

INDEPENDENT COUNTRY PROGRAMME EVALUATION MADAGASCAR

2008 - 2013

Context

The present report is the product of the evaluation of the 6th cooperation programme between UNFPA and Madagascar. Initially signed for the 2008-2011 period, with an overall total budget of 27 million dollars, the country programme consisted of three components: (i) reproductive health, (ii) population and development and (iii) gender issues.

Following the political upheaval of 2009, and in anticipation of a return to normal that would allow for the creation of a new United Nations Development Assistance Framework (UNDAF), the UNFPA office in Madagascar established an interim Development Framework extending the period of the 6th programme until 2013.

Objectives and scope of the evaluation

The objectives of this evaluation are: (i) to provide UNFPA, programme stakeholders and the general public with an independent perspective of the relevance and performance of the 6th cooperation programme between UNFPA and Madagascar, (ii) to analyze the strategic positioning of UNFPA in the Malagasy national development context, (iii) to draw the lessons learned from this programme in order to improve future cooperation programmes between UNFPA and Madagascar.

The evaluation pertains to the results and effects of the three components of the 6th cooperation



programme, as defined in the 2008-2011 Country Programme Action Plan (CPAP) and in the 2012-2013 interim programme.

In addition to the analysis of these three components, the evaluation also consists of an assessment of the programme monitoring and evaluation system.

Methodology

The evaluation was conducted in accordance with the methodology established by the UNFPA Evaluation Branch for country programme evaluations.

The evaluation was based on eight questions (called evaluation questions) covering two categories of criteria: (i) relevance, effectiveness, efficiency and sustainability for the analysis of the three components of the programme, (ii) strategic alignment, response capacity, and added value for the analysis of the strategic positioning of UNFPA in Madagascar.

The Monitoring and Evaluation (M&E) system of the programme was assessed based on the following five criteria: (i) monitoring of resources and activities, (ii) monitoring of performance and results, (iii) monitoring of hypotheses and risks, (iv) integration of evaluations into the M&E system, and (v) strengthening the capacity of national partners in terms of monitoring and evaluation.

The tools used for the evaluation consisted of: (i) a detailed review of the documentation pertaining to the programme and national public policies, (ii) individual and group interviews, (iii) site visits and direct observations, and (iv) focus groups.

Through the evaluation process, the evaluation team remained vigilantly focused on triangulation (cross-checking data). The triangulation process relied on the systematic cross-checking of (i) the sources for data and information and (ii) the data collection tools and methods.

In the course of the evaluation, the team encountered a number of constraints, including: (i) difficulties in creating an overview of all of the activities of the country office using the documents provided, (ii) the insufficient quality of the CPAP indicators system, (iii) the unavailability of programme monitoring data, (iv) the unavailability of certain stakeholders, or the physical impossibility to meet with them during the field phase of the evaluation.

However, the team's significant efforts to triangulate data made it possible to make up, in part, for the lack of available data and to ensure the credibility of the evaluation findings.

Main findings

The objectives of the 6th UNFPA programme were developed on the basis of the proper identification of the needs of the Malagasy population. Developed in response to the initial assessment of the Madagascar Action Plan (MAP 2007-2012), the UNFPA programme accounted for varying national policies, including those at decentralized level. Following the 2009 upheaval, the UNFPA programme was revised to accommodate the new orientations of the United Nations system.

In terms of reproductive health, UNFPA helped to improve maternal health and family planning services. In terms of maternal health, UNFPA contributed to strengthening institutional capacities at the central level, particularly through their support of emergency obstetric and neonatal care and training for midwives, which is a major progress with respect to the goal of increasing the practice of skilled birth attendants. However, the low absorptive capacity of the public health system limited the effects of UNFPA support. In terms of family planning, UNFPA support contributed to the continuing positive results observed over the last few years in the prevalence of contraception. The programme focus on the logistics aspect of the provision of contraceptives, however, led UNFPA to neglect other aspects of family planning, such as the socio-cultural barriers to using services and the availability of a range of products that would allow women to choose the method best suited to their needs. UNFPA also helped to make the reproductive health of adolescents a national priority in Madagascar, even if its interventions in this area suffered from the lack of a clearly defined strategy.

In the area of population and development, the interventions supported by UNFPA helped to strengthen the competencies of its implementing

partners. As a result of the political upheaval of 2009, which led to the suspension of the general census and the sidelining of planning at both the central and decentralized levels, the strategies used to promote linkages between population and development were unsuccessful. The sustainability of the methodological knowledge and competencies gained with UNFPA support relies largely on the resumption of development planning.

In the area of gender, UNFPA helped to establish an institutional environment that promotes equality between men and women. Thanks to UNFPA support, Madagascar was thus able to acquire the legal instruments and gender-sensitive policy planners at the national and regional levels, institutions that allowed the country to direct actions designed to combat gender-based violence (GBV), and a mechanism for monitoring access to justice and combating GBV. Interventions to improve the socioeconomic situation of the most vulnerable women also produced positive, if somewhat limited results (particularly those pertaining to the social reinsertion of women affected by fistula). UNFPA support helped to increase the participation of women in public affairs. However, the fragile nature of the networks of women supported by UNFPA limits this favorable development. In terms of the fight against GBV, UNFPA support in the establishment and development of Counseling and Legal Assistance Centres (CECJ) significantly improved the population access to counseling, protection and referral services. However, CECJs remain highly dependent on external funding, which threatens the sustainability of these results.

The human resources mobilized within the framework of the programme, be it at the level of the country office and the sub-offices, or in providing support to implementing partners, fail to match the needs that have been identified, largely due to the weaknesses so often demonstrated by the implementing partners. The insufficiency of the resources allocated to UNFPA sub-offices, and the low degree of decision-making autonomy that they hold in comparison to the Antananarivo office is another factor that limits achievement of the programme goals.

Main conclusions

The objectives of the CPAP are based on a solid understanding of the needs of the population, and are aligned with the Madagascar Action Plan, sectorial national policies and the framework for intervention of the United Nations system. In response to the socio-political crisis of 2009, UNFPA demonstrated its flexibility, and its capacity to adapt to the new national context ensured the continuity of its response to the needs of the population. However, it remains difficult to demonstrate a causal link between the scheduled activities in the Annual Work Plans and the anticipated results of the programme, and this has blurred the overall intervention strategy of UNFPA.

UNFPA support, along with support from the Maternal Health Thematic Fund, helped to improve national planning and the introduction of quality control tools in terms of maternal health, based on existing governmental policies. However, the lack of operational planning and the absence of rigorous monitoring, in addition to institutional deficits at the decentralized level, diminish the potential success of various UNFPA interventions.

UNFPA did not take into sufficient account the negative effects of the 2009 crisis on its capacity to help produce monitoring data, or its capacity to demonstrate to decision makers the relationship between reliable data and useful, effective planning. Two of the three outputs of the Population and Development (P&D) component of the programme were found lacking concrete application as a result of the crisis: (i) the use of development programme performance monitoring data and (ii) raising the awareness of stakeholders involved in national and regional planning. Confronted with these limitations, the country office did not modify its strategy or the budget allocated to the P&D component, resulting in a limited outlook for obtaining tangible results.

UNFPA helped to establish an institutional framework that supports improvement of the status of women. UNFPA interventions helped improve the

general use and application of regulatory texts pertaining to human rights in general and gender in particular. UNFPA contributed to raising the awareness of the general population on the issues of equality between men and women through various communication channels and through training officials and actors at central, regional and local levels.

In a context marked by the absence of a results-oriented monitoring system at a corporate level, the implementation of such a system at country level is met with resistance from both the country office and its implementing partners. The quality of reports submitted by UNFPA implementing partners is particularly poor, with reports primarily based on narrative descriptions of activities rather than on a true monitoring of programme results. Similarly, the contributions of the Monitoring and Evaluation Officer within the country office were not taken into sufficient consideration by programme component managers.

Main recommendations

The implementation of the country programme at all levels should be focused on priority areas, with the unique objective of achieving the expected results. UNFPA should accordingly adopt a plan that would enable - among other things - focus on a limited number of activities and implementing partners, to ensure a sufficient causal link between the scheduled activities and the expected results and to take into consideration the sustainability of the actions undertaken.

UNFPA should revise its family planning strategy in the context of an approach integrated into reproductive health. In addition to ensuring the

security of contraceptives, UNFPA should carefully analyze elements such as factors that reduce the use of family planning services and methods, improved quality of family planning services in health facilities, and strengthening coordination between the strategies put forward and health care facilities.

The continued support of UNFPA in the production and use of socio-economic data and monitoring data must be accompanied by the resumption of the public policy planning process at both the central and decentralized levels. The amount of UNFPA support should furthermore be modulated in correlation to the human resources and funding effectively made available to decentralized levels, and in particular, regional units for the centralization and the analysis of data.

UNFPA should carry out advocacy initiatives addressed to implementing partners in the area of gender to ensure the operationalization and implementation of the reforms already achieved. In particular, UNFPA should work in collaboration with the Directorate-General for Gender within the Ministry for Population and Social Affairs to inventory the resolutions made and the reforms already achieved in the gender area, and to identify barriers to the operationalization and implementation of these reforms.

UNFPA should increase the budget allocated to the Monitoring and Evaluation (M&E) Officer and give this individual an effective role in monitoring results, reviews and programming activities in order to validate their quality and coherence with the country programme. The M&E Officer should furthermore carry out more field monitoring missions, while seeking, as much as possible, closer coordination between field and monitoring missions.

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The evaluation report is available on UNFPA web page at:
<http://www.unfpa.org/public/home/about/Evaluation/EBIER/CPE>