

UNFPA Management Response to Evaluation

| MANAGEMENT RESPONSE | |
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| Country, Region or HQ division/unit that commissioned the evaluation | Afghanistan-ASIA |
| Evaluation Title | Evaluation of UNFPA's Country Programme 3 (CP3) in Afghanistan 2010 – 2013 |
| Year of the evaluation | 2013 |
| Type and/or focus area of evaluation | CountryProgEval |
| MR submission date | July 20, 2014 |
| Approved By | |
| Evaluation Manager | Jone Navakamocea, Programme Advisor, Afghanistan |

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| General Management Response | <p>UNFPA Afghanistan CO acknowledges and appreciates the hard and difficult work done by the Consultants for the CP3 Evaluation in an insecure environment. The CO also appreciates inputs and guidance by team from APRO in designing the TOR and support for the entire evaluation process including reviews and comments on draft reports.</p> <p>The 15 prioritised CP3 Evaluation recommendations have been used in two ways: recommendations that were for immediate actions have been integrated into Annual Work Plans (AWP) for 2014 and in other on-going work of the CO. Recommendations that were of long term nature have been integrated into the draft 4th Country Programme (CP4: 2015 – 2019) and in review of some of the institutional set ups in working with our partners. The actions on these are being monitored and will be reviewed as we progress with closure of CP3 and initiation of CP4.</p> <p>The Management Response to evaluation recommendations have been grouped along the main evaluation criteria of: relevance, effectiveness, efficiency, sustainability, management and strategic positioning.</p> |
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| RECOMMENDATIONS |
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| Recomendation 1 | Conduct assessments and surveys that will support effective targeting of resources, such as knowledge, attitude and practice (KAP) surveys to assess community understanding and practices regarding maternal mortality, obstetric fistula, early marriage, the SRH risks, ASRH, infertility, user interface and application of CSO data. Ensure surveys are well developed based on reviews of findings from relevant studies and surveys such as the MICS, the Afghanistan Mortality Study, and the SDES to capture demographic and other data and to identify gaps. |
| Management Response | Accepted |
| Comments | |

| No. | Key Action(s) | Deadline | Responsible unit(s) | Semiannual implementation status updates (reports will be generated on June 30 and December 31) | |
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| | | | | Status | Comments |
| 1.1 | 1 Knowledge, Attitude and Practice Study has been done on GBV December 2013 Gender | December 30,2013 | Gender | July 20,2014 | |
| 1.2 | 2.Management has considered and has planned for surveys and assessments for effective targeting of interventions, viz: Family Planning Needs Assessment and Family Planning Behaviour Study in 2014. | December 31,2014 | RH Unit | July 20,2014 | These two surveys are part of the AWP's for 2014 |
| 1.3 | 3.Management will work with Central Statistical Organization to include modules for some of these studies in upcoming DHS | December 31,2015 | PDS Unit | July 20,2014 | UNFPA is also working with Central Statistical Organization, USAID and other partners to plan and conduct DHS within 24 months period. This provides most of the KAP data. |

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| Recomendation 2 | Strengthen emphasis on joint strategic planning processes and creating strategies and action plans for Reproductive Health Commodity Security (RHCS), Midwifery Education and Faculty Development, inclusion of the Family Health Houses and Mobile Support Team (FHH+MST) in the Basic Package of Health Services (BPHS) strategy, Adolescent Sexual and Reproductive Health (ASRH) and youth development, inclusion of RH and GBV in the National Disaster Management Plan and district disaster preparedness plans. |
| Management Response | Accepted |
| Comments | |

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| | | | | Status | Comments |
| 2.1 | 1.Develop National RHCS Strategy | December 31,2014 | Programmes | July 20,2014 | The CO has included these activities in its AWP's for 2014 |
| | | | | July 20,2014 | The CO has included these activities in its AWP's for 2014 |
| 2.2 | 2.Develop National Strategy for Midwifery Education and Faculty Development | December 31,2014 | Programmes | July 20,2014 | The CO has included these activities in its AWP's for 2014. In addition, the CO is also supporting the development of curriculum for a training programme for a Bachelor of Science in Midwifery with Kabul Medical University. |
| 2.3 | 3.Develop National Adolescent and Youth Health Strategy; Finalise National Youth Policy | December 31,2014 | Programmes | July 20,2014 | The CO has included these activities in its AWP's for 2014 |

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| 2.4 | 4.Include FHH+MST in the BPHS Strategy | December 31,2014 | Progra mmes | July 20,2014 | The FHH+MST model is being reviewed and results will be used to advocate with MOPH for inclusion in BPHS so that pooled funding of SEHAT can be used to upscale and for sustainability. This is included in the AWP and the new CPD. |
| 2.5 | 5.Include RH and GBV in six (06) District Disaster Preparedness Plans | December 31,2014 | Progra mmes | July 20,2014 | The National Disaster Management Plan was recently approved and integrated elements of RH and GBV |
| Recomendation 3 | | | Strengthen support for the placement and services of Community Midwives (CMWs) in family health houses through targeting potential Community Midwifery Education (CME) candidates with literacy training, monitoring the quality of support by the community for the CHW and assessing family health houses community midwives' caseloads, hiring assistants where needed. | | |
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| 3.1 | 1.Target potential CME candidates with literacy training | December 31,2013 | RH Unit | July 20,2014 | All 09 CME students selected in 2013 have met selection criteria for CME training which includes basic literacy training based on Afghan Midwifery and Nursing Education Board |
| 3.2 | 2.Monitor the quality of support by community for the CHW | December 31,2013 | RH Unit | July 20,2014 | All CME graduate CMWs have been absorbed and recruited for the FHHS in the target areas. |

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| 3.3 | 3. Assess FHH CMW caseloads and hiring assistants where needed | December 31, 2014 | RH Unit | July 20, 2014 | This will be done as part of the evaluation of the FHHs as also requested by Ministry of Public Health, for purpose of replication/roll-out. |
| Recommendation 4 | | | Design behavior change communications (BCC) using multi-media on sexual and reproductive health including family planning in the context of Islam, birth spacing, breastfeeding, modern contraceptive methods, early marriage, pregnancy and postnatal health issues, need for skilled birth attendants, among others, engaging sensitized Religious Leaders in rural communities and urban areas, and especially targeting youth populations | | |
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| 4.1 | Design behaviour change communications (BCC) using multi-media on SRH in the context of Islam, while engaging religious leaders and targeting youth populations | December 31,2014 | Communications Unit | July 20,2014 | This will be ongoing. In 2013 UNFPA secured a declaration of commitment by religious leaders in support of FP and they will be engaged to roll out mobilizations. UNFPA CO has also recruited a Communications Specialist who has reviewed all 2014 AWP's to better define and implement BCC activities, with right target audience, channels, etc. |

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| Recomendation 5 | Expand effective capacity development and programmatic interventions, following review and evaluation, using UNFPA and/or other sources of funds, such as male involvement, training for religious leaders, annual refresher training for CMWs, technical training for IPs, the AMA mentorship programme for CMWs, extension of the health/help line to the provinces, district preparedness planning support to more districts, expediting SDES coverage through resources mobilization and expansion of CSO census expertise combined with new technology, GBV work with Family Protection Centres and the Police Academy, and support to the Ministry of the Haj. |
| Management Response | Accepted |
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| 5.1 | Expand effective capacity development for male involvement, training of religious leaders, annual refresher training for CMWs, technical training for IPs, AMA mentorship for CMWs | December 31,2014 | Programmes | July 20,2014 | These have been included in the 2014 AWP, using various sources of funding. These activities were already ongoing. |
| 5.2 | Expand programmatic interventions: Extension of the health/help line to provinces | December 31,2014 | Adolescents & Youth | July 20,2014 | Included in 2014 AWP to expand this service to 2 more provinces. |
| 5.3 | Expand Programme Interventions: Expand district preparedness planning support to more districts | December 31,2014 | Humanitarian Unit | July 20,2014 | In 2013, district disaster preparedness plans were developed for 3 districts. This year, 6 districts are targeted to develop the plans. |

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| 5.4 | Expand SDES coverage through resource mobilizations and expansion of CSO expertise combined with new technologies | December 31,2014 | PDS Unit | July 20,2014 | The Country Office has mobilized additional resources from Japanese Government for SDES. Expansion of SDES will be done in four (4) provinces in 2014. |
| 5.5 | Expand Programme Interventions: Expand GBV work with Family Protection Centres, Police Academy and support to the Ministry of Haj | December 31,2014 | Gender Unit | July 20,2014 | Funds have been mobilised for more centres to be created and are in 2014 AWP. Trainings have been planned for Police Academy in 2014. Draft police forms and protocols/guide line for data management of GBV victims have been designed. These activities are in 2014 AWP. |

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| Recomendation 6 | Increase coverage and improve quality of the services to address Obstetric Fistula by training more dedicated physicians in basic and advanced fistulae repair, supplying modern equipment, such as the laparoscope and cystoscope as well as training on their use, replication of the OF wards and surgical facilities to increase coverage in the provinces. |
| Management Response | Accepted |
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| 6.1 | Increase coverage and improve quality of services for repair of obstetrics fistula by provision of better equipment and training more surgical teams in both basic and advanced fistula repairs. | December 31,2014 | RH Unit | July 20,2014 | Malalai Hospital has been equipped. A consultant fistula surgeon was brought to Malalai Hospital for one month and he trained 5 fistula surgeons, one anaesthetist and 3 nurses in basic and advanced fistula repairs. The specialist is scheduled to return in 2014 to train more surgical teams. Two (2) regional hospitals have been ear marked for expansion of fistula surgery in 2014, with new equipment and surgical team training. |
| Recomendation 7 | | | Expand the UNFPA Gender Unit mandate to support gender mainstreaming into other programmatic areas and Human Resources; establish targets for recruitment of women professionals and a Gender Roster | | |
| Management Response | | | Accepted | | |

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| 7.1 | Expand UNFPA Gender Unit mandate to support gender mainstreaming into other programmatic areas and human resources | December 31,2014 | Gender Unit | July 20,2014 | Gender Unit is always involved in all other activities of the CO, including review of AWP, new CPD development, Country Office Annual Reports, etc, to ensure gender issues are mainstreamed. Gender Unit also has also written a comprehensive report on gender mainstreaming and HR in the CO which management has shared with APRO. HR Reprofilling to take this into account which is planned for July 2014 |
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| 7.2 | Establish targets for recruitment of women professional and develop a Gender Roster | December 31,2014 | Representative | July 20,2014 | The CO will focus on quality at the gate in its recruitment. Affirmative actions for women candidates for positions in the CO will be done in as far as the women candidates is an equally good candidate as is the male. The HR gender recruitment will be viewed proactively to ensure women, where appropriate are well trained and recruited. Transparency and objectivity remain pivotal to recruitment. |
| Recommendation 8 | | | Ensure user friendliness for funds - streamline procedures for disbursements and work toward more accurate estimations for budgets to support quality work to reach programme objectives such as for enumerators/cartographers for CSO surveys | | |
| Management Response | | | Accepted | | |
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| 8.1 | Streamline procedures for funds disbursements | December 31,2014 | Operations | July 20,2014 | <p>2014 AWP for all Implementing Partners were signed off by February 16th, ready for disbursements. For SDES, the AWP was signed off by end of January 2014.</p> <p>Funds disbursement for SDES support has been reviewed and streamlined through more Hawalas being recruited for the services. CO has increased payment for Hawala services to 2.5% to ensure timely actions on their side, while improved analysis and quality checks for claims have been harmonized at both CSO level</p> |
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| 8.2 | Work towards more accurate estimation for budgets to support quality work to reach programme objectives, such as for enumerators/cartographers for CSO surveys | December 31,2014 | PDS Unit | July 20,2014 | <p>System for rigorous checks of budgets and actual expenditures as well as management fees for Hawala system has been harmonized and improved for greater clarity/value for money.</p> <p>Work on improving budgeting for all AWP is on-going and much more improved with the AWP quality assurance process initiated and deeper involvement of Finance, M&E, Communications Units in the AWP processes.</p> |

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| Recomendation 9 | Negotiate with donors to provide funding that ensures continuity and cohesiveness within provincial strategies to reach CP results. Maintain a well-established communications system with donors basing consultations on bottom up communication at the program officers and technical staff levels first to inform the higher level of management in regard to progress and monitoring. |
| Management Response | Accepted |
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| 9.1 | Negotiate with donors to provide funding that ensures that continuity and cohesiveness in provincial strategies to reach Country Programme results | December 31,2014 | Representative | July 20,2014 | The Representative has been meeting each of the current donors to discuss these issues, as well as potential donors for additional funding. In 2013, funds have been mobilized from Koreans (\$4.2m) for expansion and continuation of GBV programmes; Italian for GBV and Canadian for FHH. New proposals have been submitted to other donors for programmes such as fistula. |

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| 9.2 | Maintain a well-established communications system with donors basing consultations on bottom up communication | December 31,2014 | Representative, Deputy Rep, Programme & Technical Staff | July 20,2014 | The Programme Officers undertake routine technical and programmatic consultations between UNFPA and donors, including a scheduled quarterly Project Steering Committee with MOPH as chair, the donors and UNFPA and Implementing Partners where achievements of previous quarter and plans for next quarter are discussed, as well as any other important issues are discussed. |
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| Recomendation 10 | Work with the Deputy Ministry of Youth Affairs (DMoYA), Central Statistical Organization (CSO), Afghan Midwifery Association (AMA), Nursing and Midwifery Council of Afghanistan (NMCA) and the Ministry of Public Health (MoPH) to support their capacity assessment and development of their capacity building strategies. |
| Management Response | Accepted |
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| 10.1 | Assess capacity of DMoYA, CSO, AMA, NMCA and MoPH | December 31,2014 | Programmes | July 20,2014 | AMA and NMCA capacities assessment and capacity development to be done in 2014. Other partners will have their capacity assessments and developments done as part of the selection and development of partners capacities for the 4th CP. |

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| 10.2 | Provide support to develop capacity building strategies for these institutions | December 31,2014 | Programmes | July 20,2014 | AMA and NMCA capacities assessment and capacity development to be done in 2014. Other partners will have their capacity assessments and developments done as part of the selection and development of partners capacities for the 4th CP |
| Recommendation 11 | | | Evaluate the pilot FHH + MST + CME pilot project including a costed model and advocate among the MoPH and donors for increasing coverage and replication to other provinces. | | |
| Management Response | | | Accepted | | |
| Comments | | | | | |

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| 11.1 | Evaluate FHH+MST+CME, including a costed model | December 31,2014 | RH Unit | July 20,2014 | The activity has been included in the 2014 AWP's. Discussions with Minister and Dep Minister held and TOR to be shared with them. |

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| 11.2 | Advocate amongst MoPH and donors to increase coverage and replication to other provinces. | December 31,2014 | Representative | July 20,2014 | Though advocacy for inclusion of this model in Basic Package of Health Services has been on-going, a more targeted and evidence-based advocacy will be done after the evaluation findings. Initial meetings discussing this with Minister and Deputy Ministers have been held in Dec 2013 and Feb 2014. |
| Recomendation 12 | | | Foster internal and external coordination mechanisms by regular and active presence at planning and coordination meetings, recruitment of new GBV Sub-Cluster Coordinator, strengthening the formal forum for generating population data led by CSO, and raising awareness of UNFPA's Gender Equality Programme among UN agencies. | | |
| Management Response | | | Accepted | | |
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| | | | | Status | Comments |
| 12.1 | Foster internal and external coordination mechanism by regular and active presence at planning and coordination meetings. | December 31,2014 | Gender Unit | July 20,2014 | All UN, Development Partners and Government coordinated meetings are being attended. UNFPA leads in the GBV Sub-cluster and has been coordinating this well. There was active engagement in the UNDAF process |

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| 12.2 | Recruit new GBV Sub-Cluster Coordinator | December 31,2014 | Representative | July 20,2014 | The CO will undertake by June, 2014, Human Resources Assessment and restructuring to enable it deliver on its 4th CPD. Recruitment of NORCAP approved by APRO for GBV Sub-Cluster Coordinator and progressing with HQ. |
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| 12.3 | Strengthen formal forum for generating population data led by CSO and raising awareness of UNFPA's Gender Equality programme among UN agencies | December 31,2014 | PDS Unit | July 20,2014 | UNFPA has been assigned by UNCT to lead the Data for Development Forum, and to coordinate efforts of this forum with work of CSO. Already work is being done by UNFPA in advocating and technically providing support for the conduct of DHS. Quarterly meetings being held as planned |
| Recomendation 13 | | | Conduct an internal human resources assessment to prepare for CP4 and expansion of activities. | | |
| Management Response | | | Accepted | | |
| Comments | | | | | |

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| | | | | Status | Comments |
| 13.1 | Conduct an internal human resources assessment to prepare for CP4 and expansion of services | June 30,2014 | Representative | July 20,2014 | This has been planned to take place in June and preliminary discussions have been held with APRO, DHR, Programme Division and Technical Division for TOP Integrated Mission Support |
| Recomendation 14 | | | Develop an M&E Action Plan with Government that includes an M&E operating budget to cover M&E database, surveys, and joint field missions; Develop and align M&E systems so they are results based for coherence in the entire programme cycle. Define for CP4 realistic results, targets and indicators | | |
| Management Response | | | Accepted | | |
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| | | | | Status | Comments |
| 14.1 | Develop an M&E Action Plan with Government that includes an M&E operating budget to cover M&E database, surveys, and joint field missions | December 31,2014 | M&E Unit | July 20,2014 | As part of the 4th CPD, the CO will undertake a comprehensive and costed M&E Action Plan with Government. |
| 14.2 | Develop and align M&E systems so they are results based for coherence in the entire programme cycle. | December 31,2014 | M&E Unit | July 20,2014 | The CO is also working on technical assistance to support its M&E database creation before end of year. |
| 14.3 | Define for CP4 realistic results, targets and indicators | February 28,2014 | Representative | July 20,2014 | This has been done as part of the 4th CPD development. Unlike previous CPD, the draft 4th CPD now has baseline as well as targets for each indicator. |

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| Recomendation 15 | Strengthen transversal aspects by creating a separate and higher profile unit for Adolescents and Youth pursuing stronger interventions for youth in less served focus areas, such as prevention of child and forced marriages and adolescent pregnancies, youth drug users and other marginalized youth, integrate ASRH in education and the FHH; and ensuring that transversal aspects are results driven. |
| Management Response | Accepted |
| Comments | |

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| | | | | Status | Comments |
| 15.1 | Strengthen transversal aspects by creating a separate and higher profile unit for Adolescents and Youth pursuing stronger interventions for youth. | December 31,2013 | Representative | July 20,2014 | The Unit has been created and currently staffed by two people: an international youth specialist and a national programme officer. |

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| 15.2 | Strengthen interventions for youth in less served focus areas, such as prevention of child and forced marriages and adolescent pregnancies, youth drug users and other marginalized youth, integrate ASRH in education and the FHH; and ensuring that transversal aspects are results driven. | December 31,2014 | Adolse cents & Youth | July 20,2014 | This is on-going work. Commitments have been secured from Minister of Education for setting up a committee to integrate sexuality education in school curriculum. In second quarter, youth programme roll out strategy will be defined and developed to guide work of the Country Office in this area |
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