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**REPORT OF THE EXECUTIVE DIRECTOR FOR 1998:
PROGRAMME EFFECTIVENESS**

	<u>Page</u>
I. CONTRACEPTIVE REQUIREMENTS AND LOGISTICS MANAGEMENT NEEDS	2
II. TRAINING	5
III. COORDINATION AND COLLABORATION	7
IV. MONITORING AND EVALUATION	11



Introduction

1. Numerous activities contribute to programme effectiveness. This section of the annual report examines four of them. The first is the Fund's Global Initiative on Contraceptive Requirements and Logistics Management Needs. The Global Initiative seeks to build national capacity to manage and distribute reproductive health commodities in order to meet present and future needs. It also helps coordinate donor support in order to strengthen national logistics systems and to improve the flow of reproductive health commodities to developing countries. The UNFPA staff training programme is the second. It gives priority to training field staff in the logical framework technique and in financial management of UNFPA programmes. The third is coordination and collaboration, which continued to be expanded during the year. The fourth is monitoring and evaluation. Nineteen ninety-eight was a year of transition from a system of project-focused reviews to one that emphasizes subprogramme and programme-level reviews. It also saw an increase in allocations for external evaluations of UNFPA-supported projects.

I. CONTRACEPTIVE REQUIREMENTS AND LOGISTICS MANAGEMENT NEEDS

2. The Global Initiative on Contraceptive Requirements and Logistics Management Needs, a UNFPA project established in 1992 with support from a number of donors and international agencies, has been successful in addressing a wide range of country-specific and global contraceptive requirement and logistics management issues. During 1998, the Global Initiative continued to focus on the following priority areas: (a) national capacity-building in the areas of logistics management and distribution of reproductive health commodities in order to meet present and future needs; (b) donor coordination and advocacy to improve the supply of reproductive health commodities; and (c) sustainability of the supply of contraceptive and reproductive health commodities, including through working with the for-profit sector to make commercial products and services more accessible to users in developing countries.

3. The Global Initiative, together with UNFPA country offices and Country Support Teams, is involved in national capacity-building by providing technical support for in-depth studies on contraceptive requirements and logistics management needs, for training in logistics management and for workshops in strategy development. In 1998, in-depth studies on contraceptive requirements and logistics management needs were conducted in Turkey, Viet Nam and Zimbabwe. The reports of those in-depth studies were useful in raising key issues concerning contraceptive needs and country capacity to meet those needs. In Viet Nam, the report was used to generate more resources from donors to meet urgent contraceptive requirements, while in Turkey the report provided recommendations for cost-recovery mechanisms. In Zimbabwe, the report drew attention to long-term contraceptive needs. The logistics management training and strategy development workshops held in Santiago, Chile, and Kampala, Uganda, included participants from five to six countries in

the respective region and provided a forum to develop strategies for logistics management, with particular reference to the effects of health-sector reform on the distribution and sustainability of reproductive health commodities. The strategies developed in those and other workshops and the recommendations provided in the in-depth studies are systematically followed up on using the recommendations matrix that was developed in 1998 for monitoring follow-up.

4. Coordination of donor support is an important aspect of strengthening national logistics systems and helps to improve the flow of reproductive health commodities to developing countries. The Working Group that supervises the Global Initiative includes representatives of the major donors of contraceptive commodities. The periodic meetings of the Working Group during 1998 provided opportunities to discuss and reflect on issues pertaining to the current and future provision of commodities and contributed to enabling better planning and coordination amongst donors as regards commodity provision. An annual report, *Donor Support for Contraceptive Commodities*, which is compiled by UNFPA from data supplied by the donors, provides details on the quantities, types and costs of contraceptives provided to developing countries and countries with economies in transition. The report also analyses activities undertaken by donors to strengthen in-country logistics systems. The report is widely used and is available on the UNFPA website.

5. To help make programmes sustainable, the UNFPA private-sector initiative, which began in 1997, is developing model approaches to involve the for-profit private sector and NGOs in making affordably priced commercial products and services more accessible to users in developing countries. In so doing, public-sector resources are freed up to serve the needs of those population groups that cannot afford to pay the full price for products and services. A meeting of representatives of the interested parties was held at the Rockefeller Study and Conference Center, in Bellagio, Italy, 16-20 November 1998, to review progress on the initiative. The participants agreed that, *inter alia*, demand creation, public policy and donor coordination need to be strengthened. They recommended that UNFPA should continue to support further exploration of the initiative in selected countries. Six missions were fielded in 1998 to Egypt, Ghana, India, Indonesia, Thailand and Zimbabwe. With the progress and interest shown thus far in some countries, particularly in Egypt, Ghana and India, it is expected that affordable contraceptive products will become more widely accessible commercially to women and men in those countries through new partnerships between Governments and the private sector.

6. In 1998, the Global Initiative produced a draft report on global requirements for reproductive health commodities that expanded on a previous report entitled *Contraceptive Use and Commodity Costs in Developing Countries, 1994-2005*. The draft report, which is currently being discussed with a number of experts, analyses the financial implications of meeting projected reproductive health commodity needs through the year 2015 and estimates an annual financial requirement of \$8.4 billion for reproductive health commodities in the year 2000, with the requirement rising to \$9.6

billion by 2015. Contraceptive costs make up about 10 per cent of the estimated total; commodities for antenatal and normal-delivery care constitute about 40 per cent; commodities for treatment of pregnancy complications about 25 per cent; and commodities for the treatment of reproductive tract infections the remaining 25 per cent.

7. In line with its aim to strengthen the logistics management capacity of programme countries, the Global Initiative has prepared revised guidelines for logistics managers. The document, which provides checklists of essential actions for the procurement and resupply of commodities, will be useful for programme country supply managers to help determine specific actions essential for selecting the right products, at the right time, and at the right price. In addition, the UNFPA Procurement Unit has prepared guidelines to facilitate procurement by the World Bank and other agencies using UNFPA procurement services. The Global Initiative staff collaborate with staff of the UNFPA Geographical Divisions to estimate resource allocations for reproductive health commodities when country programmes are being prepared. Working closely with the Fund's Global Contraceptive Commodity Programme (GCCP), the Global Initiative is strengthening its mechanisms to provide follow-up technical support to countries that experience stockouts due to a variety of logistics problems.

8. The Global Initiative has contributed to building national capacities and strengthening national logistics systems in different ways. For example, participants at the logistics management training and strategy development workshop in Santiago developed a plan to establish an interactive computer network to disseminate best practices and lessons learned among logistics experts in the region. The network is expected to strengthen national capacities by developing regional expertise in managing reproductive health commodities. In India, the Global Initiative recently helped bring together the Government, donors and contraceptive manufacturers to discuss ways to strengthen cooperation between the public and private sectors concerning expanding the availability of oral contraceptives. Based on the findings of Global Initiative missions of imminent contraceptive shortages in Kazakhstan, Uzbekistan and Viet Nam, the respective Governments of these countries decided to establish and/or strengthen national logistics systems in order to reduce the likelihood of unexpected shortages in future.

9. In 1998, programme countries continued to utilize the services provided through the GCCP, which had been established in response to decision 96/3 of the Executive Board and initiated in 1997. During 1998, the GCCP expanded stock holdings to include not only condoms, but also oral contraceptives and intra-uterine devices (IUDs). Oral contraceptives were added due to the lengthy lead times being experienced with obtaining some of those products, and IUDs were added in order to secure the remaining production of a manufacturer that was ceasing its operations. During the year, UNFPA supplied over 2 million gross of condoms under the GCCP for a total of 13 countries.

10. In line with the objectives of ICPD that stressed the importance of reproductive health programmes in all situations, UNFPA has developed, in conjunction with the Inter-Agency Working Group on Reproductive Health in Refugee Situations, a set of kits containing essential drugs, basic equipment and contraceptives to address unmet needs and provide an immediate response to emergency situations. The emergency reproductive health kits were incorporated in the GCCP at the beginning of 1998, with UNFPA initially setting up a stockpile valued at \$500,000, anticipating that it would enable the Fund to meet requests in an efficient and responsive manner. However, a succession of natural disasters around the world during the year resulted in UNFPA providing a total of nearly two thousand kits (totalling \$1.7 million) to 15 countries: Afghanistan, Bangladesh, Comoros Islands, Republic of Congo, Eritrea, Guinea, Guinea-Bissau, Honduras, Lesotho, Madagascar, Nicaragua, Papua New Guinea, Rwanda, Senegal and Uganda. To meet the potential high demand for the kits over the coming period, UNFPA is in the process of increasing the stockpile of kits currently maintained at a central location in Europe, i.e., in the Netherlands, with a total value of \$1.5 million.

II. TRAINING

11. The UNFPA staff training programme for 1998 was designed on the basis of a review of training needs as expressed by a cross-section of key groups of staff members and taking into consideration organizational priorities. As in previous years, priority was given to the training of field staff. The momentum of training on the logical framework (logframe) analysis methodology, initiated in 1997, was maintained, and both the Training Branch and the UNFPA Country Support Teams continued to conduct regional workshops on the logframe during 1998.

12. An internal evaluation of the logframe training workshops conducted in 1997 was completed. The key findings of the evaluation included the following: (a) participants appreciated the fact that the training focused on explaining how the term logical framework, as used in the new programming guidelines, described an entire process -- starting with problem analysis and going on to the systematic planning of interventions, determination of indicators to measure results, and monitoring and evaluation -- and clarified how the matrix served as a tool to facilitate the process; (b) participants noted the value of using the logframe matrix to distinguish between what UNFPA could deliver at the end of a country programme (i.e., outputs) and its contribution to the achievement of overall goals and what other development partners could deliver and contribute; (c) it was recommended that the training materials used to explain the logframe terminology should be more user-friendly; and (d) it was pointed out that the logframe matrix placed heavy reliance on indicators to measure results, which may prove difficult in countries where there was inadequate baseline data. Subsequent to the evaluation, the curriculum and training materials used for the workshops were revised and updated, taking into consideration the evaluation findings.

13. At the regional level, workshops were also conducted on finance management, including on the use of the UNFPA Integrated Field Office System (UNIFOS). Several in-region exchanges of national staff between various field offices were undertaken. It was reported that the staff exchanges provided excellent opportunities for capacity-building, sharing of experiences, orienting new staff to the Fund's operational activities and familiarizing them with the day-to-day work in a field office. In addition, the staff exchanges provided the opportunity to draw on the experience of the more senior national staff and enroll them as trainers. UNFPA also continued to support the participation of staff members in the inter-agency workshops organized by the United Nations Staff College, in Turin, Italy.

14. All staff at headquarters attended briefing sessions on the Fund's new programming procedures. Additionally, there were briefing sessions on the Fund's core programme areas, and selected staff also participated in workshops on the logframe, as well as on results-based monitoring and evaluation. All headquarters staff also had the opportunity to attend training sessions on new office automation software, namely, Microsoft Office 97. Moreover, some staff members participated in short courses on supervisory skills, communication skills, writing skills, and stress management that were conducted by external institutions.

15. In line with the recommendations of the external evaluation of the Fund's staff training programme for the period 1992-1996, UNFPA began the process of creating an infrastructure that would promote a learning culture within the organization. The role of managers and supervisors in fostering a learning environment through regular on-the-job coaching has been reinforced. The new guidelines on staff training and development require managers and supervisors to be responsible for fostering a learning environment, providing constant mentoring, and assessing the impact of structured training on the performances of their staff as an integral part of the performance appraisal review process.

16. Several initiatives to promote self-learning were also launched. A pilot exercise on computer-based training on financial rules and procedures relating to projects was completed and field-tested in the two regional finance management/UNIFOS workshops that were conducted in Malaysia and Peru, respectively. CD-ROMs on that subject as well as on programming procedures will soon be made available Fund-wide. Staff were informed of distance-learning opportunities, and four staff members successfully completed a nine-month distance-learning programme on The Capable Manager, conducted by the Open University, United Kingdom. Providing opportunities that foster an environment of self-learning as a continuous process of staff development will continue to be a priority for UNFPA.

III. COORDINATION AND COLLABORATION

17. During the year, UNFPA paid considerable attention to expanding partnerships with all parties, both inside and outside the United Nations and with civil society. For example, the Fund worked especially closely with UNAIDS, coordinating its HIV/AIDS-prevention activities through UNAIDS theme groups and serving as chair of the groups in 13 countries. UNFPA also stepped up its cooperation with the Office of the High Commissioner for Human Rights, signing a Memorandum of Understanding between the two organizations. The Fund expanded its collaboration with a number of other partners as well, including, for example, the Office of the United Nations High Commissioner for Refugees (UNHCR); the International Federation of Red Cross and Red Crescent Societies (IFRC); the International Organization for Migration (IOM); the International Planned Parenthood Federation (IPPF); the Commonwealth Secretariat; and Rotary International. Special efforts were also pursued with the European Union to expand cooperation and support for the further implementation of the ICPD Programme of Action.

18. UNFPA also took steps to enhance its cooperation with the Organization of the Islamic Conference (OIC), with which it signed a Memorandum of Understanding. Through the Memorandum of Understanding, UNFPA and the OIC agreed to initiate cooperation activities between the two organizations; explore the possibilities of convening relevant high-level meetings aimed at identifying specific areas of technical cooperation in such population-related areas as reproductive health, including family life education, and population censuses and surveys; and collaborate together, with technical support from UNFPA through its Country Support Teams, with a view to strengthening the capacity of the OIC General-Secretariat to formulate population-related policies and undertake relevant data compilation, processing and analysis.

19. UNFPA participated fully in the efforts of the United Nations Development Group (UNDG) and its Executive Committee to help implement United Nations reform at the country, regional and global levels. The Fund's commitment to the reform process was in parallel with its resolve to ensure that coordination is pursued as a means to more effective programmes and better and more timely delivery of those programmes. UNFPA supported and participated in the efforts of the UNGD to implement the Action Plan of the United Nations Development Assistance Framework (UNDAF), producing, among other things, guidelines for the Common Country Assessment (CCA) and UNDAF. Moreover, the Fund served on the inter-agency team that carried out the assessment of the pilot phase of the UNDAF (see section IV F below). UNFPA also simplified its own programming processes and produced new programme guidelines to ensure that such processes do not duplicate those being put in place under the Secretary-General's reform initiative.

20. In July, UNFPA participated in the first meeting ever of the WHO/UNICEF/UNFPA Coordinating Committee on Health, which was held at WHO headquarters in Geneva. The

Committee reviewed in depth the status of programming in such areas as the reduction of maternal mortality, vitamin A deficiency, and adolescent reproductive health and agreed on key actions to accelerate programming in these areas. Specifically, the three organizations agreed to work together, on the basis of a recently finalized WHO/UNICEF/UNFPA/World Bank joint statement on maternal mortality, to reduce maternal mortality within the context of a reproductive health approach. They also agreed that, given the diverse nature of the issues concerning adolescent reproductive health, multi-agency involvement in this area was particularly important at the country level and that better inter-agency collaboration and the pooling of technical resources were urgently needed at the regional level. The common Agenda agreed to by WHO, UNICEF and UNFPA would serve as the basis for action in this area. The Committee also recommended that there should be close cooperation with the World Bank on relevant issues and welcomed the World Bank's informal participation on specific agenda items in future meetings of the Committee.

21. During 1998, there was increasing collaboration between UNFPA and the World Bank, both at the headquarters and field levels. The annual meeting of senior officials from the two institutions reviewed cooperation to date and identified areas for more extensive collaboration in the future. The World Bank Vice President for the Human Development Network and the UNFPA Deputy Executive Director (Programme) addressed operational and sectoral collaboration and advocacy initiatives that would be pursued in the coming years.

22. Consultation between UNFPA's geographical divisions and their regional counterparts in the World Bank takes place on a regular basis. When UNFPA Country Representatives come to headquarters, provision is made for them to visit the World Bank to discuss programme issues at the country level. In the field, UNFPA Representatives regularly consult with World Bank counterparts, giving particular attention to collaboration opportunities in the context of the Bank's Country Assistance Strategy and the Fund's Country Population Assessment.

23. In November 1998, the Africa Division of UNFPA and the Africa Region of the World Bank held a consultation at World Bank headquarters to share information on recent or upcoming activities and to identify countries for concrete, collaborative UNFPA-World Bank activities. The participants selected Cote d'Ivoire, Guinea and Uganda as priority countries for concerted collaboration between the two organizations. They also identified three priority issues for collaboration: maternal mortality reduction, adolescent reproductive health, and HIV/AIDS. The two groups agreed to strengthen collaboration in these areas by improving the use of communications technologies; enhancing and sharing databases, including indicators; collaborating on financing censuses; sharing knowledge on thematic issues; carrying out extended missions to share technical capacity; maintaining contact between the World Bank and UNFPA Country Support Teams; increasing technical discussions, including on procurement, at the headquarters level; exploring field-level

collaboration in such areas as financing the development of health infrastructure; and concentrating on capacity building, sustainability and health-sector reform.

24. The Fund's Africa Division and Asia and Pacific Division also had consultations during the year with the regional development banks in their respective regions. Moreover, the Bretton Woods Institutions and regional development banks have taken part in the ICPD+5 process. The World Bank participated in a number technical meetings and in The Hague Forum, and the Inter-American Development Bank participated in the Symposium on Population Change and Economic Development that was held in Bellagio, Italy.

25. In terms of common initiatives, UNFPA and the World Bank work closely together in a number of activities (e.g., Global Initiative on Contraceptive Requirements and Logistics Management; Partners in Population and Development). For example, during the year, there was increased cooperation in between the two organizations in the area of logistics and procurement. The World Bank has called upon the Fund to procure contraceptives and medical supplies for several countries, and UNFPA has participated in the Bank's sectoral missions having the responsibility for logistics and supplies.

26. The two institutions accord high priority to the Safe Motherhood Initiative (SMI), cooperating in its further elaboration from a policy perspective and in its more effective implementation. Nineteen ninety-eight marked the tenth anniversary of the SMI, and the Fund, together with the Bank, took an active role in the meetings held to review the decade of experience and to chart new directions. The SMI is key to the attainment of the mortality goals agreed to in the ICPD Programme of Action. The World Bank and UNFPA also consult regularly on policy matters. There have been frequent exchanges pertaining to health sector reform, particularly with respect to sector wide approaches (SWAs). UNFPA drew on the Bank's experience with such approaches, and the Bank provided valuable comments on early drafts of the report on this topic that UNFPA submitted to the Executive Board at its second regular session in April 1999.

27. Both organizations are working in a complementary manner to strengthen country-level capacity in the area of population and reproductive health. To this end, UNFPA is a co-sponsor of the World Bank's training programme in this area. The Bank's Economic Development Institute has taken the lead, in concert with other donors, in designing a training programme geared to meeting country-level concerns in the implementation of the reproductive health approach. Participants include programme officials and representatives of civil society. The seminars focus on practical, operational concerns and draw extensively on country experiences. UNFPA has contributed actively to the curriculum development and has underscored to its partners in this endeavour the need to integrate gender concerns into the training protocol. Two learning seminars took place during the past year -- one in Dhaka, Bangladesh, in April and one in Nairobi, Kenya, in

September. A learning seminar for Francophone Africa countries will take place in Dakar, Senegal, in May 1999. UNFPA has provided support for a number of developing country participants to attend these training sessions and has been pleased with the positive response of country officials to these training experiences.

28. UNFPA actively participates in the World Bank Human Development Week (HD Week). This event provides a forum for Bank staff, both field and headquarters, as well as for representatives of various organizations active in the area of population and development, to come together to share experiences and common learning about work in social sector. UNFPA took part in the 1998 HD Week and provided suggestions for the content of the 1999 session, which will offer a module on Health, Nutrition and Population focusing on: health promotion; equity and health-sector reform; adolescent health; and poverty, equity and health.

29. In January 1999, the Fund participated in a regional meeting in Bangkok, Thailand, on social issues arising from the Asian financial crisis. The meeting, organized by the World Bank, was attended by more than 200 senior-level delegates. The aims of the meeting were: (a) to try to get a deeper understanding of the social impact of the crisis; (b) to identify new initiatives to advance social development; and (c) to consider issues related to operational coordination and partnerships. UNFPA participated in the plenary discussion as well as in the Working Group on Maintaining Basic Social Services. The Working Group addressed such issues as contents of basic social services; the impact of crises on social services and the nature of response; the effective targeting of interventions; maintaining and improving the funding of social services; and the importance of effective partnerships in designing and implementing social services.

30. Advocacy was one of the areas discussed at the 1998 meeting of World Bank-UNFPA senior officials. It was agreed that the Bank would undertake a broad advocacy of population issues and population linkages, both within the organization itself and in the organization's external policy statements. As UNFPA pointed out at the meeting, including population messages in World Bank statements to the economic and financial community would be effective in heightening the awareness of this group to issues in the area of population. To supplement this, UNFPA would craft population messages to make them salient to the needs and interests of economists. A significant step in this direction was the Symposium on Population Change and Economic Development, held in Bellagio, Italy, in November 1998. The World Bank took an active role in this meeting, which sought to elucidate, *inter alia*, the effects of fertility decline and other demographic changes on poverty and inequality as well as the effects of population growth on sustainable use of natural resources. The meeting also attempted to discern the implications of such trends for policies and programmes. The report of this meeting is being widely circulated to population constituencies and economic development audiences.

31. In 1998 the World Bank continued its active participation in the Task Force for Basic Social Services for All (BSSA) and in the ICPD+5 review process. With the World Bank in the lead role, the BSSA Task force issued its final output, namely a monograph entitled *Coordinating External Assistance to the Social Sector: Lessons from Bangladesh, Kenya and Peru*. This review seeks to derive lessons and best practices in order to enhance donor collaboration in social sector activities, with particular emphasis on the health and education sector. Within the United Nations Development Group (UNDG), UNFPA participates in the Task Force on the Bretton Woods Institutions, which seeks to strengthen sectoral and operational collaboration as well as greater cooperation in the area of knowledge management.

IV. MONITORING AND EVALUATION

32. Nineteen ninety-eight was the first year that UNFPA's new monitoring and evaluation guidelines were applied. It was therefore a year of transition from the old system of project-focused reviews to one that emphasizes subprogramme and programme-level reviews. The new guidelines provide for the preparation of annual project reports for each component project as inputs to subprogramme review meetings. Some UNFPA Representatives still chose to convene project review meetings for more in-depth review of project implementation, while emphasizing issues of coordination and complementarity at the subprogramme level.

33. Allocations for external evaluation of UNFPA-supported projects continued to increase in 1998. These resources were used to support either mid-term or end-of-project evaluations that were undertaken by national and/or international consultants or by UNFPA Country Support Team advisers, or by a combination of these. The most significant increase occurred in evaluation of interregional programmes because of the review and assessment process related to the preparation of the next cycle of intercountry programmes. Some of the highlights of evaluations of the interregional programmes are summarized below.

A. JOICFP-executed projects

34. A major interregional project executed by the Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP) to provide technical and managerial support for integrated reproductive health/family planning projects was evaluated in 1998. The evaluation focused on the adequacy, appropriateness and timeliness of JOICFP inputs, as well as on the impact and effectiveness of these inputs on country projects. In general, the evaluation revealed positive results in terms of the overall performance of the project. The evaluation found that the JOICFP programme has expanded its scope from a narrow focus on parasite detection and control to a broader reproductive health approach in line with the ICPD concept. There has been notable success in supporting and sustaining community mobilization efforts in such areas as refurbishing health

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facilities and community centres, carrying out vaccination and sanitation campaigns, and implementing livelihood and income-generation activities. The technical expertise of JOICFP in the area of information, education and communication (IEC) has benefited many developing countries, particularly in terms of using innovative and popular channels for communication. The project's training and human resource development activities have resulted in capacity-building, particularly in the area of health at the local level; and the effective advocacy role of JOICFP has yielded good results in terms of financial contributions and materials support for national projects from various Japanese sources. The evaluation made a number of recommendations to foster sustainability of community-level interventions, including the exploration of modalities for cost-sharing.

35. Another JOICFP-executed interregional project, "Information Campaigns for International Cooperation in Population and Reproductive Health", was evaluated by an independent consultant in 1998. The objective was to examine the effectiveness, appropriateness and impact of the IEC activities of JOICFP, specifically focusing on two of its publications -- *JOICFP News* and *Integration* -- on the Japanese-language version of UNFPA's *State of World Population* report, and on the JOICFP-sponsored annual Special Symposium and Mass Media Study Tour.

36. The results of the evaluation on these components, in general, were positive. The major findings showed that the production process is generally efficient and timely; printing and distributions costs are reasonable, with cost-saving measures consciously taken; and the publications are highly valued by the readers and are often used in developing reproductive health programmes and IEC training materials. The evaluation recommended that efforts be made to increase distribution and expand global coverage of the publications; to expand the scope and content of information on the JOICFP website; and to explore mechanisms to encourage greater dialogue with readers.

B. Centres of Excellence for South to South Cooperation

37. A mid-term evaluation was conducted in 1998 to assess the programme and administrative aspects of the implementation of the Centre of Excellence for South to South Cooperation in Tunisia in order to make recommendations for the second half of the execution period. The findings of the evaluation reveal that: (a) training modules are well developed with clearly defined goals and objectives; (b) trainees are well grounded in both theory and practice; (c) participants from African countries find the course on gender, population and development very useful; and (d) participants find the visits to rural Tunisian clinics worthwhile, especially since the selected sites have similarities with many parts of rural Africa. Some participants, however, indicated that the political and administrative environment in their countries is not favourable to reproductive health/family planning programmes and, thus, they foresee difficulties in readily transferring technology and some organizational aspects essential to programme execution.

38. The evaluation report identified several areas in the training programme that need to be strengthened. These include: (a) reducing the number of courses that are academically as opposed to operationally oriented; (b) addressing adolescent reproductive health more comprehensively in the relevant modules, including those dealing with the prevention of sexually transmitted diseases (STDs) and HIV/AIDS; (c) establishing a closer collaboration with NGOs, particularly in addressing issues relating to adolescent sexual and reproductive health; (d) introducing more courses that are relevant to the Arab participants; (e) providing more assistance to participants from sub-Saharan Africa whose mother tongue is neither Arabic nor French; and (f) developing a communication channel (initially through the Internet) with the other Centres of Excellence to share and exchange expertise and experiences.

39. A mid-term evaluation of the project in support of the Centre of Excellence for South to South Cooperation in Mexico was also undertaken. In general, the major findings of the evaluation were positive. The evaluation found indications of a commitment to sharing knowledge and skills with other countries in the region regarding integrated reproductive health programmes and to sustaining the Centre's programme. Most of the collaborating institutions were found to have hands-on experience and served as good models for programme participants from the Latin America and Caribbean region, particularly in regard to collaboration between governmental and non-governmental organizations. There was evidence of a continuing effort to intensify institutional links between sending countries and the Centre, and increased attention is being devoted to tailoring the training programmes to the expressed needs of the sending institutions and individual participants.

40. The findings and recommendations of these various evaluations are under review. They will be taken into account in the preparation of the next four-year intercountry programme, which will be submitted in due course to the Executive Board for its consideration and approval.

C. Safe Motherhood projects

41. A thematic evaluation to assess the relevance, efficiency, effectiveness and impact of UNFPA-supported Safe Motherhood strategies was completed in 1998. This evaluation was based on a sample of UNFPA-supported projects in seven countries -- Bangladesh, Guatemala, Morocco, Niger, the Philippines, Senegal, and the United Republic of Tanzania -- which represent a wide range of country situations and experiences in implementing projects designed to reduce maternal mortality and morbidity. Diagnostic factors for each case study were identified, and data were collected in-country by an evaluation team composed of a national and an international consultant.

42. The evaluation found that all projects reviewed responded to national concerns about high levels of maternal mortality. At the same time, even though all projects responded to a national priority and were relevant in a broad context, they were based on national-level data rather than on assessments of needs at the local level. As a result, the projects did not address clearly defined problems at the local level. Thus, even though most of the projects focused on specific regions or districts, the strategies selected did not address the particular causes of maternal deaths in those selected areas. The evaluation therefore recommended that formal needs assessment, based on the causes of maternal deaths at the local level, must be an integral component of the project formulation.

43. Although the projects reviewed aimed at reducing maternal mortality, the strategies chosen to achieve this were not necessarily the most effective ones. For example, all of the projects promoted antenatal care as part of their safe motherhood strategy, even though the available evidence shows that antenatal care to detect pregnancy-related complications, in and of itself, cannot bring about significant reductions in maternal mortality, since every pregnancy faces risk. Also, four of the seven projects had training programmes for traditional birth attendants (TBAs). It is now recognized that TBAs alone cannot substantially reduce maternal mortality. If TBAs are to be involved in the provision of maternity care, it is necessary to establish or strengthen the linkages between them and the formal health system.

44. Monitoring at the central level occurred regularly for almost all the projects reviewed. Monitoring at lower levels, however, was often neglected. This hampered the ability of the project management team to conduct in-depth technical analyses. Overall, the evaluation found that project personnel focused the major portion of their time and effort in ensuring that the activities were carried out rather than on assessing whether the activities implemented were improving maternal health care or were consistent or logical in addressing it.

45. Since most projects did not identify indicators to determine the effectiveness of the selected strategy, there was insufficient information to show whether activities had achieved the intended results. The evaluation did show, however, that in most cases there had been an increase in the provision of different maternal health services, although it was not possible, with the exception of the case of Bangladesh, to distinguish if the increase was a result of the UNFPA-supported activities.

46. The evaluation recommended that project managers should identify indicators that can provide information on the progress attained in implementing the selected strategy and regularly collect data at the levels where activities are conducted. Such information should be used at local and central levels to resolve problems, assess progress in preventing maternal deaths and determine policies related to maternity care. In addition, the evaluation underscored the importance of process

indicators. The indicators selected should be practical and operationally significant and be based on available and reliable data.

47. The evaluation found that although the Safe Motherhood Initiative is conceptually a concerted effort involving a variety of agencies, the projects studied were either conducted in isolation or were not coordinated with other projects. Moreover, none of the projects provided for a review of the status of maternal mortality in partnership with other agencies. The evaluation underscored that partnerships among agencies, donors and national governments are crucial to the success of Safe Motherhood programmes, since no one organization can by itself bring about a decrease in maternal mortality. The outcome of the thematic evaluation was reviewed by the UNFPA Policy and Planning Committee, which endorsed its recommendations. It was decided that advisory notes on how to integrate safe motherhood interventions into reproductive health programmes would be prepared on the basis of the lessons learned from the evaluation.

D. HIV/AIDS-prevention interventions

48. In 1998, a major thematic evaluation of UNFPA support to HIV/AIDS-related interventions was completed. The evaluation aimed at assessing the relevance, effectiveness, efficiency and sustainability of strategies and modalities of recent UNFPA support. Seven countries -- Côte d'Ivoire, Dominican Republic, Indonesia, Kenya, Sudan, Thailand and Uganda -- and an additional seven specific projects were selected as case studies. The country cases were examined at both the country and project levels. At the country level, the focus was on approaches to integrate support of HIV/AIDS interventions; linkages among projects; programme management; coordination; and programme performance. At the project level, specific strategies and modalities of HIV/AIDS intervention were examined, as were their design, delivery process, performance and sustainability.

49. The evaluation found that UNFPA has provided effective leadership in some countries, encouraging inter-agency collaboration and influencing government policy and strategies on HIV/AIDS. In addition to interventions aimed at women of reproductive age, UNFPA has developed innovative programmes and funded a diverse array of HIV/AIDS-related interventions, reaching various target populations, including youth, sex workers, people living with HIV/AIDS, soldiers and truck drivers. The intervention strategies made use of a wide variety of modalities to deliver services and provide information, including maternal and child health/family planning (MCH/FP) service and information providers, youth centres, condom social marketing, community-based distributors, agricultural extension workers, barbers, peer educators and radio programmes, among others.

50. The interventions targeting risk groups, however, tended to be few and reached rather small numbers. Also, baseline studies, performance indicators and cost-effectiveness were seldom taken

into account at the design stage to facilitate replication and sustainability. This resulted in missed opportunities to derive lessons for future programming. Attempts to integrate HIV/AIDS components into programmes and projects did not always give due consideration to pertinent aspects related to human sexuality and gender issues or to potential obstacles to planned interventions. Constraints to effective interventions included the discomfort of service providers and clients in discussing sexual issues, the low status of women, social stigmas concerning condom promotion and use, and fragmented government structures and programmes. The effectiveness of IEC efforts was limited because they did not necessarily target groups most at risk, nor were they designed specifically to bring about measurable changes in behaviour.

51. The evaluation found that UNFPA is well positioned in the United Nations system to work in HIV/AIDS prevention because of its long-standing relationship and credibility with Governments, particularly with health and population ministries, and its success in country-level as well as global-level advocacy for reproductive health issues. The Fund is also viewed as having a comparative advantage to further the understanding of how HIV/AIDS impacts on women and to develop effective programmes to help them. At the same time, programme development and management in the past had been adversely affected by the limitations of the Fund's technical and managerial capacity in the area of HIV/AIDS. The evaluation recommended that the awareness of UNFPA staff be raised to ensure that HIV/AIDS prevention is not simply an "add-on" but is integral to UNFPA programming. The Fund needs to build up its technical and programme expertise in relation to HIV/AIDS so that it can plan and programme more strategically and systematically. In particular, UNFPA needs to adopt more effective integration of HIV/AIDS prevention into reproductive health programmes to meet the needs of women, who are its core constituency. Efforts to empower women to discuss sexual issues and the use of condoms must be part of the strategies to protect them against HIV infection.

52. The degree of UNFPA collaboration with other organizations varied among the countries studied in the evaluation. In this context, the country-level theme groups on HIV/AIDS under the United Nations resident coordinator system proved to be a potentially successful mechanism for working with Governments to develop and implement more coherent programme interventions. Currently, other donors and NGOs active in HIV/AIDS prevention are not always a part of the theme groups. To strengthen the effectiveness of the theme groups, it is necessary to broaden the base of the groups as well as to move beyond information exchange to more joint planning and programming. The evaluation recommended that UNFPA should continue to develop partnerships with other organizations, including those in civil society that have comparative advantages in reaching certain target groups, and should seek out financial institutions that can provide support to bring pilot attempts to scale.

53. Although UNFPA procurement of condoms has increased dramatically in recent years, it was found that logistics management needed to be strengthened. Condoms were not always distributed to those who are most likely to be infected and most likely to infect others. Also, the value of double protection from unwanted pregnancy and HIV/AIDS has not been aggressively promoted.

54. The outcome of the evaluation was reviewed by the UNFPA Policy and Planning Committee, which decided that its many recommendations should be taken into account in UNFPA operations. Towards this end, programme advisory notes will be prepared and disseminated to provide practical guidance for future programming.

E. Implementing the reproductive health approach

55. A study was conducted to assess progress made in implementing the reproductive health approach pursuant of the ICPD Programme of Action. Specifically, the focus of the study was on the transition from maternal child health/family planning to a more comprehensive reproductive health orientation in service delivery. Within this context, six principal areas were examined: the policy and legal environment; management of the programme; access to and quality of services; IEC activities; integration of a gender perspective in all elements of the programme; and the Fund's contribution to implementing the reproductive health approach in the country.

56. Between October and December, reviews were undertaken of six countries: Burkina Faso, Mexico, Morocco, Nepal, the Philippines and Uganda. Separate review teams were assembled for each country study. Each team consisted of three to four national and international experts in health systems management, public health, health education and communication. The teams reviewed documentation; interviewed Ministry of Health managers and service providers at central and local levels, NGOs, donors, and UNFPA country office staff; and collected data according to guidelines prepared by the UNFPA Office of Oversight and Evaluation. A two-day meeting of the team leaders of the country studies was held to synthesize the issues to be included in a global report, which will be reviewed by the Fund's Policy and Planning Committee in spring 1999. The country-level findings will be summarized in the global report.

57. Preliminary analysis of the findings of the country studies indicates some strengths and weaknesses in the Fund's contribution to implementing the reproductive health approach. The Fund's close ties to Governments and its excellent relationship with counterparts ensures that its inputs are in concordance with national objectives. Its field presence, coupled with its direct involvement with implementing agencies, usually enables the Fund to forge a strong collaborative working relationship with its partners. Moreover, UNFPA is sensitive to local circumstances and open to exploring different modalities for programme implementation and backstopping. At the same time, the Fund's country offices are small and generally lacking in technical reproductive

health skills. For various reasons, insufficient use has been made of national experts or institutions to provide technical backstopping. Technical support provided by UNFPA Country Support Teams (CSTs) has not always been sufficient due to the short duration of the advisers' visits and the high demands for the reproductive health expertise available on the teams.

58. Increasing decentralization within the governments of many countries has posed additional demands on UNFPA with respect to programme development and management. The Fund has had to deal with many more implementing units, often geographically scattered and staffed with individuals with limited experience in formulating plans, budgeting, monitoring and taking corrective action. At the same time, it was found that coordination was better at the local level than at the central level, both among government units and among donors.

59. The review indicated that monitoring and evaluation efforts were not always planned strategically. There had been a tendency to employ too many indicators at different levels rather than identifying a set of core indicators. While a number of innovative pilot projects were initiated, these were not always designed to serve operations research purposes, thus limiting learning opportunities.

60. Sustainability of UNFPA inputs tended not to be given due attention in programme planning, although decentralization had led to more participatory approaches. There was an absence of long-term strategies for phasing out external inputs through planned capacity development, gradual cost recovery and formation of partnerships with the private sector or civil society. The review highlighted the advantages of a systems-management approach to implementing reproductive health programmes. This will require leadership and vision.

61. In light of its comprehensive scope, the review yielded a lot of data. The country studies highlighted many important issues that merit attention in future programming. These will be synthesized and disseminated in the immediate future.

F. UNDAF assessment

62. A major interagency undertaking in 1998 was the assessment of the pilot phase of the United Nations Development Assistance Framework (UNDAF). This exercise was conducted by an inter-agency team composed of 10 assessors, with two each drawn from five agencies: UNDP, UNICEF, UNFPA, WFP and the United Nations Department of Economic and Social Affairs (DESA). The assessment was accomplished through an exhaustive review of the documentation, interviews at agency headquarters and with United Nations country teams, and visits to eight pilot countries. UNFPA contributed substantively to the preparations for the assessment, including the drafting of terms of reference, assessment tools and reports. Its staff participated as assessors in three of the

eight country visits, conducted interviews, reviewed documents and contributed to the final assessment report. UNFPA field staff were among the country team members invited to a workshop in Princeton, New Jersey, in late September 1998 to review the various products of the assessment in order to provide inputs to the Executive Committee of the UNDG in its deliberations on the future of the UNDAF.

63. In August 1998, the Fund conducted an informal survey of the implications of the UNDAF pilot phase for UNFPA programming. The survey was conducted through a documentation review and interviews with the UNFPA Representative, Deputy Representative and/or Assistant Representative in 16 of the 18 UNDAF pilot countries. The documents reviewed included the country programme documents, the Common Country Assessment (CCA), where available, and the UNDAF in draft/final form. The findings of the survey are summarized below.

64. In all cases, country offices reported full and active participation in the UNDAF process. Apart from attending the many meetings convened for the purpose, UNFPA staff were members of technical committees, theme groups and working groups that contributed to the preparation of the CCA and the UNDAF. This often entailed the mobilization of the entire programme staff of the country office. Except for two cases, Colombia and Zimbabwe, the work load was reported by all to be considerable and a heavy burden on the country office. In five cases, UNFPA contributed to the cost of consultants who assisted in the process. Other offices did not incur any financial costs as such. All offices emphasized the heavy cost in terms of staff time.

65. The progress towards coordination was more evident than actual collaboration itself. There was a consensus that the UNDAF process had significantly improved information sharing on programme initiatives and enriched United Nations system meetings, which previously tended to focus almost exclusively on administrative, logistic and security issues. The UNDAF process has provided a setting for identifying areas of convergence among organizations and has highlighted the need for harmonization and joint programming. Overall, country offices believed that the stage had been set for collaboration; however, guidance is now needed on how to follow up so that the momentum is not lost.

66. The majority of country offices reported that the CCA and UNDAF processes had devoted adequate attention to follow-up of the recent United Nations global conferences. For example, the ICPD indicators were used in the preparation of the CCAs.

67. Most country offices reported that the resource framework had not yet been completed and the methodology for preparing the resource framework did not appear to be well understood. There had also been problems reconciling the different terminology, standards and concepts used by the

various organizations. However, UNFPA country offices had responded to requests to provide data on programme allocations.

68. The UNDAF process provides opportunities for improved information sharing that should help to promote collaboration and to avoid duplication. It has great potential for synergy, particularly in the preparation of a common United Nations system approach. The many meetings and discussions that took place as part of the process enabled UNFPA to raise its profile in the country; to publicize its programme; to validate its programme strategy in regard to broad national development needs; and to engage in substantive dialogue with parties other than its traditional development partners. The meetings also provided a conducive environment for raising population and development issues.

69. Population issues were in general well reflected in the background sections of the UNDAF document and often in the situation analyses. In some instances, this was implicit rather than explicit. Population issues were less prominent in the common framework for future action. UNFPA inputs were mentioned, often under the health, gender, and HIV/AIDS sections. The relevance of the Fund's support to poverty reduction and sector investment programmes was also recognized. Reproductive health was not consistently mentioned and, when it was mentioned, it was sometimes not defined. In a couple of cases, family planning was referred to instead. Reproductive rights were not mentioned under human rights or women's rights, except for one case.

70. The UNDAF pilot phase has highlighted the value of synergy and complementarity. The UNDAF process presents a golden opportunity for United Nations system organizations to advance collaboration on monitoring and evaluation. It not only provides the context for monitoring the performance of the United Nations system in specific countries, but also enables more coherent monitoring of the follow-up to United Nations global conferences.

71. UNFPA participated actively in the updating of the guidelines pertaining to the CCA and the UNDAF. UNDP, UNICEF and UNFPA reached a consensus on the basic principles that should underpin monitoring and evaluation activities relating to the UNDAF.

72. UNFPA field staff participated in two UNDP training events on results-based monitoring and evaluation in Pakistan and in the Syrian Arab Republic in 1998. In addition, with the concurrence of UNDP, the training module developed by consultants for these courses was adapted for use in two training workshops for UNFPA headquarters staff in November 1998. The Fund participated in a workshop on Performance Management and Evaluation in October 1998 convened by the Development Assistance Committee (DAC) Working Party on Aid Evaluation and organized jointly by the Swedish International Development Agency and UNDP. The presentations and deliberations on the experiences of different organizations with results-based management approaches were very helpful to the Fund's efforts to develop a multi-year results-based funding framework. Together with

UNICEF, UNFPA is participating in the recently launched UNDP EVALNET, a network of staff from both field and headquarters who volunteered to serve as resource persons for evaluation work. The Fund attended the orientation meeting for the first group of volunteers in December 1998.

73. UNDP, UNICEF and UNFPA have agreed to launch two joint evaluation exercises. One will be a joint country programme evaluation to be conducted in 1999 with a particular focus on national capacity building. The other will be a thematic evaluation on collaboration with NGOs.

74. During 1998, UNFPA continued its active participation in the Interagency Working Group on Evaluation, which is the only technical body in the United Nations with a focus on evaluation. The Working Group provides a forum for technical exchange on substantive as well as methodological work in evaluation. At its last annual meeting, in June 1998, some of the topics on the agenda were: capacity development in monitoring and evaluation; results-based management; knowledge and learning; and harmonization of monitoring and evaluation. UNFPA made presentations on its evaluation of modalities for executing country programmes and on the independent study it commissioned on absorptive capacity. The Fund continued to contribute to the revision of the monitoring and evaluation sections of the Operational Activities Reference Manual of the Consultative Committee on Programme and Operational Questions (CCPOQ). This effort, which is being led by UNICEF, is using the 1996 Joint Consultative Group on Policy (JCGP) common guidelines for monitoring and evaluation as a basis, pending the outcome of the revision of the UNDAF guidelines and the consensus on monitoring and evaluation provisions therein.

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