



**Lessons learned from UNFPA
Country Programme Evaluations
2014-2015**



Evaluation Office

Introduction

The International Conference on Population and Development established a *Programme of Action* to advance sexual and reproductive health and reproductive rights, and meet global development goals more broadly. To accelerate the implementation of the ICPD Programme of Action and other internationally agreed development goals, the UNFPA Strategic Plan 2014-2017 emphasizes the need for UNFPA support, planned together with partners, to advance sexual and reproductive health and reproductive rights.

Evaluations are vital tools to maintain accountability for development results, help UNFPA make informed, evidence-based decisions, and promote the use of lessons learned for stronger results and greater impact. UNFPA country programme evaluations (CPEs) have provided a valuable body of evaluative evidence to inform programming and corporate-level policies and strategies.

Each year, roughly 10 to 15 country programme evaluations are conducted in order to assess the relevance, efficiency, effectiveness and sustainability of UNFPA interventions, and contribute to their continuous improvement. Decentralised country programme evaluations are conducted by independent external evaluators, commissioned and managed by country offices, and supported by regional monitoring and evaluation advisors.

Since 2013, with the introduction of a revised evaluation policy, stronger methodological guidance and trainings, the quality of decentralized country programme evaluations has steadily improved. Given the increased quality and subsequent improved usefulness for programming, the Evaluation Office supported the production of “Lessons Learned from UNFPA Country Programme Evaluations 2010-2013”, the first corporate synthesis of evidence for learning. The results of the first synthesis contributed to the mid-term review of the UNFPA Strategic Plan 2014-2017.

This exercise – the second undertaken by the Evaluation Office – represents a continuation of the effort by the Evaluation Office to periodically undertake syntheses. Bringing together the findings from 26 country programme evaluations conducted between 2014 and 2015 and quality-assessed as “good” or higher, this batch of CPEs falls under the transitional budgeted evaluation plan and includes several country programme evaluations led by the Evaluation Office.*

The synthesis is intended primarily for use by UNFPA programming staff at headquarters, regional and country levels. It is also intended for UNFPA management, members of the UNFPA Executive Board, including programme countries, and development partners at all levels. The exercise benefited tremendously from the participation and engagement of an internal reference group. Composed of 14 UNFPA colleagues – from country offices, regional offices, and headquarters, including technical and programme staff – the reference group provided valuable insight and feedback on the methodology and supported an iterative process of reviews.

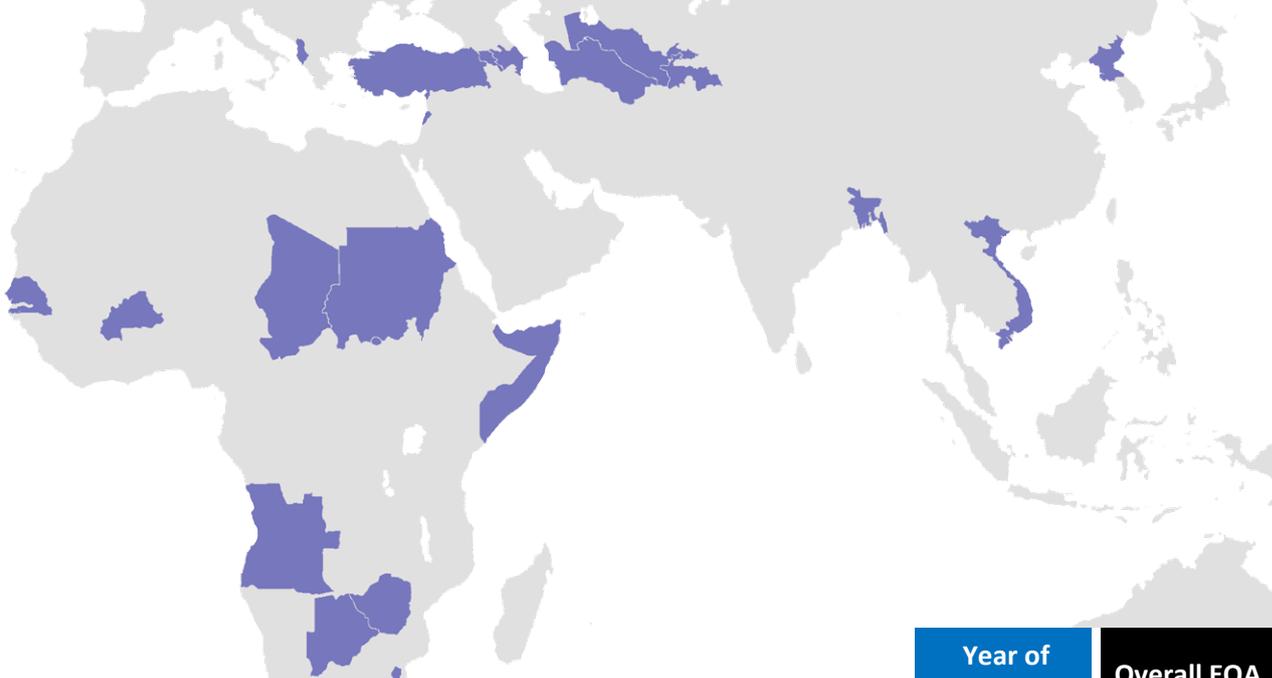
A rigorous methodological approach to coding the data in the 26 CPEs was used, with lessons learned categorized by UNFPA 2014-2017 Strategic Plan outcomes, mirroring the structure of country programme evaluations themselves. The lessons surfaced aim to inform and guide UNFPA strategies, programmes and operational systems, and contribute to the development and implementation of the forthcoming UNFPA Strategic Plan 2018-2021, Country Programme Documents, and Country Programme Action Plans.

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Over the period 2011 – 2015, the Evaluation Office conducted six country programme evaluations, with several (such as **Bangladesh**, **Turkey** and **Lebanon**), included in this synthesis. The Evaluation Office no longer conducts country programme evaluations.



		Year of evaluation	Overall EQA
Asia & the Pacific	Bangladesh (2012-2016)	2015	Good
	Democratic Republic of Korea (2011-2015/16)	2014	Good
	Vietnam (2012-2016)	2015	Good
Arab States	Lebanon (2010-2014)	2014	Very Good
	Somalia (2011-2015)	2015	Good
	Sudan (2013-2016)	2015	Good
Eastern Europe & Central Asia	Albania (2012-2016)	2015	Good
	Armenia (2010-2015)	2014	Good
	Azerbaijan (2011-2015)	2014	Good
	Tajikistan (2010-2015)	2014	Good
	Turkey (2011-2015)	2014	Very Good
	Turkmenistan (2010-2015)	2014	Good
	Uzbekistan (2010-2014)	2014	Good
East and Southern Africa	Angola (2009-2014)	2014	Good
	Botswana (2010-2016)	2015	Good
	Swaziland (2011-2015)	2014	Good
	Zimbabwe (2012-2015)	2014	Good
Latin America & the Caribbean	El Salvador (2012-2015)	2014	Good
	Haiti (2013-2016)	2015	Good
	Honduras (2012-2016)	2015	Good
	Mexico (2008-2012)	2013	Good
	Peru (2012-2016)	2015	Good
	Uruguay (2011-2015)	2014	Good
West and Central Africa	Burkina Faso (2011-2015)	2014	Good
	Chad (2012-2016)	2015	Good
	Senegal (2012-2016)	2015	Good

* The **Mexico** Country Programme Evaluation (2008-2012) was completed in 2013, but was not included in the previous synthesis of CPEs (2010-2013). This was likely due to the fact that the **Mexico** CPE was quality assessed in 2014. As it is important that lessons from the **Mexico** CPE are included in the overall lessons learned generated through this exercise, the **Mexico** CPE was included in this synthesis.

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Methodology

The synthesis employs the definition of “lesson learned” used by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC):

“Lessons learned are generalizations based on evaluation experiences with projects, programs, or policies that abstract from the specific circumstances to broader situations. Frequently, lessons highlight strengths or weaknesses in the preparation, design, and implementation of programming that affect the performance, outcome, and impact [of the support].”

In selecting the lessons learned, the synthesis aimed at avoiding statements on the type of activities conducted or number of stakeholders reached, and instead aimed to discuss why a particular approach was successful or how certain contextual factors constrained contribution to development results.

Data coding and generation of lessons learned

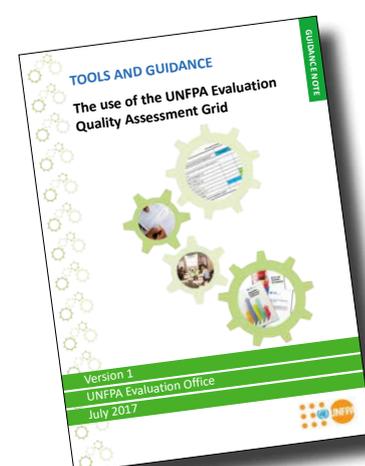
The evaluation quality assessment (EQA) system formed the basis for the selection of country programme evaluations included in the exercise, with CPEs quality assessed as “good” or higher included.* Though limiting the sample to those that, on the whole, were assessed strongly, this method excluded potentially useful data that may have emerged from CPEs with a lower overall rating.

To capture data for the lessons, the synthesis systematically reviewed the findings and conclusions of country programme evaluations and tagged the data for qualitative analysis, using qualitative analysis software. The data was first tagged by UNFPA outcome areas (as identified in the

UNFPA Strategic Plan 2014-2017) and subsequently sub-categorised by evaluation criteria. However, in the synthesis itself, lessons are presented by outcome areas alone, and are not further sub-divided by evaluation criteria, to further facilitate use for programming. Lessons learned were then identified through an iterative process of analysing coded data. This process is, to a degree, subjective, though certain criteria were considered when selecting lessons learned to support a more systematic approach and enhance consistency:

- ▶ Lessons that are relevant to the implementation of the next UNFPA Strategic Plan (2018-2021)
- ▶ Lessons that can be replicated and transferred to other contexts
- ▶ Lessons that speak to ensuring a human rights based approach to programming
- ▶ Lessons that illustrate innovative approaches to programming*
- ▶ Lessons that were not included or did not feature prominently in the previous synthesis exercise

The synthesis report also includes case studies, captured in boxes, which were selected for their ability to illustrate broader global development concerns (such as migration flows and refugee crises) and where adequate detail was provided in the country programme evaluations.



Evaluation Quality Assessment: A Backgrounder

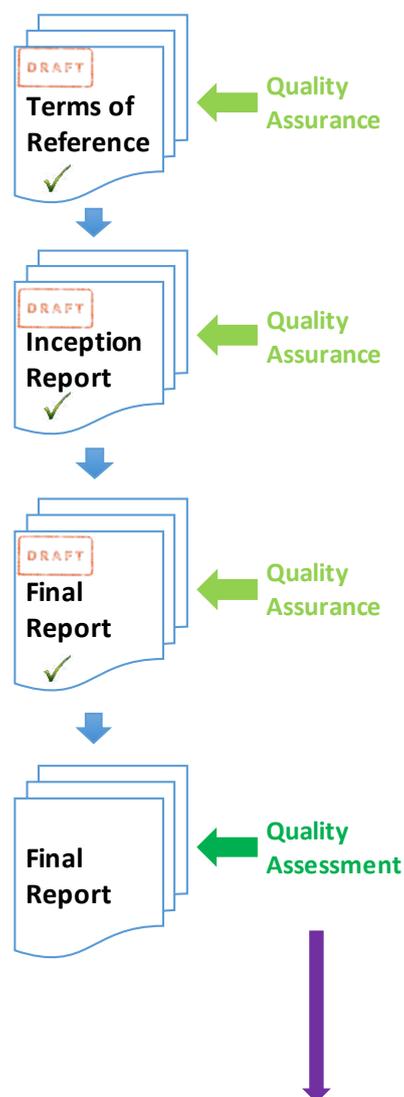
In 2016, the UNFPA Evaluation Office reviewed the evaluation quality assurance and assessment system, with a view to strengthening the quality of evaluations at both corporate and decentralised levels. Two basic mechanisms ensure the quality of evaluation at UNFPA: quality assurance processes and quality assessment of final reports. Quality Assurance takes place during the evaluation process, assuring the Terms of Reference, Draft Inception Report and Draft Final Report, while quality assessment is an ex post exercise, assessing the final evaluation report against specific criteria reflected in the EQA grid. This process is detailed in the diagram on the following page.

During quality assessment, the final evaluation report is assessed against seven criteria, each critical to the quality of the evaluation report. A rating is given for each criteria, and an overall rating, reflecting the varied weights of each criteria, is awarded. This assessment reflects the quality of the final evaluation report alone, not of the country programme itself, an important distinction to maintain.

* Of a total of 31 CPEs conducted from 2014-2015, 26 received a quality assessment rating of good or higher, with five receiving a lower rating and excluded from the synthesis.

* The synthesis used the principles of innovation laid out by the UNDP Innovation Facility:
<http://www.undp.org/content/undp/en/home/ourwork/development-impact/innovation/principles-of-innovation.html>

Organisation of the Synthesis Report



In order to facilitate use for programming, the lessons learned are organized by the four programmatic outcome areas of the UNFPA Strategic Plan 2014-2017. A separate section on the institutional dimensions of effectiveness and efficiency (resource mobilization, resource allocation, modalities of delivery, human resources management and monitoring systems) is also featured.

In addition, the synthesis includes sections on other areas of UNFPA work seen as particularly important for organizational learning, strategic development, and alignment with the ICPD and UNFPA strategies. Lessons around the following areas, among others, are drawn out:

- ▶ Engagement in humanitarian settings
- ▶ Working in partnerships and coordination within UN country teams (UNCT)
- ▶ Implementing a human rights based approach to programming
- ▶ Shifts in modes of engagement to align with the UNFPA business model (as presented in the 2014-2017 Strategic Plan)

Limitations

The scope of the synthesis, limited to the information presented in the country programme evaluations themselves, and the nature of its methodology (structured qualitative analysis) creates certain limitations. The data presented in the synthesis is **constrained to the secondary data presented in country programme evaluations**, with some CPEs providing more in-depth information and stronger analysis. Coverage of strategic plan outcome areas differed across CPEs, affecting the generalizability of findings and lessons. To mitigate against a disproportionate number of illustrative examples being drawn from a set of country programme evaluations (over others), effort was made to include all contributing CPEs, as all offered valuable lessons and insights.

Second, the **diversity of settings** in which country programmes are developed and country programme evaluations are undertaken makes identifying linkages among different contexts very challenging. The synthesis therefore focused on drawing out common lessons, each related to specific programmatic areas and grounded in several concrete examples, as opposed to generalizing findings or conclusions across contexts.

Thirdly, the **regional representation** of country programme evaluations issued from 2014 – 2015 is uneven. In particular, the Eastern Europe and Central Asia region is over-represented while Asia and the Pacific is under-represented. To address this, care was taken to select lessons that were applicable in a majority of contexts.

Overall Evaluation Quality Assessment				
Quality assessment criteria (scoring points)	Assessment Levels			
	Very good	Good	Fair	Unsatisfactory
1. Structure and clarity of reporting, including executive summary (7)	7			
2. Design and methodology (13)	13			
3. Reliability of data (11)		11		
4. Analysis and findings (40)	40			
5. Conclusions (11)	11			
6. Recommendations (11)	11			
7. Integration of gender (7)		7		
Total scoring points	82	18		
Overall assessment level of evaluation report	Very Good			

Lessons Learned

Sexual and Reproductive Health

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.

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Broadening the participation of stakeholders in sexual and reproductive health programming through collaborative planning exercises and follow-up consultations increases the relevance and value of UNFPA interventions.

For example, in **Sudan**, joint planning with both governmental and non-governmental implementing partners promoted community dialogue and enhanced political commitment while sensitizing targeted communities for HIV prevention interventions. Similarly, in **Albania**, UNFPA and national partners collected diverse views from multiple stakeholders in different regions of the country to form the basis of the development of the National Contraceptive Security Strategy, providing impetus for improving the range of contraceptive sources. Finally, in **Bangladesh**, UNFPA participated in the national system of local level planning, bringing together a range of stakeholders and helping to generate community demand for family planning services. Importantly, however, regular follow-up with communities should be ensured.



Dr Miranda Hajdini, Albania ©UNFPA/Besfort Kryeziu

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The use of demographic data and periodic surveys to guide sexual and reproductive programming contributes to greater relevance of programming to beneficiary needs.



In **Turkey**, Harran University in partnership with UNFPA pioneered a comprehensive study on the health status of seasonal agricultural migrant workers, generating previously unknown baseline data that, in turn, informed the planning of a sexual and reproductive health delivery model that better reflected the priority needs and issues of beneficiaries. In **Somalia**, surveys pointed to pressing reproductive health needs, including high rates of morbidity and mortality from obstetric fistula and

cervical cancer, as well as infertility. In **Lebanon**, recent data indicated that increasing capacity for skilled birth attendants was not a priority need, as 98% of births take place with skilled attendants, information that importantly supported UNFPA programming decisions. Similarly, in **Zimbabwe**, data revealed that refurbishing maternity waiting homes would address two of three delays in access to emergency care: delay in deciding to seek care and delay in travel to facility.



UNFPA adds value when sustaining human rights based advocacy and promoting open dialogue on key and, at times, sensitive or hidden, sexual and reproductive health issues.

In **Armenia**, UNFPA contributed to changes in attitudes on pre-natal sex selection by publicizing an UNFPA-supported study on the societal and health consequences of the practice. Awareness was raised through broad-based media events, interactive theatre and a conference on “Family, Society and the Church” to foster dialogue among development agencies, secular organizations and religious groups.

In **Bangladesh**, community based information dissemination events offered women information on how to access fistula repair surgery, increasing the number of women seeking treatment and supporting those who had previously hidden their experience.



In addition to women themselves, programming that targets groups who exert significant influence on women’s sexual and reproductive health decisions further supports access to reproductive healthcare.

In **Tajikistan**, both husbands and mother-in-laws influenced women’s contraceptive choices, and, as such, were involved in awareness raising activities with follow up by community health workers, strengthening access to reproductive healthcare. In **Senegal**, UNFPA supported a “Husband School” to encourage husbands to accompany wives to reproductive health services, with those trained in the “Husband School” serving as examples for other men, while in Abéché, **Chad**, UNFPA supported the participation of Muslim religious leaders (both men and women) in trainings on sexual and reproductive rights and family planning issues. **Bangladesh** also served to underscore the importance of working together with those that hold influence on women’s reproductive health decisions: fear of societal shaming and non-cooperation from husbands led to high contraceptive discontinuation rates, with more counselling needed at community level.





Working in partnership with, for example, community leaders and community based health service providers, to challenge stigma, misconceptions, and discrimination around sexual and reproductive health, promotes culturally sensitive models of healthcare delivery, supports contraceptive choice and improves the prevention of sexually transmitted diseases (STDs).

In **Uzbekistan**, discrimination against sex workers, men having sex with men, bi-sexual people, people living with HIV and people who inject drugs, affected the ability to address their sexual and reproductive health needs and posed challenges for the successful replication of prevention activities. In **Tajikistan**, regional and international stakeholders worked together with Tajik religious leaders and health practitioners to support discussion on the prevention of HIV and other sexually transmitted diseases from a medical and spiritual point of view. In **Zimbabwe**, ongoing sensitization with health workers was needed to ensure that sex workers were not further stigmatized, but rather supported in their right to reproductive health care, improving uptake of services.

In **Mexico**, UNFPA engagement with community-based birth attendants aimed to strengthen attendants' capacity to support the reproductive health needs of indigenous groups, while in **Burkina Faso**, UNFPA worked in partnership with religious and community leaders to help diminish socio-cultural barriers and raise awareness on the importance of birth spacing and reproductive health with key populations.



Engagement with traditional midwives in Mexico ©Jaime Magdaleno



Sustained rights based policy advocacy and sensitization efforts by UNFPA and partners supports national ownership and political will, and is often necessary to ensure dedicated budgets for sexual and reproductive health services.

In **Azerbaijan**, UNFPA, together with partners, contributed to improved respect for women's reproductive rights and greater openness to family planning services and contraceptive choices by health service providers and clients. However, sustained (and strengthened) lobbying of decision makers was needed to secure state resources and ensure inclusion of contraceptives on the essential drug list. Similarly, in **Albania**, though sexual and reproductive policies

are in place and costed, they lack dedicated budgets, requiring continued advocacy from UNFPA and partners to support sustainability. In **Angola**, UNFPA advocacy contributed to the expansion of obstetric fistula repair services, and strengthened the public perception of fistula as a social justice issue. By positioning fistula and its treatment as issues of social justice, the state was held accountable a duty bearer to remedy violations.

CASE STUDY

Seasonal Migrant Agricultural Workers (SMAW) in Turkey: Key influencers promote women's access to sexual and reproductive health care

Context: Seasonal migrant agricultural workers (SMAW), numbering over three million in Turkey, are often marginalised in Turkish society, facing poor living conditions and limited access to basic health services. This has led to high maternal and infant mortality and illness.

Strategy for Change: A UNFPA-supported study, conducted by Harran University, provided baseline data on the sexual and reproductive health status of SMAW. This data formed the basis of an appropriate healthcare delivery model, supported by the Ministry of Health and Turkish Public Health Institution. To shift societal attitudes toward seasonal migrant agricultural workers, UNFPA and implementing partners worked together with local authorities, including imams and local municipalities, in capacity building workshops. Men were targeted who had direct influence on promoting women's rights, including national and local politicians, government staff and policy makers, envoys who arrange employment for the SMAW, landowners, as well as SMAW leaders. A communication firm was contracted for communication and public outreach, including via photographs and articles focusing on the contribution of the SMAW to the Turkish economy.

Outcomes: As a result of heightened awareness and a greater sense of responsibility to protect seasonal migrant agricultural workers rights, access to health services was facilitated for SMAW women in pilot areas and their demand and usage of family planning resources increased. Behaviour changes to promote seasonal migrant agricultural workers health were noted among the influencing groups who participated in workshops. Envoys, for instance, more efficiently provided tankers of chlorinated drinking water and called on local authorities to provide shelter and electricity. Supplies of soap were made available and toilets were moved further away from the family tents. Women were also encouraged not to work in the fields during the early stages of pregnancy.





To ensure that skilled birth attendants are retained and contribute to improved standards of maternal healthcare, their living and working conditions must be considered.

In **Bangladesh**, midwives (those in training and certified graduates) confronted obstacles to their successful placement, including limited guarantee of adequate housing and personal security, inadequate support of midwifery as a profession, and weak

preparation of institutions to make use of midwifery expertise. Facing similar challenges, in **Somalia**, **Burkina Faso** and **Haiti**, trained midwives often did not return to rural communities, instead looking for higher paying positions with more favourable working conditions in urban centres, suggesting the need for UNFPA programming to systematically reflect on factors affecting retention. Midwife mentoring and celebration of the International Day of Midwifery in, for example, **Burkina Faso** helped midwives and mentees feel valued in their profession, contributing to morale and retention. Regional disparities existed in **Chad**, with regional coverage by state-qualified midwives not fully aligned with population needs. A surplus of midwives in some areas could be effectively redeployed to cover gaps in others.





A shared, long-term vision for the development and maintenance of formal and informal health system capacity can promote sustainability and takeover by national actors.

In **Turkmenistan**, obstetricians transferred knowledge on pregnancy complications gained from UNFPA-supported training to other health care staff without additional funding from UNFPA, while in the **Democratic People's Republic of Korea**, though there was strong national ownership of a UNFPA-supported pilot project to address cervical cancer in provincial hospitals, strengthened staff capacities and essential equipment was needed to scale up.

In **Bangladesh**, women who had undergone surgery for obstetric fistula were provided with training and nominal funding to, in turn, act as community fistula advocates and advise and accompany other women with fistulas to the hospital. Through this obstetric fistula treatment and rehabilitation model, women post-surgery could

be referred to government or non-government rehabilitation programmes, enhancing sustainability.



Midwifery students at Dhaka Medical College Hospital, Bangladesh ©Nayuzzaman Prince



Partnership with civil society, including organisations and networks, expands possibilities to effectively and efficiently reach a wider range of key populations, particularly if a coordinated and coherent message is used.

In **Tajikistan**, UNFPA support to a network of 21 non-governmental organisations (NGOs) facilitated HIV

prevention outreach to sex workers and men who have sex with men, while concurrently strengthening alliances among the NGOs themselves. Building on the existing work of civil society in **Mexico**, and supporting civil society capacity via trainings, expands the impact of the HIV/AIDS tools developed by UNFPA and UN partners. A partnership with the *Reseau Africain Jeunesse Santé* enabled UNFPA to share sexual and reproductive rights messages with tens of thousands of young people in **Burkina Faso**, however, in **Swaziland**, communities targeted for behaviour change communication suffered from “dialogue overdose,” as multiple development partners implemented similar yet uncoordinated interventions, underscoring the importance of strong coordination mechanisms.



Community volunteers provide HIV/AIDS information in Swaziland ©Elizabeth Frazee Tully/CCP

Lessons Learned

Adolescents and Youth

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.



Engagement of youth in strategic planning meetings expanded the relevance of UNFPA interventions.

In **Albania**, UNFPA made a consistent effort to consult with youth as part of its “Youth Voice” and “Make it Possible” advocacy campaigns. These efforts ensured that the needs and voices of youth were integrated in the development of youth friendly health services guidelines. Increasing

the relevance of programming to the needs of youth, in **Uzbekistan**, UNFPA established a youth advisory panel (meeting biannually) to provide input on UNFPA (and other UN agencies’) interventions. Similarly, in **Somalia**, UNFPA created a Youth Unit and hired young people to drive the youth agenda.



Strategic planning and budgeting to support studies that identify the varied needs of youth populations is critical or programming approaches may not effectively target youth.

In **Lebanon**, a Knowledge, Attitudes, Behaviour and Practices survey generated key data on the distinctive interests of both younger and older youth. Through a mixed methods approach, the study captured the needs of university and secondary school students, youth that had dropped out of school, and youth with special needs. In **Botswana**, UNFPA supported an assessment of the youth friendliness of health facilities to provide baseline data for the youth friendly services programme. In **Armenia**, youth in rural areas were targeted with youth friendly health services, however the services were not optimally used as privacy and confidentiality were not fully considered in service design, underscoring the importance of systematically assessing the (varied) needs of a (heterogeneous) youth population.





Using a range of innovative knowledge and service delivery channels helps strengthen knowledge on sexual and reproductive health and reproductive rights as well as vocational skills.

In **Turkey**, a two pronged approach – focusing on vocational training and sensitization on sexual and reproductive health issues for young women living in public orphanages – helped break the cycle of poverty and, concomitantly, offered important sexual and reproductive health information for communities. In **Mexico**, UNFPA supported training for youth leaders to further strengthen their ability to influence the design of public policy in the Chiapas state. As key “change agents”, youth leaders contributed to development of a youth promotion law, a state violence law and a large civil society network supporting youth. In **Peru**, innovative centres for youth development helped promote a holistic health care model, while in **Vietnam** and **Tajikistan**, mobile theatres reached large numbers of young people by touring throughout communities. Working through the armed forces’ own health

care services, UNFPA reached young men (and, to a lesser extent, women) in the **Armenian** military, supporting the development of a pool of internal trainers on the prevention of HIV and sexually transmitted diseases.



World Youth Conference in Mexico ©UNFPA Mexico/Carlos Tapia



Communications (or interventions) for youth may be adversely affected if the social and political issues around youth sexuality are not addressed with cultural sensitivity.

In **Lebanon**, effective consultations during the development of sexual and reproductive health education curriculum supported the acceptability of reproductive health education in schools. Certain sensitive words were restricted and issues were adapted according to (geographical) context: child marriage, for example, was only discussed in areas of the country where it is prevalent. In **Peru**, conservative trends in the Ministry of Education obstructed the development of comprehensive sexuality education.

UNFPA therefore worked with and supported social collectives that advocate for the integration of sexual and reproductive health education in school curricula. In **Turkey**, UNFPA together with peer educators adapted a board game on HIV/AIDS to present facts and challenge stereotypes. This approach – which proved to be cost-efficient and an innovative way to involve a large number of young people – was accepted in certain schools but additional lobbying and negotiation is needed to scale up.



CASE STUDY

Peer support extends to Internally Displaced People and Refugees

Context: Sudan has a National Youth Strategy 2007-2031 and Youth Parliaments have been established in 15 states, including in Darfur, to advocate for and enhance civic participation by youth. Youth trained on management, programming, leadership and participation are actively managing youth centres and are engaged in community education. Sudan is home to over 3 million Internally Displaced Persons (IDPs) and refugees, living in both camps as well as integrated into the local populations, with more refugees arriving. The Y-Peer network, one of many youth associations, has expanded to more than ten states including those where IDPs and refugees are assisted.

Strategy for Change: In 2013 and 2014, UNFPA supported capacity building of numerous youth organizations and networks to enhance youth participation and further equip those who provide counselling services in hospitals and health centres. To respond to the needs of the IDPs and refugees, among others, competency-based training focused on prevention of gender based violence, including real life demonstration by survivors of violence, case studies, group discussions, role play, and interactive discussions.

Outcomes: UNFPA support helped Y-Peer in five UNFPA-targeted states register as non-governmental organizations, actively engaged in mobilizing and educating youth and their communities on reproductive health, maternal mortality, socio-economic determinants, and gender equality. Y-Peer is well recognized by the states' government ministries and peer educators themselves believed that the UNFPA supported training was instrumental to transferring information to internally displaced people. For example, the Youth Network in South Darfur mobilized communities in several localities in the 16 Days of Activism against Violence reaching thousands of men and women in the humanitarian settings.





Without financing by and strong support of national actors for strategies and policies targeting youth, the sustainability of successful interventions may be limited.



"We are more than 3 million women building a life free of violence", El Salvador ©UNFPA El Salvador/Walter Sotomayor

In several contexts, youth centres or clubs located in communities were reliant on UNFPA funding to remain open, limiting their sustainability as a source of sexual and reproductive health awareness-raising activities. Conversely, in **Uzbekistan**, small funding grants showed promise for the continuation of peer education trainings, while in **El Salvador**, working alliances among the Ministries of External Relations, Education, and Population and Development and UNFPA in planning and coordination of youth friendly services was found to be a strong factor in the sustainability of these services. In **Sudan**, youth confirmed that while they could continue managing rehabilitated youth centres and disseminating educational messages in the absence of UNFPA funding, community mobilization and trainings would need to be discontinued.



Cooperation and collaboration with UN agencies, non-governmental organisations, and civil society enables UNFPA to bolster advocacy and reach larger numbers of youth and key youth populations.

In **Zimbabwe**, joint advocacy efforts by a range of stakeholders (including UNFPA, UNESCO and UNICEF) led to the government approving a life skills curriculum with a strong focus on the prevention of HIV/AIDS. Similarly, in **Albania**, UNFPA support to at-risk in-and-out of school youth benefited from strong collaboration among UN agencies and government ministries, while in **Lebanon**, youth curriculum development involved partnering with stakeholders from different religious backgrounds, a major accomplishment given conservative cultural norms.



March to promote the government's new voluntary counseling and testing for HIV campaign in Zimbabwe ©Wallace Mawire

Lessons Learned

Gender Equality

Outcome 3: **Advanced gender equality, women's and girls' empowerment**, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.



Collecting inputs from a range of gender equality stakeholders requires a balanced approach to reflect a plurality of perspectives in planning.

In **Armenia**, UNFPA designed gender equality interventions that reflected a range of opinions, including those of women, national NGOs, and a faith based organization. As a result, programming better addressed deep-rooted gendered norms and attitudes.

In **Sudan**, UNFPA collaborated with civil society activists and the women's equality movement, taking their concerns into account regarding child marriage, female genital mutilation (FGM), and the need for legal reform to promote gender justice.



Supporting governments to implement the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) can be effectively promoted through the development of national strategies, advocacy on implementation, and supporting national capacity to report.

In **Azerbaijan** and **Turkey**, as in a number of countries, though de-jure policies and guidelines exist on CEDAW, serious inconsistencies in de-facto implementation of the laws persisted, underscoring the importance of advocacy for implementation and compliance. In **Albania**, UNFPA trained ministry and Ombudsman representatives to prepare CEDAW reporting while, similarly, in **Turkmenistan**, UNFPA organized conferences and country-wide seminars on CEDAW reporting, supported preparation of the CEDAW report

as well as follow-up on concluding observations. In **Somalia**, UNFPA strongly supported national CEDAW reporting and promoted gender equality in government strategic planning and policy, enhancing national ownership. In **Vietnam**, as in other countries, ensuring relevance of UNFPA and partners' work (to national priorities) proved challenging when national legislation or policies were themselves not aligned with the goals of the ICPD or at odds with women's rights, perhaps requiring further strategic advocacy.



Engaging community and traditional leaders as well as men through effectively implemented behaviour change communications can accelerate progress in advancing gender equality and reducing harmful practices.

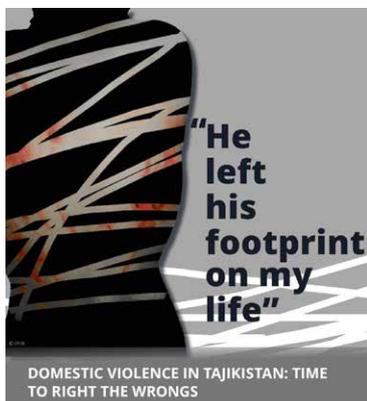
In **Zimbabwe**, chiefs and community leaders that participated in UNFPA-supported sensitivity trainings shared that, as a result of changes in their personal beliefs, they actively sought to educate other men on gender equality and became better husbands and leaders themselves. In **Senegal**, UNFPA supported community sensitizations on female genital mutilation (FGM) contributed to the declarations of FGM abandonment in 121 communities, while in **Somalia**, UNFPA support contributed to religious leaders in Puntland outlawing all forms of FGM and establishing a Regional Religious Network against FGM.



Site visit to a community in the South of Senegal ©UNFPA EO/Alexandra Chambel



If the capacity of responders to provide support for survivors of gender based violence is limited, confidence in assistance mechanisms may be diminished or lost. Working with partners with strong expertise on gender and human rights contributes to effectiveness in GBV programming.



In **Sudan**, UNFPA used a holistic approach to address gender based violence including by supporting awareness on referral pathways, providing psychosocial support, improving clinical management, and establishing protection groups. As a result, GBV survivors found support at the community level and were able to access health centres.

Police training in **Bangladesh, Azerbaijan, Uruguay, and Somalia** was highly effective in strengthening referral mechanisms and reducing barriers with communities, complementing the work of crisis centres and women's shelters. **Tajikistan**, however, faced challenges in implementing a multipronged approach: Victim Support Rooms (VSRs) in state maternity hospitals, though established, were underutilized, as health workers lacked confidence in their ability to support survivors. Additional training, support or capacity building was needed.

In **Bangladesh**, some implementing partners did not have strong expertise on gender based violence and child marriage, which impeded the quality of their support to related interventions, while in **Haiti**, only one implementing partner took a human rights based approach to gender equality, with consequences on positioning gender based violence as a human rights violation.



Students of midwifery school in El-Fasher, Sudan ©UNFPA/Sven Torfinn

CASE STUDY**Preventing child marriage in Bangladesh**

Context: Bangladesh has the highest rate of child marriage in Asia. In the Jamalpur district, UNFPA interventions supported the first local initiatives to prevent child marriage. However, a new law (2017) permits child marriage under the age of 18 under special circumstances, a stunning blow to advocacy efforts by many against such a law.

Strategy for Change: In Jamalpur, the active involvement of local chairmen and women's affairs officers through, for example, regular and frequent meetings of social protection groups (members of which are mostly men), significantly contributed towards the prevention of child marriage and gender based violence.

Outcomes: Reportedly Jamalpur Sadar sub-district (upazila) is free of child marriage, with expectations (at the time) that the entire district would eliminate the practice. Challenges to elimination, however, continue, including non-reported cases (where marriage or intent to marry is hidden), as well as the passage of the new law, noted above, allowing child marriage under special circumstances.



L

Community-based dialogue with organisations, counsellors, and women's groups can help communities address gender based violence by leveraging existing resources.

In **Peru**, for example, UNFPA helped to build the capacity of women community leaders to act as facilitators for gender based violence prevention in indigenous communities. Men were engaged in GBV prevention efforts, considered an innovative approach to addressing GBV, with additional resources for the prevention of GBV and gender discrimination provided by the Ministry of Women and Vulnerable Population.

As in Peru, working with communities in **Vietnam**, UNFPA contributed to the implementation of a domestic violence response model that used multi-sectoral coordination among various groups within communities. In **Swaziland**, community dialogues on gender based violence in the Shiselweni region were successful in sensitizing rural communities on gender based violence, resulting in an increase in the number of cases reported at regional level and improved uptake of services by survivors.



L

Clear handover agreements or exit strategies as well as strengthened national political will can improve national ownership and sustainability of progress in gender equality.

In **Lebanon**, a well-defined exit strategy for the "enough violence and exploitation" intervention, which included the provision of equipment at the end of the project, ensured that experienced and well-trained national counterparts were able to takeover.

Conversely, in **Swaziland**, gender focal points in government ministries had difficulty fulfilling their mandate, due to low political commitment, high staff turnover, and limited communications, underscoring the need for clear exit strategies that identify potential bottlenecks.



To support sustainable change (and potentially mitigate against rollbacks in progress), UNFPA and partners should plan and programme for the long-term and recognize and address the powerful role of socio-cultural attitudes in the struggle for gender equality.

In **Burkina Faso**, a range of social, political and economic actors held attitudes that were resistant to women's empowerment, suggesting that stronger efforts to address socio-cultural norms and attitudes (and their impact on the effectiveness of interventions) is needed. Similarly, in **Chad**, some communities were not ready to abandon socio-cultural beliefs that affected the advancement of women's and girls'

rights, impeding efforts to provide information on and respond to gender based violence and harmful practices. In **Uzbekistan**, facing a sensitive policy environment, UNFPA proceeded to advance gender equality cautiously by, for example, aligning closely with national policies, including the government-approved CEDAW Action Plan and established UNFPA annual work plans.





UNFPA adds value when connecting civil society organizations with government decision-makers, increasing their involvement in policy-making and reform.

In **El Salvador**, UNFPA facilitated the establishment of inter-institutional alliances between feminist and youth organizations, creating greater synergy among civil society to advocate for gender equitable public policies. Similarly, in **Sudan**, UNFPA connected women’s rights advocacy organizations to decision makers and law enforcement personnel, supporting dialogue for the formulation of a National Strategy and Communication Plan for Child Marriage. Similar work has been done connecting government with community based organizations in the Saleema campaign, a campaign of the UNFPA UNICEF Joint Programme on Female Genital Mutilation in **Sudan**, with strong results in supporting the development of new social norms around FGM.



Saleema campaign in Sudan ©UNFPA EO



Working with a diversity of partners may better support solutions to address gender based violence and harmful practices, however, coordination among partners should be supported.

In **Turkey**, partnership with the private sector on the Pomegranate Arils project helped to generate increased visibility and funding for the promotion of women’s right. In **Burkina Faso**, partnership with five civil society organizations – each specialized in different areas related to gender equality and sexual and reproductive health – allowed UNFPA and partners to reach a larger number of beneficiaries, community leaders and refugees. In **Sudan**, multiple actors raised awareness of gender based violence laws, but a lack of coordination and unclear division of roles and responsibilities among actors created challenges.



A worker preparing juice from pomegranates in Turkey ©Jessica May H

Lessons Learned

Population and Development

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



Involving a range of stakeholders, including users (such as ministry officials, statisticians and demographers), in planning for data use and capacity-building sessions supports the relevance of data generated and improves the likelihood of use.

In **Turkey**, UNFPA collaborated with demographic and academic institutions to design interventions to streamline the use of data, supported national consultations on population dynamics, national planning processes, and advocacy on the International Convention on Population and Development (ICPD) and the Millennium Development Goals. In **Mexico**, UNFPA capacity-building strategy on data included local data users to ensure

relevance to the federalization process and the emerging need for planning tools that incorporate demographic variables in local development programs. In **Somalia**, consultative approaches to data collection provided a strong basis for ownership by governmental and non-governmental stakeholders, generating growing stakeholder interest in population and development issues.



Supporting governments to assess demographic trends can identify opportunities for investment in specific demographic groups, including youth and the elderly.

In **Bangladesh**, UNFPA and partners undertook a demographic impact study which showed, inter alia, low levels of dependency among youth and older populations, a prime “window of opportunity” to invest in adolescent and youth development and seize the demographic dividend. In **Albania**, UNFPA support to population and development interventions reflected the trend toward an aging population, and surfaced the need for expertise in ageing for policy development, while in **Swaziland**, the integration of demographic data into sectoral planning supported the ability to monitor government performance vis a vis specific demographic groups, and better enabled reporting against social, economic and human rights indicators.



Youth accessing dignity kits in Swaziland ©UNFPA Swaziland/Thuli Dlamini-Teferi



Sharing demographic expertise, through south-south and triangular cooperation, can improve data collection and usage.

In **Zimbabwe**, UNFPA facilitated the exchange of statistical expertise, inviting both subject matter specialists and computer programmers to forums, while in **Vietnam**, UNFPA supported exchange visits to the Philippines and

South Korea for leaders and managers of the Department of Labour, Cultural and Social Affairs, contributing to the more effective integration of population data into national development plans.



Factoring in the political and ethical dimensions of data is necessary to avoid potential challenges to collection and usage.

In **Uzbekistan**, sensitivities related to external development assistance and certain research topics resulted in the inability to collect data on migration and child marriage. In **Somalia**, census results were released at different times (rather than simultaneously) across the three autonomous zones, spurring

allegations of ownership by one zone over another. In **Haiti**, UNFPA recognized the need to further strengthen a human rights based approach in order to expand opportunities to collect data on gender equality and sexual and reproductive health.



A group of community members wait outside a clinic to receive medical care in Haiti ©Abby Holdsworth



Supporting the capacity to collect (census) data and use it in a timely manner contributes to evidence based policy and decision making and generates additional demand for high quality data.

In **Botswana**, limited capacity to collect disaggregated data contributed to limited confidence in census and survey data by potential users. In **Albania**, a change in government delayed the

use of census data, and policy makers did not factor in data on the Roma community, a vulnerable population, in development planning, undermining confidence.



Using data collection processes as learning tools in and of themselves can promote sustainable national capacity to generate and use data.

In **Somalia**, the census process itself promoted skill development and generated sampling frameworks and data collection tools to facilitate future censuses. Conversely, in **Burkina Faso**,

while the use of consultants for the census process supported efficiency in the short term, effective skills transfer to permanent staff in the national statistical office was compromised.



**POPULATION ESTIMATION
SURVEY 2014**
FOR THE 18 PRE-WAR REGIONS OF
SOMALIA



CASE STUDY

Addressing Emerging Population Issues: Out-migration and Demographic Evolution in Armenia

Context: Armenia, as with a number of its neighbouring countries, faces a decline in population due to out-migration of largely young males seeking employment opportunities, which has also affected fertility rates, marriage, and family processes. The shift demographically includes an increasing proportion of elderly adults.

Strategy for Change: Positioning a UNFPA Population and Development staff office close to the Ministry of Labour and Social Affairs and the National Statistical Services promoted stronger dialogue and collaboration. UNFPA supported a series of demographic studies and publications, including an analysis of youth employment and a summary of demographic challenges. With strong media coverage, these studies were presented to a national stakeholder community and helped support government policies.

Outcomes: Permanent changes in national strategies included the development of a national demographic strategy, a new youth employment strategy and a study on issues related to an aging populations, with draft legislation proposed to address demographic shifts. Challenges, however, remain in obtaining accurate demographic information needed for demographic planning, including information on migration.

Lessons Learned

Humanitarian Support



To be carried out well before a disaster or emergency context arises, preparedness and contingency planning should include the integration of the minimum initial service package (MISP), be done together with other humanitarian actors (and communities), and be reflected in UNFPA country programme documents.

In **Bangladesh**, in past emergencies, some cyclone shelters became crowded and unsanitary, causing people to seek shelter where access to services was limited or non-existent, underscoring the importance of timely, inclusive, and participatory preparedness planning. In the **DPRK**, the pre-positioning of reproductive health kits, safe delivery and essential drugs in anticipation of yearly flooding was delayed, slowing distribution by the government; subsequently, however, the timeliness of pre-positioning improved, increasing the effectiveness of the response. Challenges in timing arose in **Turkey** as well, where an influx of Syrian refugees in high numbers overburdened the procurement system causing late delivery of dignity kits; preparedness measures including procurement staffing needs were consequently strengthened for faster response.

In **Bangladesh**, the MISP was insufficiently integrated in national and UN Interagency Standing Committee (IASC) response planning, however, UNFPA successfully advocated for the inclusion of sexual and reproductive health in the Joint Emergency Response Plan under the

health, WASH, shelter, and nutrition clusters. **Haiti's** vulnerability to natural disasters and humanitarian emergencies was identified in the country programme action plan (CPAP) but was not subsequently integrated into programmatic areas, while the contingency plan developed was generic and did not adequately align with government mechanisms or national contingency plans, with the effectiveness (and relevance) of the response affected.



Family of Syrian refugees in Istanbul, Turkey ©Turjoy Chowdhury



UNFPA can add value in humanitarian contexts by working to ensure that gender based violence is systematically integrated into sexual and reproductive health services.

In **Honduras**, UNFPA responded to the large number of adolescent and youth returnees by organizing an international conference on returnee issues and strengthening UNFPA participation in

the interagency protection theme group, linking the sexual and reproductive health service needs of returnees with the prevention of gender based violence.



Appropriately adapting the MISP and relief supplies (such as dignity kits) to the needs of specific populations is likely to improve the effectiveness of the humanitarian response, as is proper training.

In **Lebanon**, the needs of the refugee population were diverse. The dignity kits provided, however, did not fully reflect this heterogeneity. In Beirut, for example, where refugees have access to a greater number of resources, many women considered the contents of the kits to be inadequate. In **Armenia**, advance preparation was key to the success of MISP training, which, importantly, was tailored to the various categories of participants, such as search and rescue providers, and focused on the content of the MISP and the division

of labour among actors. Despite this, an expansion of the MISP to cover broader gender equality issues (in addition to gender based violence) and better incorporate (additional) family planning counselling could improve effectiveness. In **Turkmenistan**, UNFPA supported the development of a national action plan on the MISP, integrating good practices and establishing a regional coordination mechanism to address the impact of national and human-made disasters.



Jointly identifying priorities – through joint data collection exercises and joint monitoring – can contribute to the efficient use of UNFPA humanitarian resources.

In **Turkey** and **Lebanon**, UNFPA contribution to joint regional UN response plans and joint appeals for asylum countries (including Jordan and Iraq) contributed to the efficiency of the joint UN response at national

level. Additionally, UNFPA responded to jointly determined priorities with flexibility and responsiveness in **Turkey**, procuring highly needed hygiene items for Syrian refugees, an approach valued by partners and colleagues.





Ensuring that the legal and bureaucratic environment are properly reflected in humanitarian response can mitigate against potential challenges posed.

In **Turkey**, UNFPA and UN partners advocated for Syrian doctors and nurses in reproductive health services but they require accreditation, refresher training, and language skills to work in the Turkish medical system. Moreover, refugees' lack of familiarity with the national legal system affected the use of a planned gender based violence referral mechanism while some women

avoided reporting violence for fear of social pressure and exclusion. In **Chad**, interventions to prevent and respond to gender based violence in crisis situations were unequally distributed among affected regions; interventions were based on the presence or absence of a partner who could provide legal assistance and counselling.



Contribution to national and regional long term plans for disaster risk reduction and linking humanitarian support to longer term development outcomes contributes to "building back better" and the efficient use of resources.

In **Haiti**, UNFPA's strategic framework had not been revised to fully respond to the country's transition to a development approach, and commitments to existing partnerships (with implementing partners) affected UNFPA's ability to rapidly adjust its strategic response including integrating adolescents and youth and human rights dimensions into its programming.

In **Armenia, Turkey and Bangladesh**, as in other countries, forging stronger relationships with the disaster risk reduction body of the government, provided additional opportunities for UNFPA (together with population and development partners) to further mitigate the impact of disasters and emergencies on development. In **Bangladesh**, well developed interventions by UNFPA and partners for the protracted assistance to Rohingya refugees contributed to higher quality reproductive health services. These, in turn, contributed to changing refugee attitudes toward birth spacing and improved maternal health indicators for the populations living in camps.

In **Peru**, within the framework of the "Joint Initiative of Disaster Risk Reduction" UNFPA contributed to the risk reduction plan by introducing the Minimum Initial Service Package (MISP). By working to raise public awareness, the MISP supported the integration of family planning, safe delivery, and the prevention of sexually transmitted diseases (including HIV/AIDS) into humanitarian response and risk management.



CASE STUDY**Humanitarian to development approach in Sudan: the establishment of gender based violence women's centres**

Background: UNFPA attempts at transitioning from a humanitarian response to development assistance in Sudan has been challenging due, in large part, to a lack of donor interest in supporting development interventions in Sudan, which continues to face political (and other country specific) limitations.

Strategy for Change: UNFPA has effectively responded to the needs of GBV survivors in a humanitarian context by strengthening systems that have the potential to contribute to effective responses in a development context, as well. UNFPA support has included raising awareness on referral pathways, providing psychosocial support and training on clinical management, establishing protection groups and, importantly, supporting the establishment of women's centres for GBV survivors at community level.

Outcomes: UNFPA-supported GBV women's centres established at community level (i.e. in South Darfur) have become safe social spaces for GBV survivors. However, the centres are also addressing the needs of all women (not only GBV survivors): helping to raise awareness, build skills and support the social engagement of women, contributing to the sustainable/effective transition from a humanitarian context to a development one.



Lessons Learned

UNFPA Organizational Effectiveness and Efficiency



Joint resource mobilization and fund sharing with other UN agencies and well-established national institutions can help leverage additional funds, fill programming gaps, and lower costs.

In **Swaziland**, limitations in UNFPA financial and human resources affected the capacity to implement interventions but strong interagency partnerships promoted agreements on resource sharing, in part filling funding gaps. In **Tajikistan**, a steady increase in UNFPA regular (core) resources toward HIV prevention generated matching funds from the Global Fund, suggesting that the use of core resources by UNFPA can leverage additional funds. In **Armenia**, dwindling core resources for gender equality and the risk of backsliding on achievements prompted UNFPA to work through the Gender Thematic Group and donor forums to mobilize resources and maintain momentum.



Contingency planning, risk assessment and harmonization of accounting systems can help reduce delays in funding and streamline the disbursement process.

In **Peru**, prior to signing annual work plans, a risk assessment was conducted by UNFPA together with implementing partners to ensure beneficiaries received support as planned. However, a feedback (or risk monitoring) mechanism to streamline administrative processes was not put in place and weak harmonization of financial management systems meant that partners had to develop parallel accounting systems,

contributing to inefficiencies and additional burdens on partners. In the **Democratic Republic of North Korea**, a contingency plan and monitoring tool was developed to accommodate stops and starts in fund disbursement and indicate which programme activities were suspended and which would continue during a one year programme extension.



Effective fund utilization includes the transparent assessment of implementing partner capacity, ensuring that complex interventions are planned earlier, expeditiously reallocating unused funds, and undertaking lower cost interventions.

In **El Salvador**, concentrated spending in the last quarter was due to changes in implementing partner staff and government priorities, while in **Mexico**, carrying out interventions in geographically and politically complex states (such as Oaxaca) made timeliness difficult. In **Sudan**, a few UNFPA implementing partners faced difficulties

in implementing plans because of inflation and an increase in the costs of commodities. In **Turkmenistan**, limited funding for sexual and reproductive health and population and development initiatives motivated UNFPA to support “softer” modes of engagement requiring less funding, such as advocacy and technical advice.



To avoid overstressing the capacity of programme management and spreading interventions too thinly, the number and capacity of implementing partners should be appropriate.

A reduced number of implementing partners in **Uruguay** helped prevent the excessive spread of interventions, creating economies of scale in programme management, while in **Honduras**, an umbrella group of nine implementing partners oversaw a number of other implementing partners, reducing administrative burdens. In **Chad**, partners and interventions were

limited to fewer regions in order to better develop (or further buttress) good practices for later replication. In **Somalia**, in the context of census taking, partnerships between UNFPA and other UN agencies improved access to internal expertise, while staff seconded from ministries reduced operational costs that would have otherwise been required to assemble teams to conduct surveys.





Fairly accounting for the time UNFPA staff devote to advocacy, strengthening partner capacity, and programme monitoring, as well as collaboration within offices, reduces inefficiencies generated by overstretching staff.

In **Botswana** and **Zimbabwe**, despite efforts to increase collaboration among staff in the country office, staff often worked in silos due to work pressure, resulting in reduced synergies and the ability of staff to jointly support partners. In **Angola**, the ability of implementing partners to deliver outputs required continuous support

(technically and managerially) from UNFPA staff, which should be accurately accounted for and reflected in staff time. In **Vietnam**, project-based approaches to delivering outputs and outcomes should be differentiated from engaging in policy dialogue, which requires different skills and timing than service delivery.



Allocation of budget with senior management support is important to efficiently identify skill gaps and support capacity development training.

In **Botswana**, an increased focus on high level advocacy and “delivering thinking” rather than on services required a re-orientation of ways of working and attendant shifts in staff skills. Similarly,

in **Vietnam**, a reconfiguration of the roles of country office staff and the further development of skills to work cross-organisationally were needed.





Efficient recruitment procedures are critical to ensure positions are filled in a timely manner, while staff retention helps to avoid gaps in implementation and coordination.

In **Angola** and **Bangladesh**, long recruiting times for top management positions (e.g. Representative, Deputy Representatives, and Operations Manager) undermined relationship building with government, donors and UN partners. Similarly, in **Botswana**, missing or vacant positions heightened pressure on administration and programme staff while in **Zimbabwe** an unfilled programme coordinator role contributed to confusion in programme

delivery. Once the position was filled, however, clear leadership on how to move forward was established and confusion diminished, contributing to greater responsiveness and efficiency. In **Honduras**, the creation of a new role in the country office (i.e. Programme Assistant) streamlined, inter alia, the disbursement of funds to implementing partners while, in **Armenia**, short-term contracts were seen to be contributing to a loss of highly skilled staff.



Monitoring visits are most effective at reaching and revising interventions (when needed) if reporting is structured and results-oriented, captures progress toward outcomes, seeks out lessons, and is followed up by documented adjustments to interventions.

In **Turkey** and **Armenia**, for example, mandatory monitoring visits for implementing partners and UNFPA staff serve as important inputs to guide interventions and monitor quality. Similarly, **Uzbekistan** documented improvement in outputs and outcomes resulting from monitoring efforts, such as feedback from regional visits on contraceptive logistics management information systems, which led to revisions in guidelines by the Ministry of Health. Stakeholders cited the benefits of monitoring visits to complete time-sensitive deliverables and obtain candid feedback from communities. However, in some countries – such as **Turkey, Armenia, Zimbabwe, Lebanon, DPRK, and Botswana** – monitoring visits focused on output or intervention monitoring rather than monitoring progress toward results, a challenge in **Senegal**, as well, where annual reports do not contain information on results achieved in terms of substantive changes in the living conditions of target groups. Some countries faced obstacles to monitoring, such as insecurity (**Somalia**) or the inability to access outlying areas (or the need for permission to do so) (**DPRK**).

Botswana noted that additional strategic meetings with implementing

partners could contribute to improved intervention quality and documentation of lessons learned. In **Angola**, however, many partners were critical of the administrative and monitoring requirements requested by UNFPA, as they seemed excessively onerous for partner capacity. However, following a 2013 retreat with partners, changes were evident in partner learning and willingness to collaborate with UNFPA reporting requirements.

Vietnam noted the importance of capturing the “soft” results of interventions, such as strengthened partnerships, and the results of those with diffuse outcomes, such as mass media campaigns.



Talking on reproductive health care at Kon Tum provincial hospital, Vietnam ©UNFPA Vietnam/Doan Bao Chau



Securing baseline data (and ensuring the resources to do so) and formulating realistic indicators with frequent data feed-in promotes effective assessment of outcomes and results.

In a number of countries – including **Angola, Honduras, Chad, Burkina Faso, Somalia, Sudan, and Turkmenistan** – typical challenges included unrealistically formulating indicators, a lack of baseline data, inability to regularly measure changes in indicators (with indicator measurement often taking place every four to five years), and progress assessed vis a vis intermediate outputs (rather than outputs and outcomes). In **Lebanon**, the humanitarian response to the Syrian crisis lacked a results based monitoring system. Taken together, these challenges contribute to difficulty in capturing progress and reporting against intended results.

Uruguay, Botswana and Lebanon noted the importance of conducting a mid-term review of country programmes (during the implementation phase) that is results oriented and tracks progress toward outcomes. It is important to budget for and schedule the mid-term review and the final country programme evaluation (CPE) to effectively contribute to planning. The monitoring and evaluation database or country programme action plan (CPAP) planning and tracking tool (in the form of an excel sheet) is straight-forward, user-friendly, and embedded in the CPAP results and resources framework.





Presentation of Uruguay Country Programme Evaluation ©UNFPA Uruguay



Strong leadership from UNFPA management is vital to promoting systematic monitoring (and evaluation) of programme support, the consistent use of monitoring tools, and regular consultations on progress.

Many countries, including **Tajikistan, Angola, Chad, Zimbabwe, Lebanon** and **Botswana**, noted difficulty in making connections between annual work plans and monitoring tools, an inconsistent application of monitoring tools, weak involvement of staff in monitoring, and inadequate training for UNFPA staff and implementing partners. **Zimbabwe** and **Somalia** country offices lack a dedicated budget for monitoring and evaluation activities and, in **Lebanon**, UNFPA staff are overburdened by administrative and management requirements, with limited support or incentives from UNFPA management to undertake monitoring and evaluation tasks.

In **Uruguay**, conversely, a monitoring matrix was included with annual work plans, for presentation by implementing partners on a quarterly base, which allowed for the advance of funds and direct payments. Annual meetings with the Uruguayan Agency for International Cooperation enabled coordinated monitoring of the Country Programme with the government, though agency centric monitoring tools in several countries became difficult to coordinate.

Lessons Learned

Partnership Principles and Coordination



Partnerships between UNFPA and partners thrive (and contribute to national ownership and sustainability) if planning and coordination are grounded in a collaborative spirit and a long-term approach.

In **Turkmenistan**, dedication, professionalism, limited bureaucracy and timely input by UNFPA when partners requested feedback contributed to successful partnerships. In **Angola**, however, bureaucratic procedures and rigid management in the country office led to delays, misunderstandings and dissatisfaction by partners.

In **Sudan**, regular coordination and quarterly review meetings, as well as joint programme planning with implementing partners enhanced the capacity of implementing partners, supported national ownership of programme interventions and increased

sustainability. Similarly, in **Mexico**, UNFPA encouraged staff to dialogue and share experiences with partners, contributing to national ownership. Alternatively, the absence of partnership coordination mechanisms resulted in misunderstandings and reduced efficiency in **Zimbabwe** and **Senegal**, while in **Haiti**, when partnerships were grounded in short-term projects, partner capacity remained insufficient, undermining the sustainability of results.



Diversifying implementing partners may improve reach and coverage to vulnerable and marginalized populations, introduce innovative approaches, and extend to hard-to-reach areas of the country.

In **Lebanon**, UNFPA often worked with the same individuals and organizations; though possessing strong expertise in various programming areas, this approach limited the diversity of partners with whom UNFPA worked and contributed to narrowed thinking/views. In **Zimbabwe**, if implementing partners were unable to identify with communities, speak their language or effectively follow up on activities, intervention effectiveness was reduced and messages were not readily

conveyed. Similar challenges presented in **Vietnam**, **Armenia** and **Turkmenistan**, where more work was needed to bring on board civil society partners capable of advocating effectively with communities and communicating with key populations. Partnering with a diversity of implementing partners with a range of skills, ways of working and expertise can contribute to ensuring the needs of communities, particularly vulnerable and marginalized communities, are addressed.





By effectively demonstrating leadership and identifying opportunities for improved collaboration, including through joint programming, within the UN Country Team, UNFPA adds value in each country and achieves greater visibility of its mandate.

In **Chad**, UNFPA expertise contributed to the joint UN pilot initiative to develop a gender based violence information system and use gender-analysis data in emergencies. UNFPA also made important contributions to data generation in **Tajikistan, Swaziland, and Senegal**. In **Honduras**, the absence of a collaborative inter-agency culture meant UN Development Assistance Framework monitoring mechanisms were insufficient: cooperation tended to be based on personal contacts and hierarchy.

In **Armenia**, the UNFPA country office achieved strong visibility within the UN country team by strengthening collaboration among UN agencies and national partners, through effective leadership of the Gender Thematic Group, support for the Disaster Management Team and promoting the UN Youth Advisory Group. In **Azerbaijan**, UNFPA was perceived as having a wider and more flexible mandate than other UN agencies, with more holistic approaches to interventions.



Alignment of advocacy messages across UN agencies and their implementing partners can increase coherence and influence (within the context of UN Delivering As One).

In **Sudan**, as in other countries, UN joint processes did not go beyond a basic division of tasks and joint narrative reports to donors, resulting in divergent strategic approaches and messages. In **Turkey**, stronger harmonization among UN agencies was required to influence policy and decision-makers, and present a unified position when dealing with sensitive issues such as sexual and reproductive health and gender based violence. In **Turkmenistan**, UN agencies worked with many of the same implementing partners, with the potential to pool resources (and develop consistent messaging) to jointly contribute to partner capacity building and further strengthening influence.



Community leader in Sudan ©Basil Safi



Joint UN Programmes have the potential to significantly increase the efficiency and effectiveness of UN-led interventions if they are based on strategic agreements clarifying roles, engagement of partners and coordination mechanisms.

In **Armenia, Botswana and Tajikistan**, evidence from the joint programme reviews suggested that joint programmes in cross-cutting areas such as HIV/AIDS prevention or UN-wide themes significantly increase the reach of UN-led interventions. In **Somalia**, a high level of complementarity in the UN joint programmes was demonstrated by employing the nationally executed modality of implementation which facilitated national coordination of interventions and capacity building.

A similar experience ensued in **Bangladesh**, where the Maternal Neonatal Health Initiative implemented by the Ministry of Health and Family Welfare, UNFPA, UNICEF and WHO has improved working relationships among national health system counterparts from central to community based

organizations. In **Turkey**, the UN Joint Programme on Women Friendly Cities implemented by UNFPA, UNDP and the Ministry of Interior General Directorate of Local Authorities is a good example of joint programming which helped to build capacities at the local and legislative level, with UNFPA taking strong leadership.

In **Albania**, UN Joint programmes have become a common mode of delivery with strong agreement on the comparative advantages of each agency. However, in **Sudan**, as in a number of other countries, agreements are based on an operational division of tasks, with each agency implementing a different strategic approach and messages not aligned or coherent.





Talking with women on reproductive health in Vietnam ©UNFPA Vietnam/Doan Bao Chau



Challenges to the effectiveness of joint UN programmes are best negotiated in the planning stages to avoid delays in implementation and to demonstrate outcomes.

While the Delivering as One UN initiative provides impetus for more joint programmes, in a number of countries obstacles arise in practice, particularly in sharing resources as a means of developing a joint effort. Donor contributions for a joint project are more accepted by UN agencies than collaborative resource sharing. National partners may seek efficiency gains, however, they may be asked to submit separate progress reports to each UN agency involved.

In **Bangladesh**, the benefits of the Joint UN Programme (UNFPA, UNICEF and WHO) were demonstrated when UN agencies were able to effect policy decisions, but were less effective where coordination challenges occurred. It was noted that the individual mandates,

administrative systems and the need to refer decisions for relatively minor budget changes back to headquarters, caused delays to joint implementation. Although monitoring data continues to be a challenge, **Vietnam** was cited as one of the UN Joint Gender Equality Programmes which evidenced improvements in national systems for data gathering on gender equality and women's empowerment. In **Tajikistan**, "joint" UN actions range from informal ad hoc collaboration to Memorandums of Understanding to a formal multi-year and multi-stakeholder Joint Programme with varying fund management modalities. UNFPA Joint Work Plan with UNICEF and WHO successfully promoted gender-sensitive amendments to the 2002 Law on Reproductive Health and Rights.

Lessons Learned

Leaving No One Behind

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A realistic assessment of the ways in which beneficiaries and key populations view and use sexual and reproductive health services helps address reasons for weak demand and improve use.

In **Peru** and **Mexico**, to increase use of high quality reproductive health services by indigenous groups, traditional health service providers participated in capacity development and health care messages were translated into indigenous languages. Similarly, written materials were made available in braille for the blind in **Burkina Faso**, and CDs were available for the deaf and hard-of-hearing.

In **Zimbabwe**, cervical cancer screening via visual inspection was more accessible for women who could not afford pap smears and, in **Lebanon**, primary health care centres that did not differentiate between insured and uninsured patients were more likely to be used by those affected by poverty. In **Bangladesh**, however, unpredictability in the availability of skilled birth attendants in sub-district clinics and uncertainty over whether emergency obstetric care could be accessed caused some rural women in labour to travel to a district hospital, possibly increasing delivery risks and contributing to overcrowding.

In **Tajikistan**, the use of mobile teams helped people in remote locations and those lacking transport options to access quality family planning services, reaching around 10,000 people during one tour. In **Honduras**, communication campaigns for the prevention of adolescent pregnancy were designed with the needs of various populations and ethnic groups in mind.



Indigenous family in Metlatónoc, Mexico © UNFPA/Ricardo Ramirez Arriola

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The skills and attitudes of health service workers, continuity in counselling and care, and ensuring services are accommodating and appropriate to key populations help at-risk groups access and benefit from services.

In **Uruguay**, changes in service delivery included increased quality of care and exposing instances of discrimination. This was, in part, due to the inclusion of gender equality and sexual diversity within national policies on HIV/AIDs. In **Armenia**, despite efforts to make health services more youth-oriented, community resistance, including by health workers themselves, to family planning services for youth continued, with girls facing difficulty requesting

contraceptives. While the promotion of hotlines (as in Bangladesh) can address dimensions of privacy for adolescent girls, acquiring contraceptives can continue to be a challenge. Confidence in shelters for survivors of gender based violence can be eroded by the imposition of management restrictions which may undermine survivors' access to health and other services necessary for recovery, as was seen in **Bangladesh**.



If indicators do not adequately capture data on key populations and beneficiaries, the lived experiences of these groups, including those living in remote locations, may be overlooked.

In **Bangladesh**, national prevalence estimates masked higher rates of HIV among drug users, sex workers, men having sex with men, and transgender individuals (Hijra) who are generally “invisible” in public debate/discussion, even though they are among the most vulnerable. Similarly, in **Turkey**, a lack of data on particular groups undermined the ability to reach underserved groups, such as the Roma community. Conversely, in **Botswana**, UNFPA support to a study on issues facing people living with disabilities and the development

of a database on disability helped to integrate the needs of this population in policies.

In **Swaziland**, contraceptive prevalence rates and the unmet need for family planning, particularly among youth, drove youth interventions, with a focus on regions with low prevalence rates and high unmet need. However, using these indicators to drive support may not capture the plurality of youth populations, including unmarried youth.





Research can reveal human rights “blind spots” in policy and legislation and identify openings for improved gender equality mainstreaming.

In **Bangladesh**, UNFPA worked with the police force to undertake a participatory gender equality audit in the headquarters, district superintendent offices and police stations, providing police with insight regarding discriminatory practices. In a similar manner, UNFPA-supported studies in **Lebanon** examining the status of women (in Lebanese legislation, for example) were subsequently used as a tool for legal advocacy. UNFPA also undertook a comparative review (among countries in the region) of Lebanese laws impacting the rights of the elderly, helping to surface potential rights violations faced by the elderly. In **Armenia**, mainstreaming women’s empowerment was informed by gender analysis, surveys, and studies (on health,

social security and labour, for example), contributing to improved mainstreaming of women’s empowerment in national policy formulation, while in **Uruguay**, UNFPA supported research on parental leave models and their associated costs as a contribution to the national debate on the reform of the Parental Leave Law.

In **Burkina Faso**, while UNFPA and partners explored questions of discrimination and exclusion based on debilitating conditions (e.g. obstetric fistula, albinism, disability), mental illness was not included, though it is often stigmatized and a basis for exclusion, suggesting that more efforts to include and address a range of rights violations, including through research, may be needed.



Joint (UNFPA and partners) strategic advocacy can contribute to ensuring that national legislation and policies are aligned with human rights frameworks and obligations.

In **Turkmenistan**, UNFPA partnership with the National Institute of Democracy and Human Rights promoted synergies in framing gender inequality as a human rights issue, though, in **Haiti**, partners

were not well-positioned for progressive advocacy to address human rights violations in **Haiti’s** legal structure, politics and social practices.





Mainstreaming human rights within planning and implementation requires, inter alia, specific technical capacity and clear lines of accountability to be successful – both within UNFPA and in UNFPA support to national priorities.

In **Angola**, as in other countries, there is weak evidence of the systematic integration of gender equality and human rights in programming, despite commitment expressed in annual work plans, minutes of Technical Committees and final reports. In **Peru**, though UNFPA mainstreamed gender equality successfully in its planning and communications, the use of formal and institutionalized tools to follow-up and measure results remains a challenge.

In **Zimbabwe**, the responsibility for gender mainstreaming sits with the gender equality unit, however, impetus and integration were insufficient due to limited technical expertise in mainstreaming. In **Uzbekistan**, UNFPA, in its support, requires that gender equality specialists provide input to the design of demographic surveys and school curricula, and that all training materials include information on gender equity.



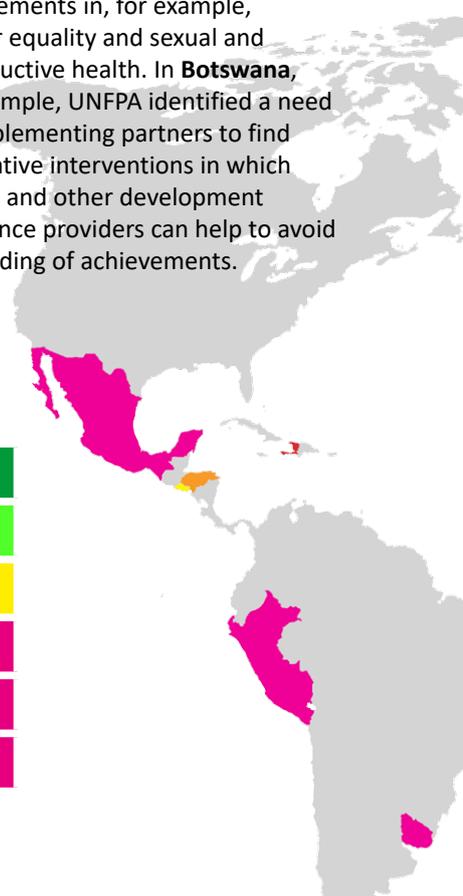
Lessons Learned

UNFPA Business Model and Innovative Approaches

The UNFPA Strategic Plan (2014-2017) business model provides guidance for UNFPA engagement in different country contexts (operationalized as “quadrants” in the UNFPA business model) and is reflective of aggregate development contexts based on need and ability to finance development. For example, in countries that have the highest needs and low ability to finance their own interventions, UNFPA should be prepared to offer a full package of interventions, from service delivery to capacity building as well as knowledge management and advocacy and policy dialogue/advice. However, in countries with low(er) need and high(er) ability to finance their own programmes (coloured pink in the business model matrix), UNFPA is advised, in the business plan, to focus on advocacy and policy dialogue/ advice. This approach responds to the calls in a number of settings – including within the Quadrennial Comprehensive Policy Review – for the entire United Nations system to shift away from “delivering things” to “delivering thinking”, or move more upstream to focus on advocacy and policy dialogue/advice rather than service delivery.

Partner countries’ transition to middle-income status generally indicates greater national self-sufficiency on aggregate and requires UNFPA support to shift away from service delivery and capacity development. This poses challenges for UNFPA country offices and their partners, including in sustainably addressing pockets of inequality (and resulting need) within a country that, on aggregate, has improved development indicators. Challenges were found to be particularly pronounced in middle-income countries (including those in Latin America and the Caribbean and Eastern Europe and Central Asia).

For one, the shift has often been paired with a reduction in UNFPA resources and technical staff, constraining support for the supplies and capacity needs of partners and beneficiaries. For example, in **Armenia**, classified as a “pink” country, there is no national institution currently capable of providing continuous education to medical workers, creating a challenge for supplying expertise in obstetrics and gynaecology. The synthesis also found that transitions between development contexts increased the importance of systematically developing exit plans and ensuring clear communication with implementing partners, who, in some cases, may need to find alternative means of support in order to avoid regression on important achievements in, for example, gender equality and sexual and reproductive health. In **Botswana**, for example, UNFPA identified a need for implementing partners to find alternative interventions in which UNFPA and other development assistance providers can help to avoid backsliding of achievements.



	Need			
Ability to finance	Highest	High	Medium	Low
Low	A/P, KM, CD, SD	A/P, KM, CD, SD	A/P, KM, CD	A/P, KM
Lower-middle	A/P, KM, CD, SD	A/P, KM, CD	A/P, KM	A/P
Upper-middle	A/P, KM, CD	A/P, KM	A/P	A/P*
High	A/P*	A/P*	A/P*	A/P*

A/P: Advocacy and policy dialogue/advice (* Physical presence only in select countries)

KM: Knowledge management | CD: Capacity development | SD: Service delivery

*

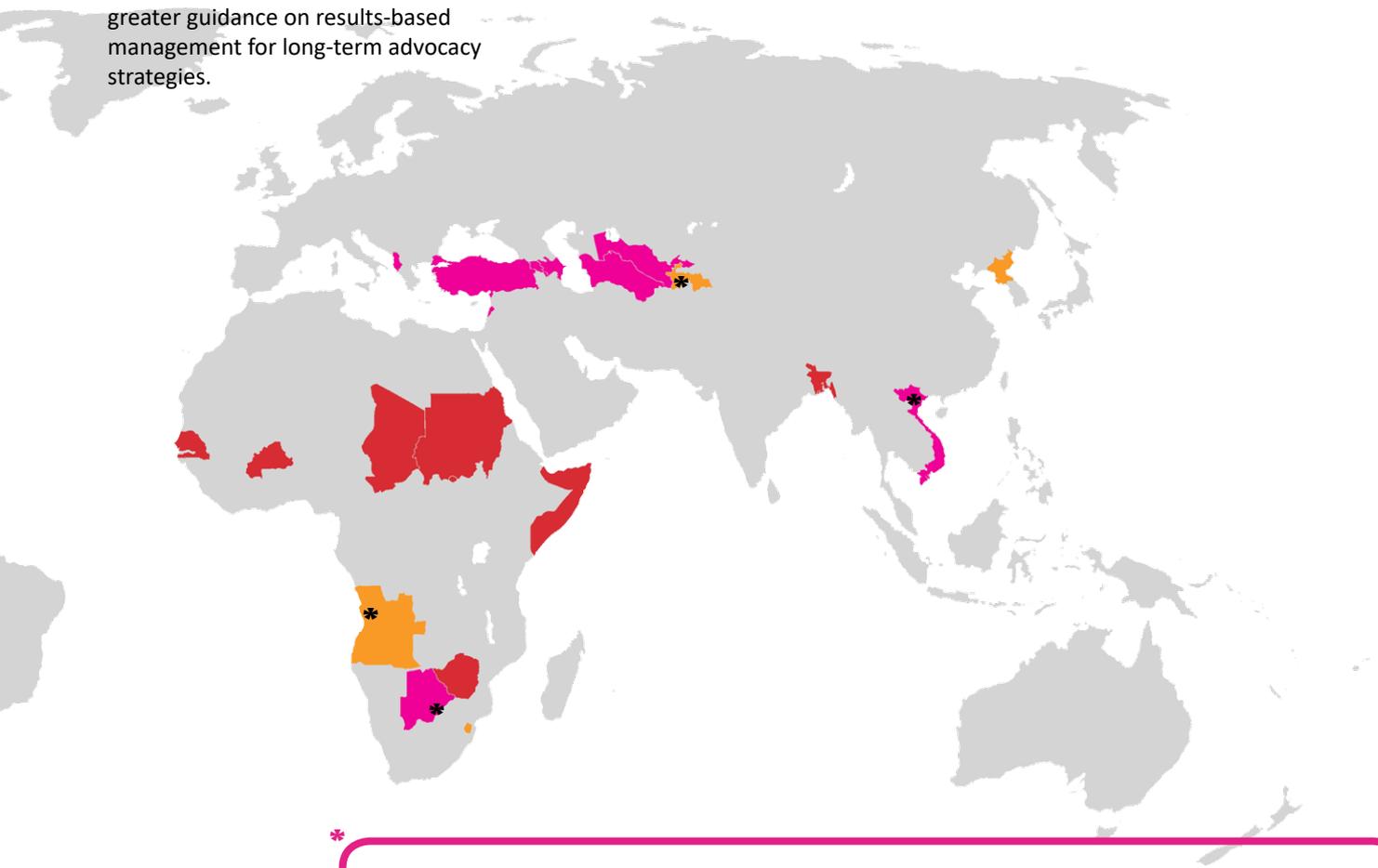
In the UNFPA Strategic Plan 2018-2021, **Angola** was classified in the red quadrant, and **Botswana, Tajikistan and Vietnam** were classified in the yellow quadrant.

In several countries, UNFPA employed strategies that facilitated a smooth transition from service delivery. In **Peru**, UNFPA positioned itself as a cooperation provider, practicing South-South cooperation strategies within the framework of the “National Policy on International Technical Cooperation.”

Human resource capacity challenges regardless of country classification include the need for staff to hone their skills for upstream work, emphasizing, too, the importance of effective monitoring of “softer” interventions, which may be more difficult to quantify than services and training. Monitoring their effectiveness requires special indicators and possibly a longer-term perspective. Country offices have requested greater guidance on results-based management for long-term advocacy strategies.

The increasing emphasis on advocacy and knowledge management necessitates stronger coordination and collaboration with other UN agencies in the spirit of the UN Delivering As One. In **Vietnam**, strengthening advocacy required targeting high-level decision-makers in coordination with other UN agencies and development partners.

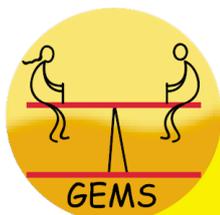
In addition to reflections on the business model, the synthesis surfaced examples of innovative approaches to programming – that is, approaches that offer more effective solutions for those directly affected by rights violations and development challenges (often built collaboratively and sustainably, reflective of the existing ecosystem of work).* The synthesis captured several, listed below, but there are, of course, many more examples of innovative approaches not included here. It is hoped though that the examples presented here can provide a springboard for further discussion and offer elements that can be reflected or adapt to different social, political, economic and cultural experiences.



*

See UNDP’s definition of innovative approaches here:

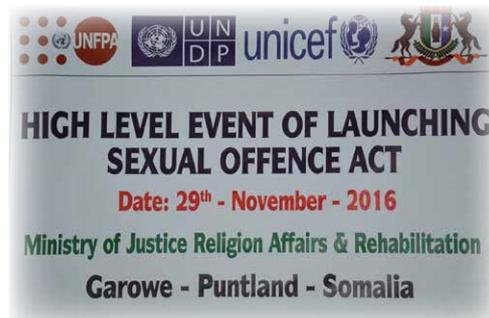
<http://www.undp.org/content/undp/en/home/ourwork/development-impact/innovation/principles-of-innovation.html>



Promoting gender equity
with the children, by the children

Bangladesh: The Gender Equity Movement in Schools (GEMS) was launched in four districts aiming to help supports boys and girls (aged 10 to 19) to become responsible, non-violent, healthy and happy individuals. GEMS as an approach works to build healthy relationships by 1) preventing gender-based violence, 2) meeting sexual and reproductive healthcare needs of adolescents and youth and 3) establishing the rights of adolescents and youth. UNFPA together with Plan International and the Ministry of Education established a strong basis for the work through consultations and training, with GEMS being rolled out in the curriculum of 350 schools and madrassas. Additional effort is being applied to strengthen participation of parents.

Somalia: UNFPA and UNDP supported training for female police volunteers in Puntland, who used their skills to help break down barriers between the community and the police, making it easier for women to approach the police for protection and justice services. This approach led to increased community involvement and public confidence in the justice systems to address violence, resulting in an increase of cases reported. In Puntland for example, more than 20 rape cases have been submitted to the courts for legal redress, making considerable strides in justice for survivors. Also in Puntland, a rape perpetrator was convicted for 20 years, a historic milestone, through the legal support of Maato Kaal one-stop centre based at Garowe general hospital, supported by UNFPA. UNFPA and UN partners worked to ensure that perpetrators were convicted through the courts under the newly adopted Sexual Offences Act, rather than through the Xeer system (a system where clan elders serve as judges and mediate cases using precedents).



Sudan: The Al Mawada Wa Rahma (Affection and Mercy) - a unified socio-cultural discourse for the abandonment of female genital mutilation and child marriage – has been critical to addressing the challenges posed by diverse and contradicting religious discourses and social norms. The National Task Force in Sudan reviewed abandonment strategies and a communication strategy was written, with more than 399 religious leaders trained on “Al Mawada Wa Rahma” messages. Some UNFPA partners use the messages for advocacy, as well. Regular reports to government ministries are seen to strengthen political will among high level officials to support abandonment. Community mobilization and education resulted in 48 community declarations for female genital mutilation and child marriage abandonment though challenges occur in the implementation of the commitments.

Zimbabwe: The Government of Zimbabwe, together with UNFPA, other UN agencies, CSO partners as well as donor have supported Sister with a Voice to target female sex workers and young women at high risk of HIV. Responding to their need for enhanced protection, empowerment and increased service access and uptake, the main goal of Sister with a Voice is the prevention of HIV and other sexually transmitted infections and unwanted pregnancies in HIV positive women. Implementation methods include community sensitization efforts, focus group discussions, rural and urban stakeholder meetings, and peer educator training. Clinical services provided include condoms and contraception, HIV testing and counselling, referral for HIV positive women, symptom management of STIs, safer sex counselling, and legal advice. The approach also includes an innovative programme to address gender based violence and female sex worker rights. Sisters with a Voice demonstrated significant results in the number of female sex workers reached, with the number of new sex workers seeking sexual and reproductive health and HIV services in 2014 exceeding the target.



Turkey: Local Equality Action Plans (LEAPs) designed under Women Friendly Cities' interventions in Antalya, Izmir and Sanliurfa provinces in Turkey incorporated ICPD indicators. The LEAP provides small grants to local NGOs to improve gender equality, and the grants are prepared with the involvement of a wide range of stakeholders, including governorships, municipalities, special provincial administrations, provincial directorates, regional development agencies, women's civil society organizations, universities, professional organizations and the private sector. Through the Women Friendly Cities and the LEAPs, gender empowerment vis a vis ICPD issues has been strongly mainstreamed and offers a good opportunity to expand measures targeting young women. For example, in Sanliurfa, the LEAP now includes protection of women against gender-based violence, employability of women and youth, education of girls, and prevention of maternal mortality.

Burkina Faso: In Burkina Faso, mentoring systems were set up to support new midwives in the Hauts Bassins of the Center-Ouest region of the country. Experienced midwives tutored recent graduates, providing technical support and psychological/emotional support (critical to feeling valued). They also helped place new midwives in rural or hard to access health facilities, which are under-resourced/staffed (as many midwives leave their posts and establish themselves in the urban centres). This mentor system, although poorly financed, is appreciated by participants, particularly because the approach values their work and they, in turn, feel valued. The systems has enhanced the skills and self-esteem of both the new midwives and the tutors themselves, entrusted with the responsibility to support the development of life-saving skills. Work to ensure an enabling environment for further follow-up (above and beyond mentoring) is needed.

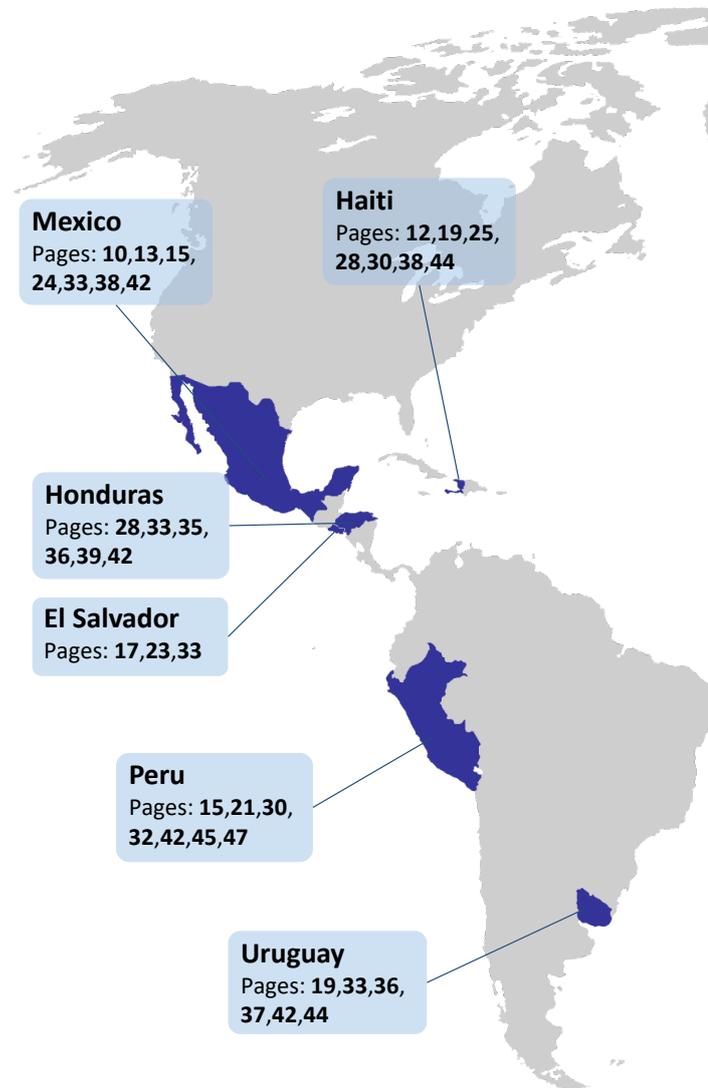
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Concluding Remarks

Evaluations are vital tools to maintain accountability for development results, help UNFPA make informed, evidence-based decisions, and promote the use of lessons learned for higher impact and stronger results. UNFPA country programme evaluations (CPEs) have provided a valuable body of evaluative evidence to inform programming and corporate-level policies and strategies and contribute to the global body of knowledge and evidence on areas within UNFPA's mandate.

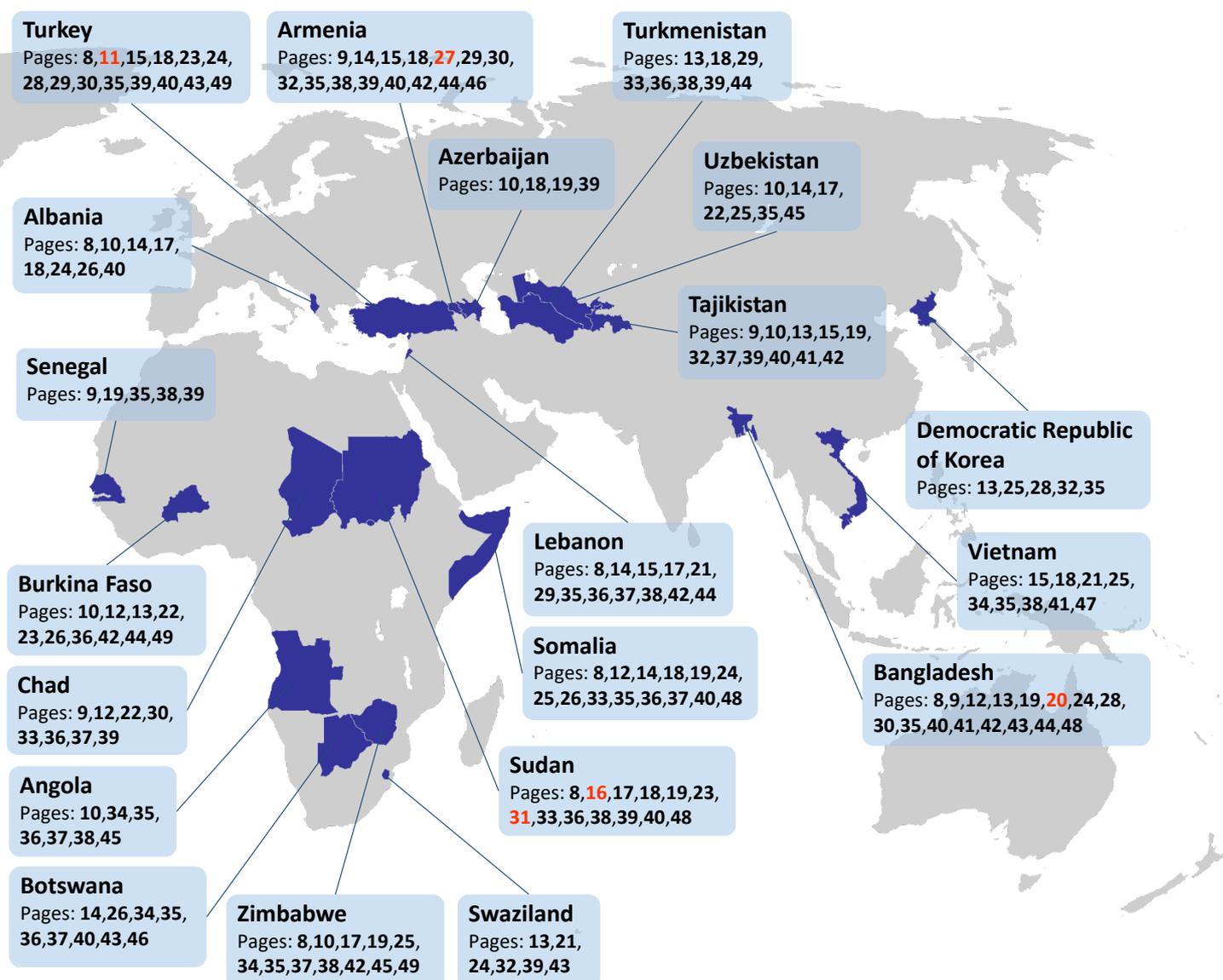
Country programme evaluations are a valuable form of evaluation and are the primary type of evaluation conducted by country offices. UNFPA mandate areas are deeply interlinked: progress on one is inextricably linked to and connected with progress on another. Country programme evaluations better capture this interconnectedness, assessing the country programme in its entirety (rather than a specific outcome or project). In turn, country programme evaluations can produce evaluative evidence that can further strengthen intersections across outcomes and improve progress toward results.

This synthesis, which brings together 26 country programme evaluations, aims to leverage the evaluative evidence and learning found across country programme evaluations and contribute to its further use – at UNFPA and beyond. It is, therefore, the aim of the Evaluation Office to schedule a synthesis of learning regularly, in order to continue to strengthen the use of evaluation to advance the implementation of UNFPA strategies and policies, as well as internationally agreed development goals, including the Sustainable Development Goals.



In red, pages with a Case Study

Index Map



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