

INDEPENDENT THEMATIC EVALUATION

UNFPA support to family planning

2008-2013



PURPOSE AND SCOPE OF THE EVALUATION

The objectives of the evaluation are to assess how the framework of the UNFPA Strategic Plan (2008-2013) has guided the programming and implementation of UNFPA family planning (FP) interventions, and to facilitate learning and capture good practices from UNFPA experience in family planning.

The evaluation covers all countries where UNFPA works in family planning, focussing on the 69 priority countries with low rates of contraception use and high unmet need for family planning, as identified in the London Summit on Family Planning and FP2020, and also covering middle income countries where family planning needs are significant due to inequality of access. The evaluation includes family planning interventions covered by core and non-core resources, including those financed through the thematic fund, Global Programme for Reproductive Health Commodity Security (GPRHCS), and those which are integrated into programmes and projects in maternal health, adolescent and young people's sexual and reproductive health (SRH), HIV and AIDS, gender and humanitarian support.

BACKGROUND OF THE EVALUATION

UNFPA was established in 1969 to provide leadership on population issues. Guided by the Programme of Action from the 1994 International Conference on Population and Development (ICPD) and the Millennium Development Goal (MDG) target 5.B,¹ UNFPA works strategically to promote family planning within a sexual and reproductive health and human rights framework and with attention to vulnerable and marginalised groups. The current mandate of UNFPA support to family planning also builds on the results of the London Summit on Family Planning in 2012, which capped more than a decade of efforts to give family planning a higher profile and priority within the ICPD framework for sexual reproductive health and rights (SRHR). At the summit, FP2020 was established as a major global partnership to support and track progress towards meeting these commitments.

At the country level, UNFPA provides technical support to governments and supports civil society to pursue universal access to sexual and reproductive health information and services, including family planning. At the global and regional levels, it develops technical guidelines, procures and distributes supplies, supports training for health and other development professionals, and advocates for improved policies and programmes.

Several UNFPA strategic frameworks guided the work in family planning during the period under evaluation (2008-2013):

- ▶ UNFPA Strategic Plan 2008-2011 and the related Development Results Frameworks (2008-2013)
- ▶ Reproductive Rights and Sexual and Reproductive Health Framework (2008-2012)
- ▶ Global Programme for Reproductive Health Commodity Security Phase I (2007-2012)
- ▶ Preventing HIV and Unintended Pregnancies: Strategic Framework (2011-2015)
- ▶ Choices not Chance – UNFPA Family Planning Strategy 2012-2020.

Although each framework has its own focus, family planning has been a component in all of them both as a specific area and as an integral part of other key strategies such as maternal health and HIV and AIDS.

Nevertheless, differences between the frameworks reflect changing ways of addressing family planning over time.

METHODOLOGY

The overall approach to the evaluation was based on identifying the contribution of UNFPA to family planning and was responsive to gender, human-rights and cultural contexts. Contribution analysis served as the central analytical framework for the evaluation.

Based on a review of the UNFPA strategic frameworks, the evaluation team reconstructed a theory of change which in turn guided the development of a set of key assumptions and related overarching evaluation questions for each of the eight areas of investigation. This information was captured in an evaluation matrix along with sub-questions covering four OECD-DAC evaluation criteria: relevance, efficiency, effectiveness and sustainability as well as the criteria of coordination.

Methods of data collection included twelve country case studies, selected from the 69 UNFPA priority countries for family planning interventions. Field case studies were conducted in five countries (Bolivia, Burkina Faso, Cambodia, Ethiopia and Zimbabwe) and desk case studies in seven countries (Nicaragua, Nigeria, Sudan, Tajikistan, Uganda, Rwanda, and Viet Nam). Five of these countries are “UNFPA Supplies” (new name of GPRHCS) countries. Other sources of evidence included information from a comprehensive document review, key informant interviews with UNFPA staff at headquarters, regional and country offices, in addition to interviews with key stakeholders from governments and development partners. Two online surveys targeting UNFPA country offices and key in-country stakeholders were designed and implemented in 64 countries to gather perspectives (both qualitative and quantitative) on the diversity and scale of family planning-related interventions.

Analysis was based on the reconstructed theory of change and was guided by the evaluation matrix, which provided both qualitative and quantitative content based on all data sources. The matrix also served as the basis for testing the assumptions in the theory of change against evaluation evidence to provide credible answers to evaluation questions of

¹ Millennium Development Goal 5 was “Improve maternal health”. The goal had two targets: 5.A “Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio”; and 5.B “Achieve, by 2015, universal access to reproductive health”.

programme effectiveness and contribution to results. Each area of investigation was used to inform and ensure the credibility of findings and conclusions.

MAIN FINDINGS

UNFPA has been effectively engaged in global efforts to raise the profile of family planning as a development priority. These efforts have resulted in the explicit inclusion of family planning-related indicators in the Sustainable Development Goals. **UNFPA contributes to increased government ownership and sustainability by promoting national investment and the use of explicit budget lines for family planning commodities and programmes at national and sub-national level.** UNFPA also addresses institutional sustainability by supporting capacity development, mainly in the public sector and for commodity procurement and logistics as well as provider training. However, at country level, this often takes place in the absence of a coherent strategy, whereby high turnover and low staff retention undermines the sustainability of gains in family planning. UNFPA is a trusted partner of government, often acting on behalf of or supporting governments to lead and coordinate family planning activities. This close government relationship is seen as an important UNFPA comparative advantage that can be used to advance issues and programmes. However, the influence of UNFPA, may be constrained particularly on sensitive or politically charged issues to sustain the partnership with the government.

There has been a visible shift in family planning positioning since the appointment of the current Executive Director and through the establishment of key partnership platforms, in particular FP2020. UNFPA leadership is appreciated by its global partners for its inspirational message about the importance of family planning, in particular as a means to safeguard the human rights and health of future generations and promote the demographic dividend. UNFPA engagement was leveraged by FP2020 partners in recognition of its comparative advantages, such as its global reach, a field staff network with deep experience, the GPRHCS platform, and the important role that UNFPA plays in garnering government engagement and commitment. UNFPA has brokered commitments to family planning by national governments, yet, particularly at the country level, it does not always use its strategic advantage to the

fullest, such as to broker partnerships on sensitive issues or between government and civil society. Also, UNFPA is seen as missing a major opportunity to be a key broker in knowledge management of best or promising practices. Importantly, the priority focus on family planning that is called for in the various UNFPA strategies is limited as UNFPA is trying to do too much across too many countries with too few resources.

UNFPA staff and partners agree on the meaning and importance of integration as a key strategy to achieve the ICPD vision. However, tensions remain about whether and how family planning should be prioritised within the construct of integration. UNFPA has provided important global leadership and technical guidance on integration of family planning. In particular, UNFPA has stimulated and supported integration upstream at the policy and strategy level, ensuring that country frameworks address and include integration, with a predominant focus on sexual and reproductive health-HIV linkages, adolescent sexual and reproductive health and emergency responses. However, less attention has been paid to the integration of family planning within maternal health. Results from UNFPA support downstream, aimed at improving access to integrated family planning within other reproductive health services, are more difficult to discern. Technical support for family planning has been mainly provided through GPRHCS, which has had a predominantly supply side focus rather than a strong integration approach. At a programme and operations level, UNFPA staff often operate in silos, leading to a lack of alignment and missed opportunities for integration of family planning within other thematic areas.

UNFPA has identified key enabling factors and has contributed effectively to notable results in the areas of a strengthened and improved policy environment and strong national government commitment to family planning. At community level, cultural and social norms continue to pose limitations on policy implementation in family planning, despite appropriate efforts by UNFPA to engage with local organisations. UNFPA has also supported demand-creation activities implemented by state and non-state actors which has often contributed to sustained high levels, or increased levels of family planning uptake. However, there continues to be a knowledge and information gap and it has not been possible for the evaluation to address fully the effectiveness of UNFPA-

supported demand-creation activities at community level.

UNFPA has made efforts to identify and address the needs of a limited range of vulnerable and marginalised groups (VMGs) at country, regional and global level, generally with a focus on adolescents and young people. UNFPA is recognised as an effective global advocate of the rights of vulnerable and marginalised groups, yet its leadership does not always filter down to the country level. UNFPA at times avoids taking a stand on sensitive sexual and reproductive health rights issues of minority groups. While UNFPA promotes the participation of vulnerable and marginalised groups in programme activities, its focus on the empowerment of these groups to participate in programme development or advocacy is more limited. This has resulted in UNFPA supporting programmes to increase access to services for vulnerable and marginalised groups, yet important social and cultural barriers remain unaddressed on both the demand and supply side. Furthermore, the practice of carrying out situation analyses on the sexual and reproductive health and rights of vulnerable and marginalised groups is not systematic across country offices.

UNFPA is mandated to pursue a human rights-based approach (HRBA) to programming, and has identified the key characteristics of this approach in sexual and reproductive health. UNFPA has also articulated rights-based guidance for family planning ("Choices not Chance"). Further, UNFPA and WHO have jointly produced guidance on how to operationalise human rights within contraceptive services. **However, UNFPA staff and its partners do not always have a shared understanding regarding what constitutes a human rights-based approach for family planning.** In practice, understanding is varied and most often focused on access to family planning services and an expanded range of contraceptive method options. UNFPA has been vocal at the global level regarding the importance of a human rights-based approach, yet its record at the country level was found to be mixed where components supporting this approach are not consistently applied across programme countries. While a number of technical programmes (such as HIV prevention and gender based violence prevention programmes) pay greater attention to human rights-based components (such as participation, empowerment and accountability), it is often difficult

to determine how human rights principles have been operationalised in family planning programmes. This indicates a missed opportunity for cross-learning among different technical areas on effective human rights based approaches.

UNFPA country offices emphasise an evolving mix of modes of engagement depending on the needs and opportunities in family planning over time. However, lack of a UNFPA-wide learning strategy weakens the availability of best practices and evidence-based data to help identify opportunities for different modes of engagement. Country office programming priorities in family planning are primarily driven by national needs, UNFPA organisational priorities, and funding availability. As a result, UNFPA country engagement was found not to take account of other donors' activities and does not necessarily evolve from a comprehensive strategic assessment of how UNFPA can be catalytic in its support, intervene to unlock barriers, support accelerated progress in difficult areas or join up with other partners to build sustainable approaches.

UNFPA engages in knowledge management for family planning, including through GPRHCS and by providing field expertise and perspectives in the work of the High Impact Practices Initiative (in sexual and reproductive health rights). The lack of an explicit, fund-wide learning strategy for family planning backed up with rigorous standards for documentation and evidence weakens engagement in knowledge management. The lack of attention to defining and reporting higher level results in family planning, beyond the reporting of activities and outputs, also limits UNFPA capacity to serve as a credible knowledge broker about "what works".

Through its flagship GPRHCS programme, UNFPA supply-side work has grown and contributes to expanding method mix, advocates for sustainable financing for family planning and includes support to training. UNFPA has supported a wide range of supply-side training activities, including some activities aimed at improving cost-effectiveness and sustainability. Training support, however has generally been fragmented and unrelated to broader human resource development strategies. Little attention is paid to aspects of supervision, monitoring, or assessing the impact of training on user satisfaction. UNFPA has contributed to expanding method-mix, including support for introduction of more sensitive methods

and has participated in interventions to reduce the costs of procurement at global and country levels. In addition, UNFPA has helped to expand the range of methods available in emergency and humanitarian situations through provision of emergency kits. That said, UNFPA has not fully explored the financial feasibility of maintaining a broad method-mix in low-income countries. Problems of equity in access to a range of methods, or the consequences on voluntary user choice arise when the method-mix is not systematically considered. UNFPA has supported moves towards greater sustainability through promotion of reproductive health commodity security (RHCS) with governments including advocacy for family planning budget allocations, technical support and supply-chain strengthening. UNFPA has promoted a total market approach involving the private and NGO sectors, participating with other stakeholders in strengthening the global procurement system and developing approaches to reduce the cost of contraceptive supplies.

UNFPA Headquarters provides technical guidance to country programmes in family planning through the development of global frameworks, strategies and guidance documents, while regional offices (ROs) have the mandate to broker and implement technical guidance. However, in practice, regional offices have variable capacities and their effectiveness differs across regions and technical areas. This contributes to a disconnect between the development of strategies and guidelines at the global level, and their implementation at country level. Technical guidance on family planning is more effectively disseminated when there is dedicated, thematic funding, as in the case of GPRHCS, to back a variety of supportive mechanisms (such as meetings, action planning workshops, and technical assistance). Headquarters and regional offices have limited input in assisting country offices to adapt technical guidance or identify changing needs in family planning in order to adequately align country programme design with the latest technical guidance and important principles. This gap presents a critical challenge in family planning for addressing areas such as operationalising a rights-based approach and improving quality of care in contraceptive service delivery.

CONCLUSIONS

- 1. UNFPA, in common with many national and international partners, has re-emphasised family planning and has contributed to the global consensus which returned family planning to its rightful place among the priorities of the ICPD Programme of Action.** UNFPA responded to donor and partner advocacy to raise the profile of family planning internally and externally (globally and within partner countries). It has contributed directly through its own programming, and indirectly through advocacy, to securing increased financial resources for family planning. The advent of the GPRHCS contributed significantly to raising the profile of family planning within UNFPA and helped to alert partners to, and convince them of, the recommitment of UNFPA to family planning.
- 2. UNFPA has played an important role in the coordination of action in family planning at both the international and country levels while consistently supporting national ownership and government leadership of coordination structures and processes.** In doing so, UNFPA has relied on its comparative advantages of close relationships with national governments and on its networks that include a wide range of stakeholders, as well as on leveraging its country presence. UNFPA has also worked effectively to broker joint activities between government agencies, development partners and, to some extent, NGOs. However, UNFPA has found it difficult in some contexts to achieve a balance between being a privileged partner of government and meeting stakeholder expectations specifically in relation to advocacy for more space for civil society organisations and NGOs in family planning and in working to increase transparency and accountability for results.
- 3. UNFPA has had mixed success in promoting and supporting the integration of family planning with other sexual and reproductive health services, achieving more notable results at the level of national policies and plans.** UNFPA has provided effective leadership and guidance to the operational integration of family planning services with HIV and AIDS prevention and treatment and in humanitarian responses. However, together with its partners, UNFPA has made more limited progress integrating family planning into other aspects of sexual and reproductive health at the level of service delivery.

4. UNFPA has engaged in efforts to improve the longterm prospects for family planning action across the key dimensions of national policy and of financial, institutional and cultural sustainability. It has been most successful in contributing to renewing national commitment to family planning and to strengthening financial sustainability. At country level, UNFPA has contributed to better financial sustainability for family planning by effectively advocating for stronger government commitments to resource allocation. However, there has been less progress in its efforts to sustainably strengthen health systems to deliver quality family planning services. Engaging with the development of reproductive, maternal, newborn and child health (RMNCH) investment cases and actively supporting their delivery presents a promising opportunity to redress this imbalance. Furthermore, despite engagement with community level organisations and efforts to support demand-creation, UNFPA and its partners face significant cultural barriers to family planning at local and community levels. Developing expertise on cultural engagement and working through the H6² may offer opportunities to deliver better outcomes, for example, by working more closely with, and through, partners that specialise in cultural engagement.

5. At global level, UNFPA has exercised an important leadership role as an advocate for a human rights-based approach (HRBA) to programming in family planning, and for the rights and needs of vulnerable and marginalised groups (VMGs). UNFPA has followed up on its global advocacy for a rights-based approach to family planning by collaborating on the development of operational guidelines for rights-based family planning programming which can be applied by national health services. It has also identified the rights and needs of vulnerable and marginalised groups and has developed programming frameworks for addressing those needs. However, there remains a gap between UNFPA supported policies and guidelines on rights-based approaches to family planning and efforts to put those guidelines into action in some countries. One reason for the gaps is limited resources, as the most vulnerable and marginalised populations are also the hardest to reach and consequently support is costly. However, part of this gap can be attributed to the lack of internal

collaboration and integration across technical silos, leading to an absence of a common understanding among UNFPA staff at regional and country office levels regarding how best to implement rights-based approaches to family planning. This, in turn, contributes to variations in the effectiveness of the UNFPA response at country level.

6. UNFPA lacks a body of systematically organised evidence on important aspects of effective programming in family planning, especially at national level. Most critically, UNFPA lacks evidence: (i) on the extent of integration of family planning into other segments of sexual and reproductive health; (ii) on the effect of different approaches and interventions on service quality, equity and access; and (iii) to validate and communicate good practices in family planning programming. All three gaps in the evidence base are detrimental to organisational learning and impede improved programme design, based on an understanding of “what works” and “what does not work” in family planning programming. In spite of this, UNFPA plays an important role in providing a practical field perspective when reviewing evidence on potential high impact practices generated by other development partners.

7. UNFPA country offices have a strong grasp of the country context and are attuned to the needs and priorities of their government partners. UNFPA has a comparative advantage undertaking policy and advocacy efforts, and is among the best-placed of multilateral organisations to work with national governments and other development partners on policy engagement for family planning. However, other development partners (in particular bilateral agencies and projects) may be better placed to undertake longer-term capacity development and scale-up of service delivery, notably due to their ability to plan and dedicate resources over a longer-term. The development of the integrated RMNCH investment case is an opportunity for UNFPA to advocate for family planning to be appropriately positioned at policy, planning, implementation and monitoring levels. This advocacy and positioning would promote funding from domestic sources or other sources for which the government has a measure of control (e.g. pooled funds or World Bank loans). UNFPA

² H6, a partnership of UNAIDS, UNFPA, UNICEF, UN WOMEN, WHO and the World Bank, is the technical arm of the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

programming insufficiently explicitly addresses the landscape of what other development partners are doing in-country, leading to missed opportunities to leverage its comparative advantage for maximum synergy and results.

8. UNFPA has been effective in supporting national government to increase the emphasis and investment assigned to reproductive health commodity security and in helping to strengthen management of contraceptive supply chains. UNFPA has also made an effective global contribution to improved procurement and lower contraceptive prices. Further, it has contributed to improvements in the availability of different contraceptive methods. This improvement in the available mix of contraceptive methods is, in itself, an important element in a human rights-based approach to supporting family planning.

9. UNFPA country offices rely on effective and timely technical support and backstopping in family planning from headquarters divisions and from regional offices (ROs). There is a substantial body of written guidance, but the availability and quality of technical support varies widely across regions and from different divisions and branches. The implementation of the “regionalisation strategy” has been accompanied by a perceived disconnect between headquarters and country levels and confusion over regional office roles.

RECOMMENDATIONS

1. In order to address important challenges in advancing family planning, UNFPA should optimise its comparative advantages. Those advantages are its close technical and strategic relationship with governments and its central role in coordination and programming links to a wide array of stakeholders. The challenges include: holding governments accountable for maintaining or increasing their financial and other commitments to family planning; advocating for a human rights-based approach, including addressing the needs of marginalised groups; and engaging with a diverse set of actors to rationalise and scale up services.

2. In light of family planning being instrumental to the achievement of the UNFPA mandate and as an integral element in strategic and programme frameworks, UNFPA should examine previous efforts to strengthen integration and collaboration among technical “silos”. In this way, UNFPA can identify lessons and adjust its organisational approach to

address continuing challenges. This is particularly important given the current trend to channel family planning interventions through major initiatives (FP2020, GPRHCS/“UNFPA Supplies”) which have a significant focus on the supplyside. It is essential to ensure that UNFPA places family planning firmly within a sexual and reproductive health and human rights context, in the framework of the Post-2015 Development Agenda. UNFPA needs to be able to communicate effectively to its staff and to stakeholders and partners that a focus on family planning does not imply a vertical programme, nor should an integrated approach imply that family planning is not a priority. Embedding family planning in long term investment cases and advocating for the allocation of domestic resources for implementation will boost sustainability.

3. UNFPA should strengthen the capacity of country offices to document and report on results of UNFPA support to family planning. To this end, UNFPA should intensify its efforts to ensure that the monitoring system measures results in family planning beyond activities and outputs. UNFPA should also elaborate a proactive learning agenda (at HQ level and within family planning focus countries) to contribute to the evidence base on family planning and enhance its role in synthesising, translating and disseminating evidence at regional and international level. In particular the learning agenda for family planning should identify strategic family planning programme issues to explore, and promising interventions undertaken by implementing partners to be validated and communicated to facilitate scale up and replication of successful initiatives. UNFPA should contribute actively to and consider or incorporate the findings of the Independent Accountability Panel for Women’s Children’s and Adolescents’ Health Annual Report which tracks commitments to and delivery of resources, results and rights.

4. UNFPA should continue to take a strong stance and ensure its leadership position in promotion of a human rights-based approach at global, regional and country levels. As a leading advocate of a human rights-based approach in development programming, UNFPA must align its programme activities so that its actions more fully reflect its aims. In particular, UNFPA should ensure that its current operational guidelines for implementing a human rights-based approach in family planning and reaching the most marginalised and vulnerable populations are backed up by a common understanding of the concrete actions

required for implementation by country office staff and partners. At country level, UNFPA should intensify efforts to ensure that programmes prioritise quality of care, nondiscrimination and voluntary choice of family planning and family planning methods, with a special focus on the empowerment and participation of vulnerable and marginalised groups as rights-holders.

5. UNFPA should work at country level to focus on modes of engagement in family planning where it has a strong comparative advantage and where it has adequate resources to follow through. In practice, this means a greater focus than at present on the policy advocacy mode of engagement and specifically in relation to country reproductive, maternal, newborn and child health (RMNCH) investment case development processes. To this end, increased support is needed to strengthen systems and expertise for knowledge management (Recommendation 3) to inform and strengthen UNFPA critical roles in advocacy and brokering. Increased support and guidance should be provided to country programmes to enable constructive engagement in policy processes aimed at systems strengthening for integrated RMNCH delivery, including advocating for increased domestic fiscal space, promoting family planning in the Global

Financing Facility and working to build sustainable commitment to family planning. UNFPA should also re-examine its commitment and approach to training as a key element of capacity development to ensure that training activities are embedded within national strategies for integrated human resource development and sequenced appropriately, rather than providing fragmented support to specific training activities. Further, UNFPA should explicitly analyse its programming in light of what other development partners are doing at country level. Specifically, in respect of broader health systems strengthening initiatives, UNFPA should ensure that landscape analysis is a key component of business planning.

6. UNFPA should clarify the roles and responsibilities of different branches in the Technical Division, other divisions and offices (especially regional offices) for technical and programme oversight of family planning. UNFPA should review how country offices are supported to implement effective, technically sound, rightsbased and results-oriented family planning programme activities and revise roles, responsibilities, procedures and accountabilities accordingly.

UNFPA Evaluation Office

Evaluation Manager: Louis Charpentier

Research Team: Karen Cadondon, Melinda Elias and Natalie Raaber.

Euro Health Group and Royal Tropical Institute Evaluation Team

Team leader: Meg Braddock

Evaluation team: Lynn Bakamjian, Hermen Ormel

National consultants: Gloria Lizárraga (Bolivia), Adama Traoré (Burkina Faso), Serey Phal Kien (Cambodia), Getnet Tadele (Ethiopia) and Thenjiwe Masuku (Zimbabwe)

The analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund. This is an independent publication by the independent Evaluation Office of UNFPA.

Any enquires about this evaluation should be addressed to:

Evaluation Office, United Nations Population Fund

E-mail: evaluation.office@unfpa.org

Phone number: +1 212 297 5218

Full document can be obtained from UNFPA web-site at:

<http://www.unfpa.org/admin-resource/evaluation-unfpa-support-family-planning-2008-2013>