Subject and Scope
This is an independent thematic evaluation of UNFPA support to maternal health from 2000 until 2011. The evaluation assesses elements of the UNFPA reproductive health strategy relevant for maternal health, including family planning, skilled birth attendance and emergency obstetric and newborn care (EmONC) - the “three pillars” to reducing maternal mortality. The evaluation was carried out concomitantly with the mid-term evaluation of the Maternal Health Thematic Fund (MHTF).

Purpose
The purpose of the evaluation is to provide a comprehensive insight into the thematic area of maternal and reproductive health, namely to a) assess the contribution of UNFPA towards the objectives set out in the strategic and programming frameworks of improving maternal health; b) assess the coordination and complementarity of interventions with other donors and partners; c) present findings and provide forward-looking strategic and actionable recommendations to inform decision-making and future support in the area of maternal health.

Methodology
The evaluation assesses the relevance, effectiveness, efficiency and sustainability of UNFPA support to maternal health. It answers a set of twelve evaluation questions examining key areas of the UNFPA global and regional sexual and reproductive health strategies. The evaluation was carried out in four phases: an inception phase to develop the evaluation questions; a desk phase to carry out a desk study for 22 UNFPA programme countries; a field phase to implement in-depth country case studies in a sample of 10 countries (Burkina Faso, Cambodia, Ethiopia, Ghana, Lao PDR, Madagascar, Sudan, and Zambia, DRC and Kenya); and an analysis and reporting phase.

Findings are based on a mix of qualitative and quantitative information stemming from documents, interviews, an online survey of 55 UNFPA country offices and country case studies. This triangulation of data sources and collection tools contributed to ensure the validity of the answers to the evaluation questions.

Main Conclusions
The availability and accessibility of quality reproductive health services is determined by factors inside and outside of the reproductive health arena. Indeed, policies and strategic frameworks in health, but also in transport, social security or gender relations influence the availability of and access to maternal health services. Ministries, local authorities, community and religious leaders and civil society organizations within and outside the health sector also influence the availability of maternal health services. UNFPA country offices often struggle to navigate this complex and diverse environment, to anchor maternal health priorities in all relevant policies and to strengthen the commitment to maternal health of all relevant stakeholders.

UNFPA maternal health support is not consistently based on country-specific long-term strategies. Country offices tend to manage individual interventions separately from each other, without pursuing synergistic effects. In contrast, UNFPA offices that do follow a multi-annual strategic vision are better able to take advantage of synergies between interventions and between UNFPA sub-programmes in reproductive health, gender and population and development, for example by combining data collection and dissemination with evidence-based policy advocacy over a period of several years.

UNFPA also has not sufficiently considered the strategic and operational implications of its commitment to focus on the maternal health needs of the “most vulnerable”. Without sufficiently clear guidance on this issue from headquarters, country offices find it difficult to develop country-specific,
detailed analyses of the social, political, cultural and economic root causes of maternal health vulnerability. As a result, support strategies in country programmes are not sufficiently focused on tackling the weaknesses of health systems and the social inequities that are at the root of poor maternal health.

The UNFPA approach at country level does not optimally respond to the comparative advantage of UNFPA as a knowledge- and evidence-based organization. Direct support to the delivery of maternal health services in specific sub-national locations absorbs a significant portion of the relatively small UNFPA budget for reproductive and maternal health. Country offices maintain a sub-national presence even in countries were donors with comparatively bigger budgets are available to support service delivery. In addition, country offices are not consistently using their presence at a sub-national level to generate data and lessons to inform the maternal health policy agenda at central level. This represents a missed opportunity to strengthen the capacity of UNFPA to generate and disseminate maternal health-related knowledge and expertise.

The monitoring and evaluation systems of UNFPA in programme countries as a whole are weak. Monitoring focuses primarily on activities and on higher level societal changes in maternal health. Country offices do not collect data on the effects of UNFPA-financed interventions on their direct beneficiaries. This means that monitoring data cannot help to establish the contribution of UNFPA support to improvements in maternal health in programme countries.

Country offices are not consistently taking advantage of the potential of long-term partnerships to advance maternal health. Lasting and stable relations with parliamentarian associations, specific departments of national health ministries (such as human resource departments) and development partners help UNFPA to place maternal health on the agenda of donors and governments and to ensure the implementation of maternal health programmes with sustained effects. Partnerships enable UNFPA to deliver assistance in ways that reflect that poor maternal health is rooted in causes in the health sector as a whole, and in other sectors like transport, education and infrastructure. However, country offices have varying capacities to establish these types of alliances in and outside of reproductive health. As a result, not all country offices forge such partnerships.

**Main Recommendations**

UNFPA should revise its internal procedures, tools and templates for strategic planning. Country offices need to develop long-term maternal health support strategies and detailed theories of change to explain how resources will be used to implement these strategies. Likewise, planning of technical support from regional offices should be better aligned with long-term strategic and operational planning at country level to anticipate the support requirements of country offices.

UNFPA needs to better define the operational implications of targeting maternal health needs of the “most vulnerable”. Headquarters should examine how health systems, social support structures, and socio-economic conditions determine and shape maternal health vulnerability to be able to provide guidance to country offices. Country offices need to use that guidance and corresponding country-specific research to develop support strategies that address these systemic maternal health barriers and root causes.

UNFPA should sharpen its focus on knowledge generation and learning, in particular when supporting maternal health service delivery at national and sub-national levels. Country offices need to ensure that UNFPA as a whole can make use of lessons from these interventions to inform evidence-based advocacy and other knowledge-based activities that are at the core of its mandate.

UNFPA needs to strengthen result-oriented monitoring at country level to measure results of its assistance, and not only activities and inputs. Country offices need to receive more support in monitoring and evaluation, and in turn should be assigned greater responsibility to guide implementing partners in the set-up of appropriate monitoring mechanisms.

UNFPA needs to anchor the concept of partnerships more firmly in strategic documents, operational guidelines and job descriptions of management staff to increase the sustainability of results and the strategic positioning of UNFPA.

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Full document can be obtained from UNFPA website at: http://www.unfpa.org/public/home/about/pid/10094