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PERIODIC REPORT ON EVALUATION*

Report of the Executive Director

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* The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.

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I. INTRODUCTION

1. This report has been prepared for the information of the Executive Board in response to Governing Council decisions 82/20 and 90/35A, which requested the Executive Director to make biennial reports on evaluation to the Council. In response to the discussion on the last such periodic report at the Executive Board annual session in 2000, this report provides information on the types of evaluation activities, the use of their results, the institutionalization of evaluation recommendations and on initiatives to promote monitoring and evaluation practices in UNFPA in the context of results-based management (RBM).

2. The basic components of evaluation at UNFPA are subprogramme/component project evaluations, country programme evaluations and thematic evaluations. Subprogramme/component project and country programme evaluations are managed by the UNFPA country offices. Country-level evaluations are undertaken by independent consultants, mostly nationals, and Country Technical Services Team (CST) specialists. Thematic evaluations are managed by headquarters and conducted by teams of independent external consultants. In a couple of instances, country offices have also elected to conduct a thematic evaluation.

3. The level of resources devoted to external evaluations rose in the biennium 2000-2001 compared to the previous biennium, from \$3,635,140 in 1998-99 to \$ 4,362,756 in 2000-2001. This was primarily due to substantial increases in expenditures for project, subprogramme and programme evaluations conducted in the Africa and the Latin America and the Caribbean regions in 2001. This high level of evaluation activities coincided with the preparation of 36 new country programmes in 2001, of which 16 were in the Africa region.

II. COUNTRY-LEVEL EVALUATIONS

4. A review of evaluation activities initiated by UNFPA country offices reveals a gradual move from the nearly exclusive conduct of final project evaluations towards varying types of evaluations conducted at different stages of programme development and implementation. In a number of cases, the conduct of diagnostic surveys, studies and operations research attempted to obtain more adequate information about issues the programmes proposed to address. In a couple of instances, pre-project activities were evaluated to assess the extent to which preparatory activities were in place prior to launching a major endeavour. Resulting conclusions and recommendations were then used in the conceptualization and design of full-fledged projects.

5. Some country offices focused their evaluations on the implementation of ongoing projects. In Kenya, for example, four projects were evaluated at mid-course by national consultants to assess linkages between the project design and subprogramme outputs, assess capacity for effective project management, and to a very limited degree, assess the impact of project interventions. The evaluations identified areas for improvement and, even at this early

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stage, provided project managers with some indication of the degree to which project activities were likely to reach expected results. In Somalia, evaluation findings were used as a basis for project extension.

6. Increasingly, project and subprogramme evaluations were conducted to serve as input to more extensive and in-depth mid-term reviews (MTRs) with the objective of improving the quality of these exercises. In Madagascar, consultants were engaged to evaluate key ongoing projects. Evaluation results were discussed at the MTR meeting for follow-up action. An analysis of past MTRs indicates that this phenomenon is in part due to the tendency by country offices to conduct MTRs later than at mid-point in the programme cycle. This has been especially true for programmes that are shorter than the average four-year programme cycle, and in cases where delays in programme implementation caused the MTR to take place towards the end of the programme cycle. Often, the delayed MTR was the earliest possible time for any in-depth review and replaced the country programme evaluation (CPE).

7. Experience shows that evaluations of the type referred to above were useful in taking stock of programme performance. In Lebanon, the country office used consultants to review and assess the reproductive health and population and development strategies (PDS) subprogrammes, as well as the country programme, in preparation for the MTR meeting. Subprogramme assessments addressed the adequacy of both the design and approach; the degree of achievement of stated outputs; the identification of limitations and constraints; the adequacy of monitoring and evaluation; and the extent of sustainability. The country programme assessment focused on analysing factors affecting the achievement of the outputs and their contribution to programme purposes and overall goal. Some of the programme outputs were found to be unrealistic and did not fully reflect relevant risks and assumptions. The absence of adequate indicators to measure programme performance was also noted. The lack of an advocacy component was found to be a limitation in the overall design of the country programme. Finally, coordination among the implementing agencies in the reproductive health subprogramme was noted as a positive by-product in the programme. In the case of Lebanon, the MTR findings coupled with an in-house review in the last year of the programme cycle were used as input to the country population assessment (CPA) in lieu of a formal CPE.

8. In Sri Lanka, the country programme was evaluated prior to the formulation of the next programme. In addition, all projects of the programme portfolio were evaluated in the last year of the programme cycle and the recommendations were taken into account in the formulation of the new country programme. Similarly, in the Dominican Republic all individual projects were evaluated and the findings and recommendations reflected in the evaluation of the country programme. In general, however, few country offices undertook a CPE before the completion of the full programme cycle. Time constraints due to the workload of country offices and problems with scheduling the CPE exercise were among the factors contributing to this situation. In a number of instances, the delay in the start of a programme cycle coupled with the need to

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synchronize the UNFPA programme of assistance with those of the United Nations Development Group (UNDG) partners left no time to evaluate the previous programme performance. Moreover, as mentioned earlier, delays in programme implementation caused the MTR to take place very near the end of the programme cycle, thus overlapping with – and possibly rendering redundant – other requirements such as the CPE and the CPA. The Inter-Divisional Working Group on the Programming Process Guidelines (IDWG-PPG) established in mid-2001 is taking these issues under consideration.

9. Most country offices used project and subprogramme evaluations and/or took MTR findings and recommendations into account during the CPA. In Bangladesh, sectoral reviews prepared for the MTR were used as input to the development of the next programme. In other cases, the CPE was a by-product of the new country programme development process, often organized in conjunction with or around the development of subprogrammes. In some instances, such evaluation exercises provided baseline data for the formulation of a future programme or subprogramme. Even so, programme evaluations encountered some difficulties. Regular data collection was not fully factored in programme management and the potential of the logical framework (logframe) as a monitoring and evaluation instrument was not recognized. Mostly, the lack of baseline data to allow for pre-programme and post-programme comparison and the lack of benchmark indicators made it difficult to monitor and evaluate programmes and projects quantitatively and qualitatively.

10. Overall, evaluations of country programmes conducted during 2000-2001 pointed to the need to ensure greater ownership of the programme development process. This primarily referred to the application of the logical framework approach as having been UNFPA-led, in part because of the limited familiarity among national counterparts with results-based concepts and use of the logframe as an instrument for programme planning. In Sri Lanka, the importance of ensuring an understanding and assimilation of these concepts by government and implementing agencies was emphasized. Evaluations warned against over-ambitious programme objectives and recommended focusing programme resources more strategically. They also indicated that UNFPA should be more mindful of sustainability issues. Evaluations consistently referred to the need to review capacity of executing and implementing agencies and to pay careful attention to establishing clear roles and responsibilities. They also emphasized the need to strengthen national mechanisms (central and local) to coordinate population and reproductive health programmes, and ensure greater synergies within and between UNFPA-assisted subprogrammes and component projects. In most instances, the country programme evaluations recommended positioning advocacy as a crosscutting programme strategy rather than as a separate subprogramme. Evaluations also urged a more systematic approach to planning for and assessing the impact of capacity development interventions. Finally, evaluations generally found that UNFPA strategies effectively supported the shift from family planning to reproductive health, although some attention was needed to bring reproductive health interventions closer in line with reforms in the health sector.

11. In all cases, evaluation findings were used to improve future programme management and impact. Specific findings fed into the design of future country programmes and subprogrammes. In a few cases, the evaluation served the purpose of identifying potentially replicable features of the programme, and influenced the selection of programme partners and project formulation. In the Dominican Republic, lessons learnt from the previous programme helped to shape new approaches for the next programme cycle. In Viet Nam, the new programme built upon previous programme achievements and lessons learned from the challenges of the past. Greater attention was also paid to establishing baseline data and developing a system for monitoring and evaluation at the beginning of the new programme cycle. Evaluation findings also served as inputs to the United Nations Common Country Assessment (CCA) and the formulation of the United Nations Development Assistance Framework (UNDAF) objectives.

12. Finally, in a couple of instances, country offices chose to focus on thematic evaluations that examined cross-cutting topics of specific interest or relevance to the country programme. In Colombia, the country office assessed the impact of training activities provided by Mexico in the area of reproductive health through South-South cooperation. The evaluation concluded that UNFPA training initiatives, specifically the South-South programmes of Mexico and Colombia, contributed to sustainable capacity development by providing individuals and organizations with enhanced technical capabilities and support. The Nepal country office chose to conduct a thematic evaluation on UNFPA support to human resource development (HRD) in reproductive health and PDS subprogrammes. The evaluation aimed to determine the relevance, efficiency, effectiveness and sustainability of UNFPA support for HRD. It was used to: help determine the extent to which HRD objectives of the National Training Strategy had been met; analyse the capacity-building process; and identify lessons learned for future support. The evaluation showed that UNFPA support to HRD has been instrumental in improving access and coverage of reproductive health service delivery through the provision of training for service providers at various levels. This resulted in increased attendance and utilization of services and contributed to an increase in the contraceptive prevalence rate (CPR) as well as a decline in the total fertility rate (TFR) over the years. Likewise, UNFPA support was found to have been instrumental in raising awareness on population and development issues through assistance to population research and teaching institutions and the institutionalization of population education in school/university curricula. The evaluation also attributed increased awareness to UNFPA-supported advocacy activities directed at community leaders and upgrading of the capacity within key ministries to plan and manage population and gender-related programmes. The findings and recommendations were taken into account in the development of reproductive health and PDS subprogrammes and component projects in the newly initiated country programme.

III. INTERCOUNTRY PROGRAMME EVALUATIONS

13. The implementation of the 2000-2003 intercountry programme began in 2001. To ensure more thorough monitoring of the programme an Inter-Divisional Working Group established a results-based monitoring system that will constitute the basis for an analysis of the effectiveness of the interregional programme as well as its complementarity and usefulness in meeting country needs. It will also serve as input to the 2002 mid-term review of the programme and inform decisions regarding future programme orientation. At that juncture, evaluation findings will also be taken into account.

14. Some of the recently completed evaluations include UNFPA partnerships with the International Federation of Obstetricians and Gynecologists (FIGO), Pharmacia-Upjohn, Inc., and the World Bank, namely the Save the Mothers Fund Initiative, which was evaluated in 2001 by external consultants. Under the project, teams of obstetricians and gynecologists from developed countries work with their counterparts in developing countries to launch a demonstration project that will provide or improve emergency obstetric care services. Projects were piloted in Ethiopia, Mozambique, Uganda, Pakistan, El Salvador, Honduras and Nicaragua. Pharmacia-Upjohn has confirmed additional funding, and projects have begun to seek support from national governments and bilateral donors in an effort to integrate the piloted experiences into national safe motherhood programmes.

15. In particular, the evaluation resulted in the replication of the pilot project in Uganda in two additional districts. Results achieved were presented to the national committee on safe motherhood. Results included an increase in the proportion of complicated deliveries attended at the district hospital. There was also an overall increase in the use of public health facilities across the intervention district as a result of improved management and improved quality of maternity care provided in these facilities. Communication with the communities concerned also improved. The national committee on safe motherhood is taking these results into account in its amendment of the national policy and action plan for safe motherhood. A similar increase in the use of facilities was observed in Pakistan. The pilot project will be further supported by the Department for International Development (DFID) to ensure replication throughout the province. In Mozambique, the National Safe Motherhood Plan has been designed following the model presented by the pilot project, which is a causal model based on the three delays: delay in recognizing the complication and seeking care; delay in transport to the adequate level of care; and delay in receiving care at the facility. These delays need to be addressed to reduce maternal mortality and morbidity.

16. In 2001 an external consultant undertook an assessment of the project on distance learning on population issues, a collaborative undertaking of UNFPA, the United Nations Staff College in Turin, Italy, and the Open University in the United Kingdom, funded by the United Nations Foundation. The project relies on computers and the Internet, largely for e-mail, and has

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two important traditional elements: course materials that are mailed to students; and tutors who facilitate learning. A typical course takes approximately eight weeks to complete. The assessment found the approach straightforward and cost-effective. Field-testing of a course was under way during the assessment, so it was not possible to ascertain how the course actually works in practice. Because the original target audience was expanded from national counterparts to include UNFPA field and headquarters staff, the assessment raised some concern as to the capacity of the project to respond to the growing demand. The evaluation recommended the continuation of the project. Findings and recommendations were discussed at a workshop, and useful insights were provided for a closer examination of issues such as tutorial requirements, enrolment and monitoring procedures.

17. In addition, an evaluation in 2000 of the regional project on support to population and development policies in the Arab countries in Western Asia and North African regions was used to further focus a subsequent project aimed at developing an integrated population policy system. The system is intended to assist countries to monitor achievements in the implementation of their population policies formulated in line with the International Conference on Population and Development (ICPD) goals. To date the new approach has proven very beneficial for UNFPA-ESCWA collaboration. Another regional project on integrating reproductive health into boy scouts and girl guides programmes is currently being evaluated. The project initiated under the previous regional programme cycle integrated HIV/AIDS prevention in a life skill peer education training programme. The project is intended to influence the behaviour of the members of the boy scouts and girl guides and their relatives.

18. Furthermore, mention should be made of a regional project on advanced training in reproductive health and family planning for service providers in countries in transition. The project provides training in the use of advanced technologies in reproductive health (including neo-natal care). Each training session is followed by a thorough evaluation of the course by participants. These assessments served to adjust the timing as well as the topics covered by the course. For example, management of the complications of unsafe abortion, neo-natal care, safe delivery, and sexually transmitted infections (STIs) were among the topics added to the course. A European Training Scientific Committee composed of the heads of European institutes and WHO-EURO reviews the project on an annual basis.

IV. THEMATIC EVALUATIONS

UNFPA support for HIV/AIDS prevention

19. During 1997-1998 UNFPA conducted an external evaluation of its support to HIV/AIDS-related interventions using selected country programmes developed during 1993-1996 as case studies. Since the evaluation, the situation in the world has changed and the Fund's operational involvement in HIV/AIDS prevention has grown, especially in the context of adolescent

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reproductive health. Given the devastating effect HIV/AIDS has on the welfare of people and societies, and the high priority accorded to the subject within UNFPA, in 2001 UNFPA initiated a follow-up evaluation designed to assess: (a) how UNFPA strategies and approaches to HIV/AIDS prevention have changed since 1997-1998; (b) whether and how these changes improved the delivery and results of HIV-related interventions at the country level, particularly as concerns relevance, effectiveness, efficiency, and sustainability; (c) what new issues and challenges UNFPA faces; and (d) what the Fund's future strategic direction should be.

20. The evaluation focuses on four areas: HIV prevention for young people; HIV prevention among women and prevention of transmission to their children and HIV-negative partners; HIV prevention among men; and condom programming. Common issues such as HIV/AIDS strategies, programme design, programme management, monitoring and evaluation, coordination and partnership are examined as well. Because of the importance of prevention activities in both regions where the HIV/AIDS epidemic is full blown as well as those where it is still limited, the evaluation includes five case studies from four regions: Malawi and Ghana from Africa; Bangladesh from Asia; Honduras from Central America; and Albania from Eastern Europe. In addition, three desk reviews were undertaken for those countries where the evaluation was conducted in 1997-1998, namely, Uganda, Kenya, and Thailand. The outcome of the evaluation will also provide input to the five-year external evaluation of UNAIDS, which is taking place in parallel.

21. An evaluation team consisting of independent consultants and a CST specialist conducted a pilot case study to field-test the data collection instruments designed for the evaluation. Statistical data were limited due to the lack of data in desired forms, such as data disaggregated by sex and age. Case studies for Honduras and Albania were launched toward the end of 2001. The case studies for Bangladesh and Ghana will be completed in 2002.

22. Once the studies have been finalized, the findings will be shared with the Executive Board at a later time.

Joint activities in HIV/AIDS

23. In 2001 UNFPA collaborated with UNAIDS in the preparation of the five-year evaluation of UNAIDS. It contributed to the development of the mandate document, the identification of candidates for the supervisory panel and review of the inception report. In addition, UNFPA participated in the stakeholders' meeting and provided data for the evaluation team.

24. Together with UNDP and UNICEF, UNFPA also participated in a rapid assessment of the functioning of theme groups on HIV/AIDS at the country level, which was conducted by the inter-agency task team (IATT) on country level United Nations response to HIV/AIDS. Efforts were under way to conduct a joint country case study with UNAIDS co-sponsors as an input to

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the five-year UNAIDS evaluation, but this did not materialize, in part due to the number of ongoing evaluations on HIV/AIDS conducted by each of the organizations.

UNFPA contribution to national capacity development

25. In light of General Assembly resolution 56/201 that stresses that capacity-building should be explicitly articulated as a goal of technical assistance provided by the operational activities of the United Nations system, and in line with the UNFPA multi-year funding framework (MYFF) in which capacity-building is one of the four strategies employed by the Fund to assist countries in reaching their population and development objectives, in 2001 UNFPA designed a thematic evaluation to analyse and learn lessons from UNFPA support to national capacity development in reproductive health and PDS. The purpose of the evaluation is to: (a) assess the effectiveness of UNFPA assistance since the mid-1990s in developing the capacity of national government and non-governmental organizations (NGOs) in reproductive health and PDS; (b) highlight what worked and what did not work and why; and (c) provide guidance to UNFPA on future programme strategies, operational procedures, and organizational changes required to increase the effectiveness of UNFPA capacity development interventions.

26. A workshop to discuss findings with the participating evaluators will be held at UNFPA in mid-2002. Evaluation findings and recommendations will serve as input to future programming.

27. In the absence of a standard evaluation methodology to assess donor support to capacity development, a variety of approaches were used as developed by each team of evaluators. Evaluators used a concept paper and an evaluation guide as common references. The evaluation guide for capacity development interventions was shared Fund-wide. Evaluation approaches included: a focus on training funded by UNFPA as well as the constraining and facilitating factors for using new knowledge and competencies (Viet Nam and Côte d'Ivoire); an analysis of capacity development dimensions of all UNFPA-funded interventions in selected states (Nigeria); in-depth case studies of specific reproductive health and PDS projects (Egypt and the Islamic Republic of Iran); and an analysis of the intra- and inter-sectoral linkages of capacity development, human resource development, knowledge transfer, and institutionalization (Brazil).

28. Evaluation findings to date reveal that more than two-thirds of UNFPA programme funds are spent on essential activities to develop capacity. These include different types of training for national counterparts at various levels (commonly 20-35 per cent of programme budgets); improving technical and organizational processes and functions (e.g., management information systems in the ministries of health); improving the functioning of complex systems made up of a network of organizations (e.g., the design of a national strategy for reproductive health); and addressing the needs of clients and communities for information through advocacy and awareness-raising activities. However, the evaluation notes that the lack of evaluation and

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follow-up indicates that programmes are not able to measure the impact of all the UNFPA-supported training activities.

29. The evaluation found a number of successful capacity interventions, for instance, in Brazil, Côte d'Ivoire and Egypt. However, they were not attributable to an organization-wide strategic approach to capacity development; rather they were the product of the knowledge and initiative of individual programme managers and implementers. The UNFPA approach to capacity development needs to focus more strategically on capacity development issues. Capacity is a by-product of programme and project implementation. UNFPA has few tools or frameworks to assist staff with capacity analysis. A more systematic way of monitoring and evaluating capacity issues is needed. The Fund also needs to systematically organize and make available the collected experiences and knowledge on capacity development. Most UNFPA-supported projects focus on the supply of inputs, tend to assume a linear relationship between cause and effect, and rarely address performance issues and sustainability. The tendency is to focus on improving individual capacity and performance through training and the provision of equipment combined with a minimum amount of technical assistance for improvement of institutional systems. Overall, UNFPA needs to arrive at a broader and shared understanding of the concept of capacity development, and its implications for UNFPA programming policies, strategies, and organizational competencies. These are some of the issues the evaluation will help to address.

V. INSTITUTIONALIZING EVALUATION FINDINGS

30. Over the course of 2000-2001, UNFPA took a number of important actions to institutionalize findings from evaluations and lessons learned. Many of the stepped up activities in the Fund's fight against HIV/AIDS in 2000-2001, for instance, were based on the recommendations of the 1997-1998 UNFPA evaluation of HIV/AIDS-related interventions, as well as those of the 1998 evaluation on implementing the reproductive health vision. Programme activities, for example, focused on promoting awareness and integrating HIV prevention into programmes; maximizing impact through focused interventions and concentrating resources on target groups; as well as strengthening technical and programme expertise in collaboration with other partners. The Fund's strategic direction in HIV prevention outlined in a paper presented to and endorsed by the Executive Board at its annual session in 2001, entitled UNFPA proposed contribution to the United Nations system strategic plan on HIV/AIDS, 2001-2005, points to core areas covering prevention among young people, prevention among pregnant women, and comprehensive condom programming. By early 2002, UNFPA institutional strategy on HIV prevention will be completed and disseminated as a framework for programme planning and implementation at the country level.

31. In an effort to provide better expertise on HIV prevention in all regions, UNFPA CSTs were staffed with HIV/AIDS/commodities logistics specialists. Capacity was also strengthened

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in selected country offices with the placement of National Project Personnel (NPP) specializing in HIV/AIDS. UNFPA produced the first two issues in a series of bimonthly programme briefs entitled "HIV Prevention Now" with the aim of providing staff, particularly field staff, with concise information on different aspects of UNFPA strategic priorities and its programmatic role in each area to guide country offices in their response to country needs. To further build institutional capacity, UNFPA is currently developing training modules in partnership with Mahidol University in Thailand and in collaboration with other training institutes and experts. These modules for training of trainers in HIV prevention will be piloted with selected staff in 2002. The objective is to increase knowledge and skills needed to support HIV prevention in reproductive health services, including family planning services, and in population policy development. It is expected that all UNFPA staff and selected national counterparts will be trained in HIV-prevention programming within the next two years.

32. UNFPA also collaborated with and provided support to the International Planned Parenthood Federation (IPPF) in the preparation of a programme guidance document on counselling for STIs/HIV prevention in reproductive health settings. This will provide service providers and clients with the necessary information to make decisions based on an assessment of the risk situation and guide in adopting safer sexual behaviour. Draft counselling notes have been field tested in India and in countries in Africa, and will be published early next year. UNFPA also collaborated with the Population Council to prepare a programme guidance document on HIV prevention in the context of reproductive health settings. The document will serve as a background document for service providers at reproductive health service delivery points and staff in reproductive health programming to incorporate HIV prevention related issues into reproductive health services.

33. In response to evaluation recommendations pertaining to programme management, UNFPA issued circulars to staff emphasizing the importance of intensifying UNFPA work in HIV prevention, and underscoring the commitment and dedication that this requires at all levels and the need to take action. Indicators for monitoring progress and performance were included in the UNFPA portion of the UNAIDS unified budget and work plan 2000-2001 and 2002-2003. Regarding issues of coordination and collaboration, UNFPA now holds the chair of the UNAIDS Committee of Co-sponsoring Organizations, the chair of the UNDG working group on HIV/AIDS, and the chair of approximately 25 of the 86 United Nations theme groups on HIV/AIDS in which it participates at the country level. The Fund also worked in partnership with governments, other agencies and NGOs to provide a coordinated response to the epidemic. Some examples include the African Youth Alliance (AYA), International Partnership Against HIV/AIDS in Africa (IPAA), the Joint Advocacy Against HIV/AIDS in sub-Saharan Africa, the European Commission/UNFPA Initiative for Reproductive Health in Asia, and the Global Strategy for Reproductive Health Commodity Security.

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34. To further illustrate the Fund's institutional response to promoting better coordination and collaboration in the fight against HIV/AIDS, UNFPA contributed to the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001 by providing inputs for the draft Declaration of Commitment on HIV/AIDS, later adopted by acclamation. The Fund participated in three of four round tables and co-chaired one. In addition, it organized two important side events at the UNGASS: a panel discussion at the ministerial level on gender and HIV/AIDS; and a panel discussion on strategic programming for HIV prevention. In follow-up to the UNGASS, UNFPA acted as chair of the UNDG working group that drafted the UNDG Guidance Note to the United Nations Resident Coordinator system: Country Level Action in Support of the Declaration of Commitment on HIV/AIDS.

35. In collaboration with the UNAIDS Secretariat and other co-sponsors, UNFPA will be the convener for discussions centered on the coordination and harmonization of policies and activities focusing on young people and in the area of condom programming. The Fund is also slated to chair three UNAIDS IATTs responsible for delivering specific time-bound outputs related to young people, condom programming and gender. Within UNFPA, coordination of HIV-prevention activities has been enhanced with the constitution of an inter-divisional working group on HIV/AIDS, including CST specialists.

36. Much progress has been made in addressing evaluation recommendations concerning condom programming. Comprehensive condom programming has been identified as a core area of the UNFPA HIV-prevention strategy; seminars on dual protection have been held; and efforts to further promote and increase access to the female condom continue. The IATT on condom programming for prevention of HIV is expected to conduct a desk review and develop a tool to help countries overcome opposition to condoms.

37. The unprecedented political support for the fight against HIV/AIDS at the recent UNGASS is a prime example of effective advocacy at the global level in keeping with evaluation recommendations. The task for all agencies is to support governments, NGOs and communities to follow through and meet the agreed goals and targets. UNFPA also produced the 2001 AIDS Update entitled Preventing Infection, Protecting Reproductive Health: UNFPA's Response to HIV/AIDS. This versatile document incorporates aspects of UNFPA advocacy in the fight against HIV/AIDS, and highlights successful programme experiences.

38. Country evaluations and other review exercises have highlighted the need for a clearer operational definition of gender issues in population and development and have noted the weak national capacity for mainstreaming gender concerns. To address this, UNFPA has taken several measures to strengthen gender mainstreaming in UNFPA programmes. A gender training manual was completed and will be made available in early 2002 to UNFPA country offices in various formats, including via CD-ROM and the intranet.

39. In 2001 a training of trainers course on the integration of gender concerns in programmes was held for 27 CST specialists. The objective was to: (a) clarify key concepts in gender, population and development; (b) create the basis for a coherent approach to gender mainstreaming at the country level; and (c) develop a long-term strategy for capacity development in gender mainstreaming. Participants formed a core team of two to four specialists in each of the CSTs. Each team developed a subregional strategy for implementation. The CSTs in Amman, Jordan, and in Fiji followed up with the organization of training sessions on the topic. Follow-up actions by the other teams are expected to take place next year. UNFPA also developed a strategy for the integration of a gender perspective in conflict situations. This strategy was based on technical consultations with experts at a workshop held in Bratislava, Slovakia, in 2001. The strategy has been incorporated in the assistance being provided in Afghanistan. UNFPA plans to further adapt the strategy in African countries and in the Arab States. Another strategy that is being developed through field-based technical consultations focuses on addressing the issue of trafficking in women and girls. The purpose of the strategy is to identify and strengthen the Fund's comparative advantage in this area. The strategy was scheduled to be developed in 2001 in Nepal, but the meeting was postponed due to events in that country.

40. In an effort to further mainstream the gender perspective, UNFPA supported the development of gender responsiveness in HIV/AIDS programme interventions. UNFPA was invited by UNAIDS to organize a round-table discussion on the topic at the 2000 Africa Development Forum which culminated in a publication. At the 2001 UNGASS on HIV/AIDS, UNFPA collaborated with other agencies in organizing a series of events focusing on gender and HIV/AIDS. In addition, different units in UNFPA are collaborating closely in undertaking studies that demonstrate how gender is being addressed in HIV/AIDS programming. In 2001 UNFPA also formed an alliance with the Medical Women's International Association (MWIA) to train medical doctors to address gender issues in health, with a special focus on reproductive health. A campaign on "Stopping the Cycle of Family Violence" is being developed jointly. Finally, efforts are under way to develop training for programme staff on mainstreaming gender budgets in programmes. Such training responds to the need to strengthen linkages between resource allocation and gender-based programme objectives.

41. UNFPA has also endeavoured to provide an institutional response to country evaluation as well as thematic evaluation findings pertaining to the shift in programmes from awareness creation to behavioural change. To this end, in 2001, a draft guidance note on behaviour change communication (BCC) was prepared. It includes guiding principles for BCC planning and implementation. Furthermore, UNFPA approached Johns Hopkins University to conduct an assessment in 2002 of BCC programming needs and to prepare a series of tools for BCC programming and evaluation. Work on selecting and measuring BCC outputs and the identification of key indicators was initiated in 2001.

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VI. MANAGING FOR RESULTS: PROMOTING MONITORING AND EVALUATION PRACTICES

42. Adoption of the UNFPA results-based management policy clearly contributed to emphasizing the importance of monitoring and evaluation in achieving higher quality programmes and demonstrating results. At the same time, in 2000-2001 UNFPA made concerted efforts to strengthen institutional capacity in results-based monitoring and evaluation, as delineated below.

43. For instance, in 2000 a review of the use of the logframe approach and monitoring and evaluation practices prompted efforts to review the programme guidelines and revise the monitoring and evaluation directives in an effort to bring them in line with a results-based approach. This included the revision of programme planning and reporting formats with a view to highlighting the importance of identifying and tracking results as well as operationalizing the logframe approach in programme monitoring and evaluation. The new formats were elaborated in close consultation with selected country offices and CSTs and distributed to all staff in 2001. The formats are also available on the intranet. A new feature is the development of a programme management plan. UNFPA will undertake a review of their use in 2002. The review conducted in 2000 has served as input to the inter-divisional group established in 2001 to revise and update the programme guidelines. A monitoring, reporting and evaluation subgroup is addressing various issues/gaps and areas that need improvement. A first draft of the revised programme guidelines has been prepared and is being further refined.

44. Created in mid-1999, the UNFPA Evaluation Network (Evalnet) has completed its two-year trial period. During this period, the Evalnet clearly demonstrated its utility as a monitoring and evaluation network dedicated to promoting the exchange of information and experiences and a resource with potential for further growth. In 2000 a workshop was organized for the purpose of reaching a consensus regarding aspects of the logframe application and monitoring and evaluation concepts that remained unclear. The workshop also identified priority items for the UNFPA programme manager's monitoring and evaluation toolkit, which was launched in 2000. The tool kit is intended to supplement the UNFPA programme guidelines by providing further guidance and options to improve the Fund's monitoring and evaluation practices in the context of RBM. Tools were translated into French and Spanish, and were posted on the intranet and on the Fund's main website. Country offices have acknowledged the usefulness of the tool kit and reported that it is user-friendly. Evalnet focal points have also shared monitoring and evaluation materials and tools with colleagues in the CST teams and organized seminars/briefings on topics covered by the Evalnet.

45. At an orientation workshop on RBM organized for CSTs, the orientation guide on RBM, available in English and French, was disseminated. Furthermore, in an effort to build country office and CST capacity, in 2000-2001, UNFPA organized a series of regional workshops to

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promote results-based programme and office management. These workshops provided an overview of RBM and its implications for both programme and office management, emphasized the use of the logframe as a tool for programme design, monitoring and evaluation, and examined key elements of monitoring and evaluation practices as well as office and programme management issues derived from findings of audits and policy application reviews. The resulting training modules were translated into French and Spanish and were made available on the web. The workshops promoted a better understanding of the principles and requirements of results-oriented office and programme management and reinforced the value and potential of monitoring and evaluation. In turn, workshop activities provided useful feedback that was used to inform the design and content of other training activities and to refine monitoring and evaluation policies and procedures.

46. In addition, UNFPA responded to individual country office requests for technical assistance on monitoring and evaluation by organizing in-country workshops that focused on the identification and selection of indicators, linkages between results at the different levels of sub-programmes, and the development of monitoring and evaluation activities plans. In one country, direct support was provided to guide national evaluators in the design of a country programme evaluation.

47. The CSTs also promoted the concept of RBM in their contacts with country offices and national counterparts, and took steps to address the low level of monitoring and evaluation skills among country office staff. CSTs provided in-country assistance and organized numerous workshops with the objective of underscoring the importance of monitoring and evaluation and enhancing country office and national capacity in RBM. In particular, the use of the logframe as a programme management tool and the identification and selection of appropriate indicators of performance were stressed in both newly designed programmes and ongoing programmes. During the training emphasis was also placed on the need to plan early in the programme cycle for monitoring and evaluation activities, and provide the necessary financial and human resources. In some instances, the content of the workshops was expanded to include detailed aspects of monitoring and evaluation, including data collection and processing techniques, development of indicators, and the development of monitoring and evaluation frameworks. CSTs reported expanding what were once logframe workshops to RBM, logframe and monitoring and evaluation workshops.

48. Increasingly, CSTs were called upon to provide technical assistance in establishing baseline data necessary to measure programme/project effectiveness, and establish monitoring and evaluation systems or frameworks as, for example, in Uganda, and the United Republic of Tanzania. The CST is piloting efforts to establish programme database systems, including a facility for monitoring and evaluation, in Senegal, Burkina Faso and Cameroon. In Nigeria, the CST drafted monitoring and evaluation coordination guidelines for all population-related interventions in the country. The CST provided assistance for the development of an

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information system for China. The system is being implemented in pilot provinces. It has been appraised by programme managers at all levels and is considered client-oriented and useful for improving quality of care. Village workers and service providers reported that the system is simple and easy to use. In Viet Nam, assistance was provided to the Ministry of Health to integrate reproductive health information into their health management information system. An important achievement was the Ministry's decision to have a unified health management information system. The CST is working together with WHO on this endeavour. In the Philippines, where a pilot project on MIS has been in operation, the CST assisted in redesigning the system and developing plans for its integration in the government's system. Special attention was devoted to incorporating country programme indicators.

49. Despite advances made to inculcate a "monitoring and evaluation culture" in UNFPA, a number of challenges lie ahead. Although an appreciation for the logframe has improved since 2000, actual adoption of the logframe as an instrument for effective programme monitoring and evaluation remains limited. The lack of accessible, reliable and comprehensive data in a timely manner hampers the effective use of the logframe approach, making the identification of objectively verifiable indicators difficult, and hampering the analysis of progress achieved and the establishment of definitive results. In addition, the high turnover of project staff in some countries requires constant training and retraining efforts.

50. The fact that UNFPA is increasingly entering into new partnerships and multi-donor funding arrangements such as sector-wide approaches (SWAs) also poses new challenges for the Fund's monitoring and evaluation practices. SWAs, for example, call for a harmonization and streamlining of policies and procedures for planning, monitoring and evaluating development assistance. SWAs raise other important issues of performance measurement, attribution and accountability/responsibility for results. This will require that UNFPA examine its practices to bring them more in line with national practices in monitoring and evaluation. This also points to the need for UNFPA, together with partners, to provide governments with assistance in improving national data and management information systems.

51. Capacity development activities also pointed to some programme and monitoring and evaluation methodological issues. For instance, where UNFPA support is a relatively small portion of the total resources for the national programme, national partners essentially still adhere to a project-based approach and are not necessarily conversant with the concept of sub-programmes or what UNFPA subprogrammes are supposed to achieve. Difficulty was also experienced in applying the logframe approach in programmes that cover many small countries as in the case of the UNFPA subregional programme in the South Pacific.

52. Activities cited above underscored the importance of ensuring an organization-wide common understanding of RBM and the logframe as programme planning and monitoring instruments. For effective monitoring and evaluation it is important that counterparts and

programme partners must share this common understanding of the results-based approach. The nurturing of such understanding is a long-term investment to which the Fund is committed.

VII. RECOMMENDATION

53. The Executive Board may wish to take note of the periodic report on evaluation as contained in document DP/FPA/2002/7.

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