



## United Nations Population Fund

### UNFPA Management Response to Evaluation

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<b>Country, Region or HQ Division/Unit that Commissioned the Evaluation</b>	St. Info. & Knowl. Mgmt Branch-Global
<b>Evaluation Title</b>	Thematic Evaluation of UNFPA Support to Maternal Health
<b>Year of the Evaluation</b>	2012
<b>Type / Focus Area of Evaluation</b>	ThematicEval
<b>MR Submission Date</b>	April 09, 2013
<b>Approved By</b>	Ao Kong, Technical Analyst, St. Info. & Knowl. Mgmt Branch
<b>Evaluation Manager</b>	Louis Charpentier, Other, Evaluation Office

### General Management Response

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see specific recommendations and follow up action

### Recommendations

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**Recommendation 1** : REVIEWING UNFPA MATERNAL HEALTH STRATEGY AND APPROACH: UNFPA should revise its internal procedures, tools and templates for strategic planning. The new process should require country offices to develop maternal health support strategies for the medium to long-term, and to detail how resources from the different sub-programmes will be used to implement these strategies.

a) Revise country programme document (CPD) and country programme action plan (CPAP) templates to allow for the presentation of detailed analyses of the specific political, administrative, cultural and socio-economic challenges related to maternal health that need to be addressed in the four to five years covered by the programme.

\*Require country offices to present in the CPAP a detailed description of the medium-term strategy and the human resources required to implement that strategy (see Recommendation R5)

b) Replace intervention planning based on annual work plans with a system that requires multi-annual planning.

\*The overall rationale and theory of change should be described in a comprehensive planning document that details the entire results chain for the intervention, following the results framework (inputs, activities, outputs, expected outcomes, and development results).

\*In addition, the document will have to explain the risks and assumptions on which the intervention is based. The assumptions need to include a description of the support or cooperation the intervention will require from UNFPA partners.

\*The planning document also needs to include a set of monitoring indicators for the different results levels that will become the basis for the monitoring system of the intervention. This information should be presented in a results framework.

**Management Response** : Partially Accepted

**Key Actions** :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments

1. Analysis of monitoring indicators as it relates to maternal health outputs of the revised UNFPA Strategic Plan.	July 31,2013	Programme Division/ Technical Division		
			April 09,2013,On Schedule	

**Recommendation 2** : REVIEWING UNFPA MATERNAL HEALTH STRATEGY AND APPROACH: UNFPA needs to better define the operational implications of the objective to target the needs of the “most vulnerable”. This concept is a relevant part of the UNFPA maternal health strategy, yet it is too vague in its current form to guide maternal health programming at country level.

- Conduct an internal assessment to analyze the concrete ways in which characteristics of health systems, social support structures, and socio-economic conditions determine and shape the vulnerability of specific population groups to maternal health threats and risks. The assessment needs to result in a concretely defined typology of barriers for different types of context and services that are common in UNFPA programme countries.
- Based on this assessment, prepare an operational and programming guide that explains how country offices need to translate the UNFPA mandate for working with the most vulnerable into specific country programmes and interventions. The guide needs to:
  - o Offer a clear definition of maternal health vulnerability that explains: (a) what vulnerability is; (b) what types of risk factors create vulnerability to poor maternal health for different population groups; (c) what social, political and economic variables determine the level of risks these populations are exposed to and their ability to manage these risks;
  - o Identify the policy sectors that are relevant to influencing the social, political and economic variables that determine the risk levels and risk management options of vulnerable populations (health policy, social policy, transport and infrastructure policy, economic policy);
  - o Explain: (a) the main options for donors to influence the social, political and economic variables at the policy level and at community level; (b) the main options for UNFPA to contribute to a common response of development partners, based on its organizational comparative advantage (see Recommendation R3);
  - o Discuss the use of partnerships with different organizations in the various policy sectors to address maternal health vulnerabilities.

**Management Response** : Accepted

**Key Actions** :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. 1. Creation of TD working group on SRHR and inequalities	January 31,2013	SRH Branch in collaboration with all branches in TD and PD	April 09,2013,On Schedule	Working group created in November 2012
2. 2. Develop paper on SRH and inequalities with a conceptual definition of vulnerabilities and poor SRH outcomes which should include tools to analyse vulnerability per country and geographically identify high concentration of vulnerable populations	December 31,2013	SRH Branch in collaboration with all Branches in TD	April 09,2013,On Schedule	

**Recommendation 3 : REVIEWING UNFPA MATERNAL HEALTH STRATEGY AND APPROACH:** When supporting maternal health service delivery at the national and sub-national levels, UNFPA needs to increase the focus on knowledge generation and learning, to ensure that the organization can make use of lessons from these interventions to inform evidence-based policy advocacy and other knowledge-based activities that are at the core of the UNFPA mandate.

- Require country offices to specifically justify their intention to support maternal health service delivery at the sub-national level in country programme action plans (CPAP) and in the respective programme documents.
- Country offices should be required to justify in both CPAP and planning documents why UNFPA should engage in the support of service delivery at sub-national level in each particular situation;
- Country offices should demonstrate that no other development partners are able and/or available to provide the support of service delivery; or that UNFPA will use the experiences of work at sub-national level to generate lessons that can be used to shape the maternal health policy agenda at national level.

- Require country offices to present in planning documents (see above, Recommendation R1) on interventions implemented at sub-national level: (a) how these interventions will contribute to the body of knowledge and experience on maternal health in the programme country; (b) what activities the country office has foreseen to formulate and disseminate lessons learned on the basis of these interventions.
- Strengthen the UNFPA provisions for monitoring (see Recommendation R8 below) to ensure that country offices track progress, identify successes and failures and promote lessons from the interventions they support at sub-national level.
- Ensure that country offices collect, analyze and disseminate information from interventions, and notably pilot interventions, in support of maternal health service delivery on the ground. Responsibilities for ensuring appropriate knowledge management and utilization of lessons-learned from UNFPA activities should be reflected in the job descriptions of the relevant country office staff (including country representatives).

**Management Response :** Partially Accepted

**Key Actions :**

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. In the next MHTF planning meeting which is typically attended by regional SRH advisers, conduct a workshop to discuss how to set up pilot, experimenting programmes at sub-national levels. Each country that receives MHTF funds will be required, with technical support provided by the TD and Regional offices, to use one of their supported programmes at sub-national level as a pilot.	December 31,2013	SRH Branch in collaboration with other branches in the Technical Division and with Regional Offices		
			April 09,2013,On Schedule	Meeting of SRH advisers is planned for the first quarter of 2013

**Recommendation 4 : IMPROVING THE CAPACITY OF UNFPA COUNTRY OFFICES:** UNFPA needs to better align the capacity and skill mix of staff and managers to ensure that country offices can fulfill their role as knowledge brokers and facilitators of evidence-based approaches to improve maternal health.

- Require country offices to develop a resource plan as part of the country programme action plan (CPAP) (see Recommendation R1 above) to explain how staff time will be allocated to the different components of the strategy. The resource plans also should state which additional resources will be required to implement the strategy, and how these will be mobilized.
- Increase the focus of staff in country offices on health care issues related to policy and management. Emphasize professional development of staff in sexual and reproductive health in disciplines like project management, strategic planning, monitoring and evaluation, public health, policy development, and policy advocacy.
- Ensure that job descriptions for country representatives appropriately emphasize their accountability for the strategic orientation and performance of country offices. In particular, the following responsibilities need to be stressed:
  - The development of multi-annual strategies in CPD and CPAP that reflect the organizational comparative advantages of UNFPA as a knowledge-based organization;
  - Positioning country offices to develop strategic partnerships with governments, development partners and civil society organizations to ensure sustainability of results.
- Offer seminars for professional exchanges between advisors in sexual and reproductive health.

**Management Response :** Partially Accepted

**Key Actions :**

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments

1. Review terms of reference for senior managers in country offices to ensure that they bring expertise in SRHR and health sector planning	July 31,2013	Division of Human Resources in collaboration with Technical Division	April 09,2013,On Schedule	
2. First meeting with regional staff in first quarter of 2013	December 31,2013	DHR in collaboration with TD	April 09,2013,On Schedule	Develop plan in 2013. First meeting with regional staff in first quarter of 2013.
3. As FP and Adolescent and Youth Strategies are rolled out, develop partnership platforms with key stakeholders at country level to ensure sustainability of programme interventions in each country	December 31,2013	All COs	April 09,2013,On Schedule	

**Recommendation 5 : IMPROVING THE CAPACITY OF UNFPA COUNTRY OFFICES:** The planning process for technical support elaborated at regional level needs to be better aligned with the long-term strategic and operational planning for maternal health support at country level (see Recommendation R1). Regional offices' planning processes need to address the current country-level programming needs and to anticipate the future support requirements of country offices.

- As country offices develop more comprehensive and coherent long-term maternal health strategies (see Recommendation R1), UNFPA needs to ensure that the corresponding requirements for technical support are well addressed by regional offices and become the basis for long-term strategic planning at regional level.
- Regional Programme Documents (RPD) and Regional Programme Action Plans (RPAP) need to be developed in joint planning sessions that bring together participants from country offices, headquarters (including from the reproductive health thematic funds, such as MHTF, GPRHCS) and regional office staff.
- In addition to the RPAP, regional offices need to develop a plan in coordination with UNFPA thematic funds and headquarters (Technical Division, Programme Division) to estimate the resources required to deliver the needed technical support, identify likely resource gaps and develop strategies (such as partnerships, raising of external funds) to close these gaps.
- Technical support priorities and related resource allocations as well as resource mobilization strategies should be reassessed annually (or bi-annually) as part of the periodic review of the RPAP. This assessment should be jointly conducted by the Technical Division (including MHTF, GPRHCS and other reproductive health thematic funds), the Programme Division, and selected country offices and regional offices.

**Management Response** : Partially Accepted

**Key Actions** :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. 1. Integrated Cluster Approach will be functional in ARO for all countries and RO for joint (CO-RO) integrated planning, management and provision of TA. This will be reflected (taking into account the recommendations above) in the RPAP, in multi annual plans and annual plans. It will combine the non-core and core funds.(2013 and later for the next Strategic Plan 2014-1017)	December 31,2015	ARO		
			April 09,2013,On Schedule	For the 8 cluster countries in ARO this has started in 2012. ARO will provide progress updates every six months.
2. 2. Based on joint (CO-RO) needs assessment of COs for TA, it will be translated into a multi-annual TA strategy and delivery plan (IPTS/TOPS)	December 31,2013	ARO	April 09,2013,On Schedule	The strategy will look at the different technical areas for support and new emerging developments. The delivery plan will look at capacity needs at the RO (quality/quantity) and plan the support in time with the CO.
3. 3. RPAP will be developed in consultation with CO/HQ and based on needs assessment. The RPAP will respond to the CO programmes, while being fully aligned to the corporate Strategic Plan.	December 31,2013	ARO	April 09,2013,On Schedule	RPAP has in the past been developed in a participatory manner with CO inputs. The RPAP should be in majority geared to CO support and not to develop a large independent regional programme. Contribution to SP outputs will hence be modest and more indirect by strengthening country programmes.

4. Update and implement LACRO's TOP Support Action Plan 2013, including modalities to address COs needs on planning, TA, monitoring and evaluation of long-term maternal health strategies and initiatives.	December 31,2013	LACRO Programme Coordinator & Women's reproductive Health Cluster	April 09,2013,On Schedule	December 2012 (update) December 2013 (implementation)
5. Introduce training tools on M&E to UNFPA COS and implementing partners in collaboration with the other regions, and TD and PD as appropriate	December 31,2013	APRO	April 09,2013,On Schedule	
6. Coordinate all thematic issues affecting maternal health in the new RPAP	December 31,2013	EECARO	April 09,2013,On Schedule	
7. Introduce M&E training tools to UNFPA COS and implementing partners	November 30,2013	EECARO	April 09,2013,On Schedule	
8. Integrate results oriented thinking and monitoring into programme planning for 2013	December 31,2013	ASRO	April 09,2013,On Schedule	
9. Involve COs, ROs and HQs in the next RPAP and TOP support planning and monitoring exercises	March 31,2013	ASRO	April 09,2013,Completed	
10. RR and other resources in MH will be included in next CPAPs developed in the region	December 31,2013	ASRO	April 09,2013,On Schedule	

**Recommendation 6 : IMPROVING THE GUIDANCE OF UNFPA PARTNERSHIPS:** UNFPA needs to anchor the concept of partnerships more firmly in strategic documents, operational guidelines and terms of references/ job descriptions of management staff. Strategic documents need to explain why partnerships are an important operational and strategic component to ensure sustainable results for UNFPA maternal health support. Operational guidelines need to explain how country offices can foster different types of partnerships. UNFPA managers need to be responsible for setting up the required partnerships at country, regional and global levels.

- Identify the significance of partnerships for implementing UNFPA programmes at country, regional and global levels, and how partnerships can help to

make programme impact more sustainable.

- Prepare an assessment for the different technical areas (EmONC, human resources for health, midwifery) to analyze the inter-dependencies of poor maternal health outcomes and systemic weaknesses in national health systems and deficiencies in social support structures.
- Use the assessment to develop a typology of stakeholders who can help UNFPA to address the identified deficits and root causes of poor maternal health in the context of the wider health system (e.g., human resources for health systems, local governance system, resource allocation systems, etc.).
- Strengthen the capacity of regional offices to support country offices in establishing partnerships.
  - Encourage regional offices to produce short-lists of organizations at regional level that are good candidates for UNFPA partnerships in different technical areas.
  - Develop training resources that regional offices can use to train staff in country offices in developing partnerships for EmONC, human resources for health and midwifery
- Ensure that the job descriptions of UNFPA country representatives, directors of regional offices and managers at headquarters emphasize their responsibility for developing partnerships. Consider “development of partnerships” as a criterion for staff performance assessment.

**Management Response :** Partially Accepted

**Key Actions :**

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. no key action specified	April 09,2013	TD; PD	April 09,2013,Completed	

**Recommendation 7 :** IMPROVING UNFPA PROVISIONS FOR MONITORING: UNFPA needs to strengthen results-oriented monitoring for country offices to measure results and not only activities and inputs. UNFPA also needs to assign greater responsibilities and offer more guidance to country offices for supporting the set-up of appropriate monitoring mechanisms with implementing partners.

- Provide operational guidance for results-oriented monitoring to clarify that monitoring at output level is primarily tasked to collect data that can gauge the contribution of UNFPA support to higher level health outcomes (those outcomes identified in the CPD/ CPAP).
- Develop a set of guidelines on results-oriented monitoring and related training resources that country offices can access and use in the development of monitoring mechanisms for their maternal health portfolio.
- Strengthen the responsibilities and capacities of country offices to support the set-up of appropriate monitoring mechanisms with implementing partners.
  - Ensure that monitoring staff at country offices receive formal training in monitoring;
  - Develop guidelines for M&E officers in country offices to communicate UNFPA monitoring requirements to implementing partners and to offer some technical guidance on monitoring.

**Management Response :** Accepted

**Key Actions :**

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. The Programme Division will support the use of the existing guidance for monitoring results-oriented monitoring and will develop training modules for implementing partners and staff in COs	December 31,2013	Programme Division		
			April 09,2013,On Schedule	

**Recommendation 8 :** REVISE ROLE AND INTEGRATION OF THE MATERNAL HEALTH THEMATIC FUND IN UNFPA: Strengthen the capacity of

the MHTF as a catalytic tool to facilitate the implementation of evidence-based maternal health interventions in programme countries. Clarify in the MHTF Business Plan that the MHTF is not only responsible for launching initiatives (like those in EmONC and midwifery), but also mobilizing required technical and financial resources (UNFPA-internal and from external sources) to support country offices and programme countries in following-through with these initiatives until their completion.

- Clarify the purpose of the MHTF (e.g., as described in the Business Plan). Stress that the MHTF is a tool that:
  - Helps the organization to launch and support evidence-based maternal health interventions in selected thematic areas (currently EmONC, midwifery);
  - Helps country offices to mobilize the technical support needed to assist partner governments to implement these initiatives at national level;
  - Is responsible for assessing the technical support needs of UNFPA to implement these initiatives.
- Update the guidance to country offices on the purpose and role of the MHTF to clarify:
  - What type of resources and support country offices can expect from the MHTF if they access MHTF funds and what type of support they cannot expect;
  - What are the responsibilities of country offices when working with MHTF funds, in particular: stress the catalytic nature of the MHTF and spell out the resulting responsibilities of the country office. Also highlight the shared responsibilities to mobilize resources with a view to ensuring that MHTF-funded initiatives (such as EmONC up-scaling) are pursued until completion.
- Harmonize MHTF planning with the (proposed) multi-annual planning approach for core funds (see Recommendation R1 above).
  - MHTF-financed interventions need to be reflected in the CPAP and also need to be based on multi-annual planning documents detailing: results chains, risks, assumptions.
  - Planning documents for MHTF interventions should also include a resource plan explaining what staff resources and technical support will be required to implement the MHTF-funded interventions.

**Management Response** : Accepted

**Key Actions** :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. 1. Review the MHTF Business plan and include a section to clarify the purpose of the MHTF	January 31,2013	SRH Branch/TD	April 09,2013,Completed	
2. 2. Organize a meeting of MH/SRH advisers supported by the MHTF to update them on the purpose of the MHTF, provide them with guidance on how to mobilize TA	April 30,2013	SRH Branch/TD	April 09,2013,On Schedule	
3. 3. Develop guidance to countries about expectations on funding and TA when receiving MHTF or any other fund	December 31,2013	TD, initiated by the SRH branch	April 09,2013,On Schedule	

**Recommendation 9** : UNFPA should use MHTF funds to carry out pilot interventions in programme countries on selected core maternal health issues, such as the development of appropriate support strategies to better target populations with high vulnerability to poor maternal health (also see Recommendation 2 above).

- Conduct an inventory of maternal health issues and topics that require pilot-testing (including in particular EmONC and midwifery);
- Prioritize issues and topics and invite country offices to submit proposals for pilot interventions;
- Ensure that country offices have access to the required resources and skills to appropriately monitor and evaluate the pilot interventions throughout their lifetime;
- Prepare activities to analyze and disseminate results from the pilot interventions.

**Management Response** : Accepted

**Key Actions** :

Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
			Status	Comments
1. Disseminate UN H4+ Scope of Work and encourage UNFPA COs to reach out to other UNH4+ agencies to support evidence based innovation to reach marginalized populations	December 31,2013	TD		
			April 09,2013,Completed	