

<b>UNFPA Management Response</b>	<b>Maternal Health Thematic Evaluation</b>
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*Note: The following management response lists the recommendations as they appear in the Evaluation Report. Recommendations are ranked by priority, and arranged in clusters.*

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year after

1. Reviewing UNFPA maternal health strategy and approach		
Recommendation No. 1	To Programme Division	Priority : Very high
<p><b>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.</b></p> <ul style="list-style-type: none"> <li>• 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. <ul style="list-style-type: none"> <li>➤ 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)</li> </ul> </li> <li>• Replace intervention planning based on <i>annual work plans</i> with a system that requires multi-annual planning. <ul style="list-style-type: none"> <li>➤ 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).</li> <li>➤ 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.</li> <li>➤ 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.</li> </ul> </li> </ul>		
<p><b>Management Response:</b> <i>Partially accepted</i></p> <ul style="list-style-type: none"> <li>• The Policy and Procedures Manual issued in 2012 includes tools and guidelines that address the elements raised in this recommendation. These guidelines cover the process of conducting a <i>situation analysis</i>, which addresses the analysis of political, cultural and socio-economic factors related to a development problem, such as maternal health. The guidelines also provide for an option of multi-annual AWP and include instructions on the mapping of result chain frameworks that not only take into account and explain the risks and assumptions but also specify the performance indicators.</li> <li>• UNFPA Management will continue to support regional office activities of building capacity of country offices in the use of the Programme Review Committee (PRC) and the Policy and Procedure Manual guidelines and, consequently, development of stronger CPDs and CPAPs that address the concerns of multi-annual planning,</li> </ul>		

robust result frameworks and indicators. This support covers not only maternal health but all UNFPA interventions.

- Monitoring Indicators related to maternal health are included in the reviewed UNFPA Strategic Plan 2012-2013

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
Analysis of monitoring indicators as it relates to maternal health outputs of the revised UNFPA Strategic Plan	July 2013	Programme Division/ Technical Division		

<b>Recommendation No. 2</b>	<b>To Technical Division</b>	<b>Priority level : Very high</b>
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**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:
  - 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;
  - 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);
  - 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);
  - Discuss the use of partnerships with different organizations in the various policy sectors to address maternal health vulnerabilities.

**Management Response – Accepted**

The Evaluation Team found that the UNFPA strategy on maternal health/SRH lacks an operational definition of ‘most vulnerable’ populations. We concur with these findings and conclusions. We would like to suggest that the recommendation be extended to all sexual and reproductive health programmes which include family planning, maternal health, and STIs prevention and treatment including HIV. Within this definition, special attention should be

given to marginalized adolescents and youth.

UNFPA has already taken some steps in a programme of activities to guide countries to conduct analysis of vulnerability and risk. For example,

- (1) In collaboration with the Population Council, UNFPA has analysed more than 55 DHS to help identify high geographic concentrations of vulnerable adolescent girls. That methodology could be replicated to identify high concentrations of vulnerable populations for poor SRH outcomes classified by age, education and wealth.
- (2) UNFPA is conducting an analysis on measures of existing inequality for antenatal care, family planning and skilled birth attendants (SBA) examining education, age, wealth to identify leading countries in equitable provision of SRH services.
- (3) UNFPA has recently developed a report 'Some Leading Practices in Equitable Sexual and Reproductive Health Service Provision from Zambia' <http://www.unfpa.org/public/home/news/pid/12039>
- (4) UNFPA has developed a study on Leading Practices in Equitable Provision of SBA based on the situation in Malawi.
- (5) UNFPA has enhanced the functionality of the OneHealth Tool to enable sub-national strategic planning, costing, budgeting, and financing which supports identification of inequality and inequity and develop costed plans to address issues of inequality.

Based on an existing programme of work, it is proposed to create a working group on inequalities within the Technical Division to coordinate existing work on the subject, and develop practical tools to support countries to address equity in their SRH programmes

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
1. Creation of TD working group on SRHR and inequalities	January 2013	SRH Branch in collaboration with all branches in TD and PD	Working group created in November 2012	
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 2013	SRH Branch in collaboration with all Branches in TD		

Recommendation No. 3	To Technical Division, Programme Division	Priority level : High
<p><b>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.</b></p> <ul style="list-style-type: none"> <li>• 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. <ul style="list-style-type: none"> <li>➢ 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;</li> <li>➢ 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.</li> </ul> </li> <li>• 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.</li> <li>• 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.</li> <li>• 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).</li> </ul>		
<p><b>Management response: <i>Partially Accepted</i></b></p> <ul style="list-style-type: none"> <li>• The recommendation proposed by the evaluation team is valid. However, a new planning process was recently spelled out in the new Policy and Procedures Manual of 2012 about the need to justify the type and scope of the interventions selected by a country programme, and to analyze and take into consideration the work of other development partners to inform this selection. This process applies to all programming areas and not only to maternal health.</li> <li>• Regarding planning, dissemination and use of knowledge and lessons learned in particular, UNFPA evaluations and the knowledge management system will continue to support the planning, generation, sharing, and use of knowledge about all interventions, including maternal health service delivery in the context of sexual and reproductive health at the sub-national level. Priority of the intervention to report on, however, should depend on the context of a country programme.</li> <li>• In this regard, Management, through regional offices will ensure that, where relevant, attention is paid to generation of knowledge about the maternal health/SRH service delivery interventions at the sub-national level.</li> <li>• Third sub-recommendation: Please refer to response to recommendation # 7</li> </ul>		

**TD: Accepted**

- A systematic programme research should be implemented as part of any programme established at sub national level, not only to learn about what works from a programmatic point of view but also to be able to share these experiences with other countries. Further, including pilots generates a learning component in any programme and creates a culture of ensuring effectiveness of programmatic interventions.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
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 2013	SRH Branch in collaboration with other branches in the Technical Division and with Regional Offices	Meeting of SRH advisers is planned for the first quarter of 2013	

## 2. Improving the capacity of UNFPA country offices

Recommendation No. 4

To Division for Human Resources

Priority level: Very high

**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*

New efforts are currently under way to ensure that managers and technical experts have the capacity needed to ensure country offices can fulfil their roles. Skills mix that include SRHR expertise of senior managers and technical staff in country offices, with concrete experience in dealing with the health sector, will be included in Country Office Representatives and Deputy Representatives' terms of reference. The Fund has been working in strengthening the capacity of staff in managerial skills, strategic planning, monitoring and evaluation. Two new strategies have been developed: in family planning (a key strategy to address maternal mortality and morbidity in the context of sexual and reproductive health) and in the work of the Fund on adolescents and youth. Both strategies include the creation of partnerships platforms with key stakeholders to ensure sustainability of programme efforts and interventions. In addition, the Technical Division is working to organize annual technical updates to increase the capacity of its technical staff in sexual and reproductive health and rights.

Key action(s)	Deadline	Responsible	Annual implementation status updates	
			Status (on-going or completed)	Comments
Review terms of reference for senior managers in country offices to ensure that they bring expertise in SRHR and health sector planning	July 2013	Division of Human Resources in collaboration with Technical Division		
Biannual meeting to update SRHR skills country and regional offices staff including representatives, deputies and technical staff	Develop plan in 2013	First meeting with regional staff in first quarter of		

		<b>2013</b>		
<b>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</b>	<b>2013-2014</b>	<b>All COs</b>		

<b>Recommendation No. 5</b>	<b>To Regional Offices</b>	<b>Priority level : High</b>
<p><b>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.</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>		
<p><b>Management Response: <i>Partially Accepted</i></b></p> <p><b>African Regional Office:</b> The African Regional Office (ARO) accepts the recommendations as listed above and in the evaluation report regarding the role, functions and tasks for the regional office. When it comes to the first bullet point above and recommendation 1 of the evaluation, ARO wants to stress and add that the long term maternal health/RH strategies need to be accompanied by integrated multi-year planning and implementation. ARO also agrees with the recommendation about organizing a planning meeting together with countries and headquarters which should include the thematic funds.</p> <p><b>Latin American and Caribbean Regional Office</b> The Latin American and Caribbean Regional Office (LACRO) fully agrees with this recommendation and is committed to ensure that the Regional Programme Action Plan for year 2013, as well as the RPAP 2014-2017 (to be developed and submitted next year) be in alignment with long-term maternal health/RH strategies at the regional and country levels, in close collaboration with COs, SRO and HQs units. All together, and as part of LACRO's TOP Support Action Plan, it is expected to identify COs needs, gaps and priorities in this area, in order to anticipate and coordinate a more strategic, relevant and opportune delivery of technical, operational and programmatic assistance.</p>		

Recommendation No. 5	To Regional Offices	Priority level : High		
<p><b>All Regional offices regarding recommendation contained in third bullet</b></p> <p>There is agreement about the recommendation that a special exercise should be conducted to estimate the resources needed to deliver technical support, identify gaps and develop strategies to close these gaps. However, this may be a Fund-wide exercise.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on - going or completed)	Comments
<p><b>1. Integrated Cluster Approach<sup>1</sup> 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)</b></p>	<p><b>On-going</b></p>	<p><b>ARO</b></p>	<p>For the 8 cluster countries in ARO this has started in 2012. ARO will provide progress updates every six months.</p>	
<p><b>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)</b></p>	<p><b>2013</b></p>	<p><b>ARO</b></p>		<p>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.</p>
<p><b>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.</b></p>	<p><b>2013</b></p>	<p><b>ARO</b></p>		<p>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</p>

<sup>1</sup> Issued by the UNFPA ED in December 2011, the Cluster Approach involves the integration of programme, operational and TA support to countries around SRHR and Adolescents and Youth

Recommendation No. 5	To Regional Offices		Priority level : High
			independent regional programme. Contribution to SP outputs will hence be modest and more indirect by strengthening country programmes.

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 2012 (update) December 2013 (implementation)	LACRO Programme Coordinator & Women's reproductive Health Cluster
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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 2013	APRO
Coordinate all thematic issues affecting maternal health in the new RPAP	December 2013	EECARO
Introduce M&E training tools to UNFPA COS and implementing partners	November 2013	EECARO
Integrate results oriented thinking and monitoring into programme planning for 2013	December 2013	ASRO
Involve Cos, ROs and HQs in the next RPAP and TOP support planning and monitoring exercises	March 2013	ASRO
RR and other resources in MH will be included in next CPAPs developed in the region		ASRO

### 3. Improving the guidance on UNFPA partnerships

Recommendation No. 6

To Technical Division, Programme Division

Priority level : High

**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***

The importance of partnerships is a cornerstone of the Strategic Plan and is highlighted as a major cross-cutting aspect in the Midterm review of the Strategic Plan that was submitted to the Executive Board in September 2011. The Policy and Procedure Manual issued in 2012 includes guidelines and strengthened tools for selecting and working with partners.

In addition, UNFPA monitors partnerships through a biennial partner survey, which collects information on partners’ perception of the Fund’s efficiency, effectiveness and relevance. Through follow-up actions, UNFPA addresses emerging issues from partner surveys.

As it is stated above, establishing strong partnerships is a key component of UNFPA modus operandi. It is generally a welcome recommendation to support COs to strengthen strong partnerships. However, conducting assessments to establish the inter-dependency between poor maternal health outcomes, weak health systems and lack of social support is something UNFPA continuously does and produces extensive evidence on the subject matter. It is not clear how conducting the recommended assessment will help strengthen partnerships. Further, how the development of a typology of stakeholders will help address identified deficits and roots causes of poor maternal health in a context of a wider health system is not really very clear and not relevant to improve partnerships and increase the effectiveness of UNFPA supported programmes to address maternal mortality and morbidity. In the context of the decentralization of regional offices conducted in 2008, UNFPA has been trying to strengthen the capacity of regional offices to establish partnerships through regional institutions that in turn could

provide technical assistance. This process is still ongoing. It has received new impetus with the creation of the Adolescent and Youth Cluster and the Women and Reproductive Health Cluster. As for the inclusion of partnership development in the job description of UNFPA country representatives, this is already included in the TORs.				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments

4. Improving UNFPA provisions for monitoring		
Recommendation No. 7	To Programme Division	Priority level : Very high
<p><b>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.</b></p> <ul style="list-style-type: none"> <li>• Provide operational guidance for <i>results-oriented</i> monitoring to clarify that monitoring at output level is primarily tasked to collect data that can gauge the <i>contribution</i> of UNFPA support to higher level health outcomes (those outcomes identified in the CPD/ CPAP).</li> <li>• 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.</li> <li>• Strengthen the responsibilities and capacities of country offices to support the set-up of appropriate monitoring mechanisms with implementing partners. <ul style="list-style-type: none"> <li>➤ Ensure that monitoring staff at country offices receive formal training in monitoring;</li> <li>➤ Develop guidelines for M&amp;E officers in country offices to communicate UNFPA monitoring requirements to implementing partners and to offer some technical guidance on monitoring.</li> </ul> </li> </ul>		
<p><b>Management Response: <i>Accepted.</i></b></p> <p>The country programme monitoring guidelines in the PPM issued in 2012 as well as other tools such as the 2012 undg handbook on RBM and the UNDP handbook on planning, monitoring and evaluating for development results provide operational guidance for results-oriented monitoring. The Programme Division will support the regional offices to promote the effective use of these guidelines and tools.</p> <p>Programme Division has developed training modules on RBM, which includes result monitoring, and will continue supporting the regional office to use these and other region-tailored modules to train country office staff in monitoring and RBM in general. Programme Division will also consider opening the training modules to the implementing partners and will support regional offices to cascade the monitoring and RBM training to these partners</p>		

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
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 2013	Programme Division		

#### 5. Revise role and integration of the Maternal Health Thematic Fund in UNFPA

Recommendation No. 8

To Technical Division

Priority level : High

**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***

The MHTF is a financial and technical assistance mechanism to support countries focus on specific effective interventions to address maternal mortality and morbidity in the context of SRH and strengthening health systems. We recognize that the technical assistance mechanism has worked well in some thematic areas such as the Midwifery and the Obstetric Fistula programmes. Other parts of the programme still need to develop more thorough guidance to countries who are recipients of the MHTF. The following actions are proposed to address the above

recommendations:				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
1. Review the MHTF Business plan and include a section to clarify the purpose of the MHTF	January 2013	SRH Branch/TD		
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	March-April 2013	SRH Branch/TD		
3. Develop guidance to countries about expectations on funding and TA when receiving MHTF or any other fund	December 2013	TD, initiated by the SRH Branch		

<b>Recommendation No. 9</b>	<b>To Technical Division</b>	<b>Priority level : Medium</b>		
<p><b>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).</b></p> <ul style="list-style-type: none"> <li>• Conduct an inventory of maternal health issues and topics that require pilot-testing (including in particular EmONC and midwifery);</li> <li>• Prioritize issues and topics and invite country offices to submit proposals for pilot interventions;</li> <li>• Ensure that country offices have access to the required resources and skills to appropriately monitor and evaluate the pilot interventions throughout their lifetime;</li> <li>• Prepare activities to analyze and disseminate results from the pilot interventions.</li> </ul>				
<p><b>Management Response: <i>Accepted</i></b></p> <p>The MHTF encourages countries to test bold ideas, especially in midwifery, for example, innovative programmes to support long distance education of midwives, and conduct comprehensive assessments of human resources for health with midwifery skills to ensure that these health workers stay engaged once they are graduated from midwifery schools such as within the High Burden Countries Initiative. However, the development of pilots is encouraged by UNFPA in the context of the H4+ partnership on maternal and newborn health, as included in the UN H4+ Scope of Work. Given this development, the MHTF should use the UN H4+ scope of work and support countries, in collaboration with UNH4+ to develop experimenting pilots that use bold evidence interventions, especially to target vulnerable women to use health services.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
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	Dec 2013			

