



Reproductive Health Supplies Coalition Review Report

Current Funding Cycle (2013-2016)

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Table of contents

ACRONYMS	2
INTRODUCTION	3
APPROACH	4
REVIEW PROCESS	4
REVIEW RESULTS: ANSWERS TO THE FOUR FRAMING QUESTIONS	5
Question 1	5
Question 2	8
Question 3	11
Question 4	14
SUMMARY AND CONCLUSION	18
ANNEX A: INTERVIEW QUESTIONS FOR RHSC REVIEW	20

Acronyms

A&AWG	Advocacy and Accountability Working Group
CSP	Coordinated Supply Planning
DFID	United Kingdom's Department for International Development
FP	family planning
GEMS	generic manufactures
GFF	Global Financing Facility
ICEC	International Consortium on Emergency Contraception
IF	Innovation Fund
IM	implementing mechanism
IUD	intrauterine device
LAC	Latin America and the Caribbean
LOE	level of effort
MEL	monitoring, evaluation and learning
MHS	Maternal Health Supplies
NGO	nongovernmental organizations
Norad	Norwegian Agency for Development Cooperation
NURHT	New/Underused RH Technologies Caucus
RFA	request for applications
RH	reproductive health
RHSC/ Coalition	Reproductive Health Supplies Coalition
SDG	sustainable development goal
SECONAF	Sécurité Contraceptive en Afrique Francophone
SID	Supply Information Database
SOW	scope of work
SSWG	Systems Strengthening Working Group
UNCoLSC	UN Commission on Life-Saving Commodities for Women's and Children's Health
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WG	working group

Introduction

The current funding cycle of the Reproductive Health Supply Coalition (RHSC or Coalition) has been supported by five core donors: the United Kingdom's Department for International Development (DFID), the Bill and Melinda Gates Foundation, the United Nations Fund for Population Activities (UNFPA), the United States Agency for International Development (USAID) and the Norwegian Agency for Development Cooperation (Norad). This four-year funding cycle will end in 2016. During this period, the RHSC has maintained and strengthened many fundamental elements, such as increasing its core budget (from US\$2.0 million in 2012 to \$5.2 million in 2015), developing an annual workplan that is shared across multiple donors, increasing its membership from 200 to over 350 organizations, and continuing to provide a neutral space for addressing sensitive issues. This core donor support has also enabled the Coalition to break new ground and work in new ways, such as developing a new ten-year strategy; clarifying governance by updating its Terms of Reference; adding technical staff to the Secretariat; conducting Secretariat-led programmatic interventions, including at country level; re-launching the Innovation Fund (IF); and expanding member-driven structures, the Implementing Mechanisms (IMs), i.e., working groups with their work streams and caucuses, and the regional forums.

Prior to the current funding cycle, core donors commissioned in 2012 an external evaluation of the Coalition. The resulting RHSC Evaluation (conducted by consultants Don Lauro and Adrienne Chattoe-Brown) provided a number of recommendations toward sharpening the Coalition's focus on critical global and local supply issues. For the next four-year funding cycle (2016-2019) and to contribute to developing a core proposal, the RHSC Secretariat commissioned, in late 2015, an independent review. This review to provide outside perspective is based upon reviewing RHSC documents and interviewing Coalition stakeholders.

This exercise is not a performance evaluation, but rather a forward-looking program review. Review findings are meant to inform the RHSC about present prospects and future potential: what strengths can/should the Coalition build on? how do these shape priorities going forward? where may adjustments be needed? This review also highlights new and/or sustained courses of action and, where appropriate, suggests directional adjustments. In particular, this review considered RHSC achievements and challenges during the past three years, including responses to recommendations

made in the 2012 Evaluation. In addition, as further preparation for the next funding cycle, this review considered recent IF awards and ongoing changes in the reproductive health (RH) landscape.

The review, conducted at the request of and with funding from DFID, is timed to coincide with DFID's internal review processes. These include development and submission by March 2016 of the DFID proposal for continued funding of the Coalition. Toward meeting that timeline, PATH engaged two consultants to undertake this rapid review (conducted between November 16 and December 15, 2015) of the Coalition's work over the past three years. Though the consultants gathered some value-for-money information, neither time nor budget permitted conducting a thorough analysis of this dimension. This Review Report also informs other donors, staff, and member thinking as they initiate discussions with potential donors about RHSC priorities over the next three to five years. Given completion in June 2012 of the extensive, external evaluation of the period 2006-2012, this Review is timely and yields insight toward developing a new core proposal.

Approach

A two-person team conducted this review. This included Jeff Spieler, a contraceptive and reproductive health technologies expert, who has had little direct previous involvement with the RHSC. To complement Jeff's outside perspective, Don Lauro was also on the team as an evaluation specialist/resource person; he led the 2012 RHSC Evaluation and subsequently helped shape the work of the Coalition, notably by assisting with strategic planning.

This "desk" review involved reviewing selected Coalition documents and interviewing key stakeholders. Documents reviewed included the 2012 RHSC Evaluation, annual reports

to donors, the 2015-2025 RHSC Strategy, selected publications contained in the Supply Information Database (SID), and SupplyInsider issues and other materials on the RHSC website. Stakeholders interviewed, mainly by phone, included selected RHSC staff, Executive Committee members, key donors, IM participants, and other Coalition members, including several familiar with the institutional changes occurring in the RH landscape. Throughout the process, the consultants remained in contact with the RHSC Director to update him on review progress.

Review Process

The review started on November 16th and ended December 15th, when the final report was submitted. Within this limited time, the consultants reviewed a number of documents and conducted 19 interviews. Framed within four questions included in the scope of work (SOW) and initially with input from the RHSC Secretariat, the consultants identified documents (including website locations) for review as well as stakeholders to be interviewed. (Tables 1 and 2, respectively, list documents reviewed and stakeholders interviewed.)

Reviewing selected documents, reports, videos, and website materials grounded this Review. Among the documents are a number readily available from the RHSC SID, such as the 2012 External Evaluation, the Dahlberg Market Shaping for Family Planning Report, and extensive information on Working Groups and other RHSC Implementing Mechanisms. In addition, the RHSC also provided, often in response to a consultant request, a number of documents from its own files, including annual reports to donors; the RHSC Monitoring, Evaluation and Learning (MEL) Framework; information about its membership database; and other internal documents summarizing funds leveraged and desired future directions.

In tandem with document review, the consultants interviewed stakeholders. As specified in the SOW, the stakeholders included "selected Secretariat staff; Executive Committee members, key donors, implementing partners and those familiar with the institutional changes (occurring within the family planning (FP)/RH landscape)." For these interviews, the consultants used open-ended questions drawn from a larger questionnaire (see Annex A), with each interview lasting between 30 and 90 minutes. Though two of these interviews were conducted in-person, most were by phone or skype. All interviews were written up and subsequently collated to facilitate comprehensive content analysis.

Review Results: Answers to the Four Framing Questions

In accordance with the SOW, the consultants drew upon and synthesized information gathered from RHSC documents and stakeholder interviews to address the four framing questions

included in the SOW. Based upon the information collected and analyzed, these four questions are presented and answered as follows:

1. *How has the RHSC's work over the past three years aligned with critical needs in the RH field while, at the same time, responding to the recommendations of the 2012 independent evaluation?*

The external 2012 RHSC Evaluation was a comprehensive point-in-time assessment of what the Coalition had accomplished and how it could continue to contribute to meeting critical needs in the RH field. The Evaluation concluded with the following major Coalition recommendations:

- › Retain core focus on RH commodities.
- › Maintain global as well as local focus on supply chain improvement.
- › Revisit/revise the RHSC Strategy.
- › Place greater focus on country-level work, but primarily through Innovation Fund.
- › Retain/reorient the Innovation Fund.
- › Realign structures and staff to serve growing membership and increased country-level focus.
- › Continue selective, proactive leadership to move the FP/RH agenda forward.

Within this review, documents reviewed as well as stakeholders interviewed largely affirm that the RHSC has made considerable progress toward realizing the 2012 Evaluation recommendations. Since 2012, central among these is the retention of the Coalition's core focus on RH commodities. Even as the number of members voluntarily joining the Coalition continued to increase, so has the RHSC continued to expand and advance the range of commodities to which it brings attention. From promoting new and underutilized methods to improving prequalification processes for generics, making a wide range of contraceptives available remains the hallmark of Coalition efforts. In addition to contraceptive methods, the RHSC has also increased the

attention it gives to maternal health supplies. Recently formalized as Implementing Mechanisms within the RHSC structure, the Maternal Health Supplies (MHS) and New/Underused RH Technologies (NURHT) Caucuses are the focal points for member attention to such safe-motherhood commodities as oxytocin, misoprostol, mifepristone, magnesium sulfate, as well as manual vacuum aspiration equipment and pregnancy tests. This continuing Coalition focus on commodities notably extends beyond the products themselves to the supply chains through which they move.

With regard to the Evaluation's supply chain recommendation, the RHSC has clearly maintained global as well as some local focus on improving supply chains. As one member put it:

"The Coalition's value added is mostly at global level. Our levers of change are great—neutral space, awareness raising, bringing people together. Manufacturers convening [in] a trusted space, [the RHSC as] a neutral entity helped [bring about] coordinated effort."

The RHSC's Systems Strengthening Working Group (SSWG) continues to bring concentrated attention to making commodities more readily and widely available. At the highest level, the SSWG harnesses members' collective brain power to forge approaches to strengthen supply chains at various levels. Similar to other Coalition Working Groups, the SSWG has spawned various work streams, which take on and advance particular approaches. Among these, the long-standing Coordinated Assistance for Reproductive Health Supplies (CARHs) enables coordinated action among a number of well-positioned donors and providers to resolve



Seeking a higher level approach to overcoming such short-term supply crises endemic in many countries, the Coordinated Supply Planning Group (CSP) emerged in 2013-2014 out of CAHRs to work “on long-term supply planning of shipments to specific countries.”

short-term supply shortages and in the process produce cost savings. CARHs actions and results are well documented in annual reports. Seeking a higher level approach to overcoming such short-term supply crises endemic in many countries, the Coordinated Supply Planning Group (CSP) emerged in 2013-2014 out of CAHRs to work “on long-term supply planning of shipments to specific countries.” As one stakeholder concluded, the CSP “came out of SSWG—out of discussion within CARHs on how to prevent fires to begin with. Many things have origins within working groups.”

Other RHSC efforts to strengthen supply chains occur via some of its Innovation Fund awards, training opportunities provided through LAPTOP and the Latin America and Caribbean (LAC) Forum, and direct engagement in a few, select countries. Through such efforts, the RHSC continues to place its core focus on commodities. However, to continue fostering approaches to make methods and supplies more available, the RHSC finalized in 2014 its new strategy, which brings, in addition to availability, greater attention also to quality, equity, and choice.

In response to the Evaluation recommendation that an initial RHSC strategy, promulgated in 2007, be revisited and revised, the Coalition developed, with extensive member involvement during 2013 and 2014, the RHSC Strategy (2015-2025). This is in many ways the centerpiece of progress made in the last three years. Its strategic pillars and goals for Availability, Quality, Equity, and Choice anchor and orient the Coalition toward making progress within RH commodity supply. As two Executive Committee members stated in relation to this Strategy:

“The four Pillars have made the RHSC multi-

dimensional in contraceptive security”

“The RHSC hit it on the head with its new strategy that focuses on all aspects of commodities and upfront [is] arranged around the four pillars and levers of change”

The RHSC Secretariat, including within the recently reformulated Monitoring, Evaluation, and Learning (MEL) Framework, has fully embraced and is moving towards aligning its work within these strategic pillars and goals.

The 2013 re-launch of the Innovation Fund (IF) was a direct response to an Evaluation recommendation as well as the growth in RHSC membership and IM structures. The results thus far are provided in the answer to Question 3 below, which reviews the IF in the current funding cycle. Similarly, the Evaluation recommendation to “realign structures and staff to serve growing membership and increased country-level focus” is more appropriately placed within the response to Question 2 below, which reviews RHSC performance over the last three years, challenges it faces, and prospects for the future. The Evaluation recommendation that advises “realign[ing] to serve growing membership” also raises a critical Coalition challenge: while membership has continued to grow, it is not clear to what purpose or end, and what advantages may accrue as a result. This challenge is addressed in the answer to Question 4 below.

The final recommendation to come out of the 2012 Evaluation advises the RHSC to continue to be selective in taking proactive leadership to move the FP/RH supplies agenda forward. There are a number of historical precedents that continue to pay value-for-money dividends. Among these are, as one stakeholder signaled, “convening manufacturers for the Minimum Volume Guarantee and price reductions are standouts [among RHSC achievements at global level].” Others have been generated within the working groups themselves: “TakeStock, CSP, and CARHs are important: not one-off activities, but ongoing work streams that are making contributions to the field.”

A more recent example of selective, proactive leadership is provided by the Coalition’s engagement with the Global Financing Facility (GFF). Stakeholders interviewed for this review emphatically and frequently referenced the unique role of the Coalition:

“As soon as the GFF was announced, [the RHSC

Director] was [among] the first to realize the importance of the GFF and what the Coalition can do. [He] plays a leadership role on important issues and figures out what to do to get results...Coalition [leadership often] goes unrecognized—the staff, like what [the Director] did for the GFF, has the ability to pull the alarm. Frequently, someone [donors] or other leaders in big organizations raise flags for the Coalition that they could not raise in their own organizations.”

“GFF—though [we] haven’t figured out [all the] GFF working mechanisms, our role is to keep FP/RH on their agenda”

“Most important about the Coalition is to provide a forum to talk about important issues, like the GFF”

(The broader and rapidly changing RH institutional landscape covered under Question 4 provides additional opportunity for presenting information about Coalition interaction with the GFF.)

RHSC leadership and alignment to meet critical needs within the RH field is widely recognized and well regarded. As one long-term Executive Committee member stated, “there are three critical contributions that the Coalition has made and should maintain: serving as the neutral space, providing technical guidelines/guidance, continuing its success in contraceptive supplies.” Another Executive Committee member recognized that staff adjustments and realignment have also been important:

“Shifts that were made in staffing to have, instead of facilitators, deeper expertise-based individuals at the Secretariat managing structures... [This] has been a good move—some lines [of work] are more Secretariat driven, and yet facilitate member-driven activities.”

Clearly, the RHSC is still facing some ongoing challenges, such as fully shifting to operationalize the new strategy. As the RHSC Director noted:

“Adoption of the Coalition’s new strategic framework (e.g. four pillars of availability, quality, choice, equity) as the basis of the next core funding proposal...would have the following advantages:

- › Obviates the need for double/parallel reporting to different donors.

- › Reflects current Coalition priorities better than the current workplan, which includes items we wish to discontinue (such as monitoring the FP2020 commitments).
- › Reflects recommendations included in the 2012 Evaluation and provides for better attribution to the Coalition of project outcomes.
- › Take advantage of indicators already developed for the MEL Framework of the 2015-2025 Strategy.”

While the RHSC’s track record of responding to 2012 Evaluation recommendations is strong, much more remains to be done in some areas and some redirection is called for in others. Of particular interest and highlighted by many stakeholders are efforts the RHSC has undertaken to more fully engage countries and country-level members in the Coalition. In addition, many respondents commented that the Coalition is not an implementer and implementation needs to be done by its country-level members, with one adding that country-level implementation is what “UNFPA and USAID do.”

Operationally, full adoption of the RHSC strategy would facilitate efficiencies both in relating to multiple donors and promoting coordination among members. However challenges in aligning to meet current needs—such as coordination among key actors in contraception provision, procurement, and pricing—remain considerable. In addition, other emerging areas of interest, such as those for safe abortion within maternal health supplies and commodity needs, and supply chains for youth, are still in the early phase of garnering Coalition attention.

Recommendations

- › Strategic Alignment: Shift all Coalition lines of work to the four pillars and goals put forth in the RHSC Strategy (2015-2026), beginning with DFID and development of a core proposal.
- › Apply the MEL: Anchor donor proposals and reports within the new MEL Framework.
- › Structural Alignment: Encourage IMs to realign with the strategic pillars and goals and maximize opportunities for cross-over and synergy.
- › Maintain Flexibility—Continue to lead and enable members to flexibly respond to critical RH commodity needs.

2. Where has the RHSC's work over the past 3 years yielded demonstrable benefits for the Coalition and RH community more broadly; what areas of work have proven more challenging – and what are the implications of this for our work over the next 3-4 years?

Just as the strategic pillars and goals provide direction for ongoing and future work of the Coalition, so does applying its “levers of change” add value to what members and others are doing to move RH forward. A product of the RHSC's history and experience, these levers of change as articulated in the RHSC Strategy are: the Coalition's neutrality, convening power, brain trust, brokering partnerships, flexible resource base, and trusted name.

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For all who participate, however, the collective power of thinking and working together is fully displayed.”

How these levers work, separately and in combination, is perhaps no better exemplified than in the Annual Membership Meetings. For many, these Annual Meetings provide an opportunity to substantively reengage with working groups, work streams, or other structures such as the regional forums and caucuses. For others, these Meetings are the only direct interface they have with others in the Coalition. For all who participate, however, the collective power of thinking and working together is fully displayed. As one stakeholder expressed it and as most others agreed, these Annual Meetings continue to get “better and better.”

The importance of Annual Meetings in surfacing critical issues and potential partners is exemplified by how the RHSC “was proactive to bring (GFF) back to the importance of supplies... where a single meeting during the Mexico Annual Meeting led to making sure that FP does not fall between the cracks. As a result, the Coalition set up a [special] advisory group.” This led to holding a forum on GFF at the 2015 Annual Meeting in Oslo. As a stakeholder commented, “FP would have been a minor afterthought had the RHSC not been involved.” Another stakeholder put this in broader context:

“Key issues that need to be worked on, like the GFF was/should be identified and then discussed at the Annual Meeting of RHSC and in working groups, like for

example Universal Health Care and how the Coalition will work on it...The Coalition plays/should play the important role in being an ‘early warning’ mechanism, like it did for the GFF.”

Beyond some 300 attendees at the Annual Meetings, a solid core of members participates regularly in the working groups and their related work streams. As one staff member observed, the “50 plus participants in working groups and their monthly calls and meetings do it on their own [resulting in] a huge amount of money leveraged.” Though with some overlap, at least as many members routinely participate in the other IM structures such as the regional forums and caucuses.

The working groups have had some major accomplishments over the last three years. As one example, work originated within and supported by the Market and Development Work Group led to the 2014 Dalberg Report on Market Shaping for Family Planning, a seminal study that clarifies definitions and moves forward approaches for RH supplies to tap into the total market. As two stakeholders attest, the Report “provided a coherent logical framework on using markets” and is an “important piece of work to get people around market shaping.”

Similarly expansive, the Coalition's long-term concern with improving RH commodity availability has led the Systems Strengthening Work Group (SSWG) to produce both significant outcomes and ongoing efforts to deal with perennial problems. The TakeStock Campaign and work on developing a suite of stockout indicators have, for example, brought concerted, much needed attention, as well as some agreed upon common measures, to address stock outs. Likewise, the long-standing SSWG work stream, the Coordinated Assistance for RH Supplies Group (CARhs) that “brings together the world's key commodity suppliers to address the short-term supply crises that periodically befall countries” has continued to address between 100 and 200 such crises a year. A corresponding and recent development is the emergence from the CARhs of the Coordinated Supplies Planning (CSP) as a new SSWG work stream for long-term supply planning. As one stakeholder observed, CSP is “making it easier and more

sustainable [for major procurers like USAID and UNFPA] to work together.”

The recently renamed Advocacy and Accountability Work Group (A&AWG) has also generated a number of useful activities in recent years. Like its former namesake, the Resource Mobilization and Awareness Work Group, the A&AWG continues to be most engaged with the funding commitment promises made in support of FP2020. To address a related matter, in 2014 the A&AWG formed a work stream and produced a useful position paper on the GFF, Global Financing Facility: All Hands on Deck. It complemented this by recently awarding an Innovation Fund project, implemented by the International Planned Parenthood Federation, which aims to “increase global, regional, and national stakeholders’ engagement with...the new development financing architecture” More than the other working groups, the A&AWG has been proactive in engaging country-level members. Exemplifying this, two Global South members have served as the successive A&AWG co-chairs.

The other IMs, the two regional forums, and several caucuses, have also enjoyed periods of productivity, though not without challenges. The LAC Forum, often through its own regionally-based working groups, continues to focus on commodities and interfacing with major manufacturers towards meeting supply needs for its (mostly) middle income countries. According to one key stakeholder “promot[ing] member engagement...especially in LAC [is its] biggest challenge.” SECONAF (Sécurité Contraceptive en Afrique Francophone), the parallel regional forum for francophone West Africa, shares that challenge, exacerbated by a staff vacancy for the coordinator position that lasted nearly a year. However, a new coordinator has now been named and will assume that position in early 2016; a second annual meeting of SECONAF members was held in September 2015 (in collaboration with the UN Commission on Life-Saving Commodities for Women’s

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The Maternal Health Supplies Caucus emerged as a global force during the last three years by launching major efforts for ensuring that a number of safe motherhood supplies are included in broader discussions about global as well as local commodity needs.”

and Children’s Health); and a strategy for addressing commodity issues in the francophone region is being developed.

The various Coalition caucuses have also been active. For its part, the Maternal Health Supplies Caucus emerged as a global force during the last three years by launching major efforts for ensuring that a number of safe motherhood supplies are included in broader discussions about global as well as local commodity needs. Similarly, the New and Underused RH Technologies (NURHT) Caucus produced a series of technical briefs on maternal health supplies and promoted wider use of a number of underutilized contraceptive methods, such as emergency contraception, female condoms and IUDs. The Generic Manufacturers (GEMS) Caucus, which continues to work on prequalification, aims, as one stakeholder stated, to “streamline the WHO pre-qual process to make it more transparent and less cumbersome.”

Within the IMs, as within various other lines of work, the Coalition grapples with a number of significant challenges. One cross-cutting challenge that may affect all of this is the issue of membership engagement. Many stakeholders interviewed remarked on the growing membership in juxtaposition with the continuing predominance of long-term, well-placed members in most working groups and work streams. Others took the IF to task for awards made to large international nongovernmental organizations (NGOs) or institutions instead of to smaller, country-based organizations. Almost all stakeholders agreed that more needs to be done in terms of country-level engagement. Some proposed how the RHSC should do this. Several suggested that surveying members, particularly those at country level, would yield better understanding of why members joined the Coalition, what their interests are in relation to the new RHSC Strategy, and what they wish to contribute to and expect to receive from the Coalition. An Executive Committee member suggested “map[ping] countries involved and not involved actively in the Coalition to get them more involved.”

A number of those interviewed stated that though country-level engagement, as distinct from implementation, has progressed, a great deal remains to be done. As the RHSC Director himself admitted, implementation at country level has proven particularly challenging:

“When we developed this funding cycle, we erred in linking the Secretariat-led initiatives— critical areas where we wanted to take a leadership role—with the

[2012 Evaluation] recommendation to do more within countries...a technical issue [to be] implemented at country level, more like a traditional project. This has proven difficult. What it has taught us is that there are ways of engaging with countries at a distance—the Innovation Fund is good way to do this; also through global work we can create that environment for representatives of countries to be engaged, to benefit from what they hear and work on that at home.”

Two long-term Executive Committee members, past and present, echoed this concern:

“I and the Coalition had some issue with placing a greater focus on countries... the Coalition is not an implementer and they should step away from that recommendation”

“Focusing on countries has been a challenge even from the start - it isn't the remit of the Coalition which isn't an implementer—operationally its work supports the countries but doesn't work in the countries. It doesn't make sense to think that the Coalition should have a direct input in a country.”

Several other stakeholders, within as well as outside the Secretariat, also questioned the value and wisdom of RHSC efforts to implement at country level. Their proposed adjustment or alternative was for the RHSC to facilitate, rather than manage, country-level member efforts. Precise prescriptions about how the RHSC should accomplish this were not offered. However, one long-term member's observation that “the Coalition seems too much focused on the country” led to the suggestion that “at global level [it is] important to identify those common issues that the Coalition can address.” Furthermore, some of those interviewed saw need and opportunity for global-level learning to build upon coordinated country-based work.

Stakeholders interviewed offered several suggestions toward meeting such challenges over the next three to four years. Staying the course with efforts that have gained traction is one important area, such as “continuing CARhs and CSP [as

ongoing contributions—these are the meat and potatoes of the Coalition.” Others suggested that the IF could yet prove a useful mechanism to help bridge the gap between country-level needs and global commodity concerns and issues. Related to addressing this same challenge, an emerging area that the RHSC is working on with a number of partners, the commodity gap analysis, is “moving quickly and taking advantage of opportunities. This gap has come out of conversations with donors and FP2020 and the need for better information on how we are going to get to 120 million. What's the global picture?” In addition, and in line with previous upgrades that have been made in Secretariat staffing, an Executive Committee member suggested that “for the future, [the] Coalition needs more skill sets and staff with expertise to interact with the SDGs [sustainable development goals], Universal Health, financing at the global level, etc.”

Recommendations:

- › Stay the Course: Continue activities and initiatives that have worked well, such as the Annual Meeting, the IMs, and addressing commodity issues globally, such as is occurring through CARhs, CSP, and Coalition engagement to ensure that FP/RH commodities are addressed within international forums and mechanisms.
- › Look for Commonalities: Identify common issues on which several countries may work simultaneously to share experiences and results across countries and globally.
- › Broaden Country Engagement—survey, map, and conduct in-depth interviews of country-level members toward deepening RHSC understanding of possibilities, potential, and prospects at that level.

3. What is the value proposition of the Coalition’s Innovation Fund, as relaunched under the current funding cycle? Is it strategic? Does it seed innovation?

The Innovation Fund (IF) is the Coalition’s flagship initiative for inspiring and financing new activities that further the Coalition’s strategic goals and those of its working groups and other implementing mechanisms (IMs), such as the regional forums, GEMs, and the MHS and NURHT Caucuses. The IF is a critical catalyst for bridging all the sectors—advocacy, technical, commercial—that make up the Coalition’s large and diverse membership. Initiated with funding from the Gates Foundation in 2007, the RHSC re-launched the IF in 2013. This was in response to both the 2012 Evaluation and expanded opportunities/structures within the RHSC. Since then, the IF has become “a catalyst—seed money in for bigger investments—like PSI’s project on social franchising in Burundi and PREGNA’s Doctor Store in India.”

Under the re-launch, the IF guidelines have changed and the Secretariat technical officers of RHSC are much more involved giving feedback on proposal drafts, helping IMs manage the grants, keeping in touch with the grantees, and providing some technical assistance. A Coalition staff respondent reported that since the re-launch “the amount of oversight that we provide has been improved...[and] just the process and ideas and how they are refined through the working groups [WGs] and [other] IMs is a value added.”

The IF goal has been to have around \$1.5 million per year to distribute, though this has varied from year to year. The total amount during the most recent cycle is \$4.8 million, averaging \$1.3 million/year. A cost savings, and added value for money is that overhead is only paid on the first \$25,000 of each IF award (a USAID granting policy that is applied by PATH).

All stakeholders who were asked about the IF responded that the IF was critical to the work of all the WGs/IMs. Without exception, these respondents attested to the IF being “terrific”; “great, and a real core of what the Coalition does”; “the key attraction in the show”; “critical to achieving the goals of the Working Groups”; “strategic and seeds innovation”; “small amounts of money that can make a big difference”; and “indispensable in putting legs on so much of the conceptual work done by the Coalition at global level.” “Small grants allow us to show what a difference we can make

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One of the unique aspects of the IF compared to other grant funding mechanisms is that it is very much tied to the strategic framework and objectives of the Coalition and, thus, has fostered the Coalition’s strategy.”

at country level” even though the Coalition is not an implementer. The Chair of one working group affirmed that it “finds the Innovation Fund as critical to achieving its goals and that it would have very few activities without the Innovation Grant mechanism” and that “all IF grants are aligned with [that WG’s] priorities.”

One of the unique aspects of the IF compared to other grant funding mechanisms is that it is very much tied to the strategic framework and objectives of the Coalition and, thus, has fostered the Coalition’s strategy. The Coalition has received some outside grants to support its work. For example, USAID has made available \$100,000 per year via JSI to support the LAC Forum’s IF projects. In addition, grants from some Foundations have led to separate requests for applications (RFAs) for certain things. For example, MacArthur Foundation funding resulted in a series of briefs on how to advocate for MH supplies, JHPIEGO supported production of business cases for misoprostol and mifepristone, and a second MacArthur grant will fund two countries for market shaping. Also, the Coalition received a small grants fund from the Packard Foundation for youth work. These funds are treated separately from the general IF in that they are subject-driven calls for proposals.

As one respondent pointed out, compared to some other donors, “it is quite an easy process to apply for an IF and to discuss it with the...WG,” and reported being “very impressed with the IF program because it was willing to take a chance on my project which was only broadly sketched out because it relied on research results that were not yet available.” It was also mentioned that some other granting mechanisms have “restricted” funds and that “...a potential grantee has to get

pre-approved to be able to apply which requires lots of advocacy up front to get on the list and it is harder to get funding” and “getting a grant from the IF is a lot easier although the issue has to be specific to RH supplies and other mechanisms aren’t so specific.”

Moving forward, several respondents mentioned the idea of making the IF a separate business line under the Coalition with its own funding rather than continuing to use a portion of the Coalition’s core funding. Even though the Coalition is careful to make sure that the IF “is not ... used to support something that could or would have been supported under a different small grants mechanism; ... the demand for IF support is growing.” Several respondents expressed the view that, among other reasons for creating a separate funding stream or pot for the IF, this would make the Coalition much more attractive to several European donors who may not want their funding to go towards the costs of the Brussels office and to other partners, and especially to donors who want funds to go directly to the field. Recently, mostly Norad and DFID funds provided the bulk of IF funding.

It was noted that such changes as suggested here would likely cause the RHSC to alter some internal structures and increase the level of effort to manage the IF going forward. Certainly more staff may already be needed to manage effectively the 40+ IF grants, including 15 that are ongoing. All ideas for projects would still need to align with the RHSC Strategy.

Even without creating a separate pot of money for the IF, Coalition staff interviewed said how much the IF has grown, that “having more [level of effort] LOE would be useful if we

are to manage more funds”, “sometimes [staff] only can make sure that grantees get paid and not able to track things as well as we would like”, and “it’s not that the donors aren’t willing to accept LOE costs—it’s more an internal thing.”

Other suggestions offered about grant funding under the Coalition included trying an RFA granting mechanism, similar to those of the MacArthur and Packard Foundation support already in place; a round of special funding for the Coalition caucuses and forums; and a round focused on grants to smaller in-country organizations.

To capture learning from the IF, Coalition staff have started, in addition to reviewing reports, to have conversations with all grantees, do some meta-analyses of similar projects, and to hold some webinars. As one respondent pointed out in terms of being selective “there are places where we don’t need more learning and where learning is still needed, such as how to get to scale.”

Several of those interviewed referenced the PREGNA grant under the MDAWG that developed Doctor Store—a web platform for doctors to place commodity orders for RH supplies directly from one website. As one stakeholder said of this project, though it has only been underway for six or seven months:

“[This IF project is] a great way to embrace technology in the 21st century to get supplies, and embraces pricing transparency in India that is disruptive in a good way. Shown that it has been profitable but did not expect it to reach as far down as it has gotten, third

Many specific examples of innovative and notably strategic work supported by the IF were provided by the interviewees. As an overview, however, the creative and marvelously well-done video on the Coalition’s website presents the IF and features seven very innovative projects: Doctor Store in India; the Sierra Leone Action Group grants that got the government to drop import duties on contraceptives that saved UNFPA and NGOs \$200,000/year; forming a Sexual and Reproductive Health Caucus in Afghanistan to have the two-rod implant approved; PSI Social Franchising project in Burundi; LAPTOP online database with more than 250 supply chain courses; the Kangu project in Kenya and Uganda; and the film Empty Handed that showed the lack of access to family planning in sub-Saharan Africa. deepening RHSC understanding of possibilities, potential, and prospects at that level.



Innovation Fund film
<https://youtu.be/AVohmz4d2Tk>

and fourth tiers, not just urban areas...generating revenue, [this] marketing investment need[s] to... leverage other investment donors.”

The LAC Forum has also supported many innovative IF projects including development of virtual online training, advocacy interventions in Peru where supplies were being dropped from the agenda, and funding Financing for Development to create criteria for those interested in investing in RH supplies.

Other examples of IF grants are: support provided to the International Consortium on Emergency Contraception (ICEC) to get emergency contraceptive pills included in most essential medicines lists, and advocating with LAC Forum on emergency contraception in the region; Liberia system strengthening work “had a big impact” just at the time Ebola was disrupting all systems; a public-private partnership in Kenya to introduce a new hormone-releasing IUD; and the IPPF grant on financing related to work that the Coalition was doing with GFF.

Some respondents suggested examining the parameters of IF applicants and becoming more directive about who can apply and for what subject areas. When a new round of grants is announced it is mostly international NGOs submitting proposals and they have been awarded the overwhelming number of IF projects. One respondent said that she “is not sure if NGOs and CHAI should be funded through the IF... [and] that the IF should be more directed towards seed money for innovation for local groups.” Others said that strategic innovation itself should be awarded no matter the organization making the proposal. Regardless, as the IF mechanism continues and perhaps expands, it will be useful, as some suggested, to review how within the Secretariat the IF is administered, managed, and mined for contributions to the RH field.

Recommendations:

- › More Meta-Analysis: Cull from previous and ongoing IF projects common themes across different settings to share with members and broader global audiences.
- › Greater Country Focus: More IF funding needs to go to local organizations to support something that needs to be done, initiatives that show promise, and for getting something scaled-up.
- › More Finely-Focused: For future IF rounds, including use of an RFA approach, identify common themes, build in cross-project learning opportunities, and concentrate on locally-based findings focused upon specific issues and/or geographies.
- › Separate IF Administration—The Secretariat should consider creating a separate pot of funding for the IF, including implications this may have for the Secretariat and IMs.

4. Looking ahead, how can the Coalition continue to add value to an RH landscape that promises to be reshaped by significant programmatic revisions to FP2020; a new strategic review of UNFPA/Supplies and the increasing operationalization of the Global Financing Facility?

The changing landscape comprised of FP2020, UNFPA/Supplies, and the GFF provides opportunity for the RHSC to make its case for ongoing relevance and continued donor support. Gates and DFID are committed and bound to FP2020; the RHSC needs to show both donors how funding the Coalition also supports and complements FP2020 and UNFPA/Supplies. Up until now, this funding rationale has been couched in terms of collaborative overlap and synergy. For example, RHSC participation in FP2020 working groups and specific attention on the part of the A&AWG to the FP2020 commitments added weight to what FP2020 was itself undertaking. Similarly for UNFPA/Supplies, previous RHSC support for developing AccessRH and ongoing support for CSP have both produced positive results. Moving forward, however, the challenge for the Coalition will be articulating how it will continue this support even as these three significant components of the RH landscape keep evolving.

The RHSC's MDAWG is an example of immediate value that the Coalition offers to FP2020 in this time of change. This Working Group will be able to take up the work of the FP2020 Market Dynamics Work Group (MDWG), in the process perhaps eliminating some redundancies that may have been occurring. Though a panel convened at the Coalition's last Annual Meeting in Oslo concluded that the topics covered by each were different and there was no unnecessary duplication, changing the focus of FP2020's work has, as one respondent said, "huge implications for the scope of work of the MDAWG." In the near future, Coalition and MDAWG leadership will likely need to prioritize among the market shaping and commodity issues it will focus upon.

RHSC's long history with UNFPA will facilitate adjusting as UNFPA/Supplies undergoes what could be substantial change. In contrast, the GFF is a new World Bank mechanism and still a bit of a black box. However, the Coalition has already taken on the role of ensuring that FP/RH commodities are on GFF's agenda. The breadth of RHSC membership gives, as one respondent said, "the Coalition ...the structure and manpower to make a community voice about FP funding under the GFF." Representing its 355 members, the Coalition has and can continue to express need for clarity on financing FP commodities at the country level. Of some concern to

stakeholders, and something they expect the Coalition to take on, is country-level procurement decision making. At that level, and especially where procurement practices may be corrupt, neither contraceptives nor high quality products may be priorities. Some respondents raised the question that even though there has been a lot of advocacy around the GFF (and FP2020), will it result in more commodities going into countries?

Not mentioned in the SOW question on the changing landscape, but surfaced by some stakeholders interviewed for this review, are the impending changes occurring within USAID's flagship FP/RH supplies contract (from JSI/Deliver to Chemonics) and at the UN Commission on Lifesaving Commodities for Women and Children. Apart from uncertainties, there is little to say at this time about either JSI's or Chemonic's future as highly engaged Coalition participants, particularly within the SSWG. In addition, with the UN Commission beginning to fold up next year (and apparently Norway's funding for the Commission soon going to the GFF), there may be a near-term role for the Coalition, especially related to the neglected contraceptive commodities—emergency contraception, implants, and female condoms. At UNFPA's insistence, and with solid Coalition support, FP commodities have already been included among Commission commodities. Also, the Commission, largely as a result of Coalition member efforts, now includes such MH commodities as oxytocin, misoprostol, mifepristone and magnesium sulfate. Consideration could be given to having the Coalition help gather information about ongoing commodity needs as the Commission winds down.

Several of the stakeholders interviewed reflected upon general attributes of the RHSC and how these position the Coalition to contribute to the broader RH landscape. As one donor attested, "What is good about being a coalition is that you can incorporate into the RHSC new actors of the ecosystem all the time." The RHSC Director averred that based on its

"let a thousand flowers grow [approach]...now we need to see what works and what we can let go of. RHSC has

been smooth in moving from family planning to FP and MCH, and from a small donor-led organization to a wider membership organization.”



The GFF was an opaque process and the Coalition brought together the right people...advocates, members from the South, and other advocates like at IPPF, donors, etc. for common work on the GFF.”

Some interviewed were more specific on how and to what extent the RHSC has already contributed to the broader landscape; others also went on to say how in light of this changing landscape, the RHSC is well positioned to continue making useful contributions. According to one respondent, the comparative advantage of the RHSC is “convening stakeholders around specific issues, like GFF.” Also in relation to the GFF, several respondents offered that while the RHSC convening mechanism is essential, the leadership the RHSC has shown has been superb and that no other groups tried to make sense of the GFF. A respondent close to the Coalition’s work on GFF provided some context: “The GFF was an opaque process and the Coalition brought together the right people... advocates, members from the South, and other advocates like at IPPF, donors, etc. for common work on the GFF.” This stakeholder went on to say how important RHSC and specifically its Director were in recognizing and leading this effort:

“[The] Director plays a leadership role on important issues and figures out what to do to get results - he has a proven track record and plays a real leadership role in the Coalition and in the RH field more broadly.”

Other dimensions of RHSC leadership are also important. In particular, as the RHSC Director himself describes the Executive Committee:

“We are incredibly lucky to have the Executive Committee we have, though obviously its members are changing. What makes it work so well—informality, openness. What makes a huge difference is that it is a governing body that operates not as a Board of

Directors, external people filling seats of a constituency, but it is owner-operated in a way, everyone is involved with the RHSC, as heads of WGs, donors, review teams; everyone has a vested interest.”

Breadth within the RHSC also offers timely advantages. As one Executive Committee member stated, “no other RH/FP organization is a coalition with membership...the RHSC needs to continue to be a neutral space and a solution-finding organization.” This enables it to act within a wide range of countries and issues. Comparing the reach of RHSC to FP2020, for example, one staff member said:

“Coalition leads the dialogue on supplies with middle income countries—must keep these from going back. Access to contraceptives is always a big fight in such conservative middle income countries. By 2020 there will be a 30% increase in use of drugs worldwide—India, China, Argentina, Brazil accounts for half of that growth—which do not get funds from donors. Here we continue to add value on the RH landscape.”

An Executive Committee member added in this regard that “SECONAF and ForoLAC have signaled [the Coalition’s] unique engagement with geographies with needs.” Another member emphasized other aspects of the Coalition as “most active in its space for civil society and providing technical expertise, e.g., on quality of commodities.” Members also bring to the RHSC issues needing attention. As one example, an organization working with “UNICEF’s Every Woman Every Child operational framework realized that except for one paragraph, it was missing contraceptive supplies. This was forwarded to RHSC...[to consider] what they can provide in terms of leadership in this space.”

Some of those interviewed reported that a time of landscape change, particularly given the headquarters’ location of the three entities most effected, may call for more senior level presence from the Secretariat at RHSC’s Washington DC office. Others offered reminders that this is not a time to turn away from Europe:

“look at Europe where there are some new governments, FP is being questioned and there are funding issues—the Coalition has the responsibility to continue doing advocacy in Europe and in the emerging markets [China, India] where the ‘no product no program’ saying still applies.”

In addition, some of those interviewed also raised the issue of leadership succession within the RHSC. RHSC's Director, John Skibiak continues to receive high praise for his adeptness in leading the Coalition since its inception. However one Executive Committee member captured a concern that is beginning to arise: "I worry about John's transition...I am not really giving a lot of thought to that, but John should be mindful of not being the founder that left the organization to flounder." Thinking about succession planning early on would alleviate some future risk.

Many respondents addressed what the Coalition's "real comparative advantage(s)" are and how "the Coalition can add value." One high-level member framed the Coalition's comparative advantage as:

"its four pillars, its levers of change, its global level market shaping, needs assessment, financing work, advocacy, neutral space, convening role in bringing all sectors together, bringing good examples of good practices to country work."

While there are many ways for the Coalition to add value by, for example, bringing its levers of change, RHSC IM structures, and its members to focus on particular issues, value-for-money as a subset and indication of value added can also be monetized. The staff regularly provides a calculation showing for a particular period the amount of funds leveraged, contributed in kind, and cost savings achieved through commodity security. For 2015, the Secretariat calculates this amount to be \$122 million.

Some of those interviewed were asked about DFID's value-for-money framework (economy, efficiency, effectiveness and equity). One key stakeholder responded by asking which of these is a priority and cautioned about holding all these measures equal, particularly equity and efficiency:

"To get equity efficiently, cost efficiencies, is a pretty heavy lift. If you fix supply chains in large countries and get to 80% of FP2020 results you cannot expect an equity argument along with an efficiency argument to be equal."

A good example of comparative advantage and value for money is the Coordinated Supply Planning (CSP) work stream of the SSWG and the joint UNFPA-USAID database platform being developed and tested. Much more forward looking than CARhs, CSP hopes to ensure that when countries order

supplies they order the correct quantities (neither hoarding some commodities nor ordering too few to meet client needs). A stakeholder close to CSP offered this recent example: the DRC requested 1 million doses of DMPA, which would be too much. With CSP data behind it, UNFPA got DRC to change its order. Similar to how CARhs has worked, CSP provides the space for discussing supply requests coming in from the countries. It has changed the way UNFPA and USAID work.

Another comparative advantage of the RHSC is its breadth. It is the only RH organization that includes governments, NGOs, manufacturers, donors, as well as a wide range of other stakeholders. This enables it to add value within a number of different areas. As one staff member offered, a "place where Coalition adds value is generics—we are very open on that and assure that they are of good value and quality." In addition, another added that the GEMS Caucus adds value by making sure that generic manufacturers, especially for DMPA, have a neutral space to talk. This stakeholder went on to add that there is some potential for spinoff with "UNICEF having some interest in using the GEMS model as an interesting model for vaccines, malaria and other products in the maternal and child health space."

Several of those interviewed mentioned that the Coalition can help its donors as well as other stakeholders with things that they cannot do themselves, or by themselves do effectively. As one respondent pointed out, the Coalition offers a neutral space to talk about topics that some donors are uncomfortable about, e.g., Gates and USAID on abortion. This same interviewee encouraged the Coalition to talk about the WHO Guidelines on Medical Abortion, "ensure that combination products, e.g., Mife and Miso, are brought up to GEMS", and suggested fostering partnership with WHO/RHR. Another stakeholder offered that the Coalition "could add value to RH landscape by working on medical abortion."

While much of what the Coalition does goes on below the radar of wide recognition, especially as time passes, in some areas the RHSC does not, as the Director himself admitted, "have comparative advantage." He cited country-level implementation as a specific example during the current funding cycle, the Secretariat devoted significant time and effort "to manage implementation at country level; [where staff could not fully] bring to bear our levers of change." Several other stakeholders made similar observations, emphasizing that at country level the Coalition needs to work with and depend on what its members do and not themselves

take on the role of implementers. As one Secretariat staff member stated:

“... we have not been able to get to the country level; the Coalition needs to help shape that and how commodity issues are going to be prioritized...this is a big deal....ensure that the key supply issues [markets, quality] are built in.”

The Coalition’s engagement of members, at country level as well as throughout all its work, is critical to its success. As one well-placed donor stated:

“The outreach part is a tricky one, find the willing. The (Coalition’s) success is about growth in numbers...while it has made very skillful use of Annual Meeting locations, created exposure to people of that region... the RHSC needs to do more: Are you leveraging your members adequately? With GFF, did that...with Taking Stock will do more of that as well. And that’s the piece that needs to improve...the Coalition is not an implementer, not a top-down organization, but a membership organization that has to mobilize members... not meant to be all things to all people, [it is] a coalition of the willing, that is its only strength...[it needs to] identify the willing and encourage them to come on board.”

To move more fully in the direction of greater outreach and fuller engagement of members, the RHSC must foster more complete understanding, particularly in light of continued membership growth, of who its members are, what they aspire to gain as members, and why they have or have not fully engaged in Coalition initiatives. The recently updated membership database is a step in the right direction and a platform on which to build.

Recommendations:

- › Global Architecture: Continue to focus on supplies and raise awareness so that contraceptive supplies and related RH commodities remain important within GFF as well as under Universal Health Coverage.
- › Internal Architecture: Though organic growth has to this point served the RHSC well, it may be timely to thoroughly review how well the current structure of IMs as well as members more broadly map on to meeting future needs.
- › Ongoing Membership Growth: Give greater attention to mining who the members are and what they would be willing to do, via regular member surveys and in-depth interviews.
- › Senior Level RHSC Leadership: Given imminent developments in FP2020, UNFPA/Supplies, and GFF, to facilitate positioning RHSC to provide support where/when needed the Secretariat should consider increased senior level presence within its DC office.
- › Market Development Work: With the FP2020 MDWG ending and some substantive absorption into MDAWG, RHSC should undertake not only high-level discussions but also consider commissioning an in-depth review to advise on markets and products, particularly those needing to be scaled up. (Similar attention may be needed with the coming phase out of the commodity working groups under the UN Commission on Lifesaving Commodities for Women and Children, especially around country-level and market shaping needs for the 13 neglected commodities.
- › Leadership Succession Planning: The next funding cycle provides timely opportunity to begin considering who may eventually replace the current Director and when that would be likely to happen.

Summary and Conclusion

As it enters its 12th year and next funding cycle, the RHSC is poised to continue its strong record of contributing to RH commodity security, and all that implies, globally as well as locally. Shaping the future within which the Coalition will operate in the coming years are membership growth, strategic alignment, and the rapidly changing RH landscape. The completion of several Secretariat staffing transitions will facilitate adjusting to this future. However, though prospects for continuing to play an essential role within RH/FP supplies and supply chains remain high, funding for this next phase needs to be secured. This review was undertaken to look back upon the RHSC recent past as a means towards gaining purchase on a promising future.

Review findings and concomitant recommendations are detailed within the answers to the four questions provided in the SOW. In this section, the consultants summarize those that stood out as follows: continue to build on Coalition successes achieved; become more strategically aligned; increase engagement with its growing membership, particularly country-level members; fine tune and broaden the IF to increase country-level applications and global implications; and, as the RH field undergoes significant landscape change, make appropriate RHSC adjustments to continue its record of useful contributions.

More engagement with its growing member base and deeper involvement with country-level members were recurrent themes across almost all interviews. The recently updated membership database provides a starting point. However, as an Executive Committee member suggested, the RHSC could actually “survey members. [This] is always useful: understanding their interests and figuring out how more participation can be encouraged.” This would go beyond information currently collected on the registration in-take form. However, the RHSC has not yet committed to fully mining members’ intentions and aspirations for participating in the RHSC. Deeper knowledge of who members are and where they are located would be particularly useful at country-level and within late-breaking areas needing interest and attention. Given its use within this Review and other similar evaluations, in-depth interviews using open-ended questions may be an appropriate approach to consider. One option would be to consider commissioning in-depth

interviews with a broad range of members. Some of this could be done in-person during conferences or the RHSC Annual Meetings.

A combination of flexibility and stability has served the Coalition well. Ensuring that there are RH products where there are programs is a complex and comprehensive undertaking. As the RHSC Director offered in response to an inquiry about RHSC directions for the next phase:

“the dual approach of ‘leading from behind’ and ‘driving areas of strategic importance’ ...has enabled the Coalition to move beyond its former convening role [to] deliver results in critical areas where the Coalition’s strength and visibility can also be leveraged.”

Consensus among many of those interviewed, including within the institutions which are undergoing change, is, as an Executive Committee member was reported to have said of the RHSC, that “one of the strengths of the network is that it is like floating on a boat in relatively calm water, but when that wave comes you are able to ride it.” A staff member offered a similar analogy:

“the external environment...has put the Coalition with [its] strong track record... into the spotlight [to produce results] —a harbor in a tempest in this currently turbulent time...that stable organization... where people can look with confidence for resources and networks.”



A challenge the RHSC faces as it solicits continued support from donors is that much of what it does is not (especially with the passage of time) attributable and many of its contributions are not easily measured.”

A challenge the RHSC faces as it solicits continued support from donors is that much of what it does is not (especially with the passage of time) attributable and many of its contributions are not easily measured. While the MEL Framework does indeed include many measures that are well-aligned with strategic goals and pillars, most of these are qualitative. However, as one donor stated, “we would need indicators and quantitative data...[though some] could be more qualitative, such as new ideas formed.” Another donor, expressing confidence in the MEL Framework, hoped to see more specificity on the part of the RHSC in terms of “get[ting] the Coalition to look at its learning agenda, [which it] still

needs to do...it needs a set of learning objective questions.” Demonstrating yet another difference, a different donor offered the perspective that “looking at this grant within a portfolio has been the challenge of how do we speak about our investment in RHSC against our [own] strategy.” Clearly navigating the donor terrain will be as interesting and challenging for the Coalition as navigating a rapidly changing landscape.

The Coalition has continued to make many important contributions over the past few years toward meeting its vision that all people are able to access and use affordable and quality supplies, including a broad choice of contraceptive methods, needed to ensure their better sexual and reproductive health. The Coalition’s leadership and role in ensuring that FP/RH supplies are included in the GFF and getting its country members to advocate for, lauded by all stakeholders interviewed, is emblematic of what the Coalition has been and will continue to be. Its four pillars and six levers of change, important foundational components of the new RHSC Strategy (2015-2025), together with its Implementing Mechanisms position the Coalition to continue its excellent work in the years to come.

Annex A: Interview questions for RHSC review

To Start Stakeholder Interviews: How long, in what capacity, and how did it come about that you are connected with the RHSC?

To Start Stakeholder Interviews with Donors: From a donor perspective, please describe your relationship with RHSC: for how long has funding been provided to RHSC; are grant funds well used, reports timely and useful, accomplishments well aligned with your strategy? What, if anything, would you like to change or improve about your relationship with or the work of the RHSC?

- 1.** How has the RHSC's work over the past three years aligned with critical needs in the RH field while, at the same time, responding to the recommendations of the 2012 independent evaluation?
 - 1.1.** Major Recommendations from the 2012 External Evaluation of the RHSC include the following:
 - › retain core focus on RH commodities;
 - › maintain global as well as local focus on supply chain improvement;
 - › revisit/revise the RHSC Strategy;
 - › place greater focus on countries;
 - › retain/reorient the Innovation Fund; realign structures and staff to serve growing membership and increased country-level focus;
 - › continue selective, proactive leadership to move the FP/RH agenda forward.Based upon your understanding and recollection of the RHSC acting upon these (and any other) Evaluation recommendations, in which areas has the RHSC been most responsive and in which should it be doing more?
 - 1.2.** Over the last three years (since 2012), what stands out to you as critical contributions that the RHSC has made, if any, to improving/increasing commodity security at global, regional, and/or country levels? Are there some areas where you think the RHSC should/could have been more active and present?
 - 1.3.** From your perspective are the staff and/or structures of the RHSC well aligned to serve current as well as future needs in the RH field?
- 2.** Where has the RHSC's work over the past 3 years yielded demonstrable benefits for the Coalition and RH community more broadly; what areas of work have proven more challenging – and what are the implications of this for our work over the next 3-4 years?
 - 2.1.** Which areas of RHSC activity in recent years (since 2012) would you assess as having been notably beneficial to the Coalition itself? Which RHSC activities have significantly contributed to the Reproductive Health field more broadly?
 - 2.2.** As for all organizations, though perhaps especially so for coalitions, have some areas proven particularly challenging to the RHSC since 2012? Please provide examples. Should the RHSC consider giving these more or less attention in the future?
 - 2.3.** In the coming 3-4 years, where and how do you think that the Coalition may be able to most effectively contribute to progress within RH?
- 3.** What is the value proposition of the Coalition's Innovation Fund, as relaunched under the current funding cycle? Is it strategic? Does it seed innovation?
 - 3.1.** How has the Innovation Fund changed and evolved, particularly in the last three years, and to what positive or negative effect?

- 3.2. Would you provide some specific examples of Innovation Fund supported work that has been or will likely prove to be notably strategic and/or particularly innovative?
- 3.3. What value does the Innovation Fund add to the work of the RHSC and the field of RH, especially as compared to other investment channels?
- 4. Looking ahead, how can the Coalition continue to add value to an RH landscape that promises to be reshaped by significant programmatic revisions to FP2020; a new strategic review of UNFPA/Supplies and the increasing operationalization of the Global Financing Facility?
 - 4.1. Could you provide some specific examples of how and to what extent the RHSC has contributed to a landscape that has helped increase the prominence of RH commodity security within global health and international development? How may the RHSC complement partner institutions, particularly within areas where they would be unable or unlikely to do on their own?
 - 4.2. Given ongoing programmatic revisions to FP2020; upcoming strategic review of UNFPA/Supplies, increasing operationalization of the Global Financing Facility, how would the Coalition (continue to) add value to the RH landscape? What are the Coalition’s comparative advantages within this rapidly changing landscape and how may it best complement what others are doing? What does RHSC bring to the table, particularly in terms of value for money as per DFID’s framework of economy, efficiency, effectiveness, and equity?
 - 4.3. Should the RHSC continue to do what it has been doing and/or does the changing landscape (i.e., programmatic revisions to FP2020; upcoming strategic review of UNFPA/Supplies, increasing operationalization of the Global Financing Facility) argue for some new and different RHSC practices, directions, and/or emphases?

End of Interview: Closing Questions

To End Stakeholder Interviews with Donors

- › Going forward, what are the risks as well as remedies for the RHSC? For example, do you perceive that there is some risk for the RHSC to be driven by a particular donor’s agenda? Has this happened in the past? Has it proven useful or counterproductive?
- › Is there anything else you would like to contribute to this review of RHSC?

To End Interviews with Other Stakeholders:

- › What evidence would you provide to convince the donors that they are getting good value-for-money for some \$5.2 million invested annually in RHSC?
- › What is your reaction to the following paragraph extracted from an RHSC proposal two years ago? Does it still hold or not? Is it still important and will it remain so in the future?

To date, the RHSC has been the only entity able to break down the silos and connect the dots within the supplies arena. It remains the only network to reward cross-fertilization and the sharing of knowledge and ideas; it encourages erstwhile “observers” to become more active; and it provides a neutral space, where groups with often competing objectives—from manufacturers to procurers to political antagonists—work together; and it allows the work of one donor to stimulate new thinking in another. It enabled, for example, institutions such as Concept to leverage the success of work under the Innovation Fund into a \$5 million grant from DFID; and it provided a setting for groups such as the Clinton Health Access Initiative (CHAI) to build on relationships forged under the auspices of the RHSC to develop new minimum pricing possibilities with the Gates Foundation. In short, the RHSC fills a gap that derives not from the absence of any single player, but by the needs of a complex, fragmented supplies landscape.

- › Is there anything else you would like to contribute to this review of RHSC?

Table 1: RHSC Review Documents by Core Questions and Location

Questions	RHSC Supply Information Database & Online Documents	RHSC-Provided & Other Documents
<p>Question 1</p> <p>Alignment and Responsiveness since 2012 Evaluation</p>	<p>2012 External Evaluation -- http://www.rhsupplies.org/uploads/tx_rhscpublications/Evaluation_2012.pdf</p> <p>RHSC Strategy (including M&E Plan) - http://www.rhsupplies.org/about-us/strategy/</p> <p>Selected SupplyInsiders (2012-2015)</p>	<p>External Evaluation PowerPoint Presentation to Executive Committee (6/12)</p> <p>Annual Reports to RHSC Donors (2014, 2015)</p> <p>Measuring Strategic Achievements (RHSC)</p>
<p>Question 2</p> <p>Benefits and Challenges (over last 3 years); and Implications (for next 3-4 years)</p>	<p>RHSC Working Groups and Other Structures http://www.rhsupplies.org/activities-resources/groups</p> <p>Stockouts: www.noemptyshelves.org, Harmonized Suite of Indicators, and FP2020 Progress report: Measurement Annex 2015 Pages 44-47 (stockout indicators)</p> <p>CARhs (including factsheet)</p> <p>CSP (including concept note on CSP tool)</p> <p>Market Shaping for Family Planning (Dahlberg Report)</p>	<p>Core Donor Agreements, reports and workplans; Annual Reports to Gates Foundation (2013, 2014)—see Veronique’s 11/22 email attachments:</p> <p>Monitoring, Evaluation, and Learning Framework</p> <p>(DFID) Business Case and Intervention Summary (for RHSC) – July 2011</p> <p>DFID 2013 Annual Review (of RHSC)</p> <p>Business Case Smart Guide (DFID)</p> <p>DFID’s Approach to Value for Money & RHSC’s Business Case</p> <p>Membership Database and Intake Form</p>
<p>Question 3</p> <p>Innovation Fund (since 2012 re-launch): How Strategic? How Innovative?</p>	<p>http://www.rhsupplies.org/activities-resources/innovation-fund/</p> <p>Videos: Changing the World One Grant at a Time and Empty Handed</p>	
<p>Question 4</p> <p>Future Value to be Added by RHSC within the RH Landscape of FP2020, UNFPA/Supplies, and the Global Financing Facility</p>	<p>http://www.rhsupplies.org/activities-resources/global-financing-facility/</p> <p>FP2020 Progress Report --http://progress.familyplanning2020.org/</p> <p>Global Financing Facility -- GFF</p>	<p>UNFPA/Supplies (strategy ppt)</p> <p>FP2020 (Strategy ppt)</p> <p>GFF summary docs – Role and contribution of the Coalition in the GFF dialogue and process in 2014 and 2015</p>

Table 2: Interviewed Stakeholders by Primary RHSC Relationship

Selected RHSC Staff	Key RHSC Donors	Executive Committee	Implementing Partners
John Skibiak, RHSC Director	Lester Coutinho, Deputy Director, Family Planning, Gates Foundation; and RHSC Executive Committee Member	John Townsend, Chair and Population Council Vice President	Julia Bunting, Population Council President
Brian McKenna, RHSC Deputy Director		Jagdish Upadhyay, Head, UNFPA Global Program and FP	Beth Fredrick, Advance Family Planning
Milka Dinev, LAC Forum Regional Advisor and Maternal Health Supplies Coordinator	Meena Gandhi, Health Advisor, DFID	Leslie Patykewich, SSWG Leader and JSI/Deliver/Ethiopia	Erica Belanger, IPPF
Ellen Tompsett, Senior Program Officer for Reducing Stockouts	Linda Cahaelen, Health Development Officer, USAID		Renee Van de Weerd, UNFPA Supplies (and Donor)
Anita Deshpande, Markets, Senior Program Officer for Market Development	Mari Grepstad, Adviser, Global Health section, Norad (not available)	Ian Askew, Market Development Approaches Working Group Leader and Population Council/Nairobi	Beth Schlachter, Executive Director, FP2020 (not available)
Gretchen MacLeod, Finance and Administrative Manager		Ellen Starbird, Director of the Office of PRH, USAID	
Veronique Dupont, Monitoring and Evaluation Officer			



The Reproductive Health Supplies Coalition

The Coalition is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that everyone in low- and middle-income countries can access and use affordable, high-quality supplies for their better reproductive health. It brings together agencies and groups with critical roles in providing contraceptives and other reproductive health supplies. These include multilateral and bilateral organizations, private foundations, governments, civil society, and private sector representatives.