
B. POPULATION AND REPRODUCTIVE HEALTH ANALYSIS

1. INTEGRATION OF A POPULATION AND REPRODUCTIVE HEALTH ANALYSIS INTO THE COMMON COUNTRY ASSESSMENT (CCA)

B-1. UNFPA-supported programmes need to be based on a thorough and periodic review and analysis of the root causes of a country's critical population, reproductive health and gender issues. In the past, UNFPA specific processes such as the Programme Review and Strategy Development (PRSD) and the Country Population Assessment (CPA) answered this need. Now, however, the CCA presents the opportunity to incorporate a thorough analysis of population, reproductive health and gender issues into a review process with a larger scope. The initial step in the country programming process, the CCA presents an analysis of a country's overall economic, social, cultural and political context. It covers a wide range of issues and major development trends, with a focus on issues related to national priorities and to the goals, targets and commitments defined in the Millennium Declaration and United Nations conferences and conventions, with the ICPD Programme of Action and ICPD+5 as a key frame of reference.

B-2. Under the Government's overall leadership and guidance, the United Nations country team (UNCT) coordinates and conducts the CCA. The resident coordinator, in close collaboration with the Government and other key partners, leads the UNCT in this effort. All United Nations funds, programmes, departments and specialized agencies with development programmes in the country are expected to participate fully.

B-3. The CCA and the UNDAF, which is based on the CCA, constitute the foundation for UNFPA-supported programmes and operational activities in programme countries.¹ Therefore, UNFPA is expected to take the lead, in consultation with Government, during the conduct of the CCA, to identify and analyse root causes of population and reproductive health issues, select priority areas, recommend interventions and identify stakeholders. By integrating the population and reproductive health analysis into the CCA, UNFPA would promote both the thorough understanding of population and reproductive health issues and the incorporation of population and reproductive health dimensions into the analysis of other critical development challenges.

2. PURPOSES OF THE POPULATION AND REPRODUCTIVE HEALTH ANALYSIS

B-4. The purposes of the population and reproductive health analysis are several:

¹ For this reason, this chapter should be read and applied in conjunction with the latest version of the CCA and UNDAF guidelines, to be found on www.dgo.org.

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- To contribute to a better understanding of the causes of a country's population dynamics, levels and trends, the reproductive health situation and the status of gender equality, equity and the empowerment of women and how these are interrelated with the overall economic development of the country, particularly the well-being of the poor. These issues are examined within the context of national development policies and plans, in particular as they relate to ICPD goals, the national Millennium Development Goals, and the national poverty-reduction strategies (these are contained in the Poverty Reduction Strategy Papers (PRSP), where they exist);
 - To assess the relevance and adequacy of national population-related policies, legislation, programmes and plans;
 - To assess the country's capacity to address population, reproductive health and gender issues effectively;
 - To assess whether the lessons learned from past UNFPA programmes and other population donor assistance are relevant for the country's situation; and
 - To provide a basis for recommending strategic actions responsive to the population and reproductive health needs of women, men and families, in accordance with the principles of the ICPD Programme of Action.

3. TIMING

B-5. To ensure that it provides the framework for the preparation of country programme, the CCA and, later, the UNDAF (see chapter C), are undertaken in the penultimate year of the harmonized programme cycle. The entire CCA exercise, which normally starts in the second quarter of the penultimate year of the harmonized programme cycle, should take not more than three to four months to complete (see annex 5). The population and reproductive health analysis would usually be done within that time frame as an integral part of the CCA. Undertaking such an analysis as part of the CCA process facilitates the integration of population and reproductive health issues in the overall CCA document². Thus, UNFPA should aim at completing the population and reproductive health analysis in time for the findings to be incorporated into the final CCA document. It is recommended that mechanisms be established, preferably jointly with other partners, to update the population and reproductive health analysis on a continual basis and to make the information easily accessible to key national and international

² UNFPA representatives/country directors/chiefs of operations may wish to publish the analysis or cite findings from it for programming, policy dialogue and/or advocacy purposes, using umbrella or other country programme funds.

decision makers. Such mechanisms could include the establishment of a population database within a national counterpart organization.

4. FORMAT

B-6. The format of all sections of the CCA, including how the analytical work on population and reproductive health issues contributes to each section of the CCA document, is decided in consultation with the UNCT.

5. COORDINATION

B-7. The UNFPA representative/country director/chief of operations should offer full support and assistance to the Government in coordinating and providing leadership for analysing population and reproductive health indicators and other information. In addition to promoting full government involvement, the UNFPA representative/country director/chief of operations should, to the extent possible, promote the broad-based participation of other development partners and relevant segments of society.

6. METHODOLOGY

Building a Consensus through Consultation: The Thematic Working Group

B-8. Exchanging information, building a broad-based consensus and ensuring the active involvement of all relevant stakeholders in the analysis of development challenges are prerequisites to solid programme development. One mechanism for building a consensus is the thematic working group, set up under the resident coordinator system. The UNFPA representative/country director/chief of operations, in close collaboration with government counterparts, and in consultation with the UNCT, may wish to establish a population and reproductive health working group which would be charged with analysing the population and reproductive health situation, trends, constraints, opportunities, policies and plans. The establishment of such a working group would ensure multidisciplinary and multi-agency representation in discussing and investigating population issues and in drafting the analysis for the CCA document. The UNFPA representative/country director/chief of operations would be responsible for involving relevant United Nations partners present at the country level, and, to the extent possible, non-resident United Nations organizations, in the work of the thematic group.

Employing Participatory Methods

B-9. The thematic working group should draw upon the views of civil society and community groups. A number of participatory methods are available, including some developed to elicit the views of hard-to-reach stakeholders. In many countries, NGOs, research institutes or the private sector possess the expertise and experience to use such

tools and facilitate such processes. These specialists can help in building a common understanding of issues or problems.

B-10. Using participatory methods may, however, put strains on the resources available for the population and reproductive health analysis. The selection and use of participatory methods should be discussed with the members of the UNCT to avoid duplication or overlap with the work of other thematic working groups. These methods must be employed in a cost-effective manner.

7. CONTENT AND PHASES OF THE ANALYSIS

B-12. The phases or steps in preparing the analysis are, broadly, information gathering, the identification of issues requiring deeper analysis, an analysis of root causes of trends, the selection of priorities for assistance and recommendations for priority interventions. These activities may be undertaken concurrently or sequentially, depending on the country situation and available financial and human resources, and data.

Information gathering

B-13. In preparing the CCA, the UNCT uses the CCA indicator framework (which includes Millennium Development Goal indicators) as a point of departure for analysing development challenges and opportunities and for reaching a consensus with the Government and other stakeholders on priority needs.³

B-14. Indicators are markers of programme performance, so broad agreement on the selection from the CCA indicator framework is important. The United Nations and the Government need to agree on these as well as on additional indicators and baseline information. Under the overall direction of government counterparts, UNFPA, as the lead United Nations organization for following up the ICPD, provides guidance in determining which baseline information is relevant for population and reproductive health indicators. In addition to the CCA indicator framework, other indicators may be found in the MYFF and in UNFPA, “Indicators for Population and Reproductive Health Programmes” (Technical and Policy Division (now Technical Division), October 1998).

B-15. Once the indicator framework is completed, it is used to identify trends, data gaps and constraints in the capacity of national statistical systems. The baseline information is usually drawn from existing/available quantitative and qualitative data. The indicator framework (or database of country-relevant, up-to-date information) is used to assess and analyse the country’s development challenges and successes. Where relevant data are not

³ Check for latest version of CCA/UNDAF guidelines: www.dgo.org.

available or reliable, the thematic working group ensures that appropriate actions for data collection are proposed in the CCA document.

B-16. The gathering of information on population and reproductive health issues and trends should go beyond data for specific indicators and include information from such other important sources as:

- Population censuses, surveys, civil registration, and administrative record systems;
- Government planning, policy and programme documents, such as a poverty-reduction strategy paper, and sector analysis reports;
- National Millennium Development Goal reports and national human development reports;
- World Bank documents on the general economic situation and population;
- Bilateral donors' documents on socio-economic development, health and population;
- Reports from national and international NGOs;
- Sociocultural research documents; and
- Evaluation reports concerning UNFPA and other donor interventions, including an evaluation of the previous UNDAF.

Identification of Population Issues Requiring Deeper Analysis

B-17. Some population and reproductive health issues may require in-depth analysis. The identification of such issues should be agreed upon and articulated during the CCA process. Reasons for selecting areas for more thorough analysis might include, but not be limited to, the following needs:

- To analyse negative population and/or reproductive health trends and their contributing factors;
- To examine the causes and extent of the specific population and/or reproductive health problem;

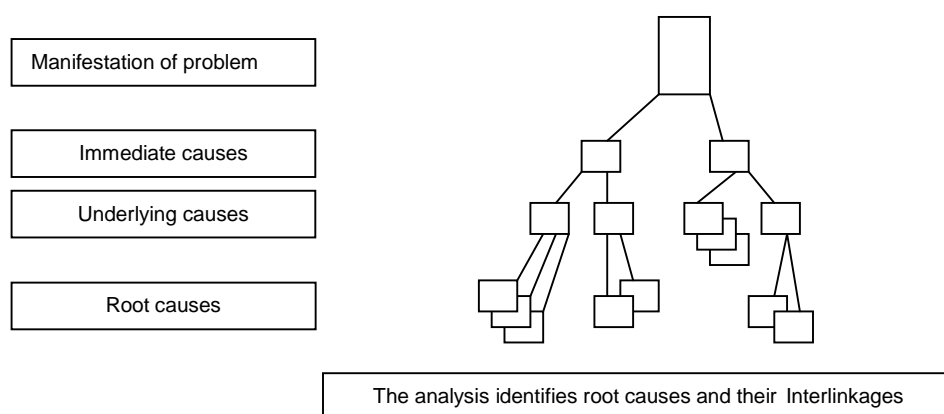
- To identify population trends that might lead to political and social instability or conflict;
- To identify emerging opportunities for multiple interventions and more effective impacts; and
- To specify opportunities for advocacy by development partners.

Analysis of Root Causes of Trends Using Causality Tree Technique

B-18. After the relevant qualitative and quantitative data on population, reproductive health and gender have been collected, the next critical step is to analyse the data and to identify root causes of particular population and reproductive health trends/problems, their linkages and their impacts. The causality tree analysis described below is a technique for identifying causes.

B-19. *Identifying causes.* Generally, for each priority problem, a range of interrelated causes can be identified. A causality framework, or “Causality Tree Analysis” (referred to as a “problem tree” in the logical framework approach), see diagram 1 below, can be used as a tool to cluster contributing causes and examine the linkages among them and their various determinants (see CCA/UNDAF guidelines, 22 May 2002, p. 11 at <http://www.dgo.org/documents.cfm?CategoryID=296&action=search>). Population and reproductive health problems often derive from the same root causes. The analysis should lead to a clear identification of those causes, as well as resources/assets in the programming environment that can be capitalized upon in designing a development intervention.

Diagram 1: Causality Analysis



The population and reproductive health analysis should examine the situation of the most disadvantaged and vulnerable groups, e.g., populations living in remote or peri-urban areas, in extreme poverty; and groups facing discrimination related to race, colour, sex, language or religion. The use of maps is encouraged to illustrate geographic or regional disparities and trends. Progress and significant national changes since the previous population analysis, CCA and UNDAF should be noted. Cross-cutting dimensions, such as gender concerns and national capacity, are to be factored into all parts of the population and reproductive health analysis.

B-20. *Identifying stakeholders.* An important aspect of the causality analysis is the identification of stakeholders responsible for addressing a problem and its causes. The analysis should, therefore, review the skills, commitment, resources and authority of those responsible for addressing key problems. Analysts can then identify major capacity gaps from families to communities to the national level, and ensure that future development assistance will help close those gaps. For example, an analysis of gaps in capacity at various levels to address the problem of maternal mortality could uncover needs to convince key community and family members about the importance of skilled attendance at deliveries and to organize emergency transportation for the evacuation and referral of complicated deliveries. Such an analysis could also highlight that advocacy is needed to compel local and national policy and decision makers to make resources available from adequate emergency obstetric care services and referral mechanisms. The analysis should also highlight that the health care administration requires knowledge and competency in how to manage such services.

B-21. *Identifying lessons learned.* It is important to identify lessons from past development cooperation in the population and reproductive health sector, both the Fund's and other partners', which highlight the intervention strategies that adequately addressed root causes and those that did not.

B-22. *Identifying issues for future examination.* Problem areas that are not analysed in detail at this point because of, for example, the lack of reliable information, should be earmarked for inclusion in the future research agendas of national institutions and authorities, and those of development partners.

Selection of Priorities for Assistance

B-23. The findings of the population and reproductive health analysis constitute the basis for selecting priority areas in the fields of population, reproductive health, gender equality, equity and the empowerment of women.

B-24. The next step is to use those findings to identify and prioritize the key areas of cooperation for national and external partners, with attention to the comparative advantages of each of the development partners in responding to the challenges in a cost-effective manner. The population and reproductive health analysis must specify why certain areas of cooperation were selected from the larger group of identified challenges within the country. Box B-1 below provides some criteria for prioritizing strategic interventions.

Box B-1. Criteria for Prioritizing Strategic Interventions

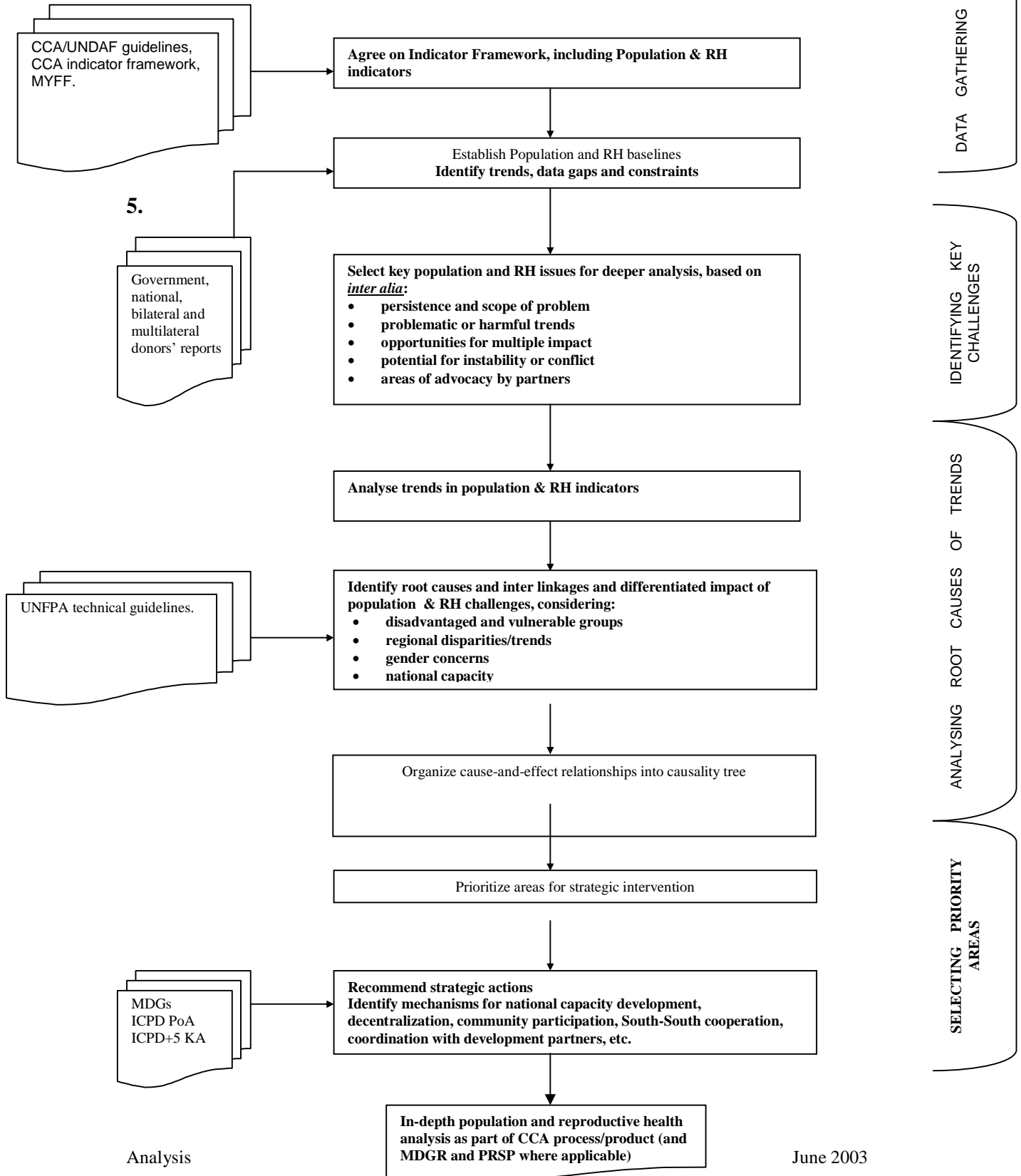
- Address different levels of cause and effect common to major population and reproductive health challenges;
- Focus on the priority needs, rights and capacities of the most vulnerable, excluded and disadvantaged;
- Address negative or problematic trends;
- Offer opportunities to strengthen national capacities;
- Build on lessons learned and good practices; and
- Have potential for longer term impact on national goals and priorities.

Recommendations for Priority Interventions

B-25. Priority interventions should identify mechanisms for the following:

- National capacity development, including at decentralized levels where pertinent;
- Community participation;
- South-South cooperation;
- Coordination of inputs for population and reproductive health programmes by the United Nations system and bilateral agencies; and
- Improved Government coordination of donor assistance.

Steps in the Population and Reproductive Health Analysis



8. FINANCIAL ARRANGEMENTS

B-26. The UNFPA representative/country director/chief of operations assesses the financial and logistical support required for the full and active participation of UNFPA in the CCA (and, later, in the UNDAF), including the population and reproductive health analysis. Such support could cover fees and honoraria, research, secretarial services, meetings, official hospitality, travel, local surface and air transportation, and the printing and distribution of analytical working papers that served as inputs into the CCA process.

B-27. On the basis of this assessment, the UNFPA representative/country director/chief of operations approves a budget in accordance with the decentralized approval authority. Expenses are usually charged to the Programme Coordination and Assistance (PCA) project of the country programme document (see chapter C). If extensive analysis is required, it would usually be charged to an ongoing project.

9. ANALYSIS OF POPULATION AND REPRODUCTIVE HEALTH ISSUES IN COUNTRIES IN SPECIAL CIRCUMSTANCES AND MULTI-COUNTRY PROGRAMMES

Countries in Special Circumstances

B-28. In countries in transition, countries in crises or in other special circumstances where the CCA/UNDAF process may not be feasible, there would still be a need for a population and reproductive health analysis as the basis for providing UNFPA support. In these instances, special attention should be paid to the feasibility of operations as well as the availability of appropriate recent analyses by any member of the United Nations Development Group (UNDG) or other international partners that could shed light on issues that a population and reproductive health analysis would have covered.

B-29. Decisions on the scope of the population and reproductive health analysis and the duration of the programme of assistance would be made through consultations among the Government, the Regional Offices and country office concerned.

Multi-Country Programmes

B-30. UNFPA assistance in the English-speaking Caribbean and in the Pacific is programmed and approved as subregional programmes. The framework and the process for developing multi-country programmes of assistance are essentially the same as for the development of single-country programmes.

B-31. To the extent possible, UNFPA programmes of assistance for the Caribbean and the Pacific should be harmonized with those of the UNDG partners at the location of the UNFPA office covering the subregions. The following special considerations apply:

- The population and reproductive health analysis and other documentation would identify the key population issues common to a number of countries in the subregion; and
- UNFPA would participate in CCA and UNDAF activities taking place at the location of the UNFPA office covering the subregion and other key countries, as time and resources permit; and
- Each country component should have a results and resources framework in order to facilitate programme monitoring and evaluation.

Counterpart participation would have a subregional and multi-stakeholder character, involving Governments, civil society, the private sector, subregional intergovernmental institutions, subregional youth representation and other stakeholders with an interest in or capacity to contribute effectively to programme delivery.