



**UNFPA**

# Evaluation Report #20

UNFPA's Support to National Capacity Development  
Achievements and Challenges







# Evaluation Report #20

UNFPA's Support to National Capacity Development  
Achievements and Challenges

**EVALUATION REPORT** is a periodic publication by UNFPA on the findings and conclusions of evaluations made of UNFPA-supported projects.

This evaluation report, UNFPA's Support to National Capacity Development: Achievements and Challenges, is based on an assessment of strategies used by UNFPA funded projects to develop the capacities in reproductive health, population and development of national government and non-governmental organizations. The evaluation assessed projects in Brazil, Côte d'Ivoire, Egypt, Nepal, Nigeria, and Viet Nam. It was carried out by independent consultants under the overall coordination of the Office of Oversight and Evaluation (OOE) of UNFPA.

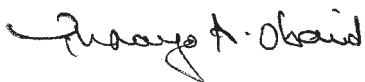
# foreword

Building the capacity of developing countries to achieve their reproductive health and rights, population, gender and development goals is at the core of UNFPA's mandate. UNFPA has strived to achieve this objective since its inception. In particular, the challenges posed by the ICPD Programme of Action and the Millennium Development Goals as well as UNFPA's adoption of a results based management policy have compelled us to take a hard look at how well we are progressing.

The thematic evaluation of UNFPA's support to national capacity development tells us that UNFPA must reorient its approach to capacity development, with some indications of the path to follow towards this end. The evaluation report had been widely shared with our staff in the field and at headquarters, who unanimously recognized that its analysis and recommendations were right on target in most instances. Implementation of UNFPA's new strategic direction, that aims at ensuring that population and reproductive health are integral to the various national policy dialogues, will require a deeper understanding of what it means to promote consensus building and develop capacities especially in support of promoting national self-reliance in addressing reproductive health and rights, population, gender and development issues.

UNFPA has therefore adopted a two-pronged plan of action to implement the thematic evaluation recommendations. Firstly, UNFPA will develop policy and operational guidelines on capacity development. This will include approval of an organizational definition in light of UNFPA's strategic direction and identification of strategies and major capacity results to be achieved through UNFPA funded programmes. Strategies for collaborating with other donors, including other United Nations agencies, will also be developed. Secondly, UNFPA will strengthen its internal expertise in capacity development. This will entail incorporating a capacity development dimension into staff competency frameworks and the performance management system; developing staff skills and competencies; and establishing internal and external learning networks.

The Fund has the advantage of being a compact, flexible organization that enjoys close partnerships with developing country governments, non-governmental and civil society organizations. It also has a clear strategic direction. I am confident that these attributes will enable UNFPA to be a true leader in promoting new approaches to developing the capacities of our national partners for managing sustainable interventions that will ultimately make a difference to their population's reproductive health and quality of life.



Thoraya Ahmed Obaid

Executive Director

United Nations Population Fund (UNFPA)

September 2003

# evaluation teams

## Coordinator of the Thematic Evaluation

Christina Bierring, Senior Evaluation Officer (UNFPA)

## Country Studies

### BRAZIL

José Alberto Magno de Carvalho, Centro de Desenvolvimento e Planejamento Regional (CEDEPLAR), Brazil (*Team Leader*)

Oswaldo Yoshimi Tanaka, University of São Paulo, School of Public Health

Leila Linhares, Cidadania, Estudo, Pesquisa, Informação e Ação (CEPIA)

Cristina Melo, Nursing School, Federal University of Bahia

### CÔTE D'IVOIRE

Marc Mitchell, Harvard Institute for International Development, USA (*Team Leader*)

José Miguel Guzman, Comisión Económica para América Latina y el Caribe (CELADE), Chile

Valentin Essan Kodja, Institut de Géographie Tropicale, Abidjan

Christiane Welfens-Ekra, Ministry of Public Health, Abidjan

Jeanne Kouaho-Kouassi, Bureau National d'Etude Technique et de Développement, Abidjan

### EGYPT

#### **Population and Development Case Study**

Peter Morgan, Capacity and Institutional Development Consultant, Canada (*Team Leader*)

Nader Fergany, Almishkat Centre for Research and Training, Cairo

#### **Reproductive Health Case Study**

Jack Reynolds, Management Consultant, USA

### NEPAL

Aruna Uprety, Freelance Consultant, Katmandu

Babu Ram Shrestha, Communication and Management Institute, Katmandu

### NIGERIA

Oladosu A. Ojengbede, University of Ibadan (*Team Leader*)

Osato O.F. Giwa-Osagie, University of Lagos

Hyacinth I. Ajaegbu, Population, Environment and Development Agency, Jos

Nosa I. Aladeselu, African Women Empowerment Guild, Benin City

Akin Osibogun, University of Lagos

Anjuwon Akinwande, University of Ibadan

### VIET NAM

Jack Reynolds, Management Consultant, USA (*Team Leader, international team*)

Peter Morgan, Capacity and Institutional Development Consultant, Canada

Vu Manh Loi, Institute of Sociology, Hanoi (*Team Leader, national team*)

Quan Le Nga, IEC Consultant

Phan Thuc Anh, Health Strategy and Policies Institute, Ministry of Health

Nguyen Thi Kim Hoa, Sociologist

Dinh Bich Thuy, Sociologist

## Global Evaluation Report

### **Report Writers**

Jack Reynolds  
Marc Mitchell  
Christina Bierring

### **Contributors**

Peter Morgan  
Oswaldo Yoshimi Tanaka  
Vu Manh Loi  
Oladosu A. Ojengbede

**Other contributors:** The evaluation teams would like to thank the many individuals who contributed their thoughts and energies to this evaluation process. They include UNFPA staff, government and non-governmental organization (NGO) officials, fieldworkers and representatives of other donor agencies.

Note: The views expressed in this report do not necessarily reflect those of the United Nations Population Fund.

# table of contents

- ACRONYMS AND ABBREVIATIONS .....vi
- EXECUTIVE SUMMARY .....viii
- CHAPTER 1: INTRODUCTION .....1**
  - 1.1. Background.....1
  - 1.2. Methodology.....2
- CHAPTER 2: CAPACITY CONCEPTS — DEFINITION AND ELEMENTS .....3**
- CHAPTER 3: FINDINGS .....7**
  - 3.1. UNFPA's Capacity Development Objectives .....7
  - 3.2. Capacity Development Inputs .....9
  - 3.3. The Context For Capacity Development .....11
    - Introduction .....11
    - The Centralized and Politicized Organizational Culture .....11
    - The Process of Decentralization and the Clarity of Roles at Each Level .....12
    - The Role of Civil Society .....14
  - 3.4. UNFPA's Capacity Development Strategies and Results .....14
    - Introduction .....14
    - Creating a Common Vision.....15
    - Developing Human Resources .....17
    - Developing Systems.....20
    - Iterative Planning, Monitoring and Evaluation of Programme Interventions .....21
    - Establishing Partnerships, Inter- and Intra-Organizational Coordination.....23
    - Mobilizing Resources for Sustainability .....25
    - Developing Capacity through Programme Management Structures.....26
- CHAPTER 4: WHY THESE FINDINGS? .....29**
  - 4.1. Introduction .....29
  - 4.2. Tension: Project Deliverables vs. Development of Organizational Capacity.....30
  - 4.3. The Complexities of Capacity Development .....30
  - 4.4. Vision and Commitment by Partner Organizations .....32
  - 4.5. Capacity Development Methodology .....32

<b>CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS FOR UNFPA</b> .....	34
5.1. Capacity Development as a Result .....	34
5.2. Options for UNFPA .....	35
5.3. Expertise and Incentives .....	36
5.4. Vision and Commitment.....	38
5.5. Integrated Approach to Capacity Development .....	38
5.6. Better Collaboration with Other Donors on Capacity Development .....	39

## **ANNEX**

<b>The Case Countries</b> .....	41
1. Brazil .....	41
2. Côte d'Ivoire .....	44
3. Egypt .....	47
4. Nepal .....	50
5. Nigeria .....	52
6. Viet Nam .....	54

<b>BIBLIOGRAPHY</b> .....	58
---------------------------	----

## **TABLES**

Table 1: Programme Expenditures by Country and Component, 1992-2001 .....	9
Table 2: Brazil: Key Population and Development Indicators.....	41
Table 3: Brazil: Programme Expenditures by Component .....	42
Table 4: Brazil: Project Sample.....	43
Table 5: Côte d'Ivoire: Key Population and Development Indicators .....	44
Table 6: Côte d'Ivoire: Programme Expenditures by Component .....	45
Table 7: Côte d'Ivoire: Project Sample.....	46
Table 8: Egypt: Key Population and Development Indicators .....	47
Table 9: Egypt: Programme Expenditures by Component .....	48
Table 10: Nepal: Key Population and Development Indicators.....	50
Table 11: Nepal: Programme Expenditures by Component .....	51
Table 12: Nigeria: Key Population and Development Indicators.....	52
Table 13: Nigeria: Programme Expenditures by Component.....	53
Table 14: Nigeria: UNFPA Fourth Country Programme of Assistance — 1997-2002.....	53
Table 15: Viet Nam: Key Population and Development Indicators .....	55
Table 16: Viet Nam: Programme Expenditures by Component .....	55
Table 17: Viet Nam: Project Sample .....	57

<b>Figure: Focus of the Thematic Evaluation: Key Elements of Capacity Development</b> .....	5
---	---

<b>Box : Findings on the Quality of the Training Process</b> .....	19
--	----

# acronyms and abbreviations

<b>ACC</b>	Administrative Committee on Coordination
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANM</b>	Auxiliary Nurse Midwife
<b>BUNAP</b>	The Central Planning Board for Population and Development (Côte d'Ivoire)
<b>CCA</b>	Common Country Assessment (United Nations)
<b>CCPOQ</b>	Consultative Committee on Programme and Operational Questions
<b>CD</b>	Capacity Development
<b>CFEMEA</b>	The Feminist Center for Studies and Advice (Brazil)
<b>CIDA</b>	Canadian International Development Agency
<b>CO</b>	Country Office
<b>COREPO</b>	Population and Development Commission (Côte d'Ivoire)
<b>CP</b>	Country Programme
<b>CST</b>	Country Technical Services Team
<b>DCDPA</b>	Department of Community Development and Population Activities, MOH
<b>DFID</b>	Department for International Development (United Kingdom)
<b>DGIS</b>	Directorate-General for International Cooperation, the Netherlands
<b>ENSEA</b>	The School for Applied Economics and Statistics (Côte d'Ivoire)
<b>FP</b>	Family Planning
<b>GCCC</b>	Government Counterpart Cash Contribution (Nigeria)
<b>GOE</b>	Government of Egypt
<b>GSO</b>	General Statistical Office
<b>HIV</b>	Human Immune Deficiency Virus
<b>HMIS</b>	Health Management Information System
<b>HRD</b>	Human Resource Development
<b>ICPD</b>	International Conference on Population and Development
<b>IEC</b>	Information, Education and Communication
<b>INS</b>	National Statistical Institute (Côte d'Ivoire)
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCHW</b>	Mother and Child Health Worker
<b>MIS</b>	Management Information System
<b>MOH</b>	Ministry of Health

<b>MOHP</b>	Ministry of Health and Population
<b>MPI</b>	Ministry of Planning and Investment
<b>MYFF</b>	Multi-Year Funding Framework
<b>NCPFP</b>	The National Committee for Population and Family Planning
<b>NGO</b>	Non-Governmental Organization
<b>NHTC</b>	National Health Training Center
<b>NPC</b>	National Committee for Population
<b>OOE</b>	Office of Oversight and Evaluation
<b>OVI</b>	Objectively Verifiable Indicator
<b>P&amp;D</b>	Population and Development
<b>PCSA</b>	Parliamentary Committee for Social Affairs
<b>PDS</b>	Population and Development Strategies
<b>PHC</b>	Primary Health Care
<b>PME</b>	Planning, Monitoring and Evaluation
<b>PMUs/PAUs</b>	Project/Programme Management/Advisory Units
<b>PoA</b>	Programme of Action
<b>PU</b>	Peasants' Union
<b>RBM</b>	Results Based Management
<b>RH</b>	Reproductive Health
<b>SH</b>	Sexual Health
<b>SIDA</b>	Swedish International Development Cooperation Agency
<b>STI</b>	Sexually Transmitted Infection
<b>SWAp</b>	Sector-Wide Approach
<b>TA</b>	Technical Assistance
<b>TFR</b>	Total Fertility Rate
<b>TOT</b>	Training of Trainers
<b>UN</b>	United Nations
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>VAPPD</b>	Viet Nam Association of Parliamentarians for Population and Development
<b>WHO</b>	World Health Organization
<b>WU</b>	Women's Union

# executive summary

## Background

UNFPA's Office of Oversight and Evaluation (OOE) conducted a global thematic evaluation of capacity development (CD) interventions funded by UNFPA in reproductive health and population and development (P&D). The overall purposes of the thematic evaluation were:

- to analyse the effectiveness of UNFPA's assistance in building the capacity of government and NGO counterpart organizations, determining what strategies worked, what did not work and why; and
- to provide guidance to UNFPA on capacity development policies and procedures that should be adopted in the future.

The thematic evaluation used a case study methodology to provide qualitative insights into UNFPA-funded capacity development processes that targeted government and non-governmental organizations during the last 10 years. A combination of national and international experts studied a variety of capacity development interventions in Brazil, Côte d'Ivoire, Egypt, Nepal, Nigeria and Viet Nam during the period September 2001-March 2002.

The evaluation takes place at a time when capacity development is emerging as a core concern in UN system operational activities. Strengthening national capacity is one of the four programme strategies outlined in UNFPA's first Multi-Year Funding Framework (2000-2003).

The evaluation defines capacity as "the ability of individuals, organizations, and systems, including networks of organizations, to perform in support of their development objectives". It discusses UNFPA's achievements, through its programme interventions, in addressing what was considered the six essential or core organizational capacities, namely creating a common vision; developing human resources; developing systems; iterative planning, monitoring and evaluation of programme interventions; establishing partnerships and inter- and intra-organizational coordination; and mobilizing resources for sustainability. It also discusses how successfully UNFPA developed capacity through the use of different programme management structures. While the analysis emphasized capacity development at the level of organizations and individuals, the evaluation also highlighted some contextual factors that impact upon capacity development outcomes.

## Findings

During the period 1992-2001, about 40 per cent of UNFPA programme funds in the countries studied went to equipment and infrastructure, with a large proportion being spent on contraceptive supplies. Almost one quarter of the resources were devoted to training. UNFPA also invested another 18 per cent of funds in technical assistance. The evaluation concluded that these investments often did not result in sustainable capacities and better performance of counterpart organizations. A fundamental reason is that while the UNFPA-funded programmes studied used most of the strategies for developing the core capacities mentioned above, they did not approach capacity development in a comprehensive and strategic manner. UNFPA, like many donor organizations, did not focus effectively on the capacity and performance of counterpart organizations. Indeed, the capacity and performance of counterpart organizations were not seen as results that are essential to achieve sustainable reproductive health and population and development programme outputs and outcomes. Rather, the achievement of short-term project and programme results seemed to drive the process. There are several reasons for this situation (as discussed in chapter 4 of this report). These reasons include the lack of external incentives for funding longer-term programme interventions aimed at developing competent organizations that can define and achieve their own development objectives.

The case studies revealed a varied and rich experience in applying the six core capacity development strategies. In some cases, for example in projects in Brazil and Egypt, these strategies were applied quite successfully. However, the account below summarizes the overall findings and conclusions regarding achievements.

**1. Creating a common vision:** even though all of the case countries have adopted the ICPD Programme of Action, partner Governments and other stakeholders, including UNFPA itself, often lack a clear vision of how to adapt ICPD recommendations to local situations and the related capacity development requirements. In particular, they lack clear visions regarding site-specific challenges in the areas of population and development, youth and gender.

**2. Human resources development:** UNFPA has appropriately chosen to invest almost a quarter of its resources in this area in the case countries. The case studies revealed that the majority of trainees interviewed considered the UNFPA-supported training to be useful. However, the evaluation found that the quality and appropriateness of this training were uneven. Overall, UNFPA's human resource development strategy seemed to focus more on individual "empowerment" than on the use of individual skills as part of a deliberate organizational capacity development strategy. Indeed, the organizations from which the trainees came most often did not use the new skills to transform and strengthen their own strategic visions, systems and overall abilities.

**3. Developing systems:** the evaluation found that investments in the development of systems, including ones in reproductive health and population information, have certainly increased the availability of data on health and population trends. However, these investments have not necessarily led to more extensive use of data and information for planning and management of population and development and reproductive health

interventions. The evaluation also highlighted the need to nurture the capacity of individual organizations to understand their role in helping to meet national needs in the area of systems development.

**4. Iterative planning, monitoring and evaluation of programme interventions:** with the exception of two projects in Brazil and Egypt, evaluation case studies noted the absence of an iterative assessment, planning, monitoring and evaluation and critical reflection process and culture both within counterpart organizations and UNFPA. Such a culture is, however, a critical dimension of capacity and performance.

**5. Establishing partnerships, inter- and intra-organizational coordination:** effective capacity development requires a wide range of skills by development assistance agencies and an approach that coordinates the efforts of individuals, organizations and national systems to work together toward a single set of development goals. Country case studies found that collaboration and coordination is weak overall, both among donors and within the Government (between different government organizations and among units within such organizations). While exceptions were found, it was noted that overall, UNFPA has not done an effective job of coordinating with other donors, or of helping its national partners to work together with other national groups.

**6. Mobilizing resources for sustainability:** a critical element of capacity is the ability of an organization to mobilize sufficient financial resources to maintain its programme. Yet this seems an area where UNFPA's development partners have fallen woefully short, in part because of the Fund's continued financial assistance over the very long term. UNFPA and virtually all other donors exhibit the same contradictory behaviour of exhorting the recipients of their funds to find new sources of income while at the same time continuing to make their own programme funding available. Indeed, given the fact that for many organizations it is a challenge to even spend the donor resources that they currently receive, it seems unlikely that they will actively seek new funding until forced to do so.

The evaluation also looked at **management mechanisms** used by UNFPA-funded programmes. These included direct planning and oversight by Country Office staff; Project/Programme Management/Advisory Units (PMUs/PAUs); UNFPA-funded Country Technical Services Teams (CSTs); and short-term national and international consultants and organizations.

The evaluation concluded that, in the absence of well-defined strategies for capacity development within UNFPA, these management structures are not as effective in achieving the capacity development objectives of these programmes as they could be. PMUs/PAUs, for example, while often providing excellent assistance to both UNFPA and the partner organizations to "get the job done", also tend to undermine the ability of both organizations to "learn from doing". The same is true for CSTs and external consultants unless careful attention is paid to the systematic transfer of skills to both UNFPA and the partner organizations with which it works. The evaluation also concluded that the use of different management structures should be adapted to the level of existing capacities of partner organizations and countries.

Regarding the context for capacity development, the evaluation concluded that UNFPA was not always sufficiently aware of the various contextual variables influencing the capacity development process. Such variables include the centralized and politicized cultures within counterpart organizations, the process of government decentralization, and the role of civil society in forcing organizations to develop their capacities because of its demand for better products and services.

## Recommendations

In light of these findings and conclusions, the evaluation recommended that UNFPA adopt five broad approaches so that its focus on capacity development becomes more strategic.

### 1. FOCUS ON CAPACITY DEVELOPMENT AND PERFORMANCE AS A RESULT

- Overall, UNFPA should emphasize capacity and performance as results that are essential to achieve sustainable reproductive health and population and development programme results. This would require that UNFPA strengthen its capacity development policies, procedures and skills. UNFPA senior management should fully support and commit to a conscious institutional effort to mainstream capacity development. Furthermore, UNFPA must recognize the difficulty of this type of development process and ensure that it is willing to take the risks necessary to become an effective agent of capacity development.
- UNFPA's results-based programme planning, monitoring and evaluation system should identify and monitor capacity development results. Programme managers should be rewarded for promoting the achievement of such results.

### 2. PROMOTE AN INTEGRATED APPROACH TO CAPACITY DEVELOPMENT

- UNFPA needs to develop comprehensive strategies for capacity development with its partner organizations, incorporating plans for how training, infrastructure, and technical assistance will all be used to enhance the total capacity that is needed for effective and long-term development, taking into account the systems context.
- In this context, UNFPA should initiate an internal discussion on the suitability and sustainability of different modes of programme management currently used by the Fund and how to promote the growth of indigenous organizational capacity, taking into consideration specific country contexts and levels of development.

### 3. FOCUS ON THE VISION AND COMMITMENT OF NATIONAL COUNTERPARTS

- UNFPA must reconsider how it chooses its development partners and identify a set of criteria for when to continue its association with an organization and when to seek new

partners. This requires that UNFPA identify organizations that demonstrate a commitment to reproductive health and population and development and a willingness to learn and grow.

- This also means that UNFPA should reconsider its level of funding to certain countries. The Fund should increase its investment in countries where national partners demonstrate vision and commitment, including countries that have engaged in public sector reform initiatives, and reduce funding where the environment is not appropriate for effective development in reproductive health and population and development.

#### 4. STRENGTHEN INTERNAL EXPERTISE ON CAPACITY DEVELOPMENT

- For UNFPA to take seriously its commitment to capacity development, a thorough review of its internal skills, weaknesses, processes and incentives must be undertaken as part of an overall strategic planning process.
- UNFPA should establish expertise on capacity development both at headquarters and among CSTs to provide guidance on Fund-wide strategic directions as well as country operations with respect to capacity development. Learning networks should be established to promote the spread of knowledge and skills on capacity development throughout the organization. Staff in the Country Offices should also be provided with opportunities to upgrade their knowledge of capacity development issues, strategies and methodologies.
- As a step toward the development of stronger approaches to capacity development, UNFPA should take advantage of the thinking and experiences on capacity development currently taking place in many other development organizations.<sup>1</sup> It should establish collaboration and exchange of information on capacity development strategies with these organizations. In particular, UNFPA should participate in ongoing initiatives to promote public sector reform and current work on designing more effective systems for monitoring and evaluating capacity development.

#### 5. BETTER DONOR COLLABORATION ON CAPACITY DEVELOPMENT

- UNFPA must join forces and coordinate its capacity development interventions with other donor organizations that are promoting capacity development strategies and supporting reform policies such as health sector reforms, sector-wide approaches (SWAps), and poverty reduction strategies.

1 DGIS, CIDA, SIDA and UNDP, to mention a few.

# 1: introduction

## 1.1. Background

UNFPA's Office of Oversight and Evaluation conducted a global thematic evaluation of capacity development interventions funded by UNFPA in reproductive health and population and development. The overall purposes of the thematic evaluation were:

- to analyse the effectiveness of UNFPA's assistance in building the capacity of government and NGO counterpart organizations, determining what strategies worked, what did not work and why; and
- to provide guidance to UNFPA on capacity development policies and procedures that should be adopted in the future.

The evaluation takes place at a time when capacity development is emerging as a core concern in all UN system operational activities. In 1998, the General Assembly reaffirmed *"That capacity-building and its sustainability should be explicitly articulated as a goal of technical assistance provided by the operational activities of the United National system at the country level, with the aim of strengthening national capacities in the fields of, inter alia, policy and programme formulation, development, management, planning, implementation, coordination, monitoring and review."* (Resolution 53/192, paragraph 37)

Subsequently, a guidance note was prepared by the Administrative Committee on Coordination (ACC) of the United Nations and approved in March 2000. It sets out the guiding principles and actions for capacity development to be followed by the UN system in all its operational activities for development at the country and regional levels. It notes that *"sustainable capacity-building encompasses the building of organizational and technical abilities, behaviours, relationships and values that enable individuals, groups and organizations to enhance their performance effectively and to achieve their development objectives over time."*<sup>2</sup> The UN funds and programmes are to report regularly on the progress they have made in helping to develop national capacities.

Strengthening national capacity is one of the four programme strategies outlined in UNFPA's first Multi-Year Funding Framework (MYFF) for the period 2000-2003. UNFPA therefore considers capacity development to be an essential strategy for achieving the results outlined in the MYFF.<sup>3</sup> The Fund thus considered it opportune to improve its knowledge on how best to implement this strategy.

<sup>2</sup> Administrative Committee on Coordination (ACC). ACC Guidance Note on Capacity-Building, Approved on behalf of ACC by the Consultative Committee on Programme and Operational Questions (CCPOQ) at its 16th Session, Geneva, March 2000.

<sup>3</sup> The other three MYFF strategies are advocacy, building and using a knowledge base, and promoting, strengthening and coordinating partnerships. Executive Board Document DP/FPA/2000/6 of 6 March 2000: UNFPA — The Multi-Year Funding Framework, 2000-2003.

## 1.2. Methodology

The thematic evaluation uses a case study methodology to provide qualitative insights into capacity development processes. A combination of national and international experts studied a variety of capacity development interventions in six countries during the period September 2001-March 2002. The countries of Brazil, Côte d'Ivoire, Egypt, Nigeria and Viet Nam were selected based on such criteria as geographical representation, country category,<sup>4</sup> and the sizeable proportion of the country programme budget devoted to training. The Nepal evaluation of human resource development in the area of reproductive health was added later. This evaluation was entirely designed and conducted by the UNFPA Country Office in Nepal.

To ensure a common understanding of capacity development concepts and UNFPA's past and current approaches to capacity development, the Evaluation Coordinator, UNFPA Office of Oversight and Evaluation, prepared documents on the evaluation purpose and capacity development concepts as well as an extensive Evaluation Guide. The documents and guide were shared with all the evaluators in advance of their fieldwork. The teams also received a common report format, information on the UNFPA funding provided to each country, and data on the technical support provided by each CST since 1992. Each team then adapted the Evaluation Guide to local conditions. Thus, the focus and methodology varied from country to country. The annex provides a more detailed account of the approach used in each country.

In June 2002, following the data collection and country report writing phases, the OOE organized a three-day workshop at UNFPA headquarters for team leaders and selected national evaluators. Both individual and collective findings were presented and discussed at the workshop, and the basis for this consolidated report was developed.

---

<sup>4</sup> According to UNFPA's classification of A, B, C and O countries (going from least to most developed in terms of fulfilling selected ICPD Programme of Action benchmarks and indicators).

## 2: capacity concepts — definition and elements

Much has been written about the meaning of capacity and capacity development. For the purpose of this evaluation, one of the simpler definitions was used, namely that:

**Capacity is the ability of individuals, organizations and systems, including networks of organizations, to perform in support of their development objectives.**

This simple definition does not explain all the complexities of capacity, and the following elements about the concept of capacity were considered in conducting this evaluation.

- Capacity can exist at many levels, including the individual, the organization and the system (network of organizations, the country as a whole). While each level can achieve capacity independently, success comes from thinking about capacity development from a comprehensive systems perspective and identifying the type of interventions — resources, techniques, knowledge — at the individual, organizational and systems levels that can make a genuine difference to overall systems performance.
- Capacity progresses through stages of development, from infancy to growth to maturity. The needs of an individual or organization are different at these different stages, and the types of interventions required to develop capacity are also different.
- Capacity is necessary but not sufficient for organizations and systems to perform and achieve their objectives. Motivation is also a crucial element of performance.

Another important aspect of capacity is that individuals, organizations and systems have certain core skills and resources, such as money, manpower, materials and methods, that enable them to define their needs and achieve results. However these are in fact assets rather than core capacities. The difference is that assets could be acquired or lost in a relatively short period of time, while capacities take a sustained effort to acquire and are generally present for a long period of time. Therefore, for this evaluation a set of **core capacities** was elucidated.<sup>5</sup> These capacities include the ability of individuals, groups and organizations to:

- be guided by a sense of purpose (vision/mission of the organization/sector, community, individual);

---

<sup>5</sup> UNFPA: Thematic Evaluation of UNFPA Support to National Capacity Development — Evaluation Guide. Office of Oversight and Evaluation. August 9 2001.

- define and analyse the environment in which the organization, community, individual works and its/his/her role in contributing to the organization's or community's policies, plans, strategies and programmes;
- plan and develop systems to act on the plans;
- continuously define problems, identify new challenges, evaluate performance and adjust plans accordingly;
- reach working agreements with key partners on mandates and aims and manage conflict resolution;
- build partnerships with other organizations, communities and individuals;
- acquire and mobilize financial resources;
- learn new skills on a continuous basis.

The figure on page 5 illustrates these core capacities at the three different but interdependent levels of the individual, the organization and the system. The system is the overall societal context made up of individuals, organizations, networks of organizations, rules, norms and processes that allow societies to perform and survive. The figure illustrates that inputs help develop capacities at the systems, organizational and individual levels, resulting in improved performance that ultimately leads to improved reproductive health and human development of the target populations. It also shows (see left arrow) that the level of existing performance determines the type of inputs required to further strengthen capacities.

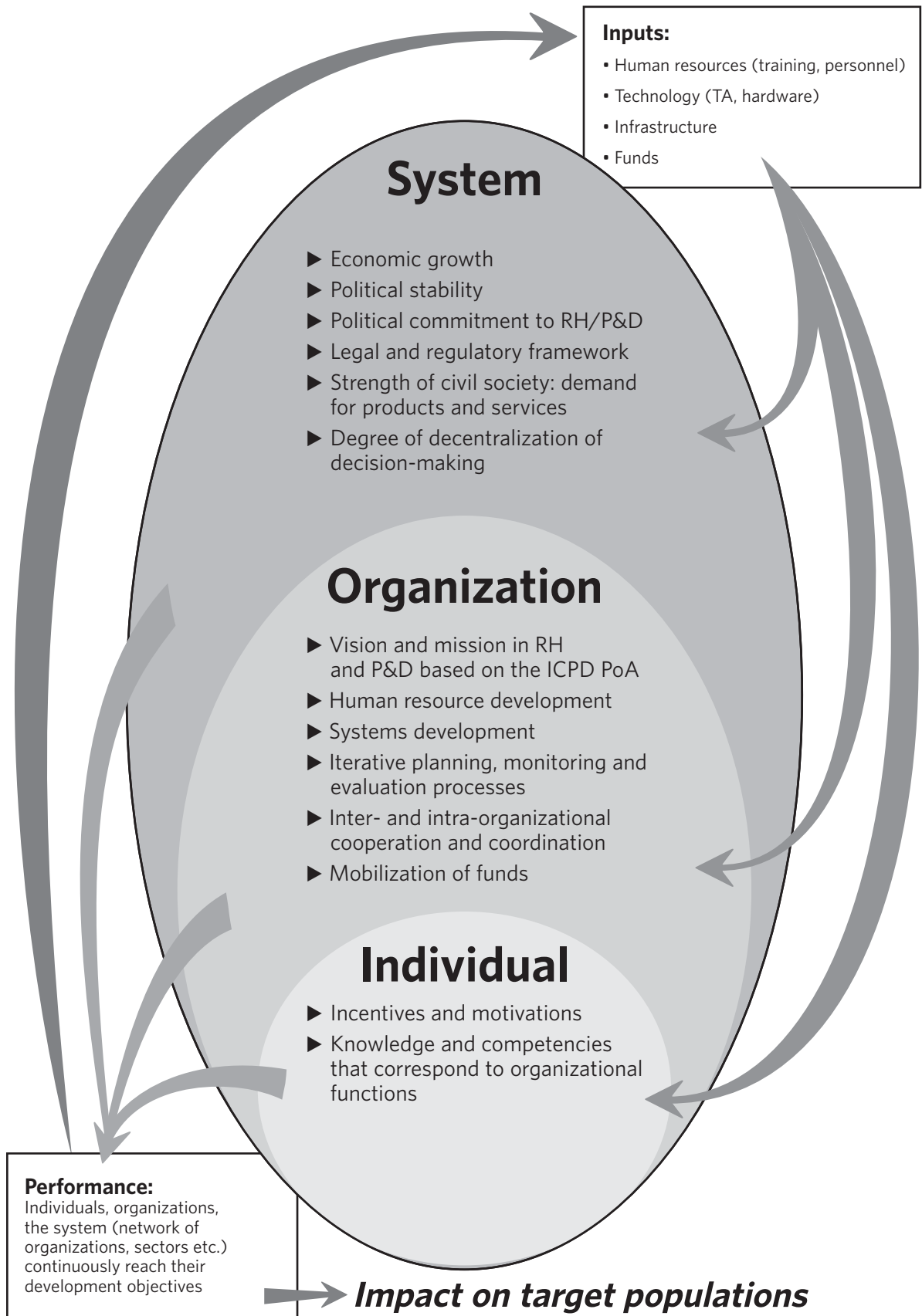
Also described for the purpose of this evaluation was a set of requirements for the effective development of individual, organizational and systems capacities.<sup>6</sup>

1. Capacity is developed during the course of an **iterative** and **long-term process** of **learning and adaptation to change**. It is developed by the participants in the process **“while doing”**. One consequence of this change process is that as the structure, behaviour and performance needs of the organization or system evolve, so must the pattern of its capacities. Some must be downgraded. Others must be improved or added. Resource needs in support of capacity development change. Strategies for change also alter. Relationships with partners must be adapted to meet the new requirements.
2. Capacity development is only developed if the participants support and believe in what they create. **Ownership** of and participation in the process by key stakeholders is therefore essential. Capacity development needs to be as much **demand-driven** as supply-led;

<sup>6</sup> UNFPA: Thematic Evaluation on Capacity Development — The Concept.

# Focus of the Thematic Evaluation

## Key Elements of Capacity Development



3. Capacity development must be analysed by applying a larger **systems scope**. Capacities are not developed by individuals, organizations and communities in isolation but through their interaction with other entities in the larger system of which they are a part. "Capacity constraints are likely to stem not from a single cause (i.e. lack of skilled staff) but from a pattern or deeper structure of interlocking forces that combine to prevent system improvement." (Morgan 1997)<sup>7</sup>

This evaluation discusses UNFPA's success in addressing each of these core capacities through its programme interventions. While the analysis emphasizes the organizational and individual levels, some systems elements that impact on capacity development outcomes are also highlighted.

---

<sup>7</sup> UNFPA: Thematic Evaluation on Capacity Development — The Concept.

# 3: findings

## 3.1. UNFPA's Capacity Development Objectives

Most UNFPA-funded country programmes contain explicitly stated capacity development objectives for reproductive health, population and development, and programme management. The following excerpts from the Viet Nam Fifth Country Programme project documents illustrate such statements. Partner organizations whose capacity was to be improved are indicated in parenthesis:<sup>8</sup>

*To have improved the capacity of the Government Coordination Agencies to coordinate and monitor the Fifth Country Programme in relation to the other major population and development related programmes and projects financed by international donors. (Ministry of Planning and Investment)*

*Strengthened management capacity to plan, organize and implement the integrated RH/FP/SH programmes mainly at municipal and district levels of health care systems. (Provincial People's Committees)*

*Strengthened the national capacity to integrate population concerns into intersectoral planning policy development, monitoring and evaluation of population and development strategies. (Ministry of Planning and Investment)*

*Strengthened the capacity to manage, implement and monitor gender-based, quality-oriented RH/FP activities in nine provinces and cities. (Women's and Peasants' Unions at district and commune levels)*

The evaluation found that, in spite of the presence of the above type of statements in UNFPA-funded project documents, UNFPA did not specify the detailed capabilities to be developed based on the context in which partner organizations evolved. Programmes therefore lacked standards, specific indicators, and systems that could be used to monitor and evaluate desired capacity development results. In Nigeria, for example,

*Although CD has been a principal aim of UNFPA assistance for many years, it has not been looked upon as a formal "objective" with its own "purpose" indicators. The sub-programmes (RH, PDS, Advocacy) include planned "outputs" for strengthening capacity, but the "objectively verifiable indicators" (OVIs) do not measure capacity, they are usually*

<sup>8</sup> Loi, Vu Manh, Quan Le Nga, Phan Thuc Anh, Nguyen Thi Kim Hoa, Dinh Bich Thuy: Thematic Evaluation of UNFPA Support to National Capacity Development in Viet Nam. November 2001.

*lists of activities (e.g., develop training materials, train staff, hold workshops), which, if carried out, are assumed to strengthen capacity.*<sup>9</sup>

The evaluation concluded that, in practice, capacity development is not a central objective of UNFPA-funded interventions. This message is clear in each of the country studies. Even though this situation is often recognized in official UNFPA documents, it is not being adequately addressed in the course of planning and implementing interventions for reasons that are explained in chapter 4 of this report. The case of Viet Nam is illustrative:

*Limited institutional capacity was recognized as a critical constraint to Viet Nam's ability to implement and sustain the population and development programme. A lesson from CP4 was that national capacity strengthened through training and technical assistance, as well as through national execution of activities, «has often been done as a way of generating the desired outputs of UNFPA-supported projects rather than as a way to strengthen the institutions per se<sup>10</sup>» (UNFPA: Recommendation by the Executive Director, document DP/FPA/CP/158, 30 July 1996, page 5). The CP5, then, was designed to build the institutional capacity to overcome these constraints.<sup>11</sup>*

At issue here is not whether UNFPA is committed to capacity development, but whether this commitment is secondary to reproductive health and population and development aims. The reason this is of critical significance is that in order for UNFPA-funded programmes to achieve their stated long-term sustainable reproductive health and population and development aims, they must develop the capacities of counterpart organizations to improve their own performances in reproductive health and population and development. Counterpart organizations must gradually be given increased responsibility to plan and manage activities on their own rather than relying on UNFPA staff and experts for guidance and advice. This means that at times, projects will be implemented less efficiently due to the learning process. Moreover, specific programme aims will not be achieved within the desired time frame, in order that the counterpart organization can take full responsibility and learn from its own experiences and mistakes. Yet, there is a tendency for donor organizations, including UNFPA, to sacrifice sustainable capacity development for achievement of other programme aims in the short to medium term. This is an unsustainable strategy. If donors are to facilitate a situation in which systems and organizations are capable of achieving reproductive health and population and development aims in a sustainable way, they must focus on improving organizational and systems performance. Evidence for this conclusion is detailed in the following chapters.

<sup>9</sup> Ojengbede, Oladosu A., Osato O.F. Giwa-Osagie, Hyacinth I. Ajeagbu, Nosa I. Aladeselu, Akin Osibogun, Anjuwon Akinwande: Evaluation of the UNFPA Fourth Country Programme of Assistance to Nigeria. December 2001.

<sup>10</sup> Emphasis in the original text.

<sup>11</sup> Loi et al.

## 3.2. Capacity Development Inputs

Table 1 shows how, during the period 1992-2001, UNFPA's capacity development funding in the case countries was concentrated in three areas: 1) equipment and infrastructure; 2) training; and 3) personnel. These three areas represent the largest investments made by UNFPA in the area of capacity development.<sup>12</sup> The following brief overview of inputs to the capacity development process is followed by a more extensive discussion in section 3.4 of the return on these capacity development investments.

**TABLE 1: PROGRAMME EXPENDITURES BY COUNTRY AND COMPONENT, 1992-2001<sup>13</sup>**

	Viet Nam	Nepal	Nigeria	Egypt	Brazil	Côte d'Ivoire	Total	Per cent of programme budget
Component	1992-2001	1992-2001	1992-2001	1992-2001	1992-2001	1993-2001	1992-2001	1992-2001
Personnel	5,342,584	7,294,007	7,951,541	5,939,822	5,257,443	4,150,636	35,936,033	18.5
Subcontracts	12,055,072	2,661,917	2,510,917	3,096,572	3,221,318	816,463	24,362,259	12.6
Training	11,803,374	9,829,121	10,994,074	4,631,305	3,891,525	2,535,182	43,684,581	22.5
Equipment	27,926,940	20,397,631	11,226,442	9,824,819	4,546,757	3,484,595	77,407,184	39.9
Miscellaneous	3,828,950	2,733,107	1,878,008	1,315,068	783,778	880,654	11,419,565	5.9
Support Costs	432,246	315,801	89,339	136,940	25,998	41,782	1,042,106	0.5
<b>Total Programme</b>	<b>61,389,166</b>	<b>43,231,584</b>	<b>34,650,321</b>	<b>24,944,526</b>	<b>17,726,819</b>	<b>11,867,530</b>	<b>193,809,946</b>	<b>100</b>

Source: UNFPA Programme Resources Management System (PRMS)

### (1) EQUIPMENT AND INFRASTRUCTURE

Almost 40 per cent of UNFPA country programme funds were spent on purchasing equipment and supplies and developing infrastructure, including the construction or renovation of buildings; the equipping of clinics, offices and training facilities; and the supply of computers, software and contraceptives. In Nepal, Nigeria, Côte d'Ivoire and Viet Nam, these types of investments have included the construction of service delivery points for reproductive health. In Nepal construction of health training centres was also funded by UNFPA. In all countries but Côte d'Ivoire, expenditures on contraceptive supplies ranged from 22 to 56 per cent of equipment expenditures, although Brazil, Egypt

<sup>12</sup> It should be noted that the subcontract item may also include staff, training and equipment. However, UNFPA's financial tracking system does not allow for distinguishing the nature of inputs within this component. Also to be noted is that programme expenditures in the sample of case countries are over-weighted with respect to the training and equipment components and under-weighted with respect to the personnel component as compared to total UNFPA programme expenditures, which are as follows: equipment: 35 per cent; personnel: 28 per cent; training: 16 per cent.

<sup>13</sup> The case country studies in annex contain more detailed tables showing the evolution of expenditures over the last two country programme cycles (1992-1996 and 1997-2001).

and Viet Nam stopped purchasing contraceptives in the most recent country programme cycle.<sup>14</sup>

A number of concerns have been raised about the appropriateness and sustainability of this type of investment. The Nigeria case highlighted that computers bought through UNFPA funding had not been maintained and were no longer in service. The Nepal case recommended that the physical infrastructure of some of the training centres be improved immediately and suggested that the Government needed to provide a maintenance budget for all training facilities. The Côte d'Ivoire case questioned whether youth-centre facilities have in fact had any measurable impact on the target populations.

One of the central concerns is that many of the equipment and infrastructure development activities seem to be undertaken in isolation, without due consideration of how they build the overall capacity of the beneficiary organization. On the other hand, there is little doubt that in those countries where UNFPA has invested heavily in buildings and equipment for clinics and training, there is more capacity to deliver services (both clinical and training) than there would have been had these investments not been made. Thus, the question is not whether these investments have had any impact, but whether they were provided in synergy with other capacity development inputs, thereby contributing to the sustainable capacity of organizations to achieve their objectives.

## **(2) TRAINING**

Training was UNFPA's second biggest investment in the case countries, representing 22.5 per cent of programme budgets during 1992-2001. It was also a major focus of analysis of the Nepal, Viet Nam and Côte d'Ivoire country case studies. Indeed, in these countries, questionnaires were administered to a significant number of trainees in order to analyse the quality and appropriateness of the training and the extent to which acquired skills were used. Section 3.4, Developing Human Resources, analyses the results of this support.

## **(3) PERSONNEL**

Expenditures on national and international personnel, long- and short-term experts and related travel and administrative costs reached 18.5 per cent of programme expenditures in the case countries during the period 1992-2001. Expenditures on local project personnel ranged from 19 per cent of personnel expenditures in Viet Nam to 61 per cent of personnel expenditures in Brazil. Expenditures on this item increased greatly in the 1997-2001 country programme cycle in all case countries except Egypt and Brazil, due to the shift to national programme execution and, in countries such as Nigeria and Viet Nam, due to the decentralization of programme interventions to states and provinces. Some of the case countries such as Côte d'Ivoire and Nepal have relied on international expertise throughout the period, and Côte d'Ivoire increasingly did so in the latest programme cycle.<sup>15</sup> Expenditures on the technical expertise of the UNFPA-funded Country Technical Services Team were minimal, ranging from 2 per cent of the country programme expenditures in Egypt to 6 per cent in Viet Nam. However, it should also

---

<sup>14</sup> Contraceptive purchases in Nigeria were down to a minimum, while Nepal was still highly dependent on UNFPA funding in this area.

<sup>15</sup> International personnel consumed from 27 per cent of the personnel budget in Nepal to 40 per cent of the personnel budget in Côte d'Ivoire during the period 1992-2001.

be considered that CST salaries and running costs are covered by a separate global budget, which came to \$132.5 million between 1992 (when CSTs were first introduced) and 2000. Section 3.4, Developing Capacity through Programme Management Structures, analyses the capacity development results of some of these expenditures.

## 3.3. The Context for Capacity Development

### Introduction

One of the clear findings from the evaluation country cases is that the context, i.e. the systems in which individuals and organizations operate, has a critical impact upon the ability of individuals and organizations to develop capacities to perform. This is, of course, not a surprise, and is why for many years UNFPA has focused its attention and resources on issues of national policy, promoting understanding of demographic trends and advocacy at the highest levels of government in an effort to build an “enabling environment” for population and reproductive health interventions within countries. Yet, the cases also indicated that there are factors that are outside of the sphere of influence of UNFPA. The evaluation concludes that UNFPA was not always sufficiently cognizant of important contextual variables of capacity development such as those highlighted in the following sections.

### The Centralized and Politicized Organizational Culture

Effective organizations tend to have adopted a culture of listening to both their clients and their staff, and basing decisions on the needs of both. Unfortunately, several of the case studies found a tendency for public sector organizations to be overly centralized and to base decisions on bureaucratic and political considerations rather than on either a technical assessment of reproductive health, population and development, and other development issues or on client needs in these areas. For example the Egypt population and development case noted that:

*Egypt had huge bureaucratic structures in the public sector such as the MOHP with roughly 500,000 staff. The public sector in total comprised about a quarter of the entire labour force. Pay was low as was staff morale. Authority to decide and act were usually centralized around the Minister which constrained the flexibility needed for inter-organizational coordination even at the senior official level. Few incentives existed within these large central bureaucracies for innovation, coordination, productivity, strategic thinking and even capacity development. All were structured on the basis of a strongly vertical hierarchy and were wary about ceding authority or resources to other organizations.<sup>16</sup>*

---

<sup>16</sup> Morgan, Peter, Nader Fergany: The Population and Development Strategies Project in Egypt — A Case Study. March 6 2002.

In Viet Nam, *highly centralized and vertical management structures, [with] unclear roles and functions*<sup>17</sup> were noted. The Côte d'Ivoire study showed that

*Roles and responsibilities for the management and delivery of basic health services are overly centralized; and capacities for strategic sector management (policy formulation, planning) and for management of human, financial and physical resources are weak at all levels of the system. (World Bank Human Development Draft Report, 2001)*<sup>18</sup>

In general, it appears that bureaucratization and centralization were less obvious constraints in the non-governmental organizations with which UNFPA worked. In Brazil and Egypt the NGOs seemed to be less bureaucratic and better able to incorporate the needs of their clients and staff into their strategies for development.

Much capacity development literature has highlighted that public sector organizations in general have little, if any, incentives for capacity development in the conventional technical sense envisioned by donor agencies. They are often politicized, the scope of their operations being influenced by outside political interests that are not aligned with the stated mandates of public sector organizations. The evaluation indicated that UNFPA, in common with most international development agencies, has no institutionalized way of thinking about the political issues surrounding capacity development, to systematically separate the situations where some limited reform is possible from those where progress cannot be made. Yet, thinking about political and public sector reform issues is crucial to successful capacity development interventions.

## The Process of Decentralization and the Clarity of Roles at Each Level

One key issue that appears in all the country cases is a concern about the effect of decentralization of government structures on programme assistance and how, in a decentralized environment, donors such as UNFPA can best develop national capacities. The country cases of Viet Nam, Nigeria and Côte d'Ivoire indicated that UNFPA did not analyse the extent and peculiarities of decentralization in each country and therefore inadequately addressed the challenges of developing capacity at decentralized levels.<sup>19</sup>

For example the Viet Nam case noted that UNFPA had a

***Simplistic view of decentralization:*** *CP5 was also the first country programme to decentralize national execution. This shift was rather sudden and not very well designed, making project staff at all levels confused. This is especially true for NCPFP and MOH project staff who had strong habits of working in centralized and top-down mechanisms*

---

<sup>17</sup> Loi, Vu Manh et al.

<sup>18</sup> Mitchell, Marc, José Miguel Guzman, Valentin Essan Kodia, Christiane Welfens-Ekra, Jeanne Kouaho-Kouassi: UNFPA Thematic Evaluation Capacity

<sup>19</sup> This was also the finding of a report published by the Office of Oversight and Evaluation, UNFPA: UNFPA and Government Decentralization: A Study of Country Experiences, March 2000.

*in the government system for decades as well as during the previous CPs. During the process of project development, UNFPA staff worked directly with provinces with little or no participation of central levels. This had caused inconsistencies and poor sequencing in the programme's overall implementation. For example, provincial projects were approved a year earlier than central level projects, making the technical supports that the central levels were supposed to provide to the provinces irrelevant. This had significantly hampered the institutional capacity building as well as negatively affected training timing and quality at the provincial level in the early period of CP5. Some provinces, such as Khanh Hoa and Binh Duong, had completed many training activities while at the central level the training materials were not fully developed.<sup>20</sup>*

The report also notes that UNFPA's support was decentralized at the request of the Government, but before the Government introduced its own decentralization policies in 1998-99. The Government therefore had little experience with, or adequate systems in place for, decentralized management.

Similarly, in Nigeria the UNFPA-funded programme strategy did not seem to adequately take into account the complex relationships between the federal and state governments. The strategy, which aimed to sequence the activities of the national and decentralized levels so that the central level would provide standards, materials and curricula to be adapted and used by decentralized levels of government, therefore did not succeed.

*The fact that the 12 State sub-programmes started implementation two years before the Federal ones also meant that support activities from the Federal government to the States could not be provided on schedule.... Examples are training of planners on integration techniques and processes... Training manuals, as well as monitoring and evaluation modalities to be developed by the Federal Coordinating Unit (then DCDPA)... One year before the end of the programme... the manuals were still at the draft stage.<sup>21</sup>*

The Côte d'Ivoire case concluded that UNFPA's strategy to fund decentralized Population and Development Commissions (COREPOs) in a highly centralized government administration context was unrealistic.

*One of the weakest points of the institutional arrangements is the role of the regional COREPOs. First, they do not have the capacity to implement the programme, but the most important point is that in the context of a highly centralized government it remains very unclear what role is expected of the COREPOs. Until a real decentralization process is undertaken, it is suggested that these entities not be supported except perhaps for very specific activities.<sup>22</sup>*

---

<sup>20</sup> Loi, Vu Manh et al.

<sup>21</sup> Ojengbede, Oladosu A. et al.

<sup>22</sup> Mitchell, Marc, et al.

## The Role of Civil Society

Country studies consistently highlighted the importance of a broad base of support and popular demand for population and reproductive health interventions as factors that greatly facilitate and promote capacity development. A broad civil base of support in population leads to greater demand for reproductive health services, greater pressure to deliver high-quality, client-centred services, and provides a voice for women and other groups that can push a rights-based, gender-sensitive agenda.

In Brazil the push was led by a strong women's movement.

*As a reflex of the first World Conference on Women, held in Mexico, an active feminist movement was created in Brazil in the mid-seventies during the military dictatorship, and started a major articulation by Brazilian women for the amplification of their citizenship... Despite the contrary reactions, this movement constituted an important political factor in the country's re-democratization process. During the following decade, the women's movement fought for equal rights for both genders to be assured by the 1988 Brazilian Federal Constitution [and] was of fundamental importance in winning this process.<sup>23</sup>*

Similarly, in Viet Nam, mass organizations such as the Women's, Peasants' and Youth Unions were strongly involved in the population programme. The country cases indicated that the extensive involvement of civil society created a conducive environment for UNFPA-funded interventions. On the other hand, in some of the case countries UNFPA needed to further mobilize communities, decision-makers and lower levels of the administration in support of population and reproductive health programmes.

The Nigeria case noted that with respect to reproductive health, communities had not been sufficiently sensitized and mobilized to accept new services, such as ones focusing on adolescents, men, and sexually transmitted infections, including HIV/AIDS. It also suggested that Local Government Area authorities did not sufficiently appreciate the importance of population and development issues and therefore may not have felt the need for project activities.

## 3.4. UNFPA's Capacity Development Strategies and Results

### Introduction

While the evaluation found that UNFPA does not approach capacity development in a comprehensive and strategic manner, the case country studies showed that UNFPA-funded programmes use most of the key strategies for developing capacity outlined in the

---

<sup>23</sup> Carvalho José Alberto Magno de, Oswaldo Yoshimi Tanaka, Leila Linhares, Cristina Melo: Evaluation of the UNFPA Programme in Brazil: Capacities Development. Belo Horizonte, March 2002.

figure on page 5. This section discusses how successfully UNFPA applied the key strategies. Due to the case study methodology used by this evaluation, a comprehensive, exhaustive analysis was not attempted. Rather, within each major strategy, a few important dimensions of successful approaches drawn from the case country studies are highlighted below.

## Creating a Common Vision

Successful capacity development strategies ensure that there is synergy between the goals of the partner organization and the development intervention. UNFPA, as a lead agency in promoting the adoption of the recommendations of the 1994 ICPD Programme of Action among its development partners, focuses much of its work on developing a greater awareness among partner countries and organizations of the importance of population and reproductive health as a factor in a country's development. This effort has taken many forms, including the development and continued support of population commissions in many countries, the development of statistical agencies that work on censuses, demographic and health surveys and other types of data collection and information, advocacy with legislative and community groups, and training and study trips for senior bureaucrats, technicians and politicians.

The capacity development evaluation found that even though all of the case countries have adopted the ICPD Programme of Action, partner Governments and other stakeholders, including UNFPA itself, often lack a clear vision of how to adapt its recommendations to local situations and of the related capacity development requirements. In particular, they lack clear visions regarding site-specific challenges in the areas of population and development, youth and gender.

A case in point is Côte d'Ivoire, where the case study highlighted the fact that the Government developed a National Population Policy in 1997 that essentially paraphrased the ICPD Programme of Action. The case noted:

*Unfortunately, often the population policy is an outgrowth of a global view of priority activities and language rather than the actual sentiments or priorities of the government based on an in-depth study of country needs. When this is the case, its usefulness as a foundation for strategies and programmes is significantly reduced. As an example, the Declaration of a National Policy on RH in Côte d'Ivoire (Declaration de la Politique Nationale de la Santé de la Réproduction Côte d'Ivoire, 1998) states that one of the main strategies will be to maximize accessibility and quality of RH services. Yet, despite this policy, the government has refused to allow the distribution of contraceptive pills without a doctor's examination, which poses a major barrier to access.... Despite its words to make RH widely available and give women the freedom of choice, any sterilization procedure, male or female, is illegal in Côte d'Ivoire.*

*Thus, while the words of the national population policy give the impression of a progressive approach to RH, the words are not an accurate reflection of national priorities or deeply held beliefs and rather are a reflection of the various pressures that have been put on the government to develop such a policy. Further, since the policy is the official*

document, it may provide an easy way for governments to say they are moving toward internationally accepted principles of health and equity, while the reality is quite different.<sup>24</sup>

The Egypt case study noted:

*MOHP staff in the Sector, for example, appear not to have understood the meaning or the organizational implications of a broader approach to population policy coordination.... The population sector still lacks a coordination strategy or a vision or even a set of coherent ideas about a framework of capabilities across the government that would be needed to put in place a coordinated approach to population and development.*<sup>25</sup>

With respect to youth interventions the Côte d'Ivoire study noted:

*Like many organizations, UNFPA has put considerable resources into the development of a programme to address the problems that youth face in RH. Yet, the recognition of the need to address this issue has preceded our knowledge of what to do, with the result that programmes such as urban youth centres and school programmes are being put into place with very little evidence of their impact. Further, these programmes seem to continue without further efforts to measure their effectiveness or look more fully at other innovative approaches that are being done either in Côte d'Ivoire or in other countries.... The country does not seem concerned by these issues [youth RH issues], and takes a rather passive approach to addressing them. A more honest and open approach to adolescent health is needed.*<sup>26</sup>

The Nigeria case study spotlighted how the implementers of the country programme failed to promote a clear understanding of gender issues and concepts:

*Gender mainstreaming is a relatively new concept in Nigeria and it was noted that programme implementers have not clearly understood the concept as many equate it to issues in which women have been disadvantaged.*<sup>27</sup>

The Viet Nam case study pointed out that a project implemented by the Women's and Peasants' Unions to increase the awareness of gender issues in the area of reproductive health among mothers' and fathers' groups had *no vision of what the gender capacity of the Unions would be after completing the project.*<sup>28</sup>

On the other hand, some other case country Governments have developed a clear vision in reproductive health, population and development, youth and gender aligned with that of the ICPD. In Brazil, this vision was already shaped before the ICPD. For instance, the 1988 Constitution declared health, including reproductive health, a universal right, and

---

<sup>24</sup> Mitchell, Marc et al.

<sup>25</sup> Morgan, Peter, and Jack Reynolds, Thematic Evaluation of UNFPA Support to National Capacity Development: A Case Study of Two UNFPA-Supported Projects in Egypt, May 2002.

<sup>26</sup> Mitchell, Marc et al.

<sup>27</sup> Ojengbede, Oladosu et al.

<sup>28</sup> Reynolds, Jack et al.

the Government has supported the Women's Health Integral Assistance Programme. The Ministry of Health, spurred on by the active role of women's groups in the country, is continuously dialoguing with various social movements, in particular with the women's rights organizations, and has incorporated the ICPD agenda into its policies and plans related to sexual and reproductive health. Such a favourable context greatly enhanced the chances of success of the UNFPA-funded programme interventions both in achieving their objectives and developing national capacity.<sup>29</sup>

The case studies showed that reproductive health and population and development issues may be even less well understood at the decentralized levels of government. For instance, the Nigeria case study noted that while the federal- and some state-level MOH organizations have a good understanding of reproductive health concepts and needs in the Nigerian context, the Local Government Areas generally have not reached the same level of understanding.

The Brazil country study concludes:

*The development of a common understanding of the intervention objectives shaped the attitudes and motivation of implementing partners and was a prerequisite to make everyone feel responsible for the success of the intervention.*<sup>30</sup>

At the same time the Brazil country study noted that long-term institutionalization of project interventions would only be achieved if they were designed to take into account the culture, mandate and objectives of the counterpart organization.

## Developing Human Resources

Development of staff knowledge, attitudes and competencies is a key element of successful organizational capacity development. UNFPA has appropriately chosen to invest almost a quarter of its resources in this area in the case countries. However, human resource development strategies will not lead to an increase in organizational performance if individual capabilities are not harnessed and actively used to achieve the organization's objectives. Thus, the ultimate goal of a human resource development strategy should be to develop the capacity of the organization, not only those of the individual staff members.

The case studies revealed that the majority of the trainees interviewed considered the training supported by UNFPA useful. However, the evaluators found its quality and appropriateness to be uneven. Overall, UNFPA's human resource development strategy was found to focus more on individual "empowerment" than on the use of individual skills as part of a deliberate organizational capacity development strategy. Indeed, the organizations from which the trainees came did not use the new skills to transform and strengthen their own strategic visions, systems and overall abilities.

---

<sup>29</sup> Carvalho, José Alberto Magno de et al.

<sup>30</sup> Carvalho, José Alberto Magno de et al.

The case studies indicated that individual training should be just one element of an overall strategy to develop and strengthen the organization's systems, procedures and culture. Formal training should be combined with on-the-job training, supportive supervision and guidance of trained staff, frequent monitoring and critical assessment of interventions.

Indeed, the Brazil case concluded that:

*Staff that, as a group and with the participation of stakeholders, continuously monitor, evaluate and critically reflect on their interventions, develop their knowledge and competencies as well as the overall capacity of the organization.*<sup>31</sup>

The development of staff competencies should be synchronized with the availability of sufficient equipment, supplies, norms and procedures for them to effectively apply their skills, as demonstrated by the Nepal and Côte d'Ivoire studies. Finally, a concerted effort should be made to enhance the overall understanding of staff and organizations of the gender dimensions of their daily work and organizational objectives.

The following sections highlight detailed findings of country cases with respect to human resource development outcomes at the individual and organizational levels.

### THE INDIVIDUAL LEVEL

UNFPA funded training in population and development, delivery of clinical reproductive health services including service quality improvement, and gender. Overall, the **quality of the training process** was found to be variable as highlighted in the **box** on the following page.

With respect to **outcomes at the individual level**, both the Nepal and Viet Nam cases revealed that trainees found the training useful and felt that they had improved their attitudes, knowledge and technical skills in reproductive health. They also felt that they had been "empowered" by the training process because it made them more confident in performing their job and in taking job-related decisions.

However, in Nigeria, trainees who had attended a population and development course noted that their competencies were still insufficient to be applied in their daily work. Trainees in all case countries noted their inability to apply gender concepts in their work.

### THE ORGANIZATIONAL LEVEL

With respect to **outcomes at the organizational level**, the evaluation case studies found that the knowledge and competencies of individuals were infrequently institutionalized as an integral component of organizational capacity. Also, the prevailing organizational culture determined the impact that individual capacities had on the development of organizational capacity. The Nepal case highlighted the fundamental lack of political will to provide the leadership and funding needed for an effective reproductive health training system. Indeed, the National Health Training Center, established in 1993, had not been

---

<sup>31</sup> idem.

## Findings on the Quality of the Training Process

- **Pertinence:** the training content was relevant in relation to job descriptions in Nepal and Côte d'Ivoire, but not in Nigeria.
- **Sequencing:** the timing of training in relation to availability of norms, standards and training materials was adequate in Nepal but not in Viet Nam.
- **Trainee selection:** most often, as in Nepal, Nigeria and Viet Nam, trainees were not selected based on their need for training. Also, there were cases of trainees in Nepal and Viet Nam having attended similar courses repeatedly, often funded by different donors.
- **Training materials:** Many of the training materials, for instance those in Nepal and Viet Nam, were systematically developed and were found to be adequate.
- **Class size:** in Viet Nam, classes were too large, as managers tried to stretch training funds to cover as many individuals as possible. This affected the quality of training, since trainers had less time to spend with each participant.
- **Practice period:** the Viet Nam and Nigeria cases highlighted how training tended to remain theoretical, rather than emphasizing the practical application of acquired skills. In reproductive health, practice is often constrained by the lack of patients. The Nepal study, however, found an adequate mix of theory and practice.
- **Training methodology:** innovative training methodologies were infrequently used, with some exceptions. In Nepal, training sessions were facilitated using participatory training methods based on adult learning principles. The Egypt reproductive health case highlighted the use of effective human resource development strategies, such as extensive on-the-job training combined with long-term supportive supervision and coaching. Trainees were followed for about a year through a gradual weaning process that was flexible enough to retrain staff when necessary and to extend supervision until the trainee had mastered the desired behaviours. At the same time, this experience — and the feedback from trainees — were used to make modifications to the project strategy. Similarly, the Love to Life project in Brazil used a combination of on-the-job training and workshops to monitor and evaluate interventions so that stakeholders could learn from the implementation process.
- **Trainer quality:** the poor quality of trainers due to low pay was highlighted in the Nepal case.
- **Gender sensitivity:** overall, the training provided was not gender sensitive, although the reproductive health sector in Brazil was an exception. In Nigeria, gender was well integrated into both curricula and training materials for advocacy, population and family life education. However, gender aspects were not addressed in population and family life education classroom delivery. In Nepal and Côte d'Ivoire, gender was not integrated into materials or classroom delivery. There seemed to be a lack of understanding as well as a lack of motivation and incentives for trainers and training managers to be gender sensitive.
- **Supervision and follow-up:** post-training supervision and support to trainees were weak or absent in all case countries. The Nepal case highlighted that, even though UNFPA had provided funds for this purpose, the activity was not implemented. This indicated a lack of understanding of the importance of follow-up.

given the resources and manpower required to fulfil its mandate of providing institutional leadership for health-related human resource development in Nepal. Additionally, lack of equipment and materials at health-centre levels hampered the use of new competencies, which therefore would decline over time.

Innovation and risk-taking were not rewarded, which impacted on individuals' motivation to improve their daily routine:

*One of the main contributing factors in successful training is information, attitude and dedication for innovation by trainers as well as trainees. However there is low encouragement and support towards those with initiative, motivation, inspiration and fresh ideas. Trainers are neither reprimanded nor rewarded based on their performance. Hence there is no healthy competition for competency development, which is the pre-condition for HRD.<sup>32</sup>*

Additionally, frequent transfers of personnel jeopardized any strengthening of reproductive health service delivery, as highlighted by the Côte d'Ivoire and Nigeria cases.

The Egypt population and development and Nepal reproductive health training cases illustrated the absence of deliberately established synergies between training interventions and the organizational processes for use of these individual skills to achieve organizational goals. The Nepal case illustrates this situation:

*The HMIS training programme contributed remarkably in information generation and compilation skills of the participants. Many staff from the districts expressed "nevertheless its utilization at local planning has not increased due to the top-down practice in preparing annual programmes in the health sector".<sup>33</sup>*

The Brazil case highlighted another type of synergy between the individual and the organization. It concluded that training in population and development and reproductive health could have had greater impact on overall organizational capacity if the projects, most often lodged in one unit of the organization, had coordinated and collaborated with other units in the organization.

## Developing Systems

Development of systems implies transfer and adaptation of knowledge necessary for designing work processes which will allow organizations to perform according to their mandate and context. UNFPA has primarily focused its systems development support on national information and reproductive health management systems such as national censuses, health information and logistics systems, reproductive health referral and outreach systems, and standards of reproductive health care. The evaluation found that

---

<sup>32</sup> Uprety, Aruna and Babu Ram Shrestha, Thematic Evaluation of UNFPA's Contribution to Human Resource Development under the Fourth Country Programme: Nepal. January 2002.

<sup>33</sup> Uprethi, Aruna and Babu Ram Shrestha.

although investments in the development of information systems have certainly made more data about health and population trends available, they have not necessarily led to more extensive use of data and information for planning and management of population and development and reproductive health interventions.

The country cases highlighted a few principles to ensure institutionalization and use of systems' products. The Brazil case concluded that systems development includes the following elements: 1) the knowledge and skills brought into the project are adopted by the team and adjusted to the local context. 2) For a more effective systems development process, intra-organizational cooperation should become part of the daily routine concomitant with a process of human resources development with a strong component of critical reflection by stakeholders on their development interventions.

The case also highlighted that "external models" are not likely to be institutionalized. Systems development should be based on consideration of partner organizations' needs, objectives and contexts. It also noted that projects should clearly spell out a systems institutionalization strategy.

The Côte d'Ivoire case highlighted the need to develop the capacity of organizations to understand their role in helping to meet national needs in the area of systems development.

For example, while the financial and technical support provided by UNFPA to the National Statistical Institute (INS) had been a key factor in the development of its capacity to conduct, process, analyse and publish data from census and surveys, *INS has not yet developed the idea of a statistical system in which data sources are integrated in a national statistical system.*<sup>34</sup>

## **Iterative Planning, Monitoring and Evaluation of Programme Interventions**

A critical dimension of organizational capacity is the ability to effectively plan, implement, continuously monitor and evaluate programmes and to use this information for making programme-related decisions.

The evaluation found that interventions are efficient when they are planned on the basis of an analysis of demands and needs. For example, in Brazil, UNFPA support to the training of demographers and state-level planners satisfied a strong demand for these professions in the context of decentralization of planning and implementation of public policies to state and municipal levels. Twenty-five years of UNFPA support to the School for Applied Economics and Statistics (ENSEA), Côte d'Ivoire, helped to meet a critical need for trained demographers and statisticians in the region. The successful Egypt reproductive health project was designed on the basis of carefully planned research of women's reproductive health problems and services available to address these problems.<sup>35</sup>

---

<sup>34</sup> Mitchell Marc, et al.

<sup>35</sup> The Giza Morbidity Study, which identified a large gap between an unexpectedly high level of gynaecological and related illnesses and the services provided to women at the primary health care level.

The Brazil study found that the driving force of capacity development is the ability of stakeholders to critically reflect upon newly acquired knowledge, relating it to their own programmes and contexts in a systematic manner. For that to happen, the existence of a strong monitoring and evaluation system and data-based culture is necessary.

The Egypt reproductive health case exhibited a strong planning, monitoring and evaluation culture:

*In the Egypt RH project, needs assessments flow smoothly into planning in a cyclical, iterative way. Objectives reflect gaps in needs and activities are designed to meet the objectives and fill the gaps.... The RH project is also a good example of continual monitoring, feedback and adjustment. The project team is constantly assessing activities and looking for ways to improve them.<sup>36</sup>*

The successful Love to Life project in Brazil used a similar system of iterative, workshop-based discussions and critical assessment of interventions by all project stakeholders.

However, the other case studies noted the absence of such an iterative assessment, planning, monitoring and evaluation and critical reflection process and culture. The Côte d'Ivoire case exemplifies this situation:

*There are many reasons for this. One is the highly centralized and rigid planning structure that dominates government planning which typically does not take full account of either the local constraints to implementation nor the need for flexibility in planning as a programme is underway.... Further any emphasis of accountability is primarily on whether the plans were followed rather than whether the desired results were achieved. For this reason, managers in the field are reluctant to vary from what is planned centrally with the result that many activities never get done or do not achieve their desired result.*

*Another problem with planning is related to the predominant bureaucratic culture in which good data does not seem to be a priority either of monitoring or planning.*

*There are several indications that this culture of data-based decision making has not been fully adopted. One indication is the very long delays in the dissemination of information, and the apparent lack of concern that data such as the census or demographic and health surveys are not widely available or used. Another such indication is the national breakdown in the use of the national Health Information System. It is generally agreed that data is collected at the district and facility level and then never transferred to the regional or national levels. While this is not an unusual occurrence in many health information systems, what is unusual is the apparent lack of concern for why this might be a problem in the planning and monitoring of existing programmes. A third indication of the disassociation between data and programme is the lack of attention to several inconsistencies in the data that are commonly used for planning purposes. The concern is that while institutions such as INS and ENSEA have clearly acquired the skills necessary for collection and processing of data, they may not have yet engendered in the culture the*

---

<sup>36</sup> Reynolds, Jack: The Egyptian Health Intervention Project — A Case Study of Capacity Development. February 2002.

*need to use these data for critical analysis and rethinking of what exactly is the meaning and impact of alternative approaches to population and development.*<sup>37</sup>

The Viet Nam case seemed to indicate that the problem was due not only to the national organizational culture but also to a lack of a monitoring and evaluation culture within UNFPA:

*M&E is a weak point in CP5. Compared to CP4 in which M&E for local participation was nearly absent, CP5 had made a good progress by including M&E issues in the project documents. However, there was no clear guidance, criteria, and practical mechanism for M&E, the training for M&E was not well done, and resources for many M&E activities were lacking because it was not recognized properly during the designing phase. There was no budget for M&E at the district level. There were no baseline data and follow-up data for M&E. For a few types of activities where checklists for M&E were developed, the checklists were very crude and made without any clear framework, making it difficult for the implementers to understand what to monitor and evaluate and for what purposes M&E were designed. In many cases, M&E was reduced to a simple field visit and it was done for the sake of formality. Each M&E activity was often treated in isolation, without taking into consideration comments and recommendations of earlier M&E activities. As the result, M&E was either ignored, or implemented ineffectively.*<sup>38</sup>

## Establishing Partnerships, Inter- and Intra-Organizational Coordination

The promotion of partnerships as well as intra- and inter-governmental linkages is a guiding principle of UNFPA programming and is generally considered a good capacity development strategy. The Brazil country case concluded that networks lend legitimacy to a project intervention and allow the intervention to continue even in the event of administrative and political instability. When activities are decentralized there is a stronger need for intra-organizational coordination to maintain a consensus on the concepts, objectives and strategies of the development intervention. Finally, the study found that networking enhances the skills and competencies of an organization's staff.

Effective capacity development requires a wide range of skills by development assistance agencies and an approach that coordinates the efforts of individuals, organizations and national systems to work together toward a single set of development goals. Country case studies found that collaboration and coordination are weak, both among donors and within the Government between different government organizations and also among units within such organizations. While exceptions were found, it was noted that overall, UNFPA has not done an effective job of coordinating with other donors, nor of helping its national partners to work together.

---

<sup>37</sup> Mitchell, Marc et al.

<sup>38</sup> Loi, Vu Manh et al.

The evaluation concluded that overall, there is a critical need for UNFPA to work harder to coordinate its efforts with other development agencies and to foster inter- and intra-organizational collaboration among its partner organizations.

The following quotes are illustrative of the problem that is mentioned in nearly every country study:

*The [Nepal] national health programme has been weakened by inadequate coordination of donor resources. Integration of various primary health care programmes is also observed to be feeble. During the field visit it was observed that some programmes were duplicated in the same place and the same health personnel received the same training repeatedly. Yet in some places, personnel are working without required training.*<sup>39</sup>

In Brazil, the following was noted in one project assessment with respect to intra-organizational collaboration:

*Some Population and Development and Reproductive Health projects were unable to establish collaborative links with other units in the organizations being supported because of the excessive centralization and isolation of the projects, which were identified much more as belonging to an individual or a group rather than as a project to benefit the organization as a whole. For instance, it was found that the coordinators of a Population and Development project did not develop strategies and actions directed to encourage the contribution by other actors of their own organization, which eventually hampered institutionalization of project results.*<sup>40</sup>

The Nigeria study noted,

*Nevertheless, inadequate and/or non-specific policies make coordination of the population programmes unsuccessful at the federal level and woeful between the National Population Commission and State Planning Commissions.*<sup>41</sup>

The Nigeria study also reported that since the Civil Service Commission is responsible for posting staff, a process over which line ministries have no control, medical staff newly trained in reproductive health are often transferred to areas where they cannot utilize their new skills.

In Egypt, both donor and government coordination seemed to be limited.

*The actual components and activities of the new PDS project overlapped and duplicated those of both the USAID's Population IV programme (e.g. population policy formulation, capacity building, research) and also many of the programmes of the NPC including research and information technology.... In effect, the UNFPA was about to fund the*

---

<sup>39</sup> Uprety, Aruna and Babu Ram Shrestha.

<sup>40</sup> Carvalho, José Alberto Magno de et al.

<sup>41</sup> Ojengbede, Oladosu A. et al.

*re-creation of a coordinating structure within the MOHP similar to that of the NPC which UNFPA itself had helped to create in the early 1990s. After realizing the potential for duplication, the MOHP “resolved” the issue by assigning the UNFPA supported P&D project to concentrate on policy development and the POP IV project to provide training in strategic planning and policy analysis.*

*Some sort of steering or coordination mechanism within the MOHP does not yet exist. The Ministry makes little effort to coordinate the population interventions of the donors with whom it works.... Part of the reason for this low level of coordination and collaboration was a general lack of interpersonal trust and social capital that allowed people to bridge differences and engage in some sort of effective collective action. Most issues and even control over organizational units were quickly personalized. Most bureaucratic issues were seen in “win-lose” terms.<sup>42</sup>*

The Nigeria and Viet Nam case studies found, however, that coordination seemed much better at the local level. In Nigeria, this was helped along by UNFPA-funded Project Advisory Units. In Viet Nam, the provincial UNFPA-funded projects were managed by provincial coordinating committees in which all of the reproductive health and population and development counterparts were represented. Perhaps because they were small jurisdictions and most of the members knew one another, they were able to effectively coordinate many of their activities.

## **Mobilizing Resources for Sustainability**

A critical element of capacity is the ability of an organization to mobilize sufficient financial resources to maintain its programme. Yet this seems an area where UNFPA’s development partners have fallen woefully short, in part because of the Fund’s continued financial assistance over the very long term. UNFPA, and virtually all donors, exhibit the same contradictory behaviour of exhorting the recipients of their funding to find new sources of income while at the same time making their own programme funding available to these same organizations. Indeed, given that for many organizations it is a challenge to even spend the donor resources that they currently receive, it seems unlikely that they will actively seek new funding until forced to do so. In Côte d’Ivoire for example,

*Only about 10%-12% of the available funds had been used at the time of the mid-term review. There are several reasons for this including the institutionalization of a new accounting system in the Government of Côte d’Ivoire, and the complete shut-down of activities during the period of civil unrest in 1999-2000. Nevertheless, this lack of absorptive capacity by the government and other executing agencies is in itself an indication of the lack of capacity of these institutions. Further, it does not appear that UNFPA or anyone else has seriously begun to address this issue.<sup>43</sup>*

---

<sup>42</sup> Morgan, Peter, and Jack Reynolds. May 2002.

<sup>43</sup> Mitchell, Marc et al.

Again, in Côte d'Ivoire it was noted,

*Although UNFPA has worked hard to develop the capacity to develop [RH] services in 4 regions of the country (as well as work on the national level) it remains very unclear the extent to which these services would remain if UNFPA support were to end. This issue of **sustainability** would be difficult to test, but given the limited efforts the government has made in those districts not specifically covered by donors, it is questionable whether the government would be in a position to continue the level of services offered without this donor support.<sup>44</sup>*

In Nigeria, a similar problem was noted,

*The Sub-programme [documents] are silent on how to use/commit the Government Counterpart Cash Contribution (GCCC). Besides, they do not really make it mandatory for the governments to contribute. Indeed, at the Federal level, the only statement is "Government has promised to provide Counterpart funds." As it is, the programme activities are carried out, even without the GCCC, but using only the UNFPA funds. This makes it optional for the governments (especially the States and Local Government Areas) to pay. This is not satisfactory, as it does not stimulate the governments to get used to making budgetary provisions for population programmes. Where the GCCC is paid, much of the money may lie dormant in the bank accounts while the programme implementers may not be able to access it as and when needed. The initiation of the process to access the [cash contribution] and the approval are not streamlined and so are not adequate.<sup>45</sup>*

## Developing Capacity through Programme Management Structures

UNFPA manages and provides inputs to its projects through a variety of management mechanisms, including direct planning and oversight by Country Office staff; Project/Programme Management/Advisory Units (PMUs/PAUs); and UNFPA-funded Country Technical Services Teams composed of highly skilled professionals that operate out of nine regional offices and provide short-term technical support to country programmes. UNFPA also uses short-term national and international consultants and organizations to provide assistance to counterpart organizations and programmes.

The case studies highlighted that, in the absence of well-defined strategies for capacity development within UNFPA, the management structures established to implement UNFPA-funded programmes are not as effective in achieving the capacity development objectives of these programmes as they could be. PMUs/PAUs, for example, while often providing excellent assistance to both UNFPA and the partner organizations to "get the job done", also tend to undermine the ability of both organizations to "learn from doing". The same is true for CSTs and external consultants, unless careful attention is paid to the systematic transfer of skills to both UNFPA and the partner organizations with which it works.

---

44 idem.

45 Ojengbede, Oladosu A. et al.

The evaluation also concluded that the use of different management structures should be adapted to the level of existing capacities of partner organizations and countries. For example, structures such as PMUs may be needed in countries with low levels of existing capacity during an initial phase, while they should be replaced by other management modalities as indigenous capacity is strengthened.

**Country Office staff.** The Country Office staffs tend to be very involved in the design and development of their country programmes, subprogrammes and projects. They are also quite busy with work plans, budgets, reporting and a variety of administrative tasks. They are not usually involved in capacity development *per se*, but there is a degree of “on-the-job” training that occurs for the counterpart organization staff in the course of the project and programme development and implementation process. Involvement of national counterparts has increased over the last two programme cycles, due to the shift from international agency to national programme execution. In Viet Nam, for example, during the last programme cycle provincial authorities were actively involved in the development of their own projects. This had a significant positive impact on project ownership.

Unfortunately, the Country Offices have always been sparsely staffed: a Representative, perhaps a Deputy, one Assistant Representative (usually a national), a few national programme officers and/or national project professional personnel and a few support staff. Country Office staffing was mentioned in all country assessments as a significant shortcoming. This staffing pattern was always insufficient, but it became inadequate as well in the context of increased decentralization of government administrations and, concomitantly, of UNFPA-funded interventions. Not only were there not enough key staff members to develop, monitor and evaluate projects, but many of the staff did not have the technical expertise needed in reproductive health, population and development and advocacy, much less capacity development. As a result, the Country Offices have had to rely on outside experts (local, international and CST) for assistance.

While UNFPA should be commended for keeping its overhead costs low by limiting country office staffing, it should be pointed out that it then makes many technical and administrative demands on staff that are simply unrealistic, given the number of personnel available. Furthermore, while staffing shortages are addressed to some extent by the use of CSTs or independent consultants, the use of such “outside” experts consumes huge amounts of time among staff members responsible for organizing and following up.

**Project/Programme management units.** Many partner organizations, particularly at decentralized levels, do not have the capacity to implement their projects themselves, either due to a lack of staff or a lack of expertise. PMUs/PAUs are often funded by UNFPA to help government agencies implement the projects or programmes in a timely fashion. They are mostly made up of national staff with various project-relevant skills. Although their principal function is to manage project implementation (ordering equipment, arranging for study tours and planning training programmes, for example), they may also provide technical assistance. They can be very useful in this regard. PMUs/PAUs can also facilitate communication between a government and donors, thereby promoting decision-making, especially when they have the trust and respect of both parties. Since they are not permanent government staff, there is a great deal of flexibility in hiring and firing.

This evaluation collected a limited amount of data on PMUs/PAUs and therefore cannot provide final, authoritative conclusions on their strengths and weaknesses as well as their suitability as a sustainable capacity development strategy. However, the following evaluation findings are worth highlighting.

Nigeria uses PAUs, one for each federal project and for each of the 12 UNFPA-supported states. The Nigeria report highlighted that they have been effective in promoting inter-project linkages at the state and federal levels. This is something the Government-run projects do not do very well themselves. The report gave high marks to the PAU advisors and also noted that the reproductive health subprogramme *"benefited tremendously from the availability and use of highly competent and dedicated RH experts."*<sup>46</sup>

On the other hand, the Nigeria case concluded that PAUs tended to be a vehicle for "capacity substitution". That is, UNFPA is actually buying short-term capacity instead of helping to develop the capacity of the implementing agency staff. In the most extreme examples, the PMUs take over the implementation function, which may get the work done faster, but can also cause confusion and conflict if the PMU is seen to be an independent unit reporting to UNFPA rather than to the government implementing agency. This has happened in Nigeria and in the Egyptian population and development project, where the PMU acted as an autonomous unit. Rather than building the capacity within the MOHP as initially envisaged, the PMU did the work itself or hired consultants to do it. A report on UNFPA experiences with government decentralization similarly noted that this project management modality tended to retard local institutional growth.<sup>47</sup>

**Country Technical Services Teams.** The thematic evaluation did not undertake an in-depth analysis of CST performance. However, it did make the following assessment. CSTs are generally held in high regard by UNFPA headquarters and Country Offices.<sup>48</sup> These specialists provide needed technical assistance to Country Offices and national counterparts in a wide array of technical areas. While capacity development is stated as being at the core of the CST mandate, in fact, in many countries CST experts spend a large amount of their time doing project and programme development work for the Country Offices, due to the staffing shortages within Country Offices. Nevertheless, they have made valuable contributions to develop the capacity of partner organizations. For example, CSTs were especially effective in building the capacity of government staff in Viet Nam and Côte d'Ivoire to design and undertake censuses and related surveys.

One of the limitations of CST support is the lack of continuity. The same advisor is often not available for follow-up visits. A second limitation is time. CST advisors rarely have more than a week or two in-country to carry out their assignments. However, perhaps the greatest concern with regard to the CSTs revealed by this evaluation is that they have been hampered in their efforts to develop national capacities by the lack of a well-defined and strategic approach to capacity development within UNFPA. Given that context, it's highly likely that, like the PMUs, they often substituted rather than built capacity.

---

46 Ojengbede, Oladosu A. et al.

47 UNFPA and Government Decentralization: A Study of Country Experiences, Office of Oversight and Evaluation, UNFPA. March 2000.

48 See for example the external evaluation of CSTs done by UNFPA (Evaluation Report Number 9: An Assessment of UNFPA's Technical Support Services System).

# 4: why these findings?

## 4.1. Introduction

Despite the significant resources that UNFPA has invested in capacity development, it was the overall conclusion of the evaluation team that there had been limited success in actually achieving the goal of developing capacity with most of UNFPA's partner organizations. Furthermore, it was felt that the underlying reasons for this apparent lack of success can be found in the overall environment in which development organizations such as UNFPA work and the incentives that these organizations offer. The underlying reasons include the following:

- The international development community has not yet matched its intervention and management strategies to the needs of sustainable development, particularly those aspects dealing with capacity issues. Methodologies and procedures geared to the achievement of short-term results, the aversion to risk, and the visibility of donor interventions are prime examples. Annual donor pledging cycles hamper the development of long-term visions.
- The pattern of incentives in most public sector organizations is biased against a sustained attention to capacity issues both within international funding organizations and within partner country agencies. Under conditions of resource shortages and stakeholder criticism, few such organizations consider giving greater priority to capacity issues as the key to survival.
- The current preoccupation with results-based management has intensified the bias against a focus on capacity development. Few organizations have managed to adapt their results-oriented procedures to the particular needs of capacity development programmes. Most have used them for 'proving' rather than 'improving'. And RBM has tended to reinforce the tendency to seek short-term gains at the expense of longer-term benefits.

The team also identified four immediate issues that effectively prevent UNFPA from being more successful in its efforts to promote capacity development:

- An inherent tension between the short-term goals of project outputs and deliverables and the long-term goals of capacity development;
- A lack of understanding by UNFPA about the complexities of capacity development and what is required for its effective implementation;
- A lack of vision and commitment by partner organizations to become both financially and intellectually independent; and

- A lack of methodology and tools that reflect directly on capacity issues.

These issues are further detailed below.

## 4.2. Tension: Project Deliverables vs. Development of Organizational Capacity

Development cooperation has always focused on the completion of activities and the achievement of short-term project objectives, even though donors may frequently have stated the contrary. It has not focused on the sustained and often long-term commitment that is needed for effective capacity development. Neither the introduction of the programme approach, which emphasized project contributions to larger national programme goals, nor the results-based management approach to programme interventions adopted by UNFPA in the late 1990s, led to an adjustment of this focus. The way the results-based management approach is currently being implemented makes UNFPA responsible for achieving pre-determined programme outputs within the typical five-year country programme time frame. In managing the results-based approach, UNFPA does not pay enough attention to the need for partner organizations to go through the type of trial and error and continuous learning process that is necessary for effective capacity development. Thus, there is an inherent tension between the results-based management approach as implemented and the need to develop capacity, which is a slower, more deliberate and less easily measurable outcome.

This does not mean, however, that RBM and capacity development are incompatible even in the short term. All participants should, after all, be interested in progress, in results, in performance and finding ways to assess these attributes. But the imposed, mechanistic, control-oriented procedures that currently pass for performance assessment in most donor agencies sometimes do more harm than good. The challenge for UNFPA and other funding agencies is to adapt the principles of RBM in three key ways:

- To create a more effective interface between top-down, accountability-oriented procedures and a more bottom-up, client-based participatory approach;
- To underpin the methodologies of RBM with the substance of more insightful organizational analysis; and
- To help design projects and programmes that are more learning-based and experimental in nature. It should be cautioned that UNFPA would only derive benefits from such projects and programmes if the internal organizational culture emphasizes the continuous use of lessons learned for improving programme strategies.

## 4.3. The Complexities of Capacity Development

Developing the capacity of an individual or organization is a very complex task, requiring a thorough understanding of organizational theory and how to nurture both individuals

and organizations as they pass through stages of development and as they evolve in their particular national context. It requires helping an organization to become a learning organization<sup>49</sup> capable of continually assessing and reassessing its internal and external environment and shaping its activities and structure to perform effectively. As noted in the Egypt report,

*The PDS design lacked a strategy of change or capacity development that would, if implemented, have had a reasonable chance of shifting the structure and behaviour of a complex collection of public sector organizations. In practice the project design consisted of a list of capacity objectives apparently selected on the basis of desirability rather than feasibility.*

*What seems to be required in capacity projects is a continuous learning process that uses up-front analysis and design to set the right direction, prepares the participants for a range of possible outcomes and relies upon experimentation and continuous improvement to respond to the many changes that inevitably appear. What also seems critical is an inclusive planning process that creates a community of participant learners at the design stage that can track progress during implementation and generate the collective action necessary for effective adaptation.<sup>50</sup>*

Yet this type of sophisticated approach to capacity development is beyond the scope of most development agencies, including UNFPA, which operate on a much more deterministic model of project implementation. Under such a model, a needs assessment is done, project activities are planned and budgeted, and money is released as activities are successfully implemented. This method does not give organizations any scope for learning the types of problem-solving skills needed for effective development.

Again, as noted in the Egypt report about this issue:

*The two cases illustrate the need for careful thinking about the style and process of project design. Detailed blueprint designs which rely on prediction and the pre-selection of specific measurable targets appear to lack the flexibility to cope with the unforeseen and in many cases, unknowable events that are typical of many CD projects. Yet projects that do little advance preparation and rely exclusively on adaptation and iterative planning frequently lose direction and fail to build the shared understandings and capabilities needed to make progress.<sup>51</sup>*

As previously noted, UNFPA's deterministic approach to programme development does not help partner organizations become learning organizations. Neither does it take into account a partner organization's stage of development. As a result, inputs that are relevant and provided at the early stages of an organization's development are often continued even when they are not essential anymore.

---

<sup>49</sup> Senge, Peter, *The Fifth Discipline: The Art and Practice of the Learning Organization* (Doubleday, 1990).

<sup>50</sup> Morgan, Peter, and Jack Reynolds. May 2002.

<sup>51</sup> Morgan, Peter, and Jack Reynolds. May 2002.

## 4.4. Vision and Commitment by Partner Organizations

Capacity is not something that one simply has or does not have. Rather it is a continuum of expertise that is gradually deepened over time as an individual or organization gains skills, experience and appropriate attitudes (for individuals) or organizational culture (for organizations) that lead to effective and appropriate results. This process requires vision and commitment by both the donor organization and its partner; both must have a clear understanding of where they are and why, where they are headed, and what will be the respective responsibilities as the process and the relationship evolve. It is also important to understand where situations and people are and why they are where they are.

The country case findings highlight that development partners approach the issue of capacity development from a variety of perspectives. Some are genuinely interested in improving their performance. Others want only the symbolic legitimacy that comes with an association with UNFPA. Still others are interested in gaining access to certain financial and technical resources but are unwilling to make the changes required by an intrusive programme of organizational change. And others do not have the political strength or commitment to upset key national and international stakeholders. UNFPA projects need a better understanding of the dynamics, the motivations, the incentives, the pressures and the vested interests that shape windows of opportunity and the scope of action. The Fund tends to focus too much on the inherent virtue of its mandate and overlooks the barriers that can make its implementation difficult at the field level.

## 4.5. Capacity Development Methodology

Capabilities such as effective planning or dealing with clients and/or stakeholders depend upon complex packages or systems of skills, processes, attitudes, activities, flows of resources and structures. The pieces in the packages must be fitted together and be mutually reinforcing. Capabilities must be integrated bundles that are put together with some intent if they are to generate performance and subsequent impacts. Participants must learn over time how to master the process of weaving these attributes together in a deliberate way. Because of this complexity, it is not reasonable to think that each country or even each region will have the needed expertise to design and implement effective capacity development programmes without some sort of common guidelines on how to do this. Yet at present, UNFPA designs and implements its programmes without using such a common framework. Rather, it relies on the skills of its Country Offices, supported by CSTs, PMUs/PAUs and at times independent consultants. This approach has not proved successful for capacity development.

In discussing the outcome of the Egypt population and development project with regard to capacity development, the following was said:

*The reasons for this low level of achievement began with weaknesses in the project design. No time was taken to carry out a more in-depth design phase or to do some sort of*

*baseline analysis or review of the organizational context for population policy. The project appears never to have been clear about the best way to identify, assess, develop, deploy and protect the key capabilities the Government needed to carry out P&D work. The approach to the project design also included little in the way of process facilitation or stakeholder involvement and did not contribute much to building a sense of commitment or ownership or even shared understanding amongst the potential participants. A learning gap in UNFPA accentuated this project design problem. Despite its many years of experience in P&D work, the UNFPA as an organization did not bring to the design phase in 1998-1999 a set of operational principles and guidelines concerning the key design and implementation issues the project was likely to face in terms of complex policy coordination. There was also a gap in strategic thinking with respect to the capacity issues. The project design gave little indication as to what approach to institutional and organizational change the project could or should follow in the Egyptian context that would give it a reasonable chance of achieving its objectives.<sup>52</sup>*

Additionally, there is a critical need for the development of approaches that connect the inputs that go to individuals with the expectations of how these will be institutionalized in their organizations. At present, this issue is not consistently addressed, and the result is often a mismatch between the training and capacities of the individuals in an organization and the needs of the organization as a whole, as highlighted in section 3.4: Developing Human Resources.

Monitoring and evaluation of both capacity and capacity development is another area where approaches are needed, as highlighted in section 5.3.

---

<sup>52</sup> Morgan, Peter, and Jack Reynolds. May 2002.

# 5: conclusions and recommendations for UNFPA

## 5.1. Capacity Development as a Result

Capacity development is a complex business requiring tremendous competence, motivation and patience. UNFPA has invested heavily in capacity development, primarily in the areas of training and infrastructure, and has had both successes and failures. This is not surprising, since the very idea of capacity development at UNFPA is somewhat new, and there does not yet exist a comprehensive strategy aimed at improving the performance of its partner organizations. Indeed, one of the primary conclusions of this thematic evaluation is that UNFPA has not focused effectively on the capacity and performance of counterpart organizations as results that are necessary in order to ultimately achieve sustainable reproductive health and population and development programme results. There are several causes for this situation as discussed in chapter 4, including the lack of external incentives for funding longer term programme interventions aimed at developing competent organizations that can define and achieve their own development objectives. This evaluation has shown that effective capacity development requires a sustained and comprehensive approach to working with partner organizations, an approach that changes as the partners become more developed and independent. Organizations and individuals must be given the room to grow, to experiment on their own and to learn from their own mistakes if they are to develop. Moreover, donors like UNFPA must be more willing and more flexible to allow objectives other than short-term project/programme outputs to drive the process.

### RECOMMENDATION:

- The UN system has stated that "Capacity-building...should be accepted as one of the principal and explicit goals of all UN system activities."<sup>53</sup> This is a difficult goal to achieve and one that will require a rethinking throughout the system of relationships and approaches to development. Nevertheless, without this focus on capacity one cannot truly speak of sustainable development. It is time to take this concept seriously and address it in a concerted manner. For UNFPA, this means developing a vision and an organizational commitment to capacity development that reflect UNFPA's mission.

---

<sup>53</sup> ACC Guidelines.

## 5.2. Options for UNFPA

### The Current Situation

Currently, UNFPA has few capabilities to effectively develop the capacities of its development partners. UNFPA's approach to capacity development is characterized by:

- Emphasis on programme results and programme/project delivery rather than on capacity development;
- Emphasis on transfer of technical skills and resources;
- A modest range of internal individual and corporate skills in capacity development within UNFPA;
- Some uncertainty about capacity development definitions, strategies and tools, including the ones used to plan, monitor and evaluate programmes;
- Capacity development concepts that are appendages to existing internal procedures and procedures; and
- Limited internal incentives for capacity development.

This situation is not unique to UNFPA. Indeed, most development organizations are at this stage of capacity.

If UNFPA is to be an effective agent for capacity development, it will need to make a full commitment to developing skills and approaches consistent with this goal. However, full commitment may not be possible in the immediate future, given the financial and political pressures that UNFPA faces. Also, it will take time to develop capacity development capabilities.

#### STAGE 1

Thus, the evaluation team suggests that UNFPA commit itself to operationalizing the UN system policy on capacity development as set out in the ACC Guidance Note. This implies that **UNFPA would emphasize capacity and performance as results that are essential to achieve sustainable reproductive health and population and development programme results**. Changes required in implementing this option include:

- Capacity development gets top leadership commitment, including a conscious corporate effort to mainstream capacity development strategies;
- UNFPA creates expertise on capacity development both at headquarters and among CSTs to provide guidance on Fund-wide strategic directions as well as country operations with respect to capacity development;
- Learning networks are formed to spread knowledge and skills on capacity development throughout the organization;

- A range of partnerships focused on capacity development both inside and outside the UN system is established; and
- UNFPA's results-based planning, monitoring and evaluation system develops and monitors capacity development results, and managers are rewarded for promoting the achievement of such results.

For UNFPA to reach stage 1 would require resources and commitment. In the view of the evaluation team, this goal is a feasible one.

## STAGE 2

Implementation of stage 1 would eventually transform UNFPA into an agency that is fully skilled in facilitating organizational and systems change (stage 2). At stage 2, **capacity development for reproductive health and population and development would be the main organizational objective of UNFPA.** It requires that:

- UNFPA acquire a broad range of skills to deal with a complex range of capacity development situations;
- Capacity development for reproductive health and population and development be promoted as a UNFPA comparative advantage; and
- UNFPA be seen as a world leader in capacity development for reproductive health and population and development.

Few organizations have reached stage 2. For UNFPA to achieve this level of capacity in the area of capacity development, it would need to demonstrate a consistent, significant commitment to change.

## RECOMMENDATION:

- It is recommended that UNFPA make the commitment needed to reach stage 1. The following sections provide more details on the implications of this recommendation.

## 5.3. Expertise and Incentives

UNFPA does not, at present, have the skills necessary for promoting effective and systematic capacity development among its partner organizations. There are, of course, individuals within the Fund who have these skills, but these skills have not been institutionalized. For UNFPA to have capacity development as a programme focus alongside reproductive health and population and development, it will need a new set of competencies and approaches to capacity development. To acquire this competency, it will need to invest in staff development in this area, and show a commitment to learning and internal change. The Fund will also need to rethink how it does business — from its programming models to its willingness to allow partner organizations to think and act for themselves without substantial guidance from UNFPA. This will, in turn, require a rethinking of its own internal set of bureaucratic incentives. A shift is required, away from

fixed targets (embodied in the results-based management approach as currently implemented) and towards an approach in which development of organizational capacity is measured and rewarded and programme design is flexible so as to allow a certain amount of ongoing testing of different capacity development strategies. Yet UNFPA, like most UN organizations, is very risk-averse, and it remains unclear whether the Fund and its partner organizations are willing to risk fully embracing a capacity development approach to development. Some of the risks in implementing a capacity development approach to development include:

- UNFPA may be accused by certain donors of being too lax in terms of project control and design. Donors may charge that projects are poorly designed. For instance, they may find that project objectives are unclear and that they have too few “objectively verifiable results”. They may also find insufficient impact for the funds expended.
- In certain cases, UNFPA may have to cede control to partners in an effort to promote ownership and engagement. This can lead to all kinds of dysfunctions, including ones related to financial management.
- UNFPA may worry about losing its brand identity, which is crucial for its organizational survival, if it enters into major pooling arrangements.

#### **RECOMMENDATIONS:**

- For UNFPA to take its commitment to capacity development seriously, a thorough review of its internal skills, weaknesses, processes and incentives must be done as part of an overall strategic planning process. UNFPA must also recognize the difficulty of this type of development process and ensure that it is willing to take the risks necessary to become an effective agent of capacity development.
- As a step toward the development of stronger approaches to capacity development, UNFPA should take advantage of the thinking and experiences on capacity development currently taking place in many other development organizations.<sup>54</sup> It should establish collaboration and exchange of information on capacity development strategies with these organizations. In particular, UNFPA should participate in ongoing initiatives to promote public sector reform and current work on designing more effective systems for monitoring and evaluating capacity development.
- Additionally, UNFPA should provide opportunities for key staff at headquarters, within CSTs and Country Offices to upgrade their knowledge of capacity development issues, strategies and methodologies.

---

<sup>54</sup> DGIS, CIDA, SIDA and UNDP, to mention a few.

## 5.4. Vision and Commitment

Successful capacity development interventions have been shown to be correlated with a commitment to particular reproductive health or population and development goals. The lack of vision and commitment has also been shown to be correlated with failure. Vision helps keep people focused on their goals, while commitment makes it possible to pursue those goals. Both political and operational commitments are needed — political commitment to mobilize support for a programme, and operational commitment to carry it out. For this reason, the choice of development partners plays a very important role in UNFPA's ability to be successful in its capacity development efforts. Yet UNFPA tends to work with the same institutions year after year, without due consideration to whether these organizations have the vision and commitment necessary to be effective partners. At the same time, it must be noted that in many instances, UNFPA does not have a great deal of latitude in choosing its country-level counterparts.

### RECOMMENDATIONS:

- UNFPA must reconsider how it chooses its development partners and develop a more critical set of criteria for when to continue its association with an organization and when to seek new partners in development. This requires that UNFPA identify organizations that demonstrate a commitment to reproductive health and population and development and a willingness to learn and grow.
- This also means that UNFPA should reconsider its level of funding in countries. It should increase its investment in countries where national partners demonstrate vision and commitment, including countries that have engaged in public sector reform initiatives, and reduce funding where the environment is not appropriate to effective development in reproductive health and population and development.

## 5.5. Integrated Approach to Capacity Development

Capacity development does not happen in a vacuum. If capacity development is to be successful and sustained, it requires a comprehensive approach that includes the individual, the organization, and the environment (see figure on page 5). Yet UNFPA's approach to capacity development generally focuses on individual interventions, such as the training of individuals or the development of organizational infrastructure, with few strategies for fitting the various capacity development pieces together. Additionally, the programme management and technical assistance structures used by UNFPA, as described in section 3.4, have tended to substitute capacity rather than develop it. At times, especially when UNFPA works over a long period of time with one organization, many elements of capacity development are achieved, but what is needed is a more thoughtful and comprehensive approach to the issue of capacity development at the individual, institutional and systems levels.

### RECOMMENDATIONS:

- UNFPA needs to develop comprehensive strategies for capacity development with its partner organizations, incorporating plans for how training, infrastructure and

technical assistance will all be used to enhance the total capacity that is needed for effective and long-term development, taking into account the systems context.

- In this context, UNFPA should initiate an internal discussion on the suitability and sustainability of different modes of programme management currently used by the Fund. It should also discuss how to promote the growth of indigenous organizational capacity, taking into consideration specific country contexts and levels of development.

## 5.6. Better Collaboration with Other Donors on Capacity Development

UNFPA is a small donor and frequently spreads its limited resources over too wide a portfolio to have much of an impact. It is often one of several donors in a given country. In many countries lack of coordination and collaboration among donors is common, as the country studies pointed out. Practically all of the studies recommended better collaboration with other donors in various areas, including capacity development. In addition, the role and modes of donor assistance are changing rapidly, and UNFPA must adopt a more sophisticated approach to donor assistance vis-à-vis other donors. New modalities such as sector-wide approaches, cooperative agreements, and the development of long-term North-South partnerships (often in the context of public sector reform initiatives) appear to be replacing the project/programme approach now used by many donors, including UNFPA. Donors like the World Bank and World Health Organization (WHO) are now looking for permanent structural changes in how health services are delivered through health-sector reform. This may have a radical impact on how reproductive health programmes are managed. The Fund will not be able to implement effective capacity development strategies without synchronizing its interventions with donors such as the World Bank, WHO, the United Kingdom's Department for International Development (DFID), the United States Agency for International Development (USAID) and others that influence the macro-economic and political environment in the countries in which it works.

### RECOMMENDATION:

- UNFPA must join forces and coordinate its capacity development interventions with other donor organizations that are promoting capacity development strategies and supporting reform policies such as health sector reforms, SWAps and poverty-reduction strategies.<sup>55</sup>

<sup>55</sup> A report entitled UNFPA and Government Decentralization: A Study of Country Experiences, Office of Oversight and Evaluation, UNFPA. March 2000, similarly recommended "UNFPA needs to broaden its participation in existing coordination mechanisms that have been set up by other donors to address issues related to decentralization. It should attempt to participate in coordination meetings not only related to RH and health sector issues, but also in meetings dealing with decentralization issues such as management capacity building and good governance.... UNFPA should take a more proactive role in donor coordination, and not just rely on existing mechanisms that may not be effective." The report also noted that "all agencies that have decentralized their programmes of assistance face the challenge of local capacity building for programme/project design, management, monitoring and evaluation. UNFPA should seek to maximize effectiveness and coordinate training efforts between agencies, and avoid duplication of effort in building up these necessary skills."



# annex

## The Case Countries<sup>56</sup>

### 1. Brazil

#### COUNTRY CONTEXT

Brazil is a country with a medium level of human development.<sup>57</sup> Over the past 30 years, the country has undergone remarkable changes in its population, economy and political structures. The total fertility rate decline from 4.72 children per woman during the period 1970-75 to the current 2.27 children per woman dramatically influenced family composition, age distribution and health. **Table 2** illustrates the status and trends of key population and development figures for the last 10 years.

**TABLE 2: Brazil: Key Population and Development Indicators**

	1990	2000		1990-95	1995-2000
1. Population (thousands)	147,957	170,406	6. Annual Population Growth Rate (%)	1.5	1.33
2. Adult Illiteracy Rate (%)			7. Life Expectancy at Birth (years)	66	67.2
▪ Female	18.8	13.2			
▪ Male	17.1	13.0			
3. Contraceptive Prevalence Rate (%)		76.7 (1996)	8. Total Fertility Rate	2.51	2.27
4. Maternal Mortality Ratio (100,000 live births)		260	9. Infant Mortality Rate (per 1,000 births)	46.8	42.1
5. Human Poverty Index <sup>58</sup>					12.2

Sources<sup>59</sup>

<sup>56</sup> Unless otherwise indicated, this annex draws on information available in the country case study reports.

<sup>57</sup> UNDP Human Development Report, 2002, available at <http://hdr.undp.org/statistics/default.cfm>

<sup>58</sup> The Human Poverty Index is a composite of indicators for the percentage of the population that: (a) is not expected to survive to age 40; (b) is illiterate; (c) does not have access to safe water; (d) does not have access to basic health services; and (e) has children under five who are moderately or severely malnourished.

<sup>59</sup> The following sources were used for all Key Population and Development Indicators tables in this annex: 1, 6, 7, 8, 9: UN Secretariat, Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2000 Revision, medium variant, available at <http://esa.un.org/unpp>; 2: UNESCO Institute for Statistics. Estimates and projections of adult illiteracy rate July 2002 available at <http://www.uis.unesco.org>; 3: UN Population Division, March 2001 accessible <http://www.childinfo.org/eddb/fertility/dbcontrc.htm>; 4: WHO Statistical Information System, 1990-1995 revised estimates available at <http://www3.who.int/whosis/menu.cfm>; 5: UNDP Human Development Report, 2002, available at <http://hdr.undp.org/statistics/default.cfm>

During this same period, there has been a significant improvement in the status of women, led by a strong NGO sector, which was one of the driving forces in support of the ICPD Programme of Action. Social changes were reflected in the revision of laws, particularly the 1988 Brazilian Constitution, which identifies “family planning as a right founded on the principles of human dignity and responsible parenthood...and a responsibility of the State to provide the access required to services and information”.<sup>60</sup> At the political level, Brazil has changed from a centralized military Government to a highly decentralized democratic federal system. Not all the changes that occurred in Brazil during the past 30 years have been positive, however. The incidence of HIV/AIDS and of adolescent pregnancy have increased substantially. Inequalities in income and resource distribution between rich and poor and between urban and rural populations have worsened.

The Brazil country report noted that many of UNFPA’s partner organizations possess a high level of organizational maturity and technical expertise. Indeed, many organizations working in population and development and reproductive health in Brazil have substantial capacity to plan and implement programmes with little or no outside assistance. In this connection, the report concluded that UNFPA’s assistance to the population and development sector has, to a large extent, made up for local organizations’ lack of financial means to implement their programmes. On the other hand, UNFPA’s assistance in reproductive health and advocacy has developed new capacities within the local organizations supported.

### UNFPA’S PROGRAMME

UNFPA has funded population and development programmes in Brazil since 1987. **Table 3** provides an overview of input expenditures during the last two country programme cycles.

As appropriate for a country as diverse as Brazil, UNFPA provided support to a wide array of organizations and types of programmes. UNFPA supported federal and state government and NGO programmes in reproductive health service delivery, sex and family life education, advocacy, data collection, analysis and use in planning. Noteworthy is the

**TABLE 3: Brazil: Programme Expenditures by Component**

All resources (regular and other) 1992-2001, US\$ and per cent of total programme expenditures.

Component	1992-1997		1998-2001		1992-2001	
	US\$	%	US\$	%	US\$	%
Personnel	3,436,780	29	1,820,663	32	5,257,443	30
Subcontracts	1,589,594	13	1,631,724	28	3,221,318	18
Training	2,207,070	19	1,684,455	29	3,891,525	22
Equipment	4,180,749	35	366,008	6	4,546,757	26
Miscellaneous	512,305	4	271,473	5	783,778	4
Admin. Support	25,998	0	0	0	25,998	0
<b>Total</b>	<b>11,952,496</b>		<b>5,774,323</b>		<b>17,726,819</b>	

<sup>60</sup> Carvalho, José Alberto Magno de et al.

shift away from equipment support towards training and subcontracts over the last two country programme cycles.

## EVALUATION APPROACH

The evaluation was a thematic case study. A sample of eight population and development, reproductive health and advocacy projects were selected, representing about 30 per cent of UNFPA-funded programme expenditures during the period 1993-2001 (see **table 4**). The projects selected were comprehensive in terms of activities implemented, had produced results (whether positive or negative), and were well documented.

**TABLE 4: Brazil: Project Sample**

Project Title	Main Counterpart Organization
<b>Reproductive Health</b>	
BRA/97/P04: Project Love to Life Inter-sector project (social action, education and health) aimed at sexuality education for citizenship	Government of the State of Ceará
BRA/98/P04 (BRA/97/P02): Structuring and Improvement of Reproductive Health Care (RH Service Delivery)	Government of the State of Rio Grande do Norte Public Health Secretariat
BRA/97/P03: Structuring of the Inter-institutional Nucleus for Sexual Education Inter-sector project (education, health and social affairs). Collaboration between government and non-government organizations.	Government of the State of Rio Grande do Norte
<b>Population and Development</b>	
BRA/98/P02 (BRA/96/P04): A social agenda 1998-2000	National Commission for Population and Development — CNPD, Brasília, Federal District
BRA/98/P06 (BRA/93/P08): Population and Development	Federal Government, Fundação Joaquim Nabuco (NGO), Recife, Pernambuco
BRA/98/P07 (BRA/94/P03): Population and Development for the Center-West Region	Federal District Government/CODEPLAN
BRA/98/P08 (BRA/94/P08): Integrated system for forecasts, population estimates and socio-demographic indicators	Federal Government/IBGE/DPE/DEPIS Rio de Janeiro
<b>Advocacy</b>	
BRA/97/P09: Monitoring of the federal legislative power during the implementation of proposals presented at the 1994 ICPD	CFEMEA NGO, Brasília

Given the limited time available and the varied nature of the projects, the team decided to use the evaluation guide produced by OOE to select three dimensions of capacity that were thought to have particular importance within the Brazilian context. These three dimensions were partnerships and intra-/inter-sector linkages; human resource

development; and what the team called “technology development”, which is similar to systems development and institutionalization.

A four-person national team undertook the evaluation over a period of three months. The UNFPA Country Office participated in sample selection, methodology, and background discussions and provided overall extensive support to the team’s work. Data was collected through review of documentation, field visits and key-informant interviews, focus group discussions and observation of events and services. The results were reviewed and discussed in a three-day workshop with the evaluators and UNFPA, led by the Evaluation Coordinator and supported by one international consultant.

## 2. Côte d’Ivoire

### COUNTRY CONTEXT

Côte d’Ivoire is a small country with a low level of human development and barely improving population and development indicators (see **table 5**).

After gaining its independence, Côte d’Ivoire was a model of political stability and economic development in West Africa. It supported pro-natalist policies and a high rate of immigration from neighbouring countries. Since the mid-1980s, however, Côte d’Ivoire experienced a deterioration of its economic and social conditions. This deterioration has been accelerated by political instability since 1999. The period of economic growth was not matched by improvements in health and social conditions for the majority of the population. Progress has been slow in improving education, health and women’s status. Although the total fertility rate has declined from a high of 7.41 children per woman during 1970-75 to the current 5.1 children per woman, the total fertility and maternal mortality rates are among the highest in the region, and the contraceptive prevalence rate is among the lowest. Life expectancy is also among the lowest in the region, having declined

**TABLE 5: Côte d’Ivoire: Key Population and Development Indicators**

	1990	2000		1990-95	1995-2000
1. Population (thousands)	12,582	16,013	6. Annual Population Growth Rate (%)	2.68	2.14
2. Adult Illiteracy Rate (%)			7. Life Expectancy at Birth (years)	49.6	47.7
▪ Female	74.3	62.8			
▪ Male	49.5	40.5			
3. Contraceptive Prevalence Rate (%)	11.4 (1994)	15.0 (1999)	8. Total Fertility Rate	5.7	5.1
4. Maternal Mortality Ratio (100,000 live births)		1,200	9. Infant Mortality Rate (per 1,000 births)	94.1	89.0
5. Human Poverty Index					42.3

from 49.6 years during the period 1990-95 to 47.7 during the period 1995-2000, due to the impact of the AIDS epidemic. Harmful practices such as female genital cutting remain common, in spite of the adoption of a law against the practice in the late 1990s. The Government reversed its pro-natalist policies in the early 1990s, and the recent adoption of health, education and poverty reduction plans is a promising sign of its commitment to improving the lives of the people of Côte d'Ivoire.

The Government, led by the National Population Bureau (BUNAP), has been the prime promoter of the population and development agenda. Because the country's NGO and private sectors remain weak, the Ministry of Health has been the primary provider of reproductive health services. Although availability of reproductive health services has increased considerably, only 30 per cent of health facilities in the country (up from 4 per cent in 1996) offer any kind of contraceptive services, and policies that severely limit the range of available contraceptives remain in place.

The rigidly centralized government administrative structure hampers the delivery of high-quality reproductive health services. The health system neither fully takes into account local constraints to implementation nor adequately considers the need for flexibility in planning and implementation. It prioritizes urban hospitals and curative services rather than primary care in rural areas. The Government's commitment to population and reproductive health, while improving, remains limited, making any type of capacity development difficult.

#### UNFPA'S PROGRAMME

UNFPA has funded programmes in Côte d'Ivoire since 1985. **Table 6** provides an overview of input expenditures during the past two country programme cycles.

UNFPA has supported many different organizations in Côte d'Ivoire for quite some time. Among the most important are the central planning board for population and development, the National Institute of Statistics, the School for Applied Economics and Statistics (a regional training institution) and the Ministry of Health, which is responsible for the national Reproductive Health programme. As shown in table 6, UNFPA funding of personnel (including international experts), training and equipment have been almost equally important during both country programme cycles.

**TABLE 6: Côte d'Ivoire: Programme Expenditures by Component**

All resources (regular and other) 1993-2001, US\$ and per cent of total programme expenditures.

Component	1993-1996		1997-2001		1993-2001	
	US\$	%	US\$	%	US\$	%
Personnel	1,632,711	35	2,517,925	35	4,150,636	35
Subcontracts	252,454	5	564,009	8	816,463	7
Training	1,051,893	23	1,483,289	20	2,535,182	21
Equipment	1,331,514	29	2,153,081	30	3,484,595	29
Miscellaneous	380,242	8	500,412	7	880,654	8
Admin. Support	0	0	41,782	0	0	0
<b>Total</b>	<b>4,648,814</b>		<b>7,260,498</b>		<b>11,867,530</b>	

## EVALUATION APPROACH

The evaluation placed special emphasis on analysing UNFPA-funded training. In particular, it analysed factors at the individual, organizational and contextual levels that constrain or facilitate the use of new knowledge and competencies. The evaluation was conducted in two phases. During the first phase, a three-person national team worked for three days with the Evaluation Coordinator to clarify the thematic evaluation purpose and specific focus in Côte d'Ivoire. They then spent six weeks collecting and analysing data on a sample of seven projects (see **table 7**), which represented almost all of the UNFPA-funded programme expenditures during the period 1997-2001. Most of the counterpart organizations had been supported during the last two programming cycles, and some, such as ENSEA and the Ministry of Health, had been supported for much longer. Semi-structured questionnaires were administered to a total of 17 trainees and five trainers who had participated in or conducted a variety of training programmes in reproductive health and population and development. Nine project managers were also interviewed using another questionnaire.

**TABLE 7: Côte d'Ivoire: Project Sample**

Project Title	Main Counterpart Organization
<b>Reproductive Health</b>	
IVC/97/P04 RH MIS (formerly IVC/92/P02) Training in MIS for population and RH programme management	ENSEA
IVC/98/P03 (formerly IVC/97/P01 and IVC/97/P07) Promotion of reproductive and sexual health of youth and adolescents	Ministry of Youth and Sports, Department of Studies and Research and Department of Youth (since 2001)
IVC/98/P05 (formerly IVC/95/P01) RH with the armed forces	Ministry of Defense, Department of Armed Services
IVC/98/P06 Support to implementing the national programme for RH and improvement in the minimum package of RH services	Ministry of Public Health, Department of Coordination/National RH programme
IVC/98/P04 (formerly IVC/95/P03): Family Life Education	Ministry of National Education, Department of Pedagogy
<b>Population and Development</b>	
IVC/97/P08: Support to implementing the national population policy	Ministry of Planning and Development, National Population Bureau (BUNAP)
IVC/97/P06: Support to the Census 1998 and IVC/00/P01: Support to analysis of census data	Ministry of Planning and Development, National Statistical Institute (INS)

In a second phase, a two-person international team visited Côte d'Ivoire to discuss and validate findings of the national report through working with the national team and undertaking key informant interviews and on-site visits.

### 3. Egypt

#### COUNTRY CONTEXT

Egypt is a large country with a medium level of human development and slowly improving population and development indicators (see **table 8**). The total fertility rate has declined substantially from 5.54 children per woman during the period 1970-75 to the current 3.4 children per woman.

The interrelationships between population and development have been a focus of attention in Egypt since the late 1960s. The Government began to experiment at that time with various institutional frameworks to plan and implement a more coordinated approach to population policies. In 1973 it adopted a formal national population and development strategy. It issued a second national strategy framework for population, human resource development and family planning in 1980. A third strategy was approved in 1986. Egypt hosted the International Conference on Population and Development (ICPD) in 1994. At the same time, population issues were politically sensitive in Egypt, given the tendency of the Government to attribute slow development progress to population growth and distribution.

None of the institutional arrangements put into place in Egypt up to 1999 to promote the coordination of population policies proved to be effective. This situation was not due to a lack of qualified human resources and organizations. Indeed, compared to many countries, Egypt had a rich stock of research organizations and technical institutes that could and did work on various aspects of population policy. What was lacking was the

**TABLE 8: Egypt: Key Population and Development Indicators**

	1990	2000		1990-95	1995-2000
1. Population (thousands)	56,223	67,884	6. Annual Population Growth Rate (%)	1.95	1.82
2. Adult Illiteracy Rate (%)			7. Life Expectancy at Birth (years)	63.9	66.3
▪ Female	66.4	56.2			
▪ Male	39.6	33.4			
3. Contraceptive Prevalence Rate (%)	45.5 (1991)	56.1	8. Total Fertility Rate	3.8	3.4
4. Maternal Mortality Ratio (100,000 live births)		170	9. Infant Mortality Rate (per 1,000 births)	62.8	50.8
5. Human Poverty Index					31.2

capacity of such organizations to share information and resources and engage in joint action. Egypt lacked effective coordination mechanisms both inside and outside government that could induce inter-organizational collaboration.<sup>61</sup>

Egypt has been the recipient of much donor support for many years due to its geopolitical importance. One result of this is that programmes and priorities are often determined more by political and bureaucratic criteria than by population-based needs, particularly for those programmes run by the national ministries. On the other hand, because of the huge investments in Egypt, there is now a wide array of very competent NGOs that are working effectively within the Egyptian context.

## UNFPA PROGRAMME

UNFPA has funded programmes in Egypt since 1971. **Table 9** illustrates UNFPA input expenditures during the latest two country programme cycles. Noteworthy is the increased emphasis on equipment inputs during the most recent country programme cycle (1998-2001).

**TABLE 9: Egypt: Programme Expenditures by Component**

All resources (regular and other) 1992-2001, US\$ and per cent of total programme expenditures.

Component	1992-1997		1998-2001		1992-2001	
	US\$	%	US\$	%	US\$	%
Personnel	3,460,422	26	2,479,400	21	5,939,822	24
Subcontracts	1,515,518	12	1,581,054	14	3,096,572	12
Training	2,531,278	19	2,100,027	18	4,631,305	19
Equipment	4,920,713	37	4,904,106	42	9,824,819	39
Miscellaneous	832,189	6	482,879	4	1,315,068	5
Admin. Support	17,774	0	119,166	1	136,940	1
<b>Total</b>	<b>13,277,894</b>		<b>11,666,632</b>		<b>24,944,526</b>	

## EVALUATION APPROACH

To obtain an in-depth understanding of the processes and outcomes of UNFPA-funded capacity development interventions both in the public and NGO sectors, the Egypt case analysed two projects: EGY/99/P01: Population and Development Strategy Project implemented by the Ministry of Health and Population (MOHP) at the central level, and EGY/2000/P01: The Expanded Use of the RH Framework, which was implemented by the Egyptian Society for Population Studies and Reproductive Health (an NGO) in collaboration with the MOHP in the Ossim District, Giza Governorate and two districts in Qaliuba Governorate. Data on these projects was collected in Egypt for a period of three weeks by two teams, each consisting of one international and one national consultant.

<sup>61</sup> "The CCA concludes that the human, technical, institutional and financial resources to deal with broad development problems are available but poorly organized and coordinated so the end result falls below expectations. An effort is needed to pool these resources and organize activities in a more systematic manner so that people, technicians, the business community, NGOs, public institutions, funding agencies and national economic and political decision makers can act in greater harmony towards shared goals." Draft UNDAF Framework, p. 30.

## EVALUATION RESULTS

The Population and Development project aimed to assist the Government in: updating the national population policy in accordance with the ICPD Programme of Action; improving the overall capacity for planning, coordination and monitoring of population programmes in the government and NGO sector at the central and governorate levels; and strengthening national capacities for data collection, research, analysis, dissemination and utilization. The report concluded that the intervention was not successful:

*The P&D achievements in terms of capacity were minimal.... The population sector still lacks a coordination strategy or a vision or even a set of coherent ideas about a framework of capabilities across the government that would be needed to put in place a coordinated approach to population and development. The MOHP, for example, retains the responsibility for overall coordination within the Government but still has not put in place the structures, inside and outside government, to carry out this task. Simply put, the GOE still does not have the capacity to manage the coordination process. Organizations outside the MOHP and PDS that previously had been tasked with the responsibility for coordination such as the NPC have been weakened after the 1996 decision [to make MOHP responsible for population policy coordination]. In practice, it appears that the overall capacity within Government to manage population policy coordination did not improve and may even have weakened after 1999 despite the UNFPA support through the PDS project.<sup>62</sup>*

The reproductive health project, funded by UNFPA from 1995-2002, was a model action research intervention. The project had its genesis in the Giza Morbidity Study undertaken in 1989-1990. This study had identified a large gap between an unexpectedly high level of gynaecological and related illnesses and the services provided for women at the primary health care level. The project objective was to fill that gap by upgrading reproductive health services in a way that would be sustainable and replicable by the Ministry of Health and Population.

The case study report concluded that the project had been very successful and extremely effective in building relevant capacity in MOHP primary health care centres. The case report notes:

*Among the factors that have contributed to this success are: capacity development is a specific project objective; the "planning-evaluation" cycle<sup>63</sup> has been applied effectively; flexibility in adapting the model to each situation; the continuity of the [project] multidisciplinary [management] team; the emphasis on sustainability and replicability; and the scaling up and handing over of the test sites to the MOHP. One of the major weaknesses is the lack of analysis and dissemination of M&E data, especially quantitative data on changes in utilization, health behaviour and morbidity.*

---

<sup>62</sup> Morgan, Peter. Evaluation of the Egyptian PDS project, February 2002.

<sup>63</sup> The cycle consists of four phases: assessment of health needs; planning interventions to meet those needs; monitoring of the implementation of those plans; and evaluating the effectiveness of the interventions in meeting needs.

## 4. Nepal

### COUNTRY CONTEXT

Nepal is a small country with a low level of human development and barely improving population and development indicators (see **table 10**). Most of its people live in mountainous rural areas and depend on agriculture for their livelihood. The total fertility rate has decreased very slowly over the past 30 years, from 5.79 children per woman during the period 1970-75 to 4.83 today. The population growth rate increased slightly from 1990-95 to 1995-2000 and is not expected to start declining until 2000-2005.

**TABLE 10: Nepal: Key Population and Development Indicators**

	1990	2000		1990-95	1995-2000
1. Population (thousands)	18,142	23,043	6. Annual Population Growth Rate (%)	2.38	2.40
2. Adult Illiteracy Rate (%)			7. Life Expectancy at Birth (years)	54.6	57.3
• Female	86.0	76.0			
• Male	52.6	40.6			
3. Contraceptive Prevalence Rate (%)	22.7 (1991)	28.5 (1996)	8. Total Fertility Rate	5.07	4.83
4. Maternal Mortality Ratio (100,000 live births)		830	9. Infant Mortality Rate (per 1,000 births)	96.1	82.6
5. Human Poverty Index					43.4

With respect to organizations in health training, which was the focus of the Nepal country case study, the training network has evolved and expanded since 1993. It currently includes the National Health Training Center (NHTC), six regional training centres, a selected number of training health posts in each region, and four MCHW training centres. This network provides both basic and in-service training for health workers to deliver primary health care services. A National Health Human Resources Master Plan complements this network as it ensures the definition of categories of health workers, availability of job descriptions for each category and determines the number of workers required. The NHTC is mandated to be the lead organization in managing the National Training Strategy and Master Training plan 1997-2001. However, the study concluded that weaknesses in its mandate and structure have prevented it from functioning properly and reaching its full potential.

### UNFPA'S PROGRAMME

UNFPA has funded programmes in Nepal since 1974. **Table 11** indicates input expenditures during the last two country programme cycles. Forty-seven per cent of funds were spent on equipment, increasing in the last Country Programme. A large area of support has been to strengthen the national capacity to formulate, implement and monitor population and health policies and programmes by improving the capacity of

**TABLE 11: Nepal: Programme Expenditures by Component**

All resources (regular and other) 1992-2001, US\$ and per cent of total programme expenditures.

Component	1992-1996		1997-2001		1992-2001	
	US\$	%	US\$	%	US\$	%
Personnel	3,702,059	19	3,591,948	15	7,294,007	17
Subcontracts	1,501,888	7	1,160,029	5	2,661,917	6
Training	4,706,877	24	5,122,244	22	9,829,121	23
Equipment	8,547,019	43	11,850,612	51	20,397,631	47
Miscellaneous	1,335,671	7	1,397,436	6	2,733,107	6
Admin. Support	78,446	0	237,355	1	315,801	1
<b>Total</b>	<b>19,871,960</b>		<b>23,359,624</b>		<b>43,231,584</b>	

human resources at various levels of the health system. During the Fourth Country Programme (1997-2001), UNFPA's support included the expansion of health training facilities focusing on National and Regional Health Training Centres, construction of five MCHW training centres, improving training facilities in 75 districts and 20 Primary Health Posts, and funding of a variety of training programmes.

#### EVALUATION APPROACH

The evaluation was undertaken by two national consultants over a period of eight weeks. Its purpose was to evaluate UNFPA's contributions to human resource development in reproductive health under the Fourth Country Programme (1997-2001). The study assessed needs analysis, design, development, implementation and follow-up components of the following sample training interventions:

- Mother and Child Health Worker (MCHW) basic and refresher training;
- Auxiliary Nurse Midwife (ANM) basic and refresher training;
- Health Management Information (HMIS) training;
- Bottom-up Planning, Monitoring and Evaluation (PME) workshop;
- District Health Officer orientation;
- Training of Trainers (TOT) on training methodology.

The evaluation methodology consisted of a combination of document reviews, field visits, open-ended interviews, focus group discussions and observation. Visits were made to the National Health Training Center, all of the regional training centres, and a sampling of PHC centre/training health posts and health posts in selected districts. Individual interviews and focus group discussions were conducted with a wide variety of people, including UNFPA staff, training staff, doctors, lower level health staff, and community members.

## 5. Nigeria

### COUNTRY CONTEXT

Nigeria is a very large country with a low level of human development and barely improving population and development indicators (see **table 12**). It is the most populous country in Africa, accounting for one out of every five Africans. It is culturally diverse, with over 300 ethnic groups, most of which continue to acknowledge traditional institutions in their community life. The total fertility rate has declined slightly during the last 30 years, from 6.9 children per woman during the period 1970-75 to 5.92 today. The rapidly growing population is suffering an increasing incidence of poverty. There are significant regional, urban/rural and gender disparities in living standards, which are aggravated by the prevailing economic downturn.

Health services in Nigeria are both limited and of poor quality, and as a result large sections of the population do not have access to reproductive health services. Furthermore, ethnic and regional conflicts as well as weak cooperation between the federal and state levels have made both policy development and service delivery difficult.

**TABLE 12: Nigeria: Key Population and Development Indicators**

	1990	2000		1990-95	1995-2000
1. Population (thousands)	85,953	113,862	6. Annual Population Growth Rate (%)	2.88	2.74
2. Adult Illiteracy Rate (%)			7. Life Expectancy at Birth (years)	50.7	51.3
▪ Female	61.6	43.9			
▪ Male	40.6	27.8			
3. Contraceptive Prevalence Rate (%)	6.0	7.4 (1999)	8. Total Fertility Rate	6.38	5.92
4. Maternal Mortality Ratio (100,000 live births)		1,100	9. Infant Mortality Rate (per 1,000 births)	97.5	88.1
5. Human Poverty Index					34.9

### UNFPA'S PROGRAMME

UNFPA has funded population and development programmes in Nigeria since 1981. **Table 13** provides an overview of input expenditures during the last two cycles. Noteworthy is the high proportion of expenditures on training, particularly during the last country programme cycle.

The Fourth UNFPA-funded Country Programme (1997-2001) supported the federal and 12 selected state governments with the objective of addressing the lack of conceptual, methodological and operational capacity at these levels to provide and manage comprehensive reproductive health services and to integrate population factors into development planning. A major change from the Third to the Fourth Country Programmes was the decentralization of programme interventions to 12 states, which

**Table 13: Nigeria: Programme Expenditures by Component**

All resources (regular and other) 1992-2001, US\$ and per cent of total programme expenditures.

Component	1992-1996		1997-2001		1992-2001	
	US\$	%	US\$	%	US\$	%
Personnel	2,890,450	20	5,061,091	26	7,951,541	23
Subcontracts	1,210,088	8	1,300,829	7	2,510,917	7
Training	3,247,725	22	7,746,349	39	10,994,074	32
Equipment	6,900,729	46	4,325,713	22	11,226,442	32
Miscellaneous	647,114	4	1,230,894	6	1,878,008	6
Admin. Support	59,257	0	30,082	0	89,339	0
<b>Total</b>	<b>14,955,363</b>		<b>19,694,958</b>		<b>34,650,321</b>	

each received support through a multidisciplinary project that included reproductive health, population and development and population/family life education components. A Project Advisory Unit managed each state project. At the same time, key federal-level programmes were funded with the objective that they would provide technical support to the state level.

**Table 14** provides an overview of the projects funded under the Fourth Country Programme and their executing agencies.

**TABLE 14: Nigeria: UNFPA Fourth Country Programme of Assistance — 1997-2002**

## FEDERAL PROJECTS

Project Title	Main Counterpart Organization
<b>Reproductive Health</b>	
Improving the quality of reproductive health services	Federal Ministry of Health (FMOH)
Strengthening the implementation of reproductive health	FMOH
Population and Family Life Education in federal secondary schools	Nigerian Educational Research and Development Council
<b>Population and Development</b>	
Data collection and analysis	National Population Commission
Coordinating the implementation of the National Population Programme	Department of Community Development and Population Activities, FMOH
South to South collaboration	National Planning Commission
<b>Advocacy</b>	
Securing political support for population policies and programmes	Population Information & Communication Branch, Federal Ministry of Information and Culture
Gender Advocacy	Federal Ministry of Women's Affairs and Social Development
Media Partnership	News Agency of Nigeria

STATE PROJECTS (States of Abia, Anambra, Bauchi, Borno, Delta, Edo, Gombe, Nasarawa, Ogun, Osun, Plateau, Rivers).

Project Title	Main Counterpart Organization
<b>P&amp;D</b> — Integrating population factors into development planning	State Planning Commission
<b>RH</b> — Community reproductive health services	State Ministry of Health
<b>RH</b> — Population and family life education in State secondary schools	State Ministry of Education

## EVALUATION APPROACH

In Nigeria, the capacity development dimension was incorporated as a component of a larger, comprehensive evaluation of the Fourth Country Programme (1997-2001). A six-person multidisciplinary national team conducted the Country Programme Evaluation over a period of seven weeks. The evaluation analysed all UNFPA-funded federal-level projects as well as state-level projects in a representative sample of four states. The methodology included documentation review, key informant interviews and observational site visits using checklists. Prior to the evaluation fieldwork, a one-week workshop was conducted for the evaluators by the Thematic Evaluation Coordinator and three CST experts. The purpose of the workshop was to clarify the evaluation focus and questions and to develop data collection instruments.

## 6. Viet Nam

### COUNTRY CONTEXT

Viet Nam is a large country with a medium level of human development and rapidly improving population and development indicators (see **table 15**). The total fertility rate declined substantially over the last 30 years, from a high of 6.7 children per woman during the period 1970-75 to 2.5 children per woman today.

As noted in the Viet Nam report, *“The Government of Viet Nam had shown strong commitment to the course of the ICPD Action Plan, and during 1995-97 it has made important progress in the direction of achieving ICPD goals. While still placing strong emphasis on family planning, the Government of Viet Nam and the leaders of its key ministries, notably MOH, NCPFP, GSO, and MPI, encouraged by the UNFPA office to pursue the ICPD Action Plan, were increasingly aware of the necessity to broaden the national population and family planning programme to a more comprehensive Reproductive Health and Population and Development programme. It was recognized that the programme should be shifted from a target-oriented and supply-driven to a client-centred and demand-driven one. The need of change was the meeting point of the UNFPA office and the Government Task Force in charge of designing the CP5.”*<sup>64</sup>

<sup>64</sup> Loi, Vu Manh et al.

**TABLE 15: Viet Nam: Key Population and Development Indicators**

	1990	2000		1990-95	1995-2000
1. Population (thousands)	66,074	78,137	6. Annual Population Growth Rate (%)	1.95	1.40
2. Adult Illiteracy Rate (%)			7. Life Expectancy at Birth (years)	64.9	67.2
▪ Female	12.9	9.3			
▪ Male	6.0	5.5			
3. Contraceptive Prevalence Rate (%)	53.0 (1988)	75.3 (1997)	8. Total Fertility Rate	3.3	2.5
4. Maternal Mortality Ratio (100,000 live births)		95	9. Infant Mortality Rate (per 1,000 births)	47.4	40.1
5. Human Poverty Index					27.1

At the end of CP4 (1996) it was recognized that "Limited institutional capacity, particularly qualified human resources, was a critical constraint to Viet Nam's ability to implement and sustain the population and development programme." The situation was also characterized by "a lack of policy guidance; highly centralized and vertical management structures, unclear roles and functions; little coordination among and within institutions; weak capacity in planning, problem-solving, decision-making, monitoring and evaluation; a weak and poorly disseminated information base; and limited capacity for analysis and research and for translating research results into useful policy tools". Capacities were weakest at decentralized levels of the government administration.<sup>65</sup>

#### UNFPA'S PROGRAMME

UNFPA has supported population and development interventions in Viet Nam since 1971. **Table 16** illustrates programme expenditures during the last two programme cycles.

**TABLE 16: Viet Nam: Programme Expenditures by Component.**

All resources (regular and other) 1992-2001, US\$ and per cent of total programme expenditures.

Component	1992-1996		1997-2000		2001		1992-2001	
	US\$	%	US\$	%	US\$	%	US\$	%
Personnel	2,948,364	9	2,036,197	8	358,023	9	5,342,584	9
Subcontracts	4,254,754	13	6,509,393	26	1,290,925	33	12,055,072	20
Training	5,837,062	18	4,941,404	20	1,024,908	26	11,803,374	19
Equipment	17,735,436	55	9,448,807	38	742,697	19	27,926,940	45
Miscellaneous	1,477,651	4	1,876,916	7	474,697	12	3,828,950	6
Admin. Support	173,646	1	246,736	1	11,864	1	432,246	1
<b>Total</b>	<b>32,426,913</b>		<b>25,059,453</b>		<b>3,902,800</b>		<b>61,389,166</b>	

<sup>65</sup> Idem.

UNFPA was the major donor in population in Viet Nam until the early 1990s. In the early 1990s new donors such as the World Bank, Asian Development Bank (ADB), Kreditanstalt für Wiederaufbau (KfW), German Technical Cooperation Agency (GTZ), Australian Agency for International Development, the Swedish International Development Cooperation Agency (SIDA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF, and a number of international NGOs started to support various health sector activities, including reproductive health/family planning, totaling hundreds of millions of U.S. dollars. The Vietnamese Government also sharply increased its funding for population activities. Compared to these funding contributions, UNFPA's financial support was modest. It therefore became important that the Fund direct its resources to carefully selected areas of need. It chose to support capacity building at the central level and in selected provinces where other donors were not very active. In this way, UNFPA complemented the programmes supported by other donors and made full use of the Fund's accumulated experience and leadership in introducing new strategic approaches that can be sustainable and expanded.

The Viet Nam case report concludes that *“UNFPA is respected in Viet Nam and its advice has legitimacy and credibility. This helped to gain acceptance of key messages on RH, PDS and Advocacy from political leaders and managers.”*<sup>66</sup>

## EVALUATION APPROACH

The evaluation consisted of a comprehensive review of all of the projects of the Fourth Country Programme (1997-2001), with special emphasis on training interventions (see list of projects reviewed in **table 17**). The evaluation was undertaken in two phases. Phase one was conducted by three national consultants over a period of about two and a half months. The team worked for three days with the Thematic Evaluation Coordinator to clarify the thematic evaluation purpose and specific focus in Viet Nam. Data was collected through review of documentation, field visits to two provinces and interviews with Project Management Units both at the central and provincial levels as well as with trainers and former trainees. The interviews were conducted using semi-structured questionnaires identical to those used in Côte d'Ivoire. A total of 97 trainees and 21 trainers were interviewed. The structured interviews were complemented by qualitative key-informant interviews at the central and provincial levels. In phase two, a two-person international team joined the national consultants for two weeks to review and discuss findings and reach overall conclusions.

---

<sup>66</sup> Reynolds, Jack and Peter Morgan.

**TABLE 17: Viet Nam: Project Sample**

<b>Project Title</b>	<b>Main Counterpart Organization</b>
<b>Reproductive Health</b>	
<b>VIE97/P02, P03, P04, P05, P06, P07, P08, P09:</b> Strengthening the Reproductive Health Services in Ha Giang, Yen Bai, Thai Binh, Da Nang, Quang Nam, Khanh Hoa, Binh Phuoc, and Binh Duong Provinces	Provincial People's Committees
<b>VIE97/P10:</b> Strengthening Ministry of Health's Capacity to Manage the Reproductive Health Programme	Ministry of Health
<b>VIE97/P11:</b> Promoting Gender Equality and Male Responsibility in Reproductive Health	Women's Union, Peasants' Union
<b>VIE97/P12:</b> Support to the Improvement of Adolescent Reproductive Health	Viet Nam Youth Union
<b>VIE97/P13:</b> Support to National Education and Training Programme on RH and Population/Development	Ministry of Education and Training
<b>Population and Development</b>	
<b>VIE97/P01:</b> Support to the Government for Management of Implementation of ICPD Plan of Action	Ministry of Planning and Investment
<b>VIE97/P14:</b> Support to the General Statistical Office on the 1999 Census, Population Projections and Data Information Dissemination	General Statistical Office
<b>VIE97/P15:</b> Support to Capacity Building at MPI on Integration of Population Variables into Development Planning	Ministry of Planning and Investment
<b>VIE97/P16:</b> Capacity Building at NCPFP on Population & Development Strategies, Advocacy, Research, Social Marketing and CBD.	National Committee for Population and Family Planning
<b>Advocacy</b>	
<b>VIE97/P17:</b> Training Support for Population and Development Among Policy Makers	Ho Chi Minh National Politics Academy
<b>VIE97/P18:</b> Advocacy Support for Population and Development Among Elected Officials	Parliamentary Committee for Social Affairs, Viet Nam Association of Parliamentarians for Population and Development)
<b>VIE97/P19:</b> Strengthening Capacity for Population and Development Advocacy of Mass Media Practitioners	Ho Chi Minh National Politics Academy/Sub-Academy of Journalism and Communication

# bibliography

Administrative Committee on Coordination (ACC). ACC Guidance Note on Capacity-Building, Approved on behalf of ACC by the Consultative Committee on Programme and Operational Questions (CCPOQ) at its 16th Session, Geneva, March 2000.

Bolger, Joe. CIDA Policy Branch. Capacity Development. Occasional Series, Vol. 1, No. 1, May 2000.

Carvalho José Alberto Magno de, Oswaldo Yoshimi Tanaka, Leila Linhares, Cristina Melo. Evaluation of the UNFPA Programme in Brazil: capacities development. Belo Horizonte, March 2002.

Kirkpatrick, Donald. *Evaluating Training Programs*. San Francisco, CA. Berrett-Koehler Publishers, Inc., 1994.

Loi, Vu Manh, Quan Le Nga, Phan Thuc Anh, Nguyen Thi Kim Hoa, Dinh Bich Thuy. Thematic Evaluation of UNFPA Support to National Capacity Development in Viet Nam. November 2001.

Lusthaus, Charles, Gary Anderson, Elaine Murphy. Institutional Assessment — A framework for Strengthening Organizational Capacity for IDRC's Research Partners. IDRC, 1995.

Lusthaus, Charles, Marie-Helène Adrien, Mark Perstinger. Capacity Development: definitions, issues and implications for planning, monitoring and evaluation. Universalia, August 1999.

Martine, George, Ralph Hakkert, José Miguel Guzmán. Population and Development Strategies: responding to new challenges. UNFPA Country Support Team for Latin America and the Caribbean. August 2001.

Mitchell, Marc, José Miguel Guzman, Valentin Essan Kodia, Christiane Welfens-Ekra, Jeanne Kouaho-Kouassi. UNFPA Thematic Evaluation Capacity Development in Côte d'Ivoire. January 2002.

Mendelsohn, Steven M. and Carlos M. Indacochea. Report on Assessment of the TSS Specialists Posts at Headquarters and Regional Levels. January 1997.

Morgan, Peter and Nader Fergany. The Population and Development Strategies Project in Egypt — A Case Study. 6 March 2002.

Morgan, Peter. An Update on the Performance Monitoring of Capacity Development Programs — What Are We Learning? Paper prepared for the Policy Branch of CIDA and presented at the meeting of the Development Assistance Committee (DAC) Informal Network on Institutional and Capacity Development, Ottawa, May 3-5 1999.

\_\_\_\_\_. "The Design and Use of Capacity Development Indicators". Paper. December 1997.

Morgan, Peter and Jack Reynolds. Thematic Evaluation of UNFPA Support to National Capacity Development: a case study of two UNFPA supported projects in Egypt. May 2002.

Ojengbede, Oladosu A., Osato O.F. Giwa-Osagie, Hyacinth I. Ajaegbu, Nosa I Aladeselu, Akin Osibogun, Anjuwon Akinwande. Evaluation of the UNFPA Fourth Country Programme of Assistance to Nigeria. December 2001.

Reynolds, Jack, and Peter Morgan. Viet Nam: thematic evaluation of UNFPA contributions to national capacity development, 1997-2002. December 2001.

Reynolds, Jack. The Egyptian Health Intervention Project — A Case Study of Capacity Development. February 2002.

Schachter, Mark. Institute on Governance. "Capacity Building": a new way of doing business for development assistance organizations. Policy Brief No. 6. January 2000.

Senge, Peter. *The Fifth Discipline: the art and practice of the learning organization*. Doubleday, 1990.

UNDP. Management Development and Governance Division, Bureau for Development Policy. Capacity Assessment and Development in a Systems and Strategic Management Context. Technical Advisory Paper No. 3. January 1998. Website: <http://magnet.undp.org>

UNDP. General Guidelines for Capacity Assessment and Development from the Capacity Development Source Book. September 1997. Website: <http://magnet.undp.org>

UNDP-UNICEF. Workshop on Planning and Monitoring of Capacity Development — Final Report. Harare, November 1-5 1999.

UNFPA. An assessment of UNFPA's technical support services system. Evaluation Report Number 9. 1995.

UNFPA. An assessment of the UNFPA global programme of training in population and development (Phase II). Evaluation Report Number 11. 1997.

UNFPA. Capacity Development — the Concept and Possible Evaluation Components. Office of Oversight and Evaluation. 2001.

UNFPA. Capacity Development — Thematic Evaluation Purpose and Focus. Office of Oversight and Evaluation. 2001.

UNFPA. Thematic Evaluation of UNFPA Support to National Capacity Development. Evaluation Guide. Office of Oversight and Evaluation. August 9 2001.

UNFPA. UNFPA and Government Decentralization: a study of country experiences. Office of Oversight and Evaluation. March 2000.

UNICEF. Division of Evaluation, Policy and Planning. Definitions of Capacity Building and Implications for Monitoring and Evaluation. January 1999.

United Nations. Dept. for Economic and Social Affairs. Capacity-Building supported by the United Nations — Some Evaluations and Some Lessons. New York, 1999.

Uprety, Aruna and Babu Ram Shrestha. Thematic Evaluation of UNFPA's Contribution to Human Resource Development under the Fourth Country Programme. Nepal, January 2002.

USAID. Center for Development Information and Evaluation. Measuring Institutional Capacity. TIPS 2000, Number 15. Website: <http://www.dec.org/usaidtheval/#004>



**United Nations Population Fund**

220 East 42nd Street  
New York, New York 10017  
[www.unfpa.org](http://www.unfpa.org)

ISBN 0-89714-685-9  
E/800/2003