

A close-up photograph of a smiling woman with a black headwrap featuring white floral patterns. She is wearing large silver hoop earrings and a black sleeveless top. A baby is sleeping peacefully in a blue and green patterned sling on her back. The background is a plain, light-colored wall.

Lessons learned from UNFPA Country Programme Evaluations



Evaluation Office

Introduction

UNFPA works to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled

UNFPA Mission Statement

The **International Conference on Population and Development** established a *Programme of Action* to advance sexual and reproductive health, reproductive rights and to meet global development goals. UNFPA Strategic Plans also emphasise the need for our programmes to work towards the achievement of these goals. Evaluations are a vital tool in achieving these aims. They help UNFPA to stay accountable, to make informed, evidence-based decisions and to learn and grow as an organisation.

UNFPA uses **Country Programme Evaluations (CPEs)** to assess performance so that we can improve our country programmes. They are conducted by independent external evaluators, commissioned and managed by country offices and are supported by the Regional Office Monitoring and Evaluation Advisors.

It is estimated that between 10 and 15 CPE reports are produced each year.

These CPEs can also provide a valuable body of evidence to inform corporate-level policies and strategies. They are, in short, a vital resource which has been under-utilised to date.

Since 2011, UNFPA has been working to improve the quality, credibility and use of CPEs and there has been a slow, but steady, improvement over time. The **Evaluation Office** decided that the time was right to attempt to synthesise this evidence, in particular to contribute to the mid-term review of the **2014-2017 UNFPA Strategic Plan**.

This report is intended primarily for the UNFPA Executive Board and management, as well as staff at headquarters, regional and country levels. The intended use of the report is to inform and guide UNFPA strategies, programmes and operational systems.

This report, then, brings together the findings from a sample of 30 UNFPA CPE reports, conducted and quality-assessed between 2010 and 2013. There was a wide variety in the quality of reports during this period: relatively few reports were assessed as 'good quality'. However, a larger number were considered to have positive features and were thought to contain useful elements that could contribute to organisational learning.

Recently, Global Affairs, **Canada's Development Evaluation Division**, completed a review of the developmental effectiveness of UNFPA, drawing on synthesised evidence from a sample of 62 UNFPA evaluations produced between 2008 and 2014. Whilst the approach and methodology were somewhat different, there are striking consistencies in the findings of the two studies, and commonalities are highlighted in this report.

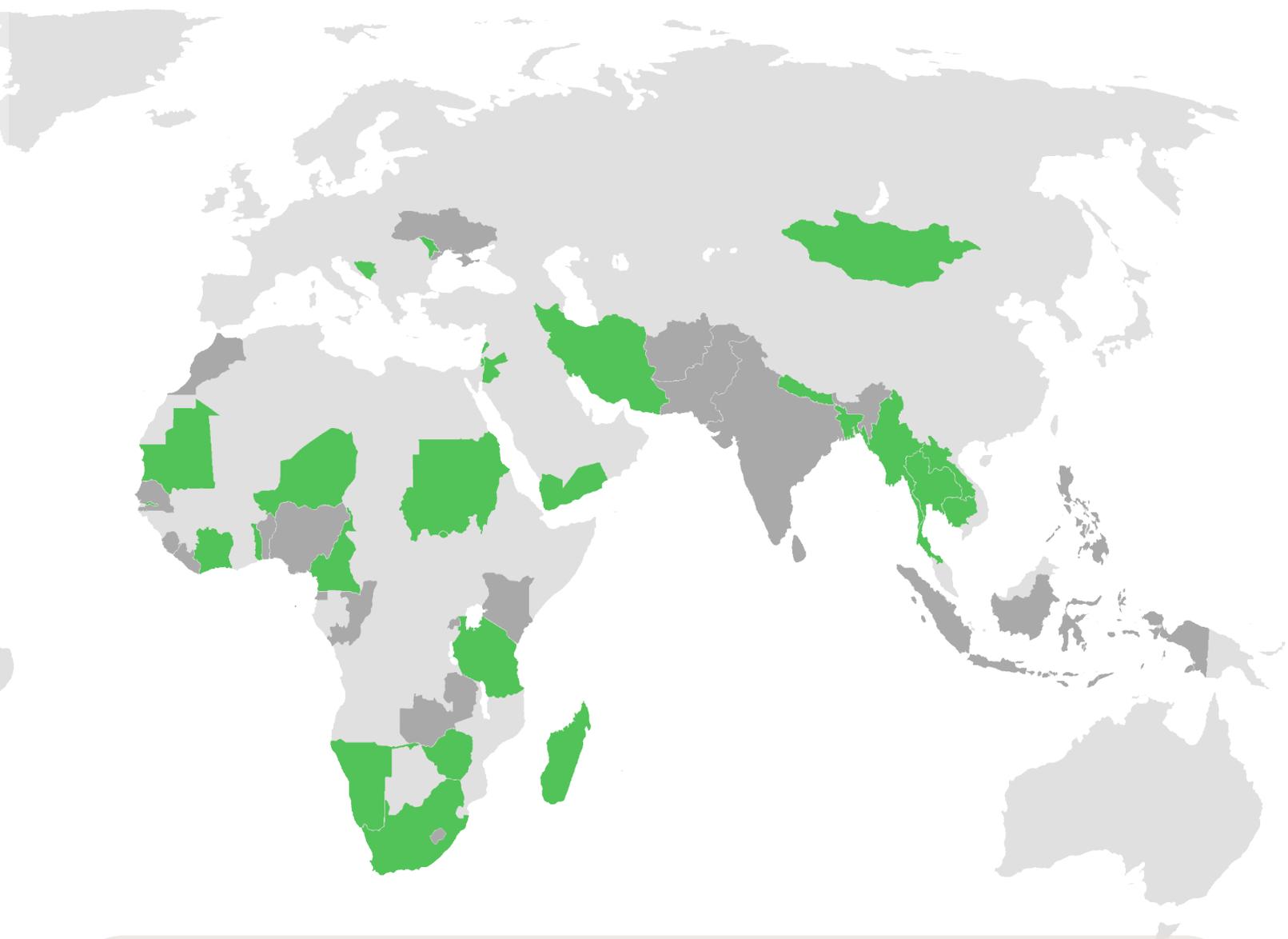
Thanks to the marked improvement in the quality of CPEs since 2014, it is our aim, at the Evaluation Office, to schedule an evidence synthesis of learning from CPEs every two years.

Andrea Cook

Director of UNFPA Evaluation Office

CPEs included

CPEs conducted but not included



Abbreviations

CPE	Country Programme Evaluation	GBV	Gender-Based Violence
DER	Development Effectiveness Review	NEX	National Execution
DEX	Direct Execution	SRH	Sexual and Reproductive Health
EQA	Evaluation Quality Assessment	UNDAF	United Nations Development Action Framework
FGM	Female Genital Mutilation		

Methodology

Of the 60 CPE reports conducted and quality-assessed between 2010 and 2013, a sampling frame analysed evidence from 30 reports from all UNFPA regions.

We used 12 reports that were classed as 'good'/'very good' against UNPFA EQA, and a further 18 reports ranked as 'good'/'very good' on at least one of key EQA criteria ('Findings and Analysis'; 'Method and Design'; or 'Recommendations'). Six reports were in French, one in Spanish and the rest were in English.

All the evidence from the reports was drawn out and distilled using a qualitative approach and the results were grouped according to **UNFPA evaluation criteria** as well as **other areas of particular importance** commonly assessed in evaluations.

The reports were analysed using a spreadsheet tool designed for the purpose. This tool was tested using data from one country (**Bosnia and Herzegovina**). Iterations to the tool were made during the review of the first five evaluation reports. Where additional information was identified as not conforming to this tool it was included on supplementary spreadsheets.

This evidence was then synthesised by criteria into a technical report (which also reflected on other issues to inform the ongoing redesign of the UNFPA evaluation quality system).

A further round of analysis focused on consolidating key lessons learned. This identified specific examples of what worked and what did not work, to facilitate learning from the experiences of the UNFPA country offices.

It should be noted that the sample of reports was illustrative rather than statistically representative of UNFPA country programmes. Although the lessons learned that are presented in this report are still highly relevant, the period covered by all of the CPEs in the sample reflects performance under the previous UNFPA Strategic Plan: performance should not be inferred for the **current UNFPA Strategic Plan**.

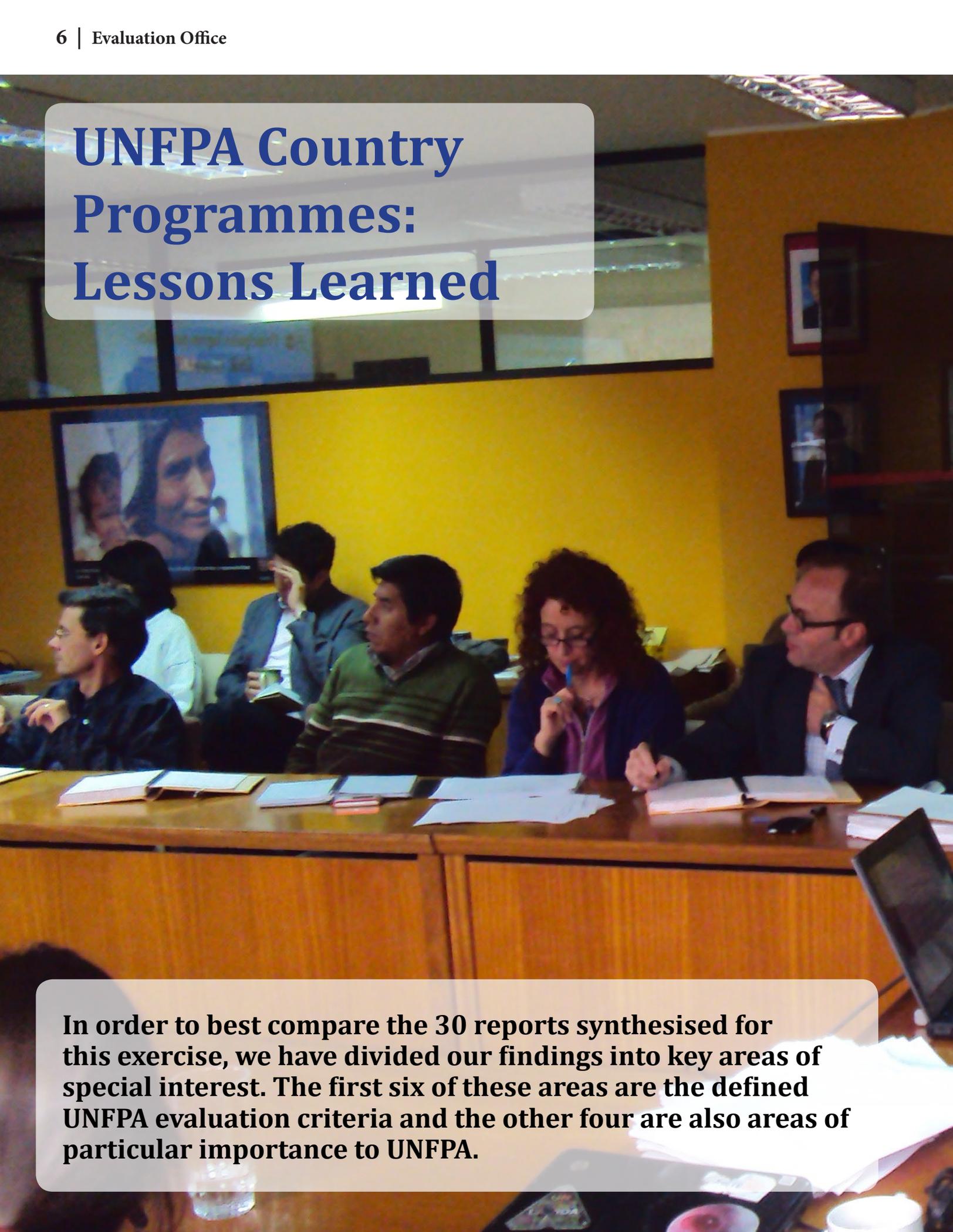
We have presented this information in an accessible and user-friendly format, but those interested in knowing more should refer to the **UNFPA evaluation database**, which provides access to all the country programme evaluation reports, evaluation quality assessments and management responses.



	Structure and clarity	Summary	Design and methods	Data	Findings and analysis	Conclusions	Recommendations	Meeting Needs	Overall	
Bangladesh (2006-2010)	Very Good	Poor	Very Good	Poor	Poor	Poor	Unsatisfactory	Poor	Poor	Asia & the Pacific
Cambodia (2006-2010)	Poor	Very Good	Very Good	Very Good	Poor	Poor	Very Good	Very Good	Very Good	
Iran (2005-2011)	Very Good	Very Good	Very Good	Poor	Poor	Poor	Very Good	Poor	Very Good	
Lao People's Democratic Republic (2007-2011)	Very Good	Very Good	Very Good	Poor	Poor	Unsatisfactory	Poor	Very Good	Poor	
Mongolia (2007-2011)	Very Good	Poor	Very Good	Very Good	Poor	Very Good	Very Good	Very Good	Very Good	
Myanmar (2007-2011)	Very Good	Very Good	Very Good	Very Good	Poor	Unsatisfactory	Very Good	Very Good	Poor	
Nepal (2008-2012)	Poor	Poor	Very Good	Poor	Poor	Poor	Very Good	Poor	Poor	
Pacific (2008-2012)	Very Good	Very Good	Very Good	Poor	Poor	Very Good	Very Good	Very Good	Poor	
Thailand (2007-2011)	Poor	Very Good	Very Good	Very Good	Poor	Poor	Poor	Poor	Very Good	
Jordan (2008-2012)	Poor	Very Good	Very Good	Poor	Very Good	Poor	Very Good	Very Good	Very Good	
Lebanon (2010-2014)	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
Palestine (2011-2013)	Very Good	Very Good	Very Good	Very Good	Poor	Very Good	Very Good	Very Good	Poor	
Sudan (2009-2012)	Very Good	Poor	Very Good	Poor	Poor	Poor	Very Good	Poor	Poor	
Yemen (2007-2011)	Poor	Poor	Very Good	Very Good	Poor	Poor	Very Good	Poor	Poor	
Bosnia and Herzegovina (2010-2014)	Very Good	Poor	Very Good	Poor	Very Good	Poor	Very Good	Very Good	Very Good	Eastern Europe & Central Asia
Moldova (2007-2011)	Poor	Very Good	Very Good	Poor	Poor	Poor	Very Good	Poor	Poor	East and Southern Africa
Madagascar (2008-2013)	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
Namibia (2006-2013)	Very Good	Very Good	Very Good	Poor	Poor	Poor	Very Good	Very Good	Poor	
South Africa (2007-2012)	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Poor	Very Good	Very Good	
Tanzania (2007-2010)	Very Good	Poor	Poor	Poor	Very Good	Very Good	Very Good	Poor	Very Good	
Zimbabwe (2007-2011)	Poor	Poor	Unsatisfactory	Unsatisfactory	Poor	Poor	Very Good	Poor	Poor	Latin America & the Caribbean
Bolivia (2008-2012)	Poor	Very Good	Very Good	Very Good	Very Good	Very Good	Poor	Poor	Very Good	
Caribbean (2007-2011)	Poor	Poor	Poor	Poor	Unsatisfactory	Poor	Very Good	Poor	Unsatisfactory	
Haiti (2009-2011)	Poor	Very Good	Very Good	Very Good	Poor	Unsatisfactory	Poor	Very Good	Poor	
Cameroon (2008-2012)	Poor	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
Côte d'Ivoire (2009-2013)	Very Good	Poor	Poor	Poor	Poor	Very Good	Very Good	Poor	Poor	
Gambia (2007-2011)	Poor	Poor	Very Good	Very Good	Poor	Poor	Poor	Poor	Poor	
Mauritania (2009-2011)	Poor	Poor	Very Good	Poor	Unsatisfactory	Unsatisfactory	Poor	Poor	Unsatisfactory	
Niger (2009-2013)	Very Good	Poor	Very Good	Very Good	Poor	Poor	Very Good	Poor	Poor	
Togo (2008-2013)	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	



UNFPA Country Programmes: Lessons Learned



In order to best compare the 30 reports synthesised for this exercise, we have divided our findings into key areas of special interest. The first six of these areas are the defined UNFPA evaluation criteria and the other four are also areas of particular importance to UNFPA.

UNFPA evaluation criteria

- Relevance
- Effectiveness
- Efficiency
- Sustainability
- Coordination
- Added Value

Other areas of importance

- Reaching Disadvantaged and Vulnerable Groups
- National Ownership
- South-South Cooperation
- Monitoring Systems



Relevance

Relevance measures the extent to which the objectives of the programme correspond to the needs of the population. Another measure of Relevance is how well the objectives of the programme align with government priorities and with UNFPA strategies.

All the evaluations are successfully assessed as relevant. Indeed, a number of programmes were commended as being particularly pertinent to UNFPA priorities and other significant international development frameworks.

Although the reports vary in their approach to assessing Relevance, there are many examples of good practice.

Several programmes were noted for the speed of their response to a range of humanitarian emergencies, including floods in **Bolivia** and **Togo**, political crises in **Côte d'Ivoire** and **Madagascar**, and cholera outbreaks in **Haiti** and **Niger**.

Other programmes commended were:

- ▶ **Zimbabwe**; where the evaluators praised UNFPA flexibility in responding to the political situation
- ▶ **Cameroon**; where the report identified some key features of responsiveness, including speed and flexibility

The reports also highlighted positively those programmes that:

- ▶ Responded to particular country needs
- ▶ Built on experience from previous programmes
- ▶ Filled a gap in what others were doing
- ▶ Met the needs of the vulnerable and disadvantaged

The success rate in Relevance, however, becomes more varied when responding to needs as they develop on the ground and to the needs of some vulnerable and disadvantaged populations.

The reports also drew attention to weaknesses in the area of Relevance and these were:

- ▶ Concerns over remits that were too broad and unfocused
- ▶ Resources that were allocated inappropriately
- ▶ Programmes that were based on historical situations – considered to be simply 'more of the same'



According to the DER, UNFPA programming was found to be: **“highly relevant to the needs of target group members and UNFPA was successful in developing effective partnerships with partner government and NGOs. They were very successful in aligning their programs with national development goals, plans and priorities of the countries”**

UNFPA uses global, regional and national frameworks to keep their programmes relevant.

Global

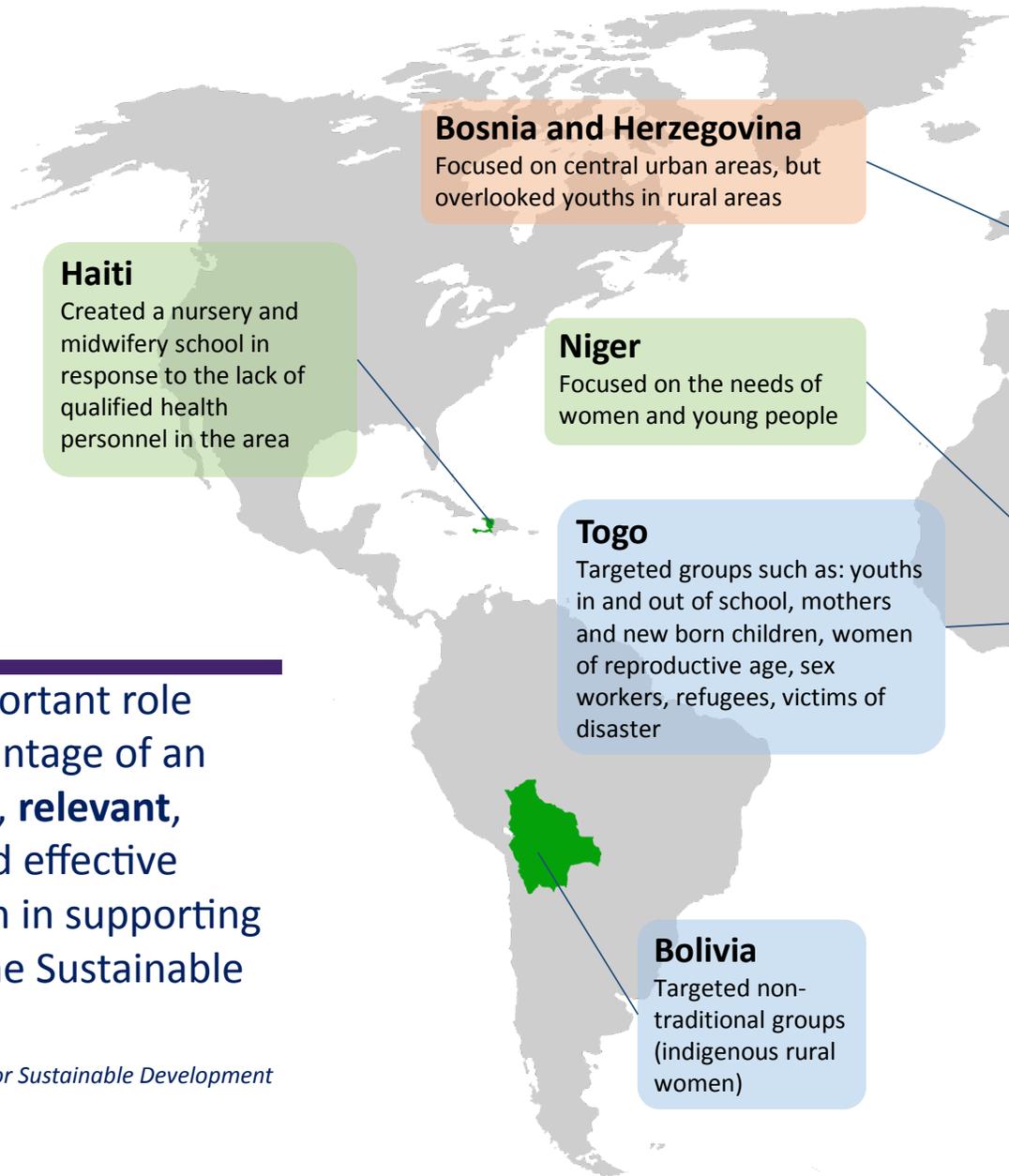
- ▶ United Nations Security Council Resolution 1325 (**S/RES/1325**)
- ▶ Paris Declaration on Aid Effectiveness (**OECD, 2005**)
- ▶ Fourth World Conference on Women (**Beijing, 1995**)
- ▶ International Conference on Population and Development (**ICPD**)
- ▶ Convention on the Elimination of All Forms of Discrimination against Women (**CEDAW, 1979**)
- ▶ Millennium Development Goals (**MDGs**)
- ▶ UNFPA strategic plan (**2014-2017**)
- ▶ Sustainable Development Goals (**SDGs**)

Regional

- ▶ Economic Community of West African States (**ECOWAS**)

National

- ▶ National Development Strategy (including sectoral strategies)
- ▶ Common Country Assessment
- ▶ United Nations Development Assistance Framework (**UNDAF**)



Bosnia and Herzegovina
Focused on central urban areas, but overlooked youths in rural areas

Haiti
Created a nursery and midwifery school in response to the lack of qualified health personnel in the area

Niger
Focused on the needs of women and young people

Togo
Targeted groups such as: youths in and out of school, mothers and new born children, women of reproductive age, sex workers, refugees, victims of disaster

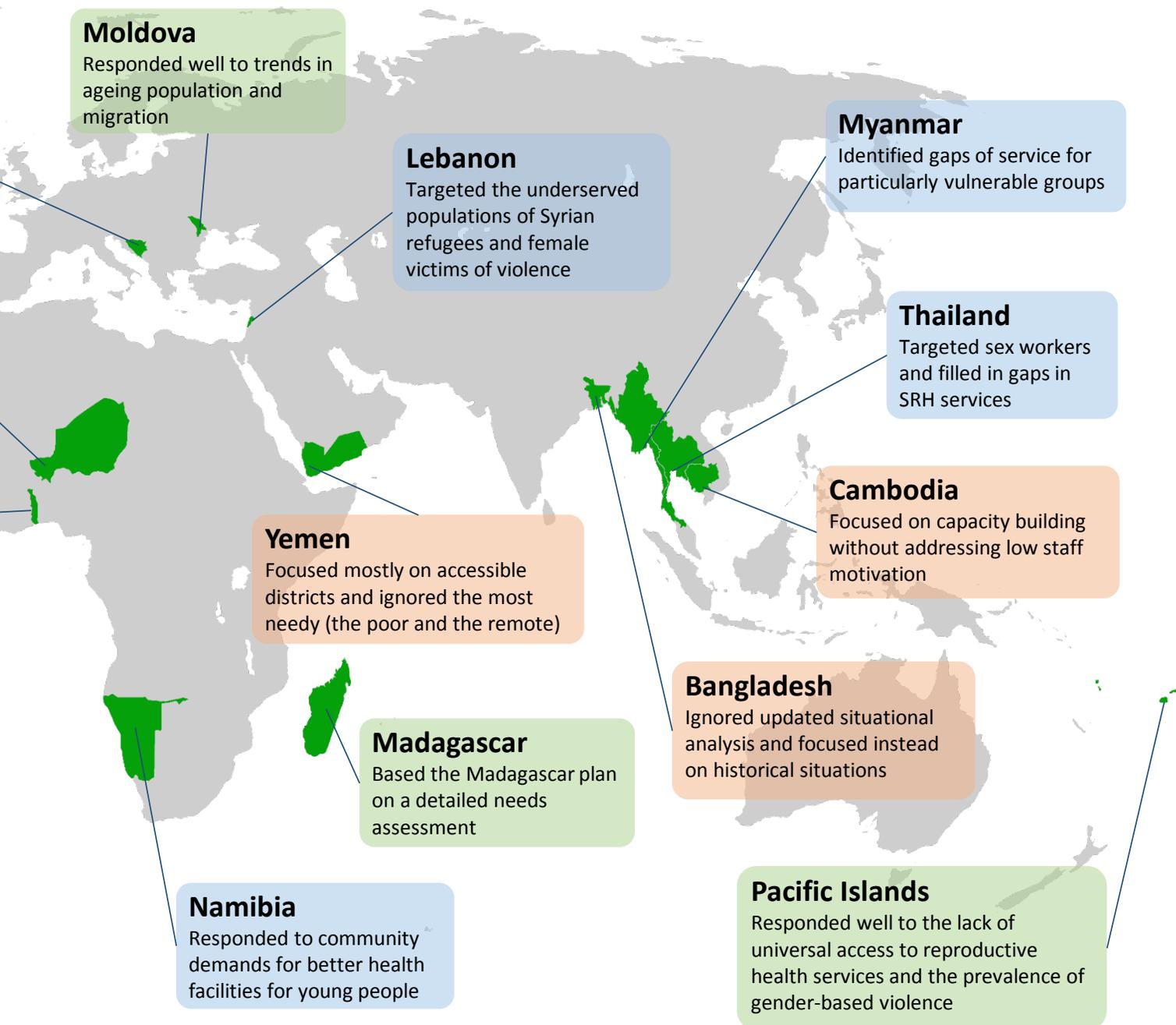
Bolivia
Targeted non-traditional groups (indigenous rural women)

We underline the important role and comparative advantage of an adequately resourced, **relevant**, coherent, efficient and effective United Nations system in supporting the achievement of the Sustainable Development Goals.

2030 Agenda for Sustainable Development

- Programmes that were relevant to vulnerable groups
- Programmes that were relevant to country needs
- Programmes that were not relevant to specific needs

UNFPA Relevance: an overview of lessons learned



Effectiveness

Effectiveness is a measure of how well the programme achieves its objectives. It is realised by comparing the programme's goals with the final results.

UNFPA requires not only that results should occur but also that these results should make broad contributions toward identified outcomes. However, although all evaluation reports commented on Effectiveness, there was a general difficulty in defining what was effective within many of the programmes, which, together with a lack of consistent, robust data, meant that it was difficult to trace UNFPA contributions.

According to the DER:

"Overall, UNFPA has been effective in achieving the development objectives of its programs and in contributing to significant changes in national development policies and programs".

For the period under review, CPEs looked at Effectiveness in relation to the three outcomes framed in the 2008-2013 Strategic Plan:

▶ **Sexual and Reproductive Health**

▶ **Gender Equality**

▶ **Population and Development**

In view of the introduction of a fourth outcome in the current strategic plan, this synthesis also collated findings on **Adolescents and Youth**.

Conclusions on Effectiveness are therefore separated into the above outcome areas to facilitate learning, despite the fact that only a few of the evaluations grouped their results this way.

Outcomes as defined by UNFPA 2014-2017 Strategic Plan

Outcome 1

Increased availability and use of integrated **sexual and reproductive health services** (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

Outcome 2

Increased priority on **adolescents**, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.

Outcome 3

Advanced **gender equality**, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth.

Outcome 4

Strengthened national policies and international development agendas through integration of evidence-based analysis on **population dynamics** and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

Organisational effectiveness and efficiency

Enhanced programme effectiveness by improving quality assurance, monitoring, and evaluation.

Improved mobilisation, management and alignment of resources through an increased focus on value for money and systematic risk management.

Increased adaptability through innovation, partnership and communications.



Sexual and Reproductive Health

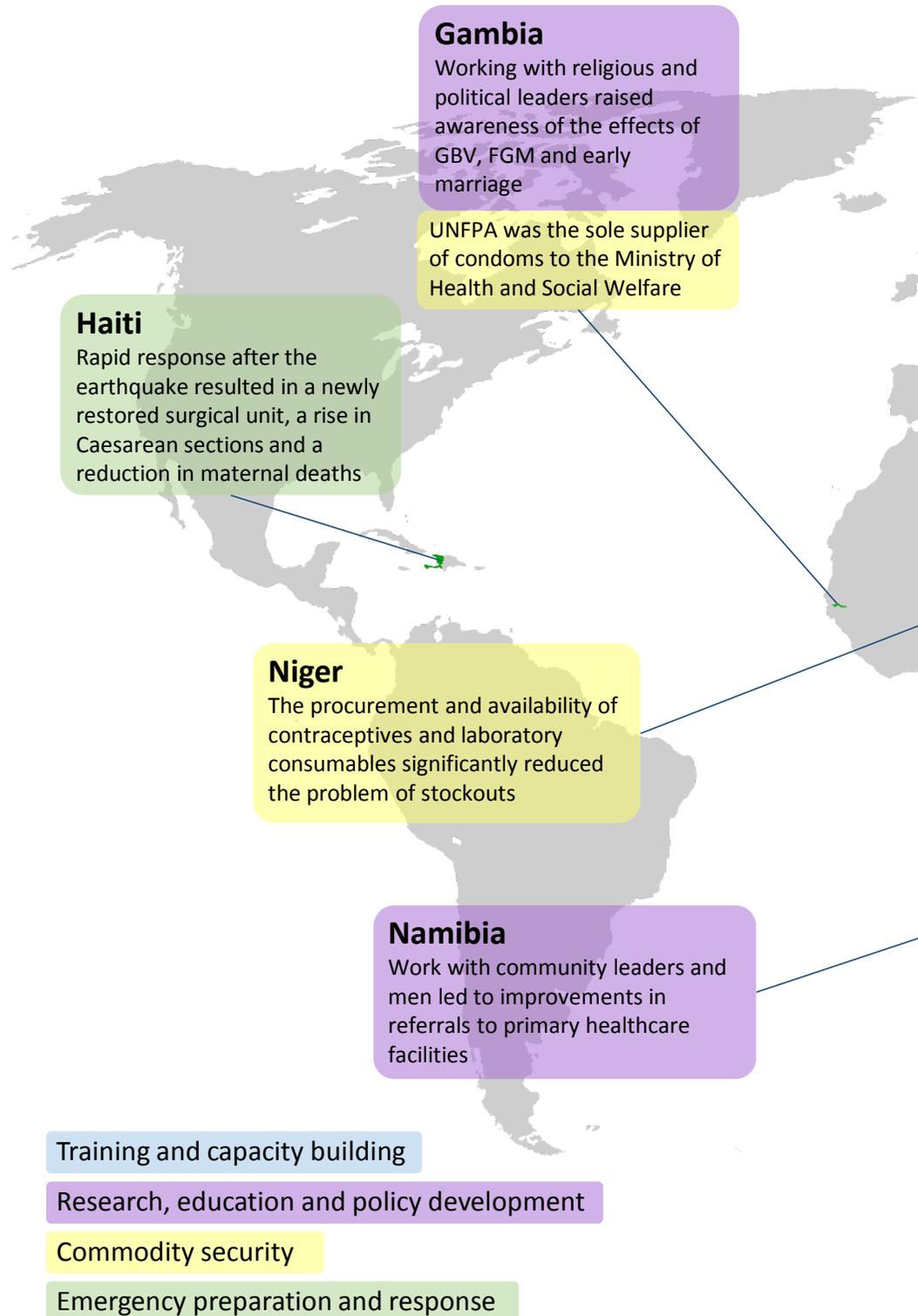
Findings in this outcome area were particularly rich and this reflects how central SRH is to UNFPA mandate and programmes. In Sexual and Reproductive Health, the range of interventions included the provision of vital services like family planning and maternal health, as well as activities that promoted the demand for these services.

UNFPA also provided:

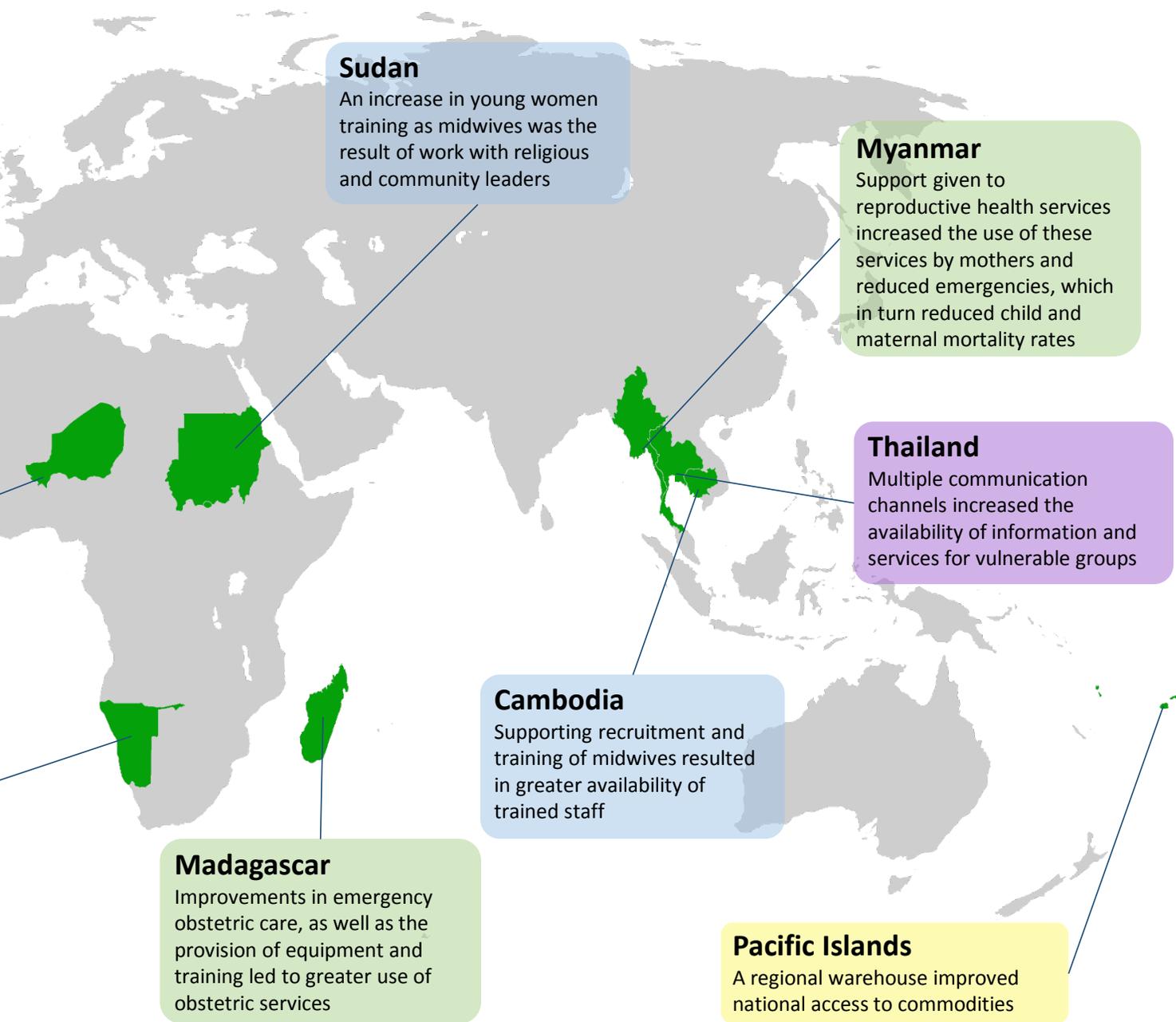
- ▶ Training that increased the skills and capacities of workers
- ▶ Research, education, policy development and review
- ▶ Commodity security
- ▶ Emergency preparation and response

Evaluations often noted that whenever SRH interventions were made available, they were widely and effectively used.

The Effectiveness of SRH services was dependent on a number of factors, including how the information was disseminated, the policy framework, the competence and capacity of the service providers and government departments and how health services were financed.



UNFPA effectiveness: Sexual and Reproductive Health



Gender Equality

UNFPA supports a wide range of Gender Equality activities, but it also focuses on specific groups of women. These include:

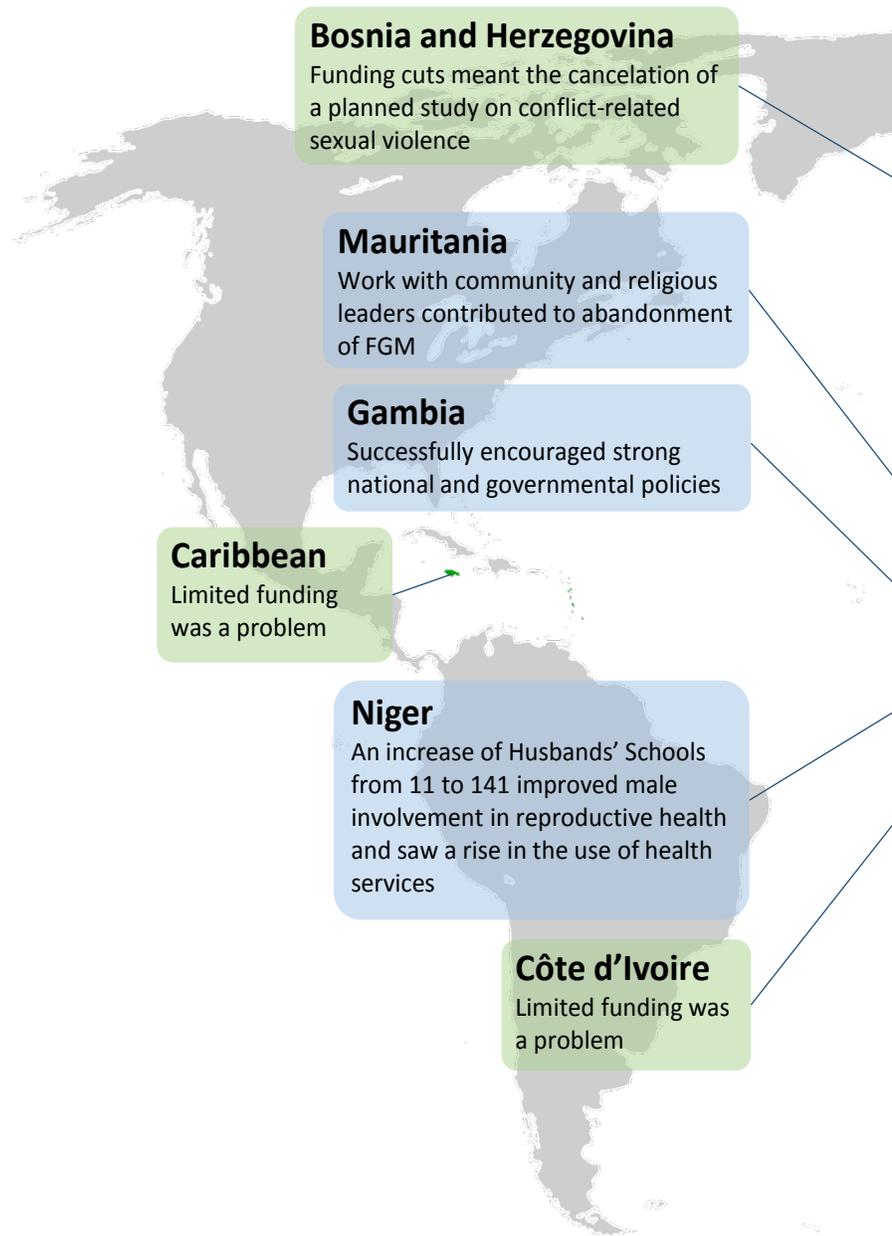
- ▶ Women who suffer gender-based violence and conflict-related sexual violence and/or trafficking
- ▶ Women in rural and remote areas
- ▶ Poor women suffering from obstetric fistulae
- ▶ Female sex workers

Many UNFPA programmes do target men, although few do so on the basis of vulnerability. Some UNFPA programmes have targeted men who have sex with men, but the evaluators noted that the coverage of such programmes was low.

UNFPA gender programmes are generally assessed as effective but they are also generally under-resourced compared to other outcome areas. Despite this, evaluations identified many successful and effective examples, particularly in the areas of policy development, human rights, gender-based violence, working through community and religious leaders and increasing male involvement in SRH and Gender Equality. The DER also commended UNFPA on Gender Effectiveness.

The evaluations were not universally positive and did highlight areas where Effectiveness in Gender Equality was hindered. These included restrictions in funding, staffing issues, limited institutional and government capacity, and inappropriate targeting.

Both reports concur that Gender Equality is more poorly funded and receives less resources than other outcome areas.

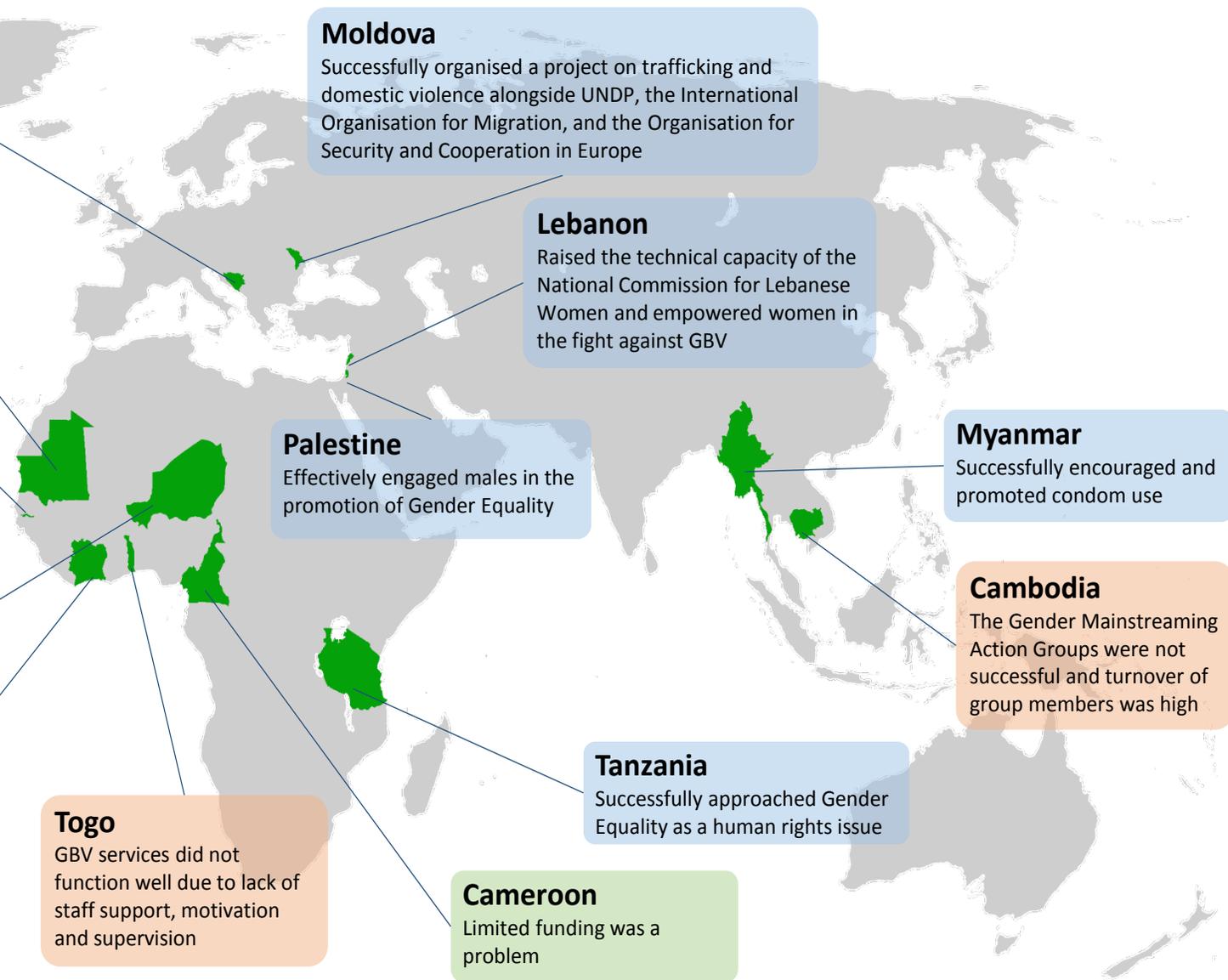


Factors that facilitate effectiveness

Programmes where lack of funding hindered effectiveness

Other factors that hindered effectiveness

UNFPA effectiveness: Gender equality



According to the DER:

“UNFPA’s performance with respect to gender equality has been highly effective. A key contributing factor is the fact that UNFPA programs not only contain specific gender components but also mainstream gender equality into priority program areas, including in reproductive health and population dynamics. Results achieved in gender equality often took the form of integration of gender equality and women’s rights into national policies, frameworks and laws, as well as supporting efforts to respond to gender-based violence.”

Population and Development

Effectiveness in this outcome area proved difficult to identify clearly. Many reports resorted to describing activities rather than analysing how effective those activities were. When evaluators did present material on Effectiveness, it was mostly the absence of results and therefore negative. Many evaluations, for example, documented delays, cancellations and poor progress. In some cases this was due to external factors, such as lack of government financing and commitment, delays in disbursement of funds, weak coordination structures and lack of strategies and work plans.

However, there were positive experiences: for the census in **Togo**, for example, UNFPA advocated effectively with both the European Union and the national government for resources. This resulted in the national government providing 42 per cent of funding and the European Union providing 34 per cent.

The census also generated a great deal of South-South cooperation.

In **Lebanon**, UNFPA focused its interventions on strengthening national policy framework on the ageing population. It concentrated on the most vulnerable groups, particularly those attending public and charitable institutions. The support of UNFPA proved instrumental in documenting the situation of this population group and in providing standards for an accreditation scheme for institutions for the elderly.

In **Bolivia**, UNFPA focused successfully on supporting normative and institutional proposals aimed at adolescents (working on the *Draft Youth Law*, designing the *Department for Equal Opportunities' Youth Plan*) and the elderly (designing the *Plan for the Elderly Adult* and validating the *Draft Law on Elderly People*).

UNFPA also made progress in developing and supporting data generation and studies. However, the lack of a knowledge management strategy that made use of techniques such as generating evidence, good practices and lessons learned, limited the systematic use of data for decision-making, both within UNFPA and in public policy.

In **Cameroon**, UNFPA was shown to be successful in ensuring the progressive integration of Population and Development issues in the Ministry of Economy Planning and Regional Development at a general level. However, success was limited in sectoral planning and policies at decentralised levels of government: the staff responsible in these areas were insufficiently aware of the importance of population data for planning and management.



Adolescents and Young People

When it comes to how effective UNFPA programmes are for Adolescents and Young People, there is limited concrete evidence from which we can draw conclusions. Evaluation reports do cover issues related to this outcome area, but not as clearly as they cover the other three (*SRH, Gender and Population and Development*). The lack of information is due to the fact that this criteria has only recently been included in the current strategic plan.

Evaluators have put forward a variety of different examples which indicate UNFPA Effectiveness with Adolescents and Young People. These include supporting the development of policies, promoting youth-friendly reproductive health services and health education (Including in-school and peer-to-peer education) and encouraging active participation of young people in schemes like Youth Advisory Panels.

UNFPA has also supported capacity building and research related to Adolescents and Young People.

Evaluators have particularly noted progress in the introduction of youth-friendly health services in some countries. In **Gambia**, for example, the provision of these services was considered to have resulted in reductions in sexually-transmitted infections, unwanted pregnancies and baby dumping. However, there are also many examples (in **Bosnia and Herzegovina, Jordan, Madagascar, Mongolia** and **Yemen**) where progress on providing youth-friendly services was less than expected.

The reports were able to identify factors which hindered effective progress with this group. These included:

- ▶ A lack of government priority
- ▶ Problems with staff, including high staff turnover and reliance on voluntary workers

- ▶ Programmes that were not well-focused in terms of vulnerability (urban instead of rural)
- ▶ Uncertainty over the best media for sharing information; (was the information reaching the most at risk young people and was there too much reliance on the internet?)
- ▶ Practical and logistical problems, including transportation and stock difficulties
- ▶ Work plans that were deemed too rigid and excessive use of jargon which put young people off participating

In many of the evaluations, Adolescents and Young People were not highlighted specifically, but were discussed in terms of working with the vulnerable and disadvantaged. These include out-of-school youths, rural young people, unemployed youths and those in inner cities.

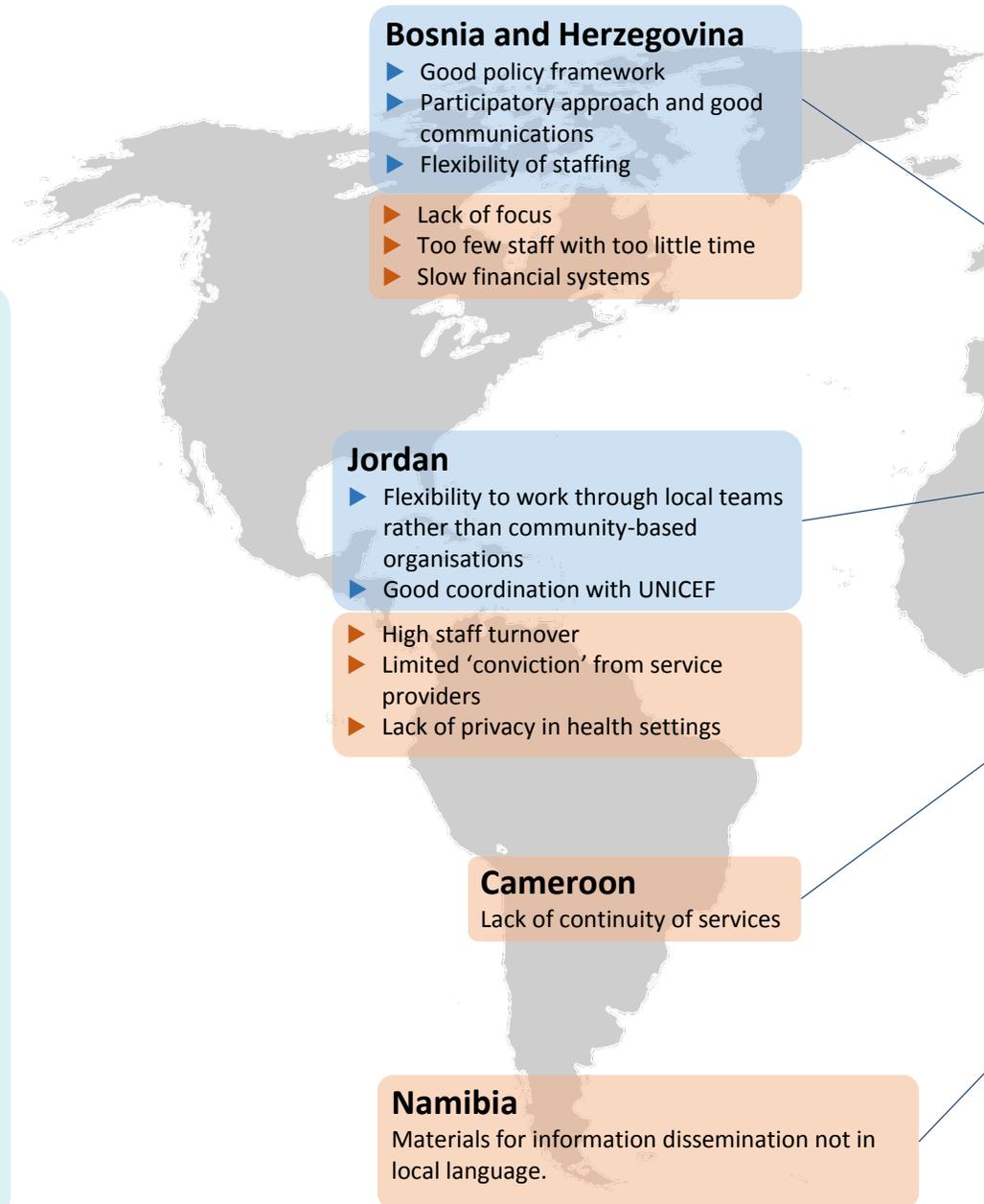


Overall effectiveness

In addition to the above specific outcome areas, the evaluations identified many other factors that facilitated or hindered programme effectiveness.

According to the DER:

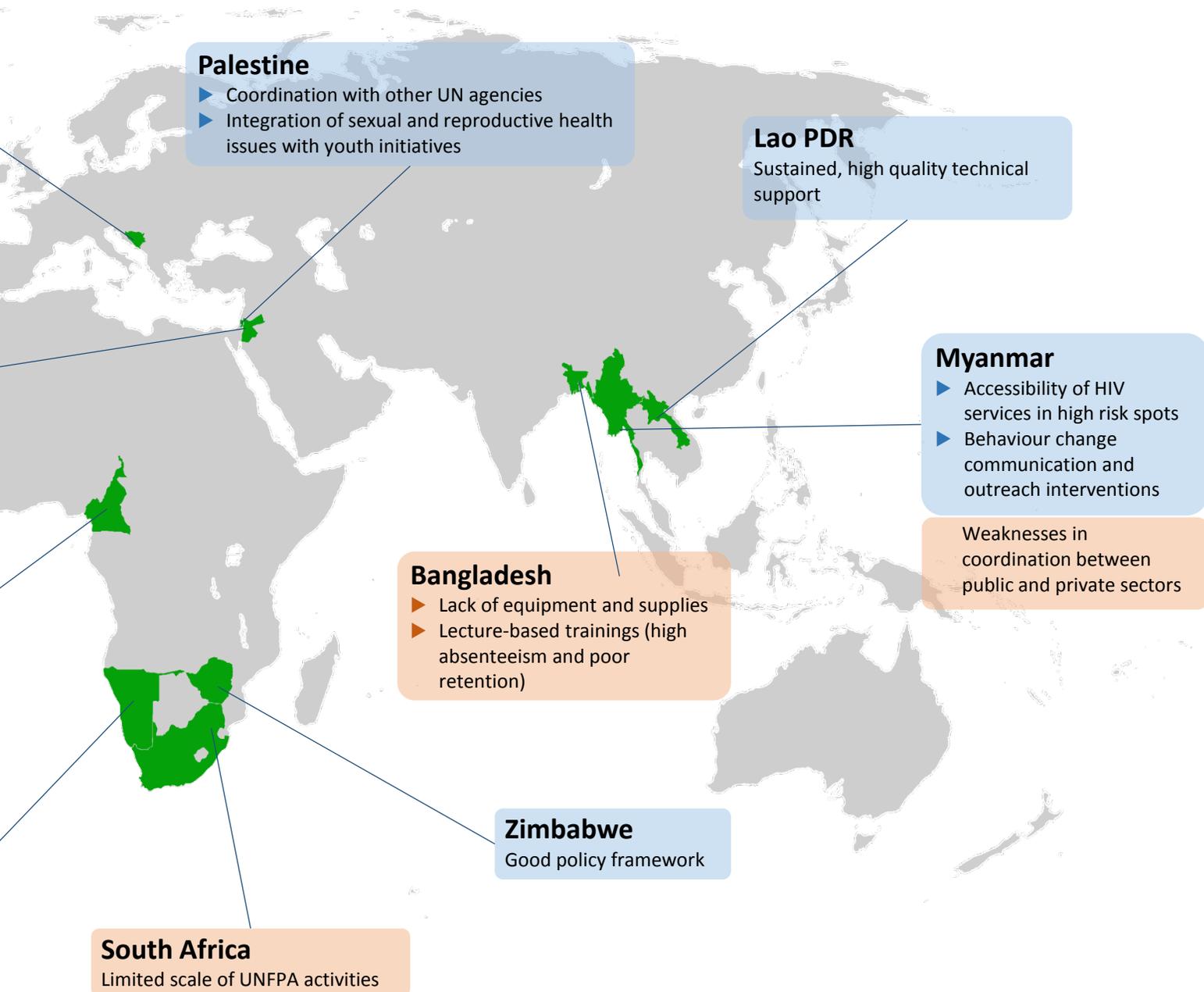
"UNFPA programs produced positive benefits for target group members. Their ability to identify and engage with key policy actors in the development of strategic policies/frameworks in, for example, family planning, gender-based violence, and sexual and reproductive health, facilitated the achievement of objectives. This was also supported by UNFPA's role in building coalitions and advocating for the targeting of vulnerable populations. When program objectives were not achieved this often related to: weak project design; fragmentation of UNFPA support; and, weaknesses in the technical capacity of UNFPA staff sometimes associated with high rates of attrition and staff turnover"



Factors that facilitated effectiveness

Factors that hindered effectiveness

Factors identified that facilitated or hindered programme effectiveness



Efficiency

Efficiency is defined as the extent to which CPAP (Country Programme Action Plan) outputs and outcomes have been achieved with the appropriate amount of resources. In other words, to be efficient, a programme should have the appropriate management of resources to achieve its goal.

Almost all of the evaluation reports considered Efficiency. However, across-the-board, comparative data is absent: there is no quantitative, uniform means of measuring Efficiency across different programmes at present. UNFPA needs to address this.

However, there are many good, individual examples within the reports of efficient practices, as well as some areas where improvements need to be made. The reports gave the following positive examples:

Programme delivery

Bolivia and **South Africa** tested systems with pilot programmes before national roll out.

Collaboration

Many of the reports highlighted the ability to cooperate and coordinate with a whole range of other organisations and groups as evidence of efficient practices.

Annual Work Plans

In **Nepal, Bangladesh, Myanmar** and **Yemen**, evaluators felt that reducing the number of AWP led to greater efficiency.

Attracting other funding

In **Haiti, Lao People's Democratic Republic, Lebanon, Mongolia, Niger, Thailand** and **Togo** more funding made the programmes more efficient.

Financial management

Evaluations praised UNFPA for efficient financial management in **Cambodia, Lebanon, Namibia** and **South Africa**. In **Gambia**, although the evaluators considered that the UNFPA country office had managed funds well, disbursement of funds was slow because they passed through a government 'basket'.

Good management

Particular aspects of management received praise from evaluators. These included the information system and the financial, operational and human resource capacities in the **Pacific** as well as good management performance and good use of management tools in both **Tanzania** and **Bolivia**.

UNFPA staff

Efficiencies identified related to flexibility, cooperation, understanding and partnership within the programmes.



The reports also highlighted some areas where efficiency could be improved:

Focus of programmes

Several evaluations (**Bangladesh**, **Myanmar** and **Yemen**) raised concerns about programmes with too many small contracts and high transaction costs. The opposite was an issue in **Bolivia**: larger civil society partners were chosen for efficiency but this excluded smaller organisations.

Unfinished projects

In **Jordan**, **Mongolia** and **South Africa** activities had been started but not completed.

Financial allocations

Evaluators questioned the way money had been allocated to components in **Sudan** and **Iran**. In several programmes (e.g. **Haiti** and **Madagascar**), evaluators commented that the gender equality component appeared to be under-resourced.

Programme performance

Examples of inefficiency included stockouts of commodities in **Myanmar**, capacity constraints and inadequate technical support in **Lao People's Democratic Republic**, and the lack of local specialists and manuals for capacity building activities in **Mongolia**.

► **Duplication of activities.** Several evaluations noted areas where there had been duplication of activities with others (with UNICEF and UN Women in the **Pacific**).

► **Annual work plans (AWPs).** In **Lao People's Democratic Republic** too much time was spent on AWPs, in **Mauritania** and **Niger** there were delays in signing. In **Bolivia**, the evaluators considered that they undermined a more long-term approach.

► **Complex financial procedures and disbursement delays.** The complexity of UNFPA systems limited capacity, and there were incompatibilities between these

and government systems. Delays in disbursing funds were reported to be common. This affected activities and often meant that they needed to be crammed into short time frames, as witnessed in **Madagascar**.

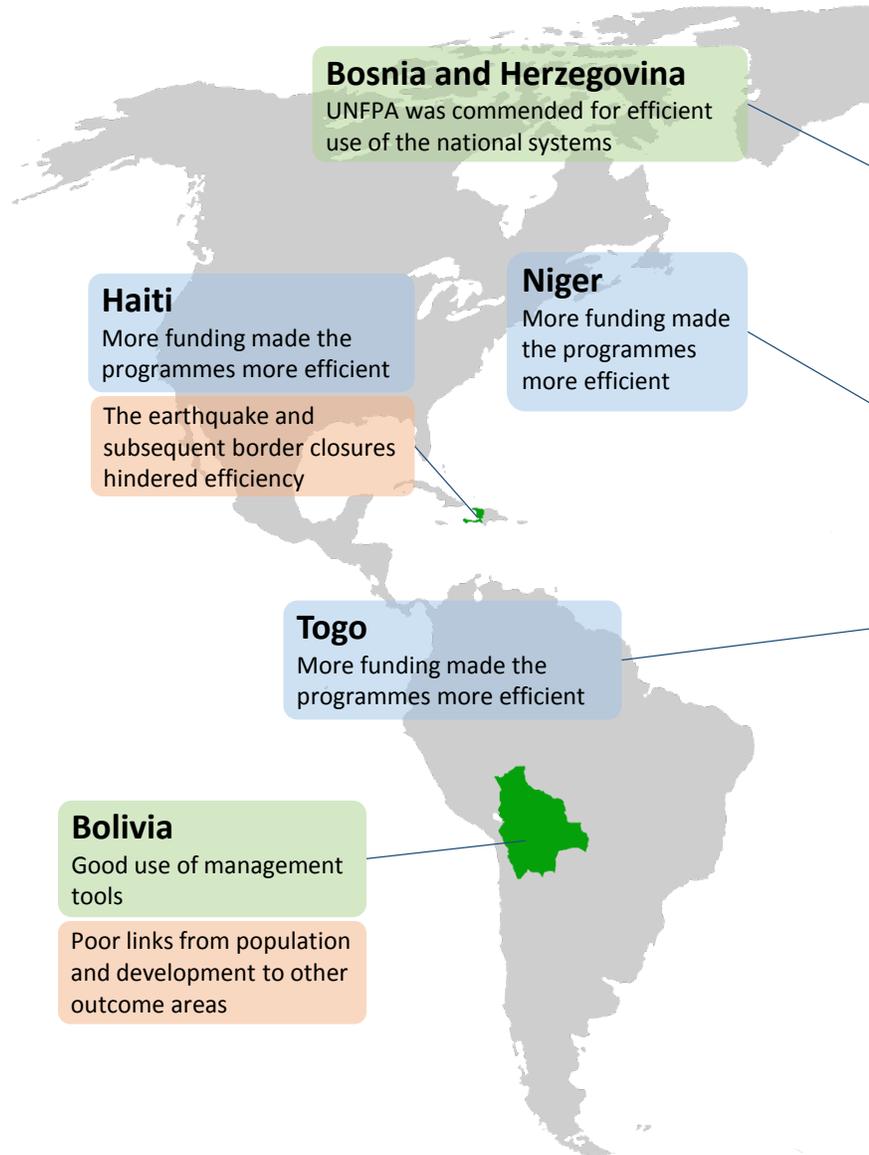
► **Staffing issues.** Inefficiencies arose when there were limited numbers, particularly of qualified staff. Concerns were raised about too many international staff (**Haiti**) and using professional national project personnel for administrative and organisational tasks (**Bangladesh**). High staff turnover was noted and roles were not clearly defined.

According to the DER:

"The results for efficiency of UNFPA programming were mixed. The negative results for the cost-efficiency of programs and timeliness of program implementation was due, in part, to the absence of appropriate and timely cost data gathered by programs to allow reasonable efficiency calculations or monitoring. Cost/resource efficiency was also hindered by program fragmentation across too many sub-activities or geographic locations and failure to realize opportunities for synergy. The timeliness of implementation was affected by administrative processes or delays in the release of funds. However, the results indicated that systems and procedures for program implementation and follow-up were adequate"

UNFPA is an active supporter of Delivering as One, and will expand joint programming efforts, as well as efforts to harmonize business practices and generally to improve **efficiency** of UN operations.

UNFPA Strategic Plan, 2014-2017

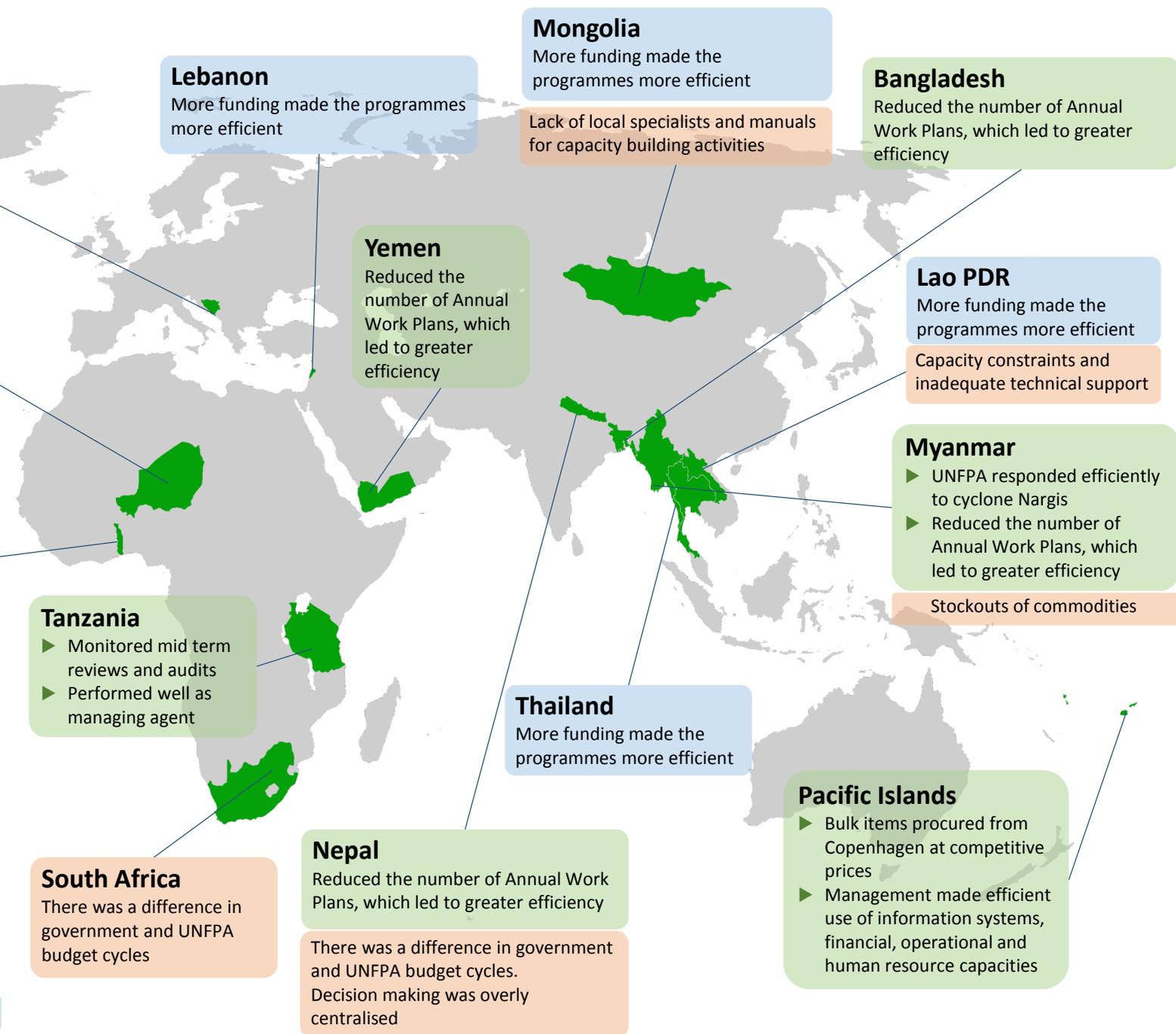


Programmes where efficiency improved with increased funding

Examples of successful use of efficiency

Examples where efficiency could be improved

UNFPA Efficiency: an overview of lessons learned



Sustainability

A programme is considered sustainable if it is resilient to risk and continues to benefit its intended recipients once UNFPA involvement is complete.

The Sustainability of a programme is an important evaluation measure and most reports covered it. However, there is no single, consistent means of measuring Sustainability across the reports.

- ▶ Some reports consider the Sustainability of each outcome
- ▶ Some include Sustainability within other criteria, such as Effectiveness
- ▶ Some consider overall programme Sustainability

In the evaluations of **Bangladesh**, **Nepal** and **Yemen**, Sustainability has been divided into particular elements to aid analysis. This is helpful and can be used to exemplify good practices in this area.

Agenda and policy setting

In **Bolivia**, the programme was judged sustainable because the issues of family planning and reproductive health had been introduced into the national agenda. In the **Pacific**, the government developed policies on reproductive health and gender-based violence. In **Cameroon**, work was done to raise awareness of issues with community leaders and the grassroots population.

Technical capacity development

Training and teaching individuals (health workers, teachers, young people etc.) can make interventions more sustainable. However, keeping the trained staff in place is a problem: staff benefitting from training often move on elsewhere.

Institution, partnership and system building

Activities that are separate from an ongoing system are unlikely to be sustainable. Therefore, building up government systems or other institutions will help Sustainability. Evaluators presented a great deal of material on this topic.



Financing

Many evaluations noted that programmes could not be sustained because governments were unwilling or unable to provide the funds to continue. There were a few notable exceptions: in **Tanzania** the UNFPA programme to invest more in reproductive health resulted in a sustained increased funding for this issue. By contrast, in **Madagascar**, a national budget reduction required UNFPA to bridge a funding gap in midwifery. There were a few examples given where communities were financing activities through funding and revolving funds (**Bolivia, Côte d'Ivoire, Gambia and Madagascar**).

Generating success through research

In **Haiti** a socio-anthropological survey to understand contraceptive use helped support the Sustainability of the family planning programme.

External factors

In **Côte d'Ivoire** and **Madagascar** political instability meant that the programmes were unsustainable, while in **Niger** and **Togo** the socio-cultural attitude towards women's rights meant that the programmes on gender equality were not yet ready to carry on independently of UNFPA involvement.

These elements are interconnected: building the technical capacity for individuals, for example, may have helped to develop institutional response to counter gender-based violence.

It is important to note that the evaluators on the whole felt that Sustainability was a challenge. Developing consistent exit strategies across all programmes might improve Sustainability overall. This is consistent with the DER report which notes that, along with staff turnover, the main reason for failed Sustainability is the lack of funding after UNFPA pulls out.

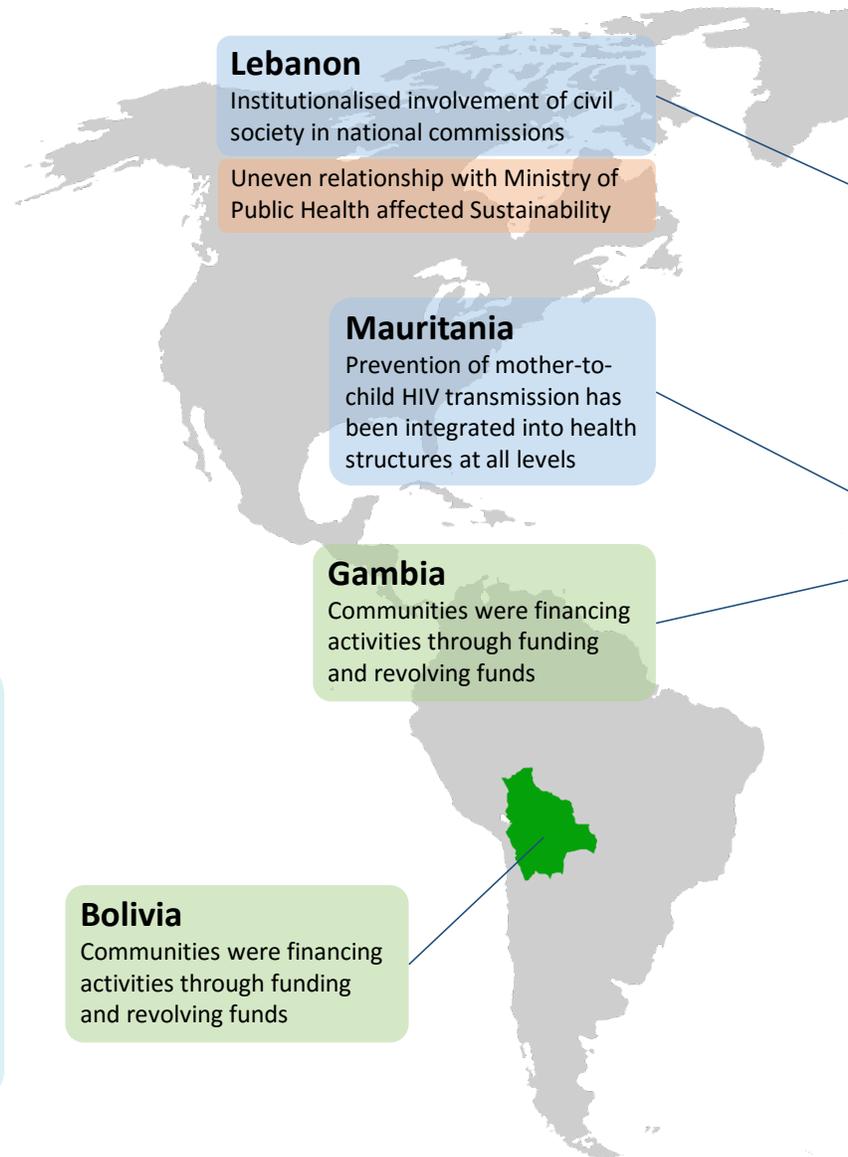


Eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for **sustainable** development.

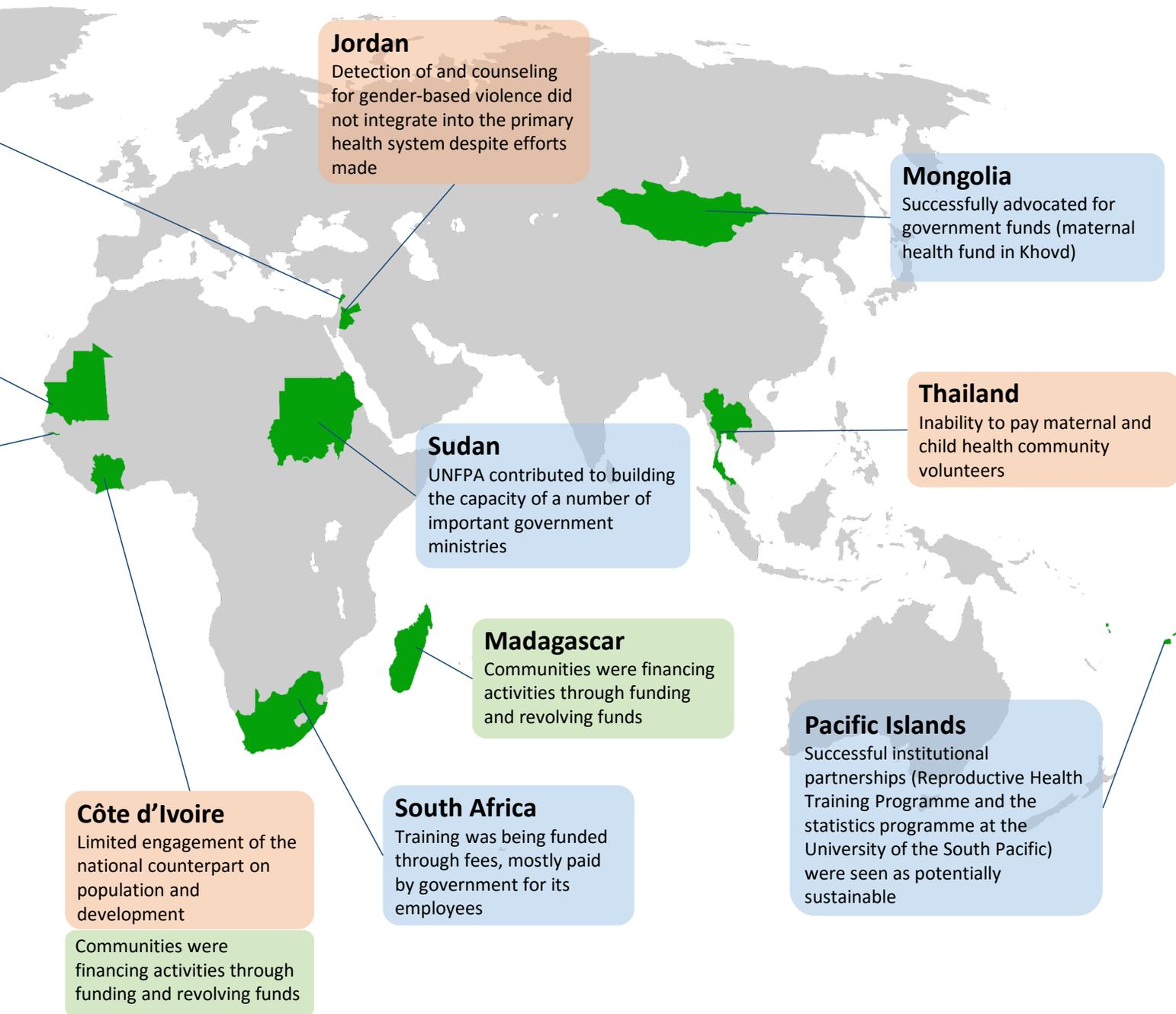
2030 Agenda for Sustainable Development

According to the DER:

"UNFPA achieved mixed results for sustainability. While the majority of evaluations reported that UNFPA programs made a contribution to strengthening institutional/community capacity and the enabling environment for development the likely continuation of benefits after program/project completion was not strong"



UNFPA Sustainability: an overview of lessons learned



Coordination

When looking at Coordination, the reports primarily take this to mean the measure of Coordination that exists between the UNFPA and the UN Country Team (UNCT). Many reports also considered Coordination and Partnerships with other organisations working toward same or similar goals.

UNFPA work with UNCTs is conducted within the general framework of the UNDAF. Most reports discussed Coordination and Partnerships and documented many positive experiences of the Coordination between UNFPA and UNCTs. In general, most of these experiences were framed in terms of what UNFPA had contributed to the UNCT, rather than vice versa.

▶ In both **Cameroon** and **Palestine**, UNFPA contributed to the improvement of a large and fragmented UNCT and the consultation process for the next UNDAF.

▶ In **Lao People's Democratic Republic**, UNFPA played a useful intermediary role between the government and other UN agencies.

▶ In the **Pacific**, UNFPA contributed to UNDAF monitoring and evaluation. Because of the geographical context in the **Pacific**, several countries operated UN joint offices with UNFPA taking the lead in **Micronesia** and the **Marshall Islands**.

▶ Several evaluations referred positively to the “*Delivering as One*” (DaO) concept, including, in particular **Tanzania** which was one of the first eight countries to implement the **DaO concept**.

There were however, some challenges and negative experiences. In **Bolivia** for example, evaluators noted that agencies did not always share working cultures and priorities. And in **Mauritania**, some of the activities in the joint programmes, including conflict mitigation and culture, lacked coordination.

UNFPA worked with groups concerned with a variety of topics including: HIV, gender, emergency and humanitarian issues, youth, census.

These partnerships involved a wide range of other organisations, including international and national NGOs and women's and faith-based groups. However, it was noted that those participating needed a certain degree of capacity in order to meet UNFPA financial requirements. Some examples of participation with external groups included:

▶ **Bolivia**, where UNFPA provided funding through pooled mechanisms.

▶ **Lebanon**, where working with partners allowed UNFPA access to a vibrant sector.

▶ **Niger**, where the evaluators commented positively on the participatory processes with government in relation to populations and development.

Very few examples of Cooperation and Partnerships with the private sector were identified, but there were some: for example, *Mongol Em Impex Company* in **Thailand** focused on commodity security for reproductive health.

According to the DER:

"Partnerships, specifically with national governments, local institutions and community organizations, strengthened local technical capacity and involvement which enabled local ownership. Partnerships helped UNFPA to leverage resources and share costs for programming. However, limitations included the absence of a clear partnership strategy, the inability to leverage partners' strengths and not including key regional and learning institutions in consultations"

More information on DaO

DaO resources are available in [United Nations Development Group website](#)

Agencies in collaboration with UNFPA



Areas of collaboration



On occasions, UNFPA has played a convening role: In **Bolivia**, UNFPA organised a round table on maternal and neonatal safety. This was praised for its responsiveness, added value, high technical capacity and understanding of the national context.

As we have seen, therefore, the reports show that a number of

different bodies (government ministers, parliamentary committees, other international aid groups and civil society organisations) may be working on the same issues as the UNFPA programmes. Coordinating with these agencies is important and there are many examples where programmes have worked successfully in collaboration with

other groups. However, there are challenges and limitations and closer attention to cooperation and partnerships is required. The development of partnership strategies may be helpful.

More information on DevInfo

DevInfo is a database system for monitoring human development



Added Value

Added Value is defined as the extent to which the UNFPA programme adds benefit to the results of other agencies.

Relatively few reports looked at the Added Value of UNFPA programmes; the material was limited and sometimes presented in different terms.

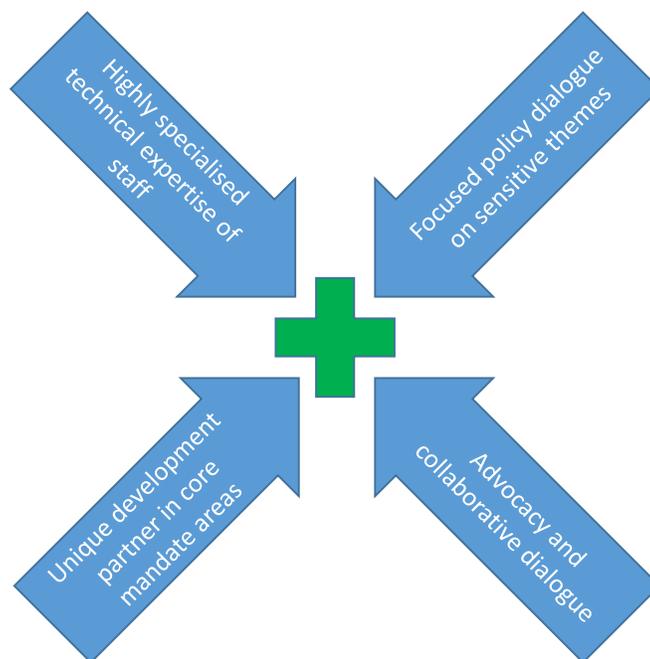
A number of particular insights were provided in the reports from **Bolivia**, **Cameroon** and **Madagascar**. The reports from each of these countries identified positive areas where UNFPA programmes were of significant benefit and these were in the areas of technical expertise, policy dialogue on sensitive themes and SRH not covered by other agencies.

In **Bolivia**, the UNFPA programme added staff technical expertise at departmental and municipal levels. It encouraged dialogue on sensitive themes such as:

- ▶ Family planning
- ▶ Sexual education
- ▶ Lesbian, gay, bisexual and transgender rights
- ▶ Sexual and reproductive health
- ▶ Relationships between cultures

It also supported the movement entitled “*Women Present in History*”. It addressed discrimination experienced by men who have sex with men and transsexuals and it provided soft support through advocacy, dialogue and persuasion.

Areas in which UNFPA provides Added Value



In **Cameroon**, UNFPA acted as a facilitator in the field of reproductive health with the African Development Bank; it supported the creation of four midwifery schools and piloted pre-positioning of obstetric kits. UNFPA also worked closely with key ministerial departments to help campaigns like “*The Campaign on Accelerated Reduction of Maternal Mortality in Africa*” and it was the only developmental body dealing with obstetric fistulae and census.

In **Madagascar**, UNFPA helped the Ministry of Health to strengthen obstetric care, value the work of midwives, introduce long-acting contraceptives, and monitor international sexual and reproductive health indicators. It also lobbied to allow more women in politics.

UNFPA was also the only agency:

- ▶ Working on population and development
- ▶ Supplying contraceptives
- ▶ Acting as a principal partner in supporting the Counseling and Legal Support Centres

Reaching Disadvantaged and Vulnerable Groups

Many reports provide information on how UNFPA reaches the disadvantaged and vulnerable, including:

- ▶ Those in difficult geographical locations
- ▶ Those suffering poverty
- ▶ Ethnic minorities
- ▶ Migrant populations
- ▶ Refugees and the internally displaced
- ▶ The Lesbian, Gay, Bisexual, and Transgender (LGBT) community
- ▶ Those living with HIV
- ▶ Those with special needs
- ▶ A variety of other vulnerable groups

Many evaluations included information on **Young People and Adolescents**, as well as specific **Groups of Women**. However, these groups have been discussed elsewhere in this report.

While some reports identified positive outcomes, particularly for those in difficult geographical locations, there were other evaluators who felt that UNFPA could do more to support the disadvantaged and vulnerable.

Many evaluations noted that UNFPA provided services to refugees in a number of countries including **Central African Republic, Chad, Cameroon, Syria and Lebanon**.

However, certain groups could have been better targeted by UNFPA: for example those suffering poverty in **Yemen and Bangladesh**; ethnic minorities, like the Roma population in **Bosnia and Herzegovina**; migrant populations of the **Pacific** Sub Region and the LGBT community.

The reports also suggested that there was a large number of other vulnerable and disadvantaged groups and that UNFPA work with them was sporadic.

Success in this area is closely linked to good quality analysis and perhaps one of the clearest presentations was from **Cameroon**.

Good practice example: Madagascar



Fistula survivor in **Madagascar**
©Dominic Nahr/Magnum Photos

In **Madagascar**, six regions were identified as needing support due to their poor sexual and reproductive health indicators and services.

Good practice example: Mongolia



Mobile medical clinic in **Mongolia**. ©UN Photo

In **Mongolia** (Khovd), and **Togo** UNFPA provided mobile reproductive health clinics for remote, poor communities.

Good practice example: Cameroon

- ▶ Created "*Causeries éducatives*" and legal clinics for women and men in order to promote Sexual Reproductive Health (SRH) and Family Planning; legal rights; access to basic services; awareness about the risks of early pregnancy (which leads to complications including obstetrical fistula).
- ▶ Provided support to *Centres Multifonctionnels de Promotion des Jeunes* and *Centres de Promotion de la Femme et de la Famille*. These centres mostly cater for women and young people in marginalised situations; those who have been excluded from their environment and those who have dropped out of school, or have been victims of stigma.
- ▶ Supported the surgical repair of obstetrical fistulae, which affects mainly poor women and is an aggravating factor of their poverty.
- ▶ Sensitised populations, including traditional and religious leaders, to the effects of gender-based violence. (An example would be the excisions in Mamfé).
- ▶ Supported women victims of violence through psycho-social and income-generating activities and provided support to the Centre d'Accueil des Femmes en Détresse located in Yaoundé, serving women from remote areas of the country.
- ▶ Provided support to populations affected by humanitarian crises (refugees from the **Central African Republic** and **Chad** and to populations affected by outbreaks of cholera in the northern regions), through the provision of SRH products and services (such as dignity and obstetrical kits, contraceptives, etc.).

Good practice example: Cambodia



In **Cambodia** UNFPA devoted resources to areas with large minority populations, including Mondul Kiri, Pailin, Ratanakiri, and Stung Treng.

We are determined to mobilize the means required to implement this Agenda through a revitalized Global Partnership for Sustainable Development, based on a spirit of strengthened global solidarity, focused in particular on the needs of the **poorest and most vulnerable** and with the participation of all countries, all stakeholders and all people.

National Ownership

National ownership deals with the extent to which the host nation engages with the UNFPA programme.

In order for a programme to successfully embed within a country, there has to be strong government, civil and public support for the issues. If the programme has been put in place only because UNFPA has identified a need and pushed for action in this area, then national ownership tends to be weaker.

Even with national ownership, national financing cannot be guaranteed. However, as we have seen when discussing Sustainability, the evaluations showed that support is more likely to be sustained if the issues are aligned with national agendas. It is important to note that, even if an issue does not receive funding from a nation, particularly one dependent on international aid, this does not mean a lack of ownership.

UNFPA can execute programmes directly (DEX), or through national partners (NEX). The latter is increasingly the norm and is a useful indicator of national ownership.

In **Côte d'Ivoire** for example, in a situation of political crisis, UNFPA shifted its implementation to DEX. While recognising that this was a temporary solution to a particular problem, the evaluators commented that this had negative effects on national ownership.

Some evaluations noted the importance of individual government agencies or ministries who were particularly good at taking the lead to champion causes and thus strengthen national ownership. This was the case in **Tanzania** for example, where the Ministry of Health and Social Welfare participated in a programme and encouraged other government agencies to take part, which in turn led to stronger national ownership. By contrast, in **Mauritania** the programme suffered from frequent turnover, which meant that implementing partners tended to refer directly to UNFPA, instead of taking ownership themselves.

Other evaluations noted that where there was strong national ownership, there were coordination structures in place which led to greater success. For example:

- ▶ In **Namibia**, the Parliamentary Committee on Gender and Family Affairs took ownership of issues related to gender-based violence, sexual and reproductive health and child mortality.
- ▶ In **South Africa**, a National Coordination Forum was created, which was considered instrumental in advancing governmental ownership.

According to the DER, UNFPA has a "**positive and active role in building coalitions and advocating for the targeting of vulnerable populations**"



However, it is important not to become complacent. Strong national ownership and leadership does not mean that UNFPA should take a 'back seat'. The evaluators in **Moldova** showed this to be the case: they documented that UNFPA had exerted leadership in the country but they argued that this

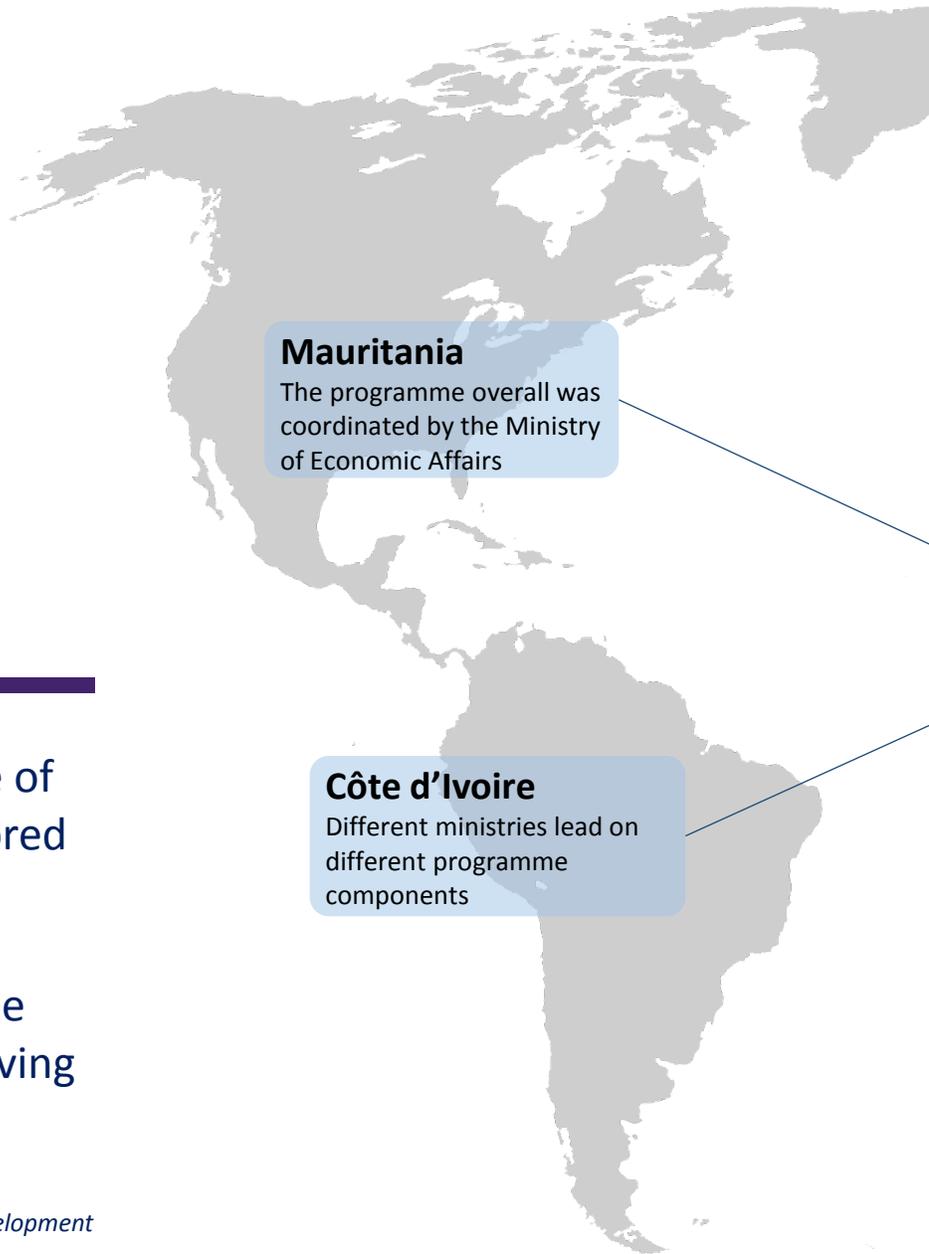
did not mean a lack of ownership from the government side. Rather, they considered that UNFPA had been the leading force in proposing innovative ideas (addressing aggressors in domestic violence), concepts (Conference on Safe Abortion), activities (Family Day Festivals) and outreach initiatives.

But crucially, it also helped to develop government ownership of these processes.

As National Ownership is strengthened, the evaluations note that it becomes increasingly difficult to monitor the individual achievements of UNFPA itself.



National partnership in **South Africa** ©UNFPA South Africa



Mauritania

The programme overall was coordinated by the Ministry of Economic Affairs

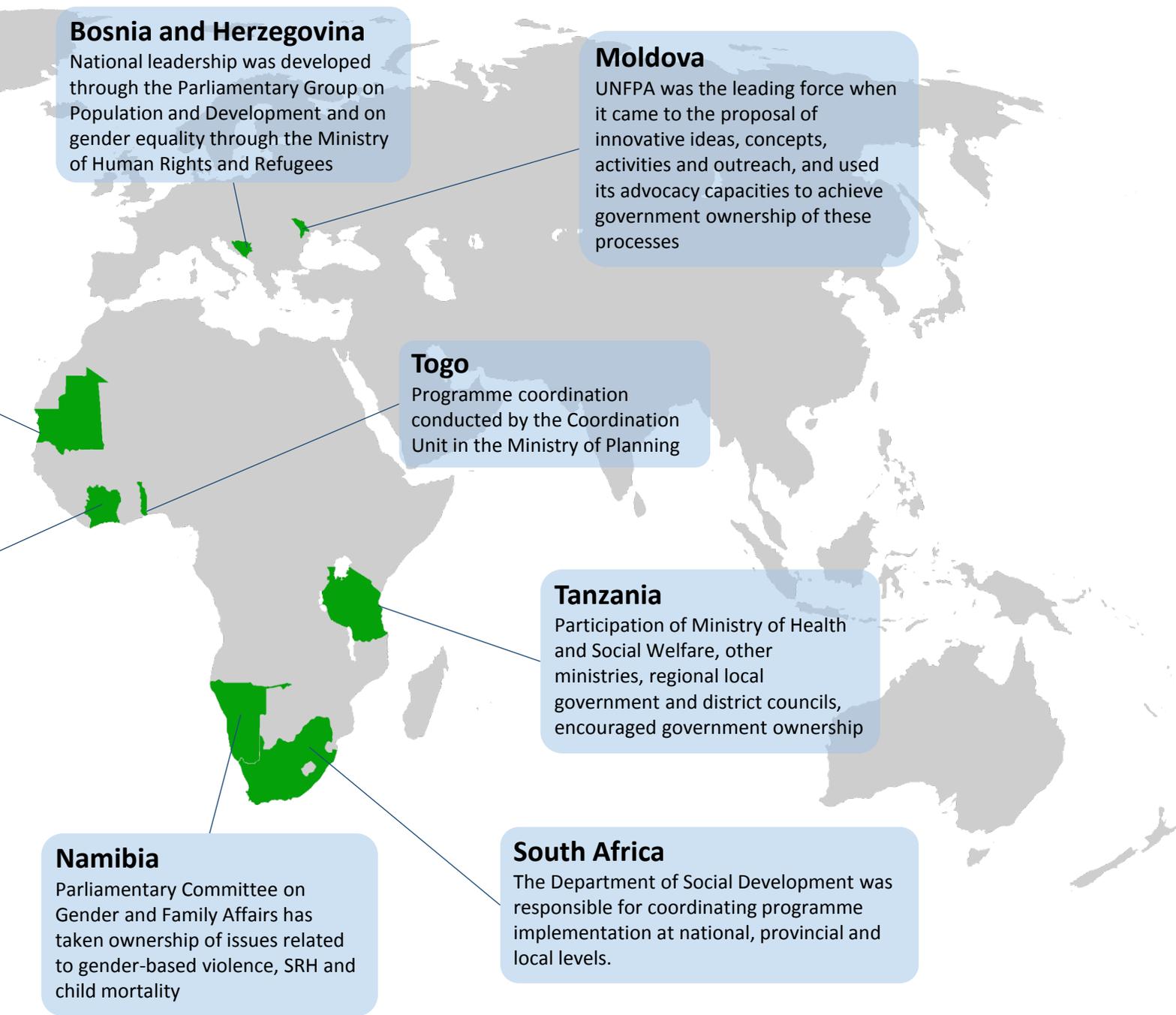
Côte d'Ivoire

Different ministries lead on different programme components

Public policies and the mobilization and effective use of domestic resources, underscored by the principle of **national ownership**, are central to our common pursuit of sustainable development, including achieving the Sustainable Development Goals.

2030 Agenda for Sustainable Development

Examples of National Ownership

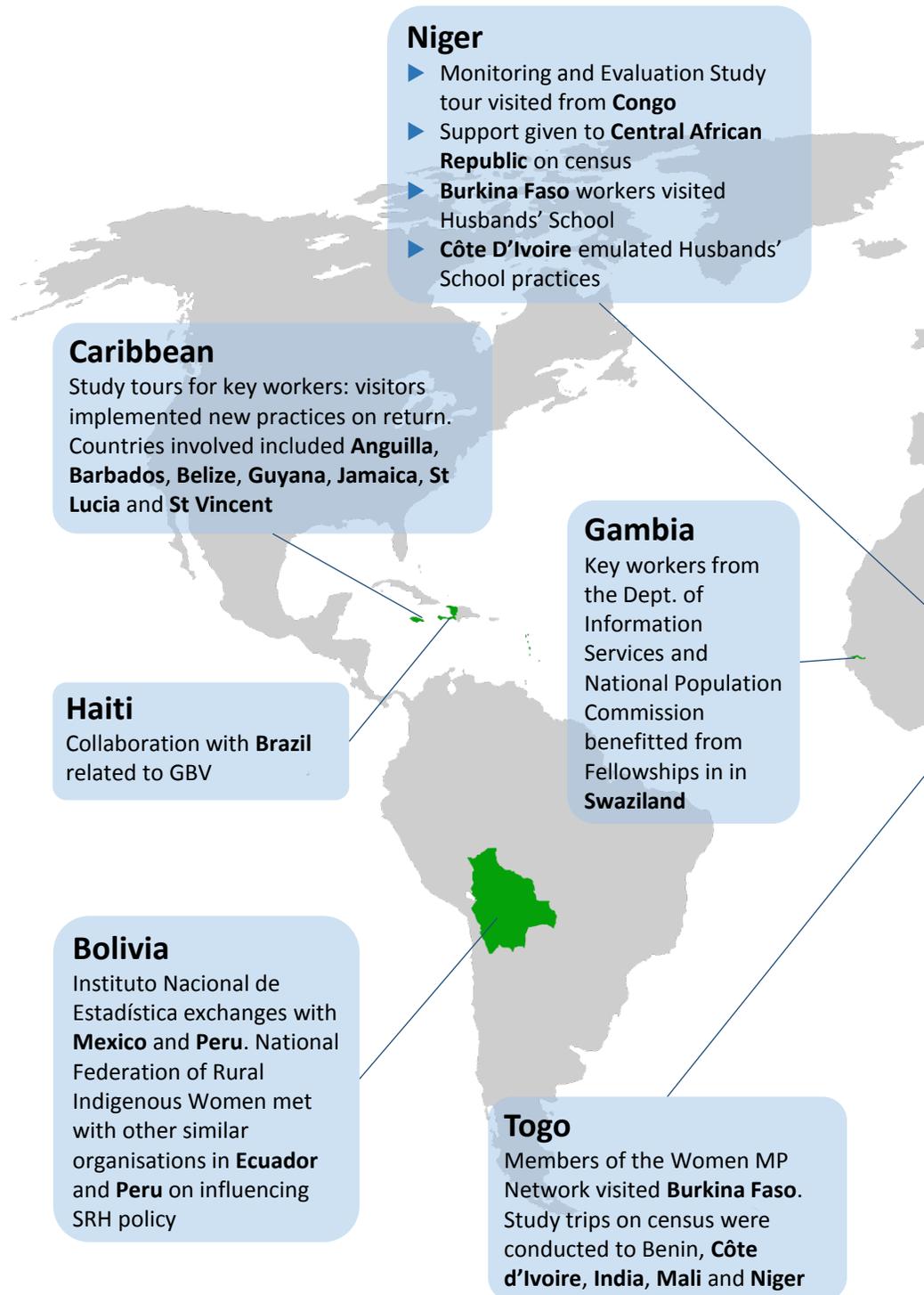


South-South Cooperation

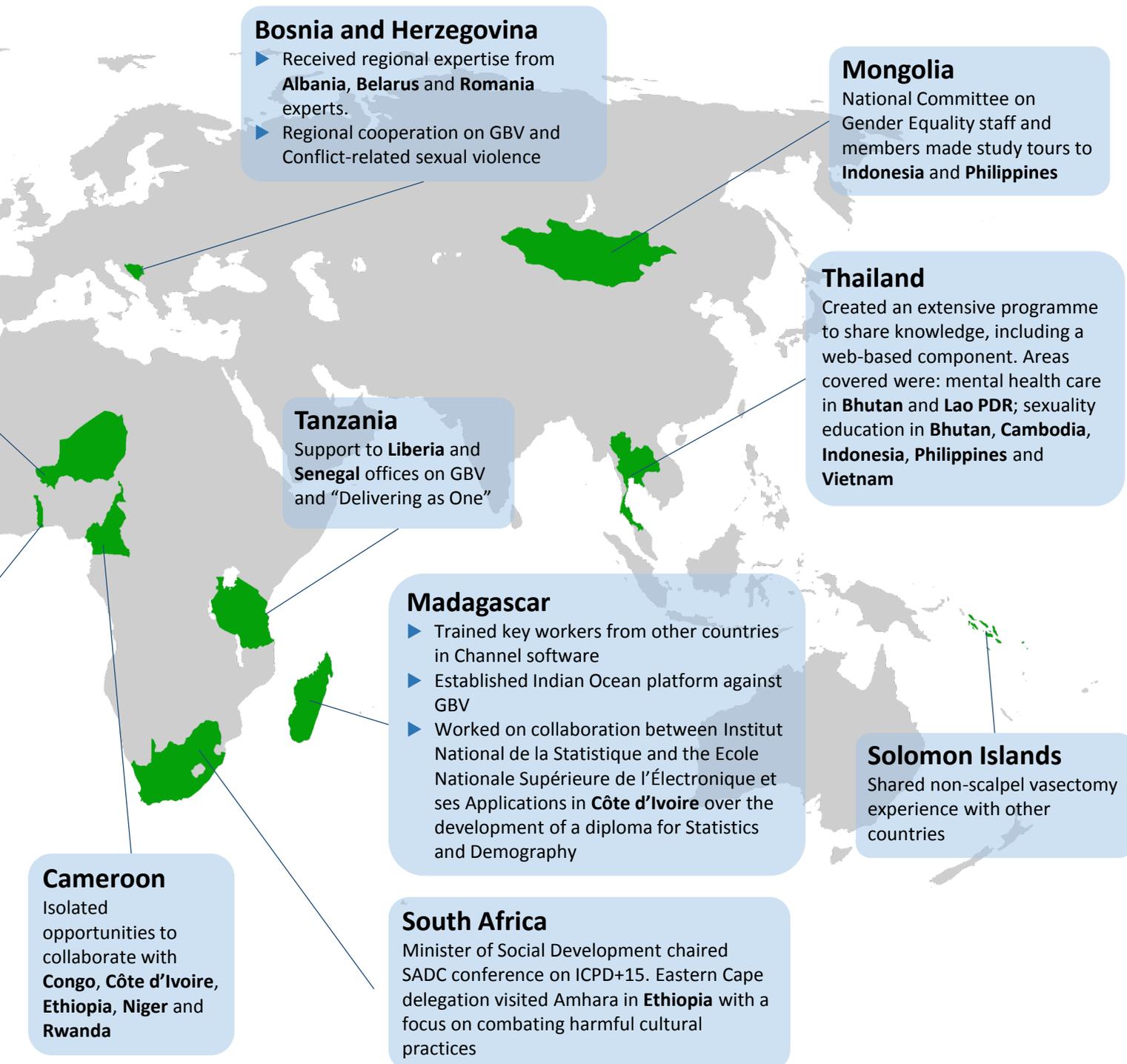
South-South cooperation provides mutual benefits to a number of programmes, but during the period 2010-2013 there was no systematic coordination to take advantage of this potential.

Many of the evaluations discussed South-South cooperation and there are a number of good examples of coordination and participation in these regions.

However, the reports also flagged a number of problems where potential for South-South cooperation was limited. In **Thailand**, the staff felt there had been poor follow-up and significant administrative and financial challenges. In **Bolivia** it was felt there was a lack of strategy and that lessons learned had not been integrated into future planning.



Examples of South-South Cooperation



Monitoring Systems

Throughout the reports, evaluators have highlighted a number of significant problems with UNFPA monitoring systems. These problems fall into three main groups:

- ▶ Issues relating to programme design and implementation
- ▶ Monitoring systems themselves
- ▶ Data availability and quality

Programme design and implementation

Many UNFPA reports indicated problems around strategies and policies which were either lacking in definition and focus or were overly ambitious. These problems meant that progress was hard to measure. Results frameworks were found to be of poor quality: they were poorly defined, absent, too numerous, overly elaborate or inconsistent.

Monitoring systems

In many countries, national monitoring systems were reported to be weak. Information on progress was not easy to obtain or was not readily available and the reporting systems used by the government and independent partners did not easily align with those used by UNFPA. There is limited evidence that UNFPA is able to meet the growing demand for technical support required for monitoring and evaluation. In many countries UNFPA monitoring focused mainly on activity tracking. Some evaluators felt that the underlying cause of this was a lack of appreciation within UNFPA of the value of monitoring **and** evaluation.

Data availability and quality

Many evaluations documented absent, inconsistent and poor quality data storage. This included data relating to baselines and gender-disaggregation.

Many reports noted that weak monitoring systems are the main limiting factor in conducting evaluations. This affected the evaluator's ability to comment on a programme's effectiveness but it also hindered other areas in the report, such as efficiency and capacity development. Headquarters and regional offices have provided guidance and support in this area, but there were few, if any, examples of using evaluation techniques to deal with situations where availability of monitoring data is weak.

Nevertheless, some positive elements of the UNFPA approach to monitoring and evaluation have been noted. The establishment of *UN Monitoring and Evaluation Groups* can enable UNFPA to play a pivotal, collaborative role on data. Well-managed annual review and planning meetings can add real value. Mid-term evaluations and the preparation of country programme evaluations and their associated management responses are considered to provide important opportunities to improve programme performance.



According to the DER:

"Monitoring Evaluation was systematic and steadily improving, but results-based management was weak. The use of evaluations to improve program design was supported by the preparation of management responses to evaluation, which included action plans, assigned responsibility and included measures for reporting on progress. In contrast, weaknesses in the design of results frameworks, especially in the development of appropriate indicators and baseline information, often undermined UNFPA's ability to effectively monitor and report on results. Reporting was focused more on compliance and activity completion rather than on progress in achieving results. UNFPA's recent considerable effort to strengthen results definition and reporting at Country Office level should bring positive changes in these areas"



Conclusions

Relevance

UNFPA country programmes rate highly on Relevance in terms of national priorities, the needs of target groups and alignment with UNFPA strategic priorities and other international frameworks. Success is more varied when responding to the needs of vulnerable and disadvantaged populations.

Effectiveness

Overall UNFPA has been effective in achieving the development objectives of its programmes and in contributing to changes in national development policies. This is most clearly demonstrated in sexual and reproductive health and gender equality. However, the lack of consistent, robust data and a general difficulty in defining Effectiveness in practice means that evaluators often struggle to fully trace UNFPA contributions in general.

Efficiency

UNFPA has achieved mixed results on Efficiency. There are many examples of good practice, as well as areas for improvement. We need to ensure appropriate scaling of programmes; address operational and procedural delays to fund disbursement; manage human resources more strategically and be more efficient in terms of collaboration, coordination and cooperation.



Sustainability

Evaluations struggled to assess Sustainability and there is no consistent means of measuring it across the reports. However, elements of good practice were highlighted: the importance of agenda and policy setting, technical capacity development, evidence generation, institution, partnership and system building and attention to financing. Evaluations noted that the development of consistent exit strategies across all programme areas might improve Sustainability overall.

Coordination

Evaluations document many positive experiences of the Coordination between UNFPA and UNCTs, and with other partners working toward similar goals, including international and national NGOs and women's and faith-based organisations. Partnership with the private sector was less evident. Evaluations highlighted the need to address differences in working cultures, capacities and priorities. We also need to pay attention to differing operational and procedural requirements.

Added Value

Not all reports assessed the Added Value of UNFPA programmes. However there are a number of areas where UNFPA programmes were acknowledged to provide significant benefit: provision of specialist technical expertise, active policy dialogue on sensitive themes and strong focus on SRH which is not well covered by other agencies.





30

**Country
Programme
Evaluations**



65

Pieces of Evidence



470

Evaluation Findings

1 2 3 4 5 6 5 4 3 2 1

Conclusions

Acknowledgements

The independent Evaluation Office of UNFPA would like to thank all who contributed to this synthesis review, for their valued inputs.

Manager: **Andrea Cook**

Editor: **Karen Hussain**

Designer: **Alberto Garcia**

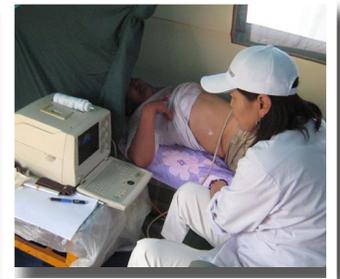
We would like to express our gratitude to the **Global Affairs Canada's Development Evaluation Division** for sharing their "*Development Effectiveness Review of the United Nations Population Fund (UNFPA)*" and we would also express special thanks to **Roger Drew** and **Florianne Gaillardin** for their work on the technical synthesis report, which was managed by **Hicham Daoudi**, **Selen Örs** and **Olivia Roberts** in the Evaluation Office.

The analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund, its Executive Board or the United Nations Member States. This is an independent publication by the Evaluation Office.

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More information

"Synthesis of UNFPA Programme-Level Evaluations (2010-2013)", April 2015. This technical report was commissioned by the Evaluation Office to inform programme-level evaluation practice, quality assurance systems and synthesised lessons learned, set out here.



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United Nations Population Fund

Evaluation Office

605 Third Avenue

New York, NY 10158 U.S.A.

www.unfpa.org/evaluation

