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UNFPA

UNITED NATIONS POPULATION FUND

UNFPA AND SECTOR-WIDE APPROACHES

INTRODUCTION

1. In decision 99/4, the UNDP/UNFPA Executive Board requested the Executive Director to submit to the Board at its second regular session 2000 a conference room paper on the involvement of UNFPA in sector-wide approaches (SWAs). This report builds on the material presented in DP/FPA/1999/CRP.1, as well as on discussions with a broad range of concerned partners, notably, programme countries, other United Nations agencies, the World Bank and civil society groups. It draws on recent literature documenting the experience to date with SWAs, on available case studies and on the guidelines of other United Nations agencies. The following were particularly helpful in this regard: *The Status of Sector Wide Approaches* prepared by the Overseas Development Institute (London, 2000); *Lessons of Experience from Sector-Wide Approaches in Health*, World Health Organization (Geneva 1999); and *Programme Guidance on UNICEF's Role in Sector-Wide Approaches to Development* (New York, 1999).

2. The preparation of this report also greatly benefited from UNFPA's participation as an observer in the recent *Seminar on Sector Wide Approaches with a Focus on Partnership* hosted by Irish Aid in Dublin from 8-10 February on behalf of the "Like-minded Donor Working Group on SWAs". The presence of representatives of the Ministry of Agriculture in Mozambique and the Ministry of Education and Ministry of Health in Uganda ensured that the discussions incorporated diverse perspectives.

3. At regional and subregional meetings of country offices and Country Technical Services Teams (CSTs) during the past year, UNFPA has been tracking the Fund's involvement in the sector-wide approach (SWAp) modality. For the preparation of this report, an inquiry was sent to UNFPA Representatives in 12 countries where the SWAs were already being implemented or where the preparatory process was well under way. The major points of this inquiry are highlighted in Annex I to this report. The inquiry requested information on five specific areas: extent of UNFPA involvement and the degree to which reproductive health and gender concerns

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were being taken into account; financial arrangements; efforts to ensure broad stakeholder participation; status of developing an agreed set of indicators; and training needs in country offices to enable staff to participate more effectively. A final item invited additional comments from the respondents.

I. DIMENSIONS OF SECTOR-WIDE APPROACHES

4. The term “sector-wide approach” is a method of working between Governments and donors in which all significant funding for a particular sector supports a single sectoral policy and expenditure programme, under government leadership, adopting common approaches across the sector and progressing towards relying on government procedures to disburse and account for all funds. The sector-wide modality seeks to broaden the policy dialogue, engage a wide range of stakeholders, increase the coverage and quality of sectoral services, bring greater predictability and coordination of funding and reduce the burden of multiple reporting. An essential characteristic of SWAps is strong government ownership and broad political commitment. It is intended to be an instrumentality for making poverty-eradication efforts more effective and a means of empowering civil society by engaging various groups in the policy dialogue.

5. The SWAp is grounded in a philosophy that seeks to build genuine partnerships in development cooperation by establishing a framework of common values and goals between donors and programme countries instead of relying upon a schedule of conditionalities in designing development assistance programmes. In many countries, the SWAp process has commenced with the drawing up of a new code of conduct between the Governments and external donors. SWAps aim to bring greater coherence to a sector through: (a) promotion of a programme rather than a project approach; (b) reduced fragmentation of development assistance; (c) strengthening of national institutional capacity; and (d) enhancement of both public sector reform and the effectiveness of public sector expenditures. As noted in the recent report by the Overseas Development Institute cited above, experience to date indicates that the SWAp is a “process” that shows “the intended direction of change, rather than the current attainment.”

II. EXPERIENCE TO DATE

6. SWAps are most commonly being used in the education, health, agriculture, transport and roads sectors. Experience thus far has been mixed and has brought to the fore a number of general issues of concern as well as a number of advantages. Often, the broad sectoral programme is not really “owned” by all the necessary partners. In Governments, the sectoral ministry may be committed to a SWAp, but the finance ministries, other line ministries and district-level government officials may not share the same commitment. Financial, budgetary and legislative actions are integral parts of a SWAp and therefore broad endorsement on several levels – including cabinet, legislative and local authorities – is essential. SWAps are intended to

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expand access to improved services. However, weak sectoral infrastructures, particularly at the district levels, have proved to be a formidable challenge. Experience so far indicates that participation of various civil society groups has been weak and that considerable efforts are needed to engage these groups.

7. Donors have not always been as supportive of the SWAp modality as originally envisaged. In some countries, the SWAp is seen as “donor-driven” with external assistance agencies, rather than the Government, taking the lead. In others, donors’ participation is circumscribed by their existing financial procedures or procurement processes. Donors are concerned about the overall capacity limitations of host countries and that countries’ financial management and reporting procedures are not adequate and that necessary reforms are not being instituted at an acceptable pace and scope. Concerns about accountability, transparency and the need to track resources have prompted several donors to participate in SWAps through the use of parallel financing rather than contributing to a common basket.

8. The SWAp is intended to streamline the external assistance process, but many donors have noted that in the start-up phases of SWAp design and implementation, the transaction costs are often unexpectedly high, requiring large amounts of staff time for monitoring, review missions and financial oversight. Concerns have also been expressed regarding the adequacy of indicators and procedures to monitor implementation and to gauge progress. It is recognized that the quality of data gathering and analysis often needs improvement, and UNFPA has identified this as a priority.

9. Both host Governments and donors have been quite candid in acknowledging these “issues of concern”, and this recognition is serving as the first step for adjusting the SWAps in line with the realities of the countries concerned. However, the recent seminar in Dublin concluded that there were definite grounds for “cautious optimism” regarding the utility and viability of SWAps. It was felt that the SWAp, despite the long preparatory period required and difficulties during the start-up phase, was a sound means of streamlining external assistance and held the potential for building more solid partnerships between donor and programme countries. There is agreement that the SWAp modality is congruent with the prevailing goal of poverty eradication and increasing the effectiveness of external assistance. There is now sufficient experience with the SWAps that lessons can be derived and applied and good practices can be identified.

III. UNFPA AND SECTOR-WIDE APPROACHES

10. In line with Executive Board decision 99/4, UNFPA continues to take an active part in the planning and implementation stages of SWAps, under the overall guidance of Governments. In both planning and implementation, the Fund plays an important advocacy role to see that reproductive and sexual health and reproductive rights and population variables are included as

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well as gender equity and equality and the empowerment of women, taking into account the ICPD Programme of Action and the outcome of the ICPD+5 review. In line with discussions at the second regular session of the Executive Board in 1999, UNFPA has encouraged its country offices to take part in all sectoral initiatives, especially those involving the health and education sectors, as these offer important venues for advocacy for reproductive health and for population and gender issues. UNFPA does this recognizing that it is most likely to be more fully involved in health and education SWAps.

Substantive focus

11. The Fund's primary focus has been to ensure that reproductive health, including family planning and sexual health, issues are fully incorporated into the sector-wide policy and operational plans. UNFPA's interventions emphasize that reproductive rights and reproductive health must be included in sectoral reform processes, taking into account the goals and benchmarks agreed at the ICPD+5 review, and that reproductive rights must be seen in the context of human rights. The Fund also works to ensure that support for the reproductive health sector works to strengthen basic health systems. UNFPA urges all partners to ensure that health needs, including reproductive and sexual health needs, are met in a way that ensures equity of access to information and services, eliminating inequalities due to poverty, gender, age and other factors. The Fund has been a strong advocate for services that meet the health needs of all individuals throughout their life cycle, including the needs of adolescents.

12. Recognizing that HIV/AIDS has made significantly greater impact than had been foreseen at the time of the ICPD in 1994, UNFPA urges increased attention to the growing problems caused by the pandemic. The Special Session of the General Assembly on ICPD+5 established interim benchmarks to reduce vulnerability of young people, aged 15-24, to HIV/AIDS infections. UNFPA, as part of the reproductive health approach, works with countries to reduce the incidence of sexually transmitted diseases (STDs), particularly among young people. These benchmarks are included in the results framework of UNFPA's multi-year funding framework (MYFF).

13. In its SWAp participation, UNFPA emphasizes the incorporation of gender concerns into the policy frameworks, actively promoting equality, equity and the empowerment of women. It calls for the elimination of violence against women and of harmful traditional practices, including female genital mutilation. UNFPA strongly advocates for the right of the girl child to health care, education and economic opportunities.

14. UNFPA works with all partners to see that appropriate indicators are included in the SWAp frameworks. Sound indicators are essential for monitoring and assessing progress. This is a formidable task since data systems are weak in many countries and the requisite statistics are either not available or are of poor quality. As part of the coordinated follow-up to United

Nations conferences, the Task Force on Basic Social Services for All (BSSA) has addressed the need to build country capacity for data collection and analysis and has issued a BSSA Wall Chart, updated periodically, that enables countries to track their progress in reaching agreed conference goals. Realizing the burden that data collection places on countries, UNFPA has urged that, to the extent possible, indicators already called for in other frameworks (e.g., Common Country Assessments (CCAs), United Nations Development Assistance Frameworks (UNDAFs), Comprehensive Development Frameworks (CDFs)) be used in the SWAp.

UNFPA involvement to date

15. In Ethiopia, the UNFPA country office and the CST took the lead during the preparatory process of SWAp development to ensure that reproductive health and gender concerns as well as appropriate indicators were incorporated. UNFPA participates in the health and education SWAp, providing funds through a parallel funding arrangement, and it is working to better align monitoring and reporting mechanisms with those of the SWAp. In Ghana, UNFPA worked to see that reproductive health dimensions and gender concerns were part of the health sector programme, and it participates in the ongoing review of sector priorities and performance. In that country, the Fund, together with a number of multilateral and bilateral donors, is providing financial assistance by means of a parallel funding arrangement. UNFPA and other donors are working with the Government to strengthen data collection and analysis capacity in order to obtain requisite statistics for the agreed indicators, including maternal, infant and child mortality.

16. In Mozambique, where the health SWAp is still being developed as part of the health sector reform process, the Fund has been active over the past two years in the preparatory phase. The health sector programme of the United Republic of Tanzania has identified reproductive health as one of the five main components, and priority is given to safe motherhood; prevention and control of sexually transmitted diseases (STDs) and HIV/AIDS; and family planning. UNFPA, together with some other multilateral and bilateral donors, contributes to these activities through parallel funding. In Uganda, UNFPA is part of the core group engaged in the preparatory process. In its initial stages, it is likely that the SWAp will use parallel funding within an agreed policy framework. In Bangladesh, the UNFPA country office and the CST Specialists were involved from the outset in the SWAp, providing technical inputs. As a result, reproductive health with a special emphasis on safe motherhood and emergency obstetric care is part of the essential package of primary health care at the district level. Annex I, based on responses from country offices, contains more information on UNFPA participation in SWAp.

Operational aspects

17. From an operational perspective, the main area of concern with SWAp has been financing modalities. The responses to the field inquiry showed that to date, UNFPA, like other United Nations agencies, has not pooled its resources in a common basket for several reasons: (a)

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the difficulty of tracking spending for reproductive health; (b) the lack of timely reporting of expenditures, raising concerns about financial accountability; and (c) the existence of parallel funding modalities and the willingness of Governments to have donors use financing arrangements other than pooling. As can be seen from Annex I, all of the SWAps provide for multiple funding channels. Input from UNFPA country offices indicates that only in one country was there a concern that not being part of the common basket arrangement could jeopardize the position of reproductive health in the SWAp.

18. It is felt that as country capacity is strengthened and as sound, transparent procedures are put in place, concerns about financial accountability can be better addressed. As experience with SWAps grows, donors are beginning to modify some of their requirements regarding financial tracking and reporting. Strong government leadership and commitment to SWAps and enhanced donor flexibility may well lead to greater pooling of funds under government leadership and in accordance with its procedures.

19. To date, UNFPA, like other multilateral agencies, has utilized the parallel funding mechanism as this arrangement enabled the tracking, reporting and monitoring of support for reproductive health. In the future, while continuing to use a parallel financing modality, the Fund will decide on a case-by-case basis the extent to which it could contribute part of its funding through a common basket arrangement. For example, in the case of health SWAps, UNFPA recognizes that broadening access to quality reproductive health might well require a strengthening of the overall health infrastructure. Thus, some part of its funding could be channeled to a pooled arrangement.

20. Staff training is another concern from an operational perspective. Until now, UNFPA as well as other donors has been learning by doing. Some staff have participated in the World Bank training courses on health sector reform, but most have not had any formal training in the area of SWAps. In responding to the field inquiry, a number of country offices pointed out the need for: (a) a better understanding of the rationale underlying the SWAp modality; (b) methods for ensuring that reproductive health and gender concerns are incorporated into SWAps; (c) negotiating skills; and (d) guidance on the application of UNFPA financial procedures within a SWAp. Training in the design and implementation of the SWAps is a high priority for all staff, particularly country offices in those countries where SWAps are now under way or are likely to be soon. Such training is also an important priority for all CST Specialists.

21. Country offices also noted that participation in SWAps is time-intensive and necessitates a considerable commitment of staff time. This increased workload imposes a considerable burden on the Fund's country offices. UNFPA has urged country offices to make greater use of the CSTs and national experts to offset the demands on staff. It should be noted that in some instances, UNFPA country offices have not been informed regarding SWAp discussions and, similarly, UNFPA has not always been invited to the inter-agency meetings on SWAps.

IV. FRAMEWORK FOR UNFPA PARTICIPATION IN SECTOR-WIDE APPROACHES

Lessons learned

22. While the sector-wide approach is a relatively recent and still evolving modality, there is a growing recognition of its usefulness and an increasing number of entities are becoming “like minded” and joining in the SWAps – Governments themselves, bilateral and multilateral donors, and development banks. Experience to date has yielded some sound knowledge about how the sectoral approach works, a number of lessons have been learned, and some “good practices” have been identified. SWAps work best when Governments are in the lead and there is broad-based government ownership and well-functioning government systems and procedures. The importance of durable and mutually respectful partnerships between Governments and donors has been underscored in several case studies. Partnership and stakeholder involvement must be seen through a wide-angled lens, and the need to bring civil society groups, universities, and the private sector into the dialogue has been reiterated. UNFPA’s MYFF recognizes promoting, strengthening and coordinating partnerships as a major strategy in achieving organizational and national results. Public sector reform provides an enabling environment for SWAps, by enhancing accountability and transparency.

23. Both Governments and donors have come to appreciate that the sector-wide approach is complex and time-intensive, particularly in its initial phases. While there are commonalities across countries and sectors, each SWAp has to be tailored to its particular context. From a policy perspective, the role of SWAps in poverty reduction and the link between SWAps and comprehensive frameworks for poverty eradication – the UNDAF, CDF, Poverty Reduction Strategy Papers (PRSP) – should be more clearly delineated. There is also a need to balance the sectoral and the multisectoral orientation, recognizing that some dimensions, including human rights, gender, and poverty reduction, cut across sectoral lines and that many sectoral problems require multisectoral solutions.

24. The financial aspects of SWAps, namely funding arrangements and accountability, remain problematic. As SWAps have evolved, the initial hallmark of providing financing through a common basket has become more relaxed. Most on-going SWAps provide a variety of funding mechanisms. Some donors have indicated that there will be a greater willingness to pool funds when satisfactory transparency and management arrangements are in place. In those SWAps now under way, the most common situation is that donors allocate resources for specific purposes in accordance with the overall agreed goals and policy framework. The common basket is seen as the “ideal” modality, which will come about as reform processes take root, capacity is strengthened, and adequate monitoring and management processes are in place.

Principles

25. UNFPA's participation in SWApS will continue to be in accordance with the Universal Declaration of Human Rights and other United Nations human rights instruments, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), particularly Articles 12 and 16 which pertain to reproductive health; and the Convention on the Rights of the Child, in particular those articles addressing the rights of minors, emergency and conflict situations; exploitation and abuse; trafficking; refugees; family planning education and services; and infant and child mortality. UNFPA's participation will also be guided by the ICPD Programme of Action and the Platform for Action of the Fourth World Conference on Women. UNFPA is committed to utilizing the SWAp as a means of implementing the key future actions agreed at the Special Session of the United Nations General Assembly on ICPD+5. The Fund is also committed to seeing that its participation in the SWAp is aligned with the multi-year funding framework (MYFF) that is now being operationalized. UNFPA participation in SWApS should benefit from the clear definition of planned results indicators and strategies in the MYFF, which include a focus on investment in building national capacity, improving national data systems, and strengthening and coordinating partnerships.

26. The Fund recognizes that SWApS in various sectors will encompass concerns relevant to UNFPA's mandate and programme priorities and its role as an advocate for reproductive rights and reproductive health, gender equality and the empowerment of women. The Fund's particular role will be influenced by the context in which the SWAp takes place, i.e., the country situation and the sector concerned. It will engage in the SWAp process as a full partner, cooperating with Governments and other donors to assist countries to achieve the enabling environment necessary for successful SWApS, for example, by helping to build capacity and by promoting the involvement of civil society groups. It will cooperate with all partners in helping to link SWApS to comprehensive development frameworks – UNDAFs, CDFs, and PRSPs – and to ensure that SWApS respond to the needs of vulnerable groups.

Programming

27. In terms of substantive programming, in its work with Governments UNFPA will give priority to enhancing access to and improving the quality of reproductive health, including family planning and sexual health, and to ensuring that population and development concerns are integrated into policy and programme initiatives. In line with the findings of the ICPD+5 review, the Fund will give special emphasis to the reproductive health needs of adolescents, maternal mortality reduction, and elimination of violence against women. It will strengthen efforts to address HIV/AIDS as part of the effort to help countries achieve the interim benchmarks agreed to at the Special Session of the General Assembly on ICPD+5.

28. UNFPA acknowledges that some issues are multisectoral and cross-cutting and cannot be adequately addressed within the “boundaries” of a sector. Hence, the Fund will continue its comprehensive advocacy for gender equity and equality and the empowerment of women. It will work to eliminate violence against women and harmful traditional practices such as female genital mutilation and will advocate for the access of the girl child to education, health care and economic opportunities. Together with other partners, both in its advocacy and programming, UNFPA will work to reduce maternal mortality and to address the HIV/AIDS pandemic.

29. Regarding the SWAp process, UNFPA will be a partner in planning and policy discussions, ensuring that reproductive health and gender concerns as well as population variables receive due attention in the planning, implementing and monitoring phases of the SWAp. Together with other partners, it will work to ensure that appropriate indicators for reproductive health, population, and gender are included in SWAp agreements. UNFPA’s utilization of the logical framework (logframe) for programme planning and for monitoring the MYFF helps to define results and indicators in the area of population, gender and reproductive health and can be useful resources for national partners in SWAp planning and monitoring. In terms of financial arrangements, UNFPA will provide funding in accordance with its approved financial rules and procedures. It will continue to utilize parallel funding mechanisms under which UNFPA monies are channeled for specific activities for which separate accounting is provided by national authorities.

30. UNFPA is aware that in the area of health enhancing access to quality reproductive health requires strengthening of the overall health infrastructure. In circumstances where reproductive health is an explicit component of the SWAp, the Fund could consider contributing some part of its assistance through a pooled arrangement. In selecting this option, UNFPA would have to ascertain that adequate monitoring and reporting procedures were in place and that there was broad endorsement of the partners for commingling funds. The decision to become part of a common basket arrangement would be reviewed on a case-by-case basis and would be carefully monitored.

Implications for UNFPA

31. Increased UNFPA participation in SWAps has several ramifications for the Fund. Drawing on its comparative advantage, the Fund will have to demonstrate the added value it brings to the SWAp process. The Fund will provide staff training on the SWAp mechanism itself and how this modality meshes with other Fund-wide initiatives like the MYFF as well as the UNDAF, CDFs and PRSPs. Priority in such training will be given to country office staff and CST Specialists. Efforts will have to be made to monitor and assess experience with SWAps so that this information can be incorporated into UNFPA’s knowledge management system. As a member of the United Nations Development Group (UNDG), UNFPA and other UNDG

members will need to examine the linkages between the CCAs, UNDAF and SWAps to ascertain how the United Nations country team could be effectively engaged in SWAps.

32. The inter-agency Coordinating Committee on Health will take up the issue of SWAps in the health sector at its meeting in early 2001. This will provide further opportunity for the three member organizations, WHO, UNICEF and UNFPA, to discuss their experiences and to make recommendations for strengthened coordination and collaboration in the future.

V. RECOMMENDATIONS

33. The Executive Board may wish to take note of this report contained in DP/FPA/2000/CRP.3 and encourage UNFPA to continue its participation in SWAps in accordance with its mandate and comparative advantage in the areas of reproductive health, including family planning and sexual health, and population and development strategies and its comprehensive advocacy for gender equality and the empowerment of women. It may wish to endorse UNFPA's taking part in common basket funding arrangements in those SWAps where reproductive health is a key element and adequate monitoring and reporting mechanisms are in place. The Board may further wish to endorse that the Fund undertake, perhaps with its UNDG partners, staff training in SWAps. The Board may wish to encourage UNFPA to carefully track its involvement in SWAps, compiling "lessons learned" and good practices, and sharing this knowledge with Governments, donors, United Nations system partners and civil society organizations.

ANNEX I

UNFPA INVOLVEMENT IN SECTOR-WIDE APPROACHES (SWAp)
 SUMMARY OF RESPONSES BY SELECTED UNFPA FIELD OFFICES*

<i>REGION/ COUNTRY</i>	<i>UNFPA INVOLVEMENT</i>	<i>FINANCIAL ARRANGEMENTS</i>	<i>INDICATORS</i>	<i>ISSUES / OBSERVATIONS BY COUNTRY OFFICES</i>
<i>Africa</i> Burkina Faso	National Health Policy and National Health Development Plan to be in place end of 2000. Involved in process with other partners, ensuring that sexual and RH concerns addressed.	No common basket.	In process of being designed.	Gender concerns not well addressed at this time.
Ethiopia	Very actively involved in education and health SWAp. Field Office/ CST participated in all preparatory as well as monitoring and evaluation activities of SWAp, ensuring RH and gender issues	Three funding channels 1) Common basket; 2) Donors provide assistance through parallel funding; 3) Donor funds provided	Agreed set of indicators for 2002 and 2007 with baseline/benchmark indicators as of 1997.	Minimal involvement of NGOs and private sector. Need to harmonize UNFPA's monitoring and evaluation mechanisms with those of SWAp.

* A brief focused inquiry was sent to UNFPA representatives in 12 countries where the SWAp were already being implemented or the preparatory process was well under way.

REGION/ COUNTRY	UNFPA INVOLVEMENT	FINANCIAL ARRANGEMENTS	INDICATORS	ISSUES / OBSERVATIONS BY COUNTRY OFFICES
Ethiopia – cont'd	incorporated. UNFPA-supported RH sub-programme implemented as integral component of health SWAp.	directly to regions, districts, communities.		
Ghana	<p>Health SWAp operationalized with Memorandum of Understanding signed in 1998.</p> <p>UNFPA active participant in all Health Partner meetings, regarded as precursor of SWAp, ensuring that RH and gender concerns addressed in health sector programme of work. UNFPA participates in ongoing review of sector priorities and performance.</p> <p>Broad stakeholder involvement including wide range of bilateral and multilateral health donors, and international and national NGOs.</p>	Pooled fund comprises 4 elements: Government funds; common basket; internally generated funds (user fees, sales of drugs); earmarked funds (multilaterals, including UNFPA).	Specific agreed-upon sector indicators. RH programme has targets for 1997-2001 for: infant, child and maternal mortality rates, life expectancy, annual growth rates and total fertility rates. Work under way to strengthen indicators.	Medium Term Expenditure Framework guidelines not well understood at district level. Important impact indicators still weak and not fully understood by all districts and sub-districts.
Mali	<p>Involved from beginning. RH and gender concerns taken into account.</p> <p>NGOs and private sector involved.</p> <p>Provisions for capacity building at national, regional and local levels; human resource</p>	Common basket. Interim period for partners who cannot comply with new regulations.	Indicators include: extent and quality of RH services, coverage, prenatal and postnatal care, attended deliveries, vaccination of infants, family	

REGION/ COUNTRY	UNFPA INVOLVEMENT	FINANCIAL ARRANGEMENTS	INDICATORS	ISSUES / OBSERVATIONS BY COUNTRY OFFICES
Mali – cont'd	development is a priority, including training of trainers.		planning acceptance, contraceptive prevalence, maternal mortality.	
Mozambique	Health SWAp in development stage. Country office fully participated in discussions during past 2 years. RH issues fully integrated. UNFPA supported study of how gender concerns are addressed in draft National Health Strategic Plan.	Not yet fully defined. Will be more than one modality.		
United Republic of Tanzania	Country office actively participated in development of SWAp. Country office commented that UNFPA influence has not been as strong since the Fund does not contribute to common basket. One of UNFPA's key roles was to ensure that RH given due attention in context of health sector reform.	Common basket; other bilaterals and multilaterals use parallel funding modalities.	In process of being designed.	Accountability and transparency of funding mechanisms yet to be tested on large scale; limited capacity of districts to handle decentralized functions; limited stakeholder involvement; inadequate district involvement; no buy-in of other municipalities.
Uganda	Gov't developed national health policy and draft strategic plan for SWAp; Country	Broad support from partners to establish fund to cover	Over-ambitious indicator targets to	Difference in consensus on how to monitor SWAp.

REGION/ COUNTRY	UNFPA INVOLVEMENT	FINANCIAL ARRANGEMENTS	INDICATORS	ISSUES / OBSERVATIONS BY COUNTRY OFFICES
Uganda – cont'd	office part of core group of preparatory process.	costs of preparatory activities.	be revisited.	Need to strengthen district management systems and implement capacity and human resources.
<u>Asia and Pacific</u> Bangladesh	SWAp in Health and Population. UNFPA involved since outset in design and implementation. UNFPA HQ/country office and CST involved in review. RH key element of SWAp; special emphasis on safe motherhood and emergency obstetric care. Gender cross-cutting issue.	Common basket, bilateral complementary, and parallel UN financing.	To be finalized.	Gender expertise lacking at senior management levels. Broad stakeholder involvement must be strengthened and supported by policy formulation for working with NGO and private sector.
Nepal	UNFPA active partner in development of SWAp scope of work and member of SWAp technical working group.	Not yet at stage where common basket is envisaged.	Not yet reached stage of consensus on indicators.	Broad stakeholder involvement not reality due to tight schedules and high turnover, which hinders continuity. Government unconvinced of added value of SWAp approach. For SWAp to reach full potential, Government must take ownership of SWAp approach at all stages.

<i>REGION/ COUNTRY</i>	<i>UNFPA INVOLVEMENT</i>	<i>FINANCIAL ARRANGEMENTS</i>	<i>INDICATORS</i>	<i>ISSUES / OBSERVATIONS BY COUNTRY OFFICES</i>
Viet Nam	SWAp in preparatory stage.			
<u>Arab States</u> Yemen	SWAp in very preliminary stage of implementation and country office actively involved.	Not finalized.	Not yet developed.	Need to expand stakeholder involvement.
<u>Latin America and Caribbean</u> Nicaragua	Discussions on preliminary common agenda for health sector cooperation.			

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