and others. According to the ISOMontevideo<sup>22</sup> measurement, which assesses progress with normative frameworks in areas such as sexual education, the legal status of abortion and regulations on sexual diversity. Countries with high scores using this measurement include

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<sup>21</sup> Not all countries use the term family planning because of the ideological baggage attached to it. For example, Bolivia uses the term contraception. This report uses family planning and commodity security as general terms.

<sup>22</sup> ISOMontevideo is an initiative promoted by some feminist networks and groups in Latin America and the Caribbean to report on the progress made by countries in relation to some of the agreements contained in the Montevideo Consensus. ISOMontevideo is based on the methodology

developed for monitoring implementation of the measures in the Quito, Brasilia and Santo Domingo Consensus signed in the framework of the ECLAC Regional Conference on Women. Available at <https://cotidianomujer.org.uy/sitio/ediciones-de-cotidiano/85-proyectos/derechos-humanos/1904-isomontevideo-2017>

Argentina, Brazil, Colombia, Mexico and Uruguay, to name a few.

## 4.2. Effectiveness

Based on the Theory of Change described above, 3 strategic intervention areas were identified. Evidence regarding the effectiveness of the services (products) provided has allowed the evaluation team to rank their relevance.

### STRATEGY 1. Strengthening country capacities to consolidate RHCS with a focus on the supply chain.

Supply chain **management** failures have explained some of the reasons why **contraceptive method supplies are not continuous** and do not always meet the high quality standards required to ensure their availability. If it affects the right to access methods, inefficient supply chain management can lead to losses in public health spending.

**However, supply chain management focused on last mile assurance** involves very complex work to navigate institutional changes and adaptations, as well as articulating mechanisms and processes such as: guidelines and classification of medicines; administrative norms and procedures; harmonization of national and international regulatory standards; pharmaceutical policy; data capture systems; safety and traceability of commodities; planning and purchasing systems; logistics systems; and other elements. Leadership from national authorities is a prerequisite, and advocacy and policy dialogue has been an essential entry point to ensure that governments improve these processes.

PRISMA, a Peruvian organization, has been a strategic partner for UNFPA (implementing partner) and provides technical assistance to countries with the purpose of improving SRH supply chain management. The UNFPA Supplies Global Fund has been the main instrument that has sustained this area of work in direct beneficiary countries and expanded it to others. However, as will be seen below, the severe decrease in the UNFPA Supplies budget allocated to the region compromises the sustainability of achievements in this area.

**Q3. What elements indicate that the strategies of advocacy, evidence generation, and capacity transfer have contributed to the prioritization of supply chain-focused RHCS work in the countries?**

Since USAID-Deliver has started to withdraw its technical and financial assistance to countries in the area of RHCS<sup>23</sup>, UNFPA has supported actions to maintain and/or strengthen the progress achieved in a context in which UNFPA itself is gradually decreasing its funding.

A significant contribution from UNFPA has been the AISSR monitoring/evaluation instrument (RHCS assessment). This is used to measure progress achieved by countries in relation to the 6 GPRHCS outputs<sup>24</sup>. This instrument has been applied in 20 Latin American countries.

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<sup>23</sup> Continues in Haiti and with some support still provided to Honduras, Dominican Republic, Peru, Guatemala.

24 The ISSR monitoring/evaluation instrument is based on six outcomes through which it seeks to measure progress achieved by the countries and possible areas for improvement. The six areas considered are: 1) Improve national environments to facilitate the provision of Sexual and Reproductive Health Supplies; 2) Promote demand for Sexual and Reproductive Health Supplies; 3) Improve efficiency with the procurement and supply of Sexual and Reproductive Health commodities;

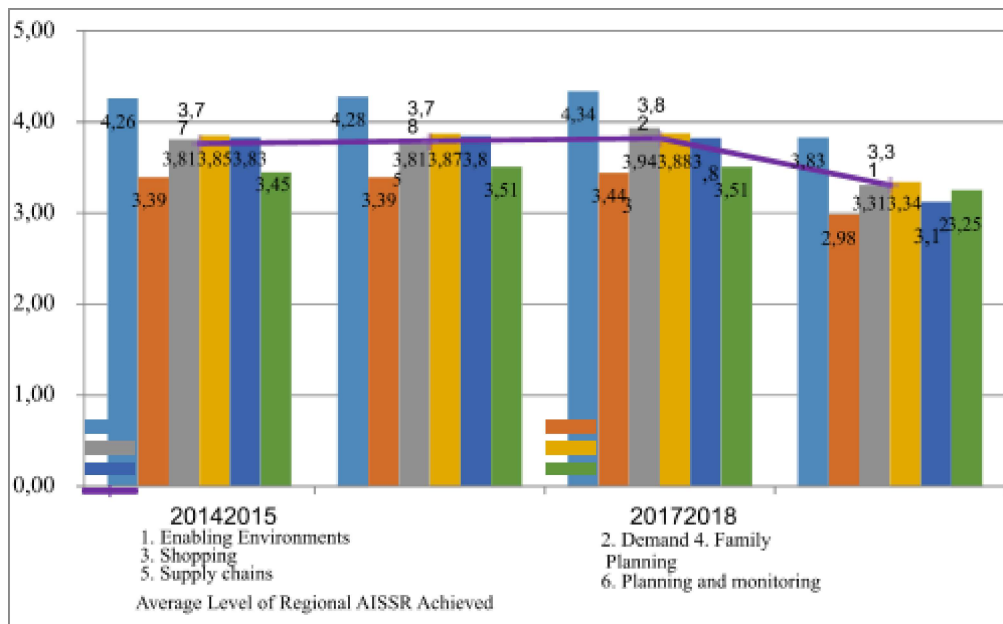


since 2015. The evaluation recognizes the **effectiveness of this instrument** as it has allowed to **generate systematicity in the measurement and response** reported by Latin American countries from 3 different sources: Ministry of Health, COs and NGOs. On the other hand, there is a tool that allows showing **standardized regional information**. Beyond the comparison exercise between countries that can be established, this tool facilitates **monitoring** the state of the art in each country by identifying the main **weaknesses and opportunities for progress** in the 6 items studied, allowing UNFPA to better define the priorities in this field.

The following graph shows how the regional environment has progressed and under what outputs in terms of RHCS between 2014 and 2018. Although the region has made significant progress, **the downward trend in the value of the scale as of 2017** in all components **should not be overlooked**. It is observed that in 2015 countries such as Argentina, Cuba, Nicaragua, Mexico, Paraguay and Uruguay showed the level of AISSR with a value higher than 4 on the scale; in 2018 only Mexico has a value on the consolidated scale slightly higher than 4.

In any case, it is necessary to analyze the situation within each country, separating cyclical phenomena from more structural ones in order to assess the UNFPA response capacity to help overcome these challenges.

**Graph 9.** Evolution of the RHCS scale in the Latin American region according to component



4) Improved access to family planning services and quality Sexual and Reproductive Health commodities; 5) Strengthened capacities for supply chain management; and 6) Improved results-based planning, monitoring and reporting.

The information gathering instrument allows for the construction of a SRHR scale (ranging from 1 to 5) to compare the current national situation with the expected situation, as well as comparing it to situations in other countries. The questionnaire is sent to all staff responsible for SRH at UNFPA, staff from national authorities that implement sexual and reproductive health programs and to representatives of civil society organizations (CSOs) in the countries in the region.

<sup>25</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela

<sup>26</sup> Not all Latin American countries reported on this in 2018: Brazil, Chile, Colombia, Costa Rica, Haiti, Panama and Paraguay did not provide data.

In the case of the Caribbean Subregion, this tool was applied for the first time in 2020<sup>27</sup>. The findings of this study draw attention to the need to promote articulated regional initiatives for Caribbean countries to improve their RHCS.

Another notable area of work promoted by LACRO has been support for the process of developing **Master Plans for Supply Assurance**. These have involved carrying out assessments to identify bottlenecks and possible solutions that improve the overall efficiency of the process, requiring the involvement of Ministries of Health. This technical assistance has been provided to countries including Argentina, Brazil, Dominican Republic, Ecuador, Guatemala, Honduras, Trinidad and Tobago, and Uruguay.

Also coming from LACRO, and at the request of the countries, UNFPA has provided technical assistance for the design of **highly specialized public policies**, such as support for the creation of a regulatory entity for medicines in Honduras, the creation of the **National Medicines Centre** in Ecuador, support provided to Brazil for the reformulation of its **pharmaceutical policy** and assistance provided to the Dominican Republic to formulate, within the framework of its National Pharmaceutical Policy, a policy for access to medicines and a **Management System for Very High-Cost Care and Medicines**.

It should also be noted that **the UNFPA has strengthened the capacities** of personnel involved in supply chain management in its different processes. With support from PRISMA, a series of *online* training modules on RHCS was designed so that, in addition to achieving maximum coverage, the Ministries of Health had access to several **training tools with a focus on continuous training**. Dozens of professionals from almost every country in Latin America and the Caribbean received this training. A notable achievement was the delivery of training modules to Mexico on logistics management issues that were **institutionalized** by the Ministry of Health.

**Q4. To what extent has technical assistance for supply chain management been successful in achieving effective, efficient and transparent procurement processes and to what extent are they sustainable?**

Although all countries in the region have their own reproductive health programs and allocate public resources for the procurement and provision of contraceptives (with the exception of Haiti and in recent years Venezuela, which rely on international donations), investment in supplies in the region is still below what is needed to achieve universal access to reproductive health, a specific goal that countries have committed to in the framework of the 2030 Agenda for Sustainable Development (**SDG 3.7**). Some sources (OECD, 2020)<sup>28</sup> note that although the growth of GDP in countries in the region between 2010 and 2017 is recognized, this has not resulted in an increase in budget allocations to the health sector nor an increase in budget allocations to reproductive health. Over the last 3-4 years, budget allocations for SRHCS have been oscillating, even in upper middle-income countries. LACRO has devoted significant efforts to documenting the status of commodity supply linked to the financing capacity of countries. Despite the differences in economies between the countries,

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<sup>27</sup> The participating countries were: Anguilla, Antigua and Barbuda, Bahamas, Barbados, Belize, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St.

Vincent and the Grenadines, Suriname and Trinidad and Tobago.  
28 Health Overview: Latin America and the Caribbean 2020. OECD 2020

fiscal space is insufficient, as evidenced by a range of sources<sup>29</sup>. ECLAC forecasts an increase in poverty and extreme poverty in the region with direct effects on the agency capacity of families, and subsequently on access to methods through out-of-pocket spending.

**In terms of prices, it has been identified that Latin American countries procure contraceptive methods at prices that are higher than what is average for developing countries.** For some commodities, the price difference between the country that buys the cheapest and the most expensive CMs is 1 to 100. In terms of savings, this means that the country that bought the most expensive CMs could have saved more than 90% of what it spent or could have bought 10 times more. This price variation occurs with high-use methods, such as oral contraceptives, injectables and male condoms.

It is beyond the scope of this evaluation to delve into the reasons of each country for purchasing CMs at high prices, but there is sufficient evidence to affirm that the availability of supplies is experiencing a critical moment in the region and that some of the causes of this situation, while circumstantial, can generate long-term negative consequences. However, the Evaluation Team note that there is room for action among countries so that access to FP can be guaranteed by, among other things, improving and/or strengthening **the process of procuring commodities in which UNFPA has comparative advantages that are not recognized for any other partner, including the PSB procurement service.**

In this context, the evaluation affirms that LACRO is making an important commitment to propose methods, instruments and tools that allow governments to highlight the benefits of optimizing the procurement of CMs, providing analytical tools that have been adapted to each country. Innovative initiatives are being implemented in order to present the rationale for maintaining contraceptive procurement allocations to countries. LACRO also highlights the development results of these investments, such as the prevention of adolescent pregnancies, as well as the advantages of investing in strengthening the supply chain, as described above.

There are several contributions that the evaluation wishes to highlight. One tool that UNFPA is promoting and has been developed collaboratively with ForoLAC and the International Reproductive Health Supplies Coalition (in which UNFPA participates) is the **Platform for Monitoring the Evaluation of Prices of Sexual and Reproductive Health Methods and Supplies**, known as the **SEPREMI30 Platform**, launched in 2019.

This platform receives and analyzes information on prices and conditions for the procurement of sexual and reproductive health medicines and supplies based on the criteria of efficiency and transparency. Participating countries voluntarily share this information. **Guatemala, El Salvador, Nicaragua, Honduras, Mexico, Dominican Republic, Peru, Ecuador, Brazil, Paraguay, Argentina, Uruguay, Chile** are participating in the platform.

**Another important tool is MiPLAN**, the Family Planning Investment Impact Model, developed by ForoLAC/RHSC and UNFPA to assist Latin American and Caribbean countries with estimating the impact of their investment in contraceptive methods in terms of achievements in coverage, sexual and reproductive health (SRH) and maternal and child health (MCH) for their national populations. The tool facilitates analysis of different

investment scenarios in terms of their impact on the reduction of unmet needs for family planning in light of the commitments made in the 2030 Agenda.

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<sup>29</sup> Fiscal space for health in Latin America and the Caribbean, PAHO 2018.

<sup>30</sup> <https://sepremi.org/nosotros/>

**These tools are innovative<sup>31</sup> and make it possible to generate a different kind of dialogue with the countries.** The aim is to work "à la carte" with countries based on their specific interests. The evaluation recognizes the high potential of these tools, which are still very new, and it is hoped that they will increase their effectiveness in the future.

Q5. To what extent have COs promoted UNFPA's comparative advantages in procuring SRH commodities (particularly contraceptives) and had an impact on the signing of procurement agreements, and if so, can and should UNFPA actively promote contraceptive procurement through PSBs?

UNFPA is the largest global supplier of sexual and reproductive health commodities. Its Procurement Service Branch (PSB) has a catalogue of more than 500 products that countries can procure at very competitive prices. These products have pre-approved quality as they meet the international standards established by both the World Health Organization (WHO) for pharmaceutical products and UNFPA for barrier contraceptives<sup>32</sup>.

Countries can procure these products using **two modalities**: the first is Third Party Procurement (TPP)<sup>33</sup> and the second is through a *Cofinancing Agreement (CFA)*<sup>34</sup>, which is usually established with the UNFPA Country Office.

The UNFPA procurement service offers a solution to countries for safe, quality and cost-efficient procurement. It does this through long-term agreements with large suppliers that provide these products at very competitive prices.

It is argued that the advocacy actions that UNFPA can carry out with Ministries of Health so that the purchase of commodities is channeled through PSB is favorable both for the countries (because of the savings this process achieves) and for UNFPA, which receives a specified amount of resources in return for this service.

The countries in the region have been making input purchases through PSBs using both modalities. The volume of this procurement varies over both time and across countries. However, LAC stands out among developing regions due to its high annual flow of PSB procurement transactions.

Below is some data on procurement in the region based on procurement agreements and mechanisms such as **TPP and CFA**. Data is also provided on purchases made through **UNFPA Supplies and using core funds**.

An important initial finding from the analysis of different is that countries in Latin America and the Caribbean make the highest amount of purchases with PBS using TPP agreements.

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<sup>31</sup> Annex 5 of this report highlights these tools as UNFPA good practices and elaborates on their description.

<sup>32</sup> The catalogue is available online in several languages at [unfpaprocurement.org](http://unfpaprocurement.org).

<sup>33</sup> Third-party procurement" or "TPP" refers to procurement undertaken by UNFPA, without a direct UNFPA program component, at the request of and on behalf of third parties (Governments, United Nations specialized agencies, intergovernmental organizations, non-governmental organizations or entities, including United Nations funds, programs and subsidiary bodies)" (UNFPA, 2015).

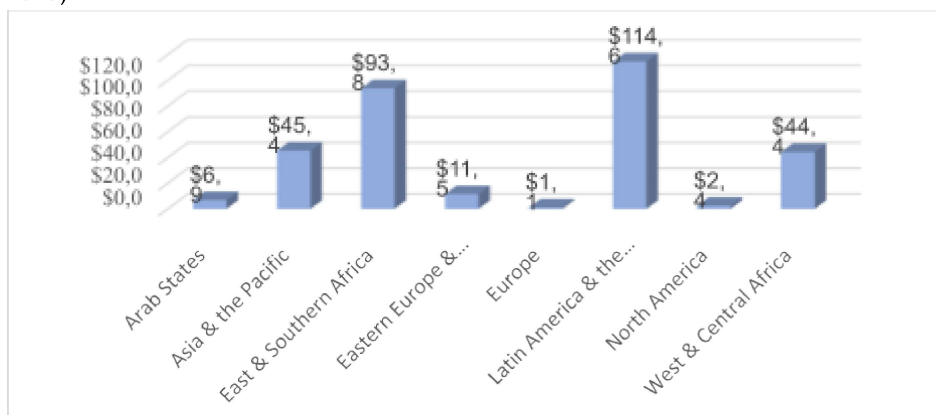
<sup>34</sup> Co-financing arrangements refer mainly to procurement through the PBS with direct involvement and

accountability of UNFPA staff, until the process of delivery to governments or entities responsible for procurement and distribution at the national level in the countries is completed.



This total reached USD 114.6 million in the period 2011 to 2020, representing about 35% of the global total.

Figure 10. Procurement of SRH commodities through TPP, by Region, in millions of USD (2011-2020)



Source: PSB

There are **30** countries in Latin America and the Caribbean that made purchases through PSB between 2015 and 2020. This is even more significant considering that both Mexico and Brazil's purchases using this service were comparatively very small.

Figure 11. Weight of investment in procurement by mechanism or source in LAC 2015-2020 (USD)



Source: own elaboration based on data provided by PSB.

CFA. Co-Financing Agreement; TPP: Third Party Procurement, US: UNFPA Supplies; RR: Core Funding, F&P: Freight & Packaging

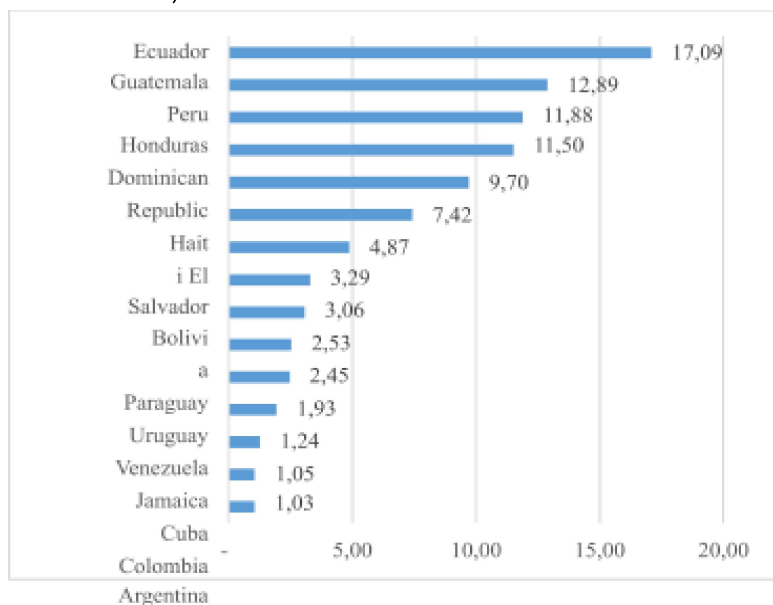
**The analysis shows that countries invest public resources as the primary source for purchases.** As can be seen in Graph 5, in the 2015-2020 period **58%** of total purchases **were channeled** through **TPP-based** agreements. This was followed by the **CFA mechanism, with a weight of 19%** of total purchases.

According to data provided by PSB, contraceptive procurement through **UNFPA Supplies** accounted for **12% of all purchases between 2015 and 2020**. Investment in CM using **core funding** was around \$700,000.

Figure 12 shows the volume of purchases in USD made by Latin American countries between 2015 and 2020, with the following countries as the top 5 purchasers:

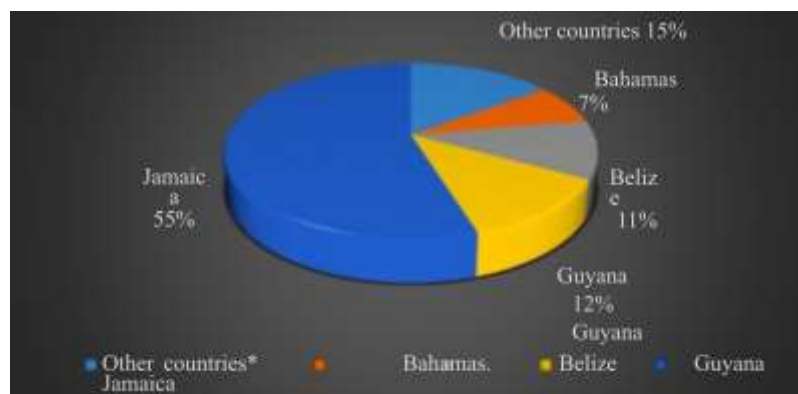
**Ecuador, Guatemala, Peru, Honduras and the Dominican Republic.** When analyzing the trend of Latin American and Caribbean countries, it can be seen that the magnitude of the acquisition is very important and is maintained, even in 2015, the year of the economic crisis that affected *commodity* prices. Purchases grew until 2018. Between 2019 and 2020, there is a notable drop in the value of purchases due to economic restrictions caused by the global COVID-19 pandemic. According to projections, these economic restrictions will continue to increase in countries in the region, accompanied by significant rises in public debt, as well as restrictions to their fiscal space.

**Figure 12:** Total investment in CM purchases between 2015 and 2020 in selected LAC countries (in millions of USD)



The Caribbean region accounts for less than 4% of total procurement in the LAC region. Taking into account the entire Caribbean region, Jamaica accounts for more than 54% of total procurement during the same period.

**Figure 13:** % of CM acquisitions in Caribbean countries



\*Anguilla, Turks and Caicos Islands, Bermuda, Suriname, Saint Kitts and Nevis, Grenada, Dominica, St Vincent and the Grenadines, Antigua and Barbuda, Trinidad and Tobago and Saint Lucia.

This evaluation does not attempt to judge the policy decisions that countries<sup>35</sup> make regarding investments and procurement mechanisms for contraceptive commodities. However, a simple inferential analysis based on the (very important) advantages in the price of CMs (in addition to other SRH commodities) using PSB mechanisms leads to the observation that procurement through this service benefits both the countries (because of the savings it provides them) and UNFPA, as the value of procurement through the TPP agreement between 2011 and 2020 (USD114.6 million) means that USD 5.73 million (5%) was paid to UNFPA by LAC countries. Based on this perspective, promoting UNFPA's instruments is consistent with the principles of alignment and empowerment of countries' internal resources, as they provide efficiency and savings for the purchase of CMs.

#### 4.2.1. Enabling environments for procurement

Based on the above situation, the evaluation asked whether **UNFPA** at the country level and with the support of LACRO **could or should define** as one of its work areas (integrated in the programmatic response for the strengthening of RHCS) as a **cross-cutting strategy in the Region to promote an "enabling environment" in countries for the procurement of commodities through PSB.**

An exploratory survey on the advantages and disadvantages of buying through UNFPA yielded some significant data. The countries consulted by the Evaluation Team highlighted **price** as the main advantage and delivery delays as the most inefficient element of the process. Other notable elements were **restrictions caused by the LTAs**, both in supply and manufacturing and supply times (i.e. levonorgestrel implants) and the **requirement of advance payment** as part of the TPP. The latter constitutes an important barrier and means that several countries that could buy through UNFPA prefer not to do so, or that a country like Ecuador has recently replaced its TPP agreement with a Cofinancing (CFA). In other cases, **regulatory aspects** create problems for countries, such as difficulties or impediments (in addition to advance payments) for importing products from the catalogue that have not been registered with the authorities responsible for regulating medications and medical supplies in Latin American countries.

There were also some more qualitative aspects raised by informants, including the perceptions of clients (Ministries of Health) about the services they receive from the PSB. Factors such as the **lack of a close relationship** (in terms of communication and information) between the client and PSB. **Difficulties with understanding procedures** and the **inflexibility** of some requirements were also cited. It should be noted that the informants did not detail specific cases, time periods or situations in which these events occurred.

The articulation these factors that are generally subjective and based on perceptions allowed the Evaluation Team to propose a possible **reference framework** for what could be considered a **"favorable procurement environment"**. Based on the identification of some indicators, it would be possible to build a tool that can systematically provide information to LACRO about the best opportunities to promote procurement through PSB, where the procurement environment faces the greatest challenges and in what specific areas actions can be taken.

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<sup>35</sup> Nicaragua is one of the countries that does not procure CMs through PSB and has strengthened RHCS significantly over the years. While for some contraceptives the procurement price in Nicaragua is higher than what would be purchased through PSB, other factors such as delivery times are generally more efficient using national suppliers.

Based on the design of the instrument developed by LACRO to assess the level of RHCS in countries in the region, there is a need to include a new outcome (No 7)<sup>36</sup> that could be defined as: *Improve Enabling Environments for Procurement*.

The evaluation team developed a checklist consisting of 7 criteria to ascertain whether a country provides an enabling environment for CM procurement using PSB - UNFPA.

The criteria are:

1. Budget allocation for CMs through PSB is maintained or increased.
2. The budget allocation for the purchase of subdermal implants is maintained or increased.<sup>37</sup>
3. The budget allocation for the purchase of IUDs is maintained or increased.
4. Has a Purchase Agreement with UNFPA
5. Has a nationally empowered mechanism for the public procurement of medicines (including contraceptives) that allow the country to procure CMs through PSB-UNFPA
6. Facilitates the homologation of the requirements for the registration of CMs with national authorities.
7. Level of satisfaction with procurement through PSB.

For each criterion, a series of measurement sub-criteria were used to assess the countries included in the analysis. The score of 1 to 5 that was used for the RHCS Scale is maintained. (Table 5)

For criteria 1, 2 and 3, given their quantifiable condition, a score related to the incremental percentage observed was established: 0% = 1; 1-25%= 2; 26-50%=3; 51-75%=4; >75%=5.

For criteria 4, 5 and 6, we used progress categories to establish a score. Higher rates of progress received higher scores.

The level of buyer satisfaction with PSB is measured by 5 sub-criteria based on the perceptions of informants from different Latin American countries in relation to the relationship between public officials from the buyer country (buyers), UNFPA Country Officials (COs) and PSB-UNFPA officials (PSBs):

1. Fluency in communications
2. Understanding of procedures
3. Resolution of doubts
4. CM delivery times
5. CM Quality

This is a qualitative variable with 5 options, of which the most satisfactory is equivalent to 5 points. Once the matrix of sub-criteria has been filled out, the final score is obtained through an average of all of the scores given to each sub-criteria.

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<sup>36</sup> The complete tool for enabling procurement environments was prepared by the Evaluation Team in an Excel format and accompanies this report. Annex 6 also describes this tool in greater detail.

<sup>37</sup> The two criteria highlighted in blue could be dispensable or replaced by others. The Evaluation Team believes that increasing investment in these two methods would lead to an approximate validation of institutional efforts that are focused on repositioning highly effective and low-cost inputs (IUD). In relation to subdermal implants, it is possible to identify synergies with other instruments, studies, and interventions

that focus on preventing unwanted pregnancies in the adolescent population by increasing the supply of methods that have shown their adherence and effectiveness for this population, among other strategies.

One of the objectives of this evaluation is to not judge the PSB service, nor encourage countries to enter into procurement agreement with UNFPA.

However, there is evidence to affirm that **there are significant opportunities to improve the national procurement environment** for all buyers, even though this evaluation focuses on Ministries of Health and public entities. **The evaluation does confirm UNFPA's comparative advantages in terms of providing an "improved procurement environment", and as a result procurement through PSB brings added value in price and quality.**

Q6. Have the strategies promoted by LACRO with countries to strengthen information systems and logistics systems for overall supply chain management been effective?

Strengthening logistics information systems has been one of the interventions prioritized by LACRO to support countries. The lack of integration of these systems has been the main problem for which the countries have required assistance, although it is recognized that the optimization of these systems requires significant investment and favorable political decisions which, as has been pointed out previously in this document, are not always easy to influence.

**Promoted by LACRO, one of the most outstanding cross-cutting interventions in this field has been** the implementation of the **SALMI system** that can be adapted to the countries that may need it.

SALMI (Administrative System for Medication and Health Commodities Logistics) was developed for the Ministry of Health in Bolivia. With the support of technical assistance from LACRO, this system has been improved, adapted, and scaled up to be used in other countries. SALMI focuses on primary health care facilities and can operate both *online* and *offline*. It is a relatively simple system (although capacity transfer is required for its use) and generates interoperability with other systems. SALMI is a very cost-effective product. Honduras is implementing SALMI at the national level. In Trinidad and Tobago SALMI is being implemented in the Ministry of Health's warehousing and storage facilities. Even though it has only been installed in 8 of the country's 115 health facilities, it is considered a RHCS development project that the Ministry plans to scale up. It was also adapted for replication in Guatemala, using IDB funding, but was not implemented due to the change in the national administration. Advocacy actions are being carried out to request its implementation. In the Dominican Republic, the UNFPA office with support from LACRO made progress with the previous government to implement a pilot program using SALMI. As in Guatemala, the change in the national government has delayed this intervention, although it is expected that it will resume.

Although the countries in the region have different systems with their comparative advantages and bottlenecks, they all share the difficulty of reaching the last mile. This evaluation aims to highlight some examples in which authorities exercised leadership in the field of RHCS and worked in a sustained manner, achieving that their systems reach an important level of optimization. UNFPA LACRO and the Cos have supported this process. Nicaragua is one of the countries that has made the most progress in terms of consolidating the supply of sexual and reproductive health services and products. Part of its progress is due to the effective management of its logistics information system, which has been consolidated over the years with a view to regional integration. Before 2007, the system for the logistics management of medicines and health commodities was actually six different logistics systems, each using different collection and reporting instruments. This resulted in frequent stock-outs, shortages and a lack of access to health

**services for users.** In 2007, the authorities decided to unify these systems and created the SIGLIM (Integrated System of Logistics Management of Medical Supplies), which is manually operated by the Ministry of Health



and now exists in more robust and accessible automated versions (PASIGLIM) that operate *off-line*. In 2015 the GALENO system was created, which operates *online*. GALENO's contribution is that it includes procurement and links with the health services system, i.e., it **links users**. The online nature of Nicaragua's logistics information system means that in addition to facilitating unique access to all commodities (medicines, CMs, laboratory products, medical supplies, except vaccines), it combines the three integrated options: paper-based (SIGLIM), *off-line*, and *on-line*. The information is captured for each health unit, consolidated at a municipal level, transferred to the corresponding health region (SILAIS) and subsequently consolidated at the central level.

**The impact of improvements to the logistics system is reflected in the indicators on availability of modern contraceptive methods**, as well as essential SRH medicines. The table shows the evolution of some indicators, including CM stock-outs between 2010 and 2018. The first 5 years of this period is based on the results of the GPRHCS survey. Since 2016 this data has been generated by MINSA's logistics information system.

**Table 7.** Availability of SRH CMs and commodities in Nicaraguan health facilities

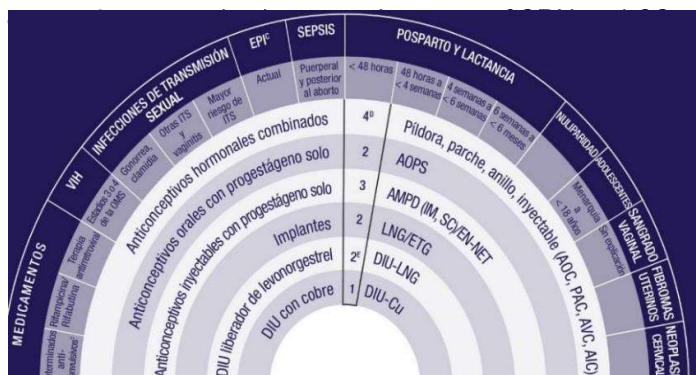
Indicators	2010	2011	2012	2013	2014	2015	2016*	2017	2018	2019
1. Percentage of Health Units offering three or more modern CMs	99.50%	100.00%	98.60%	99.80%	98.50%	SD	98%	SD	100%	100%
2. Percentage of Health Units offering five or more modern CMs				80.80%	92.20%	SD	95%	SD	100%	100%
3. Percentage of health facilities that have and provide 5 basic RH medicines in accordance with UNFPA's list	100.00%	98.30%	99.06%	100.00%	100.00%	SD	100%	SD	100%	100%
4. Percentage of Health Units that have and provide 7 basic RH medicines (including oxytocin and magnesium sulphate)			88.50%	91.70%	89.20%	SD	100%	SD	100%	100%
5. Percentage of Health Units with no stock-outs of any CMs in the last 6 months	1.40%	64.50%	63.10%	71.30%	40.20%	SD	48%	SD	48%	88%
6. Percentage of Health Units with no stock-outs of any CMs in the last 3 months								SD	88%	94%
7. Percentage of Health Units that did not have CM stock-outs on survey day			83.90%	91.70%	80.60%	SD	SD	SD	89%**	89%
8. Percentage of Health Units that have provided 3 or more CMs in the last 6 months (and have not had stock-outs of more than 3 CMs in the last 6 months)	84.20%	91.25%	96.90%	100.00%	98.50%	SD	98%	SD	88%	88%

Source: Ministry of Health (cited in annual 2019 UNFPA Nicaragua Report).

## STRATEGY 2. Expanding the supply of contraceptive methods and strengthening demand.

**Q7.** What elements indicate that the technical assistance provided by UNFPA has contributed to improving the rights of access and informed choice through ensuring a diversified supply of CMs?

UNFPA's contribution to the **consolidation of a broad** and reasonable **contraceptive supply** constitutes one of the **cross-cutting work areas** supported by LACRO's efforts,



Basic contraceptive commodity consists of oral, 1-month and injectables, IUDs, male condoms, female condoms, implants and emergency contraceptives.

One of the actions that LACRO has systematically promoted in the region (with support from the

UNFPA Supplies Programme in some countries), in accordance with the CS strategy, has been to support the Ministries of Health to carry out **standardized surveys on the available supply of commodities** at different levels and in different health facilities. This has involved providing advice on how to improve ensure CS. These surveys have been carried out continuously in the countries prioritized by UNFPA Supplies, including Bolivia, Honduras and Haiti, with the survey questions covering life-saving medicines (prevention of maternal and neonatal mortality). Dominican Republic has recently conducted an availability study while El Salvador, has carried out an annual update regarding the availability of SRH commodities as part of follow-up of its National SRHR Strategy. Contraceptive availability updates are also monitored through the regional RHCS country availability assessment tool designed by LACRO, which was discussed in a previous section of this report.

An important fact regarding the contraceptive supply is that public (or social health insurance systems) provision has expanded. Although there are wide variations between countries, it can be said that three out of five women in the region have received the contraceptives they use free of charge<sup>38</sup>.

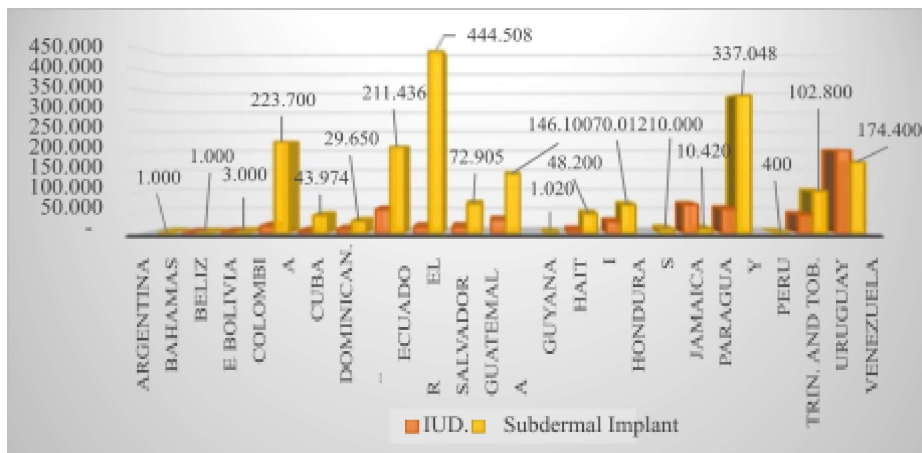
It is not the purpose of this section to describe the current supply in each country or to make assessments of the differences in supply between countries, which are affected by reasons such as adherence of target populations, duration of the Partner Protection Years (PPY), direct cost per PPP and proven efficacy. What the evaluation highlights is **UNFPA's contribution to helping countries make the best decisions regarding their choice of methods by highlighting updated clinical evidence**<sup>39</sup>, which indicates that both IUDs and implants are the LARCS that have the greatest impact on unwanted pregnancies, the greatest continuity of use in one year and the lowest probability of failure.

However, while implants show an increasing trend of use in Latin America and the Caribbean, the opposite is true for IUDs, with the exception of Cuba, where prevalence exceeds 50% (the usage rate in Brazil is 1%).

**Figure 14:** Units purchased of IUDs and Subdermal Implants by countries between 2017 and 2020.

<sup>38</sup> Data extracted from UNFPA's Regional Office for Latin America and the Caribbean (LACRO) through analysis of household expenditure surveys and the most recent health surveys (Tobar 2013, 2015, 2020).

39 Medical eligibility criteria for contraceptive methods, WHO.



Source: Own elaboration based on PSB data.

The evaluation highlights the technical assistance provided by LACRO in some countries for the **introduction of the subdermal implant and the repositioning of the IUD** in the public contraceptive supply, supported by the Reprolatina implementing partner.

Some of the systematized best practices include: the experience in **Uruguay**, where UNFPA supported a pilot study on acceptance and clinical performance of implants used in health services in the metropolitan area of Montevideo, carried out between 2014 and 2015. The methodology used in this study made it possible to systematically measure the effectiveness of a contraceptive method as part of a public policy for CS that was widely institutionalized. A **reduction in the adolescent fertility rate** (following decades of being at the same high rate) from 60‰ to 36% was observed. This was a significant achievement, based on the incorporation of the implant into public supply at the national level based on a political decision by the Ministry of Health.

This intervention has been carried out in Trinidad and Tobago, Panama (pilot program to provide FP services to adolescents), Costa Rica (with the leadership of the CCSS social security agency), Paraguay (included in the public contraceptive supply to prevent second pregnancies in adolescents) and Venezuela.

LACRO carried out a mixed methods study on the effectiveness and adherence of the method, which requires highly qualified health professionals to insert and remove the implant. In Suriname, UNFPA has worked with Reprolatina to design specific modules for face-to-face and virtual training courses on contraceptive technologies. This course was launched by the Ministry of Health in Suriname during pandemic,.

**Regarding the IUD repositioning strategy**, 2 experiences from 2019 stand out. One in Venezuela, where 11,197 IUDs and 41,775 implants were inserted in 5 months in just 3 states (Caracas, Miranda and Anzoátegui), and the other in Brasilia (Federal District of Brazil) where thanks to a campaign carried out in the month of June 2019, 1400 IUDs were inserted. There are several factors that facilitated these processes, but the evaluation emphasizes the **strong articulation of the different programs and strategies with public institutions and health authorities at the local level** and the community care strategies implemented with trained professionals (Barrio Adentro; Community Integral Doctors in Venezuela and Community Family Model in Brazil).

In Nicaragua, UNFPA has engaged in continued political dialogue with health authorities

to implement the IUD repositioning strategy following the strong interest shown by the Ministry of Health. The possibilities for this intervention are currently being explored.

In Peru in 2011, the female condom was introduced with UNFPA's support. In 2012-2013 the process of introducing the implant was carried out using the same methodology as described above. The monthly injectable was also introduced with UNFPA support. These methods were included in the Unified National Essential Drug List and the Ministry was able to purchase and distribute them. These methods are correctly registered in the country. UNFPA plans to discuss relaunching the IUD with authorities in the future (the usage rate is 2.2% according to the most recent ENDESA).

UNFPA's work in this area of strengthening the basket of contraceptive methods has not just involved initiatives based on the LARCs mentioned above. The inclusion of emergency contraception has also required a significant amount of advocacy that has included the presentation of clinical evidence.

**Q.8. To what extent have UNFPA-supported interventions to strengthen demand for contraceptive methods been effective, particularly in reducing inequities in access for the most vulnerable population?**

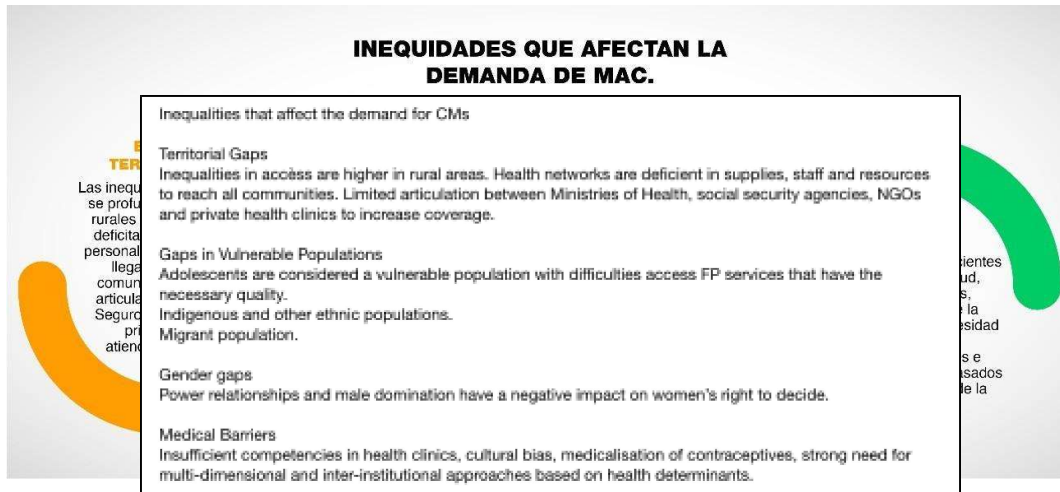
**The demand** for contraceptive methods in the countries of the region has been generally **flat in recent years**. It is not increasing and no real progress is being made to close the gap of unmet needs for contraception. The level of unmet family planning needs among women of reproductive age between 15 and 49 years old who are married or in a civil union is at **10% for Latin America and 17% for the Caribbean**. This indicator provides an approximate assessment of the coverage of family planning programs and services. These figures do not capture the current situation as there is underreporting of these needs. In LAC, almost half of all live births are to single mothers. LAC is also the region with the highest rate of unintended pregnancies (96 per thousand), which shows that the traditional measurements of both of these indicators published by the United Nations do not reflect the reality being experienced in the region.

A significant part of the underreporting of unmet demand is attributed to the **adolescent population**. Access to contraception through suitable services is one of the major concerns in the region, given that the Adolescent Specific Fertility Rate is the second highest after Sub-Saharan Africa. It is also a rate that in many countries remains the same, despite the fact that the global fertility rate is declining. The socio-health risks of pregnancies in this sector of the population are enormous regardless of the cultural acceptance of the environment in which they occur.

There are factors that negatively affect both supply and demand. However, in an ideal scenario in which the supply of commodities was 100% public and there were no shortages at the primary level of care, current supply would not be enough to meet demand.

The countries consulted in the evaluation highlighted a **series of factors that generate inequality in terms of access for vulnerable populations to CM**. This means that the capacities to strengthen demand are limited. Figure 6 summarizes some of these factors and highlights the complexity of addressing demand in relation to the social determinants of health.

**Figure 6.** Inequalities Affecting Demand for CM

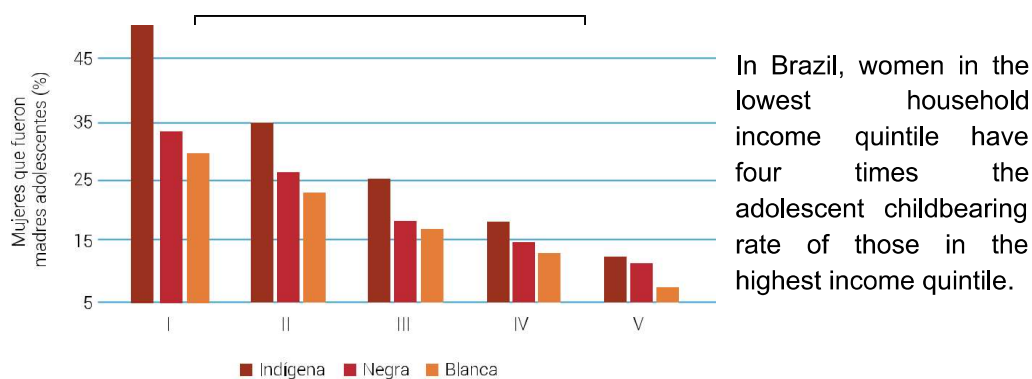


Source: Own elaboration based on survey and interviews.

**UNFPA guides some actions to reduce these gaps.** The contribution to strengthening the capacities of health workers is one of UNFPA's interventions designed to expand the clinical competencies of staff so that they can safely apply long-acting CMs, such as IUDs and implants. UNFPA has systematically supported training and education processes for health workers in this area, working with Reprolatina, the University of Chile, the University of Antioquia and the Training Center of Ecuador to design self-administered *online* training processes for updating contraceptive methods, which facilitates the massification of coverage. 2,000 providers in the region have been registered to start the courses imminently.

In addition to the above-mentioned factors, income poverty (family income) is also an indicator in which adolescents occupy first place.

Adolescent motherhood based on ethnicity and per capita family income. Brazil, 2015



If this inequality is considered in relation to a person's ethnicity, the gaps increase significantly.

Educational level also determines CM use. For example, only 38% of women with a low level of education use modern CMs, compared to 60% among women with a high level of education. In the educational field, barriers to the full institutionalization of Comprehensive Sexuality Education (CSE) represent another limitation in terms of the demand for CMs

among the adolescent population.



Gender relations continue to be a central component on which much of the behavior of adolescent girls is based. **Some studies presented by countries on the analysis of demand for CMs in the adolescent population reveal that power relations with partners (when they exist) are precisely one of the factors that most influence the decisions of young women and adolescents to use any contraceptive method.**

Community-based health intervention models that ensure access and sustain the demand for contraceptives among vulnerable populations have been identified in the countries, some of which (as will be discussed) were strengthened during the COVID-19 pandemic. Notable models include: Nicaragua's Community Contraceptive Method Delivery Strategy; Venezuela, with its community-oriented primary health care model (Misión Barrio Adentro); Brazil's Family Health Program that integrates Community Health Agents<sup>40</sup>; Ecuador, through its Neighborhood Doctor Program that identifies and visits pregnant women in the community; and Bolivia's Intercultural Community Family Health Model, which has involved the creation of the National Standard for the creation of the SAFCI Municipal Network, to name a few.

## Assistance for the contraceptive needs of the adolescent population and support to countries with the prevention of adolescent pregnancies.

**Q9.** To what extent has the regional program been effective in providing contraception to the adolescent population and to what extent has UNFPA, through LACRO and its Country Offices, played a strategic role in mobilizing resources to help reduce family planning needs in this population?

Throughout the implementation of the two regional programs being evaluated, the adolescent population has been a priority *audience*. This priority has also been included within the United Nations action framework. The approval of the **Survive, Thrive, Transform Global Strategy for Women's, Children's and Adolescents' Health 2016-2030** obtained commitments from countries in the Latin American and Caribbean region to adapt and/or update their national plans so that they are aligned to a framework of results and goals based on work carried out by UNFPA LACRO. The impact of these processes at the national level is verifiable. The evaluation highlights these processes because they demonstrate **UNFPA's capacity for advocacy and dialogue in the Latin American and Caribbean context**, which includes a number of ideological nuances that have had to be harmonized in relation to these commitments.



Actions implemented with the adolescent population is an area of **inter-agency coordination**. An example of this is the Adolescent Pregnancy Prevention Week in Latin America (20-26 September), jointly organized by PAHO and UNFPA.

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<sup>40</sup> Community Health Agents in the country number nearly 300,000 and are estimated to serve 75% of Brazil's population of 210 million people. Each agent provides primary health care to 200 families through home visits in their communities.

As already described in the context data, all of the countries have adolescent pregnancy prevention plans or specific programs in place. The evaluation highlights **two interventions** that have had significant impacts.

The first has been **UNFPA's contribution** to Argentina's National Plan for the Prevention of Unintended Pregnancies in Adolescents (known as the **ENIA Plan**). This Plan is the first public policy that proposes a comprehensive and intersectoral intervention on this issue in the country. Although the case study that accompanies this evaluation report details UNFPA's participation in the design of this strategy, the **Impact Goals Estimation Model (MEMI)** designed with UNFPA's support is a notable element of this strategy. The Plan's information system went beyond the measurement of actions, goods and services (as is often the case in public policies with similar characteristics) to measure who were the final recipients of the benefits.

According to the 2019 report, by the end of July a total of 33,392 long-acting contraceptive methods were provided to girls and adolescents in the 36 prioritized departments located in 12 provinces. **In total, 25,214 unintended pregnancies were prevented** in girls and adolescents and 29,968 adolescents were effectively protected from the risk of becoming pregnant.

The monitoring system fulfilled one of its main objectives, which **is to inform and provide feedback about the implementation of public policy**. This system made it possible to detect users between 10 and 14 years of age in these services, which facilitated a broadening of the approach and led to the establishment of other measures to consider these cases as child sexual abuse. The assistance provided to this population is perhaps one of the **biggest challenges addressed by UNFPA**, which has led intersectoral processes through this approach.

**The second initiative** covered by the evaluation are the studies conducted to estimate the **economic impact of adolescent pregnancies and motherhood in Latin American and Caribbean countries**, known in UNFPA as the **MILENA** studies, which take their name from the methodology. These studies were conducted in the context of UNFPA's regional initiative "165 million reasons to invest in adolescents and youth". The MILENA studies have been conducted in Argentina, Colombia, Ecuador, Guatemala, Mexico and Paraguay, while additional MILENA studies have been conducted in Honduras, Guyana, Peru, Dominican Republic and Venezuela.

Adolescent pregnancy is a complex phenomenon to address in public policy. Despite the impact it has on the health and life plans of adolescents, it has been considered a "soft" issue in discussions on human development.

This evaluation, in addition to recognizing **innovative practices** in the methodology applied, **highlights the strategic value of actions that address adolescent pregnancies**, as they forcefully draw attention to the loss of development assets that occur in countries with high adolescent pregnancy prevalence rates. The benefits of seeking to reduce adolescent pregnancy rates include taking advantage of the demographic bonus, poverty reduction, health costs, reduction of gender and generational inequalities, among others.

**In terms of the results** from the implementation of the MILENA methodology in the six countries mentioned above, the following achievements are notable:

#### EDUCATION

- Only 6.4% of women who became mothers during adolescence completed tertiary education.
- In the 6 countries combined, the total cost of the education gap (opportunity cost of adolescent pregnancy and early motherhood on education) is estimated at USD 2,860,960,562.

#### LABOUR INCOME

- Earnings of women who completed tertiary education are on average 5.6% higher than those who only completed primary education.

#### TAX REVENUE FOREGONE (COST OF OMISSION)

- It is estimated that the State loses USD 123.55 for each woman who becomes a mother as an adolescent.
- In total, the 6 countries in the study have lost a potential USD 722,119,620 for each woman who became a mother in adolescence.

The evaluation assesses the high potential of these tools for **advocacy with non-traditional actors** that have a presence in the *hard* development agenda.

In this sense, while it is true that **the FP-CS policy design process occurs at the level of the lead agency**, its **budgeting** represents a complex set of negotiations and exchanges between various political actors who have their own interests, incentives, and constraints, which as a result **transcends the lead health institution**. In other words, the Ministry of Health is just one more actor "fighting" for its resources, which are always limited in relation to needs. For this reason, **UNFPA's strategy of providing economic evidence** suggests that there is a need to **broaden the range of audiences so that they complement the Ministries of Health**. These include: Ministries of Social Development and their social protection and inclusion programs, Ministries of the Economy, national planning and budget offices, Ministries of Education, social security agencies, private health providers, charitable institutions and decentralized and deconcentrated health entities, to name a few.

UNFPA can leverage its advantages by using its high profile to influence certain development policies that prioritize vulnerable groups and in which contraception is an important focus and makes policies effective. For example, the linking of social protection policies and programs (including conditional cash transfer programs) to FP-CS for adolescents is not just innovative, it is also possible.

In the field of services, the evaluation recognizes the effectiveness of providing technical assistance for the dissemination and agency of the **Quality Standards for Improving Sexual and Reproductive Health Services for Adolescents in Latin America and the Caribbean**<sup>41</sup>. There have been a number of important achievements in the region in this area. Chile has scaled up the standards to a national level and produces information about adolescent clients in FP facilities that is integrated into its national health information system.

Cuba, Nicaragua, Ecuador, El Salvador, Panama, Uruguay, and the Dominican Republic are also countries that are implementing these standards. One of Cuba's challenges is to improve the counseling skills of its professionals, given the high rate of the use of abortion among the adolescent population as a method to control fertility. In the case of Nicaragua, and with support from the Country Office and LACRO, the Procedures Manual for Comprehensive Adolescent Care was approved in 2019. This incorporates and formalizes quality standards, including the new WHO recommendations on adolescent contraception. Also in the Dominican Republic, quality standards were institutionalized in the Guide for Comprehensive Adolescent Health Care, which was approved by the Ministry of Public Health in 2019.

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<sup>41</sup> UNFPA LACRO led the adaptation of these WHO quality standards for the Latin American and Caribbean region with collaboration from PAHO.

#### 4.2.2. Securing Supplies in Emergency and Humanitarian Environments

Q.10 Has UNFPA's programmatic response been an adequate solution in emergency and/or humanitarian contexts?

The evaluation identified the following findings.

- The Latin American and Caribbean region is increasingly experiencing emergency situations. Of the 20 Country Offices consulted, all except Uruguay reported having faced one or more emergencies in their country. In most of the countries, climatic and/or seismic events coexisted with migratory ones. Examples of this include Ecuador, Colombia, Peru, Honduras, Guatemala, Mexico, Brazil, El Salvador, Bahamas, Barbados, Dominica, Guyana, Trinidad and Tobago and Venezuela. Colombia also suffers internal displacement due to its armed conflict, which means that work in some regions of the country is very complex. Just over 83% of the countries consulted stated that women and young women from migrant and rural populations were the most affected groups during emergencies, followed by girls, , with indigenous peoples and other ethnic groups included in the rural populations.  
It is important to consider that the migratory phenomenon is no longer temporary. On the contrary, it has clear elements of being a chronic issue, which has implications for the type of emergency and humanitarian response required.
- The first objective of governments is to save lives, although countries recognize that having both SRH and gender-based violence kits is considered an essential contribution.
- Given that LACRO's humanitarian team is small, the work strategy is based on providing direct support to the Country Offices (which in turn coordinate the response with Ministries of Health), respecting the guidelines established for the deployment of the emergency response, such as the activation of clusters, the rapid identification of needs and the rapid activation of financial instruments, primarily the CERF and the UNFPA Emergency Fund. From there, technical assistance is provided to support planned actions: mobile units, implementation of the MISP, training of shelter staff, implementation of SRH/FP kits, sexual violence kits and the purchase of contraceptive supplies when necessary.
- Without going into the specific conditions in each country, it should be noted that there are sub-regions, such as the Caribbean, where countries are constantly impacted by climatic events. The UNFPA Subregional Office supports countries with the preparedness phase and ensures that the MISP is incorporated into contingency plans. In contrast to other regions, the Caribbean Subregional Office responds to emergencies (also COVID-19) in close cooperation with IPPF affiliates that have experience working in the Bahamas, Guyana, Trinidad and Tobago with the Venezuelan migration phenomenon.
- Countries purchase different kits through PSB but the arrival of these kits significantly exceeds the recommended delivery time for the emergency. In some cases the arrival of kits has been very delayed.
- Venezuela is a country with its own distinct characteristics, as the socioeconomic and health crisis it has experienced during the last 5 years has demonstrated signs of becoming a chronic problem. The Country Office has been transformed into a structure focused on the socio-health emergency response. Actions that promote development have virtually disappeared. There is a high dependency on

emergency funds. Contraceptive methods are being procured through CERF. The political



situation in the country and other factors affect the importation of certain CMs due to the current blockade.

- With CERF funds, Honduras, Nicaragua, Venezuela and Colombia are also ensuring the provision of FP in emergencies. The UNFPA Emergency Fund also covers FP needs in these countries, as well as others such as Guatemala, Brazil, Ecuador, Peru.
- There is broad agreement among all of the UNFPA offices consulted who work with Ministries of Health that UNFPA is the only organization that guarantees the right to family planning and prevention of sexual violence in emergencies or humanitarian contexts.

**The evaluation considers that UNFPA's action is relevant** in that it aims to address the 3 fundamental aspects of a crisis: a) bringing SRH/FP services and commodities closer together; b) ensuring that they are of the necessary quality; and c) that the population is informed and can access them. For this process, UNFPA works to ensure adequate implementation of the Minimum Essential SRH Services Package (MISP). This strategy, which has been defined by LACRO, is to build capacity in Country Offices, envisioning a medium-term process that allows Country Offices to maintain some level of autonomy in the management of future crises. Given the small team in LACRO's humanitarian area, the process of transferring knowledge and capacities to the COs is considered efficient. **However, based on the strict scope of action that defines humanitarian action and emergencies in terms of short response times, UNFPA is not able to deliver services and commodities within this timeframe.**

The question is whether today, with the capacities and resources available, it is possible to think about expanding the efficiency of this programmatic response.

**Q11. What has been UNFPA's response to support countries in the context of the COVID-19 pandemic to ensure RHCS and FP and what should this response look like in the immediate future?**

More than a year after the WHO declared the COVID-19 pandemic, it is clear that Latin America is the second most epidemiologically affected region after Europe. The pandemic is ongoing, with some countries initiating a so-called "fourth wave". Despite the immunization that has begun globally, Latin America is still far from achieving the herd immunization required that would help control the health situation.

The social, economic and other effects of the pandemic can be seen daily in reports from international media. As in other regions, in LAC the pandemic has tested the capacity of national health systems. In many cases these health systems are not very robust and have many shortcomings, which has meant that the national responses have been generally very precarious.

An initial action worth highlighting is the purchase of biosecurity material and other supplies. This was promoted by LACRO and achieved support from several funds operated by other donors to make a joint purchase. It is a notable action, not just because of the significant coordination, management and administrative effort involved, but also because of the relevance of this effort during a very critical context in terms of the supply of these types of materials. The transfer of information between LACRO and the countries was continuous, sharing the evidence related to COVID-19 generated by the WHO. In terms of the purchase of Personal Protective Equipment (PPE), UNFPA designed a **guide**

**to calculate PPE needs**, which was useful for those countries that did not have precise data for this calculation. This tool was developed in partnership with PSB and WHO staff.

The search for data on the impact of COVID-19 on sexual and reproductive health, family planning and access to contraception, particularly among adolescents, has been a second area of work prioritized by UNFPA LACRO, which has promoted and participated in some studies in partnership with ForoLAC, Ministries of Health and research centers to produce estimates on the impact of the pandemic on some SRH indicators.

**The study on the impact of COVID 19 on access to contraceptives in Latin American and Caribbean countries, which was led by LACRO<sup>42</sup>,** states that this region has experienced the greatest impact on access to contraceptives caused by COVID 19. With 9% of females of childbearing age in the region, COVID-19 has reduced access to CMs for 36% of this population group in LAC.

SDG Target 3.7 has been affected in Latin America by the effects of the COVID-19 pandemic. This study examines how access to contraceptives in the region could deteriorate as an immediate effect of service interruption, as well as an indirect result of declining personal and household incomes. The methodology measures losses per partner protection year (PPY) due to: a) demand for private purchases of contraceptives; b) contraceptive shortages in public services; and c) the effect of discontinuation of sexual and reproductive health services, as well as users' reluctance to seek care when they have a suspected infection.

The study concludes that after one year of the pandemic (although this period has already passed), **the unmet need for family planning in the region increased from 11.4% to 17.7%**, which represents an increase of about 20 million women with unmet contraception needs and is equivalent to a setback of about 30 years in terms of the regional achievements for this indicator.

It warns of the risk (if corrective measures are not taken quickly) of an estimated drop in PPP that **would translate into 1.7 million unintended pregnancies, about 800,000 abortions, 2,900 maternal deaths and about 39,000 infant deaths.**

This situation would be added to the crisis announced by different agencies including ECLAC (2020), which estimated a 9.1% drop in GDP for 2020, an increase in unemployment of 5.4% and a consequent increase in poverty of 7.1%. The difficult economic situation caused by the pandemic exacerbates risks and reduces the possibility of financing contraceptive use through both public spending and private income.

The full impacts of the coronavirus pandemic on the sexual and reproductive health of adolescents in Latin America and the Caribbean will only be accurately measured in the years after the pandemic has ended. According to the data in the chapter prepared by Evangelina Martich, Federico Tobar and Iván Rodríguez Bernate in July 2020<sup>43</sup>, the effects of the COVID-19 pandemic in Latin America on adolescent pregnancies can be quantified at around half a million additional pregnancies with a social cost of US\$ 606.9 million. These values are based on a moderate forecast and could almost double if the effects of the pandemic are more extreme.

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42 The Impact of COVID-19 on Contraceptive Access in Latin America and the Caribbean, UNFPA, LAC Forum, Reproductive Health Supplies Coalition, August 2020. Available at <https://lac.unfpa.org/es/publications/el-impacto-de-covid-19-en-el-acceso-los-anticonceptivos-en-am%C3%A9rica-latina-y-el-caribe>. 13 countries participated in this study: Argentina, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, Chile, Guatemala, Honduras, Mexico,

Nicaragua, Panama, Peru and Peru.

43 Additional socioeconomic consequences of the COVID 19 pandemic on adolescent pregnancies in Latin America and the Caribbean.

In other words, COVID-19 represents a five-year setback for the Adolescent Specific Fertility Rate in Latin America and the Caribbean, which increased from 61 to 65 live births per 1,000 adolescents aged 15-19. With the most conservative prediction, this impact would be equivalent to a four-year setback, and in the most extreme scenario, it would result in a setback of eight years.

A series of **factsheets detailing estimates of the impact of COVID-19 in each country participating** in the study were produced and used **for policy dialogue in the countries**.

In programmatic terms, the Country Offices had to adapt their resources to support governments with their response to the pandemic. UNFPA supported a set of **interventions to restore coverage and connectivity to facilitate access to contraception**<sup>44</sup> for vulnerable populations, supporting **telemedicine and tele-care** initiatives.

An initial action carried out by UNFPA was to **strengthen political dialogue** so that **FP services** would be declared **essential** and if they weren't declared essential, UNFPA advocated for the **need to implement alternative care models** for vulnerable populations in order to reduce the serious gaps they face with access to health services and the consequences of this lack of access.

Regardless of the specific attributes of each of the UNFPA-supported interventions, there are a number of shared elements:

- Telemedicine-based interventions, although this is not equally regulated in all countries nor available for all facets of health that can be regulated, such as tele-health care.
- Pilot interventions that have been implemented in remote rural locations and designed to meet the needs of ethnic populations in countries such as Peru, Ecuador, Bolivia and Brazil, as well as other vulnerable populations such as migrants and adolescents.
- Interventions based on community and/or health promotion models that have been present in the countries for decades but during the pandemic have been innovated using technology. Community agents, also known as community health promoters and community midwives in different countries, have been the implementing agents of these initiatives.

#### 4.2.3. Initiatives supported in the countries

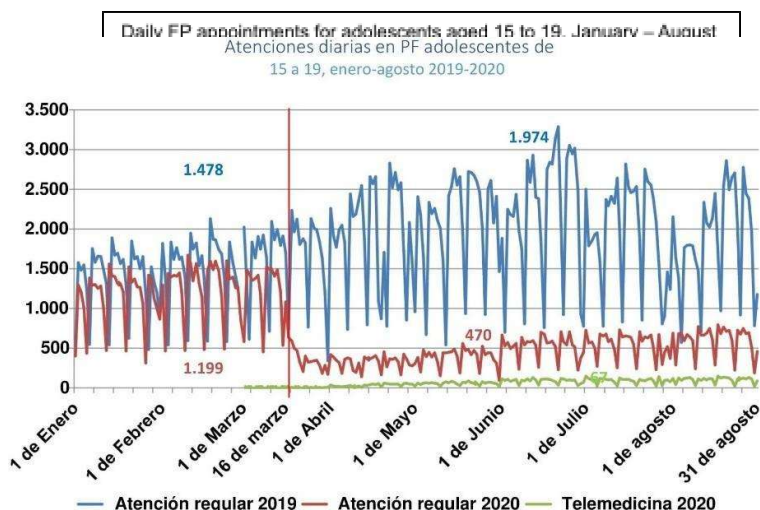
The following section describes one of the initiatives implemented in Peru, a country that was seriously affected by the pandemic, as well as an initiative from the Caribbean sub-region, which is notable for UNFPA's cooperation with IPPF affiliates.

**PERU.** The health authorities did not declare SRH/FP care services as essential, which is why UNFPA's contribution was significant, in the form of both technical assistance and political positioning. This action led to the establishment of Sanitary Directive 094 by the Ministry of Health to guarantee the health of pregnant women and the continuity of family planning care in the face of COVID 19 infection, which is mandatory in all health care facilities. UNFPA has worked to raise awareness about the importance of implementing this Directive through webinars, national dissemination and creating a user-friendly version of the text.

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44 Also included was prenatal care. Even though it is not the subject of this evaluation, it is important to note that maternal mortality has experienced a notable increase between the same months in 2019 and 2020. In some countries the increase has been more than 40%.

Graphic 17. Daily FP care for adolescents aged 15-19, Jan-August 2019-2020, Peru



While the information provided by SUGEMI shows that CMs continued to be available from health facilities during the pandemic, including primary health care services, there was a reduction of 66% in terms of the provision of FP services compared to 2019.

Source: UNFPA Peru Office, based on MINSa administrative records.

The provision of FP services to the adolescent population experienced a similar downturn, as shown in Graph 17, with a reduction of more than two thirds. It should also be noted that remote care was much less significant for the adolescent population as counselling was not provided remotely.

Even when services were reestablished, clients did not attend appointments due to fear of infection or the cost of travel, as public transport had been suspended. The number of health workers was reduced by one third, which was another important factor that increased the discontinuity of care in the services. The impact of the pandemic on the maternal mortality rate in Peru has been very serious, with an increase of 42%.

In this context, UNFPA (through PRISMA) supported efforts by the Ministry of Health and the National Directorate of Health **to expand coverage and connectivity for the provision of contraceptive supplies** through the implementation of a **Model of Care** based on **Community Health Agents**, (known as ACS in Spanish) who report to the Directorate of Health Promotion. A **pilot project** was implemented in **Piura**, one of the regions hit hardest by the pandemic. This project **incorporated innovative practices into the work carried out by these agents**, especially in relation to child malnutrition. As part of this pilot program, the **competencies of these community agents** were **improved** through 5 remote training sessions that had an emphasis on FP. Participants could access the training using **cell phones** they had been given as part of the project. The creation of an ACS micro-network was promoted, which has led to improved implementation of the model. These agents are now trained to monitor clients based on each CM and dispense the method they require. They also monitor pregnant women.

One of the significant **achievements** of the model is that a mobile **phone application** has been developed that **has achieved interoperability with the information system** at the primary care level. The Ministry of Health has proposed scaling up the device nationally,

optimizing the work carried out in all regions by the ACSs.



A second important contribution from UNFPA is the implementation of a **policy document** to regulate the role of the Community Health Agents in the context of the pandemic in which their competencies have been expanded. The aim is to **standardize the role of the CHAs at the national level** so that this role continues after the pandemic.

It is important to take into account that these changes and innovations in community-based health care models form part of telehealth strategies, which have been regulated in Peru since 2016. However, the COVID-19 pandemic has accelerated the adoption of this modality, not just for health care, but also for diagnosis, monitoring, guidance and counseling. There is no standardized framework of how to implement telehealth strategies systematically given that they have only recently been adopted.

**CARIBBEAN.** The Caribbean Subregional Office also promoted initiatives to ensure contraception supply and FP services during the pandemic. It should be noted that the presence of IPPF affiliates in the Caribbean and their significant experience in SRH have favored the effectiveness of the response to COVID-19 that has been implemented. Based on information from the main FP providers, in 2019 Ministries of Health generated 86% of Couple Years of Protection (CYP) and IPPF affiliates achieved the remaining 14%.

In 2020, UNFPA's Subregional Office for the Caribbean (SROC) designed and implemented a COVID-19 response plan, prioritizing activities and reprogramming resources to support government response plans. This involved providing technical and financial support to governments and CSOs that promoted the continuity of essential GBV and SRH services. The support included resources for the establishment and expansion of telephone helplines, teleservices and mobile service units. Support was also provided for the purchase and delivery of PPE for the entire region with a total value of \$504,520, which was distributed to governments, IPPF affiliates and other NGOs.

Through an implementation agreement with Reprolatina, a series of webinars were conducted for members of all IPPF Associations in the region on how to ensure continuity of quality SRH counselling and care during the COVID-19 pandemic. UNFPA also supported several IPPF affiliates to begin offering remote SRH counselling and, in some cases, home delivery of contraceptives. Different IPPF affiliates worked to ensure access to CMs and service delivery in Belize, Barbados, Antigua and Barbuda, Aruba, Curaçao, Dominica, St. Lucia and St. Vincent and the Grenadines, Suriname, Guyana, Jamaica and Trinidad and Tobago. In some countries telemedicine and mobile services were used for remote rural populations, as has been the case in most countries in the region. UNFPA SROC also developed a series of key communication messages that address critical issues such as gender-based violence, sexual and reproductive health and rights, family planning and others. In January 2021, more than 228,000 people have been reached directly with these communication products, which were produced in different formats.

### 4.3. Efficiency

Q12. To what extent has UNFPA made good use of its human, financial and administrative resources, including technical support available from HQ/LACRO/COs?

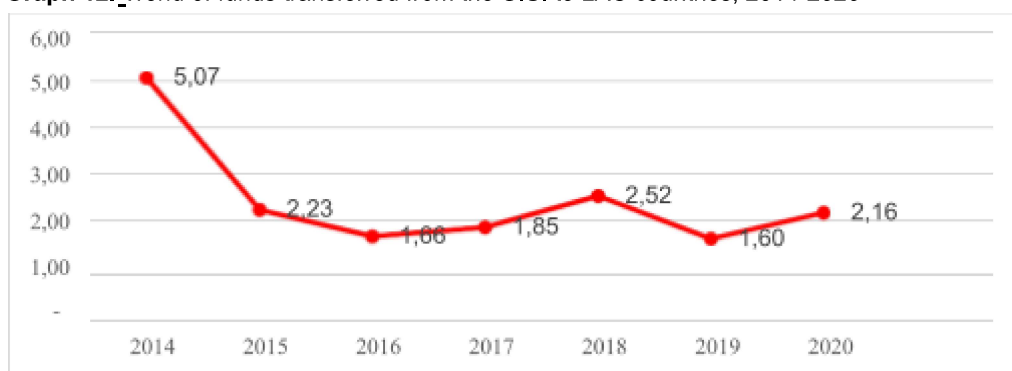
The assessment of the efficiency of expenditure by UNFPA includes some limitations that should be made explicit. The evaluation did not develop a suitable methodology to analyze

whether the human resources made available to LACRO and the countries are cost efficient.

In light of the analysis of the programming carried out and the results achieved as part of this evaluation, it can be affirmed that **human resources have been suitably used to achieve the objectives of programming.**

Budgets are always limited in relation to the needs of countries, and as has been already mentioned, donors have been withdrawing from the region. The evaluation wishes to highlight that **the decrease in funds from the UNFPA Supplies Programme**, as outlined in Figure 12, must be considered a factor that **will reduce the efficiency and the effectiveness** of the current and future regional response. This is due to the dependence on this fund for implementing RHCS policies, which has been a strategic and irreplaceable instrument in the short term, and means that ensuring an exit strategy is essential.

**Graph 12.** Trend of funds transferred from the U.S. to LAC countries, 2014-2020



Source: Own elaboration based on PSB data

**UNFPA has shown flexibility** in the use of resources, seeking to adapt the programmatic response to changing priorities, clearly in response to the COVID-19 response.

**UNFPA has shown strong capacity in mobilizing resources in emergencies**, however, the purchase and delivery time of contraceptive methods has been identified as a factor that has reduced the efficiency of this response. Ensuring efficiency with humanitarian actions will require thinking about new solutions, including a fund to pre-position supplies in the region and other possible solutions.

The purchase of CMs, as well as other commodities such as the different varieties of kits available through PSB, contribute greatly to cost-effective procurement in terms of the savings they represent for Ministries of Health. Continuing support for countries so that they make cost-effective investments is crucial in the context of COVID-19.

In terms of efficiency for financial implementation, the outputs that are linked to this evaluation (1, 2 and 4) have a strong level of execution. Output 4 is related to CS and has been supported entirely by the UNFPA Supplies fund. It is also the Output that has had the best execution.

**Q13.** To what extent have the implementation mechanisms been suitable for achieving the programmed activities and what factors may have favored or limited efficiency?

Implementation mechanisms and strategies are tailored to the roles and functions assigned to both LACRO and the country offices, and these in turn are adapted to country demand.

The evaluation considers that the **direct technical assistance provided by LACRO advisors has been very efficient and effective**. The level of coordination established with the countries for the implementation of activities, the technical quality provided by the advisors and the necessary coordination with the implementing partners are evidence of this efficiency. Another efficiency factor has been the inter-office coordination, led by LACRO, which has facilitated the use of the different skills and experience of staff members in different offices. The evaluation affirms that UNFPA has, at the country level, professional staff who interact dynamically, shares experiences and supports each other, providing added value to the organization's work. This work dynamic optimizes human resources, both technically and financially, and also represents savings for the institution. It is therefore desirable to strengthen this type of dynamic.

The agreements with implementing partners are considered very valuable mechanisms that benefit both the efficiency and effectiveness of UNFPA's work, given their high technical quality and strong alliances in the region, including with Ministries of Health as a result of their decades of work in the region.

As evidenced in the evaluation, expanding partnerships with non-traditional actors such as Ministries of Social Development, Ministries of Economy and planning offices, among others, can increase the efficiency of UNFPA's work and contribute to the achievement of the transformative result of reducing unmet needs for family planning to zero.

#### 4.4. Sustainability

To what extent have UNFPA interventions in sexual and reproductive health commodity security and family planning contributed to the sustainability of responses?

An initial factor to consider is that UNFPA has used its technical assistance to improve, expand, inform and monitor some of the processes embedded in FP policies, plans and programs and commodity security. This means that institutionalizing the benefits that result from UNFPA's contribution has been a starting condition.

However, continuity and progressive improvements that should be made in countries in terms of financing family planning, sustaining public budgets to ensure procurement and the investments required for efficient supply chain management down to the last mile depend on the political will of governments. As a result, the evaluation considers this the political interest of national governments in this issue is one of the most influential factors for sustainability.

The evaluation considers that within the framework of cooperation between UNFPA and its main partners, including Ministries of Health, this **political will can be influenced through appropriate policy dialogue and advocacy actions** based on the new economic evidence.

The capacities transferred to the implementing partner institutions are a sustainability

factor, although this is constantly in question given the staff turnover that occurs in all the countries following every election. Progress has been made with *online* training/education modalities, which not only reduces the cost of training but also increases coverage.

It is not up to UNFPA to provide continuous training for human resources in this field, although it is a necessary condition for some interventions that require specific clinical management.

At the programmatic level, which is where UNFPA has control over its ability to influence, the evaluation states that financial resources for the Regional Programme must be secured to be able to implement the interventions in the region that have been identified as effective in containing the gap that has already increased in terms of access, demand and unmet family planning need. In the absence of financial resources funding is a central element of the sustainability of the RHCS strategy, relying on other short term funds and financial instruments (such as UNFPA Supplies). It is important that UNFPA contributes to sustaining country investments in CMs. When they are implemented through PPT agreements, solutions such as the Bridge Fund can be used to provide the required advance payment so that the limits imposed by fiscal margins and other public policy priorities do not impact these agreements nor have negative effects on supply.

Strengthening partnerships with civil society, youth and adolescent organizations and feminist organizations is another factor that contributes to continuity. Inter-institutional networks and organizations that advocate for FP-CS and promote the monitoring of RHCS policies are important instruments for sustainability. Structures such as the CS committees were identified by the evaluation, but these are not very present in the countries in the region and have limited advocacy capacity, in addition to similar structures such as the National Assurance Commission in Guatemala. Supporting the objectives of entities bodies favors sustainability.

As a programmatic response, fostering synergies between the different areas, particularly in the area of gender and youth, will be a sustainability factor as the benefits of UNFPA's technical assistance can be leveraged and used to target multiple actors and audiences. These actions will strengthen the institutional foundations of the regional response.

Finally, the consolidation of the regional response is a factor in the sustainability of these processes. The evaluation finds that **LACRO**, through its technical assistance to the countries, doesn't just **add value to national interventions**, but also facilitates the regional scaling up of the flow of benefits generated by the technical assistance itself, producing synergies that contribute to national ownership of FP-CS. The COVID-19 context reinforces this role. While national responses will be very important, a strong regional response from UNFPA that is harmonized with other regional and global partners and actors is required to place FP and CM in development discussions at the highest level.

Outside the programmatic sphere, factors that threaten sustainability were identified by the evaluation that are beyond UNFPA's control, or for which UNFPA's capacity to influence is more limited. At a macro level, sustainability is threatened by the conditions of inequality, inequity, poverty and exclusion suffered by many people in the region. The exercising of sexual and reproductive rights should not be questioned in a middle-income country, yet ideologies and values that permeate institutions regardless in opposition to current legal frameworks still weigh heavily. The evaluation recognizes UNFPA's efforts to ensure the reduction of inequalities in the interventions it promotes, but the complexity of this situation is much greater.

Other complex factors that influence the sustainability of commodity security policies are related to **the behavior of donor institutions and the availability of funds**

**in the region.** As analyzed in some documents produced by LACRO, **the withdrawal of international cooperation resources**<sup>45</sup> is affecting the implementation of FP-CS policies in LAC. Of the countries in the region, only in Haiti does the provision of reproductive health commodities (including contraceptive supplies) still depend entirely on international donations. The problem is that this withdrawal of resources has not been compensated by countries with their own resources. As described above, countries generally do not register a sustained increase in their investments in CM, which would be necessary to achieve the elimination of unmet needs for contraceptives. The fiscal space in some countries is practically non-existent, which means that there is evidence of challenges to ensure the sustainability of financing.

As Tobar (Tobar, 2020) observes, in most countries achieving Sustainable Development Goal 3.7 would require a significant fiscal effort, favorable macroeconomic conditions and a level of prioritization that could only be achieved through a strong social mobilization to in support of the Reproductive Health agenda.

#### 4.5. Lessons learned

- Being a middle income country does not ensure a steady adolescent pregnancy prevalence rate nor guarantee strong SRH indicators, as both of these have been severely affected by COVID-19. Inequalities within countries limit governments' ability to achieve full implementation of family planning and commodity security.
- COVID-19 transformed the region. The need to re-assess the region due to the impact of COVID-19 on FP indicators represents an opportunity to redesign them with the purpose of addressing the underreporting of unattached users who generally come of the adolescent population. The region's underreporting of unmet needs for family planning prior to COVID-19 is a significant lesson because the financing instruments were not responding adequately to realities in the field.
- Inter-agency strategies have demonstrated the most success with achieving the goals proposed in the plans to reduce adolescent pregnancies. In addition to political will, these strategies have contributed instruments that provide real-time information on the implementation of these plans.

## CHAPTER 5. CONCLUSIONS AND RECOMMENDATIONS

### 5.1. Conclusions

- i. **Reproductive health commodity security is a key factor in achieving UNFPA's Transformative Outcome 2 and Sustainable Development Goals 3.7 and 5.6 and its relevance has increased during the pandemic.** Fourteen months into the pandemic, unmet needs for family planning in the region rose from 11.4% to 17.7%. This represents an increase of about 20 million women with unmet needs for contraception and is equivalent to a reversal of about 30 years in regional achievements on this indicator



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<sup>45</sup> In the particular case of Sexual and Reproductive Health supplies, two donors operated in the region: USAID and UNFPA through the UNFPA Supplies Global Programme. USAID now limits its assistance to Haiti, while UNFPA has restricted its assistance in the form of Sexual and Reproductive Health supplies to Bolivia, Haiti and Honduras.

Maintaining investment in CM is a critical element given economic downturns, increase in public indebtedness and significant reductions in fiscal margins as a result of COVID-19.

- ii. **The approach distinguishes "middle-income" countries as obsolete.** In the context described above, the categories into which countries in the region are organized is inconsistent and requires revision. The Theory of Change that underpins the Regional Programme needs to be adjusted in the absence of financial instruments that are adapted to the reality of Latin America and the Caribbean.
- iii. **UNFPA has comparative advantages in the field of supply chain assurance.** These advantages have allowed UNFPA to make important contributions in areas such as logistics information systems; expansion of the basket of CMs and strengthening of demand; and estimation of investments for procurement of CMs, services that are not available from any other partner in the Latin American and Caribbean Region.
- iv. **UNFPA is positioned for resource mobilization through commodity security in the region.** UNFPA's capacities and progress, coupled with the strategic weight of commodity security for the achievement of the SDGs, position it to capture mobilization opportunities that could be a cornerstone for a new UNFPA business model in the region.
- v. **The RHCS environment in Caribbean countries faces challenges.** This topic has not yet been incorporated into the public agenda as an *issue* that needs to be strengthened through a more articulated perspective between the countries. Supply chain management presents weaknesses that today constitute a threat given their potential impact on the performance of SRH indicators.
- vi. **A critical aspect of RHCS development in the region is the UNFPA procurement service.** The Global Procurement Facility (GPF) is both a strength and a constraint. Its relevance has increased for the region because it has been, in recent years, the largest purchaser of CMs and other SRH inputs through PSB. **Through** the TPP agreement between 2011 and 2020, the countries in the region invested USD 114.6 million, with Ecuador as the largest buyer. This amount represents a contribution of USD 5.73 million (5%) in the form of administrative fees paid to UNFPA. However, restrictions in the catalogue, the requirement of advance payments and the absence of product registration in the countries in the region affect the capacity to achieve a "favorable purchasing environment" for the assurance of CMs and other SRH inputs in the critical context mentioned above.
- vii. **UNFPA has demonstrated its capacity for innovation in RHCS in the region.** This includes the design of prospective tools for estimating investments and analysis of the optimization of CM purchases. These tools support countries to improve the efficiency of national investments, assessing their opportunity cost and estimating their sustainability and impact on reducing unmet FP needs. These tools open a new avenue for policy dialogue and advocacy with partners to contribute to Transformative Outcomes 1 and 2 and the SDG targets. Of particular note are the SEPREMI pricing database and the MIPLAN assessment tool used for prospective analysis of investment

scenarios.

- viii. The evaluation considers that the **interventions aimed carried out by UNFPA at strongly positioning the most effective methods (LARCs)** have been highly satisfactory. Some of these are very low cost, such as the IUD.
- ix. **UNFPA has shown the capacity to influence Ministries of Health and contribute to the design of a significant body of SRH/FP policies, plans, programs and standards**, with Caribbean countries lagging the furthest behind. Influencing investment in FP-CS policies and plans has been isolated or unsystematic, which does not achieve the direct effect of technical assistance (including advocacy) on such an important management indicator as the contraceptive commodity budget.
- x. **Reducing unintended adolescent pregnancies is the greatest challenge for FP and RHCS in Latin America and the Caribbean. Its magnitude and trends** make it one of the most striking expressions of inequality in the Region. The Adolescent Specific Fertility Rate in Latin America and the Caribbean will be significantly impacted by COVID-19. The evidence generated by UNFPA regarding the socioeconomic impact on the countries is incontestable. Existing achievements with RHCS will be compromised if the contraceptive interests of the adolescent population are not addressed.
- xi. **The evaluation considers the methodology that generates economic evidence** on the impact of adolescent pregnancies (MILENA) **to be highly strategic**. It creates an unprecedented field of work that contributes to what has been called **social innovation**. The findings reveal the scope of these methodologies, which bring together different institutions in the field of development, underpinning the positioning of unmet needs for contraception in the hard development agenda and bringing innovation to social policies, including social protection policies.
- xii. **The effectiveness and efficiency of the commodity response in the humanitarian field has been constrained by the lead time for delivery of SRH commodities**. While the evaluation finds that UNFPA's added value in this area is enormous, no other agencies have been identified as proposing to implement minimum SRH/FP service packages and contraceptive commodity security. It is up to the organization to make the political and programmatic decision to raise UNFPA's profile in terms of the provision of humanitarian assistance, an area where the institution's reputational loss is currently being felt by Country Offices.
- xiii. **COVID-19 presents an opportunity to develop remote FP care models**. However, there is still no objective evidence that certifies its validity and effectiveness. How many women were assured access to CMs through a rights-based perspective? How many adolescents received telecounseling and what effect did it have on their decision-making regarding their contraceptive needs? These are just a few questions that are currently unanswered. It will be very important to have accurate information so that inequality gaps do not increase.

## 5.2. Recommendations

Strategic. Directed to UNFPA LACRO Management.

- i). **The evaluation recommends leveraging UNFPA's comparative advantages** in two areas: (i) **commodity security** as a factor in the

sustainability of FP policies; and (ii) **prevention of unintended/unplanned pregnancies** among young women and girls.

In both cases, LACRO can capitalize on its achievements and capacities to guide regional work in this area without affecting complementary programmatic solutions at the country level.

To implement this recommendation, management needs to encourage internal dialogue in the context of the construction of the new Strategic Plan. The evaluation proposes some criteria for this discussion that explain the **catalytic effect** that the evaluation has assigned to these two areas, given that they:

- Respond to a critical situation in the region and leverage the UNFPA agenda by contributing to Strategic Outcomes 1 and 2
- Enhance UNFPA's comparative advantages
- Enable intersections, complementary actions and areas of synergies between the different results and areas of LACRO, contributing to specific actions and adding value to these results (as opposed to the dispersion of actions).
- Are strategies that can be scaled up.
- Generate integration in the regional response, strengthening symmetries with the Caribbean in two areas of special interest for this subregion.

- ii) It is recommended to **"package"** interventions/tools that have shown high strategic value into a **portfolio of services**: simulation tools to support countries' decision making by optimizing their investments in CM with a focus on LARCs (MIPLAN); corporate instruments to buy cheaper commodities (PSB); monitoring and evaluation systems for FP policies and plans with a focus on adolescents (MEMI); logistics information systems (SALMI); clinical update and training packages aimed at health professionals (standards of care for adolescents, interventions for the introduction of Implants and IUDs); and social communication strategies. This kit is useful for negotiating a systematic roadmap with countries aimed at sustaining FP policies, **putting all of UNFPA's efforts on the same track**.

To implement this recommendation, it is estimated that the services of a consultancy may be required to systematize these interventions in terms of their applicability and benefits, which will consolidate this portfolio of services. Some resources may be earmarked for use with interested countries.

Specifics related to the service portfolio. Addressed to LACRO Management and Advisors.

- iii) It is recommended that a **cross-cutting and results-oriented strategy** is defined to engage **countries in the procurement of contraceptive methods, emphasizing the promotion of LARCs**. Specifically, it is **recommended that** a roadmap is developed to **promote procurement agreements with PSBs**. The Evaluation Team suggest introducing an indicator related to country investment in CMs as a **program management indicator**, as well as an indicator for **the** number of plans or policies approved by countries.
- In order to implement the strategy with PSB, a series of preconditions (all or some of them) will have to be analyzed and discussed with UNFPA senior management: the relevance of operating a Bridge Fund for advance payment; solutions to facilitate the registration of some inputs in the countries; alternatives to expand the catalogue of UNFPA suppliers with a focus on Latin

American companies; solutions to improve delivery times; and innovations in the current PSB tasks, to include in certain cases

the provision of technical assistance to countries (clients) on strategic issues (emulating PAHO's Strategic Fund). Each of these preconditions will require specialized technical assistance that will shed light on their viability.

- iv) **It is recommended to improve political dialogue with authorities from countries in the Caribbean sub-region** in order to define a roadmap for strengthening the RHCS environment in the COVID-19 context.
- v) **It is recommended to increase the production of economic evidence, which has proven to be very innovative**, in order to position the prevention of adolescent pregnancies in the hard development agenda. It is **suggested that UNFPA** broaden the scope of this evidence to other vulnerable populations: members of the indigenous and Afro-descendant populations; girls between 10 and 14 years of age; migrants located along the border.
- vi) **It is recommended that** countries are supported in the **protocolization and standardization of counseling for the adolescent population through telemedicine**, as well as maternal health care. This is a challenge that several countries have highlighted that would require coordinated action by LACRO. In this area of work on the experiences of care and services during COVID-19, **it is recommended that some studies are carried out to generate evidence** about the effectiveness of care for FP users, especially adolescents. These studies could identify best practices and provide warnings about the failures of models that are less effective. Knowing what really happened is an essential requirement for the continuity of FP-CS public policies.
- vii) **It is recommended that internal discussions and analysis be conducted on the leadership that UNFPA wants and can take in the area of humanitarian response.** Evidence suggests that an appropriate support structure is needed to secure FP inputs quickly. Without this, it is almost impossible to begin policy dialogue with countries, agencies, and other stakeholders.
- viii) **It is recommended that a feasibility analysis is carried out to operate a prepositioned SRH commodity fund** in the Latin American Region or in the Caribbean. In the latter sub-region, regional structures such as CARICOM can be involved given the relevance of working on an articulated RHCS strategy, as mentioned previously in this report.