End of Programme Evaluation of the

Africa Regional Programme 2008-2012

FINAL EVALUATION REPORT

Prepared for UNFPA Africa Regional Office (ARO)

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List of Acronyms

ACP	African, Caribbean and Pacific Group of States
ADB/AfDB	African Development Bank
ADF VII	Seventh African Development Forum
AFIDEP	African Institute for Development Policy
AfriYAN	African Youth and Adolescents Network on Population and Development
APAI-CRVS	Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics System
APC	African Population Commission
ARAP	Africa Regional Action Plan
ARO	Africa Regional Office (UNFPA)
ARP	Africa Regional Programme
ASRO	Arab States Regional Office (UNFPA)
ASSD	Africa Symposium on Statistical Development
AU/AUC	African Union Commission
AU-YVC	African Union Youth Volunteer Corps
AWP	Annual Work Plan
AYC	African Youth Charter
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CCM	Country Commodity Manager
CCP	Comprehensive Condom Programming
CEMAC	La Communauté Économique et Monétaire des Etats de l'Afrique Centrale (Central African Economic and Monetary Community)
CHESTRAD	Center for Health Sciences Training Research and Development
CO	Country Office

COARs	Country Office Annual Reports
CODESA	Convention for a Democratic South Africa
CODESRIA	Council for the Development of Social Science Research in Africa
CP	Country Programme
CRVS	Civil Registration and Vital Statistics
CSO	Civil Society Organization
CST	Country Support Team
CSW	Commission on the Status of Women
CTA	Chief Technical Adviser
DFID	Department for International Development
DHS	Demographic and Health Survey
DPoA	Development Plan of Action
DRF	Development Results Framework
EC	European Commission
EAC	East African Community
ECA	Economic Commission for Africa
ECOWAS	Economic Community of West African States
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Newborn Care
EMTCT	Elimination of Mother-to-Child Transmission
ESA	Eastern and Southern Africa
ESARO	Eastern and Southern Africa Regional Office
FBO	Faith-Based Organization
FGM/C	Female Genital Mutilation/Cutting
FIR	Financial Implementation Rate

FP	Family Planning
GBV	Gender-Based Violence
GBVE	Gender-Based Violence Education
GCHRB	Gender, Culture and Human Rights Branch (UNFPA)
GRB	Gender Responsive Budgeting
GPRCHS	Global Programme on Reproductive Health Commodity Security
HEP	Humanitarian Response and Emergency Preparedness
HHA	Harmonization for Health in Africa
HIV	Human Immunodeficiency Virus
HMN	Health Metrics Network
HSRC	Human Sciences Research Council
HTC	HIV Testing and Counselling
IBGE/Brazil	Brazilian Institute of Geography and Statistics
IASC	Inter-Agency Standing Committee
ICASA	International Conference on AIDS and STIs in Africa
ICPD	International Conference on Population and Development
ICM	International Confederation of Midwives
IDUs	Injecting Drug Users
IFORD	Institut de Formation et de Recherche Démographique
IGAD	Inter-Governmental Authority on Development
ILO	International Labour Organization
IMIS	Integrated Management Information System
IO	International Organization
IPs	Implementing Partners

IPDSR	Institute for Training and Research in Population, Development and Reproductive Health
IPPF	International Planned Parenthood Federation
IPTS/PTS	Integrated Programme and Technical Support/Programme and Technical Support
IRW-SA	Islamic Relief Worldwide-South Africa
ISSP	Institut Supérieur des Sciences de la Population
JURTA	Joint UN Regional Team on AIDS
LDCs	Least Developed Countries
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MARP	Most-at-Risk Populations
MC/CCP	Male Circumcision/Comprehensive Condom Programming
MDGs	Millennium Development Goals
MICs	Middle Income Countries
MDSR	Maternal Death Surveillance and Response
MISP	Minimum Initial Service Package
MNCH/MNH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MoU	Memorandum of Understanding
MPoA	Maputo Plan of Action
MRF	Management Results Framework
MSM	Men Who Have Sex with Men
MTR	Mid-Term Review
NGO	Non-Governmental Organization

NSO	National Statistics Office
OECD/DAC	The Organisation for Economic Cooperation and Development / Development Assistance Committee
PAF	Programme Acceleration Funds
P&D	Population and Development
PDB	Population and Development Branch
PHC	Primary Health Care
PHS	Public Health Services
PMTCT	Prevention of Mother-to-Child Transmission
PoA	Programme of Action
PPD	Partners in Population and Development
PRB	Population Reference Bureau
PRSP	Poverty Reduction Strategy Paper
PSA	Population Situation Analysis
RA	Rapid Assessment
RBM	Results Based Management
RDT	Regional Directors Team
REC	Regional Economic Communities
REDATAM	Retrieval of Data for Small Areas by Microcomputer
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RIPS	Regional Institute for Population Studies
RO	Regional Office (UNFPA)
ROAR	Regional Office Annual Report
RPAP	Regional Programme Action Plan

RR	Reproductive Rights
SADC	Southern African Development Community
SANAC	South African National AIDS Council
SAPR	State of African Population Report
SBCC	Social and Behavior Change Communication
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SIS Afrique	Solidarité Info Santé – Afrique (Solidarity Health Information – Africa)
SRO	Sub-Regional Office (UNFPA)
STI	Sexually Transmitted Infection
STP	Scientific Thematic Panel
SW	Sex Worker
TA	Technical Advisers
TNGP	Tanzania Gender Networking Programme
ToR	Terms of Reference
ToT	Training of Trainers
UAPS	Union for African Population Studies
UBW	Unified Budget and Workplan
UN	United Nations
UNAIDS	United Nations Programme on AIDS
UNCT	United Nations Country Teams
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific, and Cultural Organization

UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VAW	Violence against Women
WAHO	West African Health Organisation
WCARO	West and Central Africa Regional Office
WHO	World Health Organization
YPLWH	Young People Living With HIV

Acknowledgments

Executive Summary

Background

The Africa Regional Programme Action Plan (RPAP) 2008-2012 was approved in June 2008 as part of the UNFPA Global and Regional Programme. It contributes to the Strategic Plan 2008-2011 and the Africa Regional Strategy 2004-2015. It focuses on three main components: Population and Development; Reproductive Health and Rights; and Gender, with key strategies addressing:

- Region-specific technical guidance, capacity building and high-level technical support at national, sub-regional and regional levels;
- Coordination, partnership building and reinforcement at national, sub-regional and regional levels with other UN agencies, donors and stakeholders;
- Mobilization of commitment and leveraging resources among key global, regional and national stakeholders for the implementation of the ICPD Programme of Action; and
- Response to the emergent SRHR needs of vulnerable groups in humanitarian situations.

The purpose of the Africa Regional Programme 2008-2012 is to provide a more effective response to the expressed needs of African countries in their efforts to reach the ICPD and the MDGs targets within the rapidly evolving political, socio-cultural, economic and aid environment. Following the regionalisation of UNFPA structures, the Africa Division in New York relocated and opened offices (Africa Regional Office – ARO) in Johannesburg in January 2009, and commenced full-scale programming within the framework of the Africa Regional Programme Action Plan 2008-2012. At the Africa Regional Planning Meeting in 2009, five regional priorities were identified to guide the implementation of the Regional Programme. These priorities included:

- Reduction of maternal mortality and morbidity.
- National capacity building and quality assurance for the 2010 round of censuses and data for development.
- Result-based management and accountability for high quality programming.
- Integrated programme and technical support services (IPTS) in the context of reorganization.
- Effective engagement in UN Reform in the context of 'Delivering as One' and alignment with regional and national priorities and processes.

Purpose of Evaluation

The evaluation of the Africa Regional Programme provides an opportunity for the Africa Regional Office to review and analyze programme achievements and related strategies during 2008-2012, and better understand how these contribute to the UNFPA strategic plan outcomes. It is envisioned that findings will contribute to the development of the new regional programme, which will be prepared by the UNFPA regional office and stakeholders in 2013. Furthermore, the evaluation is meant to serve as a means of quality assurance for the regional programme technical and programme support strategy. It should contribute to learning and capacity development on programme design, planning, monitoring and evaluation at corporate, regional, sub-regional and country levels. Finally, it is hoped that the evaluation provides substantive support to UNFPA's accountability to stakeholders and partners at the regional, sub-regional and country levels, as well as the executive board and wider public.

The evaluation was guided by the following objectives:

- Examine programme strategies (technical assistance and capacity strengthening, partnerships, coordination and management, operations and monitoring and evaluation, and resource mobilization) adopted to achieve the programme outputs and emerging regional priorities;
- Examine the programme logical framework, associated performance measures and the manner in which strategic information has been used to plan, monitor and evaluate progress toward targets;
- Identify good practices, lessons learned and challenges and provide recommendations in light of the evidence;
- Analyze the technical assistance modality and the quality assurance process provided for the implementation of the regional programme; and,
- Analyze Humanitarian and Emergency Preparedness in the region and offer recommendations to improve its efficiency and effectiveness.

Evaluation Methodology

The evaluation was commissioned to an independent firm, The Bassiouni Group (TBG), and carried out by an experienced evaluation team consisting of four international consultants with expertise in programme evaluation within the UN context, and technical knowledge in the areas of Population and Development, HIV programming, Humanitarian Response, and Gender in Development. The evaluation team worked with the reference group, the Management Team, the Africa Regional Office (ARO), Sub-Regional Offices, Country Offices, counterparts and other stakeholders to build consensus around the evaluation scope, process and findings.

The evaluation employed a multi-method approach, including a rigorous document review of 240 UNFPA global and country reports; in-depth interviews with 40 select key informants from UNFPA and other stakeholders, both regional and in-country; two on-line surveys which solicited the participation of UNFPA country and sub-regional offices in the Africa region and implementing partners (IPs); and in-country field visits to Johannesburg (South Africa), Dakar (Senegal), and Addis Ababa (Ethiopia) to obtain in-depth stakeholder perspectives at the regional, sub-regional and country levels. The team's evaluation approach was participatory and consultative, and was carried out using the OECD/DAC evaluation criteria of relevance, effectiveness, efficiency and sustainability.

Key Findings and Conclusions

The evaluation found that substantive progress has been made toward attaining 85% (40 of the 47) Africa Regional Programme outputs over the four-year duration of the programme under review (2008- 2012). The Africa regional offices are closely aligned with many regional and global initiatives, and they have accomplished major successes in terms of advancing UNFPA's mandate in the region on many fronts, including advocacy and policy reform, partnership and capacity building, and progress in thematic areas such as SRH/HIV integration and HIV prevention, reproductive rights, youth advocacy, and gender-based violence.

For instance, the Africa Regional Programme has effectively entered and sustained many partnerships arising out of priorities identified by the International Conference on Population and Development (ICPD) and its Programme of Action (PoA); MDG 5; and the Maputo Plan of Action on Sexual Reproduction and Health (SRH), as well as the Maputo Plan of Action's Africa Health Strategy

(through the development of sub-regional strategies). The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) is an exceptional example of UNFPA's capacity to create and sustain partnerships for results. A full description of programme performance accomplishments over the programme period is provided in Chapter 4.

The evaluation also identified opportunities and challenges in the implementation of the Africa Regional Programme in the context of global and regional shifts, including:

- Changes in the health and development programming and overall funding environment, which is moving toward regionalization/block funding and programming;
- An increasing prosperity (despite residual inequalities) in many African countries, with an increasing number of countries reaching middle-income status;
- Improved African capacity, skill and talent at all levels (government and private sector) for which UNFPA might take full advantage;
- Regional demographic imperatives, most notably with respect to the expansion of the number, roles and needs of African youth;
- Technological advances in the region with implications and promise on both the medical programming and communications/internal and external media fronts;
- Widespread humanitarian emergencies and political instability throughout the Africa region; and,
- Increased local governmental media capacity and a diversity of new private media outlets that UNFPA may tap to maximize internal and external communication and programmatic results (on both the supply and demand side).

As such, the evaluation findings and conclusions have been drawn taking into account the transforming challenges and promising opportunities in the region.

Findings and conclusions are organized around the key Africa Regional Programme strategies (as outlined in the evaluation ToR), including capacity building and technical assistance; partnerships and resource mobilization; operations, programme oversight, and coordination and management; results based management and monitoring and evaluation; and communications, policy and advocacy.

Capacity Building and Technical Assistance

Capacity building is a process that occurs in a specific context, and requires a comprehensive, ongoing and integrated country development approach that addresses individuals, institutions, systems and the enabling environment. There are indications that the regional programme is embracing this approach, but developing a shared understanding between the regional and country offices regarding how best to develop capacity and provide technical assistance to achieve sustainability remains a challenge.

The evaluation indicates that, overall, country and counterpart capacity building and technical support provided by the Africa Sub-Regional Offices appears to be largely relevant and of good quality. An area of particular progress has been a steady improvement since 2010 of the quality of country programme documents. However, there are gaps in the types and quantity of assistance (such as operational support) and barriers to the efficiency and timely flow of technical support (within existing operational systems such as IPTS) that merit attention.

Partnerships and Resource Mobilization

UNFPA ARO has effectively entered into and sustained many partnerships. It has aligned itself to the International Conference on Population and Development (ICPD) and its Programme of Action (PoA); MDG 5; and the Maputo Plan of Action on Sexual Reproduction and Health, as well as the Maputo Plan of Action's Africa Health Strategy (through the development of sub-regional strategies) as part of supporting the African Union and its member States in the implementation of its Continental Sexual and Reproductive Health and Rights Policy. The Campaign on Accelerated Reduction in Maternal Mortality in Africa (CARMMA) is an exceptional example of UNFPA's capacity to create and sustain partnerships. ARO has partnered with many other UN Agencies through the Harmonization for Health in Africa (HHA); the UN Development Group (UNDG); Parliamentarians through the Pan African Parliament (PAP); and NGOs, such as the Africa Social and Health Development Foundation (ASHDF), to support the implementation of the ICPD Programme of Action/Maputo Plan of Action most notably in terms of advocating for political commitments and financial support toward maternal and newborn health.

However, there are gaps in partnership collaborations with important regional entities such as ECOWAS, SADC and CEMAC, as well as operational and financial barriers to maximizing and sustaining results that merit attention. While there has been substantive and ongoing success in partnership building, the Africa Regional Programme has not yet fully enabled their staff to foster strong, long-lasting partnerships to the extent needed to fully achieve the programme's objectives in several key areas. Further, given the global financial crisis and the recent shifts and cuts in aid programming, more resource mobilization will be needed to ensure adequate funds for programming and partnership capacity building.

Operations, Programme Oversight, Coordination and Management

Evaluation data and analysis indicate that, overall, ARO's work with respect to operations, coordination and management, and programme oversight has been of good quality and relevant to the needs of country and regional offices and implementing partners in reaching their objectives. However, the evaluation noted that there are budget constraints, unmet staffing/training needs, and some operational inefficiencies and communication barriers between regional programme management and technical and programme advisers that could benefit from a closer review.

Results Based Management and Monitoring and Evaluation

The Africa Regional Programme evaluation system was initiated in 2009, which among many accomplishments cited as particularly useful include M&E training and workshops, the creation of an M&E website, and a database/roster of PME consultants for UNFPA programmes within the region. The evaluation found that substantive progress has been made with respect to M&E processes over the last few years, but for a portion of UNFPA regional and country staff, it still remains inadequately valued for its relationship to results, and is yet to be owned by both regional and country programme staff. M&E processes are not yet fully integrated, and lines of accountability are at times unclear. Inadequate funding for M&E programming and training was identified as a barrier to the institutionalization of RBM and M&E processes, given programme staff are reluctant to spend what little programme funds they have on M&E activities. In addition, some country offices do not have dedicated M&E staff. Finally, ARO's implementing partners would like additional monitoring and

evaluation of their initiatives with the ARP as a means to identify lessons learned and to document achievements and best practices toward sustainability.

It is currently in the area of planning, setting of targets, monitoring progress and evaluating results within the regional programme that some of the greatest challenges reside. M&E as it operates within ARO should not be artificially distant from but fully integrated into Programme and Operations at regional and country levels to ensure adequate results-based planning, including setting of targets, costing and budgeting, implementation, including monitoring progress and evaluating results, and management. Many improvements have been made in recent years, but these changes have not kept up with changes in the donor and funding environment (due to some extent by the global financial crisis leading to more results-driven, value-for money requests) and the standards that donors and other agencies now expect.

Communication, Policy and Advocacy

UNFPA ARP has shown itself to be a successful advocate and an effective communicator in key areas, especially with respect to the current census efforts. ARP has also had very notable advocacy and policy achievements associated with CARMMA. In addition, UNFPA Africa regional offices have increasingly utilized technology advances to maximize their efficiency and impact, with positive communication outcomes resulting from the effective use of webinar technology. This technology has played a major role in UNFPA's ability to expand its intra-country communication and outreach, as well as to increase knowledge sharing and interactive/participatory engagement during conferences.

However, there is a lack of clear advocacy and communication strategies. The organization's communication advisers have not yet been fully empowered and mandated to ensure communication is strategic, its effects fully measured and its audiences clearly defined and targeted.

Main Recommendations

The evaluation team appreciates that the Africa Regional Office is required to provide a management response to each of the evaluation recommendations, and has therefore attempted to provide a *limited* number of strategic and programmatic recommendations based on the evaluation findings and conclusions. The recommendations summarized below are outlined in further detail in Chapter 7.

Capacity Building and Technical Assistance

- Re-evaluate/assess the current online technical assistance web-based system (IPTS) for its effectiveness as a tool to provide timely fielding of technical assistance to country offices.
- Ensure that additional funding/priority be placed on the availability/provision of operational support (such as administration, finance, IT) to country programmes (in both French and English).
- Place greater emphasis on the potential of South-South support between countries, including country exchanges and the use of national consultants for technical assistance (TA), which are both widely deemed as highly valuable and practical by country programmes.

<u>Partnerships and Resource Mobilization</u>

- Ensure all staff understand guidelines on how to work in partnerships, offering clarity regarding appropriate partners and evidence-based partnering strategies for the Africa Regional Office and country programmes.
- Offer additional training opportunities to country offices in the area of resource mobilization, with an emphasis on tapping into new sources of funding, such as the private sector, as well as national government funding of activities to ensure sustainability.

<u>Operations, Programme Oversight, Coordination and Management</u>

a) *Strengthening Leadership and Management*

- Invest in leadership and management training to improve communications between regional programme management and technical and programme advisers, and increase transparency, participation, accountability and collegiality/trust at all levels. The corporate learning and career management programme on leadership for senior and middle managers, which was initiated by the regional office and has become a corporate programme policy, has been an effective initiative and should be continued.
- Incorporate participatory processes for staff input in decision making and strategic planning processes (in all phases) to empower regional, liaison office and country level staff to become more engaged and to ensure that guidelines and policy frameworks (at both the country and regional levels) are technically achievable and contextually attainable. Include all operations staff and the Liaison Office in all strategic planning processes.
- Ensure that professional travel decisions are collegially and openly decided between regional programme management and technical/programme advisers in terms of the necessity, strategic objectives, and timing of travel to improve management/staff relations and maximize efficiency/outcomes.

b) *Streamlining Operations*

- A methodical review of operational procedures should be conducted, and new systems devised (as appropriate), to allow for efficient mechanisms to be put in place within the regional offices. This will help ensure more positive and timely results among all staff by eliminating roadblocks and procedural impediments between staff and management.
- Place greater emphasis on improved planning with respect to annual work plans in order that workshops and other events can be planned in advance so that proper preparation, procurement and administration can occur for improved results.
- Establish improved methodological linkages and communication channels between the technical advisers and programme specialists to improve knowledge exchange and streamline processes for improved results.

c) *Human Resources/Staffing/Training*

- Review and revise (from top management levels to entry level staff) individual professional profiles (ToRs) to reflect achievable and strategic outcomes.

- Restructure current staffing patterns for results/outcomes, allowing for maximal use of limited resources for optimal results.
- Review the staffing needs of operations units within all regional offices to ensure adequate staffing to reflect the growing *operational assistance* needs of country offices in the areas of finance, IT training, audit training, etc.

Results Based Management and Monitoring and Evaluation

- Integrate the annual work planning and reporting processes within a unified results-based management system. This would require overall accountability for M&E to reside at higher levels of the organization, and for annual plans and reports to be shaped around a coordinated process for measuring progress and remaining accountable to stakeholders.
- Ensure staff understand the principles of results based approaches and M&E and are held accountable for planning and reporting on activities relative to the overall monitoring and evaluation framework.
- Establish greater accountability around the delivery of outputs, with accountability less focused on operations and finance and more focused on outcomes/results.
- Build on the sound monitoring and evaluation progress achieved thus far by a) extending the range of evaluations undertaken to include country evaluation and thematic areas, and b) increasing the amount of training, workshops, and other types of technical assistance provided to the COs to develop skills in results based management and M&E.

Communication, Policy and Advocacy

- Conduct thematic assessments and country programme evaluations to further inform the Africa Regional Programme's achievements and, lessons learned and to document best practices.
- Design policy advocacy tools and provide advocacy and communications training to all country offices.

Development of Africa Regional Programme (2014-2017)

- Clarify and refine the vision, objectives and responsibilities of the 2014-2017 Africa Regional Programme with clear distinctions in terms of accountability between the regional and country offices (and Liaison Office), including a well-articulated results framework. The roles and responsibilities of the Africa regional offices, the Africa Liaison Office, HQ and Country Offices should be carefully reviewed and revised/adjusted to decrease duplication of services; clarify strategic advantages; and improve the efficiency of daily operational procedures between all four entities.
- Develop a regional gender strategy for the 2014-2017 Africa Regional Programme which is dynamic, transformational and supported at the highest levels with adequate resources and staff, given that gender equity is a cross-cutting, underlying and essential variable to achieving sustainable results for all of the Africa Regional Programme's objectives. The gender strategy should be in line with the bullseye and cluster approach in the Business Plan where gender is an enabler.
- It is recommended that thematic assessments be undertaken for each of the thematic areas that UNFPA works within that will feed into the new strategic plan.

- Utilize participatory processes for staff input in decision making and the strategic planning processes for the 2014-2017 programme to empower regional, liaison office and country level staff (including all operations staff) to become more engaged and to ensure that guidelines and policy frameworks (at both the country and regional levels) are technically achievable and contextually attainable.

Chapter 1: Introduction

1.1   Purpose and Objectives of the Regional Programme Evaluation

UNFPA is conducting an evaluation of its five regional programmes in 2012 and 2013. This evaluation of the Africa Regional Programme (ARP) provides an independent assessment of the implementation experience over the 2008-2012 period. The purpose of the evaluation is to produce a useful evaluation of Africa Regional Office (ARO) activities, outputs and impacts from 2008-2012, and to contribute to the development of a new regional programme, which will be prepared by the UNFPA regional office and stakeholders in 2013. The evaluation provides a review and analysis of regional programme achievements and related strategies during 2008-2012, and how these contribute to the UNFPA strategic plan outcomes. It focuses on the specifically regional elements of the programme, taking as a main locus of analysis the Africa Regional Office, the two sub-regional offices (in Johannesburg and Dakar) and the liaison office in Addis Ababa.

It is envisioned that findings from this evaluation will lend support to greater UNFPA Africa Regional Office accountability to stakeholders and partners at the regional and country levels. Furthermore, the evaluation is meant to serve as a means of quality assurance for the regional programme technical and programme support strategy. It should contribute to learning and capacity development on programme design, planning, monitoring and evaluation at corporate, regional and country levels. Finally, it is hoped that the evaluation provides substantive inputs to UNFPA's accountability to the executive board and the wider public.

1.2   Scope of the Evaluation

Within the framework of the Terms of Reference (ToR) developed by UNFPA ARO, the evaluation was guided by the following specific lines of analysis:

- Examine programme strategies (technical assistance and capacity strengthening, partnerships, coordination and management, operations and monitoring and evaluation, and resource mobilization) adopted to achieve the programme outputs and emerging regional priorities;
- Examine the programme logical framework, associated performance measures and the manner in which strategic information has been used to plan, monitor and evaluate progress toward targets;
- Identify good practices, lessons learned and challenges and provide recommendations in light of the evidence;
- Analyze the technical assistance modality and the quality assurance process provided for the implementation of the regional programme; and,
- Analyze Humanitarian and Emergency Preparedness in the region and make recommendations to improve its efficiency and effectiveness.

The ToR requested that a core set of criteria (shown below) be applied in assessing the results:

- **Relevance of the Africa regional programme:** How relevant is the Regional Programme to the priority needs of the region, and countries under jurisdiction of the Africa Regional Office? Has UNFPA applied the right strategy within the specific political, economic and

social context of the Africa region? What have been the eventual critical gaps and/or opportunities in UNFPA regional programming?

- **Effectiveness:** Has the UNFPA Africa Regional Programme accomplished its intended objectives and planned results? What are the strengths and weaknesses of the programme? What are the unexpected results it yielded? Should it continue in the same direction or should it shift from the current strategies and actions for the up-coming cycle?
- **Efficiency:** How well did UNFPA use its resources (human and financial) in achieving its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?
- **Sustainability:** Did the UNFPA Africa Regional Programme incorporate adequate exit strategies and capacity development measures to consolidate and ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional commissions, institutions and national stakeholders after the interventions in all three mandate areas are completed?

In addition to the above evaluation questions and criteria, the evaluators also assessed the strategic positioning of UNFPA in the Africa region, including the corporate perspective and in relation to development priorities of the region, and UNFPA's global lead role in complex humanitarian emergencies. Guided by the ToR, this included the following sets of analyses:

- An analysis of the place and niche of UNFPA Africa Regional Programme within the development, humanitarian and policy space in Africa;
- An analysis of the strategies used by UNFPA Africa Regional Office to strengthen the position of UNFPA in the region's development and humanitarian space to create a strategic position for the organisation in its core focus areas;
- An analysis of the policy support and advocacy initiatives of UNFPA Africa Regional Programme vis-à-vis other stakeholders (which are mainly from the perspective of the planned results of the Africa regional programme 2008-2012); and,
- An analysis of a core set of criteria related to the strategic positioning of UNFPA, both as a development agency and a humanitarian first-responder, as shown below:

  o **Alignment:** To what extent is the Africa Regional Programme aligned with UNFPA Strategic Plan? How is the Africa Regional Programme aligned with the UNFPA strategic and accountability frameworks? How has UNFPA been effectively working together with other UN partners in the region in development and humanitarian response?
  o **Responsiveness:** To what extent did the Africa Regional Programme anticipate and respond to significant changes in the regional and national development and humanitarian context within its 3 core focus areas? Were there missed opportunities in UNFPA programming?
  o **Added Value:** To what extent did the Africa Regional Programme add value to regional and continental efforts in the three priority areas of UNFPA's work in the Africa region?

The evaluation Terms of Reference (ToR) was very broad, and the team worked closely and collaboratively with UNFPA to narrow and refine the focus. The revised final evaluation framework, agreed upon by the evaluation team and the M&E team in ARO, focused primarily on cross-cutting

programme strategies, rather than individual thematic areas. More specifically, the programme strategies that were reviewed included: Capacity Building and Technical Assistance; Partnerships and Resource Mobilization; Operations, Coordination and Management; Results Based Management and Monitoring and Evaluation; Programme Oversight; and Communication, Policy and Advocacy. While the team did all that was possible to address the entire ToR (as outlined below), the evaluation placed priority on the programme strategy assessment component, with other findings complementing and enriching the analysis.

1.3   Methodology and Process

Evaluation Approach

A central resource in defining the evaluation approach was the UNFPA M&E Handbook[1]. The evaluation was implemented using a participatory process involving relevant UNFPA stakeholders and partners at the corporate, regional, sub-regional and country level. It was carried out in accordance with the United Nations Evaluation Group (UNEG) Norms and Standards and Ethical Code of Conduct and UNFPA's Evaluation Policy and Guidelines.

The evaluation focused explicitly on identifying what works, those strategies that produce positive results rather than focusing only on what does not work, including lessons learned, according to the aspirations and goals set out for UNFPA's Strategic Plan. In addition, the UNEG Norms and Standards and Ethical Code of Conduct and UNFPA's internal evaluation guidelines guided the evaluation.

Evaluation Design and Framework

The evaluation was carried out within the framework of UNEG and OECD/DAC norms, standards, criteria and principles of independence, utilizing solid conceptual and proven evidence-based methods to achieve the goals and objectives outlined above. The approach was consultative and the evaluation was carried out through the OECD/DAC evaluation criteria of relevance, effectiveness, efficiency and sustainability. The evaluation team used a variety of methods to ensure that the data was valid, including triangulation. UNFPA programme management data and key strategic information were sampled and checked to ensure their quality and accuracy. Operational research, data management processes and overall strategic information systems were assessed. The evaluation team worked with UNFPA staff, including monitoring and evaluation personnel, to access these systems.

Data Sources and Collection Methods

Primary data was collected through interviews either face-to-face or via Skype/phone and discussion groups. Key stakeholders included UNFPA Africa regional and country office staff and Africa Regional Programme implementing partners (IPs).

Secondary sources included documents, studies, programme reports and evaluations carried out by UNFPA and its partners. Key data sources included ARO strategy documents, global strategy

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[1] Handbook: How to design and conduct country programme evaluation at UNFPA. April 2012, UNFPA

documents, baseline documents, ARO annual work plans, annual work plans of implementing partners, country office annual reports (COARs), CARMMA (Campaign on Accelerated Reduction of Maternal Mortality in Africa) documents, UNFPA evaluation reports, Humanitarian Response and Preparedness (HEP) report documents, HIV update documents, IPTS documents and RBM UNFPA resources.

In terms of data collection, the evaluation used a multiple method approach that included a rigorous document review; in-depth group and individual interviews; the design and implementation of two customized online surveys with UNFPA stakeholders and implementing partners; and field visits to Johannesburg (South Africa), Dakar (Senegal) and Addis Ababa (Ethiopia). These methods are described further below.

Desk Review

An extensive desk review of literature (over 240 documents) was conducted which included relevant UNFPA strategic documents, evaluation reports and associated literature. It also included external information that was required to assess thematic areas within UNFPA's focus areas, including demographic and health surveys, special research, UN reports, and other information. The documents used in the literature/document review were gathered and assessed (through the subsequent key informant interviews) in light of how much they have been read outside of UNFPA or were referred to in the field of academia and by practitioners as critical documents that changed the course of the discussion and practice. Please refer to the Bibliography provided in **Annex II** for a full list of documents reviewed.

Interview Questionnaires

Four customized UNFPA Stakeholder In-depth Interview Questionnaires were developed to guide the interview process with Country Offices, Regional Offices, Regional Partners and Implementing Partners. Please refer to **Annex IV** to view the four customized UNFPA Stakeholder In-depth Interview Questionnaires.

Key Informant Interviews

The evaluation team conducted approximately 40 key informant interviews which took place in UNFPA New York HQ; ARO in Johannesburg; the sub-regional offices in Johannesburg and Dakar; the Country Offices of South Africa, Senegal and Ethiopia; and the liaison office in Addis Ababa. Please refer to **Annex I** for a complete list of persons interviewed.

Electronic Surveys

Two electronic surveys (e-surveys) were developed to capture data from both the UNFPA Africa country and regional offices and their implementing partners. The surveys included:

1) UNFPA/ARO Evaluation – Questionnaire for Regional Offices and Country Offices; and,

2) UNFPA/ARO Evaluation – Questionnaire for Implementing Partners.

Please refer to **Annex IV** to view the online surveys.

The objectives of the e-surveys were to:

- Capture data from a wide range of UNFPA country, regional and sub-regional offices and implementing partners in the Africa region; and,
- Provide quantitative and qualitative data to triangulate and complement findings obtained from in-depth interviews and document reviews.

Both e-surveys were conducted over the Internet, and respondents had the option of saving their responses, logging off and returning to the survey at a later time. To encourage openness and honesty in responses, respondents were assured that all responses would be treated in strict confidence and that responses would not be traceable to individual respondents. The surveys were analyzed entirely by the evaluation team, data was anonymised and analysis of the survey results was presented in aggregated form only (with ARO having access only to the aggregated results). Specifics pertaining to the two separate e-surveys are detailed below, with findings provided primarily in Chapter 5 of the report.

1) UNFPA/ARO Evaluation – Questionnaire for Regional Offices and Country Offices

The e-survey was sent to programme, technical and operational advisers across all Africa regional offices (including the sub-regional offices and liaison office) and country offices. The e-survey elicited 41 responses from 28 countries, yielding a 61% country response rate. The survey was open for approximately two business weeks.

The e-survey consisted of a total of 14 close-ended and open-ended questions. Questions ranged from open-ended (comments) to closed-ended (yes/no, Likert scale) questions. The key ToR evaluation questions guided the formulation of the e-survey questions.

Demographics: The e-survey respondents consisted of 29% (12) regional office staff, 68% (28) country office staff and 2% (1) liaison office staff. Among the regional or sub-regional office respondents, 65% were based in Southern and Eastern Africa and 35% were based in West and Central Africa. In terms of position categories, respondents consisted of 41% management staff, 11% technical advisers, 46% programme advisers and 3% operations advisers.

2) UNFPA/ARO Evaluation – Questionnaire for Implementing Partners

The e-survey was sent to 17 Africa Regional Programme implementing partners (IPs) who have worked with UNFPA ARO throughout sub-Saharan Africa. These included both past and present IPs (12 with current contracts and five with previous contracts) in an effort to capture feedback relevant to the four-year programme performance period being analyzed. The e-survey elicited 11 responses from 17 implementing partners, providing a 65% survey participation response rate.

The survey was open for approximately two business weeks. Responses were monitored to track the response rate, and the evaluation team followed up through periodic emails (sent from UNFPA staff) to encourage respondents to complete the survey.

The survey consisted of a total of 12 close-ended and open-ended questions. Questions ranged from open-ended (comments) to closed-ended (yes/no, Likert scale) questions. The key ToR evaluation questions guided the formulation of the e-survey questions.

Demographics: Survey respondents consisted of 11 IPs who reported working with UNFPA throughout sub-Saharan Africa in over 46 countries, including Chad, Mali, South Africa, Mozambique, Tanzania, Botswana, Burundi, Malawi, Swaziland, Lesotho, Ethiopia, DRC, Uganda, Zambia, Zimbabwe, Kenya, Rwanda, Sierra Leone and Eritrea, among others.

An evaluation framework (attached as **Annex V**) sets out in detail the data sources and data collection methods for each of the evaluation questions. The framework expands upon the ToR questions, and thus provides a wider interpretation of the issues. The framework also indicates data sources and the specific evaluation methodologies used (document review, key informant interviews, electronic surveys, etc.) to address each evaluation question. The framework served as a means of verifying whether sufficient evidence had been gathered for each evaluation criterion. Finally, the framework attempted, where possible, to provide a set of measurable performance indicators/ standards of performance/benchmarks against which the attainment of results was assessed.

1.4 Limitations of the Evaluation

Overly broad Terms of Reference: The Terms of Reference (ToR) for the evaluation was overly ambitious given the limited time and resources available to perform the task. Optimal time and resources would have allowed for a more comprehensive assessment of each thematic programme, and additional interviews with implementing partners beyond the e-survey. Despite its best efforts, the evaluation team was not able to negotiate a realistic scope of work for the evaluation, which resulted in the provision of seven months of services, rather than the six weeks appropriated, to ensure a solid product. Nevertheless, the evaluation team remained committed to addressing the ToR as fully and comprehensively as possible, even within this limiting context.

Constraints to current evaluation guidelines: A central resource in defining the evaluation approach was the UNFPA M&E Handbook. The evaluation team carefully and diligently followed the manual. However, it was found that the guidelines focused primarily on national (rather than regional) evaluations. As such, some elements could not be applied to this regional evaluation effort. To address this issue, some adjustments were made to the approach to ensure a positive outcome. Most significantly, rather than focus on thematic areas in detail (and the outcomes they have achieved), the evaluation team and ARP colleagues jointly decided to focus the bulk of attention on the "processes" or "strategies used" by ARO to achieve planned results, such as partnership development, capacity building and technical assistance, policy and advocacy, communications, and results based management, etc. The cross-cutting themes of relevance, effectiveness, sustainability and efficiency were analyzed for each strategy. This approach was found to be effective, and it provided an especially rich source of information regarding best practices and lessons learned.

ARO transitions: The ARO strategy underwent a major transition halfway through the reporting process, which resulted in the period of 2008-2012 having two different strategic and results frameworks. Further, the process of regionalization, which took place beginning in 2008, also meant that the first year of the evaluation period was transitional. As a result, less information could be captured regarding programme results in that year.

Inconsistent reporting formats and incoherent documentation: The documentation collected by UNFPA pertaining to its plans and results varied in format from year to year. As a result of the lack of consistency in document formatting, multi-year comparisons and analyses of trends were not always feasible. In addition, over 240 documents were provided to the team, which were of mixed relevance

and practicality. This made the desk review process particularly time consuming. UNFPA did not share documentation in an organized manner within the folder system requested by the evaluators, and this made it difficult to establish what documents were available and from these, which were received.

Incomplete documentation and poorly maintained M&E records: Despite a major effort to attain adequate documentation, the evaluation team was not provided with documentation that allowed an assessment of whether planned activities were completed satisfactorily. Annual work plans documented activities, but annual reports only documented selected highlights at a general level. In addition, financial reporting documentation offered percentage implementation rates, yet these are only a rough proxy indicator of actual project completion, as percentage spending rates are not equivalent to percentage project delivery rates. Budgets can be shifted mid-project cycle, and importantly, budget codes are often not amenable to detailed scrutiny in terms of the activities they describe. In addition, annual review documents that linked back to annual work plans were missing for the majority of the work plans. This is critical, as it means that while ARO may plan activities with some level of detail, there is no actual accountability on the extent to which those plans are achieved. The number of activities planned versus the number reported on does not need to match, and no detail is required in the annual reporting on what has been done relative to what was planned to be done. Thematic annual reviews do exist with some level of information, but they are not systematically kept and could not be shared with evaluators. Finally, the M&E framework is not regularly updated (nor could it be, given its design), so understanding how much progress has been made, other than undertaking detailed assessments, is not fully possible.

Interview limitations: Due to the short time-frame for the evaluation, most interviews were conducted in small groups (of two to five) rather than individually. Group interviews cannot ensure that every individual is speaking his or her mind without reservation. For instance, junior staff may have felt inhibited in their inputs by the presence of more senior staff. As such, the team made every effort to encourage each interviewee to provide his or her opinions (in turn), and they were reassured that differing opinions were of value. Interviewees were also encouraged to follow up with emails if there was additional communications, information or documents they wished to provide the evaluation team after the interview.

Another limitation was that due to the restricted evaluation time-frame, only three Country Offices (Cos) – (CO Ethiopia, CO Senegal and CO South Africa) participated in face-to-face interviews with the evaluation team. These three COs represent only a small sampling of the diverse perspectives and experiences of all the COs in the region. In addition to the small CO interview sample size, given their geographical proximity to the Regional and/or Sub-Regional Offices, the experience of these three COs may not be typical, i.e., their situation is unique and should not be generalized to represent the standard experience of most COs in the region. This factor was carefully taken into account during the evaluation process, and findings were balanced and triangulated to account for this limitation. However, it should be noted that all Country Offices (COs) were solicited to participate in the UNFPA Regional Office and Country Office electronic survey, and as such, were provided with a direct mechanism to provide substantive input into the evaluation – including an opportunity to provide in-depth written feedback to open-ended survey questions.

One of the most significant limitations was that due to the restrictive evaluation time-frame, the team was not able to interview IPs, UN collaborators, donors or programme beneficiaries. This factor substantially limited the amount of objective feedback the team was able to collect regarding the ARP's accomplishments and value-added from the perspective of other UN entities, donors and

beneficiaries. However, UNFPA's IPs were actively solicited to participate via the online IP survey and thus were provided with a direct mechanism to provide substantive input into the evaluation process. As with the COs, the implementing partners were also provided with an opportunity to submit confidential and in-depth written feedback to open-ended survey questions.

Limited e-survey participation: As described within the methodology section above, two e-surveys were developed to capture data from both the UNFPA Africa country and regional offices and their IPs. While participation was strongly encouraged by ARO and the Evaluation Team, the final response rates (documented in the section above) were limited. As such, the survey data is treated and analyzed as only one of many data sources (including document reviews and interviews) contributing to the evaluation process. Triangulation was particularly important given the limited e-survey participation, particularly among implementing partners. Survey responses were carefully quantified, with the survey response rate, country response rate and question-specific response rate documented in the text to allow for proper and contextual interpretation of the data. As described above, however, the regional and country office e-survey respondents and the IP survey respondents were provided with ample open-ended survey questions which were fully utilized by survey respondents – with some respondents submitting multiple paragraphs of text on issues of interest or concern. This detailed level of response from the somewhat limited number of e-survey participants allowed for a rich analysis of the existing survey data.

In addition, as noted in the methodology section above, the e-survey respondents consisted of 29% (12) regional office staff, 68% (28) country office staff and 2% (1) liaison office staff. Among the regional or sub-regional office respondents, 65% were based in Southern and Eastern Africa and 35% were based in West and Central Africa. In terms of position categories, respondents consisted of 41% management staff, 11% technical advisers, 46% programme advisers and 3% operations staff. As such, it is important to note that survey findings are based on these imperfect survey response rates that (in this case) are heavily weighted on the side of management and programme adviser responses, with less input from the technical advisers and operations staff. Further, responses were weighted more heavily among country office staff (68%) versus regional office staff (29%). As a result, the evaluation team diligently utilized triangulation in order to offer balanced and accurate findings – carefully weighted against multiple data sources, including extensive document reviews, key informant interviews and discussions with stakeholders, as well as comparisons of data obtained from the two e-surveys aimed at different stakeholders, i.e. the implementing partner survey and the regional office and country office survey.

Chapter 2: Regional Context

2.1   Relevance of the Programme to Regional Developmental Priorities and Needs

The Africa Regional Programme (ARP)/Africa Regional Office (ARO) plays a key role in the region in responding to development challenges and the expressed needs of African countries in their efforts to reach the ICPD targets and the MDGs within the rapidly evolving political, socio-cultural, economic and aid environment. ARO's relevance is ultimately dependent on a clear understanding of the environment in which it operates and the challenges therein.

The Mid-Term Review (MTR) of the ARP covering the period of January 2008 to July 2010 found that the programme made significant strides and was relevant in meeting regional needs. Given its ongoing focus around the five regional priorities, emphasis on regionalization and the necessity of responding to rapid socio-economic developments across the continent, the ARP/ARO remains even more relevant. The evaluation data and analysis indicate that, overall, country and counterpart capacity building and technical support provided by the Africa regional offices appear to be largely relevant in terms of supporting country objectives and broader UN/global initiatives. Interviews with stakeholders confirmed that the advocacy undertaken by the ARO has been *relevant* to advancing the ICPD Programme of Action and country priorities.

Further evidence of ARO's relevance is found in the various annual reports and regional/global reports on progress toward attaining the MDGs, as well as announcements at major conferences, such as the 2013 landmark AU Summit. This conference concluded with the publication of *The MDG Report 2013: Assessing Progress in Africa toward the Millennium Development Goals*. Understanding the relevance of ARO's regional action plan necessitates a fuller analysis of the historical development challenges in the region at the beginning, middle and end of the evaluation period.

The joint AUC/ECA report *ICPD and MDGs: Working as One* underscored the challenges across the continent and the continued relevance of issues addressed in the ARP. Published in 2009, on the 15th anniversary of the 1994 Cairo International Conference on Population and Development (ICPD) and the 17th anniversary of the 1992 Dakar/Ngor Declaration (DND) on Population, Family and Sustainable Development, the *ICPD and MDGs* report noted that African countries made significant achievements in the ICPD PoA and MDG objectives in terms of policy formulation, development of legal frameworks and the adoption of appropriate international instruments. Yet, the report concluded that the limited resources and governance limitations across Africa would lead to numerous challenges, including a lack of human and institutional capacity and political commitment.

The ICPD@15 report (*Looking Back, Moving Forward*), published in 2011, further detailed the regional challenges, including high rates of maternal morbidity; poor reproductive health services; deficient socio-economic conditions among African women; weak health delivery systems; socio-cultural norms and traditional practices that seriously undermine gender equality; equity and women's empowerment; and the inability to translate various country-level gender policies into programmes and implement existing legislations on gender equality. While there has been considerable progress on

many fronts since the publication of the *ICPD and MDGs* report in 2009 and the ICPD@15 report in 2011, many of the same regional challenges persist and further underscore the relevance of the ARP.

2.2   Advancement Toward the Millennium Development Goals and Regional Response

In 2000, world leaders adopted the United Nations Millennium Declaration and the Millennium Development Goals (MDGs), setting the year 2015 as the date for reaching the targets. The MDGs are fully integrated into UNFPA's mandate and mission and are inspired by the ICPD and ICPD+5 agreements that guide UNFPA. The work of UNFPA is directly related to five of the eight MDGs – most notably MDG 3 (promoting gender equality and women's empowerment) and MDG 5 (improving maternal health) – and the UNFPA plays an enabling role to help countries meet all eight MDGs. UNFPA's work, and therefore the work of the ARP, is directly related to the goals dealing with gender equality, poverty reduction, empowerment of women, child mortality, maternal health and HIV/AIDS.

General advancement toward the MDG goals on the African continent reflects a mixed picture – success and failures, improvements and challenges, innovations and obstacles – and it is characterized by large and persistent variations across the continent. As noted in the *MDG Report 2012: Assessing Progress in Africa toward the Millennium Development Goals*, steady economic growth and a reduction in poverty has helped Africa proceed toward achieving MDGs. The continent as a whole has made considerable progress and is on track to achieve the targets of universal primary education, gender parity at all levels of education, declining HIV prevalence among 15- to 24-year-olds, increased proportion of the population with access to antiretroviral drugs and increased proportion of seats held by women in national parliaments by 2015. Globally in 2012, 15 of the 20 countries that made the greatest progress on the MDGs were from Africa. Countries such as Benin, Egypt, Ethiopia, Gambia, Malawi and Rwanda were reported as making the most significant progress on a number of goals and targets. In sub-Saharan Africa, covered by the ARO, there has been a substantive reduction in maternal mortality (MDG 5) in the last two decades by 41%, from a rate of 920 deaths per 100,000 live births in 1990 to a rate of 500 deaths per 100,000 live births in 2010, with most of the reduction occurring since 2005.[2]

Yet assessments of the overall progress in African countries should be viewed within the context of ongoing changes and lingering development challenges. Despite the rapid pace of progress, the region as a whole is still mired in a number of ongoing challenges that hinder development, and negatively impact the quality of life of the population. High levels of poverty and unemployment, especially among young people, coupled with persistent or emerging challenges, including political upheavals, violence, gender inequality and social disparities in income distribution and education, limited access to health services, changing demographic patterns, ageing, youth "bulge," migration, emergency and humanitarian crises, and environmental degradation (climate change), remain challenges to be surmounted. The *MDG Report 2013* notes that Africa is the world's second-fastest-growing economic region, yet its rate of poverty reduction is insufficient to reach the target of halving extreme poverty

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[2] http://esaro.unfpa.org/public/public/lang/en/pid/7130

by 2015. The report assesses four goals as "on track" (MDG 2 – Achieve universal primary education; MDG 3 – Promote gender equality and empower women; MDG 6 – Combat HIV/AIDS, TB, malaria and other diseases; and MDG 8 – Global partnership for development), and the other four goals as "off track" (MDG 1 – Eradicate extreme poverty and hunger; MDG 4 – Reduce child mortality; MDG 5 – Improve maternal health; and MDG 7 – Ensure environmental sustainability).

The *MDG Report 2012* provided an updated analysis of Africa's advancement toward the MDGs, and it confirmed the earlier assessments by concluding that Africa's performance obscures large variations in income, gender and spatial inequalities in accessing social services. The main challenges include translating economic growth into sustainable job opportunities, improving service delivery, and reducing income, gender and spatial inequalities. The follow-up *MDG Report 2013*, published at the close of the AU Summit on 27 May 2013, reaffirmed the preceding analysis and the pervasive challenges. It notes that poverty reduction still lags behind growth; low-paying jobs persist; inequality is undermining efforts to reduce poverty; quality education remains a challenge; environmental sustainability is lacking; Africa's share in global trade remains minimal; medium-term prospects for official development assistance remains low; and food insecurity is a continual challenge. The report concludes that Africa must leverage gains from progress on the MDGs, invest in structures to sustain its development well beyond the MDG timeline and "commit to inclusive, transformative development that reduces income poverty, creates decent jobs, enhances the quality of and access to social services, reduces inequality, and promotes resilience to climate-related hazards."

The ICPD+15 Review report (UNFPA, UNECA & AUC, 2009), which also incorporated the MDGs, noted that much has been done in African countries in collaboration with local and international partners to achieve the objectives of the ICPD PoA and MDGs. This includes "policy formulation, development of appropriate legal frameworks and the adoption of relevant international instruments," including those derived from African Union initiatives since the 1992 Dakar/Ngor Declaration. Many countries have established new institutions, strengthened existing ones and designed national and sectoral programmes to address the various dimensions of population – poverty, gender, youth, access to health and reproductive health services, education, family planning, housing, transport, data and communication.

As the 2015 target time frame for the achievement of the MDGs approaches, the UN is developing a comprehensive follow-up programme. UNFPA is working alongside a coalition of partners to ensure that the "principles of the ICPD, including its emphasis on the right of all individuals to sexual and reproductive health, remain at the core of any future development agenda." As part of this effort, UNFPA has taken a lead role in the ICPD Beyond 2014 Review, which has been identified by the Secretary General's report as the source for identifying key priorities in the post-2015 UN development agenda. A key objective of the Review is to facilitate the integration of the population and development agenda into the UN development agenda beyond 2015 and ensure meaningful development outcomes. Another UNFPA status report on "Adolescents and Young People in Sub-Saharan Africa" has continued UNFPA's effort by focusing on opportunities and challenges faced in achieving the MDGs while also providing indicators for seven different focus areas.

The implementation of the ICPD PoA beyond the 2014 agenda stresses the importance of linking the ICPD Review with the post-MDG consultations and other national-level dialogues on the post-MDG framework with data from the ICPD global survey. As part of its key role in the post-2014 agenda, UNFPA has convened a UN System stakeholder group to decide on approach, methodology and activities; held regional and global consultations with civil society organizations and youth groups on

their involvement and contribution to the global review; participated in the preparation of the Secretary General's Task Team Report titled "Realizing the Future We Want for All," (which includes population dynamics, reproductive health and protection of reproductive rights); and co-led in the preparation of the Population Dynamics think piece and other pieces such as Health.

UNFPA has also played a key role in convening action across the political sphere. In December 2012, the first-ever African Parliamentary Forum on Population and Development was established at the Africa Regional Consultative Meeting of Parliamentarians on Population and Development in Johannesburg, South Africa. Organized by UNFPA and the Union for African Population Studies (UAPS), the Forum participants (which included 64 members of parliament) discussed how to prepare and network efficiently to meet the challenge of the ICPD Beyond 2014 Review. Focusing on the goal of strengthening the capacity of parliamentarians in population and development issues for the implementation and monitoring of the ICPD Programme of Action, the Forum followed the consultative meeting of African Parliamentarians on Population and Development in Istanbul (May 2012). It also served as succession support to the international parliamentary meetings on population and development which took place after the ICPD: Cape Town (1997); Ottawa (2002); Ngor Diarama (June 2004); Strasbourg (October 2004); Bangkok (2006); Addis Ababa, (2009); and Istanbul (2012). In their declaration, the Forum participants pledged that the "creation of an enabling environment for poverty reduction and the improvement of the living conditions of the people are prerequisites to the achievement of the MDGs and the objectives of the New Partnership for the Development of Africa (NEPAD)."

Given the contextual factors detailed above, it is important to review sub-Saharan Africa's advancement towards MDGs within the context of UNFPA's core areas of Population and Development; Reproductive Health and Rights; and Gender Equality.

Population and Development

Africa faces an acute population growth crisis. The world's population is predicted to reach 10.1 billion by 2100, according to a United Nations report released 3 May 2011. *(DESA's World Population Prospects – 2010 Revision).* Much of the growth is expected to occur in Africa, where the population could triple to 3.6 billion by the end of the century. As various studies note, even with a rapid drop in fertility rates (to replacement levels), the African population would "continue to increase due to its young age-structure (half the population is less than 20 years old), growing to 1.5 billion in 2050 and 1.8 billion in 2011. Given the high rates of natural increase, in excess of 2%, the population of Africa's 33 Least Developed Countries (LDCs) is expected to reach 2.2 billion, or slightly more than a fifth of the world's population, by the close of the century."

Rapid population growth has the potential to severely undermine progress toward achieving the MDGs, particularly those related to poverty and hunger, gender equality, and the empowerment of women and maternal health. High total fertility rates coincide with lower rates of economic growth in poor countries, diverting resources into current consumption and away from investment in productivity. Furthermore, high population growth places stress on limited environmental resources and contributes to the crisis of governance that can be observed in parts of sub-Saharan Africa.

Fast population growth weakens the link between economic growth and prosperity. Education and health and other vital services are strained. It increases pressures on public spending that Africa is already struggling with. As one study notes, "reproductive illnesses and unintended pregnancies

weaken or kill people in their most economically productive years, not only exacting a financial toll on individuals and families but also undermining the economic development of nations…sexual and reproductive health conditions account for nearly one fifth of the global burden of disease and 32 [percent] of the burden among women of reproductive age worldwide. [3]" As such, this is the MDG toward which African countries have made the least progress according to the Millennium Project Task Force on Child Health and Maternal Health. As evidence, more than 500,000 women die every year from pregnancy-related causes, and 99% of these deaths take place in the developing world. Of the 40 countries with the world's highest rates of maternal death, 36 are in sub-Saharan Africa – a statistic that illustrates the impact of poor access to contraception, lack of skilled care in pregnancy and childbirth, and pregnancies that occur too early in life, too late or too often.

Africa's population of 1 billion in 2009, which represents 14% of the world's population, is projected to grow rapidly through 2050, reaching 2 billion. Africa has a young population, with 47% between the ages of 15 and 49, 20% between 15 and 24 and only 3% who are 65 and over. The population bulge will result in a demographic transition that, if addressed efficiently, will provide an economic growth opportunity for the continent. However, many African nations have yet to capitalize on creating efficient methods of expanding their economies. Among the 46 countries covered by the UNFPA ARO, all engaged in the 2010 Round of Population and Housing Censuses. Twelve countries in Eastern and Southern Africa conducted a census. In addition, 12 nations in West and Central Africa, including seven countries in post-conflict situations (Chad, Guinea Bissau, Kenya, Liberia, Sierra Leone, South Sudan and Togo), also realized a census.

In order to provide young people with adequate SRHR information and support, UNFPA supported the establishment of the African Youth and Adolescents Network on Population and Development (AfriYAN) in December 2005. Its mission is to strengthen the leadership and advocacy skills of young people to be actively involved in policy formulation and programme implementation at the national, sub-regional and regional levels. Since its inception, AfriYAN has been influential in the development, adoption, ratification and implementation monitoring of the African Youth Charter and the development of the African Union Youth Volunteer Corps Policy and the African Union Decade of Youth Action Plan (2009-2018). AfriYAN also contributed to regional and global conferences to highlight the multi-sectoral issues mandated in the African Youth Charter (AYC) and the demand for universal access to SRH services and HIV prevention programmes. The AYC has now been ratified by 32 countries in Africa.

While many countries in the Africa region have significant experience of youth participation in the form of peer education in HIV prevention programmes[4], there is still much to be done with scaling up these initiatives, as well as ensuring the implementation and monitoring of national youth policy action plans. In the AYC, article 11 on Youth Participation notes the need to "facilitate the creation or strengthening of platforms for youth participation in decision-making at local, national, regional, and continental levels of governance," which includes the creation of national youth policies[5]. The

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[3] Ethelston, Sally. (2004). "Progress & Promises: Trends in International Assistance for Reproductive Health and Population." http://populationaction.org/wp-content/uploads/2012/01/Progress_and_Promises_Full_Report.pdf

[4] For example, the YEAH initiative in Uganda.

[5] http://www.africa-union.org/root/AU/AUC/HRST/youth/docs/youth%20participation.html

declaration of 2010 as the UN International Year of Youth created a renewed impetus toward youth policy development. Ghana's national youth policies were launched on 12 August 2010, while other countries such as Mozambique await final signatories.

However, there are several other regional and national mechanisms in place for promoting youth participation, particularly within policy dialogue. These include youth parliaments, such as the African Youth Parliament and the Southern Africa Development Community (SADC) Youth Parliament; national youth councils, such as the Ugandan and Nigerian Youth Councils; and youth networks, such as the African Regional Youth Initiative, the West African Youth Network and the SADC Youth Movement. Members from these networks are often participants at various regional summits, such as the Pan African Youth Leadership Summit[6], the All Africa Youth Summit and the African Regional Youth Network on Population and Development.

UNFPA has provided support to population and MDG-related population activities in Africa, and as such, it has enabled population data collection and analysis through national censuses. This process has provided a valuable information base for advocacy on population dynamics development issues. UNFPA has offices in almost all African countries in order to effectively support governments in implementing their population programmes. Also, the State of the World Population report, which is the foundation of UNFPA's worldwide advocacy, has enabled a broader discussion of the issues, including integrating new thinking on the experiences and perceptions of young people through the inclusion of an annual youth supplement. As a result, few countries in Africa lack a population policy, and many are making great strides in developing robust population and development programmes.

Given the steady progress and challenges on the MDG front, UNFPA is well-positioned to assist African governments through capacity building (training and research) and additional programme interventions in two main areas of population and development: "i) integration of population issues (population dynamics and gender as well as their reproductive and health impacts) in policies, strategies, and plans, as part of initiatives for climate change, mitigation/adaptation, and in response to local environmental change; and ii) design and implementation of action plans for population policy implementation, including the coordination of population activities."

Reproductive Health

UNFPA promotes a holistic approach to reproductive health care that includes policy dialogue and advocacy for political commitment and financial support to sexual reproductive health/maternal and newborn health; universal access to accurate information; a range of safe and affordable contraceptive methods and sensitive counseling; ensuring that quality emergency obstetric and newborn care (EmONC) and antenatal care is available to all pregnant women; and prevention and management of sexually transmitted infections, including HIV – with dual protection as a cornerstone. Comprehensive Condom Programming (CCP) links commodity security to family planning and HIV/STI prevention. Furthermore, UNFPA's strategy for preventing maternal mortality includes family planning to reduce unintended and unwanted pregnancies, skilled care at all births and timely emergency obstetric care for all women who develop complications during delivery. UNFPA also

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[6] UNESCO 2009-2013 will be developing the capacities of the Pan African Youth Network through its SHS Strategy on African Youth: see http://unesdoc.unesco.org/images/0018/001875/187571e.pdf

advocates at many levels for the right of mothers to give birth safely, including training skilled midwives. It spearheads the global Campaign to End Fistula, a collaborative initiative to "prevent this devastating injury of childbirth and to restore the health and dignity of those who have been living with its consequences.[7]"

Within the context of Reproductive Health, African countries have pledged to numerous regional commitments, including the Abuja Declaration of 2001 (requesting countries to allocate at least 15% of public expenditures to the Health sector); the 2006 Maputo Plan of Action on Sexual and Reproductive Health and Rights; the African Health Strategy (2007-2015); the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa; and the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) launched in May 2009. To date, 39 countries in sub-Saharan Africa have launched the CARMMA and implemented maternal health interventions to follow up. However, the AU reports that only six member states (Rwanda, Botswana, Niger, Malawi, Zambia and Burkina Faso) have achieved the Abuja Declaration commitment[8], and as such, overall progress toward the achievement of the health-related MDGs in the African region is similarly slow. It is reported that only eight countries are on track toward realizing their achievement[9].

Of all the Millennium Development Goals, MDG 5 (Improve Maternal Health) has made the least progress. In fact, only six African countries are on track to achieve the health-related MDGs in the African region. Progress on Target 5A (reduce the maternal mortality ratio by three-quarters between 1990 and 2015), which correlates with UNFPA/ARO's Reproductive Health mandate, has been limited. Despite some progress in the maternal mortality ratio between 1990 and 2010 – a 41% reduction (from 850 deaths per 100,000 live births to 500), sub-Saharan Africa still has the world's largest burden of maternal deaths, at 56% in 2010. At 429 deaths per 100,000 live births that year, or an estimated 164,800 maternal deaths, Africa has the world's highest maternal mortality ratio. In response, most countries in sub-Saharan Africa have implemented programmes to reduce maternal mortality, including the launching of CARMMA in 39 countries.

Since the launch of CARMMA in 2009, 40 African countries have adopted the initiative (39 in sub-Saharan Africa under ARO), and more are preparing to do so. Equatorial Guinea has achieved Goal 5, with an 81% reduction in the maternal mortality ratio since 1990, and Eritrea and Egypt are both on track (table 3; WHO et al., 2012). By contrast, Botswana, Cameroon, Chad, Congo, Lesotho, Somalia, South Africa, Swaziland and Zimbabwe all saw maternal mortality rates rise. HIV/AIDS is the main cause of this rise in the Southern African countries, but once antiretroviral therapy became more available, their maternal mortality ratios started to drop. Chad and Somalia are the worst performers, with more than 1,000 deaths per 100,000 live births in 2010, due in no small part to their ongoing complex emergencies.

Progress on Target 5B (achieve universal access to reproductive health by 2015) has been promising, and the contraceptive prevalence rate is rising. In fact, the share of women in Southern, East Central

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[7] http://web.unfpa.org/about/

[8] http://www.ppdafrica.org/docs/policy/abuja-e.pdf

[9] WHO. (2011). "The Abuja Declaration: Ten Years On."
http://www.who.int/healthsystems/publications/Abuja10.pdf

and West Africa using any method of contraception rose from 12% in 1990 to 25% in 2010. However, contraceptive use remains low when compared with other developing regions. Given this reality, UNFPA's commitment to universal access to reproductive health services by 2015 remains an ongoing effort.

The continent has made great advancements in this area, with all nations in Africa recognizing the importance of improving antenatal care within any health care policy, skilled birth attendance, basic postnatal and newborn care, and access to basic and comprehensive emergency obstetric and newborn care. Many countries have shown great improvement in the proportion of women with access to skilled health personnel at delivery, including Namibia, Senegal, Swaziland and Mauritania. In Mauritius, Sao Tome and Principe, Botswana, South Africa, and Seychelles, these services are nearly universal. Family planning programs are a critical component of any effective reproductive health policy, and African nations have made progress toward improving programmes and increasing access to these programmes. In Namibia, for instance, two-thirds of women are using modern methods of family planning, and 98% reported knowledge of contraceptive methods in the 2006-2007 Demographic and Health Survey. Lesotho has created community-based distributors who have been trained to provide family planning services. However, limited access to health care in the majority of African countries poses a serious challenge to the advancement of Africa's reproductive health care policy and programs.

Within the context of MDG 6, which focuses on the fight against HIV/AIDS, malaria and other diseases, overall progress is encouraging. The African continent has the highest prevalence rate of HIV/AIDS, and it has proven to be critical for the member states to work toward achieving the three targets associated with this goal. These include an effort to halt and begin to reverse the spread of HIV/AIDS by 2015; to achieve universal access to treatment for HIV/AIDS by 2010 for all those who need it; and by 2015 to have halted and begun to reverse the incidence of malaria and other major diseases. The African continent has shown progress toward achieving MDG 6. Major achievements toward combating HIV/AIDS on the continent have included a 25% drop in new HIV infections from 2001 to 2011; a 9% increase from 2002 in condom use among men aged 15-24 in sub-Saharan; near parity in school attendance of orphans and non-orphans aged 10 to 14 (as a result of measures taken to lessen the impact of HIV/AIDS on households through national programmes and partners); and significant advances in both the social and health sectors, which have resulted in a 16% increase of people who are living with HIV and are receiving retroviral therapy, as seen from 2009 to 2011. Five countries on the continent (Botswana, Namibia, Rwanda, Swaziland and Zambia) have achieved universal access to antiretroviral therapy. Work toward the reduction of malaria has also been substantial on the continent, with an estimated 90% of all households on the continent now using insecticide-treated mosquito nets[10].

While considerable progress has been made, there are still many challenges faced by the African continent in regards to HIV/AIDS. Sub-Saharan Africa remains the region most affected by HIV/AIDS, with 1.8 million people (about 1 in 20 adults) living with HIV today. This accounts for 69% of the population living with HIV throughout the world. It has also been noted in the United Nations "The Millennium Development Goals Report: 2013" that there is a need to provide more comprehensive education about HIV/AIDS. Currently, only 28% of young women and 36% of young

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[10] United Nations. (2013). "The Millennium Development Goals Report: 2013."

men have a correct and comprehensive understanding of the infection. Another area of concern lies in the fact that of the 17.3 million children orphaned by HIV/AIDS, 16 million live on the African continent. Providing universal access to antiretroviral drugs has been a major priority for Africa. Since Africa is home to 93% of the 1.5 million pregnant women worldwide, a focus on guaranteeing all HIV-infected pregnant women with antiretroviral therapy will greatly reduce the chance for mother-to-child transmission.[11]

Many of the achievements related to MDG 6 have resulted from High-Level Summit outcomes. Most recently, the Abuja+12 Special Summit held 12-16 July 2013 with the theme of "Ownership, Accountability and Sustainability of HIV/AIDS, Tuberculosis and Malaria Response in Africa: Past, Present and the Future" called for placing AIDS, malaria and tuberculosis at the center of all public health policies, with a special focus on eliminating mother-to-child transmission[12]. The 2011 United Nations High-Level Meeting on AIDS also provided frameworks to help achieve MDG 6. The meeting occurred 8-11 June 2011 and stressed accelerating access to existing innovations, focusing on broad innovation in HIV/AIDS interventions and technologies, service delivery approaches, and bridging the gap between new scientific evidence and turning that into treatment[13]. This meeting led to a renewed political commitment in combating HIV/AIDS while also recognizing that the empowerment of young people is one of the most rewarding ways of reducing new infections and preventing unmet needs.

Gender

All eight MDGs touch essential aspects of women's well-being, and in turn, women's empowerment is critical for achieving the goals. The *MDG 2013 Report* notes that Africa is making great strides toward achieving MDG 3, which aims at promoting gender equality and empowering women. Particularly, progress on gender is noticeably encouraging in the areas of political empowerment and parity in enrollment in the primary school educational systems.

More women across Africa are becoming politically empowered, citing the nearly 20% of seats held by women in national parliaments across Africa. On this front, Africa is making faster progress than any other region in the world. Based on data available for 53 countries, eight countries (Rwanda, Seychelles, South Africa, Mozambique, Angola, Tanzania, Uganda and Burundi) have reached the target of at least 30% women in the national parliament, while the nine countries with the fastest growth since 1990 (improving more than 400%) include Morocco, Mauritania, South Africa, Ethiopia, Kenya, Tunisia, Chad, Lesotho and Burundi. Overall, 35 African countries have made progress on this front. Several factors have contributed to this rapid progress. Prominent among these are the adoption of legal frameworks supporting gender representation in parliament, and strong political commitment and affirmative action leading to more inclusion of women in top-level cabinet positions.

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[11] United Nations. (2013). "The Millennium Development Goals Report: 2013."

[12] MDGs in Africa: http://mdginafrica.wordpress.com/category/mdg-6/

[13] http://www.who.int/hiv/events/un/en/index1.html

Similarly, more girls are attending secondary school in Africa. Almost half of the countries in Africa have achieved gender parity at the primary level, while parity at the secondary and tertiary levels has improved. The ratio of girls to boys enrolled in primary schools continues to improve. Of the 49 countries with data, 17 have achieved gender parity. West African countries are the best performers in the improvement of gender parity. Benin, Guinea and Chad made the most progress over 1990/1991-2010, with changes ranging between 62.3% and 77.5%. Data on gender parity in secondary schools is more limited. Only 37 African countries have data; however, the *MDG Report 2013* notes that 12 have achieved parity and seven have surpassed the parity target level of 1.03. Five West African countries (Chad, The Gambia, Niger,, Guinea and Togo) improved parity by more than 50% or more, while eight countries improved 1.0% to 19.9%.

Employment remains a mixed picture, given the weakening of the global economy over the past few years and the negative impact on developing economies that are still relatively fragile as well as the contextual (political, socio-economic, legal, cultural) issues undermining economic development. While the rate of employment growth in sub-Saharan Africa remains firm, the region's share of vulnerable employment across genders remains the highest, with approximately 85% of women and 69% of men vulnerably employed[14]. In sub-Saharan Africa, the percentage of women engaged in non-agriculture employment shifted slightly from 24% in 1990 to 33% in 2011, indicating some notable progress but also considerable room for improvement.

Progress on sexual and reproductive health, and reproductive rights generally, remains a challenge due to several negative factors, including prevalence of sexual violence, limited access to contraception, high levels of unsafe abortion, pandemic levels of HIV/AIDS and traditional laws/customs that discriminate based on sexual orientation (including exacting harsher punishments for women and excluding women from property inheritance and distribution, among other discriminatory laws/customs).

Despite clear progress on MDG 3, pervasive challenges such as high secondary school dropout rates for girls, cultural norms promoting early marriage, household power dynamics and low economic opportunities remain key hurdles. The Gender Chart, produced biennially by UN Women and the UN Statistics Division for the Inter-Agency and Expert Group on Millennium Development Goals Indicators, charts progress toward achievement of MDG 3 on gender equality and women's empowerment. It also shows progress on gender equality in the achievement of the other seven MDGs. Despite the achievements in girls' primary school enrollment, girls are still less likely to attend secondary school. The Gender Chart also shows that reducing maternal mortality remains a major challenge, and men continue to outnumber women in business ownership and political representation.

2.3   Assessment of the Programme Design

This section provides an assessment of the Africa Regional Programme design and logical results framework (outputs, indicators and activities).

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[14] Act Alliance. (2012). "Addressing Inequalities."
http://www.actalliance.org/resources/publications/Inequalities_ACT_ALLIANCE.pdf

2.4   The Programme Design Process

The ARO programme is a component of the global UNFPA Strategic Plan 2008-2011. It is shaped around the Africa Regional Strategy, which is in turn tailored to deliver measurable results relating to ICPD PoA, UN reform processes and frameworks, the MDGs, and other international and regional development initiatives relevant to the UNFPA mandate in the African context. The Africa Division led the design of the Africa Regional Programme after the UNFPA Strategic Plan was approved in 2007.

As part of the design of the Africa Regional Programme, consultations were conducted at the country level with UNFPA Country Offices (COs). Country Offices and national level stakeholders were engaged in the design process through questionnaires and telephone interviews. Over half of the COs spoken to during the MTR indicated they had participated in the development process of the programme. A regional forum was held in Ethiopia to define the regional results and targets, and planning meetings were conducted with the African Union Commission and other regional entities. In addition, Sister UN agencies were engaged through the RDT mechanisms, among other cross-UN platforms. In New York, discussions took place between the Africa Division and other divisions, particularly the Strategic Planning Office and the Technical Support Division. Finally, a series of technical reviews took place involving an internal UNFPA region-wide steering committee comprised of UN representatives from various countries who collaborated with the Africa Division staff and the former CST staff. The design process was therefore consultative and participatory, and represents the views of various stakeholders on a variety of levels, including the UN and regional institutions on the African continent.

2.5   Programme Logical (Results) Framework

2.5.1 Programme Outputs

Based on UNFPA's Strategic Plan 2008-2011 and the Global and Regional Programme, the basic components of the ARO logical (results) framework were developed. These components included the identification of goals and outcomes and the associated activities and resources needed to realize the output(s) of each outcome.

These outputs evolved around the strategies, which included knowledge building, institutional development and enhancement of policies and strategies, and the building and strengthening of partnerships at all levels. Based on the analysis conducted at the time of the MTR, of the 69 outputs (each output per year is counted), 36 focused on building capacity; 16 focused on partnerships; six centered upon managing data; eight focused on youth; and three focused on advocacy. Critical to the mandate of UNFPA was the number of outputs geared toward each of the thematic areas. Ten outputs focused on Population and Development; ten focused on Sexual Reproductive Health; and nine focused on Gender.

In analyzing the outputs, the MTR reported several findings including that the design may have been flawed, as most of the outputs were stated as processes and not quantifiable[15]. Many of the outputs

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[15] MTR

were too ambitiously worded given the limited resources available. The MTR also reported that given the broad mandate of the United Nations Population Fund (Fund) and the work of other UN bodies toward achieving the outputs, the contributions of the ARP to the outputs may be difficult to document. It was also observed that synergies between some of the outputs may have led to more attainable programmes, as many of them were alike and targeted the same population.

2.5.2 Programme Output Indicators

According to the DOPA criteria used by the Fund, a few of the indicators were in conformity, as they were directly related to the output; objective and hence measurable; practical, due to the availability of data; and adequate. Some indicators, however, were only vaguely related to the outputs, some were impractical and some could not be measured in terms of how much change they could generate in achieving programme outputs. There were examples of indicators that existed before the programme execution and others that resulted from other interventions outside the programme. An example of one output is provided below.

Population and Development (P&D): Output 1.2: Increased participation of young people in advocacy and quality programming, including youth leadership and networks. Indicator 1.2.1: Number of Youth l participating in functioning regional, sub-regional and national youth networks and programmes. This indicator is vague in the sense that the types of youth networks and programmes are not defined. They could include, for example, sports, recreational or any other type of youth network. It is also not possible to link UNFPA activities to the number of youth in programmes. Other drivers, such as social media initiatives, youth faith or political movements may play a much larger role.

Indicator 1.2.2 for the same output is "Number of functioning regional, sub- regional and national Youth Networks with increased membership and representation of diverse sectors." The same issues apply in this case. It may not be possible to develop a baseline or an end line for such a broadly defined indicator.

The final indicator for this output, 1.2.3 is "# of youth networks (all levels) participating in national development framework discussion, and policy and program development, implementation, and evaluation." This is more clearly defined given that the types of youth participation mentioned help create some parameters. However, even here, the number of youth networks at all levels would include international down to the local community. It may be affected by non-UNFPA interventions and is impractical to count. As such, this is not in line with DOPA principles. This analysis examines just one output, but the same issues apply to most of the other output indicators.

The MTR examined three others (P&D 1.1, Gender 1.2 and SRH 1.1) and identified the same issues. In sum, the important finding is that the Africa Regional Action Plan (ARAP) had room for improvement in terms of being amenable to evaluation.

Baselines, Targets and Milestones

Among the three thematic areas, most of the output indicators of P&D and SRH did not have baseline data, targets and benchmarks at the beginning of programme implementation. Also, information on partners, and their contributions and interventions at each level of operation, was not clearly indicated.

With the availability of data, current baselines and targets of programme output indicators could be improved, while long-term solutions should be sought to revise weak indicators and, to some extent, programme outputs. While the revised 2012 strategy document moved in a positive direction in this regard with notable improvements (including more focused activities per each output), the same issues persist. Examples include Output 3, *Strengthened national and regional capacity of young people (including adolescents) and youth-led organizations for participation in policy dialogue and quality programming*; Output 7, *Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings*; and Output 11, *Enhanced national capacity for addressing the HIV and SRH needs of young people and sex workers, including through community organizations and networks.*

2.6   Planned Activities for the Attainment of Regional Programme Outputs

Programme activities are often required to be directly related to their outputs in terms of the efforts and resources required to produce the needed change; there should be clarity of activities to avoid misinterpretation by different parties and to provide appropriate costing information; and they should be implementable at a specific time or throughout the programme.

While most activities met the above requirements, others lacked clarity. They did not describe the actions to be taken to meet the programme output. For example, there were activities with wording such as "enhance knowledge sharing," "needs assessments," "capacity building" and "mapping." None of these activities were worded specifically enough to warrant the same interpretation by different stakeholders. In addition, other activities did not have linkages with their outputs, meaning that their completion will not achieve their output. Output 3.2 of P&D in the programme document is one example. Output 3.2 of P&D – *Up-to-date regional repository of population data to feed improved regional data management systems (with up-to-date socio-economic-demographic data disaggregated by age, sex, and socioeconomic status established)* – is one example. Finally, other activities did not specify the year of implementation and completion, while others contained too many actions and thus were quite cumbersome to understand. A positive finding is that some of the errors were responded to in the AWPs where much more detailed wordings of activities are listed.

2.7   UNFPA Security Accountability Policy

As the MTR notes, an exclusion in the 2008 strategic documentation is UNFPA's security and accountability policy. This could be attributed to the fact that the policy, which was to guide the operations of the Fund and provide guidance to its personnel, was only adopted later in October 2008. There is therefore a need to align this policy with the programme's operations and activities for effective delivery at all levels.

2.8   Concluding Comments on the Programme Design Process

The programme design process was found to be satisfactory in terms of process, but there was not sufficient progress in developing a strategy that was measurable, and in some areas, there was a lack of clarity in terms of defining how different outputs could be achieved. The absence of baselines and targets is a serious flaw. While efforts were made to capture baseline information midway through the strategic plan time frame, the information gathered is still incomplete and does not relate specifically

to all the outputs and outcomes within the plan. Outputs were not associated with clear time frames or milestones showing when different elements should be completed. Overall, the strategy failed to build in accountability, and an accountability policy (showing how different staff were accountable for different results) was missing. Finally, there was little detail captured regarding the way programme implementation would take place in some or all of the four regional offices.

Chapter 3: Relevance of the Regional Programme (Outputs and Strategies)

3.1   Relevance of the Programme to Regional Developmental Priorities and Needs

Numerous international, regional and national declarations and political statements show that there is a growing need in the region for increased efforts and investments in the three thematic mandate areas of the Fund, including P&D, SRH and Gender. For example, requests for enhanced efforts in these areas came from African Heads of State from the 2010 AU Summit; the regional review of the implementation of the ICPD PoA; and Country Offices.

Highlights from the ICPD@15 report (jointly produced by the AUC and ECA) point out the continuous need for support toward addressing issues such as the urgent need to reduce maternal morbidity and mortality, reduce the high levels of new HIV infections, and better integrate population dynamics into national policies and strategies. Issues of health and ICPD implementation, sexual and gender-related violence, and implementation of gender policies were among the paramount difficulties identified by the ICPD@15 report.

As part of UNFPA's mandate, youth protection and development play relevant roles in decision making. As a result, the ICPD@15 report recognized the need to consider the young population of Africa in national development planning. The report also pointed out the shortage of disaster management expertise and resources to respond to the needs of a disaster-prone region and that African countries mainly relied on population and housing census as the source of information for decision-making. Major stakeholders, including Ministers and their governments, accepted these findings and pledged their support to solving the challenges identified. It is worth noting that the 2010 Global MDG report also mentioned several of these same challenges, and urged stakeholders to make timely interventions toward the passage to safe motherhood.

The theme of the 15th AU Summit, "Maternal, Infant and Child Health and Development in Africa"; the extension of the Maputo Plan of Action (MPoA) to 2015; the 2010 African First Ladies meeting on "Promoting Maternal, Infant and Child Health and Development in Africa"; and other similar efforts all culminate in providing evidence for the continuous support of this all-important agenda. Similarly, the African Union and the ARO organized a CARMMA High-Level Event at the 20th African Union Summit in January 2013 to reaffirm their commitment and renew their efforts on maternal health. In addition, a considerable number of country offices endorsed the validity of the programme's priorities even after two years of implementation. In conclusion, the Africa Regional Programme clearly remains relevant in addressing the pressing needs of the region.

3.2   Adequacy of Identified Strategies for Attaining Programme Outputs

In producing the outputs of the programme, four main strategies were identified from the 2008-2011 Global and Regional Programme (GRP). These included "strengthen national capacity to incorporate ICPD and MDGs in national development frameworks," "mobilize the potential of UN reform, including resources available through the UN to provide effective support to countries," "mobilize other global and regional technical resources and networks to provide integrated technical and programme support to COs" and "develop national capacity through South-South cooperation and

intensify efforts to use national, regional and interregional resources to support national development and country programmes." As the MTR notes, human capacity building/strengthening (as opposed to systems and institutional building) and building partnerships dominated the 29 programme outputs.

3.3   Relevance of Risks and Assumptions

3.3.1   Assumptions

Increases were observed in the technical and operational support to the Fund's country offices by the use of programme funds and not the biennium support budget (as assumed earlier). Other increases were observed in the South-South relationships between COs and consultants, with many COs reporting the assistance extended to them by other COs and consultants. A comprehensive review of the assumptions reveals that many more are yet to happen. Deliberate attempts to create linkages between programmes have remained unchanged, based on evidence from a review of the 2009 and 2010 country programme documents and 60% of the MTR survey respondents attesting to the above claim. This, however, could be the result of close working environments of UN partners IPPF, PPD or other partners.

Also, the MTR reports that anticipated levels of linkages may not have been reached at some levels of programme implementation because there is some evidence of a lack of support for regional programmes and a lack of regular environmental inspection in the region.

3.3.2   Risks

According to the MTR, in 2008 and for a portion of 2009, programme implementation was almost halted due to floods, conflicts and organizational changes that besieged the region. Many mechanisms, such as resource mobilization and the identification of political and social instability, were yet to be developed and established. In spite of this, many of the identified risk factors in the programme document maintained their validity, and many assumptions were yet to be realized.

3.4   Concluding Comments about Relevance of Risks and Assumptions

Many factors and available data attest to the fact that the programme document of the region still meets stakeholders' needs. For example, the African heads of state declaration at the 2010 AU Summit and the ICPD@15 report provide evidence to support the region's priorities. Programme strategies, though enough to achieve programme outputs, still need additional work to be completed, and programme assumptions are yet to happen. It can be concluded that the programme risks are still applicable.

3.5 UN/UNFPA Response and Regional Programme Strategies

Within this evaluation period, there are two different strategic frameworks that were applied during the period of 2008-2011, and the period of 2011-2013. The first framework (which applies to 2008-2011) was comprised of three focus areas and 13 outcomes (with 29 outputs). The second framework (applied to 2011-2013) was comprised of seven cross-cutting outcomes (with 18 outputs). This constant deep- rooted process of change demonstrates a flexibility and dynamism, which may be applauded, but it has come at a very real cost to the organization in terms of focus, strategic coherence, and any attempt to prove measured progress toward fixed results.

3.5.1 Results Framework and Strategy 2008-2011

The Africa Regional Programme Action Plan (RPAP) 2008-2012 was approved in June 2008 as part of the Global and Regional Programme. It contributes to the Strategic Plan 2008-2011 and the Africa Regional Strategy 2004-2015. It was developed through a multi-stakeholder consultative process to ensure comprehensive analysis of the external and internal environment impacting programming at country and regional levels.

The approved RPAP aimed to provide more effective and focused support to the expressed needs of countries in sub-Saharan Africa in their efforts to reach the MDGs. UNFPA's Regional Strategy is grounded in the "need to build on and further the priorities and plans of action described in the Africa Regional Strategy, the UNFPA new Strategic Direction, the outcome of the 2005 Summit and the new aid environment." As described above, the purpose of the Africa Regional Programme 2008-2011 is to "Provide a more effective response to the expressed needs of African countries in their efforts to reach the ICPD and the Millennium Development Goals within the quickly evolving political, social, economic and aid environment." This requires a fundamental shift in the way the organization works and positions itself in the region.

The Africa Regional Programme Action Plan focuses on three main components: Population and Development; Reproductive Health and Rights; and Gender, with key strategies addressing:

i) Region specific technical guidance, capacity building and high level technical support at national, sub-regional and regional levels;
ii) Coordination, partnership building and reinforcement at national, sub-regional and regional levels with other UN agencies and donors;
iii) Mobilizing commitment and leveraging resources among key global, regional and national stakeholders for the implementation of ICPD;
iv) Responding to the emergent SRH&R needs of vulnerable groups in humanitarian situations.

The Africa Regional Programme (as originally designed) had one goal for each of its three areas (Population and Development, Reproductive Health and Rights, and Gender) and 13 outcomes.

Associated with the 2008 ARP strategy is a management results framework, which is intended to strengthen the organization's ability to manage the financial and human resources it has been entrusted with and to effectively use planning, monitoring, reporting and knowledge-sharing systems and tools to deliver its programmes. UNFPA defined nine management outputs for which it would be accountable. The ARP mirrors the global strategy but tailors outputs that are Africa specific. Consequently, there are 29 outputs tailored to Africa to achieve progress according to the three focus areas defined in the global strategy.

In 2009, the Board decision 2009/16 extended the strategic plan, 2008-2011 to 2013, and postponed the presentation of the strategic plan midterm review (MTR) report to the second regular session of 2011.

3.5.2 The Mid-Term Review

The RPAP Mid-Term Review took place in 2011. It analyzed progress and lessons learned and provided recommendations on the way forward for the remaining two years of the programme. This exercise was conducted in parallel with the Mid-Term Review of the UNFPA Strategic Plan (SP) and the development of the new business plan. In July 2011, ARO conducted an internal review of the RPAP, namely focusing on alignment of outcomes/outputs and indicators with the revised UNFPA SP (2012-2013). This resulted in a modified version of the Development Results Framework (DRF) and Management Results Framework (MRF). To identify the baseline data in respect to the revised outputs, a questionnaire was provided to country offices. All countries responded, and accordingly, ARO processed the data and secured some baselines for the modified outputs. The MTR brought a number of far-reaching changes in 2011 and 2012. The goal was to sharpen the organization's strategic direction to guide UNFPA in its work during 2012 and 2013.

Consequently, a bridge Africa RPAP 2012-2013 was developed through an inclusive consultation process that brought together all the country offices to effectively participate in prioritizing regional interventions and activities centered on countries' needs, including establishing baselines and setting targets for the DRF outputs' indicators.

The RPAP 2012-2013 was to provide and manage quality IPTS to countries in the core areas to respond to the seven outcomes of the DRF through 17 capacity-building and programmatic outputs and the four outputs of the MRF. Giving special attention to cluster/*high-burden* countries (*Democratic Republic of Congo*, *Ethiopia*, *Mozambique*, Niger, *Nigeria*, Sierra Leone, South Sudan and *Tanzania*), it was organized in a coherent package of core areas that are cross-cutting regarding the cluster approach:

- Integration of population dynamics and its interlinkages into development frameworks
- Access to maternal health care, family planning and HIV/STI services
- Gender equality and reproductive rights
- Access to SRH services and sexuality education for young people (including adolescents)
- Access to and utilization of quality data for development

A new Development Results Framework was designed to strengthen UNFPA focus by consolidating and focusing on a limited set of strategic priorities, as reflected in a reduction in the number of outcomes from 13 to seven. According to UNFPA staff, a good amount of rationalization was indeed experienced in the planning and reporting functions after the MTR. Another key shift after the MTR was that an integrated agenda of population and development, SRH and reproductive rights, and gender equality has been developed. This means that the outcomes under the DRF are no longer compartmentalized into three areas, and are instead spread across the seven outcome areas. In this way, this transition paved the way to the development of the new business plan.

Along with the SP MTR process, a new business plan was developed and provided the organization with a vision and priority actions to implement the SP. Some of the key actions that under the new plan were to guide all units for the period of 2012-2013 included: evidence- and results- based programming, strategic communication, staff empowerment

(including recruitment of young talents), and streamlining of management, operations and organisational culture.

3.5.3 UNFPA 2012 Strategic Framework

UNFPA's Business Plan 2012-2013 (*The Way Forward*) redefined UNFPA's strategy, aiming to focus on the aspirations set out by the International Conference on Population and Development, as well as MDG 5, to provide universal access to sexual and reproductive health, promote reproductive rights, and decrease maternal mortality. The revised strategy focuses UNFPA's attention toward ensuring young people have the knowledge and resources they need to realize their sexual and reproductive rights. In order to accomplish this, *The Way Forward* lays out the revised strategy that aimed to "infuse the organization with innovative communications, advocacy, and programmatic interventions, exemplified by the multi-sector partnership developed in support of the 7 billion campaign."

The revised Strategic Plan describes seven key themes and priority actions that the programme will undertake in order to obtain the best results. UNFPA will put a stronger emphasis on all actors' accountability while also providing them with the tools and resources to strengthen their programmes and leadership. The seven key themes and priority actions include:

i)   Focusing programming efforts on refined strategic direction and new DRF outcomes and outputs to achieve and demonstrate results;
ii)   Putting country programmes at the center of what UNFPA does, and direct the efforts of the whole organization to ensuring UNFPA delivers world-class country programmes targeted to local needs;
iii)   Using strategic communications, enabled by technology, to strengthen UNFPA's internal dialogue and amplify their voice externally;
iv)   More rigorously train and evaluate UNFPA staff to empower them, strengthen their skills and increase accountability while also recruiting young talent that brings new ideas to the table;
v)   Streamline and strengthen UNFPA management and operations;
vi)   Fostering an organizational culture that breaks down silos, rewards innovation and results and appropriately address poor performance, and;
vii)   The Senior Management team will hold themselves and others accountable for pursuing these actions and demonstrating results.

These seven key themes were identified as necessary by the 2008-2011 MTR of the Strategic Plan; they reinforce the findings and include sub-actions to ensure the accomplishment of the new goals. "Specifically, these include more robust systems to facilitate the collection of data, to document a more strategic planning and budget process, and inform the process of developing the next strategic plan."

The MTR also tried to address key challenges that UNFPA faces, and highlights the need for the UNFPA to become:

i)   Focused and effective – by putting UNFPA's staff and resources behind a sharpened vision, and targeting them to areas of greatest need and where UNFPA can create the most impact;
ii)   Skilled and empowered – by giving people the training, authority and tools necessary to do their jobs well; and

iii)   Rigorous and accountable – by defining clear goals for UNFPA overall, for country offices and other units and for individual staff, by monitoring results against those goals, and by making future decisions based on performance.

In addition, as part of the Africa Regional Programme, various strategies have been developed pertaining to youth, family planning, HIV, gender and RHCS. Due to the complexity of the situation described above, not all strategic documents have been described in this final evaluation report. Some mention is given to the strategies on Adolescents and Youth Sexual and Reproductive Health; the Regional Strategy on Working with Men and Boys; and on Family Planning.

As such, from 2010 onwards, the outcomes are as follows under the revised African Development Results Framework (DRF).

The Revised African Development Results Framework

Outcome 1: Population dynamics and its inter-linkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.

Outcome 2: Increased access to and utilization of quality maternal and newborn health services.

Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.

Outcome 4: Increased access to and utilization of quality HIV and STI prevention services, especially for young people (including adolescents) and other key populations at risk.

Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy.

Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents).

Outcome 7: Improved data availability and analysis resulting in evidence-based decision making and policy formulation around population dynamics, SRH (including family planning) and gender equality.

The Management Results Framework has four outputs with associated outcomes, as follows:

MTR Output 1: Enhanced programme effectiveness through strengthened results-based and evidence-based programming.

MTR Output 2: Strengthened stewardship of resources through improved efficiency and risk management.

MTR Output 3: Appropriately staffed UNFPA with high-performing professionals fulfilling its mission.

MTR Output 4: Secured broad-based and stable funding to meet the Strategic Plan resource requirements.

To identify the baseline data in the context of the revised outputs, a questionnaire was sent to country offices. All country offices responded, and accordingly, ARO processed the data and secured the baselines for the modified outputs.

3.6 Financial Implementation of the Programme

As part of the overall evaluation process, the evaluation team assessed the financial implementation of the Regional Programme during the four-year evaluation period of 2008-2012. To carry out the task, the team reviewed a wide range of documents and examined financial data from annual, budget and ATLAS reports. This evaluation report includes an analysis of ARO's overall financial implementation, presented in the sections immediately below, as well as a more detailed assessment of financial implementation rates by output. The latter analysis is detailed in Chapter 4.

3.6.1 Overall Budget Expenditure and Utilization

The following table and graphs detail overall budget expenditures (regular resources) over the evaluation period. They provide insight into how much was budgeted and spent on the programme on a yearly basis for the period under evaluation. ARO maintains a complex system of budget planning processes, which may have some bearing on the overall budget planning, management and allocation. Nevertheless, the assessment revealed a generally positive picture: ARO achieved an average implementation rate of 85% over the course of the evaluation period, indicating highly effective allocation and utilization of financial resources across the key thematic areas of Population & Development, Reproductive Health, and Gender, as detailed by the graphs below.

Table 1

Year	Budget Ceiling	Overall Expenditure	Implementation Rate
2008	$16,400,000	$13,562,095	83%
2009	$14,900,000	$13,712,871	92%
2010	$16,322,569	$13,692,177	84%
2011	$16,607,325	$14,087,871	85%
2012	$19,703,827	$15,585,182	79%

Graph 1 - Total Implementation by Year
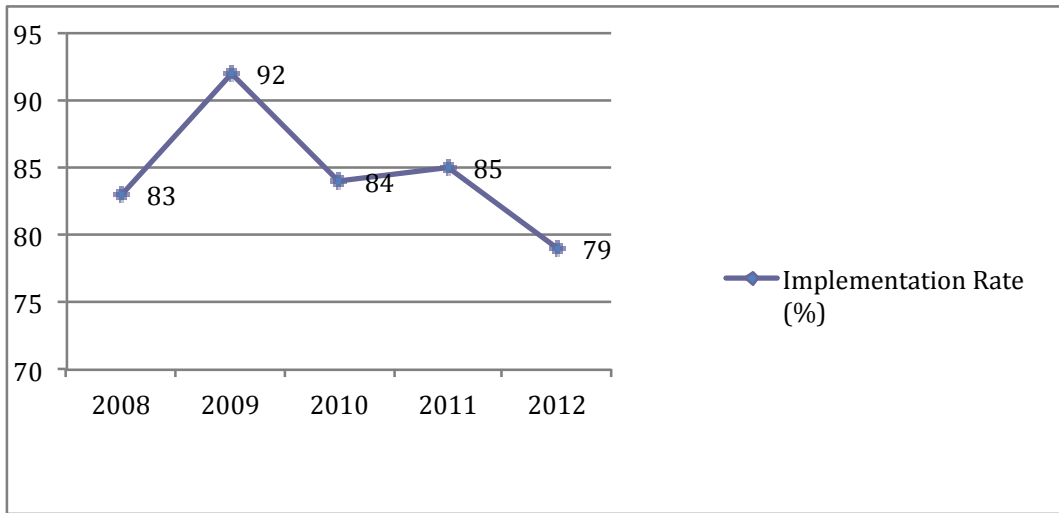
Graph 2 – Total Implementation by Year and Focal Area
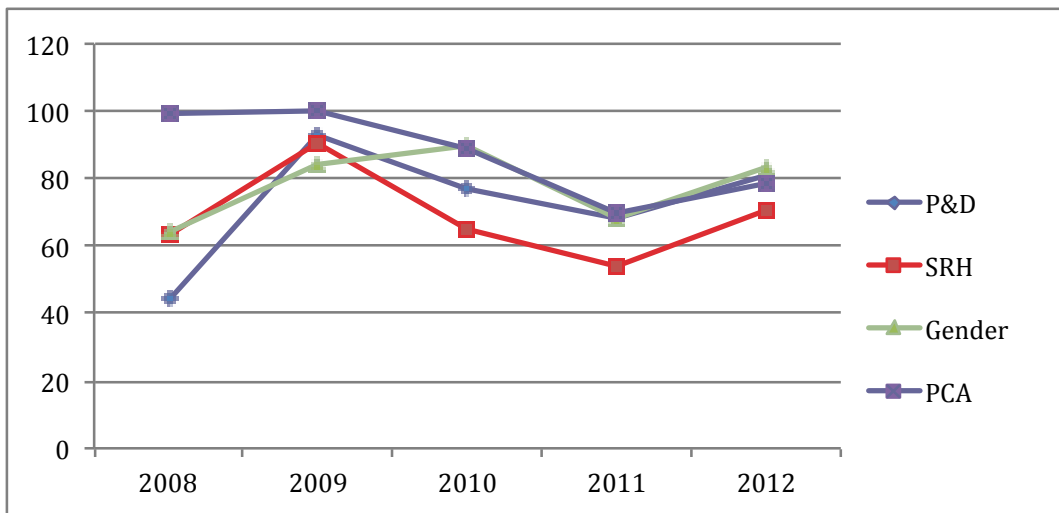
Graph 3 – Total Expenditure versus Total Allocation by Year
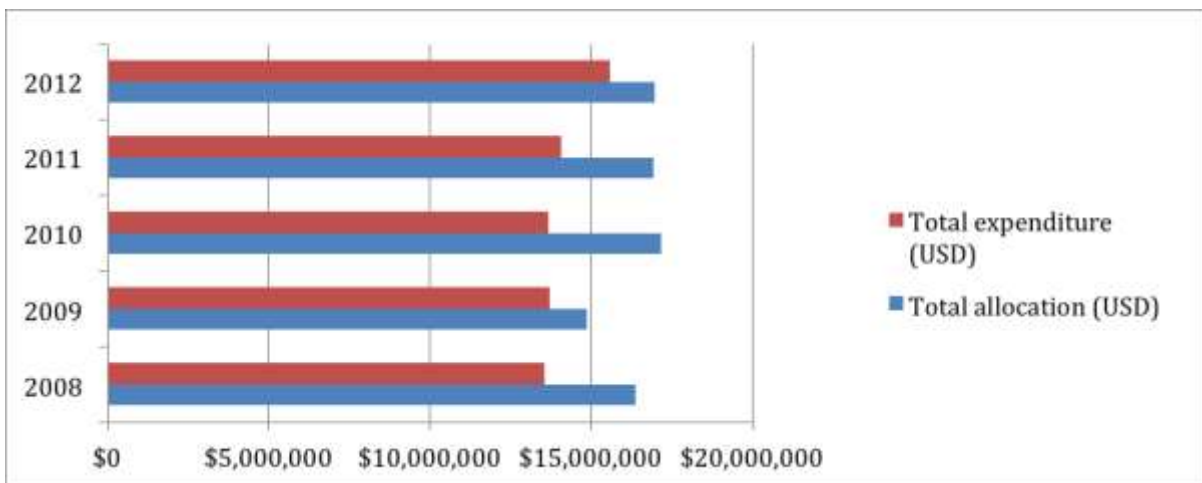
Chapter 4: Progress Toward Attaining Programme Outputs (Programme Effectiveness)

4.1 Approach to Assessing Progress Toward Attaining Programme Outputs

This chapter provides an assessment of progress toward attaining programme outputs relative to the Regional Action Plan 2008-2012. An assessment of progress made to date is provided for each of the 29 programme outputs. For each output, the key activities planned for their attainment are provided from the 2009-2012 Annual Work Plans (AWPs), followed by a summary of achievements organized by thematic area.

The primary data sources utilized for the programme assessment exercise included: the Mid-Term Review (MTR) 2008-2011, Annual Work Plans (AWPs) for each year from 2009-2012, and the Africa Regional Office's Annual Reports (ROARs) for 2009-2012. These provided information on the programme's objectives, achievements, and challenges faced that form the core of the programme assessment analysis. In addition, rich qualitative information was obtained from various evaluations that pertain to the different thematic areas.

The methodology utilized for the programme performance assessment was carefully designed to provide the most useful analysis possible with available documentation. The AWPs and ARO Annual Reports were collected from UNFPA and thoroughly analyzed. The Annual Reports that were used as a primary resource did not link to the actual AWPs used to understand the activities planned for each year. The specific reports that did relate to different thematic programmes' AWPs were (in large part) unavailable, although those that were available were collected and carefully analyzed. Activities and outputs in the AWPs were methodically and sequentially compared to the 2008-2011 RPAP, as well as the 2012-2013 ARO Strategic Plan.

In addition, activities in the AWPs were also compared to data within the available Annual Reports. From these comparisons, a comprehensive analysis was conducted to assess programme effectiveness. This included observations of how activities were ordered within each output and how outputs responded to the overall regional strategies, as well as the financial implementation rates per output (which allowed for a proxy assessment of how much progress was made under each output). The MTR, which covered the period 2008-2010, was also reviewed. As such, the analysis served to *extend* the MTR analysis to cover the 2009-2012 programme period.

There were several limitations in the programme assessment process, including that information on programme achievements in 2008 was somewhat limited; several outputs were only documented within certain years of the AWPs; and the 2012 AWP differed substantially in reporting format to the 2009-2011 AWPs. In addition, determinations in terms of the extent to which an output has been attained could not be calculated, given that quantitative parameters for measuring progress were not available within the reporting documentation. Nevertheless, general progress was carefully assessed and documented based on the number of activities carried out relative to planned activities, as well as by means of a rigorous review of the available qualitative documentation of the programme's achievements and results to 31 December 2012.

4.2   Analysis of Progress Toward Achieving Programme Outputs

The evaluation found that substantive progress has been made toward attaining most programme outputs over the four-year duration of the programme under review (2008-2012). The MTR noted that there was good progress made toward 18 of the 29 outputs by the end of 2010. The analysis of financial implementation rates (FIRs) along with analyzing annual plans and reports (which provide only a partial picture – see the limitations section), has enabled the evaluation team to re-analyze the progress attained per output. The financial implementation rates have provided the evaluation team with a proxy indicator for the level of progress made during the attainment of each of the outputs under the three different thematic areas (P&D, RH and gender). The rates were determined by dividing the total expenditure that occurred under each output by the budget that was allocated to it. Two different outputs (RH Output 1.4 and Gender Output 3.2) did not have the available data to calculate this rate, and four other outputs (P&D Output 2.2, RH Output 2.2, Gender Output 2.3 and Gender Output 4.2) did not have the information for the financial implementation rate for one of the years under which the output was conducted.
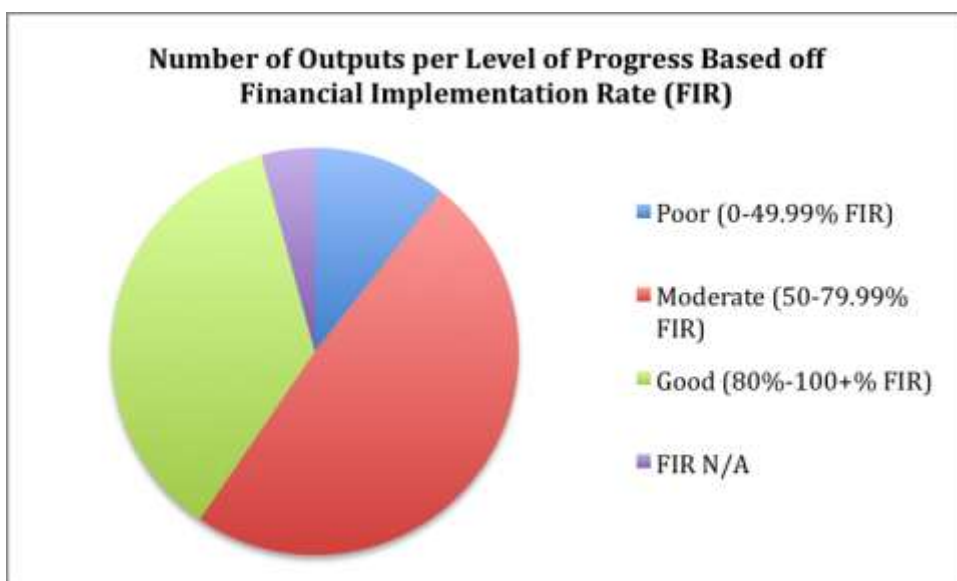
Number of Outputs per Level of Progress Based off Financial Implementation Rate (FIR)

- Poor (0-49.99% FIR)
- Moderate (50-79.99% FIR)
- Good (80%-100+% FIR)
- FIR N/A

The financial implementation rate allows for some level of analysis of the progress attained per output given it indicates how much of the budget was used during its implementation period. The budget is allocated based on an assumption of how much the implementation of each activity under the output will cost. If it is not utilized, it can be assumed that many of the activities were not undertaken during the implementation of the output. However, as noted in the limitations section of the document, the financial implementation rate is not equivalent to the actual activity implementation rate, due to the manner in which budget codes are handled and documentation is maintained.

The evaluation team determined that out of the 47 different outputs, five displayed poor progress (49.99% and under FIR), 23 displayed moderate progress (50% to 79.99% FIR) and 17 displayed good progress (80% and above FIR). As noted, two did not provide the data for the financial implementation rate. In addition, the evaluation found that the financial implementation rate generally fluctuated over the years when an output experienced an increase in activities or budget. There were also three outputs (Gender Outputs 2.2, 3.1 and 4.2) that saw a discrepancy in the level of progress reported under the financial implementation rate in regards to the level of achievements found under the outputs. This can be attributed to the fact that the financial implementation rate does not include the activity implementation rate per output. Overall, with the majority of the outputs displaying moderate or good progress, it can be concluded that UNFPA ARO has made major strides toward the

attainment of the goals set out in the AWPs. The following table provides a useful snapshot of FIR by output.

Average Financial Implementation Rates by Output

Outputs	Average Financial Implementation Rate (FIR)	Key Notes
P&D Output 1.1	68.36%	
P&D Output 1.2	66.78%	
P&D Output 1.3	80.49%	
P&D Output 1.4	46.65%	This is located only in the 2011 AWP.
	75.92%	This average includes 2012 Output 1, which correlated directly with P&D Output 1.4.
P&D Output 2.1	89.98%	This output is located only in the 2010 AWP.
P&D Output 2.2	40.63%	This output was located in the 2010 and 2011 AWPs; however, FIR data is only provided for 2010.
P&D Output 3.1	90.00%	
P&D Output 3.2	80.05%	This output was located only in 2009 and 2011.
P&D Output 3.3	62.78%	This is the average from 2010 and 2011, as it was not located in the 2009 AWP.
	75.67%	This average includes 2012 Output 17, as it directly correlated with P&D Output 3.3.
P&D Output 4.1	38.53%	There was a considerable increase in the FIR in 2011 from 12.53% in 2010 to 59.82% in 2011.
RH Output 1.1	75.87%	
RH Output 1.2	44.12%	A poor implementation rate in 2010 (9.44%) led to the poor overall FIR.
RH Output 1.3	61.89%	
RH Output 1.4	N/A	This output was located only in the 2010 AWP, and data for the FIR was not available.
RH Output 1.5	72.30%	
RH Output 2.1	63.79%	
RH Output 2.2	13.16%	The 2009 FIR was not available although the output was located in the 2009-2011 AWPs.
RH Output 4.1	59.02%	
RH Output 5.1	78.67%	
RH Output 5.2	54.54%	
Gender Output 1.1	74.12%	

Gender Output 1.2	93.76%	
Gender Output 2.1	73.24%	
Gender Output 2.2	51.58%	Considerable FIR fluctuation occurred under this output.
Gender Output 2.3	64.30%	The 2009 FIR was not reported under this output although the output was located in the 2009 AWP.
Gender Output 3.1	79.89%	This output was located only in 2010 and therefore the FIR is reported only for 2010.
Gender Output 3.2	N/A	This output was located only in the 2009 AWP, and data for the FIR is not available.
Gender Output 4.1	53.88%	This output saw a considerable increase of the FIR in 2011.
Gender Output 4.2	97.70%	While this output is located only in the 2009 and 2010 AWPs, the FIR was not provided for 2009; however, a FIR was provided for 2011. The average FIR also does not correlate with the evaluations findings.
2012 Output 1	105.82%	
2012 Output 2	93.78%	
2012 Output 3	76.64%	
2012 Output 4	84.04%	
2012 Output 5	68.61%	
2012 Output 6	90.12%	
2012 Output 7	93.88%	
2012 Output 8	73.74%	
2012 Output 9	64.59%	
2012 Output 10	97.56%	
2012 Output 11	74.07%	
2012 Output 12	102.63%	
2012 Output 13	97.62%	
2012 Output 14	64.56%	
2012 Output 15	88.57%	
2012 Output 16	79.99%	
2012 Output 17	101.45%	
2012 Output 18	99.66%	

To achieve programme objectives, an array of capacity building, advocacy, training, communication, resource mobilization and other technical support services were provided to over 2,260 partnership members as well as to UNFPA staff based in COs, SROs and ROs. Collaborative partnerships were established with diverse regional institutions, international institutions and NGOs across the region. These included partnerships with organizations such as AfDB, Union for African Population Studies, Africa Symposium on Statistical Development (ASSD), CODESA, AFIDEP, IBGE/Brazil, UNECA, UNICEF, WHO, UNHCR, AUC, CHESTRAD, IPPF ARO, WAHO, Ministries of Health, World

Bank, UNAIDS, Joint United Nations Regional Team on AIDS, UNIFEM (now referred to as UN Women), GCHRB and Raising Voices, among others.

These collaborative partnerships allowed for the development and implementation of numerous groundbreaking planning frameworks, policy documents, advocacy tools, action plans and technical manuals, such as the African Youth Charter (AYC), the UNFPA Regional Framework on Partnering with Faith-Based Organizations (FBOs) for the Promotion of Gender Equality and Maternal Health, and the ADB-UNFPA Manual on Integration of Population into Development Policies, among many others.

These exemplary accomplishments (and many others) of the Africa Regional Programme are outlined in detail within the sections below, while the challenges and lessons learned regarding progress toward attaining results are detailed in Chapter 5: Analysis of Key Strategies.

4.3 Achievements that Cut Across Many Programme Outputs and Thematic Areas

The Africa Regional Programme contributed to many achievements cutting across the thematic areas of population and development, sexual and reproductive health, and gender. Highlights of select achievements of the programme during the 2008-2012 period are provided in the table below. It is meant to serve as a brief overview of *select* accomplishments. A more comprehensive analysis and detailed listing of *additional* programme accomplishments is provided in the sections that follow.

Note that an extensive assessment of the specific programme strategies, including technical assistance and capacity strengthening, partnerships and resource mobilization, and communications and advocacy (among other strategies) adopted to achieve the programme outputs and effectively address emerging regional priorities is provided in Chapter 5: Analysis of Key Strategies.

Select Achievements of the Africa Regional Programme (2008-2012)
Population and Development
• Completed population and development training and capacity-building activities with 15 CSOs and 40 parliamentarians.
• Provided training and/or technical support to strengthen the capacity of 74 professionals, across 24 countries, to better integrate population issues into national development policies and frameworks.
• Completed survey on ICPD beyond 2014 in all countries within the region.
• Launched survey on civil registration and vital statistics along with an overview report of CRVS in 40 countries.
• Achieved substantive results on ICPD+14.
• Collaborated to produce the ADB-UNFPA Manual on Integration of Population into Development Policies, and frameworks were provided to 132 members of the Pop-Dev group and regional training institutions (IFORD, RIPS, ISSP).
• Prepared resource mobilization strategies for ten countries, and established a pool of 20 experts from nine countries on census data processing.
• Provided technical capacity to integrate population issues into national development frameworks among 15 staff members of the Ugandan Population Secretariat, five lecturers at IPDSR (University Cheikh Anta Diop of Senegal), and 75 representatives from NSOs, Planning Ministries and Population Planning Units.
• Increased knowledge through a series of workshops on UNFPA's priorities and work on humanitarian and emergency preparedness, response, and recovery, attended by 35 staff from COs and three NGOs in 20

countries.

- Established scientific thematic panels on Migration, Demographics, Maternal and Child Mortality, Fertility and the Environment, Internal Displacement, and Urbanization.
- Provided training to 24+ countries on how to conduct a population situation analysis (PSA).
- Supported the participation of countries in the region in the 2010 Population and Housing Census which has resulted in a substantial increase in the percentage of population enumerated in the 2010 round (with still two years to go) compared with the barely 50% recorded in the 2000 round of censuses.
- Supported AUC to produce two issues (2009 and 2011) of State of Africa population reports.
- Trained 70 youth leaders across the region on ICPD issues.
- Collaborated with AfriYAN to strengthen its national network in five countries and participate in the Bali Global Youth Forum on ICPD, Southern and Eastern Africa Youth Conference on HIV/AIDS, and Sexual Reproductive Health and Rights: Counting Down to 2015.
- Sponsored six youth statisticians in a regional expert group and conference on civil registration.

Sexual and Reproductive Health

- CARMMA was initiated by the AUC with the support of UNFPA to renew and intensify implementation of the Maputo Plan of Action for the Reduction of Maternal Mortality in Africa, and for the attainment of MDG 5. As of 2012, 39 countries had launched CARMMA.
- Enhanced the technical capabilities of 330+ persons in various aspects of SRH (40 in EmONC, 84 in the implementation of UNFPA's SRH framework in the context of the Maputo Plan of Action, 24 in costing and quality assurance of SRH programmes, 75 in developing quality proposals for funding through the Global Fund, 45 in stepping up PMTCT in health programmes, 150 in linking SRH and HIV programmes, and over 20 as trainers in LMIS, including CHANNEL).
- Capacities of 700+ humanitarian actors were strengthened in integrating ICPD issues into emergency preparedness, humanitarian response, recovery and transition plans, and 100+ UNFPA staff were trained in the use of the Minimum Initial Services Package for the provision of SRH services in emergency situations.
- Partnerships were formed with parliamentarians through the Africa Social and Health Development Foundation to enlist political commitment and financial support for MNCH, including advocacy with parliamentarians through the Pan African Parliament (PAP).
- In partnership with the African Union, facilitated dialogue between government and CSOs on better engagement of CSO in the implementation of the Maputo Plan of Action.
- In partnership with international parliamentary union, developed an orientation guideline for parliaments and parliamentarians on MNCH.
- Together with Harmonization for Health in Africa (HHA) development partners, organized five conferences or panel discussions between ministers of finance and ministers of health to facilitate dialogue on More Money for Health and More Health for the Money.
- Based on a comprehensive assessment of the ongoing midwifery programmes in the region and globally, developed draft Africa Midwifery Framework to replicate and scale up midwifery programmes in Africa.
- Conducted a Rapid Assessment of CCP and RHCS of 23 ESA countries (which illustrated country progress and the need for national governments to invest in the programme, while external partners should provide financial and technical support based on assessed inadequacies in country capacity to provide such support). Twelve countries finalized/reviewed CCP strategies, including community-based distribution and logistics management.
- Strengthened the capacity of UNFPA staff and partners from 12 countries in condom programming, including supply and logistics management, including community-based distribution. This was initiated to improve condom quantification, forecasting, procurement, warehousing and distribution in their respective countries. In addition, country office management teams were oriented in using the CCM to monitor commodity stock status to avert stock-outs.
- The regional inter-agency team cooperated in the development of assessments and programming support for condom use by young people in two countries (Malawi and Swaziland).

- £600,000 was mobilized from DFID to support the development of specific condom brands for promotion in 2013 in four countries.
- Capacity of the ESA RECs (EAC, IGAD and SADC) to coordinate and standardize condom quality assurance was strengthened through adoption of a regional common position on post-shipment testing of condoms. This is expected to reduce country-level expenditure on redundant quality assurance mechanisms.
- CO staff with MISP skills were deployed on detail assignments on at least four occasions to provide support to and scale up humanitarian interventions in other country offices.
- Fistula was successfully integrated into national SRH programmes of ten countries and in 13 UNFPA country programmes.
- Needs assessments for fistula were conducted in six countries, and needs assessments for RHCS were conducted in 12 countries.
- Guidelines for the management of post-partum hemorrhage, post-abortion care, and the use of misoprostol for incomplete abortion and post-partum hemorrhage, as well as a training curriculum in LMIS, were prepared and widely distributed for use.
- Eighty-four SRH/HIV prevention technical experts and programme managers on the SRH Team had their technical capacities enhanced on the implementation of UNFPA's corporate SRH framework within the context of the Maputo Plan of Action.
- UNFPA-UNICEF joint programme contributed to 2,744 communities publicly making declarations to abandon FGM/C, with 19,584 communities benefitting from FGM/C education and 3,485 media programmes discussing the subject.
- UNFPA-UNICEF joint programming contributed to 300 health centers adopting and integrating FGM/C programmes in their antenatal and neonatal care programmes (approximately 4,107 Islamic leaders and 1,000 religious edicts condemned the practice).
- UNFPA implemented action toward capacity development of young people in HIV prevention in 13 countries, reaching 3,295,000 young people with SBCC and SRH/HIV services in 2012.
- A collaboration between UNFPA and Population Reference Bureau (PRB) in 2012 resulted in the development and publication of a specialized interactive map emphasizing the opportunities and challenges of the youth in Africa, which has served to help develop strategies, mobilize funds, and monitor developments toward the MDGs and national development goals.

Gender
- Increased the awareness, knowledge and capacities of 120 religious leaders, representatives of FBOs and other partners from 35 countries working together toward effective gender programming.
- Provided strategic guidance and technical support to scale up GBV programmes in Central African Republic, Chad and Côte d'Ivoire.
- Launched new GBV strategic interventions and comprehensive programmatic responses in Mali, Mauritania, Niger and Burkina Faso.
- Increased capacities of 30 UNFPA staff and national partners from 12 countries in results-based management, monitoring and evaluation of population, RH and gender programmes.
- Assessed specific GBV-related needs in Central African Republic, Chad, Côte d'Ivoire, Cameroon, Gambia, Guinea, Guinea Bissau, Liberia and Senegal.
- Assisted five countries in developing strategic interventions and comprehensive policy and programmatic responses to GBV in Burkina Faso, Côte d'Ivoire, Mali, Mauritania and Niger.
- Supported governments to develop national GBV policies, strategies and action plans by providing support to UNFPA COs and inter-agency GBV coordination structures (Côte d'Ivoire and Sao Tome and Principe).
- Ensured mainstreaming of GBV into all aspects of humanitarian assistance, as outlined in IASC GBV Guidelines and through roll-out of GBV Standard Operating Procedures, GBV Coordination Handbook and other core GBV prevention and response tools.
- Developed strategic policy documents, programming tools and frameworks such as UNFPA Africa Regional Strategy on Violence against Women Prevention and Response, UNFPA Africa Regional

Framework on Working with Men and Boys for the Promotion of Gender Equality and Reproductive Health, UNFPA Experiences and Lessons Learned in GBV/VAW Programming, and the UNFPA Regional Framework on Partnering with Faith-Based Organizations for the Promotion of Gender Equality and Maternal Health.

- Implemented UNFPA and UNICEF Joint programme on the Elimination of Female Genital Mutilation/Female Genital Cutting in the Region.
- Process and outcome indicators, as well as monitoring and evaluation tools for FGM/C, were sharpened. A database on FGM was developed and fully operationalized.
- RBM capacity-building on FGM was provided for 20 participants (ESA and Arab state countries, including Egypt, Sudan, Somalia and Djibouti).
- Substantive contributions were made toward the Secretary-General's Unite Campaign. UNFPA ESARO participated in the Regional Steering Committee meetings, viewing the Campaign as a unique opportunity to advance the work already being done on GBV at CO and regional levels. The capacities of 77 participants (35W+42M) Gender and SRH NPOs, and UNFPA partners from 19 ESA on Gender transformative norms, were strengthened to engage men and boys in HIV, GBV and maternal mortality prevention, and the promotion of gender equality and SRHR. Synergies were built with the MenEngage network and Sonke for potential collaboration at country level.
- Young people from Sierra Leone, Rwanda, Ethiopia, Gambia, Namibia, Kenya, Zambia, Mozambique and South Africa documented their personal stories of change, working toward preventing gender-based violence and promoting sexual and reproductive health.
- Partnership with the RECs was strengthened to familiarize all RECs with the various initiatives for gender equality, as well as their advocacy role toward fulfilling national, regional and international commitments for gender equality.
- Supported the Indian Ocean Commission to develop two regional strategy frameworks, including one for women's political empowerment and one on GBV. Countries developed national platforms mobilizing various partners in the sector.
- ESARO participated in the 2010, 2011 and 2013 Commission on the Status of Women (CSW). In 2013 the Office supported a social media initiative with the "#CSWYouth" hash-tag to capture young people's voices and views on the CSW theme of "The Elimination and Prevention of All Forms of Violence against Women and Girls." This was carried out through engagement of young people in different youth networks using various social media platforms including Facebook, Twitter and YouTube.

4.4 Progress Toward Achieving Programme Outputs – Population and Development (P&D)

4.4.1 General Overview of Progress toward Attaining P&D Programme Outputs

In assessing progress made toward the attainment of the individual outputs, the average financial implementation rates were analyzed and it was found that good progress has been made toward attaining five P&D outputs; two outputs saw moderate progress toward their attainment; and poor progress was reported for the remaining three outputs. The total financial implementation rate for the P&D thematic area was recorded as 100.30% in 2009, 77.01% in 2010, 67.88% in 2011 and 80.66% in 2012 (as of 20 November 2012)[16].

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[16] As stated in the "Limitations" section of this evaluation report, financial reporting documentation gives percentage implementation rates, yet these are only a rough proxy indicator of actual project completion. This is because percentage spending rates are not equivalent to percentage project delivery rates. Budgets can be shifted mid-project cycle, and importantly, budget codes are often not amenable to detailed scrutiny in terms of the activities they describe.

Among the many accomplishments with respect to population and development, substantial progress was made in conducting the 2010 round of population and housing census. The integration of population and development policies into national frameworks was a major accomplishment, with a focus on the International Conference on Population and Development (ICPD) Programme of Action (PoA) and the Maputo Plan of Action. The programme also provided substantive support toward the development of strategic publications and improved resource allocation and mobilization.

Building and supporting partnerships to encourage policy dialogue and increase the implementation of relevant activities was also key in order to achieve progress for many of these outputs. UNFPA successfully partnered with many national, regional and international institutions; NGOs; and IOs. Some of the partnerships included UNAIDS, the World Bank, AfDB, UNICEF, UNHCR, WHO and AfriYAN. Multiple new databases were developed and implemented to help support the collection and processing of census data, including the IMIS-REDATAM (Integrated Management Information System-REDATAM).

The following section details the activities and progress achieved per each output for the Population and Development thematic area. The data indicates that work toward census collection was included in a majority of the activities, and it also provides evidence of an emphasized focus toward including youth in population and development activities and frameworks.

4.4.2 Progress by Specific P&D Outputs

P&D Output 1.1: Enhanced capacity of regional, sub-regional and national partners to integrate population issues into national development frameworks and processes in the context of the new aid environment and UN Reform.

Output 1.1 included 22 activities in total from 2009-2012, with a fluctuation in budget from $971,933 USD in 2009 to $840,817 USD in 2010 to $306,027 USD in 2011 and $382,100 USD in 2012. Major activities included liaising, advocacy and partnership with the ICPD@15 review in Africa and P&D issues in terms of the new aid environments and UN reforms. There were multiple activities that focused on strengthening the capacity of staff and experts of UNFPA, as well as partner institutions in the areas of P&D programmes to include reproductive health and gender issues; providing more effective results-based integrated programme and technical support at the country level; and the strengthening of Union for African Population Studies (UAPS) capacity on RBM through technical support and monitoring. Other major activities included the production of materials for policy dialogue, advocacy and partnership with AfDB; finalizing training materials and tools on integrating Population, RH, and Gender issues for use in training national experts; providing a workshop report on resource mobilization and political support to the census collection; and publishing and disseminating tools and materials related to population, RH and gender. Activities were similar throughout the years; however, they were reduced each year as achievements were made. Many activities focused on the capacity enhancement of regional, sub-regional and national partners to tackle population issues in the context of the new aid environment and UN Reform. These activities are considered relevant for attaining this output.

Moderate progress has been made toward the attainment of this output. The financial implementation rate ranged from 73.14% in 2009 to 59.05% in 2010 and back up to 72.89% in 2011 – which indicates progress, albeit at an inconsistent rate. Any activity that provided support to the planning of

ICPD@20 was paramount in 2011 and also contributed to progress made. Below are highlights of the main accomplishments made toward attaining this output as noted in the MTR (2010):

- Partnerships were built with over 15 institutions and professional associations which collaborated on issues relating to technical, financial and logistical support; censuses; and integrating population and development issues into various programmes and training manuals. Some of the partnerships formed were with Union for Africa Population Studies, AfDB, selected training institutions, and with the African Symposium on Statistical Development (ASSD).
- Technical assistance was provided by Population Development Group experts for integrating population and environment issues into development plans and programmes.
- Participation of two UAPS staffers in RBM and orientation to UNFPA operation issues for three days.
- Participation of four representatives of REC and regional instructions at a meeting on ICPD@20.
- Thirty-seven experts from the Council for the Development of Social Science Research in Africa (CODESRIA) and seven universities as well as national planning experts from five countries and UNFPA ASRO were supported.
- Technical capacity was increased by integrating population issues into national development frameworks among 15 staff members of the Ugandan Population Secretariat; five lecturers at the IPDSR (University Cheikh Anta Diop of Senegal); and 75 representatives from NSOs, Planning Ministries and Population Planning Units, universities and research organizations, and international agencies which provided support in the conduct and management of census operations.
- Support was provided to increase the technical capacities in methodologies for integrating population issues into national development frameworks.
- Four countries were provided support in the preparation of poverty reduction strategy papers (PRSPs), national development plans and population policies.
- The above activities led to the production and dissemination of two important documents: 1) the ADB-UNFPA Manual on Integration of Population into Development Policies and Frameworks, which was provided to 132 members of the Pop-Dev group and various regional training institutions such as IFORD, RIPS and ISSP, and 2) the draft manual on the integration of population issues into national development policies and frameworks.

The four activities in the AWP for 2012 included:

1. Organization of consultation meeting with youth and CSOs to support and participate in ICPD beyond 2014.
2. Providing support to regional implementation of ICPD beyond 2014 and mobilize support of key stakeholders and bilateral donors to the ICPD process.
3. Coordination of and regional advocacy mission on ICPD issues and support to South-South cooperation in selected countries (including high-burden countries) to integrate SRH and youth issues into the national development framework.
4. Advocacy and support to civil registration and vital statistics in cooperation with UNECA, UNICEF, AfDB, WHO/HMN and UNHCR.

Activity 01 had already been completed by the end of April as per the documents provided by ARO for review. An additional fund allotment of $10,000 USD was appended to CHESTRAD, which was already included in the total budget.

Progress has been made toward the attainment of the output as noted in the data related to the 2012 Monitoring P&D implementation. Key achievements included:

1. Over 60 youth CSO delegates from 40 countries participated in the consultation meeting on 3-9 March 2012 in Accra.
2. Financial support has been given to members of ROs, SROs and COs participating in the ASSD meeting hosted by the UNECA through a two-month detail assignment and expert group meeting.
3. Forty countries had baseline studies of the status of civil registration and vital statistics (CRVS) conducted.
4. ARO successfully supported implementation of the 2010 round of censuses in 46 countries, resulting in over three-quarters of the ARP region's population counted.
5. Professionals from 24 countries now have improved capacity for integrating population issues into national development policies and frameworks. This has led to the completion of a survey on ICPD beyond 2014 survey in all countries. A survey on civil registration and vital statistics has been undertaken, along with an overview report of CRVS in 40 countries.
6. Notably, with the support of ARO, the Union for African Population Studies (UAPS) produced and disseminated two issues of the Journal "African Population Studies," featuring 20 articles on population dynamics, youth, gender equality and SRH.
7. ARO and Population and Development Branch (PDB) provided support to over 24 countries in regional capacity strengthening pertaining to how to conduct a population situation analysis (PSA).

ARO supported the African Union in producing the 5th State of African Population Report on "Harnessing the Demographic Dividend for Africa's Socio-economic Development." In 2012, two continental programmes were developed through a strategic collaboration between ARO, UN Agencies, the African Union Commission (AUC) and AfDB. The programmes are the African Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS), including harmonization of causes of death, and a programme on Gender Statistics.

P&D Output 1.2: Increased participation of young people in advocacy and quality programming, including youth leadership and networks.

Output 1.2 included a total of ten activities from 2009 to 2012 with a budget decrease from $239,000 USD to $185,000 USD to $160,000 USD to just $10,000 USD, respectively. The financial implementation rate throughout these years was 44.82% in 2009, 82.22% in 2010 and 73.29% in 2011. The main activities in 2009 and 2010 included support given to youth participants in the African youth leadership forum on the MDGs; collaboration and exchanges between youth groups and participants of youth leaders in regional and sub-regional offices to enhance the positions of youth issues for international and regional fora; and support to youth regional networks' sub-regional secretariats. Other activities included attendance of youth leaders at conferences relating to P&D issues, the ICPD@15 review process and M&E, as well as providing programme analysis support to the RO on P&D issues in the context of the new aid environment and UN reform.

The MTR (2010) records solid progress under this output, with increased participation of young individuals in advocacy and quality programming, including youth leadership and networks. A notable achievement from the activities under this output was the provision of financial and technical support in order to initiate the West African UN Youth Leaders Forum for the attainment of the

MDGs. The participation of young people was also supported and encouraged with the help of AfriYAN at many regional and national trainings, meetings, and conferences. The MTR documented that youth leaders and participants were present at the following:

- The 15th international conference on family planning and HIV/AIDS
- The ICPD@15 ministerial review
- The Global Fund training for young people
- The UNFPA-organized meeting on integration of SRH and HIV in Global Fund proposals
- The 5th ASSD conference
- A youth forum on gender-sensitive programming

At least 12 AfriYAN youth network leaders were present at the Global Fund training; at least 12 African youth statisticians attended the ASSD conference; and at least five young African statisticians had their technical capacities increased in census data collection and analysis.

Through joint efforts of UNFPA and AfriYAN, young people and their needs have been more present in regional and national policy meetings. This includes AU heads of state and youth ministers meetings and regional and global ICPD agenda events, where specific fora were conducted for youth to voice their concerns, pledges and requests to decision makers. These fora were used by UNFPA to train young people on SRH issues and advocacy, including through the use of social media.

Another activity in 2012 focused on the provision of support to AUC to implement, monitor and report on the AU Decade PoA of Youth Development and Empowerment African Youth Charter (Malabo Declaration).

Solid progress has been made toward the attainment of this output. Highlights of achievements are listed below:

- There is ongoing consultation with AUC to provide support to the national assessment of implementation of the DPoA.
- A readily available communication draft was developed requesting further support from COs.
- Four young statisticians working on CRVS participated in the CRVS meeting.
- An orientation to ICPD was provided to 70 young people, which involved attendance at the actual event for five days.
- AfriYAN, with UNFPA support, has strengthened its national network in five countries and participated in a number of major regional and global fora, including Bali Global Youth Forum on ICPD; Southern and Eastern Africa Youth Conference on HIV/AIDS; and Sexual Reproductive Health and Rights: Counting Down to 2015.
- ARO provided support for six young statisticians to participate in an expert group and regional conference on civil registration[17].
- A report on the assessment of youth involvement in census collection and analysis is to be shared during COMY IV.

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[17] ROAR 2012

P&D Output 1.3: Improved capacity of regional institutions to monitor the integration of Pop, RH and Gender issues into MDG-based development frameworks, PRSs, and sectoral plans and programmes.

A total of 12 activities were carried out to attain Output 1.3 from 2009 to 2012. The budget decreased significantly from 2009 to 2012, from $982,200 USD in 2009 to $804,000 USD in 2010 to $160,000 USD in 2011 and finally down to $123,000 USD in April 2012, which was further reduced to $108,300 USD in July 2012. Major activities in 2009 included the provision of integrated technical and programme support to COs and partners, as well as monitoring and oversight and participation in inter-agency and regional fora. Other activities involved evaluation support to AU/ECA and assessment support to the Human Sciences Research Council (HSRC) in relation to ICPD@15. In 2010, activities included conducting an independent assessment of ICPD@15 from which a report was published. The one activity in 2011, which was also present in 2009, involved integrated programme and technical support to RO, SROs, COs and partners in the context of the new aid environment and UN reform. In 2012, there were three main activities, which included monitoring regional and national resource flow for population activity, coordination with PDB and SROs to provide support to countries on Population Situation Analysis (PSA); and support for policy research on Drivers of Family Planning utilization.

Good progress has been made in attaining this output, with an average financial implementation rate (FIR) of 80.49%, and as far as an examination of the annual work plans and the associated documentation can discern. Of the 12 activities associated with this output, five involved assessment, one involved an evaluation, and one involved monitoring and oversight. The financial implementation rate for this output was 84.07% in 2009, then declined to 59.64% in 2010 and subsequently jumped to 97.77% in 2011.

A notable achievement that occurred under this output was that the CARMMA was initiated by the AUC with the support of UNFPA to renew and intensify implementation of the Maputo Plan of Action for Reduction of Maternal Mortality in Africa and for the attainment of MDG 5. By early 2012, 37 countries had launched CARMMA (Impact Africa, p. 11). Along with this, the MTR noted that the production of the 4th biennial State of African Population Report (SAPR) 2010 on "Women, Peace, Security and Recovery in Africa" was due to be launched. Also, the publication of an updated version of the 3rd SAPR (2008) on population and climate change was produced and distributed to the delegates at the 7th African Development Forum (ADF VII) on "Acting on Climate Change and Sustainable Development" for use as a background document.

Other notable achievements, at least in terms of planned activities, included the organization of and discussions with HQ to improve engagement of regional institutions and the contribution to the planning of and support to Kenya PSA. ARO supported national strategies for Midwifery Practice in 12 countries; technical assistance was provided to conduct midwifery practice assessments, including education, deployment, management, training needs assessments in midwifery schools and practical training sites in those 12 countries. The technical support strengthened midwifery standards, guidelines and education/training programs to ensure compliance with the International Confederation of Midwives (ICM) competencies.

In 2013, ARO developed a Regional Midwifery Framework to strengthen the midwifery Programme in the region through knowledge-sharing and replication .The Framework takes into account the experiences and lessons learned from the midwifery programmes in the Africa region. ARO also

supported Emergency Obstetric Care (EmOC) in Burkina Faso, Chad and Niger, and Maternal Death Surveillance & Response (MDSR) in Malawi and Zambia. Technical support was provided either through regional institutions or from UNFPA technical experts to conduct Emergency Obstetric and Newborn Care (EmONC) needs assessments in six countries and to strengthen national capacities, regional training and research institutions for the upgrade and subsequent management for EmONC in sub-national health plans in Burkina Faso, Chad and Niger, and for MDSR and the institutionalization of this process in Malawi and Zambia.

All 23 Maternal and Newborn Health (MNH) country programs in East and Southern Africa (ESA) were assessed to determine MNH trends and identify priority areas and needs for CO technical support. The information generated will be used to determine follow-up actions in 2013. In addition, ARO increased capacity for 50 staff from 13 countries in condom supply and logistics management, forecasting, and distribution. UNFPA representatives in all 23 Country Offices in ESA were also trained to lead partners to establish Country Commodity Manager (CCM), a software program that helps UNFPA Country Offices assess their reproductive health commodity requirements, stock positions and identify shortfalls.

P&D Output 1.4: Strengthened strategic partnerships with national and regional/sub-regional bodies, (including RECs, FBOs, media, and youth and women networks) to mobilize resources towards attaining ICPD and other development financial targets.

Output 1.4 was only documented in the 2011 and 2012 AWPs and contained one activity. The budget for this output was $5,000 USD. The activity was to provide partnerships and technical support to UAPS to mobilize resources including the overseeing and monitoring of the implementation of the AWP. The financial implementation rate for 2011 was only 46.65% but reached 105.2% in 2012. Based on limited access to financial documentation, the evaluation determined that this output was not allocated budgets in 2009 and 2010.

Under the scope of this output, poor to moderate progress was made in 2011 and 2012, especially given the limited progress of the previous years. ARO's strategic partnerships have helped achieve results on ICPD@15 and the integration of Population issues in the Development Framework and Assessment of Civil registration and Vital Statistics. ARO's strategic partnership with CHESTRAD, IPPF ARO, AIDS and research institutions has resulted in the strengthening of the capacities of 15 CSOs and 40 parliamentarians and women leaders in ICPD beyond 2014 process and the post-2015 development agenda.

The establishment of a regional database on RH/RHCS (reproductive health commodity security) extended assistance to the Intergovernmental Authority on Development (IGAD), a regional economic community, to establish a database so as to more easily undertake assessments of RHCS in all its member states. The database will be used for evidence-based advocacy for RHCS inclusion in health policies at the country level. At the same time, consensus on post-shipment testing of condoms in ESA has been established.

P& D Output 2.1: African Youth Charter (AYC) integrated within the process, agenda and decisions of regional, sub-regional institutions and organizations, including RECs, CSOs, and Networks.

This output was only documented in the 2010 AWP and included three activities. The budget for this output was $145,000 USD and it registered a financial implementation rate of 89.98%. The activities

included the provision of support to the African Union Youth Volunteer Corps (AU-YVC) Project, distributing reports, and conducting a study on maternal mortality and morbidity among young people (including fistula) in the sub-region (using DHS and Census data). The activities were relevant to the attainment of this output.

Good progress has been made toward the implementation of this output. According to "Impact Africa" (pp. 22-23):

- Twenty-eight member states have ratified the AYC, and 39 member states have signed the charter;
- The African Union Youth Volunteer Corps (AU-YVC) was developed as a continental youth development programme that recruits and works with youth volunteers in all African Union member states; and
- In Uganda, UNFPA supported the development of guidelines and standards on the provision of youth-friendly services in reproductive health and the establishment of youth-friendly corners in eight secondary schools and four health facilities in 2011.

The MTR (2010) also records some progress in the *adoption* of the African Youth Charter in many countries, and as of 19 April 2012, 28 Member States had ratified and deposited the charter, 39 Member States had signed it, and only six had yet to sign and ratify[18].

P&D Output 2.2: National partners supported with strategies, tools and lessons learned to scale up the multi-sectoral response to SRH and HIV prevention for young people (incl. for countries with humanitarian needs).

Output 2.2 was documented in the 2010 and 2011 AWPs and contained a total of three activities. The budget was $55,000 USD in 2010 and $2,000 USD in 2011.The financial implementation rate was 40.63% in 2010 and was not provided for 2011. Activities in 2010 included supporting capacity strengthening and supporting the AfriYAN secretariat to build youth leadership in population and development issues and the ICPD agenda. The 2011 activity for this output focused on the printing of a guideline for data in humanitarian crisis situations. The three activities are relevant to the output, with one activity targeting HIV and two targeting youth. Poor progress has been made in attaining this output; however, the MTR notes that this output would have been better located in the SRH area of the programme. "Impact Africa" (pp. 34-36) found that progress involving UNFPA in terms of programming and documentation was made in Zimbabwe and Rwanda. A recorded decline in HIV prevalence in Zimbabwe of young women aged 15 to 24 years, from 14.7% in 2001 to 6.9% in 2009, was noted. According to 2012 UNAIDS estimates, several other countries in the Africa region have recorded declines in HIV incidence, and UNFPA will engage in a UN inter-agency review to study the reasons for these declines.

It should be noted that East African countries received funding to develop policy briefs on RHCS for the East Africa Legislative Assembly delegates, which will be finalized in 2013.

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[18] Youth and the African Union Commission: see http://africa-youth.org/ratification

Below are several other notable achievements:

- Twenty-six participants from eight countries were trained to undertake sub-national and market segmentation analysis from DHS data for their respective countries.
- With financial support from UNFPA, the AFIDEP developed a policy brief on family use, demand generation and barriers to FP use in Ethiopia, Malawi and Rwanda.
- ARO presented its findings of a comprehensive review of evidence for HIV prevention in generalized epidemics at AIDS 2012. A desk review on elimination of mother-to-child transmission (EMTCT) reveals that 14 countries are using the new HIV prevention framework; and another review on SRHR/HIV among sex workers is to be used for country guidance in order to increase prevention activities.
- COs conducted HIV-prevention efforts with young people, as the UBW and the Unified Budget, Results and Accountability Framework reports clearly showed. In 16 countries the prevalence of HIV among young people 15-24 years old has declined, in 15 countries by 25%[19]. Although this is not directly attributable to the programs, they clearly contributed.
- Two of the cross-cutting results also speak to this output: UNFPA reached 103,526 young people with youth-friendly SRH/HIV services and social behavior change communication.
- ARO implemented action toward capacity development of young people in HIV prevention in 13 countries, reaching 3,295,000 young people with SBCC and SRH/HIV services.

P&D Output 3.1: Enhanced capacity of national institutions for data collection (including in humanitarian situations), processing, analysis, dissemination and utilization of socio-economic surveys, with special emphasis on censuses.

This output includes 14 activities from 2009 to 2012. The budget fluctuated from $618,800 USD in 2009 to $925,000 USD in 2010 to $745,000 USD in 2011 to $55,000 USD in 2012. This output saw a financial implementation rate of 87.97% in 2009, 87.06% in 2010 and 94.96% in 2011. The main activities in 2009 consisted of technical and programme support to COs and partners on P&D issues, as well as monitoring and oversight, and a call for the organization of a regional capacity development workshop for UNFPA COs on the process of carrying out censuses. The 2010 activities included supporting the monitoring of MDG 5, conducting studies and providing support for population and development issues, as well as supporting the implementation of the 2010 census round. In 2011, the two activities were providing technical and programme support, with one of the activities focusing on providing that support to ROs, SROs, COs and partners in the context of the new aid environment and UN reform at the regional and sub-regional levels. The two activities in 2012 were 1) support to CSOs and academic institutions in facilitating population data availability and dissemination at the national and regional levels, and 2) conducting a regional thematic assessment of P&D-related support and partnerships. The 14 activities were relevant in attaining this output, with a baseline study conducted to establish P&D indicators. Most of the activities worked toward increasing support to national institutions and providing them with workshops in order to enhance their capacity in data collection.

Good progress has been made toward this activity and the MTR (and the average FIR of 90%) concludes that most of the progress made for P&D occurred under this output. This was due to the increased attention given to the implementation, monitoring and conduct of the 2010 census round.

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[19] UNAIDS Outlook 2013

However, this output also saw participation in scientific thematic panels (STPs) as well as in the Africa Population Conference. The programme contributed to the inclusion of population issues in the position paper on climate change adopted by the African Ministerial Conference on Environment and the 7th African Development Forum. There was also participation in two expert meetings for public health services (PHS) on census data editing and REDATAM-based IMIS. An inter-agency expert meeting on civil registration and vital statistics was carried out.

The MTR notes that a total of 164 national experts and CO staff had their technical capacities enhanced, leading to the harmonization of tools, increased resource mobilization, improved political support and increased data processing during the census process. Notably, 13 technicians from the NSOs of four countries were engaged in capacity-building activities so as to enhance their ability to make population projections, with or without HIV and AIDS statistics, at national and sub-national levels.

These activities have helped create a situation where 54% of the region's 46 countries have undertaken national population and housing censuses, with 25 African countries having conducted their censuses to date (Impact Africa pp. 6-7). The conducting of censuses in two post-conflict contexts (Chad 2009 and Togo 2010) occurred, and deploying chief technical advisers (CTAs) in ten countries conducting a census where technical capabilities were limited was pertinent in making progress for this output. South-South cooperation through an established partnership with IBGE/Brazil for the application of personal digital assistance technology in undertaking censuses (Cape Verde 2010) was also a key activity that supported progress toward this output. The UNFPA also prepared resource mobilization strategies for ten countries, and it established a pool of 20 experts from nine countries on census data processing who provided technical support for census data processing in at least four countries. The 2012 achievements also noted support to two UAPS officials for capacity strengthening in finance and UNFPA procedures and current support to the audit of UAPS.

P&D Output 3.2: Up-to-date regional repository of population data to feed improved regional data management systems (with up-to-date socio-economic-demographic data disaggregated by age, sex and socio-economic status) established.

Output 3.2 consisted of six activities in 2009 and one activity in 2011. The budget for 2009 was $246,000 USD with a financial implementation rate of 72.65%, and in 2011 it was reduced to $19,000 USD with a financial implementation rate of 87.44%. Of the six activities in 2009, a majority focused on organizing workshops, building capacity, and designing and implementing a regional system to monitor census/survey operations. One activity specifically involved organizing a technical consultation on the use of census data for capturing maternal mortality and other MDG indicators, and another activity collaborated with the Institute of Statistics of Brazil and UN partner in Praia, Cape Verde. The one activity in 2011 was to provide support to Civil Registration and Vital Statistics. Of the seven activities for this output, only two were directly relevant. However, two involved assessments and four involved data collection due to dealing with census collection.

Good progress has been made toward this output. Most notably (as reported by the MTR) was the expert meeting on civil registration and vital statistics conducted with a focus on budget, discussed with ECA and AfDB, and the establishment of REDATAM-based IMIS. This enhanced the capacities of 43 technicians and consultants from 18 countries, and IMIS databases have been uploaded on the Internet in four countries and on the intranet in ten countries. REDATAM, which is the retrieval of

data for small areas by microcomputers, was originally developed in the early 1980s at CELADE (Latin American Demographic Center/Population Division of ECLAC, United Nations) to promote access to census micro data. There are key characteristics of REDATAM that provide for a more user-friendly and efficient way to manage data. For instance, it administrates hierarchical databases; the data is stored in an internal format; the software is user friendly; it allows for highly compressed data; data processing can be done quickly; it can create multi-sectoral databases; users can define which geographical area they want to process; users can export the results to other computer programmes (i.e. Excel); REDATAM can formulate thematic mapping and graphs; external data can be accessed if needed; REDATAM provides online help and Web applications development; and users can access online databases and processing through the REDATAM web server[20].

In the Africa Region, the UNFPA ARO committed to support and facilitate the conduct of one ToT regional workshop for the establishment of REDATAM-based IMIS follow-up to ToT of 2007[21]. By UNFPA supporting IMIS-based initiatives, especially REDATAM, on the African continent, they will increase census and DHS databases, which will help tackle the MDGs and the ICPD PoA and Maputo Plan of Action goals.

This output also saw the establishment of functional databases, including expertise to maintain the databases in 21 countries that provided population and socio-demographic data from censuses, surveys, civil registration and routine service-based data.

P&D Output 3.3: Improved data collection, analysis and utilization before, during and after crisis situations for programme planning, policy formulation and implementation.

Output 3.3 had activities for 2010, 2011 and 2012 in the AWPs: three in 2010, one in 2011 and one in 2012. The budget for this output was $30,000 USD in 2010 and $8,000 USD in 2011. The financial implementation rates for this output were 75.08% in 2010, 50.47% in 2011 and 101.45% in 2012. The activities in 2010 called for workshops for capacity building and coordinating the provision of PTS on data in crisis through selected national and regional institutions. The 2011 activity involved supporting the dissemination of guidelines for data in humanitarian crisis situations by organizing training in academic institutions and UNFPA offices.

This output made good progress, with highlights of achievements provided below:

- A technical mission to two regional institutions was carried out.
- Through a series of workshops, increased knowledge was provided to 35 staff from COs and three NGOs in 20 countries on UNFPA's priorities and work on humanitarian and emergency preparedness, response and recovery.
- Country Offices and the SADC were provided with technical support on humanitarian preparedness.
- Countries on pledges were contacted to ensure follow-through on their pledges.

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[20] Sow, Boubacar. 2010. "UNFPA Africa Region's experience in using IMIS based REDATAM for the dissemination of census data." United Nations: Dakar.

[21] P&D AWP 2009

- Resource mobilization in priority countries in Africa (Gabon, Nigeria, South Africa) were provided support for enhanced resource mobilization.
- Contributions to the planning and coordination of support was provided to Kenya Population Situation Analysis (PSA).

P&D Output 4.1: Partnerships established with regional and national research and academic institutions to analyze the determinants and consequences of population dynamics (migration, urbanization, disasters, internal displacement) on economic and social development.

This output contained a total of 11 activities from 2009 to 2011, with a budget of $80,000 USD in 2009, $130,000 USD in 2010 and $20,000 USD in 2011. This output saw financial implementation rates of 25.78% in 2009, 12.53% in 2010 and 80.27% in 2011. The activities in 2009 all pertained to conducting studies and assessments, including conducting a country-based assessment of the status of integration of population, RH, youth and gender issues into the national development frameworks in selected countries; another study dealt with climate change. Activities in 2010 included providing support for national, regional and sub-regional partners and offering support to academic institutions. One activity included strengthening partnerships with African scholars doing research on the determinants of population dynamics. The 2011 activity differed from 2009 and involved support to UAPS on the seven scientific thematic panels on migration and urbanization for the 6th African Population Conference, including research on and documentation of the conduct of census taking in selected countries in Africa. Of the 11 activities in this output, four included assessments, two included studies and one included data collection; three also dealt with issues concerning RH, youth and gender issues. All activities are considered relevant for attaining this output as they all worked toward establishing and strengthening partnerships with regional and national research and academic institutions.

Poor progress has been made toward attaining this output. The accomplishments included conducting field research in four countries, participation by three young panelists in the Africa Population Commission (APC), and establishment of partnerships with ASSD, Statistics South Africa and UAPS. These partnerships, respectively, led to the following:

- Involvement of young African statisticians in census data collection and analysis
- Implementation of a book project on the evolution of African Demography
- Establishment of scientific thematic panels on Migration, Demographics, Methods, Maternal and Child Mortality, Fertility and the Environment, Internal Displacement, and Urbanization
- Organization of a special panel on linkages between population dynamics and climate change in Africa

According to the MTR, analyzing the determinants and consequences of population dynamics for economic and social development in the region has yet to be accomplished through the programme.

4.5   Progress Toward Attaining Programme Outputs – Sexual and Reproductive Health and Rights

4.5.1   General Overview of Progress toward Attaining SRH Outputs

In assessing progress made toward the attainment of the individual outputs, the average financial implemenaton rates were analyzed. The evaluation team determined that seven of the ten outputs saw moderate progress, two reported poor progress and one did not report the financial implementation rate. The financial implementation rate for the SRH thematic area was 84.21% in 2009, 64.81% in 2010, 54.00% in 2011 and 70.98% in 2012 (as of 20 November, 2012).

Despite its recent addition to the MDGs, observable progress can be seen in the establishment of sustainable programmes in reducing maternal morbidity and mortaility through the launching of the CARMMA and renewed commitment of African support to implement maternal health interventions, eradication of fistula, availability of reproductive health commodities and use of programme guidelines. Mobilization of political support, capacity building of individuals and building partnerships with sister agencies under the HHA initiative were the most obvious progress made across the regions and countries. Other partnerships with the AUC have yielded many successful programmes and initiatives, such as CARMMA, review of the implementation of the MPoA and other highly successful regional programmes.

Many countries have enhanced their knowledge and built capacities in developing and implementing programmes in maternal mortality reduction, RHCS and CCP, HIV prevention, involvement in youth networks, obsteric fistula, and other sexual reproductive initiatives, along with increased capacities in humanitarian assistance and response. The programme contributed to enhancing the technical capacities of over 330 persons in various aspects of SRH – 40 in EmONC, 84 in the implementation of UNFPA's SRH framework in the context of the Maputo Plan of Action, 24 in costing and quality assurance of SRH programmes,75 in developing quality proposals for funding through the Global Fund, 45 in stepping up PMTCT in health programmes, 150 in linking SRH and HIV programmes, and over 20 as trainers in LMIS including CHANNEL.

In addition, the capacities of over 700 humanitarian actors were improved in integrating ICPD issues into emergency preparedness, humanitarian response, recovery and transition plans, and of over 100 UNFPA staff in the implementation of the Minimum Initial Services Package for provision of SRH services in emergency situations. Further, 12 countries finalized/reviewed CCP strategies, including community-based distribution and logistics management. Additionally, a CCP capacity-building workshop with 50 participants from 13 countries resulted in cascade CCP training in one country and capacity-building for condom use demand-generation for young people in two others. Further, to contribute to the UNAIDS regional goal of doubling condom use among young people, £600,000 was mobilized from DFID to support the development of specific condom brands in six countries, set for promotion in 2013. The capacity of the ESA RECs (EAC, IGAD and SADC) to coordinate and standardize condom quality assurance was strengthened through adoption of a regional common position on post-shipment testing of condoms. This is expected to reduce country-level expenditure on redundant quality assurance mechanisms.

In addition, fistula has been integrated into the national SRH programmes of ten countries and in 13 UNFPA country programmes since 2008. Needs assessments for fistula were conducted in six

countries, and needs assessments for RHCS were conducted in 12 countries. Guidelines for the management of post-partum hemorrhage, post-abortion care, and the use of misoprostol for incomplete abortion and post-partum hemorrhage, as well as a training curriculum in LMIS were prepared and widely distributed for use. A number of SRH strategies and action plans were developed with support by the programme, while MoUs were signed with four countries (for RHCS[22]).

4.5.2   Programme Achievements that Cut Across Many SRH Outputs

Through various actions of targeted advocacy and policy dialogues, many accomplishments were realized across all outcomes and outputs of the Sexual and Reproductive Health programme. As documented above, these efforts toward mobilization of political support and supporting the ICPD PoA have led to the launching of the outcomes of CARMMA and the 15th Summit Meeting of the African Heads of States and Governments. Other achievements include approval of the findings and recommendations of the Maputo Plan of Action; a call to action on Human Resources for Maternal Survival adopted by Ministers of Health (MoH) from 29 African countries; selection of ten focus countries and an additional plan to add ten countries each year to implement UNFPA's comprehensive SRH and HIV prevention framework; and the creation of a group of 43 experts in financial management to provide capacity to African countries.

The evaluation also found other notable achievements made in regards to the Reproductive Health thematic area. UNFPA supported 11 countries in the ESA region in SRH/HIV programming and implementation, including policy support, capacity development, advocacy, and targeted SRH/HIV services including condom promotion, HIV testing and counseling (HTC), sexually transmitted infection (STI) treatment, and family planning. UNFPA also supported action toward SRH/HIV integration including Prongs I and II of PMTCT in 13 countries of the ESA sub-region in 2012. Integrated SRH/PMTCT policies and expansion of SRH/PMTCT programs in 13 countries of the region were supported by UNFPA. Support was provided to seven countries in Southern Africa to allow full linking of HIV/AIDS and SRH in national and broader development strategies, plans and budget. UNFPA has also completed and endorsed the rapid assessments (RAs). RAs have been used extensively by countries to understand both the health system readiness to deliver and the context in which to identify the priorities in scaling up HIV-SRH linkages in their respective countries. Finally, national key documents, including most-at-risk populations (MARPs) and sex work strategies for HIV prevention, were launched in 16 countries.

The Minimum Initial Service Package (MISP) is a set of lifesaving priority SRH and GBV interventions implemented at the onset of a humanitarian crisis that can prevent maternal and newborn death and suffering.

In order to achieve the objectives of the MISP, UNFPA supports and works with other humanitarian actors to support the design and implementation of projects for crisis-affected populations, having them live either in settlements or within the host populations that ensure women's security, providing information and services on reproductive health services and medical response to sexual violence. UNFPA, working within the Inter Agency Working Group on RH (IAWGRH), has also developed 13 sets of pre-packaged RH kits to facilitate MISP interventions. Individual kits contain reproductive

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[22] Signed at HQ level after groundwork had been done through the programme

health drugs and supplies and equipment for specific interventions or disease entities, thus facilitating the delivery of priority reproductive health services[23].

UNFPA has been instrumental in the implementation of MISP in many countries. UNFPA South Sudan, with the help of partnerships with national organizations, established a series of trainings to trainers on the MISP for improved coordination, implementation and monitoring. Further, in late February 2013, UNFPA supported relief to the flood victims in Nigeria by implementing the MISP for RH in three different, severely affected states. Initially, UNFPA provided 920 Mama Kits (which contain the basic supplies a woman needs to deliver safely), 552 cartons of assorted reproductive health kits, 900 male hygiene kits and 750 female hygiene kits, along with condoms. Twenty-nine health facilities received various kits, which targeted at least 600,000 people[24]. In the AWPs for the ARO, UNFPA organized two ToTs workshops for RH coordinators in crisis situations for selected COs and national and regional institutions. These activities show that UNFPA is continuously contributing to the implementation of MISP, and it has been beneficial in ensuring priority reproductive health services are available in emergency situations.

In addition, the 18 July 2012 AWP progress report noted considerable progress, as follows:

- The organization of UNFPA CO staff and national partners participated in two Harmonization for Health in Africa (HHA) jointly organized meetings on Maternal Death Surveillance and Response for ten Anglophone countries in Dar es Salaam and for 19 Francophone countries in Ouagadougou;
- The HHA Conference Ministries of Finance and Health and Parliamentarians were organized with other HHA members in Tunis and contributed about $82,500; and
- An HHA Regional Directors meeting was organized and hosted by UNFPA and UNAIDS.

4.5.3   Other Results by Specific SRH Outputs

RH-Output 1.1: Strengthened regional, sub-regional and national capacity, including CSO, to mobilize political commitment to support implementation and to monitor key SRH components and Reproductive Rights of the Maputo Plan of Action and ICPD PoA.

Reproductive Health Output 1.1 consisted of 35 activities from 2009 to 2011. The budget for 2009 was $1.17m USD, which increased to $1.21m USD in 2010, and was reduced to $856,000 USD in 2011. This output saw a financial implementation rate of 72.89% in 2009, 76.57% in 2010 and 78.16% in 2011. The key activity for this output was the implementation of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) at regional and national levels. The activities in 2009 included providing monitoring, support and building capacity for SRH issues while also conducting a joint UN review on HIV prevention in one country to inform processes and ensure programme regulations. In 2010, similar activities were carried out and included collecting,

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[23] http://www.unfpa.org/public/global/pid/1058

[24]http://esaro.unfpa.org/public/cache/offonce/news/pid/13538;jsessionid=6067735BB7327DC03155DC1CC5E4 E86D.jahia01

analyzing and synthesizing maternal health information/data to generate an evidence-based argument/policy paper for policy dialogue and advocacy for maternal health. The activities in 2011 were similar to 2009 and 2010, while also calling for the prevention of unwanted pregnancies and information on family planning to be offered through green phone lines in francophone African countries by SIS Afrique. Of the 35 activities associated with this output, five dealt with assessments, data collection and studies and nine addressed HIV, with a majority of the activities directly relevant to the attainment of this output as they worked toward strengthening capacities in order to monitor key SRH components.

Moderate progress has been made in strengthening regional, sub-regional and national capacity, including CSOs, to mobilize political commitment to support implementation and to monitor key SRH and Reproductive Rights components of the Maputo Plan of Action and ICPD PoA. This output supported CARMMA, which was led by the African Union Commission in ten African countries in partnership with UNICEF, IPPF and WHO. It also supported an HHA inter-agency conference of Health and Finance ministers. Additional key achievements include the following:

- Of the 23 countries in the ESA region, four had PMTCT plans and 15 high-impact countries had made progress in integrating EMTCT programmes into their strategic plans by 2012. (PMTCT Desk Review, pp. 11-12).
- Twenty-one countries formed partnerships with their MoH and other government ministries on PMTCT. (PMTCT Desk Review, p. 14)
- A total of 15 countries are already actively utilizing the PMTCT framework; 12 had integrated prongs I and II into EMTCT plans based on the guidance; two were in the process of doing so; and one country had integrated it into its PMTCT plans. (UNFPA Regional Partner Consultation Final, p. 13)
- Forty nationals from 11 countries had enhanced their technical capacities on the use of EmONC needs assessment tools, steps and processes.
- Eighty-four SRH/HIV prevention technical experts and programme managers in the SRH team in Africa had their technical capacities enhanced on the implementation of UNFPA's corporate SRH framework within the context of the Maputo Plan of Action.
- With support of UNFPA ARO, action plans for Namibia and Rwanda were produced for the reduction of maternal and newborn morbidity and mortality and a joint plan was produced for West and Central Africa on implementing activities addressing maternal mortality.
- With the support of UNFPA ARO, 24 Nigerian health experts enhanced their capacities in applying the inter-agency tool for evidence-based quality assurance, planning, costing and budgeting for health.
- Supported by UNFPA ARO, RH/MNH databases were established in Uganda and Malawi.

Output 1.1 also saw the production and community-based distribution of documents on lessons learned and best practices in order to expand access to long-term and permanent methods of FP services through outreach camps as well as the distribution of reviews of maternal and perinatal deaths at the clinic and community levels.

RH Output 1.2: Strengthened capacity of regional and sub-regional partnerships and networks, to advocate for and monitor gender- and culture-sensitive SRH&R policies, programmes and the implementation of the Maputo Plan of Action and ICPD PoA.

Output 1.2 consisted of four activities in 2009, three in 2010 and one in 2011, and it was also highlighted in 2012. The budget in 2009 was $80,000 USD, which was reduced to $75,000 USD in 2010 and further reduced to $15,000 USD in 2011. The financial implementation rate for Output 1.2 was 63.89% in 2009, only 9.44% in 2010 and 59.02% in 2011. The activities under this output included:

- Organizing at least one joint inter-agency planning meeting for the provision of joint IPTS on MDG 5;
- Manage inter-agency SRH/PTS strategic interventions, supporting the development of MH data through trend analysis and documentations of best practices; and
- The strengthening of the capacity of regional, sub-regional and national networks and institutions to advocate and monitor gender- and culture-sensitive SRH&R and HIV prevention policies, programmes, and the implementation of the Maputo Plan of Action and ICPD PoA (through media, parliamentarians, women and youth networks, and relevant professional associates).

Poor progress has been made toward this output, with an average FIR of only 44.12%. This output was implemented in collaboration with SROs and COs. Forty participants from ten institutions and independent consultants were oriented on IPTS for the UNFPA SRHR programme. (UBW SRO JBURG-HIV Performance Report 2010, p. 1). Working with men occurred for the promotion of gender equality and a reproductive health workshop (Lusaka, Zambia 3-7 May 2010). A workshop for 92 participants (UNFPA-RO and partners) from 30 countries was held (UBW SRO JBURG-HIV Performance Report 2010, pp. 4-5). In addition, in collaboration with UNDP and UNFPA HQ, UNFPA ESA co-organized an in-reach training for 54 UNCT staff (UNFPA, UNICEF, UNAIDS, UNESCO, UNODC, ILO, UNDP) to build their ability to better understand HIV in key populations (sex workers, MSM, IDUs, transgender) and developed human rights-based programmes in their countries. Following this, at least seven ESA countries (Rwanda, South Africa, Zambia, Zimbabwe, Namibia, Tanzania/Zanzibar and Lesotho) completed or initiated assessments on sex workers and other key populations during 2010. Zimbabwe, Swaziland, Zambia, Namibia and South Africa were all encouraged to apply for PAF funds, and were successful in getting these funds with TA from UNFPA-ESA (UBW SRO JBURG-HIV Performance Report 2010, p. 6).

Progress was further enhanced in 2012 due to the fact that UNFPA has mainstreamed and integrated GBV into its HIV prevention programmes for young people and behavioral prevention programmes. GBV has also been integrated in the joint UNFPA-UNAIDS programme on SRHR/HIV integration implemented in seven countries. A UNFPA-supported programme on the inclusion of the female condom as an HIV prevention method in the context of policy and strategy development for reproductive health commodity security was also part of progress seen in the attainment of Output 1.4.

In addition, in 2012, the World Bank, UNAIDS and UNFPA conducted a review of HIV prevention in generalized epidemics, and in the context of this review mapped outcome-level progress in HIV prevention in 12 high-impact countries. Along with this, ARO strengthened capacities across humanitarian organizations and improved MISP implementation; 492 persons were trained in MISP in six countries, thus strengthening capacities across humanitarian organizations and improving MISP implementation. ARO also provided evidence-based advocacy on MNCH at high-level conferences/inter-agency meetings. Further, ARO rolled out a new humanitarian strategy in 21 countries; the emergency procurement procedures were activated and then facilitated by UNFPA interventions in six countries.

Other notable achievements in 2012 included an investment of $9.6m USD in HIV activities (or 6% of its budget in the region) complemented by related efforts in family planning, sexuality education and other activities. A total of 5.2 million person exposures to UNFPA communication and service delivery programmes were reported by COs in 2012. Over 23,000 people from key affected groups, mainly sex workers, were reached with services (UNFPA Africa Regional Consultation WRH paper 21 February 2012, p. 4), contributing to Output 2.1 of previous years. Additionally, UNFPA strengthened the capacity of HIV and gender focal points from 15 countries to promote delivery on the agenda and participate in the ongoing 2012 midterm review. Angola elaborated its Fourth Strategic Plan (2011-2014) on HIV/AIDS, which received input from the regional office. Finally, TA was provided to the Ministry of Family and Women Promotion (MINFAMU), which culminated in the finalization of the National Gender Policy (2011-2015). All these activities also contributed to Output 2.2 of previous years.

RH Output 1.3: Strengthened capacity of regional, sub-regional and national partners in RH Commodity Security.

This output was only documented within the 2009 and 2010 AWPs and included 12 activities in 2009 and eight activities in 2010. The total budget for 2009 was $1.098m USD, which was reduced to $662,800 USD in 2010. Although the output was not located in 2011, it was still provided with a budget. This enabled UNFPA to calculate financial implementation rates for 2009-2011. These rates were 54.3% in 2009, 65.46% in 2010 and 65.91% in 2011. Activities in 2009 included capacity building and support to COs and partnerships, including providing support to the West African Health Organization (WAHO) to strengthen its capacities for the implementation of the West African Reproductive Health Commodity Security (RHCS) sub-regional strategy. In 2010, the activities also included capacity building and support for partnerships, while also including reviewing and documenting past RHCS interventions undertaken in the African region. This called for a review of RHCS advocacy curriculum/modules, best practices and lessons learned. Of the 20 activities, one involved data collection and two involved youth. The activities are considered as relevant for attaining this output.

Output 1.3 has seen moderate progress over the past four years. Thirteen countries in the ESA region had a strategic plan on RHCS with a five-year implementation plan by 2011, seven of which ended in 2011/2012 (RHCS CCP Assessment, p. 12). At present, of the 20 country offices that are funded within the Global Programme for RHCS (GPRHCS), 14 countries have an RHCS strategic plan that is being implemented, and there are 17 COs whose governments have a budget line for RHCS (UNFPA_UBW consolidated report 2010 and 2011, p. 6). COs were also supported to enter and update information on their national commodity stock situation through the Country Commodity Manager (CCM) software. Of the 20 COs, seven had already begun using the CCM. Further, nine COs have updated their CCM accounts to date. In all countries, UNFPA procured and distributed contraceptives, especially female condoms (UNFPA_UBW consolidated report 2010 and 2011, p. 6). The MTR also noted several achievements for this output. These include the following:

- The installation and promotion of CHANNEL software for better forecasting and management of reproductive health commodities in six countries;
- Twenty national counterparts, consultants and staff of U.S. Agency for International Development (USAID) and WAHO were supported in increasing their knowledge and ability to offer training in the use of CHANNEL software;

- Officials of South Africa's National Department of Health; members of the East African Inter-Parliamentary Forum on Health, Population and Development; and officials of the government of Lesotho all had their knowledge and capacities increased in terms of RH logistics and issues, the efficiency of forecasting, procurement and distribution systems, and the identification and implementation of the most appropriate management software as well as the implementation of CHANNEL;
- A Reproductive Health Commodity Security Advocacy Capacity Building Workshop to work toward reducing maternal mortality held with African women parliamentarians and government officials;
- The development and promotion of the use of a training curriculum in LMIS in pre-service health training institutions; and
- UNFPA coordinated efforts to meet the increased demands for condoms during the Soccer World Cup 2010 with various partners.

The most notable 2010 activity under RH Output 1.3 called for strengthening the Logistics Management Information System (LMIS) at the regional and country level using CHANNEL, a computerized logistics management software that was developed by UNFPA along with the Country Commodity Manager (CCM). CHANNEL enables warehouses to track their supply stocks of commodities as they enter or leave the facility. It also helps the warehouse workers to easily generate reports and requests, which, in turn, reduces the number of unmet needs in regards to reproductive health commodities. The software is extremely user friendly and has been proven beneficial where computer skills are minimal. In order to ensure that CHANNEL is used as efficiently as possible and meets the needs of local health ministries, UNFPA performed research and development with the participation and involvement of local governments.

For instance, in Ethiopia, UNFPA strengthened capacities when "health professionals from every zoba (district) in Eritrea learned the principles of logistics management information systems and received training on how to use CHANNEL software.[25]" The government of Madagascar has also adopted the CHANNEL software; this has resulted in an 11% rise in contraceptive prevalence rate from 2004 to 2009 to reach 29.2% after years of stagnant rates prior to the implementation of UNFPA's CHANNEL, and unmet need for contraception declined from 24% in 2004 to 19% in 2010.

Many other countries have seen similar results due to UNFPA's continuous support in the implementation of this software. The Minister of Health and Sanitation in Sierra Leone, the First Lady of the Republic of Sierra Leone, the Minister of Public Health in Madagascar, and the Minister of Health in Niger have all commended UNFPA on its work with CHANNEL, and have expressed their gratitude regarding the strengthened capacity in response to reproductive health commodity security in their countries.

Other notable achievements included providing reviews and assessments for the following entities:

- The joint ACP/UNFPA/EC programme progress for countries in conflict and post-conflict situations;
- An RHCS situation analysis for most conflict and post-conflict countries; and,

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[25]http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/Advocacy_RHCS.pdf

- The production of the MNH Roadmap and RHCS requirements in Burundi and a work plan for the integration of SRHR/RHCS into their HIV programmes for cross-border mobile populations in the six-member IGAD countries.

RH Output 1.4: Strengthened capacity of national partners on gender and culture - sensitive approaches for empowerment of individuals and communities and for demand creation for quality SRH and HIV prevention services.

This output is only documented in the 2010 AWP and contained one activity. The budget for this output was $30,000 USD, and a financial implementation rate has not been provided. The activity focused on providing support for knowledge sharing and documentation of best practices in RH/HIV and GBV. This activity is considered relevant for the attainment of this output, as it works to identify the best ways to target different communities.

Some progress has been made toward this output, which was determined from an analysis of the MTR and documents provided. The primary achievement included the government of Rwanda integrating voluntary male circumcision into its strategic health policy documents, which was promoted for the men with higher risk factors for sexual transmission.

RH Output 1.5: Strengthened capacity of regional, sub-regional institutions, and national partners for emergency preparedness, planning, managing and monitoring interventions towards provision of SRH, HIV and SGBV Prevention.

This output included a total of ten activities from 2009 to 2011. The budget fluctuated from $193,000 USD in 2009 to $285,000 USD in 2010 to $200,000 USD in 2011. Because of the fluctuation in budget, UNFPA also reported fluctuating financial implementation rates which were 80.62% in 2009, 58.71% in 2010 and back up to 77.57% in 2011. The two activities in 2009 dealt with providing technical support, capacity building and capacity assessment, specifically capacity assessment and the development of plans for regional and sub-regional partners including RECs for emergency planning and humanitarian response. The 2010 activities built off of those in 2009, but they also included trainings and workshops on organizing knowledge sharing, capacity building and planning for disaster preparedness for natural disasters, with selected COs and national and regional institutions to develop, customize and harmonize evidence-based programming tools for SRH/HIV/GBV in crisis. Activities in 2011 were scaled down and incorporated objectives similar to those of 2009 and 2010. Of the ten activities, one addressed assessment, four targeted HIV and one discussed youth.

Moderate progress has been made toward attaining this output. In 2011, a UNFPA-UNICEF joint programme recorded the following achievements at the country level:

- Approximately 2,744 communities in 13 joint programme countries publicly made a declaration to abandon FGM/C, while 141 legal cases concerning FGM/C were also prosecuted.
- There were 19,584 communities benefitting from FGM/C education; and 3,485 media programmes discussed the subject.

- Three hundred health centers adopted and integrated FGM/C programmes into their antenatal and neonatal care programmes; approximately 4,107 Islamic leaders and 1,000 religious edicts condemned the practice[26].

The MTR also documented that substantial progress has been made toward attainment of this output. This occurred through the provision of technical support that led to better planning and programming for humanitarian crises. Over 730 different staff members from COs, ministries of health, UNFPA, UNHCR, IPPF and NGOs had their technical capacities enhanced in integrating ICPD issues into emergency preparedness, humanitarian response, recovery, and transition plans and programmes, as well as including the provision of SRH services in crisis situations with the use of MISP. Numerous capacity-building workshops were carried out with UNIFEM in order to design and approve a joint project document on increased participation of women in peace building in the framework of the National Priority peace-building process for Comoros.

RH-Output 2.1: Enhanced regional, sub-regional and national capacity in Maternal and Newborn Health (including Obstetric Fistula, Female Genital Mutilation and PMTCT) through the strengthening of health system including human resources.

Output 2.1 consisted of 21 activities in 2009, 31 activities in 2010 and nine activities in 2011. The budget for this output was $2.974m USD in 2009, $1.983m USD in 2010 and $2.037m USD in 2011, with financial implementations of 65.92%, 52.71% and 72.75%, respectively. The activities in 2009 included providing technical and programme support, building capacities and strengthening partnerships, and conducting workshops and a colloquium, all in regards to maternal health, fistula and HIV prevention. One activity included conducting a sub-regional workshop to orient and facilitate ten countries to operationalize the Road Maps by integrating it into the district health plans. The 2010 activities included similar activities as those of 2009 while also collaborating with WAHO, EmONC, UNICEF, WHO and UNAIDS. One activity provided support through institutions and consultants to programming and implementation with youth-serving organizations' plans of action to reduce girls' vulnerability to maternal morbidity and mortality and HIV infection in at least two UNFPA focus countries. The activities in 2011 had a similar focus as those of 2009 and 2010 while also including collecting, analyzing and synthesizing maternal health information/data from West and Central African francophone countries to generate an evidence-based argument/policy paper for policy dialogue and advocacy for maternal health. Of the 61 different activities, 12 involved assessments, data collection and studies; 11 addressed issues regarding HIV; and five addressed youth. These activities are considered as relevant for attaining this output as they all target maternal and newborn health within the health system.

Activities for this output have provided moderate progress toward its attainment. This output supported the creation of a Knowledge Management hub in MNH for Francophone Africa and also developed and strengthened capacities of nine fistula repair centers. Staff costs included multiple advisers, programme assistants and regional coordinators with focuses on maternal health, fistula and reproductive health. A colloquium also took place which resulted in the publication of articles in an international scientific paper based on presentations at the colloquium.

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[26] UNICEF: FGMC 2011 Annual Report

Of the 23 countries in the ESA region, four countries had PMTCT plans and 15 of the high-impact countries had made progress in integrating EMTCT programmes into their strategic plans by 2012. Mauritius and South Sudan were identified as the only two countries of the ESA sub-region with neither EMTCT nor PMTCT plans. In Mauritius, it was because the country had its own national comprehensive SHR Policy and Plan of Action. However, opportunities could be explored to integrate the EMTCT and PMTCT plans in the national documents. In South Sudan, inclusion of these plans would require a different approach, as the new nation is at the stage of developing key national strategies and plans. Twenty-one countries also formed partnerships with the MoH and other government ministries (PMTCT Action Plan, pp. 11-14). Zimbabwe received $50,000 USD to support the conduct of rapid assessment of SRH and HIV. Lesotho, Namibia and Zimbabwe were provided support, with consultants assisting them with the Global Fund proposal write-up (UBW SRO JBURG-HIV Performance Report 2010, p. 11). Additional progress included the following results:

- The production of a programme for strengthening cervical cancer prevention in Africa;
- The distribution of improved post-abortion care guidelines and action plans for 13 countries;
- Twenty-five countries and 31 country offices have integrated fistula into their RH/maternal health strategies; and
- A review was undertaken of New Evidence and Strategies for Scaling up Post-Abortion Care for Sub-Saharan Africa, North Africa and the Middle East.

RH Output 2.2: Strengthened regional, sub-regional and national commitment and capacity in culture and gender-sensitive approaches to repositioning Family Planning within the framework of the national health plans and the Maputo Plan of Action.

Output 2.2 presented five activities from 2009 to 2011, with a budget that decreased from $110,000 USD in 2009 to $70,000 USD in 2010 to $25,000 USD in 2011. UNFPA did not report the financial implementation rate for 2009, and reported a rate of only 6.92% in 2010 and 19.40% in 2011. The work in 2009 included generating evidence-based arguments in support of repositioning FP as well as analysis of data and documents on FP to identify good practices and draw lessons through institutions. Consulting and a workshop for repositioning FP were also identified as a major activity. Of the two activities in 2010, one major activity involved support in anthropological studies in select countries, which was continued in 2011 and remained the only activity in that year. Of the total of five activities, two involved studies and one involved data analysis. Because the activities all target FP and the best ways to incorporate it into national and regional frameworks, they are considered relevant to the attainment of this output.

Poor progress was made under Output 2.2. The most notable activities provided information and support to a book based on determinants of FP.

RH Output 4.1: Improved capacity for HIV prevention through strengthened linkages between SRH and HIV/AIDS at the policy, system and service level especially for young people, women, girls, vulnerable groups and people living with HIV.

This output had 12 activities in 2009, 13 activities in 2010 and four activities in 2011. The budget in 2009 was $758,000 USD, which increased to $3.342m USD in 2010 and decreased to $1.744m USD in 2011. Output 4.1 saw a financial implementation rate that increased from 34.06% in 2009 to 62.74% in 2010 and to 80.27% in 2011. Major activities in 2009 involved providing technical and programme support in the area of HIV/AIDS. One activity involved the dissemination of guidelines

and tools relating to SRH and HIV/AIDS. Other activities included desk reviews, SWOT and trend analysis of HIV/AIDS; PTS in the area of maternal health, especially fistula, and follow-up on the 2008 PoA; and workshops in some selected countries as well as implementing rapid assessment tools. In 2010, five of the same activities were conducted in two different regions, which involved support toward monitoring and evaluation, male circumcision/comprehensive condom programming (MC/CCP) activities, PMTCT-related activities, and partnership with the military network. Some major activities involved support to strengthen the executive secretariat of AfriYAN and strengthen GNP among young people living with HIV (YPLWH) and discordant couples. The four activities in 2011 were continuations of some activities performed in 2010. Of the total of 29 activities, one involved analysis, two involved monitoring and evaluation and one involved building a partnership. Twenty-one activities were explicitly related to HIV/AIDS in their wording and three involved youth. The activities were all directly relevant to attaining this output.

Moderate progress has been made toward the attainment of Output 4.1, with an average FIR of 59.02%. Key achievements included:

- UNFPA supported HIV prevention among young people in 14 countries of the West and Central Africa region (Africa Regional Report on HIV programmes 2012, p. 2);
- Seven of the eight countries which received support from UNFPA and partners for young people's HIV prevention recorded increases in condom use among young people (ages 15-24) of 4% to 56%, compared with the previous survey (Africa Regional Report on HIV programmes 2012, p. 2);
- UNFPA implemented action toward capacity development of young people in HIV prevention in 13 countries, reaching 3,295,000 young people with social and behavior change communication strategies (SBCCs) and SRH/HIV services (Africa Regional Report on HIV programmes 2012, p. 3);
- Two roundtables that focused on prevention of HIV in the context of sex work and HIV among young women occurred at the 5th Social Cultural Aspects of HIV and AIDS Research Alliance (SAHARA) Conference for young people;
- A UNFPA ARO HIV prevention strategy for 2009-2014 was developed along with a two-year joint action plan that aimed at strengthening national capacities to plan, implement and evaluate evidence-informed programmes on HIV and sex work;
- Round 10 proposals to the Global Fund saw the integration of SRH and HIV for Zambia, Swaziland, and South Africa;
- UBW funds allowed intensified HIV prevention efforts at the country level through recruitment of additional staff for COs, ROs and SROs, and the development of the UBW and budget for 2009-2011 that focused on supporting six high-burden HIV countries occurred; and
- Technical capacities were increased for at least 260 people for developing quality Global Fund proposals, linking SRH and HIV intervention into those proposals, and for stepping up PMTCT within programmes.

RH Output 5.1: Strengthened regional, sub-regional and national partners' capacity to advocate for comprehensive multi-sectoral response to SRH, HIV prevention including Pop/FLE, life-planning and livelihood skills.

Output 5.1 had eight activities in 2009, 12 activities in 2010 and two activities in 2011. Progress made

for this output was limited[27] (according to the MTR). However, the financial implementation rate suggests that overall moderate progress has been made. The budget in 2009 was $650,767 USD, $883,000 USD in 2010 and $635,000 in 2011, with a considerable decrease in the financial implementation rate after 2009. In 2009, Output 5.1 saw a financial implementation rate of 94.26%, which decreased to 73.71% in 2010 and then further to 68.04% in 2011. Work in 2009 involved support toward Capacity Building, Monitoring and Evaluation, Data Collection and Analysis, and organizing a resource mobilization meeting involving AfriYAN West Africa and partners under WAHO and ECOWAS. A major activity in 2009 involved support to the third AfriYAN Forum for West Africa. In 2010, the main activities involved the establishment of RYAP; conducting a situation analysis to inform the development of a background paper on out-of-school youth in two WCA and two ESA countries; and contributing to the development of SRH/ASRH/HIV prevention M&E framework. Work in 2011 was based on the progression of some activities from 2010. Capacity building and enhancement of activities dominated activities in the three years between 2009 and 2011. Of the 22 activities in this output, 14 dealt with HIV and 16 dealt with youth. The activities were directly relevant in attaining this output as they work to integrate HIV prevention into various frameworks in many regional sectors.

The MTR also highlighted that in four UNFPA COs capacities were increased in applying the rapid assessment tool for linking SRH and HIV/AIDS in national youth strategic plans, as well as of young people to adopt approaches for increasing access to youth-friendly services from ESA countries. Youth focal persons and institutions from ten countries were provided with guidelines, tools and a framework for programming to ensure the linking of SRH and HIV interventions on HIV and sex work. The AYC was also disseminated.

In other related activities in 2012, some key achievements also contributed to Output 5.1. These included:

- UNFPA reached 103,526 young people with youth-friendly SRH/HIV services and social behavior change communication.
- Seven out of eight countries with DHS surveys (2008 or later) recorded an increase in condom use among young people (ages 15-24) of 4% to 56%, compared with the previous survey.
- The office also implemented action toward capacity development of young people in HIV prevention in 13 countries, reaching 3,295,000 young people with SBCC and SRH/HIV services.
- The action on capacity development of young people in HIV prevention was supported in 14 countries in the region (Benin, Burundi, Cameroon, CAR, Chad, Congo/DR, Côte d'Ivoire, Gabon, Gambia, Ghana, Guinea, Liberia, Mauritania and Sierra Leone).
- UNFPA addressed legal issues affecting key populations in the context of its overall support to programming for key populations, in particular sex workers. For example, in South Africa UNFPA, with technical assistance from the regional level, supported the South African National Aids Council (SANAC) and SW groups in developing a national strategic document for HIV prevention in SW settings.

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[27] MTR

- A collaboration between UNFPA and PRB in 2012 resulted in the development and publication of a specialized interactive map emphasizing the opportunities and challenges of the youth in Africa to be able to develop strategies, mobilize funds and monitor developments toward the MDGs and national development goals (AWP and Monitoring Tool, p. 1).
- With the support of UNFPA, demand and use of condoms in Rwanda increased by 43% among the youth and 83% among sex workers (Providing Choice, Ensuring Service, p. 9).
- UNFPA has aided three countries in Southern Africa to integrate SRH and HIV/AIDS services and to scale them up effectively. In Malawi this has resulted in defaulters in antiretroviral drugs reducing the number of clients without consequences, increased utilization of family planning services, reduction in work load by sharing among providers, and an increased number of men escorting wives to antenatal care.

RH Output 5.2: Strengthened regional, sub-regional and national partners to support implementation of comprehensive multi-sectoral response to SRH, HIV prevention including Pop/FLE, life-planning and livelihood skills.

There were a total of nine activities focusing on this output from 2009 to 2011. The budget was $260,000 USD in 2009, $70,000 USD in 2010 and $10,000 USD in 2011, with reported financial implementation rates of 57.16%, 73.51% and 32.96% for each year, respectively. In 2009, major work involved an MoU/contract with the medical college of University of Ibadan to develop and disseminate an SRH and HIV manual. A regional conference involving ten countries was held to replicate the project at University of Ibadan. In 2010, the major work was to disseminate and share knowledge of the project at University of Ibadan. Capacity assessment, capacity building, a gap analysis based on the college's needs, and replication of the dissemination project were all conducted as part of this activity. This major activity was continued in 2011 and remained the only activity for that year. This output also called for the organization of the dissemination meeting to replicate the integration of SRH and HIV Prevention Programming into the medical and nursing/midwifery students' curriculum for ten countries. Work across the three years was mainly focused on capacity building and in turn was relevant to the strengthening of regional, sub-regional and national partners to support the implementation of comprehensive multi-sectoral response to SRH and HIV prevention.

Moderate progress was made under this output. The UN Outcome Framework Business Case on Young People and HIV was operationalized with increased capacities for 50 UN staff from ten HIV high-burden countries. In Zimbabwe, 30 national-level and 300 provincial-level health services benefitted from training in PMTCT (Providing Choice, Ensuring Service, p. 16). An important partnership was established with the Joint UN Regional Team on AIDS (JURTA). The Men Engage Network was also established. The development of two drafts occurred, the first targeting the minimum essential package of services for young people living with HIV/AIDS (YLWHA), indicating services to be provided through health systems, schools and communities in Eastern and Southern Africa, and the second was for integrating SRH issues and HIV prevention into male circumcision programmes for young men (ages 16-24) in ESA countries. Additional capacity was built in the use of the UNFPA Framework of Action on Adolescents and Youth for Country Offices officials, and other institutional and regional partners such as youth networks from ten countries.

4.6   Progress Towards Attaining Programme Outputs – Gender Equality

4.6.1   Overview of Progress toward Attaining Gender Outputs

Good progress was observed in three of the nine outputs based on the average financial implementation rate (FIR) under the gender thematic area, compared with five showing moderate progress and one that did not report the data needed to calculate FIR. COs have been empowered to respond to sexual and gender-based violence (SGBV) and assist countries' gender mainstreaming efforts while strengthening partnerships and collaborating with faith-based organizations (FBOs)[28]. The financial implementation rates for the gender thematic area were 92.78% in 2009, 90.06% in 2010, 68.05% in 2011 and 83.42% in 2012 (as of 20 November 2012).

Under this programme the agency oversaw the development of the following strategic policy notes, documents, programming tools and frameworks:

- UNFPA Africa Regional Strategy on Violence Against Women Prevention and Response
- UNFPA Africa Regional Framework on Working with Men and Boys for the Promotion of Gender Equality and Reproductive Health
- UNFPA Experiences and Lessons Learned in GBV/VAW Programming
- UNFPA Regional Framework on Partnering with Faith-Based Organizations for the Promotion of Gender Equality and Maternal Health
- A joint project with UNICEF on the elimination of female genital mutilation (FGM) and female genital cutting (FGC)

Additionally, activities implemented led to the development and/or strengthening of partnerships with ten institutions from the region, sub-region and countries. These included the Sonke Gender Justice Network, Femmes Africa Solidarité (FAS) and FEMNET, among others. The gender programme has also yielded the enhancement of the capacities of various individuals, including African women leaders, men and youth, gender advocates and gender budget officers, and representatives of FBOs and CSOs, to help deliver the goals of UNFPA's gender programme.

4.6.2   Progress toward Attaining Specific Gender Outputs

Gender Output 1.1: Increased advocacy and partnerships with regional (African Women's Development and Communications Network-FEMNET, SWAA, CAFS) institutions, CSOs, NGOs and other partners for the integration of gender equality and the RRs of women and young girls in policies, development frameworks and laws.

Output 1.1 comprised eight activities in 2009, nine activities in 2010 and three activities in 2011. Consequently, the budget grew from $490,000 USD in 2009 to $590,000 USD in 2010, but shrank to $300,000 USD in 2011. This resulted in an increase of the financial implementation rate throughout the three years. The rates were 50.37% in 2009, 77.50% in 2010 and 94.48% in 2011.

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[28] From "Final Report 20 Nov: MTR of ARP 2008-2011," pp. 38

The main activities in 2009 included supporting the development of a Continental Gender Policy Action Plan with the AU; conducting a study, in partnership with AU, to develop a compendium; and the establishment of a partnership with African First Ladies for advocacy. The primary activities in 2010 included an Africa Side Event at Beijing+15 and completion of the compendium. A range of capacity-building, partnership and advocacy activities were also undertaken in 2010. The main activity in 2011 entailed an assessment of gender mainstreaming in development frameworks. All the activities are deemed relevant for the attainment of the output as they work toward increasing advocacy and partnerships in order to integrate gender equality and the RRs of women and young girls into policies, development frameworks and laws.

Moderate progress has been achieved in enhancing advocacy and building partnerships with regional institutions on gender equity and the reproductive rights of women in policies and development frameworks through programme activities implemented to date.

Key achievements included increasing the technical capacities of 75 gender focal points from UNFPA COs and national partner institutions in 29 countries and increasing the capacities of members of three African women's leaders' groups in advocacy for the integration of gender equality and reproductive rights of women in national development frameworks, policies and laws. Other achievements included the contribution to the partnership with ten regional, sub-regional and national women/gender-focused institutions, organizations and networks, and a preparation to a series of publications, including:

- Africa Continental Gender Policy Action Plan
- Compendium of African Women Professionals
- UNFPA Experiences and Lessons Learned in GBV/VAW Programming
- UNFPA Africa Region Network of Gender Programme Officers

In addition, in 2012, 25 participants were drawn from ministries and institutions to participate in an advocacy and partnership forum on gender equality, GBV and HIV, with particular focus on engaging men and boys. The initiatives and policy briefs on these issues drew participants from the African Development Bank, women's groups such as FEMNET, the South Africa and Botswana's ministries of gender, University of Botswana, and all the RECs. During the forum, other opportunities were discovered for engaging men in the gender-related issues within RECs. The RECs also pledged their continuous support to governments on the issues of gender. The initiative of engaging men has been found to be effective in improving health outcomes.

Another partnership meeting of 60 UNFPA staff and MenEngage on the UNAIDS Agenda Framework for Accelerated Action for Women, Girls, Gender Equality and HIV also towed a similar line of integrating GBV and HIV and engaging men in the issues of gender equality. Country-level successes in the implementation and understanding of linkages between HIV and GBV were recorded in Rwanda, Kenya and Zambia. For instance, in Kenya, a national leadership summit for women and girls and women living with HIV was organized; the first lady of Rwanda was acclaimed a national champion; and a score card was developed on women, girls, gender equality and HIV in Zambia. Additionally, ARO's strategic partnership with CHESTRAD, IPPF ARO, AIDS and research institutions resulted in the strengthening of the capacities of 15 CSOs and 40 parliamentarians and women leaders in ICPD beyond the 2014 process and the post-2015 development agenda.

Another notable achievement was the increased capacity in RBM of 20 participants from ESA, Sudan, Somalia, Egypt and Djibouti through the collaborated programme between Makerere and the UNFPA-UNICEF joint programme on FGM/C. Through this programme, the Johannesburg office developed an FGM/M&E framework which enhanced the process and outcome indicators as well as the M&E. The efforts of SROJ contributed to the adoption of the UN resolution in support of the protection and promotion of the rights of women and girls against FGM.

Gender Output 1.2: Increased partnerships with regional and sub-regional institutions and UN partners, especially UNIFEM, to improve knowledge and skills for gender budgeting.

Output 1.2 had three activities in 2009, six activities in 2010 and two activities in 2011. The budget increased from $447,000 USD in 2009 to $710,000 USD in 2010 and then decreased to $535,000 USD in 2011. The fluctuation in the budget led to a fluctuation in the financial implementation rates for this output, which were 98.35% in 2009, 83.58% in 2010 and 97.35% in 2011. The main activities in 2009 included developing partnerships with UNIFEM and Tanzania Gender Network (TNGP) to provide support for the organization of capacity building and training events for national partners and UNFPA staff in gender responsive budgeting (GRB). The primary activities in 2010 included building more partnerships and support for capacity building; conducting five to ten case studies on progress made in the implementation of GRB; and supporting national, regional and sub-regional UNFPA offices in terms of capacity building, programme management, knowledge sharing, skill development and networking. The main focus in 2011 included organizing a GRB training skills development seminar for ten experts to develop a harmonized training GRB package based on previously developed UNFPA/UNIFEM training packages (in collaboration with SRO Dakar and the Rwanda ministry of finance). All the activities were relevant toward the attainment of the output as they focus on increasing knowledge and skills for gender budgeting through increased partnerships.

The MTR (2010) and the average financial implementation rate have noted that good progress was made to enhance technical capacities in gender budgeting and strengthen partnerships with partner institutions. Key achievements included the increase in the capacities of 59 UNFPA staff and national partners from 32 countries and of 32 staff of UNCTs, ministries of gender and finance, and NGOs from 13 countries, as well as an increase in the number of persons trained in applying gender responsive tools and resources. In addition, UNIFEM organized three of the four regional workshops in collaboration with TNGP and Analytical International to strengthen partnerships.

Gender Output 2.1: Increased partnerships at regional and sub-regional levels to scale up community-based programming for the prevention of FGM/FGC, child marriages and other harmful practices.

Output 2.1 had three activities planned for both 2009 and 2010. In 2011 there were two outputs of which the same activity was pursued. The budget was $223,000 USD in 2009, $260,000 USD in 2010 and increased to $420,000 USD in 2011. The financial implementation rates for the three years under this output were 65.44%, 85.15% and 69.14%, respectively.

The major activities in 2009 included missions to national, sub-regional and regional initiatives, events and fora in support of effective programming; capacity building; networking; and knowledge sharing in the gender sector. Other activities included technical support to regional programs and partners as well as participation in the FGM/C assessment. Activities in 2010 emphasized knowledge sharing among staff members of the gender sector in Dakar, which included the provision of TP FS to

implement FGM/C programs in countries, with additional support for the follow-up of the implementation of the UNFPA/UNICEF FGM/C trust fund activities in 17 countries. One additional output for 2011 pertained to strengthening the capacity of regional and sub-regional institutions and national partners in the area of rights-based approaches to programming. For both outputs, activities included providing technical and management support in the gender sector in regions under the Dakar SRO region. All the activities were relevant in the attainment of the output as they all focus on preventing FGM/FGC, child marriages and other harmful practices through technical support, increased partnerships and community-based programming.

Moderate progress was made to attain this output. One notable achievement is that the UNFPA Africa Regional Framework on Partnering with FBOs for the Promotion of Gender Equality and Maternal Health 2010-2013 was reviewed and finalized. The MTR also reported the contribution to improving the quality of project reports from Ethiopia, Kenya and Ghana and to the successful integration of FGM in several UNFPA country programme documents and in several UN system-wide development programmes through advocacy.

As of 2012, SROJ mobilized resources from the UNFPA-UNICEF joint programme on FGM/C to build the capacities in RBM of 20 participants from ESA, Sudan, Somalia, Egypt and Djibouti in collaboration with the School of Public Health of Makerere University. Through this programme, the Johannesburg office developed an FGM/M&E framework which enhanced the process and outcome indicators as well as the M&E pertaining to FGM. The efforts of SROJ contributed to the adoption of the UN resolution in support of the protection and promotion of the rights of women and girls against FGM. It was a successful initiative in South-South collaboration and UNFPA units across the board (HQ, regional, sub-regional and country offices).

Gender Output 2.2: Enhanced capacity of regional, sub-regional and national partners for evidence-based culturally sensitive programming.

Output 2.2 had three activities in 2009, two activities in 2010 and one in 2011. The budget was $130,000 USD in 2009, $110,000 USD in 2010 and decreased to $5,000 USD in 2011. The financial implementation rate fluctuated considerably during the three years and was reported as 48.13% in 2009, 87.43% in 2010 and just 19.19% in 2011. Major activities in 2009 included supporting the organization of capacity-building events for national partners and UNFPA staff and support to conduct regional training on the use of statistics for RBM/M&E. In addition, an assessment was conducted to establish baseline indicators for the gender sector. Main activities in 2010 included a desk review of progress made in implementing gender programs and a workshop to share knowledge and experience from support to partners (religious/community leaders). The only activity planned in 2011 entailed reviewing and finalizing the framework in partnering with FBOs.

Moderate progress was made toward attaining this output. As per the MTR, key achievements included:

- Increasing the capacities of 30 UNFPA staff and national partners from 12 countries in results-based management and monitoring and evaluation of population, RH and gender programmes;
- Increase in the awareness, knowledge and capacities of 120 religious leaders, representatives of FBOs and other partners from 35 countries on working together for effective programming;

- Preparation of "UNFPA Regional Framework on Partnering with Faith-Based Organizations for the Promotion of Gender Equality and Maternal Health"; and
- Preparation of a document on baseline indicators of the gender sector for use by COs.

Gender Output 2.3: Strengthened partnerships with regional, sub-regional and national institutions, including NGOs (FEMNET, SWAA) and South - South partners for increased programming on male participation for the prevention of HIV/AIDS and GBV and the promotion of the RRs of women and girls.

Output 2.3 had a total of six activities from 2009 to 2011 with a budget of $95,000 USD, $120,000 USD and $55,000 USD, respectively. The 2009 financial implementation rate has not been determined as the expenditure for the year was not reported; however, there was a 70.23% FIR in 2010, and a rate of 58.36% was reported in 2011. Main activities in 2009 included the promotion of men's participation in the prevention of GBV, the conducting of activities in knowledge sharing and assessments, and the protection of women and girl victims and their reproductive health. Main activities in 2010 involved collaborations with Sonke and FEMNET and knowledge sharing workshops. Activities in 2011 focused on the capacity building of networks working with men and boys and the establishment of the MenEngage Training Institute, which included one study on the progress made by ARO and a meeting discussing shared experiences held in Lusaka. Activities under this output emphasized knowledge sharing with partnerships and capacity building being less of a focus. Out of the total of six activities, two were explicitly related to HIV/AIDS and two were related to young boys. These activities were all relevant in supporting this output.

Moderate progress has been made in attaining this output. An especially notable achievement from the activities included the enhancement of the capacities of 92 UNFPA staff and national, sub-regional and regional partners on the promotion of gender equality and RH. Another notable achievement is that UNFPA has developed a four-year partnership programme (2010-2013) with Sonke to establish a network of institutions promoting gender equality and providing programme and technical support to countries. Other achievements include developing the "UNFPA Africa Regional Framework on Working with Men and Boys for the Promotion of Gender Equality and Reproductive Health" study as well as a study of GBV in emergency settings.

Gender Output 3.1: Strengthened capacity of regional and sub-regional institutions (Women in Law and Development in Africa-WiLDAF) and national partners on rights-based approach to programming.

Output 3.1 was only documented in the 2010 AWP and contained a total of two activities. The budget for this output was $250,000 USD and saw a financial implementation rate of 79.89%. The activities included providing programme and technical support to programmes and partners in WCA under the Dakar-SRO region and organizing workshops on a rights-based approach to programming. The two activities are relevant to the output, with one activity targeting women and another targeting a rights-based approach.

Limited progress has been made in attaining this output although the average FIR suggests otherwise. The MTR noted that workshops have yet to be organized, and thus achievement toward this output has not occurred.

Gender Output 3.2: Strengthened capacity of regional, sub-regional and national human rights protection systems (national human rights institutions, police, judiciary, army, etc.), including African Human Rights System (particularly the African Commission on Human and People's Rights) for increased integration of reproductive rights and gender equality in (human rights protection system) policies and programmes.

Output 3.2 was only documented within the AWP for 2009, and it consisted of two activities. The budget for this output was $233,000 USD; however, the FIR has not been reported. The two activities, aimed at providing support for the gender sector and human rights protection systems, included working in the Dakar-SRO region and assessing the capacity of institutions and NGOs for the integration of HRs and GE in policies and programs. Both activities are relevant to the output, with both targeting gender equality and human rights protection.

Limited progress has been made to date to attain the output, because, as the MTR notes, the activities were not implemented. The MTR does not provide information as to why these activities did not take place. The output also did not report the FIR for this output so the evaluation team was unable to assess progress.

Gender Output 4.1: Strengthened capacity of regional institutions, CSO networks and national partners for comprehensive GBV programming, including research, resource mobilization and GBV in conflict and post-conflict situations.

For Gender Output 4.1, there were two activities in 2009, five in 2010 and three in 2011. The budget for 2009 was $130,000 USD, which increased to $200,000 USD in 2010 and then decreased to $15,000 USD in 2011. This output had financial implementation rates of 41.92% in 2009 and 39.59% in 2010 but then increased to 80.14% in 2011. In 2009, the major activity was to provide technical support to parliamentarians, youth and media networks to advocate against GBV and mobilize resources for GBV interventions. The other activity was to organize knowledge sharing to harmonize approaches for GBV/VAW prevention. In 2010, many of the activities included evaluations and the provision of technical support to the VAW programmes developed in 2009. Most important, in 2010 an activity was set out to work in collaboration with Raising Voices to review and finalize the UNFPA Africa Regional Strategy and Action Plan on the Prevention and Response to Violence against Women in Africa. The activities in 2011 include evaluations, assessments and finalizations of products produced over the previous two years while also conducting a Best Practices workshop on GBV prevention in Namibia. Of the ten activities, two involved assessments, data collection or studies and one focused on youth.

Moderate progress was made under this output. One considerable achievement involved partnerships that were formed with GCHRB, Raising Voices and USAID. The broad purpose of these partnerships was to 1) review and finalize the "Africa Regional Violence Against Women Prevention and Response Strategy 2009-2013," and 2) organize a capacity-building workshop for UNFPA staff and partners.

Other partnerships, such as with UNIFEM (now referred to as UN Women), COs and local offices, were formed to support the AU and countries on Violence Against Women prevention through the Africa-wide SG campaign. Knowledge-sharing events, fund-raising activities and $10,000 worth of advocacy materials on VAM also dominated activities. In line with collecting and using data, support

in the areas of MICS, DHS, and quantitative and qualitative studies were also provided to CPs. One publication was created on the knowledge and lessons learned from the 2008 GBV document.

As noted in the MTR[29], in the two workshops that were organized, 25 officials from COs and 185 partners from other sister agencies of the UN, partnering governments and officials involved in policy making learned how to develop and understand VAM prevention programmes. Additionally, collaborations with the Humanitarian Response Branch of the UNFPA and YMCA yielded the increased capacities of 12 ARO staff in humanitarian affairs and 20 ESA staff in resource mobilization for SGBV. Overall, activities under this output contributed to enhancing the knowledge of regional institutions, CSO and national partners in GBV programmes and conflict emergencies. The WCARO GBV Proposal[30] also recorded the following achievements by UNFPA at country level:

1. Provided strategic guidance and technical support to scale up GBVE programmes in Central African Republic, Chad and Cote d'Ivoire;
2. Launched new GBVE strategic interventions and comprehensive programmatic responses in Mali, Mauritania, Niger and Burkina Faso;
3. Assessed specific GBV-related needs in the above-mentioned countries plus Cameroon, Gambia, Guinea, Guinea Bissau, Liberia and Senegal in view of providing tailored support in 2013 and beyond;
4. Assisted five countries in developing strategic interventions and comprehensive policy and programmatic responses (Burkina Faso, Côte d'Ivoire, Mali, Mauritania, Niger);
5. Supported governments to develop national GBV policies/strategies/action plans by providing support to UNFPA COs and inter-agency GBV coordination structures (Côte d'Ivoire and Sao Tome and Principe); and
6. Ensured mainstreaming of GBV into all aspects of humanitarian assistance, as outlined in IASC GBV Guidelines and through rolling out GBV Standard Operating Procedures, the GBV Coordination Handbook and other core GBV prevention and response tools.

Another achievement included the production of a survey on the knowledge and use of IASC HIV/GBV guidelines in humanitarian settings; the survey was conducted in six countries. UNAIDS and UNFPA financially and technically supported the development of a manual on HIV, gender and GBV issues for humanitarian workers for faith-based humanitarian organizations by IRW-SA. Ten good practices on the fight against Regional HIV Network of Military Forces in West and Central Africa (REMAFOC) were documented and disseminated through UNFPA financial and technical support.

Documented achievements in 2012 showed some similarities in achievements with the previous years. This included the holding of a workshop on engaging men and boys on gender issues, including maternal mortality prevention and SRHR, which brought together 35 women and 42 men from Sierra Leone and 19 East and Southern Africa countries. The participants were mobilized from gender-related non-profit organizations, UNFPA staff, Sonke staff and MenEngage members. This capacity-building workshop directly contributed to the achievement of UNFPA's SP 2, 3, 4 and 5 outcomes.

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[29] MTR ARP 2008-2011, p. 41

[30] WCARO GBV Proposal

Through this workshop, UNFPA country offices have revisited and identified potential integration of gender and SRH and how to engage men in their AWPs. Additionally, possible alliance has been established with Sonke and MenEngage for engagement at country levels.

Other important activities in 2012 occurred that were not associated with any specific outputs, but nevertheless, led to progress for the gender thematic area. These include the following:

- UNFPA has been leading a small inter-agency GBV Working Group that sits under the Regional Protection Cluster led by UNHCR. Since none of the other agencies have staff dedicated to GBV issues, this office undertakes mostly information-gathering tasks rather than promoting strategic, inter-agency action[31].
- UNFPA WCARO has a strong relationship with UNICEF WCARO and in collaboration with them supports co-leadership of GBV Sub-Clusters and/or Child Protection Sub-Clusters in countries where the cluster system is functional[32].

Gender Output 4.2: Increased advocacy of regional and national institutions and networks for increased representation of women in conflict prevention, management and resolution, including peace-building decision-making processes (Resolution 1325).

This output is only documented in the 2009 and 2010 AWPs. There were three activities in 2009 and two in 2010. The budget for 2009 was $170,000 USD, and in 2010 it decreased to $60,000 USD. Although the reported financial implementation rate for 2009 was missing from data sources, this output registered rates of 95.84% and 99.56% for 2010 and 2011, respectively. For 2009, the main activities included providing support to programs and partners in terms of the output and resolution, as well as providing policy dialogue and advocacy in terms of GBV, maternal health and RR. In 2010, the activities were the same as in 2009 while also documenting the work UNFPA has done in terms of this output. One notable activity in 2010 involved the sensitization of partners and staff on integrating resolution 1325 into programming processes. Of the five activities, one included assessment and two included youth (girls). All activities planned under this output are relevant to achieving the output, and there was a reported average FIR of 97.70%. However, these activities were not implemented and could not be analyzed with qualitative data. The MTR does not provide an indication as to why the activities were not implemented.

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[31] WCARO GBV Proposal, p. 8

[32] WCARO, p. 10

Chapter 5: Analysis of Key Strategies

5.1 Capacity Building and Technical Assistance

This section reviews the relevance, effectiveness, sustainability and efficiency of ARO's capacity building and technical assistance support to country offices (COs) and counterparts.

Relevance

The evaluation data and analysis indicate that, overall, country and counterpart capacity building and technical support provided by the Africa Regional Office appears to be largely relevant in terms of supporting country objectives and broader UN/global initiatives. Feedback from UNFPA's implementing partners (IPs), obtained from the evaluation's e-survey, evidences particular appreciation by the programme's implementing partners of UNFPA's technical and capacity building support in the areas of training, advocacy, and its support in the creation of platforms for dialogue with regional bodies, civil society organizations, and host government entities (and other stakeholders) in addressing country issues.

A few gaps were identified by the evaluation in terms of the types and quantity of assistance (such as an urgent need for additional operational support), TA modality preferences, and barriers to the efficiency and timely flow of technical support (within existing operational systems such as IPTS) that merit attention. Interviewees from both country and regional offices noted that there was a lack of capacity building pertaining to operational needs, including financial planning and management.

Effectiveness

To assess the effectiveness of ARO's capacity building and technical assistance support to COs and counterparts, the evaluation analyzed information collected from a desk review; key informant interviews in Johannesburg (South Africa), Dakar (Senegal) and Addis Ababa (Ethiopia); and a set of e-surveys.

E-survey respondents were asked to rate (on a scale of 1 = poor, 5 = excellent) the performance of ARO's varied modalities pertaining to capacity building and technical assistance, including workshops, direct mission support, brokering technical assistance, and remote support. Respondents were also asked to provide feedback on whether (over the past few years) these support services have improved.

Among the 34 e-survey responses, a summary of findings is provided below (interspersed and compared with key informant interview feedback).

a) Workshops: Over the past five years, the provision of workshops has been one of the primary mechanisms with which the Africa regional offices have provided TA to country programmes. In 2009, 22 activities were located in ARO's Annual Work Plans that involved meetings and workshops, which compares to 32 in 2010, ten in 2011, and just two in 2012. Reproductive Health had the majority of these activities (36), compared to 17 located in Gender, and just 11 in Population and Development. Many of the meetings and workshops that were conducted dealt with issues such as Reproductive Health Commodity Security, Millennium Development Goal 5, SRH services especially

in regards to crisis situations and HIV/AIDS, and on capacity building in terms of data collection (especially in regards to census collection), finance monitoring, evaluation, etc. Interview feedback from country and regional programme staff regarding the relevance and quality of the workshops has been largely positive, most notably with respect to the M&E training workshops, media training workshops, and resource mobilization workshops.

More specifically, the e-survey found that 97% of respondents rated capacity building workshops as either "satisfactory, good, or excellent," and only 3% rated this method as "less than satisfactory." In terms of improvements over time, a majority of respondents (66%) reported that capacity building workshops have improved over the past few years.

Assess Performance of Regional Office in: Capacity Building and Technical Assistance

Answered: 34   Skipped: 7

On a scale of 1-5 (1=poor, 5=excellent), how would you rate ARO's methods at capac...
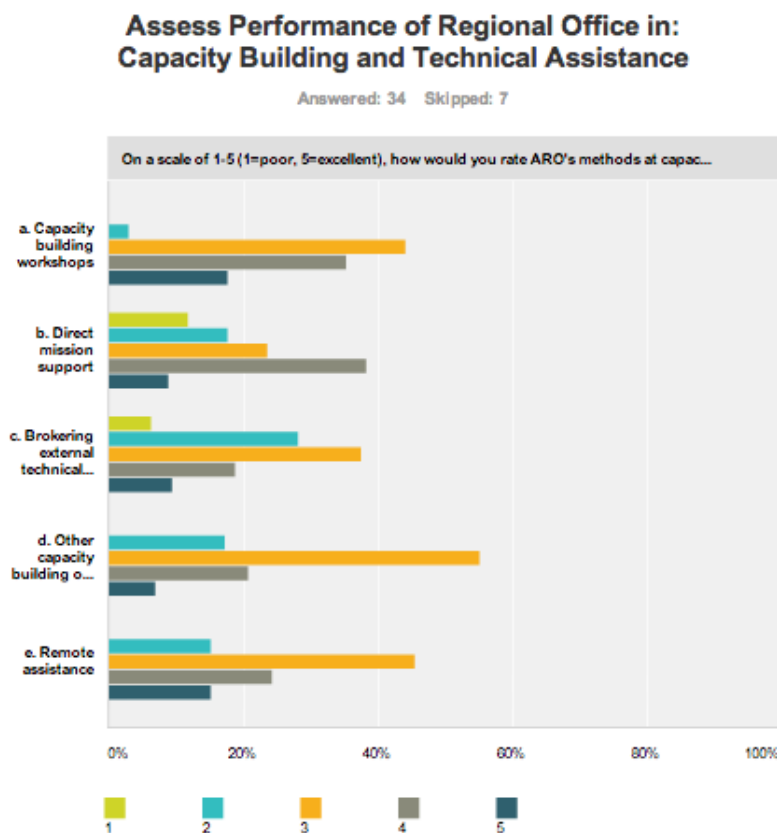
Key informant interviews evidenced that perspectives differ widely between upper management and operational staff on the one hand and programme and technical advisers on the other hand regarding the effectiveness of workshops. Upper management and operational staff were more critical of the utility and cost of workshops (as a mode of TA delivery) than technical and programme advisers. This finding is particularly interesting given e-survey feedback indicates that workshops are the *most favoured* modality of TA and capacity building among regional and country programme staff (among the modality choices listed in the survey and described above).

b) Direct Mission Support: With respect to direct mission support, the e-survey found that a large majority (71% of respondents) rated this method as either "satisfactory, good or excellent," with 29% perceiving direct mission support as either "less than satisfactory or poor." In terms of improvements over time, 31% believe it has improved. In sum, the e-survey indicates that while there is room for improvement, a majority of regional and country programme staff believe that direct mission support is beneficial toward achieving country programme objectives.

In 2009, there were 14 activities that involved direct mission support, which compares with 18 in 2010, ten in 2011 and none in 2012. Direct mission support was located in 15 different activities for both Population and Development and Reproductive Health, and in 12 different activities for the gender thematic area. Most of the missions were to provide integrated technical and programme

support to ROs, SROs, COs, and national partners on various issues including population and development, ICPD@15, UN Reform and the new aid environment, and monitoring and evaluation in the various thematic areas.

c) Brokering External Assistance: A majority of respondents (66%) rated ARO's performance with respect to brokering external assistance as satisfactory, good or excellent. In terms of improvements, 31% believe ARO's performance in brokering external assistance has improved over the past several years. In sum, ARO's role in brokering external assistance is clearly valued by country programmes.

In-depth interviews with stakeholders revealed two particularly interesting findings that fall under the umbrella of brokering external assistance, including 1) the use of consultants, and 2) South-South exchanges.

Consultants: Interviews indicated that a continual challenge experienced by UNFPA staff when working with consultants is that they are not adequately informed regarding UNFPA systems, procedures, culture and protocols. This qualification was described as being vital to the provision of relevant and effective technical assistance. Given this concern was expressed frequently in interviews with country and regional technical and programme advisers, it indicates a possible need to review and explore how and where consultants can best be utilized, and/or what other mechanisms or alternatives are available to better serve the country programmes and implementing partners (IPs). Given a substantive amount of UNFPA work is conducted by consultants, it may be useful for ARO to assess how consultants are currently utilized and the degree to which they are trained on UNFPA systems.

South-South Cooperation: In-depth interviews indicate that, overall, country programmes highly value technical assistance and support that is provided via South-South mechanisms (via workshops, the use of national consultants or country exchanges). This positive association with South-South cooperation, and the desire for increased utilization of national or regional consultants, was clearly articulated by regional and country programme staff during field visits. South-South workshops, conferences and study tours/exchanges were particularly appreciated, most notably in the areas of HIV prevention (in terms of regional lessons learned), resource mobilization (sharing how other countries are mobilizing resources), communication strategies and M&E.

d) Remote Assistance: Interview feedback indicates a positive trend that ARO is increasingly utilizing various methods to provide remote assistance. Some of the impetus for this transition is coming from budget constraints and the need for more efficient use of limited financial resources, i.e. regional programme technical advisers reported there have been far less funds available for travel over the past several years. A large portion of technical assistance to country programmes that used to be provided via country visits is now being provided via email, over the phone, via conference calls and through other mechanisms – which programme and technical advisers describe as less costly and effective. Programme advisers within the Central and West Africa Regional Office, for instance, conduct a large part of country programme planning support via email and conference calls – which they believe has been productive and cost-efficient.

ARO AWPs contained 21 activities that involved remote assistance in 2009, 20 in 2010, five in 2011 and just three in 2012. Activities with remote assistance were most abundant in the Reproductive Health thematic area, with a total of 34 activities addressing it, compared with eight activities for Population and Development and just four addressing it in the gender area. Remote assistance took

place in a variety of different ways including for the development of national strategies and integration into national health plans and development frameworks, following up on trainings and workshops, providing technical and programme support for needs assessments and conducting surveys, and creating knowledge-sharing events to support the capacity building of different partners on a variety of issues.

More specifically, feedback from the e-survey revealed that 84% of the Africa regional and programme country staff rated ARO's performance in the area of remote assistance as either "satisfactory, good or excellent." Only 15% rated it as "unsatisfactory," with no staff rating this method as being "poor." In terms of improvements, 37% reported that remote services have "improved," and 60% believe it has "remained the same" over the past several years.

Sustainability

UNFPA is creating sustainable impacts due to its long-term work with governments and other relevant entities relating to population, gender and SRH in countries throughout Africa. Systems that have been improved through these efforts and skills that have been imparted should remain long after any specific project has been completed. Both ARO staff and country programme staff articulated that operational capacity building among UNFPA's potential partners is a necessary first step for any sustainable partnership.

Interviews revealed that technical and programme advisers do not have a mechanism to measure whether the TA and capacity building they are providing or facilitating will be sustained. Training (and training of trainers) was often mentioned as one method of promoting sustainability, with the idea being that if enough individuals are trained/knowledgeable regarding an issue or skill, the chances of continuation of the development objective are increased.

The Implementing Partner (IP) e-survey asked IP representatives if they believe ARO's Africa regional programme has had a long-lasting impact. Six of the eight IPs (75%) that answered the question reported that UNFPA is, in fact, successfully applying sustainable approaches in the region. Several key sustainable approaches that the IPs report UNFPA has been utilizing include:

- Having UNFPA involved in a project/programme from the start;
- Placing emphasis on high-quality technical support and training to governmental entities to promote country-specific ownership; and,
- The provision of governmental advocacy support and platforms for dialogue of multiple stakeholders.

A large majority of the implementing partners participating in the e-survey articulated that they would like to enter into agreements with UNFPA that are more *long-term* in nature rather than the current short-term or one-time support mechanism that is the norm. The IP survey respondents articulated that agreements with UNFPA in the range of two to three years would be preferable – and they believe this shift would contribute greatly toward promoting sustainability.

Efficiency

While the evaluation found the quality and relevance of capacity building and technical assistance received from ARO as rated, overall, positively – the quantity and timeliness of support was of concern to stakeholders.

Interviews with regional and country programme staff indicate that the amount and type of TA and other support needs of UNFPA countries in Africa varies greatly depending on country specifics, most notably with respect to the local capacity of national government structures and that of its implementing partners, as well as the continually changing humanitarian and political situations in the region, i.e. African country support needs are not homogeneous. The regional and country technical advisers indicated that "where national capacity is strong, such as in South Africa, the regional office supports the country offices in terms of guidance, but for weaker countries, such as Central Africa, more substantial involvement is required."

Interviews with country programme staff (including technical advisers and programme advisers) indicate that the *quantity* of TA provided from the regional offices to country programs over the past five years has been considered insufficient in the context of the high level of demand/requests from country representatives needing support. A cross-cutting finding is a widely held perception that not enough TA is being provided to UNFPA country offices with the perception that this is due to limited funds and limited staff.

Country office staff also report that the TA provided by the regional offices is often not provided in a *timely* manner, with related consequences. Interview respondents indicated that for TA to be of optimal benefit, it must be provided in a timely and context-sensitive manner. This is especially crucial among the West and Central African country programmes, for which many of these countries are currently experiencing civil conflict, political unrest/transition, or humanitarian emergencies/crises.

Finally, interviews indicate that, overall, the online technical assistance (web-based) system of fielding technical assistance needs from countries is not perceived by staff as being a *timely* tool. The dynamic needs of country offices in their work with governments and other partners means that requests for assistance are often urgent, time-sensitive and only relevant in the short term.

5.2 Partnerships and Resource Mobilization

This section reviews the relevance, effectiveness, sustainability and efficiency of ARO's partnership and resource mobilisation support to country offices (COs) and counterparts. Partnerships are addressed first, followed by an analysis of Resource Mobilization.

5.2.1 Partnerships

Relevance

The evaluation data and analysis indicates that, overall, the ARO's work with respect to establishing partnerships and providing partnership support to country offices has been relevant in terms of supporting country and regional objectives, as well as broader UN/global initiatives.

Interviews indicated that the UNFPA Africa region's primary partnerships over the past five years have included collaborations with the Africa Union Commission (AUC), the ECA, UNIFEM and UNAIDS, among others. For instance, in collaboration with UNIFEM, UNFPA supported the development of a continental Gender Policy that was approved in December 2008 by AU Minister of Gender and Women's Affairs. This was followed by support to the development of a Plan of Action, as well as technical support for the assessment of HIV/AIDS, Women and Girls in Conflict and Post-Conflict countries. One of the most effective partnerships and mobilization efforts that has transpired from the regional office has been the ARO's collaboration with the Campaign on Accelerated Reduction in Maternal Mortality in Africa (CARMMA).

The evaluation was not able to assess whether they are the best available partners in the region, in part, because there have been few capacity assessments of either the existing partnerships themselves or what alternatives are available. A systematic mapping of capacities or comparative advantages of collaborating partners would be useful. In addition, there are a few gaps in partnership assistance, as well as operational and financial barriers to maximizing and sustaining partnership efforts (detailed further in this report) that merit attention.

While there has been substantive and ongoing success in partnership building, the evaluation assessment indicates that the Africa Regional Programme has not yet enabled their staff to foster strong, long-lasting partnerships to the extent needed to fully achieve and sustain the programme's objectives. The programme is still in the process of developing a strong and robust network of regional technical partners that would allow for optimal results. Interviewees indicated concern that the Africa Regional Programme has not yet fully realized the potential of partnerships with ECOWAS or SADC. Country and regional programme staff indicated that increased collaborations and partnerships with these two regional bodies would be beneficial.

Effectiveness

The evaluation drew upon in-depth interviews with key informants within UNFPA and its partners to assess the relevance and effectiveness of the Africa Regional Programme's support in the area of partnerships. Substantive information was also collected and analyzed from the e-surveys, for which the findings of both data collection methods (interviews and e-surveys) are summarized below.

Country and regional programme staff (including management, technical and programme advisers, and operations staff) were asked to provide their perspectives regarding the performance of ARO in terms of partnership development, including partnership development for *capacity building*; partnership development for *research, policy and advocacy*; and partnership development for *programme implementation (NEX).*

An analysis of e-survey findings revealed that a majority of respondents (79%) believe that ARO's ability to develop and maintain partnerships for *capacity building* is strong, with only 21% providing an unsatisfactory assessment. With respect to partnership development for *research, policy and advocacy*, a large majority (81%) believe ARO's performance to be strong in this area as well, with only 19% providing an unsatisfactory assessment. Finally, an overwhelming majority (89%) of e-survey respondents rated ARO's performance in the area of partnership development for *programme implementation (NEX)* highly, with very few (11%) unsatisfactory assessments. (Note that these figures are based on responses obtained from 29 of the 41 survey respondents, i.e. 70% of respondents answered these questions.)

When asked which area ARO has made the most progress in developing partnerships, a large number of respondents (56%) selected *partnership development for programme implementation (NEX)* as the area in which the most visible improvements have been made. Respondents reported that there has also been significant progress (albeit not as dramatic of a change) in the other two areas, with 28% reporting substantive progress in the area of partnership development for *research policy and advocacy,* and 31% reporting progress in partnership development for *capacity development*.

More specifically, country and regional programme staff (including management and technical and programme advisers) were also asked to rate from 1 to 5 (1 = worst, 5 = best) how influential and effective ARO has been in terms of working with *different types* of partners, including donors (government, multilateral and private), national host governments, UN agencies, NGOs (national and international) and regional institutions (AU, regional economic communities).

Given the evaluation aimed to solicit the most useful and practical information possible, questions were asked within the context of each of UNFPA's three primary areas of focus: Population and Development, Reproductive Health and Rights, and Gender. Questions were further broken down into sub-categories of the Africa Regional Programme's work, including Sexual and Reproductive Health (Family Planning and RHCS; HIV and SRH; and Maternal and Newborn Health); Population and Development (Data Collection and Census); and UNFPA's work on Gender, Youth, and Humanitarian Response.

Select findings under each sub-category are provided in the table below. Several major findings emerge from the data.

First, across the board, UNFPA country and regional programme staff indicated that ARO is both highly effective and influential *with all its partners*, including donors, national host governments, UN agencies, NGOs, and regional institutions. As the table below indicates, a vast majority of the partnership ratings were in the 83-89% range, i.e., a large majority of respondents rated ARO's partnership performance *across partnership types, and across focus areas,* as being satisfactory, good or excellent.

Second, when comparing types of partnerships, as the table below indicates, country and regional programme staff perceive ARO as being especially influential and effective when working with UN agencies and regional institutions. For example, 100% of respondents rated ARO's partnership effectiveness with UN agencies in the area of maternal and newborn health as satisfactory, good or excellent. In the area of data collection and census participation, the satisfaction rate pertaining to ARO work with UN agencies was also outstanding (at 92% among UNFPA survey respondents). Finally, an overwhelming majority (89%) of respondents rated ARO's influence and effectiveness working with UN agency partners on family planning and RHCS objectives as highly productive.

As mentioned above, partnerships with regional institutions were also highly rated among survey respondents, with 96% of respondents citing ARO's high levels of effectiveness when working collaboratively on maternal and newborn health activities. As the table below indicates, regional institutional partnerships with ARO in the areas of family planning and RHCS, youth programming, gender programming, and data collection and census participation were also rated especially highly.

UNFPA Staff Perceptions Regarding ARO Influence & Effectiveness with Partners

Type of Partnership	Rating of Satisfactory, Good or Excellent (Combined Total)	Rating of Unsatisfactory or Poor (Combined Total)
Family Planning and RHCS Partnerships		
▪ **Donors**	89%	11%
▪ **National Host Governments**	82%	18%
▪ **UN Agencies**	89%	11%
▪ **NGOs**	81%	19%
▪ **Regional Institutions**	89%	11%
HIV and SRH Partnerships		
▪ **Donors**	77%	23%
▪ **National Host Governments**	66%	35%
▪ **UN Agencies**	81%	19%
▪ **NGOs**	58%	41%
▪ **Regional Institutions**	77%	4%
Maternal and Newborn Health Partnerships		
▪ **Donors**	96%	4%
▪ **National Host Governments**	95%	4%
▪ **UN Agencies**	100%	0%
▪ **NGOs**	77%	23%
▪ **Regional Institutions**	96%	4%
Data Collection & Census Partnerships		
▪ **Donors**	80%	20%
▪ **National Host Governments**	89%	11%
▪ **UN Agencies**	92%	8%
▪ **NGOs**	74%	26%
▪ **Regional Institutions**	92%	8%
Partnerships to Support UNFPA Work on Gender		
▪ **Donors**	81%	19%
▪ **National Host Governments**	88%	12%
▪ **UN Agencies**	89%	11%
▪ **NGOs**	85%	15%
▪ **Regional Institutions**	89%	11%
Partnerships to Support UNFPA Work on Youth		
▪ **Donors**	82%	18%
▪ **National Host Governments**	86%	14%
▪ **UN Agencies**	89%	11%
▪ **NGOs**	90%	10%
▪ **Regional Institutions**	92%	8%
Partnerships to Support UNFPA Work on Humanitarian Response		
▪ **Donors**	70%	30%
▪ **National Host Governments**	63%	37%
▪ **UN Agencies**	81%	19%
▪ **NGOs**	67%	33%
▪ **Regional Institutions**	64%	36%

(Note: The figures presented above are based on responses obtained from 27 of the 41 e-survey respondents, i.e. 66% of respondents answered the specific questions addressed in this table.)

ARO partnerships with donors, national host governments and NGOs were also rated highly across the board from the perspective of UNFPA regional and country programme staff. As the table indicates, there are only a few instances where partnership collaborations were perceived as being unsatisfactory or poor. The most evident area of partnership development that may need additional attention is that of humanitarian response. While UN agencies and donors were rated as satisfactory to excellent by 81% and 70% of survey respondents (respectively), the rating was a bit lower for national

host governments, NGOs and regional institutions (at 63%, 67% and 64%, respectively.) However, these lower rating scores may be a natural reflection of the largest or most efficient players available in the region to provide humanitarian support. Additional study and analysis would be required to understand the complexities of these ratings. However, they clearly provide valuable insights from regional and country programme staff with respect to their experiences and perceptions in collaborating with various partners.

Regarding ARO partnerships with NGOs, across the board, the ratings were quite comparable to the other partnership entities (donors, national host governments, etc.). NGOs were rated highest in terms of their partnerships with ARO in the areas of youth programming, gender programming, family planning and RHCS partnerships, and maternal and newborn health. The lowest scoring was in the area of humanitarian response, with a 67% satisfaction (and 33% unsatisfactory) rate.

Regarding ARO partnerships with national host governments, as the table indicates, they were rated especially highly in the areas of maternal and newborn health, family planning and RHCS, data collection and census participation, support on gender programming, and work on youth objectives. National host government collaborations with ARO in the area of humanitarian response was somewhat lower, with a 63% approval rating. Again, the reason for this lower score cannot be provided at this time, as additional study regarding the humanitarian assistance players in the region (and their comparative advantages) would need to be applied.

Finally, ARO's partnerships with donors rated particularly high in the areas of maternal and newborn health (96%); family planning and RHCS partnerships (89%); and partnership support in the area of youth programming and gender programming (as outlined in the table).

Additional details from the e-survey are provided below, divided by sub-categories.

Family Planning and RHCS Partnerships

1 = poor, 5 = excellent
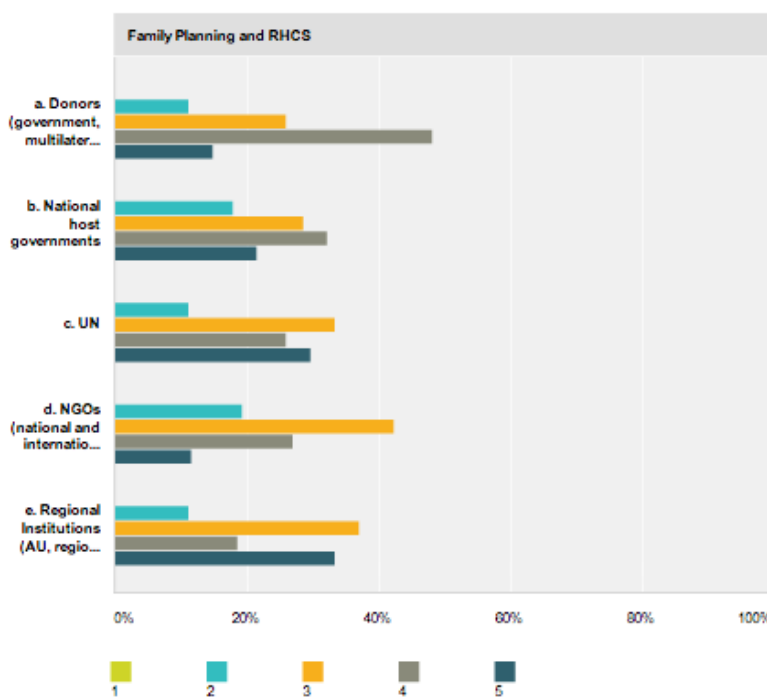
The e-survey data indicates that in the area of family planning and RHCS, regional and country programme staff report that ARO has been especially influential and effective with donors, UN agencies and regional institutions. Specifics are provided below.

- 15% of respondents rated ARO's influence and effectiveness with **donors** (government, multilateral and private) as excellent; 48% as very good; 26% as satisfactory; and 11% as unsatisfactory.
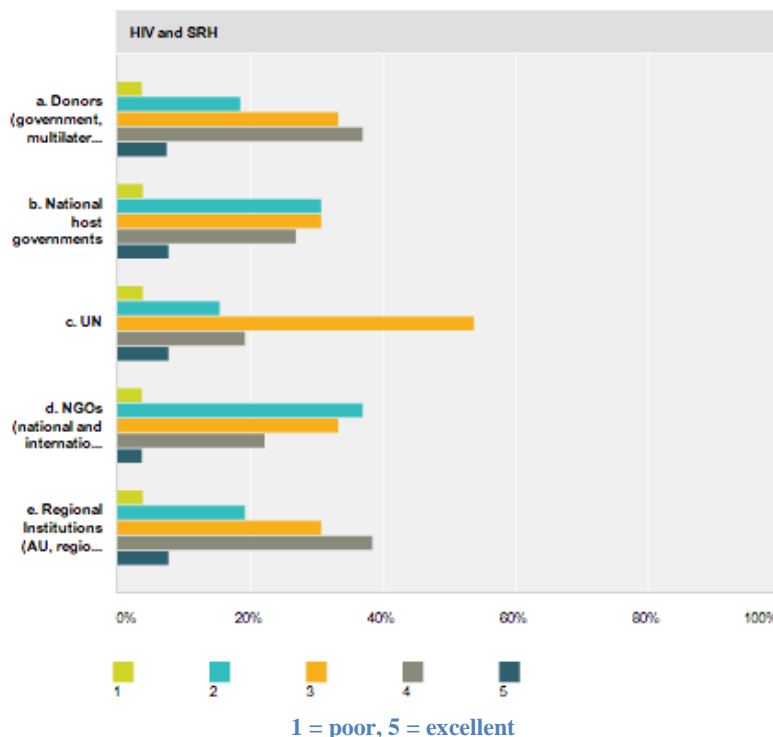
- 21% of respondents rated ARO's influence and effectiveness with **national host governments** as excellent; 32% as very good; 29% as satisfactory; and 18% as unsatisfactory.
- 30% of respondents rated ARO's influence and effectiveness with **UN agencies** as excellent; 26% as very good; 33% as satisfactory; and 11% as unsatisfactory.
- 12% of respondents rated ARO's influence and effectiveness with **NGOs** (national and international) as excellent; 27% as very good; 42% as satisfactory; and 19% as unsatisfactory.
- 33% of respondents rated ARO's influence and effectiveness with **regional institutions** (AU, regional economic communities) as excellent; 19% as very good; 37% as satisfactory; and 11% as unsatisfactory.

HIV and SRH Partnerships

With respect to HIV prevention partnerships, interviews with UNFPA technical and programme advisers revealed that significant partnerships have been established. For instance, the West and Central Africa Regional Office has developed a particularly productive partnership with the West African Health Organization (WAHO) based in Burkina Faso. WAHO works on health and HIV and "is closely aligned and highly supportive of UNFPA's mandate to prevent HIV." WAHO is particularly interested in collaborating with the ARO with respect to obtaining technical expertise and knowledge exchange. Interviewees expressed concern, however, that UNFPA has not had the resources to allow the HIV specialists to accept invitations from WAHO to attend meetings and share their technical expertise. UNFPA has also established a positive partnership with the UNICEF Joint Regional Team on AIDS. Interviewees expressed concern that without adequate resources for travel or technical support, there may be missed opportunities in this area.

The e-survey provides additional information regarding HIV and SRH partnerships. Regional and country programme staff report that the ARO has been especially influential and effective with UN agencies, regional institutions and donors, and somewhat less effective and influential with national host governments and NGOs (national and international) in the area of HIV and SRH. Specifics are provided below.

1 = poor, 5 = excellent

- 7% of respondents rated ARO's influence and effectiveness with **donors** (government, multilateral and private) as excellent; 37% as very good; 33% as satisfactory; 19% as unsatisfactory; and 4% as poor.

- 8% of respondents rated ARO's influence and effectiveness with **national host governments** as excellent; 27% as very good; 31% as satisfactory; 31% as unsatisfactory; and 4% as poor.
- 8% of respondents rated ARO's influence and effectiveness with **UN agencies** as excellent; 19% as very good; 54% as satisfactory; 15% as unsatisfactory; and 4% as poor.
- 3% of respondents rated ARO's influence and effectiveness with **NGOs** (national and international) as excellent; 22% as very good; 33% as satisfactory; 37% as unsatisfactory; and 4% as poor.
- 8% of respondents rated ARO's influence and effectiveness with **regional institutions** (AU, regional economic communities) as excellent; 38% as very good; 31% as satisfactory; 19% as unsatisfactory; and 4% as poor.

Maternal and Newborn Health Partnerships
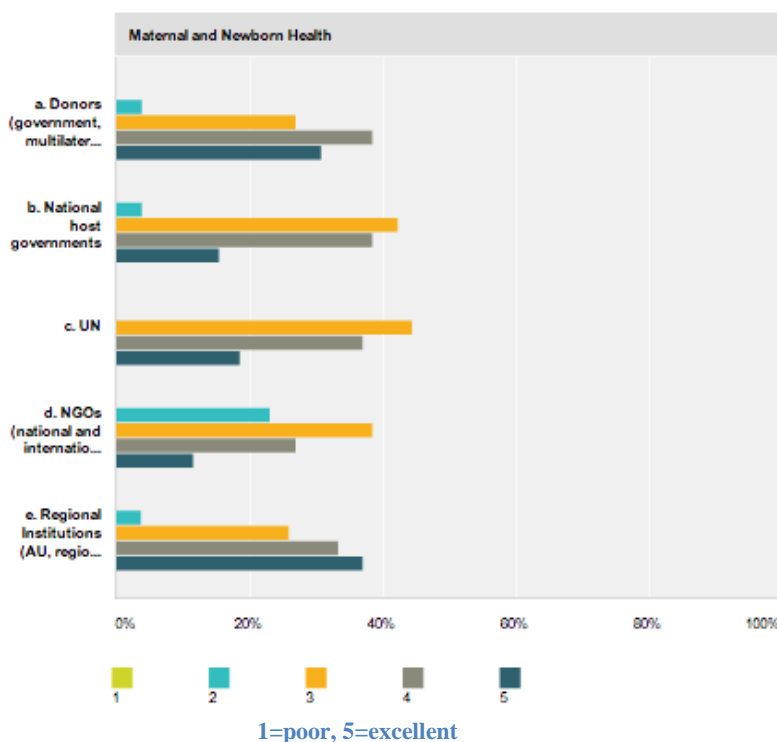

In the area of Maternal and Newborn Health, regional and country programme staff report that the ARO has been especially influential and effective with UN agencies, regional institutions, donors and national host governments and influential and effective with NGOs (national and international). Select details from the e-survey are provided below.

- 31% of respondents rated ARO's influence and effectiveness with donors (government, multilateral and private) as excellent; 38% as very good; 27% as satisfactory; and 4% as unsatisfactory.
- 15% of respondents rated ARO's influence and effectiveness with **national host governments** as excellent; 38% as very good; 42% as satisfactory; and 4% as unsatisfactory.
- 19% of respondents rated ARO's influence and effectiveness with **UN agencies** as excellent; 37% as very good; 44% as satisfactory; no unsatisfactory or poor ratings.
- 12% rated ARO's influence and effectiveness with **NGOs** (national and international) as excellent; 27% as very good; 38% as satisfactory; and 23% as unsatisfactory.
- 37% of respondents rated ARO's influence and effectiveness with **regional institutions** (AU, regional economic communities) as excellent; 33% as very good; 26% as satisfactory; and 4% as unsatisfactory.

Data Collection and Census Partnerships

Data collection and Census

1 = poor, 5 = excellent
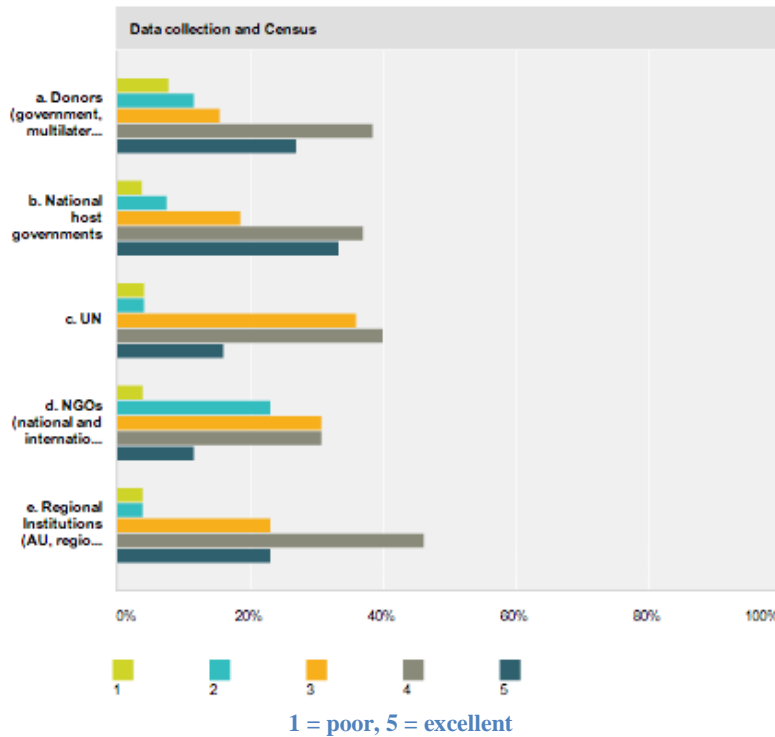
In the area of data collection and census, the e-survey data indicates that country and regional staff believe ARO has been most influential and effective with regional institutions and UN agencies; very influential with donors and national host governments; and overall effective with NGOs (though to a lesser extent). A detailed breakdown is provided below.

- 27% of respondents rated ARO's influence and effectiveness with **donors** (government, multilateral and private) as excellent; 38% as very good; 15% as satisfactory; 12% as unsatisfactory; and 8% as poor.
- 33% of respondents rated ARO's influence and effectiveness with **national host governments** as excellent; 37% as very good; 19% as satisfactory; 7% as unsatisfactory; and 4% as poor.
- 16% of respondents rated ARO's influence and effectiveness with **UN agencies** as excellent; 40% as very good; 36% as satisfactory; 4% as unsatisfactory; and 4% as poor.
- 12% of respondents rated ARO's influence and effectiveness with **NGOs** (national and international) as excellent; 31% as very good; 31% as satisfactory; 23% as unsatisfactory; and 4% as poor.
- 23% of respondents rated ARO's influence and effectiveness with **regional institutions** (AU, regional economic communities) as excellent; 46% as very good; 23% as satisfactory; 4% as unsatisfactory; and 4% as poor.

Partnerships to Support UNFPA's Work on Gender

UNFPA's work on gender

1=poor, 5=excellent
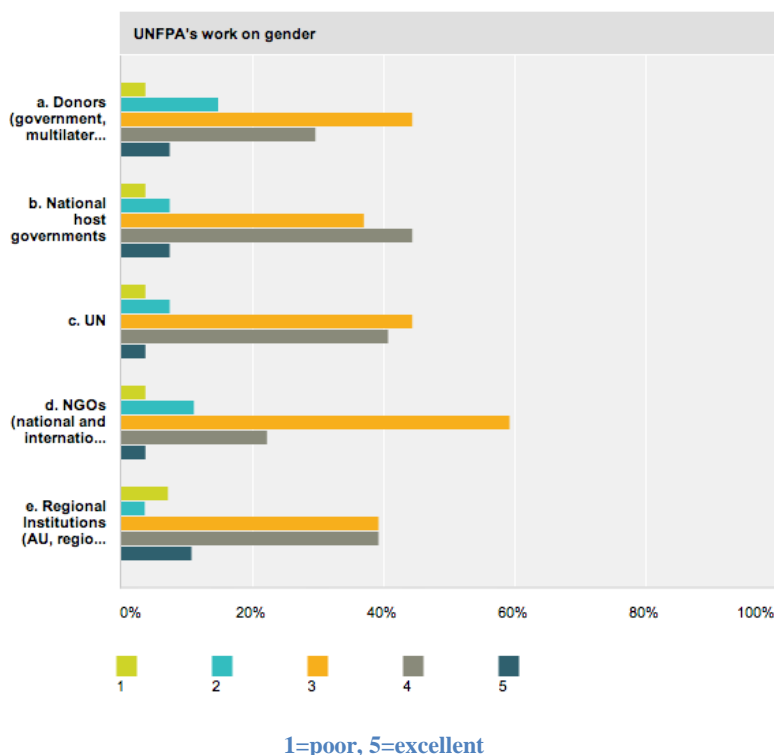
Further exploring the different types of partnerships on the gender front, the e-survey data indicates that regional and country programme staff perceive ARO as being especially influential and effective with UN agencies, regional institutions and national host governments – with NGOs and donors trailing slightly behind – but still deemed very effective. Highlights are provided below.

- 7% of respondents rated ARO's influence and effectiveness with **donors** (government, multilateral and private) as excellent; 30% as very good; 44% as satisfactory; 15% as unsatisfactory; and 4% as poor.
- 7% of respondents rated ARO's influence and effectiveness with **national host governments** as excellent; 44% as very good; 37% as satisfactory; 7% as unsatisfactory; and 4% as poor.
- 4% of respondents rated ARO's influence and effectiveness with **UN agencies** as excellent; 41% as very good; 44% as satisfactory; 7% as unsatisfactory; and 4% as poor.
- 4% of respondents rated ARO's influence and effectiveness with **NGOs** (national and international) as excellent; 22% as very good; 59% as satisfactory; 11% as unsatisfactory; and 4% as poor.
- 11% of respondents rated ARO's influence and effectiveness with **regional institutions** (AU, regional economic communities) as excellent; 39% as very good; 39% as satisfactory; 4% as unsatisfactory; and 7% as poor.

Partnerships to Support UNFPA's Work on Youth

UNFPA's work on youth

1 = poor, 5 = excellent 1
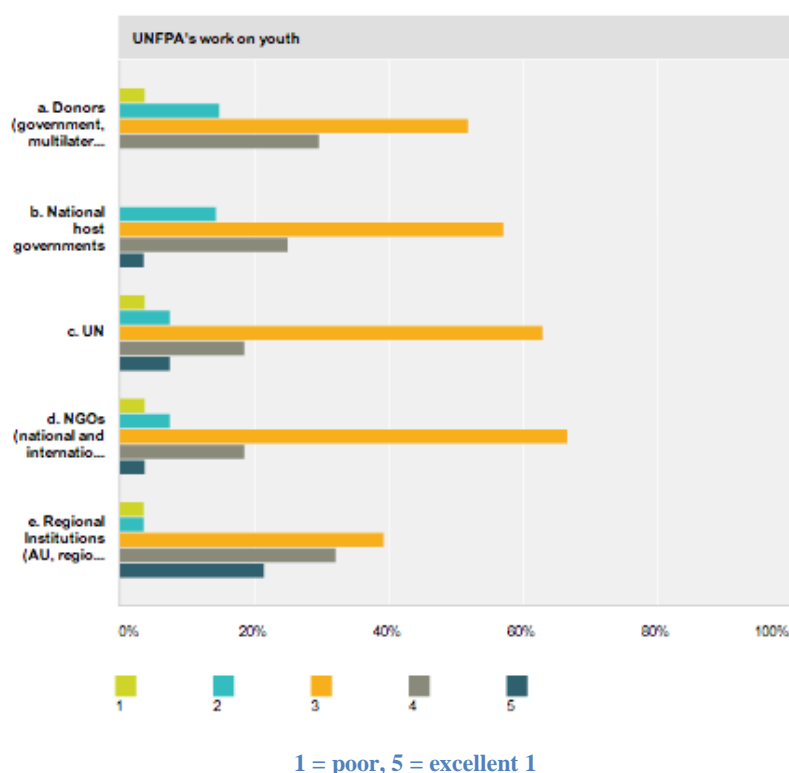
With respect to UNFPA's work on youth, regional and country programme staff reported via the e-survey that ARO has been influential and effective with all of its partners on youth issues, but has been particularly influential and effective when working with regional institutions and NGOs. Highlights are provided below.

- 0 respondents rated ARO's influence and effectiveness with **donors** (government, multilateral and private) as excellent; 30% as very good; 52% as satisfactory; 15% as unsatisfactory; and 4% as poor
- 4% of respondents rated ARO's influence and effectiveness with **national host governments** as excellent; 25% as very good; 57% as satisfactory; 14% as unsatisfactory; and 0 as poor.
- 7% of respondents rated ARO's influence and effectiveness with **UN agencies** as excellent; 19% as very good; 63% as satisfactory; 7% as unsatisfactory; and 4% as poor.
- 4% of respondents rated ARO's influence and effectiveness with **NGOs** (national and international) as excellent; 19% as very good; 67% as satisfactory; 7% as unsatisfactory; and 4% as poor.
- 21% of respondents rated ARO's influence and effectiveness with **regional institutions** (AU, regional economic communities) as excellent; 32% as very good; 39% as satisfactory; 4% as unsatisfactory; and 4% as poor.

Sustainability

UNFPA's implementing partners provided feedback on developing sustainable partnerships (via the e-survey) with suggestions on how sustainability can best be achieved with partners. Their suggestions included developing interventions that are highly country-context-specific (which they believe is already happening); entering into agreements with IPs of a more *longer-term nature* (in the range of two to three years rather than one-time or short-term support – which is not yet happening); and finally, the IPs would like to see more monitoring and evaluation by UNFPA of these programs and initiatives (on an annual basis) to promote sustained progress (and capture best practices and programme accomplishments).

Efficiency

From the perspective of regional and country and programme staff (including management and technical and programme advisers), interviews with stakeholders provide evidence that the UNFPA Africa Regional Programme is utilizing funds in an efficient manner. A majority of interviewed technical and programme advisers lamented that there is very little funding for programme activities, but of the monies available, they believe it is being carefully and selectively utilized to address priority areas with key partnering agencies.

The implementing partner e-survey asked the Africa regional programming implementing partners whether they believe that the "UNFPA regional office is using its human and financial resources effectively and efficiently." Among those survey respondents who answered the question, the vast majority (90%) reported "yes," and the remaining (10%) said "no." This provides evidence of a highly positive reflection from the perspective of these important implementing partners who provide SRH, HIV/AIDS, gender and youth programming and other training and support services to UNFPA/ARP in over 46 countries in the sub-Saharan Africa region, including Chad, Mali, South Africa, Mozambique, Tanzania, Botswana, Burundi, Malawi, Swaziland, Lesotho, Ethiopia, DRC, Uganda, Zambia, Zimbabwe, Kenya, Rwanda, Sierra Leone and Eritrea, among others.

5.2.2 Resource Mobilization

This section reviews the relevance, effectiveness, sustainability and efficiency of ARO's resource mobilisation support to country offices (COs) and counterparts.

Relevance

Evaluation data and analysis indicates that, overall, ARO's work with respect to resource mobilisation support to country offices has been *relevant.* The evaluation found indications in interviews with stakeholders and e-survey data that the resource mobilization support undertaken by the ARO has advanced the ICPD Programme of Action and country priorities.

Interviews evidenced that resource mobilization is an area in which country programmes urgently need additional assistance via training and other mechanisms of support focusing on how to better tap into traditional sources (such as donors and foundations), as well as how to identify and secure new sources of funding – potentially from within the growing African regional private sector.

Given the global financial crisis and the recent shifts and cuts in health and development programming (as well as shifts in the funding environment which is moving toward regionalization/block funding and programming), resource mobilization will continue to be essential to ensure adequate funds for programming and capacity building.

The need for resource mobilization led UNFPA ARO to take on 11 activities in 2009 that prioritized data, including studies and censuses, compared with 20 in 2010 and five in both 2011 and 2012. Activities that involved data were prominent in both reproductive health and population and development with 17 and 16 activities, respectively. Gender had a total of ten activities that involved data. The 2010 activities that involved data and resource mobilization were scaled up to ensure that the region was successful in implementing the 2010 census round.

Effectiveness

To obtain feedback from country and regional staff on the topic of resource mobilization, the e-survey asked respondents to rate (on a scale of 1 = poor, 5 = excellent) the performance of ARO with respect to resource mobilization among a list of various categories of donors. These include donor country governments, multilateral organizations, private foundations and host country governments. Respondents were also asked to provide feedback on whether (over the past few years) these support services have improved, deteriorated or stayed the same. Among the 28 responses, a summary of select findings is provided below.

Donor Country Governments: ARO's performance in resource mobilization from donor country governments (as perceived by the Africa regional and country programme staff) received only one "excellent" rating, but 60% of respondents rated it as either satisfactory or good (in equal proportion). Another eight respondents (29%) gave a rating of less than satisfactory, and only two respondents (7%) rated the services as "poor." In terms of progress, 35% reported ARO's performance as improving over the past several years.

Multilateral Organizations: The e-survey found that 25% of respondents believe ARO's performance in mobilization of resources from multilateral organizations to be "good," 32% as "satisfactory" and 39% as "unsatisfactory." In terms of progress, 31% reported ARO's performance in resource mobilization from multilateral organizations as having improved over the past several years.

Private Foundations: ARO's performance in terms of resource mobilization from private foundations was reported by 11% of respondents as "good" and 33% as "satisfactory." Another 56% believe the support to be "less than satisfactory or poor." In terms of progress, 32% reported ARO's performance as improving over the past several years (with 56% reporting it as "staying the same" and 12% reporting it as "getting worse.")

Host Country Governments: The e-survey found that with respect to ARO's resource mobilization from host country governments, 19% reported the support to be either "good or excellent," with 23% reporting it as "satisfactory." Another 58% reported this support as either "unsatisfactory or poor." In terms of progress, 21% reported ARO's performance as improving over the past several years (with 75% believing there have been no recent improvements).

5.3 Operations, Coordination and Management, RBM, M&E and Programme Oversight

This section reviews the relevance, effectiveness, sustainability and efficiency of ARO's operations, coordination and management, RBM, M&E, and programme oversight support to country offices (COs) and counterparts. It is divided into three subsections, as follows:

1) Operations
2) Coordination and Management and Programme Oversight
3) RBM and M&E

Relevance

Evaluation data and analysis indicates that, overall, ARO's work with respect to operations, coordination, and management and programme oversight has been of good quality and relevant to the needs of country and regional offices and implementing partners in reaching their objectives.

In terms of improvements needed, there were some budget constraints, staffing/training issues, operational issues, and perceived communication barriers between regional programme management and programme and technical advisers that were identified. In addition, UNFPA's financial management practices in relation to its implementing partners (primarily with respect to delays in the disbursement of funds to IPs) merits attention. These issues are detailed below.

Effectiveness

5.3.1 Operations

Staffing Levels: Interviews and e-survey feedback indicates that many staff believe that the financial resources available for both staffing and programming activities are inadequate to achieve the agency's mandate. One office with a particularly severe and urgent shortage of staff is the Operation Unit of the West and Central Africa Regional Office in Dakar. This Office is responsible for both the sub-regional office and Dakar CO administration, and urgently needs additional staffing to meet its double-duty and demanding obligations. In addition, with country offices increasingly requesting operations/administrative-focused support, it may be of value for this unit to be given a careful review in terms of future budgeting.

Qualifications/Profiles and Training: A general finding among ARO (Dakar/Addis/Johannesburg) interview respondents is a common perception that the country staff selection process may not be adequately rigorous. The Regional Programme staff expressed concern that some country staff are neither sufficiently qualified (either academically or professionally) nor appropriately trained to carry out their position responsibilities adequately. Many regional office staff would like to see a more rigorous selection process for the filling of country posts. Additionally, interviewees lamented that in the past recruited staff were trained regarding the strategic mandate of UNFPA and carefully briefed on the importance of establishing relationships with other partners – sharing their perception that this UNFPA orientation process is no longer occurring. UNFPA staff report that this lack of strategic orientation creates personnel (in both the regional offices and country offices) that are unaware of UNFPA's mandate and potential – which leads to missed opportunities and a lack of strategic direction.

Operational Skills: A large number of interviewees shared that there exists a gap between the technical advisers and the programme advisers – with little cross-fertilization in terms of knowledge between the two types of position categories. Interviewees articulated that the skills and profiles of the technical advisers should be reviewed and training provided so that they can become more strategic and operational. A common concern among staff is that there is a need for technical advisers to acquire more operational skills – which also impacts partner capacity development.

Interview feedback from country offices and the regional offices also revealed that many country offices need additional operational support from the regional office(s). A particularly urgent gap in operational TA to country programmes is in the area of IT training. Interviewees listed the many

consequences of the lack of IT maintenance and support, such as "computers in countries are not password protected; they are having problems with Wi-Fi; many computers get viruses – all which could be prevented with some basic IT training." Staff would like to see a regional IT meeting in which lessons are shared between countries. Interviewees report that current HQ online/web trainings are provided only in English but that there are many COs that need this training in French.

5.3.2 Coordination and Management/Program Oversight

Improving Operational Efficiency

The Implementing Partner e-survey indicates that a majority of ARO's implementing partners (who participated in the on-line survey) find the process of negotiating their yearly workplan to be very difficult. IPs report that the approval process is "stretched over many months" explaining that "AWPs are not signed until late in the year (June or late March) but UNFPA programme officers push us to complete work planned for a year in the shortened timeline."

In-depth interviews with country programme and regional office staff also revealed a common concern that there are inefficiencies in the chain of command approval and communications process with management. Many of those interviewed noted that daily operational procedures and structures between and within UNFPA programmes serve to inhibit staff from operating to their optimal/maximum potential. Interviewees expressed concerns that they felt that the work plans submitted were assessed more on small things, such as grammar, rather than substance. There were also complaints regarding delays in obtaining signatures from management on memos and letters of understanding, with some staff stating that it can take months to obtain a signature. In sum, staff expressed various concerns regarding the delays from management in getting work done, as well as the types of feedback or lack of feedback obtained from management.

An important finding taken from the in-depth interviews with country offices and some regional offices was that many staff (at all levels, including regional and country managers, technical advisers, programme advisers, and operations officers) do not feel they are being consulted on major strategic decisions or the design of operational systems. This may be an area needing improvement and worthy of further consideration.

Overall, the technical and programme advisers would like to see a methodical review of all chain of command and operational procedures and a deployment of new systems that would allow for more efficient mechanisms. This could ensure more positive, timely and quality results by eliminating communication roadblocks and procedural impediments between the technical and programme advisers and the regional programme management.

E-Survey Findings

To shed further light, e-survey respondents (Africa regional and country programme staff) were asked to rate (on a scale of 1 = poor, 5 = excellent) various areas of ARO's operations, management and coordination. Respondents were also asked to provide feedback on whether (over the past few years) these areas had improved, deteriorated or stayed the same. Among the 33 responses, a summary of findings is provided below.

Country Programme Development: The e-survey found that 60% of respondents perceived ARO's performance in the area of country programme development as "good" or "excellent," with 37% reporting it as "satisfactory." A small majority of respondents (58%) reported that over the past few years it has improved.

Operations Administration: Approximately 30% of respondents reported ARO's performance in terms of operations administration as being "good," and 50% reported it as "satisfactory." Another 20% reported it as either "unsatisfactory" or "poor." Although 29% of respondents reported that progress has being made over the past few years, a majority (71%) reported the performance has "stayed the same."

Operations – Procurement: Approximately 53% of respondents reported ARO's performance in the area of operations procurement as "satisfactory," with 31% reporting it as "unsatisfactory." No respondents rated operations procurement as "excellent." While 36% reported progress, a majority (61%) reported performance as "staying the same" over the past few years.

Operations – Finance: A majority of respondents rated ARO's performance in the area of operations dealing with finance (such as operating fund account (OFA), audits) as either "satisfactory" or "good" (77%). A majority of respondents (54%) reported that progress has been made over the past few years regarding this area.

Operations – Human Resources: Only 29% reported ARO's performance in the area of operations dealing with human resources as "good," and another 42% rated it as "satisfactory." Another 29% rated it as either "unsatisfactory" or "poor." While 32% reported progress, a majority (64%) reported performance in this area has "stayed the same" over the past few years. This is a fairly serious assessment of the organization from those that are possibly fairly well-placed to have an informed opinion.

Knowledge Management: A majority of respondents rated ARO's performance in the area of knowledge management/learning as either "satisfactory" or "good" (69%), with 22% reporting it as "less than satisfactory." A majority reported that progress has remained the same over the past few years, though 34% reported performance as "getting better."

Security: With respect to security, a majority of respondents rated ARO's performance as "satisfactory," "good" or "excellent" (77%), with no respondents rating it as "poor." A majority of respondents (59%) reported that ARO's performance with respect to security has improved over the past few years.

Implementing partners were also queried in a separate e-survey as to their perceptions regarding ARO's performance in the area of operations and management and coordination (including communications with their organization). Among the nine IPs that answered the question (from the 11 that participated in the survey), the results are as follows:

- An especially positive finding is that 73% of implementing partners indicated that ARO's **communications with their agency** is either "excellent" or "very good," with 18% rating it as "satisfactory" and only 9% as "poor." Further, 75% of IPs reported that ARO's communications with their agency has also improved over the past several years.

- With respect to **Operations: Administration**, 11% of implementing partner respondents reported ARO's performance as "excellent," 44% as "very good," 33% as "satisfactory" and 11% as "poor." In terms of progress, 63% of IPs reported ARO's administrative capacity in the area of operations has improved.
- In terms of **Operations: Procurement**, 43% of respondents reported ARO's performance as "excellent" or "very good," with 43% rating it as "satisfactory" and 14% as "less than satisfactory." In terms of progress, 29% of IPs reported ARO's procurement processes have improved in the past few years.
- In terms of **Operations: Finance**, 22% of respondents reported ARO's performance as "excellent," 44% as "very good," 11% as "satisfactory," 11% as "less than satisfactory" and 11% as "poor." Half (50%) of the IPs reported that ARO's operations in terms of finance have improved over the past several years. It should be noted, however, that qualitative feedback from the Implementing Partner e-survey evidenced very serious delays on the part of ARO with respect to the timely disbursement of funds to IPs. For many IPs, the *top recommendation* offered for improving relations between their agency and ARO was for ARO to "improve [its] administrative and financial processes."
- In the area of **Operations: Human Resources**, 43% of respondents rated ARO's performance as "excellent," 29% as "very good," 14% as "satisfactory" and 14% as "less than satisfactory." In terms of progress, 71% of IPs participating in the e-survey reported that ARO's performance in the area of human resources administration has improved over the past several years.
- With respect to **knowledge management/learning**, 50% of respondents rated ARO's performance as "excellent," 25% as "very good" and 25% as "satisfactory." Sixty-three percent of implementing partner respondents reported that ARO's performance in knowledge management/learning has improved over the past several years.
- In the area of **security**, 50% of respondents rated ARO's performance as "excellent," 17% as "very good" and 17% as "satisfactory." Among these e-survey IP respondents, 33% reported that ARO's performance in terms of security has improved over the past several years.

5.3.3 Results Based Management (RBM) and Monitoring and Evaluation (M&E)

This section reviews the relevance, effectiveness, sustainability and efficiency of ARO's RBM and M&E support to country offices (COs) and counterparts.

Relevance

The Africa Regional Programme established an evaluation system for the region in 2009, which among many accomplishments cited by interviewees and survey respondents as particularly useful included: M&E training and workshops; the creation of an M&E website; and a database/roster of PM&E consultants for UNFPA programmes within the region. At the same time, there are some shortcomings in the way in which UNFPA plans, implements, monitors and evaluates its activities in regards to target-setting, accountability and results based management. While a great deal has been achieved in the past few years, there is room for improvement, and challenges remain before UNFPA fully embraces a results-based approach.

Results based management and monitoring and evaluation have been highly integrated throughout UNFPA's AWP's activities from 2009 to 2012. Twenty-four activities included evaluations, programme monitoring or results based managements in 2009 and 2010, compared with ten in 2011

and nine in 2012. The Reproductive Health thematic area undertook 30 different activities that involved evaluations, programme monitoring or results based management. This compares with 18 activities under population and development and just ten under gender. M&E and RBM were typically paired with other types of activities, including providing advocacy or support to HIV/AIDS and youth. Notably, UNFPA undertook activities that included monitoring of the joint ACP/UNFPA/EC programme for conflict and post-conflict countries; conducting a SWOT and trend analysis of HIV/AIDS in the Africa region to inform an HIV strategy in ARO and develop an ARO HIV prevention strategy; participating in the assessment of FGM/C programmes; and conducting an independent assessment of the ICPD@15.

The UNFPA ARAP has identified 18 Africa-specific outputs from the seven global level outcomes that unite UNFPA efforts post-2012. Indicators exist for these outputs, but around a third are yet to have a baseline or target. This alone signals that UNFPA may not be able to evaluate its success on all the outputs within the plan. In addition, there does not seem to be a sufficiently clear connection between the way in which thematic programmes (or outcome leaders) plan their activities and capture results and the ARP Development Results Framework. In annual plans, thematic leads list their activities in terms of general relevance to each of the ARP outputs. There is a noticeable gap in terms of a coherent strategy over the course of months and years that can demonstrably signify progress toward the ARP outputs. Logical models, theories of change and measurable impacts are in evidence only within select thematic areas, for example RHCS and HIV, which are held accountable in their own accountability frameworks, with their own sources of funding.

There has not been a clear strategy, or set of individual thematic strategies, showing how a set of activities with quantifiable measures can lead to the targets identified in the ARP Development or Management Results Framework. Currently, thematic programmes can show their activities are relevant to the overall results framework and are not required to account for progress toward targets. Annual reporting formats call for general narratives highlighting achievements. Basic output measures such as the number of meetings attended or number of people trained are not typically reported by the thematic programmes. Instead, selections of highlights are listed at the end of each year, together with selections of challenges faced.

Ideally, every result area within the Africa Regional Programme would be associated with measurable indicators, yearly benchmarks and final targets. These, in turn, would determine which activities were required by the technical, programmatic and operational advisers, who would be accountable to achieving (at least) quantifiable output or activity-related targets each year within a multi-year plan. Intermediate outcome measures would be sought and gauged on a regular basis, if only for select samples for the most amenable programmes. These steps would support the Africa Regional Programme's efforts toward achieving a more results-based approach.

A related issue is the way in which monitoring and evaluation is built into the programme design. Presently, the thematic programmes are accountable to one deputy director while the monitoring and evaluation adviser is accountable to the overall ARP director. Programmes can be planned and monitored without the intensive involvement of the M&E adviser, and this M&E adviser is able only to suggest, not to request, that technical advisers plan according to a coherent results framework. Currently, the regional M&E staff are deeply engaged with building capacity of M&E around the region and working with country programmes. They are not yet fully empowered to ensure a results-based approach across the entire organization. Possibly a structural change in reporting lines for M&E and thematic programmes would resolve these issues, although a separate and more detailed analysis

would be required to ascertain which changes would most likely bring the organization into a more coherent and unified RBM planning and reporting structure.

Effectiveness

E-survey respondents (regional and country programme staff) were asked to rate (on a scale of 1 = poor, 5 = excellent) ARO's work in the area of M&E and RBM. With respect to monitoring and evaluation, the e-survey found that 48% of respondents believe ARO's performance in the area of monitoring and evaluation is either "good" or "excellent," and 35% believe it is "satisfactory." Only a small portion (6%) reported it as "poor." It should be noted that between all the operations, programme management and coordination functions of the ARO, M&E received the highest number of "excellent" ratings. In addition, a majority (62%) reported that ARO's performance in this area has improved over the past few years.

In terms of RBM, 42% of respondents believe ARO's performance is either "good" or "excellent," with 32% reporting it as "satisfactory." Only 23% reported it as "unsatisfactory." Finally, 48% reported that ARO's performance in this area has improved over the past few years.

Implementing partners were also queried in a separate e-survey as to their perceptions regarding ARO's performance in the area of Operations, Programme Management, M&E/RBM and Coordination. Among the 11 implementing partners that participated in the survey (out of the 17 that were solicited to participate in the survey), the results are provided below.

M&E: With respect to M&E, 25% of implementing partners that participated in the e-survey reported ARO's performance as "excellent," 13% as "very good" and 50% as "satisfactory." No implementing partners reported performance as "poor." In addition, 29% of IPs reported ARO's M&E performance has improved over the past several years. It should be noted that qualitative feedback within the e-survey evidenced that a majority of ARO's *implementing partners* would like UNFPA to initiate more monitoring and evaluation of their programme activities/initiatives as a means to promote continual learning and progress – and thus promote sustainability.

Results-Based Management: In terms of RBM, 25% of participating IPs reported ARO's performance as "excellent," 38% as "very good" 25% as "satisfactory" and 13% as "unsatisfactory." It is important to note that 43% of these IPs believe RBM within ARO has improved over the past several years.

Interviews with regional and country programme staff indicate that substantive progress has been made with respect to M&E processes over the past few years. However, for a portion of UNFPA regional and country staff, it still remains too little understood, inadequately valued for its relationship to results, and is still "yet to be owned" by both regional and country programme staff.

Funding for M&E: With respect to monitoring and evaluation, respondents interviewed at the regional offices indicated that they believe their "first function regarding M&E is to make sure the capacity exists at the country level." This has been and continues to be provided through M&E training, which, overall, is clearly perceived as highly effective and productive. However, respondents articulated concern that there is not a dedicated M&E staff in each country location due to insufficient financial resources. They believe that the COs are not being held fully accountable for results, and

they would like a system whereby the COs realize that sufficient and enhanced M&E capacity is a corporate need – and that in the long term it will directly improve programming.

A cross-cutting finding among interviewees and e-survey respondents is that staff within the regional and country offices (at all levels) believe there needs to be more funding devoted specifically to monitoring and evaluation activities. A common concern is that with such limited programmatic funds, there is little left to devote to monitoring and evaluation activities.

5.4 Communication, Policy and Advocacy

This section reviews the relevance, effectiveness, sustainability and efficiency of ARO's communication, policy and advocacy support to country offices (COs) and counterparts. In this section, communications is addressed first, followed by policy and advocacy.

5.4.1 Communications

Relevance

ARO is working in a rapidly transforming communications environment, with a burgeoning number of private FM radio broadcasters, an explosion in mobile telephones, fast spreading access to the Internet, and a number of social media and horizontal online technical fora playing an increasing role. A growing number of media companies can shoot films, create websites, produce documents or generate other communications materials. It is within this new and fast-changing communications environment that the relevance of ARO's communications should be assessed.

Interviews with Regional Programme staff indicate that the regional communications strategy of 2010-2012 is perceived as relevant, effective and progressive. The process was described as *inclusive* in that regional communications experts and Africa communications experts together provided input at the 2010 Johannesburg planning meeting. Information on what works and what doesn't work was incorporated into the communications action plan.

In terms of accomplishments on the internal communications front, interviewees cited the use of interactive technology as a major achievement. An online platform, MyUNFPA, unites staff around the world. Meetings are increasingly made into online affairs. "The regional planning meeting in March 2012 was made interactive, and everyone could get access to findings from the meeting. We used videos, email, photo galleries, shot videos and Facebook to allow others [not attending the meeting] to interact with the process."

For external communications, interviewees cited that UNFPA's work in Africa is now more visible: "For the first time, UNFPA has a report on its achievements. We are showing UNFPA's impacts with documentation that is widely circulated to the media, our donors, within the UN system, and at various international events. We also document good practices, such as on humanitarian assistance. This helps journalists write articles on our best practices."

During the March 2012 IPCS regional planning meeting consultation in Johannesburg, an assessment of the communications needs of COs found their primary needs to include support for external communications, internal communications and communications for programming. In-depth interviews with regional communication officers indicated there is a lack of skills in COs regarding

communication needs. Regarding external communications, an interviewee stated that "at least 50% of the country offices don't have a professional communications staff, but rather, have a communications focal point." Interviewees explained that these communications focal points may be skilled journalists or population and development experts, but they do not necessarily or typically understand media relations or social media and need to be better trained.

Progress was reported, however, as there are now workshops for the communications focal points. For instance, in 2011, 2012 and 2013, a course on evidence-based communication was provided which trained the communications focal points on how to use camcorder technology. The COs will now be able to film their experiences and edit them to three- to five-minute videos.

Another interview finding is that UNFPA is "receiving more and more requests to invest in *demand creation*. We are strong on the supply side, but now we are pushing more toward the demand side using radio and TV stories." Also, interviewees articulated that all their colleagues, whether working on the census, maternal health or gender, want to document best practices and need good communication strategies to meet their objectives.

In the absence of strategies and baselines for all these different communication functions, it is difficult to assess relevance, effectiveness and other key standards. A proper assessment of UNFPA's audiences for its African-focused activities, together with modalities for best reaching them, would be useful to enable UNFPA to improve this area of work. In addition, a communications strategy associated with each outcome area could prioritize audiences, list communication objectives clearly, and ensure that materials and communication outputs were relevant and well-conceived. Although communications guidance materials and training on developing communications strategies have been increasingly delivered by the ARP, an evaluation of current communications efforts in terms of reach and the extent of influence/behavior change across different audiences would allow for a more useful appraisal of this area of UNFPA's work.

Effectiveness

Perspectives from Country and Regional UNFPA Staff

UNFPA/Africa country and regional e-survey respondents were asked to assess and rate (on a scale of 1 = poor, 5 = excellent) the performance of the ARO in terms of communications (programme communication, external communication and internal communication). They were also asked to provide feedback on whether (over the past few years) that particular area of communications support had improved, deteriorated or stayed the same. Among the 30 responses, a summary of findings is provided below.

A majority (67%) of survey respondents reported ARO's programme communication (communication for development) as "satisfactory," "good" or "excellent," with a smaller portion (33%) rating it as either "unsatisfactory" or "poor." A small majority (54%) believe that over the past few years, ARO's performance has improved.

With respect to external communication (public relations), a large majority (89%) rated ARO's performance as "satisfactory," "good" or "excellent," with only 11% rating it as "unsatisfactory" and 0 respondents rating it as "poor." Notably, 65% reported there has been progress over the past several years.

In terms of internal communication (communication between UNFPA staff), a majority (76%) perceive ARO's performance as "satisfactory," "good" or "excellent," with 24% rating it as either "unsatisfactory" or "poor." A majority (52%) reported progress over the past few years, with a good portion (37%) reporting services as staying the same.

Perspectives from Implementing Partners

ARP's implementing partners were asked in an e-survey to assess and rate (on a scale of 1 = poor, 5 = excellent) the performance of the ARO in terms of communications in several sub-areas, including Programme communication/Communication for Development; External Communication/Public Relations; Internal Communication (communication between UNFPA staff); and Communication between UNFPA and their (IP) organization.

The IPs were also asked to provide feedback on whether that particular area of communications support had improved over the past few years. Among the 11 IP responses, a summary of findings is provided below.

Programme Communication: Fourteen percent of IPs rated ARO's programme communication (communication for development) as "excellent" and 86% rated it as "very good." Fifty percent of IPs reported there have been improvements over the past several years.

External Communication: Thirty-three percent of IPs rated ARO's external communication performance as "excellent" and 33% rated it as "very good," with 33% rating it as "satisfactory." In terms of improvements, 50% believe it has improved over the past several years.

Internal Communication: Twenty percent of IPs rated ARO's internal communication as "very good," and 80% rated it as "satisfactory." In addition, 40% believe it has improved over the past several years.

Communications between UNFPA/ARO and Its Implementing Partners: Forty-five percent of IPs reported ARO's communication with their agency to be "excellent," 27% as "very good," 18% as "satisfactory" and 9% as "less than satisfactory." In terms of progress, 75% of IPs reported communications improvements by ARO over the past several years with their agency.

On a positive front, interviews with Regional Programme staff provided evidence that the UNFPA Africa regional offices have increasingly utilized technology advances to maximize their efficiency and impact, with positive communication outcomes resulting especially from the effective use of webinar technology. The West and Central Africa Regional Office staff believe this technology has played a major role in UNFPA's ability to expand its intra-country communications and outreach as well as to increase interactive and participatory engagement during conferences. While other technologies such as social media are increasingly being utilized, interviewees indicated that progress has been slower on these other fronts within the West and Central African region, with little use of Twitter (as of yet).

Social media has started to be integrated into ARO youth programming. For instance, in 2012, 30 youth from many African countries were provided with "social media for advocacy training" held in Namibia, providing them with information on how to use social media to do advocacy work and learn how to get young people more interested in issues that impact them. Thirty countries were involved,

and the ARO staff report, "We were able reach about 1 million youth online during the training. The youth came up with a strategy and action plan and used Twitter accounts, webinars and Facebook. UNFPA successfully linked these youth with the region and with each other…There are a lot of youth discussions going on online as a result. We now plan on having another social media training with DFID funds…Now UNAIDS is tapping into our successes in tapping into youth through social media activities."

5.4.2 Policy and Advocacy

Relevance

In-depth interviews, e-survey feedback and document reviews provide evidence that among the many global and regional platforms and initiatives of the past five years, ARO has aligned itself most notably with (and been most responsive to) the International Conference on Population and Development (ICPD) and its Programme of Action (PoA); MDG 5; the Maputo Plan of Action on Sexual Reproduction and Health (SRH), as well as the Maputo Plan of Action's African Health Strategy (the development of sub-regional strategies); and the Campaign on Accelerated Reduction in Maternal Mortality in Africa (CARMMA).

In January 2013, for instance, the UNFPA Africa Liaison Office (based in Addis Ababa) collaborated with the African Union (AU) in organizing the High level Event on CARMMA for which 51 African countries were represented by either Heads of State and Government or high-level policy makers. The CARMMA High Level Event affirmed key steps to be taken to continue to win more gains in maternal and newborn health in Africa such as enhanced, sustained and political commitment; sustainable and more efficient and effective use of resources; strengthening health systems to better serve mothers and children; and the establishment of the CARMMA Secretariat to follow up and monitor the implementation.

> **Campaign on Accelerated Reduction in Maternal Mortality in Africa (CARMMA)**
>
> The UNFPA Africa Liaison Office collaborated with the African Union in organizing the "High level Event on CARMMA." Fifty-one African countries were represented by Heads of State and Government policy makers to affirm key steps to be taken to continue to win more gains in maternal and newborn health in Africa, such as enhanced, sustained and political commitment; sustainable and more efficient and effective use of resources; strengthening health systems to better serve mothers and children; and the establishment of the CARMMA Secretariat to follow up and monitor implementation.

In terms of measuring effectiveness, e-survey feedback (among those that answered the question) revealed that 44% of Africa regional and country programme staff perceive ARO's support in terms of policy and advocacy as "satisfactory," and another 37% rate it as either "good" or "excellent." In terms of progress, 68% reported no change over the past several years, but 28% reported that policy and advocacy services from the ARO have "improved" over the past several years.

There are many examples of UNFPA success in advocacy, for example around advancing the youth agenda, on ICPD and on CARMMA. Advocacy has been given considerable attention by the Africa regional offices over the past five years. Within the organization there is recognition that advocacy is critical in UNFPA's work in a number of respects. It is important because of the transformation intended under the Strategic Plan from being "organizations that do to organizations that think." This

requires that UNFPA build skills at the regional and country levels in conducting evidence-based policy dialogue and advocacy.

In 2009, UNFPA allocated nine total activities that involved advocacy throughout their AWP, which compares to 17 in 2010, six in 2011, and five in 2012. The population and development thematic area had a total of three activities that involved advocacy, compared to eight in the gender thematic area and 21 in the Reproductive Health thematic area. Many of the advocacy activities dealt directly with issues pertaining to the ICPD@15, MDG5, and the Maputo PoA. For instance, one activity located in the Reproductive Health AWP called for the strengthened capacity of regional, sub-regional and national networks and institutions (APHA 15% PPD, and the Media) to advocate for and monitor gender-and culture-sensitive SRH & R and HIV Prevention policies, programmes, and the implementation of the Maputo Plan of Action and ICPD PoA (through Media, Parliamentarians, Women and Youth Networks, and relevant Professional Associations), as follows:

- Organize partnership consultations between relevant networks and organizations focusing on similar issues;
- Orientation and advocacy training of regional institutions/networks on UNFPA mandate (ICPD/MPoA); and
- Provide financial support to three institutions based on needs determined from gap analysis.

The AWP also contained Population and Development Output 1.2 that calls for the increased participation of young people in advocacy and quality programming, including youth leadership and networks. This output directly correlated with UNFPA's increased focus on providing advocacy throughout the various thematic areas.

Additionally, advocacy is specifically identified in the new Strategic Plan as critical to advancing parts of the ICPD agenda, such as gender equality and reproductive rights. With the process of regionalization, the function of advocacy moves from ARO to each of the sub-regions. Interviews revealed that some sub-regional office staff do not yet fully understand what this means for their work and what being responsible for advocacy within the region should entail.

The evaluation found strong indications in interviews with stakeholders that the advocacy undertaken by the ARO has been *relevant* to advancing the ICPD PoA and country priorities. The Africa Regional Programme has had substantial success on the policy and advocacy front. For instance, the liaison office represents UNFPA to the African Union Commission, which is a primary partner. This liaison office is a particularly important entity with regards to advocacy. It plays an active role in informing AU decisions, for example participating in ten of the 16 AU decisions from 2009 to 2010. The AU processes relating to the Maputo Plan of Action and the Africa Youth Volunteer Programme are particularly relevant in this regard. CARMMA is an AU campaign, one that showcases some of the best of what UNFPA has to offer in terms of high-level advocacy.

Interviews with ARO staff, most notably those operating at the upper management levels, revealed a common perception that a major change impacting their work over the past decade is that "the type of capacities in the ministries is drastically different now than 15 years ago." Some upper management at UNFPA believe that, due to stronger national government capacities, UNFPA should shift away from the provision of traditional technical assistance toward "more emphasis on advocacy and policy change." While upper management is aware of this shift, it was emphasized (by regional programme management) that a majority of UNFPA staff have not yet realized or processed this major change –

and thus continue to want to focus on narrow technical assistance efforts, which may have a smaller and/or less sustainable impact.

One important activity that has highlighted UNFPA's advocacy work occurred on 18 July 2010 when the African First Ladies convened to discuss the promotion of maternal, infant and child health and development in Africa, the same debate that their husbands had conducted earlier in the month. The African First Ladies are known for their work with HIV and AIDS through their umbrella organization, Organization of African First Ladies Against Aids (OAFLA). At the 18 July meeting, they recognized that maternal, infant and child health and development are equally as important as their work on HIV and AIDS and decided to include work toward the promotion of it within their organization. This happened because UNFPA's Executive Director highlighted that those issues don't stand alone and that it is necessary to provide all encompassing health centers for women and girls where they can receive neonatal, perinatal and postnatal care, nutrition advice, and HIV/AIDS services. At the meeting the African First Ladies also discussed the need to provide all children, especially young girls, with proper education so they can attain the right knowledge to be better mothers and know how to take the right actions to reduce their risk to HIV/AIDS and other diseases.

Then, on 27 July 2010 the African first ladies conducted the eighth Organization for African First Ladies Against AIDS (OAFLA) meeting in which they responded to the need to address maternal and child health and development in Africa more thoroughly. As a result, they produced a new declaration that would address these issues.

Because UNFPA deals with all these issues directly, it is able to contribute to the promotion of maternal, infant and child health and development in Africa. In the 2010 AWP, one of UNFPA's activities was to provide technical, programme and financial support to African first ladies' interventions/initiatives to reduce maternal mortality and to promote reproductive health rights and women empowerment. Through this support, UNFPA will help the African First Ladies incorporate new activities into their organization that will respond to their new focus.

The reality of undertaking advocacy at the regional or country level is complex, and was outlined by some country UNFPA staff. "All our funding and activities go to implementing partners at the country level. You can have a minister that can halt everything. You have partners that might not follow through, so the reality is much harder than what New York HQ thinks. Things have to go through the ministry, and these things take time. [We] can't do things until they get sign-offs with the country-level government and ministries."

The extent to which advocacy work draws on issues from the COs and airs them among regional decision-making processes is limited. Furthermore, the challenges of coordination and information flow between regional and country offices that are discussed elsewhere in this document are relevant again here. Regional programme staff note that the function of the regional office is advocating on regional issues. In this view, the regional office needs to serve as an advocate for the collective pool of needs of the COs. Staff involved in advocacy also note that the regional office also plays a key role in supporting countries where some issues, for example on youth sexuality education or abortion, are politically sensitive. Here, a regional adviser can add impetus and external credibility in situations where the CO may need to play a very diplomatic role. This is also the case in a country programme document. As one technical adviser stated, "Sometimes the countries can't write text on politically sensitive issues because the government reviews the CPD document; so it's a sensitive balancing act to address regional issues that might be culturally and politically sensitive." As such, additional

dialogue between the regional offices and country programmes is clearly needed to sort out the complexities and best approaches to advocacy for results.

One concern articulated among ARO and country programme staff interviewed in Dakar, Addis and Johannesburg is that while the consultants (hired by UNFPA staff to support COs) typically perform technical functions and duties well, they require more UNFPA-specific understanding to be able to participate effectively in policy dialogue and high-level advocacy within UNFPA countries. Interviews revealed a common perception among UNFPA staff, reflected in the following statement: "A consultant can be very good in a [technical] area of specialty, but since the consultant doesn't know the mandate, vision and philosophy behind UNFPA, he/she cannot replace an experienced UNFPA adviser to work with the institution." This concern reflects the broader transition/positive reality throughout Africa of highly improved African capacity, skill and talent at all levels, including government and the private sector. Across the board, interviewees want to see persons 1) of a "higher stature" (than consultants), and 2) people from within UNFPA (high-level internal representatives) conducting the policy discussions and dialogue with host country governments and collaborating private sector entities.

In terms of improvements, the evaluation identified that the roles, responsibilities, mandate and distinctions between the Regional Liaison office and the regional offices may benefit from further clarification. The current relationship between these offices is sometimes duplicative, and clarification may better position UNFPA with respect to regional and global platforms, initiatives and partnerships. Interviewees indicate that there are "golden global initiatives" (such as the Tokyo International Conference for African Development – TICAD 5) and regional partnerships (such as the ECA, ECOWAS and SADC) that have not yet been fully engaged to ensure that UNFPA "has a seat at the global and regional table that will set the stage for the next 10 to 20 years." Interview respondents emphasized that "UNFPA should and must seize the moment" in this rapidly changing global environment. One suggestion provided by interviewees is that the Liaison be provided with additional staff and resources as a means to further expand its essential and highly effective work in the area of advocacy and policy dialogue.

Finally, it may be beneficial to develop advocacy strategies for each outcome area. These advocacy plans could follow a composite advocacy framework, meaning that a standard range of advocacy options, together with a standard range of intermediate advocacy indicators, could be tailored to fit each regional outcome area. This effort could be ambitious, involving a full sweep of regional and country office coordination on local and shared priorities, or it could be basic, showing how, in rough terms, UNFPA seeks to have advocacy impact on its key outcome areas and what this means for the targets and benchmarks of each of its thematic programming.

5.5 Evaluation Reflections on Gender

With respect to the gender dimensions of UNFPA's work, interviews with Africa regional and country programme staff revealed that while significant partnerships have been established, a lack of sufficient funds for programming, partnering opportunities and adequate expert staffing is inhibiting maximum and sustainable partnerships/collaborative results.

For instance, high-quality support from the regional office has been provided to the COs in the areas of planning and gender training in partnership with various ministries of gender and ministries of women, family and children in each UNFPA country to provide linkages to the country programs.

Another constraint has been long delays in the availability of funds to hire consultants for in-country partnering support – resulting in missed opportunities for advocacy or the strategic and timely mobilization of funds.

More specifically, over the past five years, the UNFPA gender specialists in the ARO/Dakar office have conducted substantive training of trainers on gender integration, and they have trained over 150 individuals in GBV methodology. Interviewees believe this capacity building is having, and will continue to have, long-lasting impacts in the region in terms of establishing a critical mass of in-country networks of gender knowledgeable professionals and advocates. Interviews evidenced that UNFPA has done very well in the area of capacity building with respect to GBV resources and that UNFPA countries in Africa are getting better at scaling up GBV interventions. In addition, the identification of GBV consultants that can support fieldwork is more rapid now due to the GBV expert rosters developed by UNFPA. Further, UNFPA has also supported the development of graduate-level gender studies programs in collaboration with various African universities, such as in Burkina Faso and in partnership with the University of Dakar in Senegal.

To increase UNFPA's effectiveness in regards to training, the ARO incorporated 15 different activities throughout the RH and gender AWPs (10 and 5, respectively) that focused on training. These activities included:

- Supporting training on results-based monitoring and evaluation, data collection, and analysis of COs and partners for effective multi-sectoral response to SRH and HIV;
- Providing technical support to sub-regional and national institutions to orient and train staff to provide support for the delivery of a comprehensive range of MNH, FP, HIV, STIs and prevention of GBV;
- Participating in development/training on reproductive health and health sector reform, costing, MDGs, UN rReform, and development of the RHCS 2011 work plan;
- Providing support to conduct regional training for COs' M&E focal points on the use of statistics for RBM/M&E; and
- Organizing a GRB training skills development seminar for and by 10 selected UNFPA gender programme officers (COs/SROs/ROs) with the support of consultants.

However, without adequate funds or sufficient staff to maintain, expand and sustain these monumental gains with partnering entities, sustainability is questionable. Extensive interviews with regional and country programme staff in the Addis Ababa, Dakar and Johannesburg regional offices reflected a general sense that there is a lack of support for the integration of gender considerations within UNFPA itself – including among the technical experts and upper management. The overall environment with respect to the gender dimensions of development is not perceived by UNFPA interviewees as progressive or dynamic. Interviewees articulated that a good portion of UNFPA technical experts are not well-informed regarding relevant gender issues.

Interviewees articulated the need for a regional gender strategy that is dynamic and transformational and is supported at all levels of staff and UNFPA management. The current climate around gender issues is lacking in terms of basic knowledge of the importance and relevance of gender considerations in development practice. It is also not perceived as proactive or transformational – but rather "too narrowly focused, and not adapting to important regional changes such as the Sahel crisis." Interviewees expressed concern that UNFPA is not taking a leadership role at the global level. For instance, UNICEF and UNFPA share cluster responsibility for GBV within the humanitarian cluster

framework, but there are various problems between UNICEF and UNFPA in this process. Interviewees believe it would be highly strategic to ensure that gender experts and high-level UNFPA representatives are present at the regional level to sort out these kinds of issues.

Chapter 6: Strategic Positioning

6.1 Corporate Strategic Alignment

6.1.1 Regional Contribution

The evaluation ToR poses the question: "To what extent did the Africa Regional Programme add value to regional and continental efforts in the three priority areas of UNFPA's work in the region?"

Interviews with UNFPA Africa programme staff at the regional and country levels indicate that across the board, UNFPA is perceived by its partners and continental, regional and country collaborators as bringing *added value* to the table. For instance, in-depth interviews reveal that UNFPA has an established core competence with population data in general and work around the census in particular. Within the area of the census, UNFPA has a unique niche in relation to design, resource mobilization, data collection and data analysis. It is a broad sweep of technical competence, which is otherwise lacking within the region.

Within UNFPA, enthusiasm for regional level activity, as opposed to that at the country level, stems from a widespread acknowledgement that, given the interconnectivity and interdependency of the world today, issues on gender, population, SRHR and other UNFPA areas can be understood and addressed only in a regional context. Although the evaluation came across many positive statements about UNFPA's regional value-added, it is clear that the Africa regional offices are not yet operating within a distinct regional strategic "niche" but rather are engaging in a variety of useful activities and initiatives which are not necessarily regionally strategic or aligned with regional priorities and institutional agreements and are at times duplicative to the support offered by HQ.

There is a lack of clarity between the roles and responsibilities of the Africa regional offices, HQ and country programmes on a myriad of technical, programmatic and strategic matters – ranging from broad office mandates and strategic plans to individual staff member ToRs contributing to a widespread general lack of understanding as to "who does what and with whom" in each regional office.

Throughout the interviews and survey responses, it became clear that UNFPA's regional impact is difficult to articulate or understand. This could hamper its efforts for fund-raising at the regional level. Also, UNFPA's generation and use of regional data is currently fairly limited according to what the evaluation could find, especially given its potential to develop regional level data on a wide range of issues on gender, SRHR, population development and other core areas in the region is significant.

One problem identified by the evaluation is that UNFPA's regional level contributions happen at many different levels, with little to connect them. For example, there are strong regional programmatic and advocacy interventions such as CARMMA or work with the African Youth Charter. There are multi-country programmes, for example the current projects funded by SDC and the Packard Foundation. Then there are networking and regional capacity functions, for example those relating to M&E. There are also a number of regional communication products, for example those produced alongside the AU. UNFPA ARP has yet to integrate some of its regional level of activities into a more coherent whole. Its regional presence is thus not what it possibly could be. Rather, there is a sense that the Africa Regional Office is involved in a few regional initiatives but is mainly involved with supporting country programmes in their more localized efforts.

The concerns and activities of regional-level organizations can be broadly grouped under two headings:

(1) genuinely inter-country activities which address regional issues, for example migration, transport policies and cross-border interventions; and

(2) operating in a number of individual countries within a region and in so doing exploiting advantages of scale, the sharing of tools, knowledge and information and so on.

This distinction is not entirely clear-cut, as one of the characteristics of a regional organization such as UNFPA is that it engages with other regional-level structures, such as other UN sub-regional offices, the AU or regional economic commissions. These regional-level entities may be working at both the inter-country level and the multi-country level simultaneously. Engaging with entities such as the AU, for example, is therefore potentially having multi-country and inter-country outcomes simultaneously.

Inter-country and multi-country contributions were considered in the evaluation and are discussed below.

6.1.2 Inter-Country Activities

For inter-country approaches and actions, one of the key concepts that keeps surfacing in relation to the work of regional organizations, and which sums up much of what genuinely "regional" activity is all about, is "regional integration." The Regional Indicative Strategic Development Plan (RISDP), for example, aims to increase and strengthen integration in SADC[33]. Accordingly, the gist of regional integration is to work toward forging agreements between the countries in a region, usually economic and/or political in orientation, in order to help provide and sustain environments which are conducive to addressing regional concerns and challenges. One of the major roles of regional organizations in this regard is to foster the kind of dialogue between the countries of a region which results in such bonds[34].

Greater regional integration, particularly in relation to cross-border trade, will have consequences for a number of UNFPA output areas. UNFPA should possibly be at the forefront of thinking about and responding to these issues, particularly as related to population and development, but there is little in the way of UNFPA internal literature which positions itself relative to this aspect of regionality or other similar ones. This is despite the fact UNFPA works with partners that lead on these kinds of regional issues, for example SADC and AU. Initiatives to explore bulk purchasing of key SRH drugs or commodities for countries around Africa could be an example of how UNFPA could play a key role here. Some early discussions are under way in this area, but little regional impact has yet to be made.

While it is regional integration that dominates much development discourse around regionality, for HIV and SRH, the kinds of inter-country issues that are most pertinent include those mentioned earlier in this document: migration and HIV; transport routes and border crossings; cross-border social

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[33] SADC, 2011

[34] UNDP, 2010

and cultural issues (looking for example at how one cultural group, spanning a number of borders, traditionally views gender and sexuality, or male circumcision); and cross-border operations, including military and other institutions. Humanitarian efforts also often require quintessentially regional approaches, especially in areas of conflict, fragile contexts or environmental disaster.

While UNFPA may support country partners that focus on some of these issues, the organization could do much more to create impact and promote its efforts within all of them and, in so doing, could very much enhance its regional profile. For example, through the collection and leverage of strategic information about these regional issues, UNFPA could reach a new level of influence and effectiveness. Currently, however, efforts to support individual countries in their work has taken precedent over UNFPA's contribution within a truly regional agenda.

6.1.3 Multi-Country Activities

The second type of regional approach aims to provide better assistance and support to country-level programmes, organizations and institutions in countries across the region. UNDP calls these "multi-country" interventions, which are designed to "contribute to national development results but are more effective than country efforts by adding a networking component into the intervention"[35].

UNFPA has an especially strong comparative advantage here for a number of reasons. It has a strong network of country offices. With good communication between these offices and the regional offices they are able to channel the voices and priorities from country settings to regional- and global-level fora. UNFPA does this effectively, for example by bringing young people from across Africa to the International Conference on AIDS and STIs in Africa (ICASA) or ensuring diverse participation within AU meetings. Multi-country activities have the advantage that they can apply lessons learned from one setting to another. It is likely that UNFPA's predilection for workshops makes a contribution in this aspect of regional impact. Further, a number of challenges hamper the work of UNFPA offices at the national level, including lack of funding, independence from government, technical support, and access to overseas constituencies and networks. All these challenges are mitigated within a multi-country entity.

While UNFPA does work with regional structures and plays an important role in improving regional-level action on key issues such as census development and reproductive health commodity security, most of its regional value-added is in multi-country activities and the exchange of information and in sharing lessons across borders. Much of the evaluation findings documented in other sections of this report highlight this value, for example the benefits of having regional workshops, meetings, information materials and so on. UNFPA persistently brings its staff and other stakeholders together for regional meetings.

The evaluation finding here is that UNFPA could do more to capitalize on its regional presence by focusing on uniquely regional challenges and issues. Acknowledging that ARO is effective in supporting multi-country activities, it would be an advantage to UNFPA to explore more of its regional potential and adjust plans and programmes accordingly.

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[35] UNDP, 2010

Examples of multi-country activities follow below. Each thematic programme has a number of regional contributions, so only a very few notable examples are captured here.

The 1994 International Conference on Population and Development (ICPD) articulated a bold new vision about the relationships between population, development and individual well-being. The ICPD Programme of Action recognized reproductive health and rights as well as women's empowerment and gender equality as cornerstones of population and development programmes. Twenty years after Cairo, the United Nations has mandated the ICPD Beyond 2014 Review in order to assess the results and progress to date toward the goals that were defined in 1994, and to generate consensus on a new population and development agenda.

The results framework addresses ICPD issues in P&D Output 1.4: "Strengthened strategic partnerships with national and regional/sub-regional bodies (including RECs, FBOs, media, and youth and women networks) to mobilize resources toward attaining ICPD and other development financial targets," with a focus on facilitating the ICPD@15 and preparing for the ICPD@20 reviews.

UNFPA, in light of its expertise on population and development, has been mandated as the coordinating body for the ICPD Beyond 2014. The ICPD Beyond 2014 Secretariat has been created under the direction of the UNFPA Executive Director's Office to facilitate the review. UNFPA, through its country offices, is mandated to facilitate engagement of governments and other UN agencies to ensure the quality of the review.

As part of the review process, the ICPD International Conference on Human Rights took place in the Netherlands 7-10 July 2013, discussing the link between human rights, equality, accountability, and population and development, with a focus on gender, discrimination, empowerment, and sexual and reproductive health and rights.

In the area of gender, in February 2009 the AU introduced the Continental Gender Policy Action Plan. The work for the Action Plan started in 2006 and took just under three years to be completed. The gender policy "focuses on closing the equality gap between men and women in general and particularly addressing gender inequalities which have resulted in women's disempowerments and feminization of poverty, in order to have a better understanding of the contribution of women in development.[36]" The policy's framework works to ensure that the gender gap is closed and facilitates the advancement of Africa's political and social economic integration and also ensures that gender issues are included in the Africa agenda. UNFPA has contributed to this work by providing input to different countries, such as Namibia in 2010, to help launch gender policies within their national frameworks. In the UNFPA 2009 AWP for the Africa Regional Office they called for the provision of support for the development of a Continental Gender Policy Action Plan in order to help different nations incorporate the gender policy developed by the AU into their national frameworks.

In relation to regional youth approaches, the fund's work on the African Youth Charter provides an insight into the overall approach being taken. This is the African strategic framework for youth

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[36] http://www.africa-union.org/root/au/auc/departments/ge/african%20union%20gender%20policy.doc

empowerment and development at continental, regional and national levels. It was signed in 2006, in Banjul, Gambia. It aims to consolidate efforts to empower youth for meaningful participation and equal partnership in driving Africa's development agenda. UNFPA has also been particularly active with AfriYAN. The African Youth and Adolescents Network on Population and Development was founded in 2005 with UNFPA support and has made substantial contributions to the Africa Youth Charter. AfriYAN aims to echo young people's voices in national, sub-regional and regional inter-governmental dialogue. It is the coordinating body of hundreds of youth organizations through its 40 national affiliates and seeks to promote the empowerment, participation and leadership of young people on key issues that affect their lives, with an emphasis on sexual and reproductive health and HIV prevention. AfriYAN is a key player in population and development programming and many activities on UNFPA's results framework focus on working with the AfriYAN secretariat to build leadership on the ICPD agenda and to bring forth youth issues on international fora.

Also in the area of regional engagement with youth processes, UNFPA has been involved with the African Youth Leadership Forum (AYLF). This is led by recently graduated university students who held leadership roles at their institutions throughout Africa with a focus on using the "current leadership of Africa to mentor and encourage the future leadership to be servant leaders who know how to reconcile relationships, speak the truth without being religious or divisive, see people without labels or stereotypes, and ultimately love each other and those whom they lead.[37]" UNFPA fits well with AYLF because it supports the collaboration and exchanges between youth groups, the participation of youth leaders to enhance the positioning of youth issues in international and regional fora, and the participation of youth in the African youth leadership forum on the MDGs[38]. By supporting youth participation, UNFPA enhances the capacities of youth leaders, allowing them to be very efficient with their work on these various issues. AYLF benefits from its partnership with UNFPA because UNFPA is able to provide resources and connections to other partnerships that AYFL may not attain otherwise.

Within the area of Population and Development, several outputs are relevant to African efforts around ICT and data dissemination that can be linked to the Africa Symposium on Statistical Development (ASSD). The 5th ASSD was held from 19 to 22 November 2009 in Dakar, Senegal, under the theme *"Information and Communication Technology in Data Dissemination: Bringing Suppliers and Users Closer in the 2010 Round of Population Censuses."* Recognizing the difficulties many countries faced in regards to statistics, the symposium proposed for the production of a handbook on the use of ICT for census taking and building the capacity of countries to use international standards in data production. The importance of data collection on the UNFPA Africa strategy can be seen through their recurrence in the results framework and UNFPA's commitment to capacity building for young African statisticians.

Another approach which shows a regional vision, this time in relation to P&D, relates to the Union for African Population Studies (UAPS), a pan-African not-for-profit organization established in 1984 by the United Nations Economic Commission for Africa (UNECA) to promote the scientific study of population and the application of research evidence in development planning in Africa. UAPS

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[37] http://www.aylf.blogspot.com

[38] RH 2009 AWP

organizes a regional conference on the African population on a four-year basis, to share and disseminate scientific information on population issues in Africa. During the 6th African Population Conference in December 2011, UNFPA developed a close partnership with the UAPS, by providing support to the UAPS on a wide basis, including capacity building, financial support to the preparatory scientific activities and financial support to the participants. These activities included:

- Strengthening the capacity of national UNFPA partners, including academia, technical government staff and NGOs, on P&D interlinkages;
- Supporting a scientific regional forum with a specific focus on Africa population issues; and
- Gathering findings of various research activities on Africa population conducted by scientists worldwide.

6.2 Responsiveness

The ToR specified that the evaluation investigate "the extent to which the Africa Regional Programme anticipates and responds to significant changes in the regional and national development context within its three core focus areas." In addition, it asks, "What were the missed opportunities in UNFPA programming?"

An example of responsiveness is the focus on UN reform. UNFPA focused on **UN Reform** throughout the implementation of the Africa Regional Programme. It is located in all three thematic area work plans; however, the Reproductive Health work best supports this process. UNFPA included an output stating that it would work toward strengthening the capacities of regional and sub-regional institutions, COs, and CSOs to mobilize political commitment and to operationalize, implement and monitor all key SRHR components of the Maputo Plan of Action and ICPD PoA, in the context of the new aid environment and UN reform. It also included mission costs to provide integrated technical and programme support (IPTS) to GPRHCS countries and to RECs' RHCS work plans (stream one and two countries); to participate in development/training on Reproductive Health and Health Sector Reform, Costing, MDGs and UN Reform; to develop the RHCS 2011 work plan; to contribute and co-facilitate joint sub-regional activity led by SRO Dakar such as (a) advocacy initiative with francophone parliamentarians, (b) regional orientation initiatives (Anglophone/Francophone) on RHCS for youth advocate organizations/networks; and to review and document past RHCS advocacy interventions[39].

The quality of UN joint planning documents was enhanced through various activities including reviews and participation in meetings of the Regional Cluster on MDG monitoring and capacity development. At the regional and national levels, the programme has seen an involvement in UN reform processes and products through the technical and programme staff of the programme's regional and sub-regional offices. As a result, 14 officers of the programmes from eight French-speaking countries have been trained in UN reforms and the new aid environment; a total of 30 staff from UNFPA and WHO were trained on how to handle issues of RH in the new aid environment; and staff from the 2009 United Nations Development Action Framework (UNDAF) roll-out countries and two SRO staff were trained in UN reforms for negotiations and leadership positions to ensure UNFPA's continuation. However, some limitations were observed in the high-level involvement in

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[39] RH AWP 2010

the UN system-wide programming processes due to a reduction in the participation of SRO staff in activities at the country level. The inability to categorize some functions may lead to their neglect or categorization as less important[40].

Again in relation to responsiveness, UNFPA has also been active in the area of climate change, working, for example, with the ADF. This focus on climate change and other environmental issues that are aggravated by population growth and reproductive health can particularly be seen in *P&D Output 4.1: Establishing/building/strengthening partnerships with regional and national research and academic institutions to analyze the determinants and consequences of population dynamics (migration, urbanization, disasters, internal displacement) on economic and social realities.* The 7th African Development Forum (ADF VII) "Acting on Climate Change and Sustainable Development" occurred 10-15 October 2010. ADF VII "offered an opportunity to exchange information, knowledge and experience on how best Africa can and should cope with climate change through effective action on policies, strategies, programmes and practices.[41]" The forum also helped raise awareness and build a consensus between African governments and partners regarding the concerns and expectations for a climate change agreement past 2012. UNFPA has been involved in efforts that help strengthen a common position on climate change on the African continent.

Responsiveness was looked at in the questionnaire and interviews undertaken within this evaluation. Interview respondents indicated that some of the most important global and regional shifts which they believe UNFPA should be aware of, and responsive to, include the following:

- Changes in the health and development programming and funding environment which is moving toward regionalization/block funding and programming;
- Improved African capacity, skill and talent at all levels (*government and private sector*) for which UNFPA should take full advantage;
- Regional demographic shifts, most notably with respect to the expansion of the role and needs of African youth;
- Technological advances in the region with implications and promise on both the medical programming and communications/internal and external media fronts;
- Widespread humanitarian emergencies and political instability throughout the Africa region; and
- Increased local governmental media capacity and diversity of new private media outlets that UNFPA should tap to maximize internal and external communication and programmatic results (on both the supply and demand sides).

In terms of UNFPA's ability to be responsive, one interviewee stated: "The context is changing so quickly in so many countries. The Sahel has erupted, and there are humanitarian emergencies and human trafficking. There are many situations that we need to apply ourselves to, and it's going to be very demanding for us. UNFPA needs to be ready to be flexible. We are not able to react as quickly as organizations like UNICEF. In the future, we need to be more nimble."
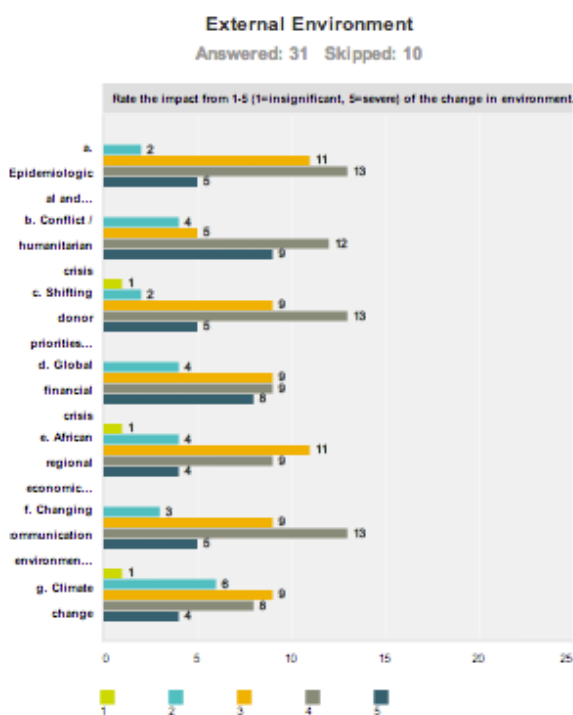
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[40] Morah B. C. (2008-2011) MTR pp. 45-46

[41] http://www.uneca.org/adfvii

Information collected from the Africa Regional Offices and Country Office e-survey, which investigated shifts in the external environment and staff perceptions on how well ARO adjusted or responded to the change, also addressed additional questions pertaining to responsiveness.

The e-survey listed six external changes to the environment within which UNFPA works. Respondents were asked to rate their perception regarding the impact from 1 to 5 (1 = insignificant, 5 = severe) of the change in environment, as well as assess how well ARO has adjusted to this change. From the choices provided, survey respondents listed the external changes, in order of severity (from the most severe to the least severe) as follows:

- Conflict / humanitarian crisis was rated as highest in severity/significance, and 14% reported that ARO adjusted to the associated change(s) well. The second most significant external change which country and regional staff believe to be of significance is the global financial crisis. For this external event, 7% reported that ARO has adjusted well.

- E-survey respondents rated the following external changes as all being of equal significance/severity (and third on their list of most significant events for ARO to be aware of and responsive to). These include: changing communication environments (including mobile telephony and social media), epidemiological and demographic shifts, and shifting donor priorities on UNFPA's focus areas. For each of these events, 3% reported that ARO adjusted well.

- Finally, African regional economic growth and climate change were both rated as being fourth in terms of significance/severity. Respondents rated ARO's adjustment to African regional economic growth with 0 reporting ARO adjusted well, and 3% reported that ARO adjusted well to climate change.

External Environment
Answered: 31 Skipped: 10

Rate the impact from 1-5 (1=insignificant, 5=severe) of the change in environment.

Changes in the funding environment

Private sources of funding have become a growing feature of most UN programmes, including UNFPA. In the last 20 years there has been a rapid diversification in the funding sources available for development, including in the areas of gender, SRHR and population and demographics.

Core funds, as contributed by UN member states to UNFPA and without conditions attached, have traditionally made up the bulk of funds available for work. These core funds have been declining as a proportion of UN budgets, including in UNFPA. Non-core funding from official and private sources that fund activities in specific areas is rising as a proportion of UNFPA budgets, including in Africa. These non-core funds are channelled and sometimes monitored through different mechanisms and are increasingly from nongovernmental organizations and private entities. UNFPA ARO has had some success in pursuing these types of funds, but much more could be done to expand budgets, particularly for non-core costs.

Global funds and philanthropic foundations foster competition among potential grantees. Thus, UNFPA is in a crowded marketplace competing for such funds with other UN and multilateral organizations, governments, NGOs and the private sector. Competition can be healthy and lead to improved performance, but it can also have negative side effects. While needing to remain mindful of the unhealthy aspects of a fiercely competitive funding environment, there is a clear sense that UNFPA needs to be more self-confident and assertive in this environment. Defining its niche and improving its ability to prove its impact will be crucial for the struggle for funds that is likely to continue and intensify in future years.

Other regional initiatives

The **Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium** is a product of a conference on primary health care and health systems, attended by African heads of state and held in Ouagadougou, Burkina Faso. The declaration, signed on 30 April 2008, seeks to provide a strategic redirection to enhance existing health interventions through the primary health care (PHC) approach to strengthen health systems in the region. This conference was organized in collaboration with UNFPA and other development agencies. The declaration is to encourage African countries to adopt an integrated PHC approach in their health systems to strengthen health areas such as non-communicable diseases, HIV/AIDS, maternal health, child health and many others. UNFPA, like other UN agencies, is tasked with supporting national and coordination mechanisms through capacity building, as well as strengthening national health systems[42]. Many outputs relate to this PHC initiative, including *RH Output 2.1: Strengthened regional, sub-regional and national capacity in maternal and newborn health (including fistula, FGM and PMTCT) through strengthening of health systems including human resources.*

Another regional initiative is the **Maputo Plan of Action**. This is a continental policy framework that was birthed as an outcome of a special session meeting of the African Union Commission held in Maputo, Mozambique, in September 2006. It was in response to the continent's slow pace in efforts toward achieving the implementation of MDGs 4, 5 and 6. This plan seeks to create universal access to comprehensive sexual and reproductive health services in Africa by 2015. It was established as a short-term initiative up to 2010 but was extended to 2015. The Maputo Plan of Action is built on UNFPA's sexual and reproductive health programme, providing a framework in the areas of safe motherhood and newborn care, family planning, abortion care, prevention and management of cancers of the reproductive system, infertility, and STIs including HIV/AIDS[43].

UNFPA has therefore devoted a results framework output to deliver on the objectives of the Maputo Plan of Action, which also delivers on MDG 5 and likely has effects on other MDGs. *RH: Strengthened capacity of regional and sub-regional partnerships and networks, to advocate for and monitor gender- and culture-sensitive SRHR policies, programmes, and the implementation of the*

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[42] The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving

Better Health for Africa in the New Millennium, April-June 2010; Issue 12

[43] http://www.unfpa.org/africa/newdocs/maputo_eng.pdf

Maputo Plan of Action and ICPD PoA. In implementing the actions detailed in the plan, UNFPA helped 22 African countries develop guidelines for maternal health in the first two years of initiation, while others have integrated the plan into their national policies. New laws have also been passed to protect women against harmful sexual practices; linkages with HIV/AIDS have also been intensified, and in many countries, family planning practices have been increased throughout the continent[44].

6.2.1 African Prosperity – What This Means for UNFPA ARP

Real GDP grew by nearly 5% annually between 2000 and 2008 – twice the level of the previous two decades. According to the African Development Bank, six African countries were forecast to enjoy growth in 2011 above 7%, 15 countries above 5% and 27 countries above 3%. Direct foreign investment soared from $9 billion USD in 2000 to $52 billion USD in 2011.

Africa has a huge amount of the world's natural resources, and many countries, China included, are creating social and financial partnerships with Africa that are showing benefits for both parties. However, a 2011 report by McKinsey found that just a third of Africa's growth up to 2008 was due to its natural resources[45]. Other sectors such as telecoms, financial services, agribusiness, construction and infrastructure are also thriving. These sectors are creating both income and jobs. The McKinsey report found that Africa's strong growth owes as much, if not more, to increased stability, including the end of conflicts; growing investment in human and physical infrastructure; progress in achieving the Millennium Development Goals; and reducing the risks and costs of doing business.

UNFPA is working in a fast-changing Africa, one that is quickly becoming more prosperous (despite pervasive inequalities). Africa's demographics may also help harness the continent's potential in the coming decades if sustained by good public policies. These include a fast-growing and young labour force, rapid urbanization and a burgeoning middle class of consumers. Whether UNFPA can contribute to an environment that can build on this new potential remains to be seen.

Africa is also benefiting from the spread of mobile phones and ICT. It is helping countries "leapfrog" over unsustainable forms of production and consumption and is delivering social services in health, education and weather information. While UNFPA shows signs of staying ahead in this area, particularly with its work on youth, more could be done to innovate and inspire at the intersection of this new rise in communication technology and the fast-changing, increasingly evidence-based fields of gender, SRHR, and population and development.

Although Africa still has a distance to travel in terms of creating good governance, the continent has benefited from a new generation of African policy makers who are managing economies better, paying attention to social development and building the institutional capacities needed to support improvements in UNFPA's core work areas.

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[44] http://www.ppdafrica.org/docs/policy/maputo-e.pdf

[45] McKinsey, 2010 "Lions on the move: The progress and potential of African economies"

All these changes have implications for UNFPA ARO in terms of funding, in terms of the increasing proportion of African countries able to show a degree of prosperity and in terms of those graduating to middle-income country status.

Africa has mature economies, such as Botswana, Mauritius and South Africa; it is also home to fragile and conflict-affected countries such as Burundi, the DR Congo and Guinea-Bissau. If current trends continue, most African countries will have reached middle-income status by 2025. Africa, including North Africa, today is home to 22 middle-income countries (MICs). Ghana and Zambia have recently joined the list of MICs.

The UN system, including UNFPA, is currently engaged in a collective reflection on how to define its approach to, and better capture, its comparative advantage in MICs. Many, if not all, African MICs suffer from internal and intra-societal inequalities (including in terms of access to social services, education, health, income, mobility and rights), and this often leads to marginalization and exclusion of disadvantaged groups. The MIC status of many countries is largely attributable to the income per capita of the highest bracket or to foreign direct investment.

Investments in education and health are seen as critical to MICs' further development, and here UNFPA has a key role to play. But the work needed in a country like South Africa, which has a range of educational and social science think tanks, and Gambia, which has relatively little capacity in this area, is clearly different. Gradations in types of intervention and assistance are now very much needed.

Advocacy for global norms and adherence to international conventions will remain critical for MICs. So too will work with social cohesion and inclusion, particularly with many of the groups that UNFPA works with being so ostracized by their host countries. Advanced professional training will need to be promoted, including in the areas of science, demographics and education. African MICs may not require a cohort of all-rounder professionals working in gender, SRH, and population and development. Instead they will need specialists that can fill key gaps and advocate for strategic improvements in key areas. These will be short-term needs in a constantly shifting environment. The Africa Regional Programme of tomorrow will likely require fewer fixed technical positions in relation to operational and support staff, and is more likely to be focused on knowledge management and acquisition. Flexibility and the ability to act fast with sophisticated technical inputs will likely become key. Matching needs and gaps in advocacy, communication, capacity and technical expertise with the required people or organizations is likely going to mean less emphasis on key UNFPA staff and more emphasis on the skills and knowledge that the organization can harness from the outside world. UNFPA's work in Africa will need to be increasingly graduated across a scale reaching from increasingly first-world economies that already benefit from strong academic, technical, research and policy structures to countries which are still dealing with some fundamental problems in the absence of the required skills and capacity. UNFPA ARP is currently well-placed to function in the latter type of setting, but is not so well-placed to function in the former.

There is need for a careful situation analysis in African MICs to identify, better understand and effectively address the specific causes of gender inequality. There is some evidence that there is a positive correlation between MIC status and the major gender equality indices, including the Social Institutions and Gender Index (SIGI), Gender Development Index (GDI), Gender Empowerment Measure (GEM) and Gender Gap Report. However, it needs to be borne in mind that large differences

exist among African MICs, for example economically powerful countries such as South Africa having some of the highest rates of sexual violence worldwide.

Some African MICs show a high degree of vulnerability in terms of democratic governance and financial stability. In many MICs, there is a considerable risk of forfeiting previous achievements, Zimbabwe being a case in hand, where this risk is exacerbated by the global economic crisis. UNFPA action in MICs should seek to create sustainability as well as resilience in the systems related to reproductive health, population and development, and other core areas.

Overall, for the richer of African countries, the concept of "graduation" from UNFPA support should be substituted with the concept of "gradation." This would imply a gradual phased path toward a more advanced state of development, particularly in terms of gender, SRHR and other UNFPA core areas. It should also be ensured that sustainable structures, systems and mechanisms are put in place to support the country to continue to build its capacity for self-reliance.

Chapter 7: Conclusions and Recommendations

7.1 Main Conclusions

UNFPA is carrying out vital work in the regional context. The evaluation found that substantive progress has been made toward attaining 85% (40 of the 47) Africa Regional Programme outputs over the four-year duration of the programme under review (2008- 2012). The Africa regional offices are closely aligned with many regional and global initiatives, and have accomplished major successes in terms of advancing UNFPA's mandate in the region on many fronts, including advocacy and policy reform, partnership and capacity building, and progress in thematic areas such as SRH/HIV integration and HIV prevention, youth advocacy, gender based violence, and reproductive rights. The primary strategic and programmatic conclusions of the evaluation are provided in the section below, followed by a set of recommendations.

7.1.1 Strategic Level

As described above, the evaluation found that substantive progress has been made toward attaining 85% of the Africa Regional Programme outputs over the four-year duration of the programme under review. This finding was based on an analysis of the MTR and a rigorous desk review, along with an analysis of the financial implementation rate (FIR) which categorized progress by denoting good progress with an average FIR of 80% and above, moderate rates with an average FIR ranging from 50% to 80%, and poor rates which had an average FIR of 50% and below. Insofar as progress toward attaining five of the remaining programme outputs, the evaluation determined the progress as poor. However, this assessment must be contextualized given that there are planned activities that have not yet been implemented. Finally, two activities did not provide the financial implementation rate that would enable the evaluation team to determine the rate of progress.

The evaluation found that the Africa regional offices are aligned with many regional and global initiatives, and have accomplished major successes in terms of advancing UNFPA's mandate in the region on many fronts, including advocacy and policy reform, partnership and capacity building, progress in thematic areas such as HIV prevention, reproductive rights, youth advocacy and gender-based violence. However, the programme is not yet fully operating in a distinct regional strategic "niche." The evaluation noted that while there has been substantial progress, the programme is not yet as proactive, transformational, forwarding thinking and results/outcome-oriented as required to meet its mandate. One concern is that the Africa Regional Programme's narrowed mandate to focus primarily on maternal health (and less on census, demographics, gender and population issues) is perceived by many UNFPA staff as possibly shutting out some "entry points" that might allow UNFPA to push on bigger issues. These and other issues raised in this evaluation will need to be considered as part of a consultative process as the Africa Regional Programme for 2014-2017 is developed.

There is a need to focus on the regional contribution of UNFPA's regional programme, expanding its role as a multi-country programme and accentuating its role in truly regional processes, for example relating to migration, regional conflict, regional environmental issues impacting health, bulk purchasing of drugs and commodities, and opportunities and challenges raised by economic integration. Similarly, the role of the regional office in collecting and articulating the issues of the

country offices should be further explored and enhanced in regional and international fora and platforms.

Overall, the use of strategic information, for example the collection of data, generating multi-country analyses and building learning into programming, is not particularly strong in UNFPA. Planning programmes based on sound evidence, defining SMART (stretching, measurable, agreed, realistic, and time-based) targets, monitoring implementation and evaluating success have not had sufficient priority within UNFPA. In today's funding environment, which demands measured progress and an indication of results, this is going to hinder the organization's development. This is particularly true in countries where there is an increasingly competitive area with strong information actors gaining in capacity and profile. UNFPA would benefit from improving its gathering and use of strategic information, or it risks being left behind.

Of concern is the current climate around gender issues within the Africa Regional Programme, which is lacking in terms of basic knowledge of the importance and relevance of gender considerations in development practice, and it is not perceived as proactive or transformational – but rather, it's seen as too narrowly focused and not adapting to important regional changes. This climate cuts across all staff levels and categories, from management to entry, as well as among both programme and technical staff.

Looking ahead, there are both promising and difficult global and regional shifts which the Africa Regional Programme will need to be prepared for, and be responsive to, including changes in the aid programming and funding environment; vastly improved African capacity, skill and talent at all levels (government and private sector); regional demographic shifts, most notably with respect to the expansion of the role and needs of African youth; technological advances in the region with implications and promise on the medical, programming, and communication/internal and external media fronts; widespread humanitarian emergencies and political instability throughout the Africa region; and increased local governmental media capacity and diversity of new private media outlets that UNFPA should tap to maximize internal and external communication and programmatic results (on both the supply and demand sides).

7.1.2 Programmatic Level

On the programmatic level, the evaluation identified a variety of successes and areas which could benefit from improvements, of which a few are highlighted below.

Capacity Building and Technical Assistance

Capacity building is a process that occurs in a specific context, and requires a comprehensive, ongoing and integrated country development approach that addresses individuals, institutions, systems and the enabling environment. There are indications that the regional programme is embracing this approach, but developing a shared understanding between the regional and country offices regarding how best to develop capacity and provide technical assistance to achieve sustainability remains a challenge. An area of particular improvement has been steady advancement since 2010 of the quality of country programme documents. However, there are issues surrounding regional versus country priorities, as well as gaps in the types and quantity of assistance (such as operational support) and barriers to the efficiency and timely flow of technical support (within existing operational systems such as IPTS) that require attention.

A true appraisal of the capacity building and technical assistance functions of UNFPA would require that baselines be built into project strategies or that there be an evaluation methodology favouring some kind of control group or comparison. With UNFPA's current shortcomings in terms of RBM and management of strategic information, this has not been possible in this evaluation. Building it into the next UNFPA strategic plan would be a priority.

More specifically, the type and levels of TA and other support needs of UNFPA countries in Africa varies greatly depending upon country specifics, most notably with respect to the local capacity of national government structures and that of its implementing partners, as well as the continually changing humanitarian and political situations in the region. However, there is clearly a substantive and unmet need from country programmes and their implementing partners for operational capacity building TA, such as finance, IT, etc.

The TA provided by the Africa regional offices to country programmes over the past five years has been solid in terms of quality and relevance, with a majority of end users satisfied with results. However, it has been insufficient in terms of the quantity and timeliness, with significant consequences in terms of its usefulness and relevance (given TA is often time/context sensitive).

The existing IPTS online technical assistance (web-based) system of fielding technical assistance needs from countries is not perceived by a majority of regional and country staff as an effective method/tool, and thus merits being reviewed in terms of efficiency.

Partnerships and Resource Mobilization

The evaluation indicates that, overall, the ARO's work with respect to establishing partnerships and providing partnership support to country offices has been relevant in terms of supporting country objectives and the broader UN/global initiatives. Most notably, the Africa Regional Office has aligned itself with the International Conference on Population and Development (ICPD) and its Programme of Action (PoA); MDG 5; the Maputo Plan of Action on Sexual Reproduction and Health (SRH), as well as the Maputo Plan of Action's African Health Strategy (the development of sub-regional strategies); and the Campaign on Accelerated Reduction in Maternal Mortality in Africa (CARMMA).

However, there are gaps in partnership assistance to important regional entities such as ECOWAS and SADC, as well as operational and financial barriers to maximizing and sustaining results that merit attention. While there has been substantial and ongoing success in partnership building, the Africa Regional Programme has not yet enabled its staff to foster strong, long-lasting partnerships to the extent needed to fully achieve the programme's objectives in several key areas. Further, given the global financial crisis and the recent shifts and cuts in aid programming, more will need to be done in the area of resource mobilization to ensure adequate funds for programming and partnership capacity building.

Operations, Programme Oversight, Coordination and Management

Evaluation data and analysis indicates that, overall, ARO's work with respect to operations, coordination and management, and programme oversight has been of good quality and relevant to the needs of country and regional offices in reaching their objectives. However, substantial budget constraints, staffing/training needs and issues, operational inefficiencies, and communication barriers

between management and programme and technical advisers were identified. It is the hope of the evaluation team that opening the dialogue on these issues will allow for maximization of results.

More specifically, a lack of funds for sufficient staff and programme activities, such as TA, training and advocacy, is inhibiting the achievement of relevant, efficient, effective and sustainable results on all levels. A majority of regional programme and technical staff believe staffing and programme budget constraints to be the most fundamental barrier to achieving maximum results. In addition, current staffing patterns are not structured for results/outcomes, and thus inhibit the most effective and efficient use of limited resources for optimal results.

There remains a need to improve communications and operational systems and promote participatory, transparent and empowering processes to ignite a common sense of purpose and enthusiasm toward attaining UNFPA's goals.

In addition, a lack of participatory processes for staff input in decision making and strategic planning processes (in all phases) has contributed to some regional- and country-level staff feeling disengaged, disempowered and unappreciated – sometimes resulting in ineffective, inappropriate or contextually unattainable guidelines and policy frameworks (at both the country and regional levels).

Finally, a major cross-cutting impediment to the UNFPA Africa Regional Programme's ability to achieve maximum results over the past five years has been the bureaucracy and lack of efficient, clear and timely work-flow protocols – leading to inefficiencies and roadblocks to the work of some staff, negatively impacting the efficiency, effectiveness, timeliness, and quality of services and deliverables that can be realistically achieved. Misunderstandings between programme staff and technical advisers suggest a need for improved dialogue and cross-training to improve outcomes.

Results Based Management and Monitoring and Evaluation

An evaluation system was initiated in 2009, which among many accomplishments cited as particularly useful included M&E training and workshops, the creation of an M&E website, and a database/roster of PM&E consultants for UNFPA programmes within the region.

The evaluation found that substantial progress has been made with respect to M&E processes over the past few years, but for a portion of UNFPA regional and country staff, it still remains too little understood, and inadequately valued for its relationship to results. Inadequate funding for M&E programming and training was identified as a key barrier to institutionalization of RBM and M&E processes, given programme staff are reluctant to spend what little programme funds they have on M&E activities.

There are shortcomings in the way in which technical teams plan and then monitor their activities in relation to specific, time-bound and measurable goals. A lack of strategic documentation among some of the technical teams, including theories of change and causal chains linking activities with expected results, all impede this part of ARO's work. These shortcomings are exacerbated by the fact that the regional M&E staff are currently not empowered or mandated to ensure that annual plans are measurable and demonstrably contribute to overall regional targets.

ARO works in a fast-changing communication environment with privatized and liberalized media sources burgeoning, where media agencies and producers are proliferating, and where the Internet and mobile telephony is spreading rapidly. While ARO is making efforts to stay abreast of these developments, and to exploit any potential they represent, more could be done to ensure ARO is communicating effectively in today's environment.

UNFPA Africa regional offices have increasingly utilized technology advances to maximize their efficiency and impact, with positive communication outcomes resulting especially from the effective use of webinar technology. This technology has played a major role in UNFPA's ability to expand its intra-country communication and outreach, as well as to increase interactive and participatory engagement during conferences. A positive finding is that social media has been actively integrated into ARO youth programming.

As with other areas assessed in this evaluation, a lack of communication strategies, audience profiles, and well-defined communication objectives and baselines hinders efforts.

7.2 Main Recommendations

The evaluation team appreciates that the Africa Regional Office is required to provide a management response to each of the evaluation recommendations, and has therefore attempted to provide a *limited* number of strategic and programmatic recommendations based on the evaluation findings and conclusions.

As a cross-cutting recommendation, thematic assessments should be undertaken for each thematic area in which UNFPA works. These should look at the activities, outputs, and any interim or final outcomes that are associated with the different activity areas. This current evaluation has mainly looked at cross-cutting key strategies for ARO as defined in the RPAP 2008. For this evaluation to be complete, it needs to be augmented with an appropriately focused set of evaluations for each thematic unit or outcome leader. This would include looking specifically at gender, maternal health, SRHR, youth, population and development, humanitarian assistance, and so on. A portion of the budgets for each of these programmes should be set aside to evaluate the work undertaken in the past few years.

Across the regional programme there should be much more focus on the collection and sharing of strategic information, for example in relation to emerging issues; key populations; demographics; and UNFPA's core areas, including gender, youth and SRHR. The organization could usefully position itself as a hub for up-to-date and quality information in these areas and create a series of communication outputs or interactive databases so decision makers and other stakeholders could access the best information with the knowledge that it has UNFPA endorsement.

Capacity Building and Technical Assistance

- Develop a needs analysis and baseline for capacity building and technical assistance that takes into account the diversity of African countries, the rapid changes they are experiencing and the unique sets of challenges they face. Build a system for delivering this support in a way that is shaped around and responsive to these needs.

- Re-evaluate/assess the current on-line technical assistance web-based system (IPTS) for its effectiveness as a timely method of fielding the technical assistance needs of countries.
- Ensure that additional funding/priority be placed on the availability/provision of operational support (administration, finance, IT) to country programmes (in both French and English).
- Place greater emphasis on the potentials of South-South support between countries (including the use of national consultants), which is widely deemed as highly valuable and practical by country programmes.
- Evaluate the impact of workshops through a careful definition of workshop objectives and results. Shape workshops around a measurable process for achieving SMART capacity building and technical assistance targets.

Partnerships and Resource Mobilization

- During the development of the next strategic plan, undertake an analysis of the types of partnerships required in different countries and sub-regions and by different thematic areas. This should take into account the diverse needs of different countries within the ARP. From this analysis, have a joint working group of operational and technical staff to establish procedures that facilitate these types of partnerships, with an emphasis on reducing friction between operations and technical teams.
- Offer additional training opportunities to country offices in the area of resource mobilisation, with an emphasis on tapping into new sources of funding, such as the private sector.

Operations, Programme Oversight, Coordination and Management

a) *Strengthening Leadership and Management*
- Ensure that staff are evaluated by operations as part of their annual multi-stakeholder review; as this would help ensure that proper planning and programme administration was part of their priorities.
- Invest in leadership and management training to improve communications between management and staff, and increase transparency, participation, accountability and collegiality/trust at all levels.
- Fully incorporate participatory processes for staff input in decision making and strategic planning processes (in all phases) to empower regional, liaison office and country-level staff to become more engaged and to ensure that guidelines and policy frameworks (at both the country and regional levels) are technically achievable and contextually attainable. This should include all operations staff and the Liaison Office in all strategic planning processes.
- Ensure that travel decisions be transparent and collegially decided between management and technical/programme staff in terms of decisions regarding the necessity, strategic objectives and timing of travel to improve efficiency and outcomes.

b) *Streamlining Operations*
- Conduct a methodical review of all chain-of-command and operational procedures be conducted, and new systems devised, which would allow for more efficient mechanisms to be put into place to ensure more positive and timely results among all staff by eliminating roadblocks and procedural impediments between staff and management.

- Place greater emphasis on improved planning with respect to annual work plans so that workshops and other events can be planned ahead of time so that proper preparation, procurement and administration can occur for improved results.
- Establish better methodological linkages and communication channels between technical staff and programme staff to improve knowledge exchange and streamline processes for improved results.

c) Human Resources/Staffing/Training

- Review and revise (from top management levels to entry-level staff) all individual professional profiles (ToRs) to reflect achievable and strategic outcomes. This means developing an evidence-based strategy first, and then organizing the staffing for it based on this strategy.
- Restructure current staffing patterns for results/outcomes allowing for maximal use of limited resources for optimal results.
- Review the staffing needs of operations units within all regional offices to ensure adequate staffing to reflect the growing operational assistance needs of country offices in the areas of finance, IT training, audit training, etc.

Results Based Management and Monitoring and Evaluation

- Results-based management approaches need to be further integrated into UNFPA ARO institutional culture. This should be undertaken with an external RBM expert working directly with the regional director to create new accountabilities among staff for defining, achieving and measuring targets in their work areas. This is one of the most far-reaching recommendations of this evaluation, and would require a significant shift in the way ARO plans, implements and monitors its work.
- Associated with this fresh emphasis on RBM approaches, ensure that the M&E function within UNFPA ARO is able to play a more substantial role in the shaping and measuring of regional office activities. There are various ways, institutionally, this could be brought about, and a further analysis would be required to determine which method would be most appropriate.
- Dedicate additional funding to be tagged specifically to monitoring and evaluation activities as a means to ensure full ownership, accountability and implementation of results based management practices. This should also include funding for M&E activities with ARO's implementing partners in order to promote sustainability and to document best practices and accomplishments in programming, advocacy and partnership building.
- Establish greater accountability around the delivery of outputs, with accountability less focused on operations and finance and more focused on outcomes/results. This would require a change in the format of annual planning and reporting processes. Currently, too little effort is made to link plans in relation to outputs and outcomes, even on activities, to a report of actual progress.
- Build on the sound monitoring and evaluation progress achieved thus far by a) extending the range of evaluations undertaken to include country evaluation and thematic areas, and b) increasing the amount of training, workshops, and other types of technical assistance provided to the COs to develop skills in results based management and M&E.
- For future evaluation purposes, each outcome leader or thematic team should be tasked with collecting and then sharing key documents about their programme's plans, targets and annual

performance. One M&E focal point within ARO would collect and file these documents on an annual basis. They would then be shared with evaluators when necessary. Other documentation would not be shared with evaluators unless specifically requested.

Communication, Policy and Advocacy

- Conduct thematic assessments and country programme evaluations to further inform the Africa Region Programme's achievements and lessons learned and to document best practices. Specifically evaluate the communication products and outputs of ARO, with a view to better understanding audience needs and impact of current communication efforts.
- Design policy advocacy tools and provide advocacy and communications training to all country offices.
- Develop advocacy and communications strategies for each outcome area. Use an internationally recognized approach for doing this, for example Harvard Family Research Project's "Advocacy and Policy Change Composite Logic Model" (or another approach) that encourages locally tailored solutions with comparable and standardised reporting and monitoring frameworks.
- Clarify the advocacy roles within the Africa Regional Office and ensure sufficient tools and channels for effective advocacy in key areas.
- Clarify and refine the vision, objectives and responsibilities of the 2014-2017 Africa Regional Programme with clear distinctions in terms of accountability between the regional and country offices (and Liaison Office), including a well-articulated results framework. The roles and responsibilities of the Africa regional offices, the Africa Liaison Office, HQ and country programmes should be carefully reviewed and revised/adjusted to decrease duplication of services; clarify strategic advantages; and improve the efficiency of daily operational procedures between all four entities.
- ARO is encouraged to develop a regional gender strategy which is dynamic, transformational and supported at the highest levels with adequate resources and staffing, given that gender equity is a cross-cutting, underlying and essential variable to achieving sustainable results for all of the Africa Regional Programme's objectives.
- Utilize participatory processes for staff input in decision making and the strategic planning processes for the 2014-2017 programme to empower regional, liaison office and country-level staff (including all operations staff) to become more engaged and to ensure that guidelines and policy frameworks (at both the country and regional levels) are technically achievable and contextually attainable. If developed in a participatory manner from the outset, there will be shared ownership and commitment at all levels.

Annex I: List of Persons Contacted

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CARMMA, Campaign on Accelerated Reduction of Maternal Mortality in Africa: The Formal Launch in Sierra Leone, 2010

Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) – Uganda Chapter, Report, 2010

Report of the Launch of Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) in Nigeria, 2009

Report of the Proceedings of the Young People & Social Media Online Campaign for CARMMA Workshop, 2012

10. UNFPA Evaluation Reports

Africa Regional Office, Africa Region Result Based Management, Planning, Monitoring and Evaluating Strategy, 2008-2011

Evaluation of DFID Development Assistance: Gender Equality and Women's Empowerment, Phase II Thematic Evaluation: Voice and Accountability, 2005

Evaluation of the 4th Multi-Country Programme of the UNFPA's Pacific Sub-Regional Office, 2012

Evaluation of UNFPA's Asia-Pacific Regional Programme 2008-2012, 2012

Mid-Term Review of the Africa Regional Programme 2008-2011, 2010

Mid-Term Review of the UNFPA Strategic Plan, 2008-2013: Report of the Executive Director, 2011

Thematic Evaluation of National Programmes and UNFPA Experience in the Campaign to End Fistula: Assessment of global/regional activities, Volume I: Global Regional Report, 2010

Thematic Evaluation of National Programmes and UNFPA Experience in the Campaign to End Fistula: Assessment of national programmes, Volume II: Synthesis Report, 2010

Thematic Evaluation of UNFPA's Support in Maternal Health Including the Maternal Health Thematic Fund's Contribution, 2010

11. HEP Report Documents

Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings, 2010

Formation en sante sexuelle et reproductive dans les situations humanitaires, Guinea, 2010

Mission Report at Guinea Conakry, 2009

Rapport de mission assistance technique et programmatique integree au Bureau Pays du Chad, 2009

Rapport de mission: renforcement de capacites en urgences humanitaires du personnel bureau pays et partenaires du 16-23 mars 2009, Bureau Pays Burkina Faso, 2009

Rapport sur la formation de formateurs en santé sexuelle et reproductive en situation de crise et de post crise (SPRINT), Senegal, 2010

SPRINT ECHO Training Report, Benin, 2010

SPRINT ECHO Training Report, Mauritania, 2010

Sub-Regional Office (SRO), Dakar, Senegal, Mission Report in Democratic Republic of Congo, 2008

Training Report: Training of Trainers on the Minimum Initial Services Package for SRH in Humanitarian Contexts – Johannesburg 16-20 April 2012, 2012

UNFPA, Atelier de partage et de documentation des bonnes pratiques en matiere de VIH/sida chez les militaires en Afrique de l'Ouest et du Centre, 2012

UNFPA, Knowledge Sharing Workshop on Emergency Preparedness, Humanitarian Response and Recovery in Natural Disasters for the Africa Region, Dakar, Senegal, 25-27 October 2010, Final Report, 2010

Workshop Report: Training of Trainers Workshop on HIV, Sexual Reproductive Health and Gender in Humanitarian Settings, 2012

12. HIV Update Documents

Primary Prevention of HIV & Prevention of Unintended Pregnancies, Country Implementation of Strategic Guidelines, 2012

Strategic Framework for the Elimination of New HIV Infections among Children in Africa by 2015, 2013

UNFPA, Providing Choice, Ensuring Services: UNFPA's HIV Work in East and Southern Africa, 2010-2011

UNFPA, Regional Partner Consultation on Strategic Guidance on Preventing HIV and Unintended Pregnancies, 2012

13. IPTS Documents

Delivery of Integrated Programme and Technical Support in 2009, 2010

IPTS: Where are we? The case of SRO-Johannesburg, 2012

Overview and discussion on Integrated Programme Technical Support (IPTS) mechanisms in support of COs in 2011, 2012

14. RBM UNFPA Resources

Africa Regional Office: Final Assessment of Annual Induction Programme for Newly Recruited M&E Officers, 2012

Africa Regional Office: Synthesis of Final Assessment of Annual Induction Programme for New Recruited M&E Officers, 2012

15. Additional Documents (secured by TBG)

UNFPA, Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA, 2012

UNFPA, Introduction to UNFPA's RBM Strategy, Frameworks & Accountability for Results, 2009

UNFPA, Evaluation of UNFPA's Asia-Pacific Regional Programme 2008-2012, 2012

MDG Report 2011, 2012, 2013

Arowolo, O. "UNFPA's Accomplishments and Challenges in Africa." Center for Global Development Working Group on UNFPA's Leadership Transition, 2010.

Newman, K. "Population Growth – Impact on the Millennium Development Goals." Paper presented at the All Party Parliamentary Group on Population, Development and Reproductive Health, 2 July 2013.

Annex III: Evaluation ToR

Terms of Reference (ToR)

Africa Regional Office End of Programme Evaluation

UNFPA or the United Nations System's "Population Fund" is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

We have about 2,000 staff members distributed over five geographical regions and 120 country offices (http://www.unfpa.org/worldwide/).

The Africa Regional Office needs the expertise of a professional institution with experienced consultants with the following qualifications to conduct the End of Programme Evaluation of the Africa Regional Programme 2008-2012:

Education:

Post-graduate University Degree or equivalent (preferably Ph. D.) in Public Health, Demography, Economics, Statistics, and Social Sciences

Knowledge and Experience:

- 10 years of increasingly responsible professional experience, in health, demography and development evaluation; of which five years at the international level.
- Expertise in monitoring and evaluation;
- Strong track record of innovative leadership in managing evaluations, and proven ability to produce demonstrable results;
- Demonstrated strong experience and track record in programme and technical assistance management and coordination;
- Regional experience in Sub-Saharan Africa will be an advantage
- Knowledge of the demographic situation in Africa and specific priorities for work in the region;
- Strong verbal and communications skills in English. Knowledge of French is an advantage;

2. The Requirements in Detail

Background and Context

Broadly, the purpose of the Africa Regional Programme 2008-2012 is to provide a more effective response to the expressed needs of African countries in their efforts to reach the ICPD and the MDGs within the rapidly evolving political, socio-cultural, economic and aid environment. Following the regionalization of UNFPA structures, the Africa Regional Office opened offices in Johannesburg, in January 2009 and commenced full scale programming within the framework of the Africa Regional Programme Action Plan 2008-2012. At the Africa Regional Planning Meeting in 2009, five regional

priorities were identified to guide the implementation of the Regional Programme. These priorities are:

1. Reduction of maternal mortality and morbidity
2. National capacity building and quality assurance for the 2010 round of censuses and data for development
3. Results-based management and accountability for high-quality programming
4. Integrated programme and technical assistance in the context of reorganisation
5. Effective engagement in UN reform in the context of "Delivering as One" and alignment with regional and national priorities and processes.

These priorities delineate the scope of the evaluation of the Africa Regional Programme Action Plan 2008-2012. The evaluation of the Africa Regional Programme is an important step towards the achievement of the regional programme and the outcomes of the UNFPA Strategic Plan. It is an opportunity for the Africa Regional Office (ARO) to assess the implementation of the Regional Programme with a view to ensuring support for the COs in all areas, in order to ensure the timely, effective and full implementation of the Regional Programme during the remainder years 2010-2012. This evaluation will substantially inform the next cycle of the Africa Regional Programme 2014-2017 and provide substantial support to the UNFPA's accountability to the executive board and wider public. The outcome of this evaluation will lend support to greater UNFPA Africa Regional Office accountability to stakeholders and partners at the regional and country levels. Furthermore, this evaluation will serve as a means of quality assurance for the regional programme technical and programme support strategy. It will contribute to learning and capacity development on programme designs, planning, monitoring and evaluation at corporate, regional and country levels.

The Africa Regional Programme Action Plan (RPAP) 2008-2011 was approved in June 2008 as part of the Global and Regional Programme. It contributes to the UNFPA Strategic Plan 2008-2011 and the Africa Regional Strategy 2004-2015. It was developed through a multi-stakeholder consultative process to ensure comprehensive analysis of the external and internal environment impacting on programming at country and regional levels. The approved RPAP aimed to provide a more effective and focused support to the expressed needs of countries in Sub-Saharan Africa (SSA) in their efforts to reach the MDGs. It focuses on the three main components (Population and Development, Reproductive Health and Rights and Gender) with key strategies addressing:

i) Region specific technical guidance, capacity building and high level technical support at national, sub-regional and regional levels;

ii) Coordination, partnership building and reinforcement at national, sub-regional and regional levels with other UN agencies and donors;

iii) Mobilizing commitment and leveraging resources among key global, regional and national stakeholders for the implementation of ICPD;

iv) Responding to the emergent SRH&R needs of vulnerable groups in humanitarian situations.

In 2009, the UNFPA Executive Board decision 2009/16 extended the strategic plan, 2008-2011 to 2013.The mid –term review report of the strategic plan 2008-2011, approved by UNFPA Executive Board in September 2011, helped sharpen the organization's strategic direction to guide it's work in

2012-2013, based on key achievements, lessons learnt and challenges. Along with the SP MTR process, a new business plan was developed and provides the organization with a clear vision and priority actions to implement the SP. Evidence and results based programming, strategic communication, staff empowerment including recruitment of young talents, streamlining of management and operations and organizational culture are the key priority actions that should guide all units for the period 2012-2013.

In 2010 the UNFPA Africa regional office conducted the mid-term review (MTR) of the Africa regional programme. It analyzed progress, lessons learned, and provided recommendations on the way forward for the period 2011-2013. This exercise was conducted in parallel with the Mid-term review of the UNFPA Strategic Plan and the development of the new business plan. In July 2011, ARO conducted an internal review of the RPAP, namely focusing on alignment of outcomes/outputs and indicators with the revised UNFPA SP (2012-2013). This resulted in a modified version of the DRF and MRF with streamlined outputs and indicators with baselines and targets. The revised RPAP ensures business continuity while using innovative approaches/strategies to address the set priorities in the business plan and the strategic plan.

Objectives

The overall purpose of this evaluation is to produce a useful evaluation in 6 working weeks, report covering the period 2008 – 2012; to contribute to the new regional programme which will be prepared by the UNFPA regional office and stakeholders in 2013. The evaluation will review and analyze Regional Programme achievements and related strategies during 2008-2012, and how these contribute to the UNFPA Strategic Plan outcomes.

The evaluation will be guided by the following specific objectives

• Analyze programme strategies (technical assistance and capacity strengthening, partnerships, coordination and management, operation and monitoring and evaluation, and resource mobilisation) adopted to achieve the programme outputs and emerging regional priorities. .

• Analyze regional programme performance measures

• Analyze constraining and facilitating factors to achieving regional programme outputs. This includes determining whether original assumptions have materialised and/or new risks have emerged;

• Identify good practices, lessons learned and challenges and provide recommendations in the light of the evidence

• Analyze the technical assistance modality and the quality assurance process provided for the implementation of the Regional Programme.

• Analyze Humanitarian and Emergency Preparedness in the region and make recommendations to improve its efficiency and effectiveness.

Evaluation Questions and Criteria

The analysis of results will identify challenges and strategies for future regional programme interventions. A core set of criteria shown below will be applied in assessing the results (indicative evaluation questions identified below to be finalized during the Evaluation Desk Phase):

Results by focus area

• Relevance of the Africa regional programme: How relevant are UNFPA regional programmes to the priority needs of the region, and countries within the Africa regional office? Has UNFPA applied the right strategy within the specific political, economic and social context of the Africa region? What have been the eventual critical gaps in UNFPA regional programme?

• Effectiveness: Has UNFPA Africa regional programme accomplished its intended objectives and planned results? What are the strengths and weaknesses of the programme? What are the unexpected results it yielded? Should it continue in the same direction or should it maintain similar strategies and actions for the up-coming cycle?

• Efficiency: How well did UNFPA use its resources (human and financial) in achieving its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?

• Sustainability: Did the UNFPA Africa regional programme incorporate adequate exit strategies and capacity development measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional commissions, institutions and national stakeholders after the interventions in all three mandate areas are completed?

Strategic Positioning of UNFPA Africa Regional Programme

The evaluation will assess the strategic positioning of UNFPA in the Africa region, both from the corporate perspective and the development priorities of the region. This will entail a set of analysis:

1. An analysis of the place and niche of UNFPA Africa regional programme within the development and policy space in Africa;
2. An analysis of the strategies used by UNFPA Africa regional office to strengthen the position of UNFPA in the region's development space to create a strategic position for the organization in its core focus areas;
3. An analysis of the policy support and advocacy initiatives of UNFPA Africa regional programme vis-à-vis other stakeholders. These are mainly from the perspective of the planned results of the Africa regional program 2008 – 2012.

The evaluation will analyze a core set of criteria related to the strategic positioning of UNFPA, as shown below (indicative evaluation questions identified below to be finalized in the Desk Phase and methodology component of the exercise):

• Alignment: To what extent is the Africa regional programme aligned with UNFPA Strategic Plan? How is the Africa regional programme aligned with the UNFPA strategic and

accountability frameworks? How has UNFPA been effectively working together with other UN partners in the region?

- Responsiveness: To what extent did the Africa regional programme anticipate and respond to significant changes in the regional and national development context within its 3 core focus areas? What were the missed opportunities in UNFPA programming?

- Added Value: To what extent did the Africa regional programme add value to regional and continental efforts in the three priority areas of UNFPA's work in the Africa region?

4. Evaluation Methods and Approaches

Data Collection: In terms of data collection, the evaluation will use a multiple method approach that will include document reviews, group and individual interviews and field visits as appropriate.

Validation: The Evaluation Team will use a variety of methods to ensure that the data is valid, including triangulation.

Stakeholders' Involvement: An inclusive approach, involving a broad range of partners and stakeholders, will be taken. The evaluation will have a process of stakeholders mapping in order to identify both UNFPA direct partners as well as stakeholders who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the regional context. These stakeholders may include representatives from the regional economic, social and political commissions and institutions, Governments, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

5. Evaluation Process

The process will be divided in four phases, each including several steps.

Phase 1: Component Thematic Assessments:

Thematic Assessments on population and development, maternal health, HIV/AIDS, Youth and Adolescents, and Gender will be conducted to feed into the final evaluation of the regional programme. The reports of these assessments will serve as core documents for desk review during the final evaluation of the regional programme.

Phase 2: Preparation and Desk phase for final evaluation

Desk review – Based on the preparatory work by the Africa Regional Office, in collaboration with the sub-regional offices and selected country offices (identification, collection and mapping of relevant documentation and other data), the evaluation team will analyze, inter alia, all documents related to the Africa regional programme over the period being examined: 2008 - 2012.

Stakeholder mapping – The evaluation team will prepare a basic mapping of stakeholders relevant to the evaluation. The mapping exercise will include regional institutions and civil-society stakeholders. It will go beyond the traditional partners in the region and will also indicate the relationships between different sets of stakeholders.

Development of an operational/logistical plan - The evaluation team in consultation with the team of advisers and operations manager at the Africa Regional Office will develop evaluation operational/logistical plan and calendar, to address logistical issues.

Output: Desk Report – A short desk report will be prepared by the team. The report will present the evaluation design, which encompasses the stakeholder mapping, evaluation questions and methods to be used, information sources and plan for data collection, including selection of project/field sites for visits, and design for data analysis.

Phase 2: Data collection phase – A mission of two weeks to the regional and sub-regional offices will be undertaken line with the desk report to:

• Clarify the understanding of regional development challenges with the regional and sub- regional offices.

• Deepen the understanding of the Africa regional programme and activities with the regional office staff; this includes visit to the sub regional offices in Dakar, and Liaison in Addis Ababa.

Identify and collect further documentation, as required.

At the exit meeting of the mission, the evaluation team will provide a debriefing of the preliminary findings to the management and staff of the Africa regional office, take initial comments and validate the preliminary thoughts.

Phase 3: Drafting the Evaluation Report

The information collected will be analyzed and the draft evaluation report will be prepared by the evaluation team within 4 weeks after the departure of the team from the regional office. The draft report will be submitted by the Team Leader to the ARO Director.

Review and Quality Assurance – The draft report shall be shared with a designated quality assurance reviewer who will subject to a formal review process. The Team Leader has the overall responsibility

to address these comments in the finalization of the report.

Phase 4: Follow-up

Management Response – the regional office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures.

Communication and dissemination – The evaluation report will be shared with Programme Division and Division of Oversight Services at UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Regional Programme Document in 2013. The report and the management response will be published on the UNFPA website.

Expected Output/Deliverables

An analytical evaluation report providing quantitative and qualitative analysis on progress and ARO's achievements during the 5 year period as well as evidence based clear recommendations for the regional programme shall be produced. An outline of the report will be developed and shared with the evaluation reference group.

Duration

The evaluation shall be conducted over a period of six weeks. However, the process begins from November and should terminate in December 2012 with the submission of the final assessment report to the Regional Director and Management.

Annex IV: UNFPA Stakeholder In-Depth Interview Questionnaires

Country Offices, Regional Offices, Regional Partners and Implementing Partners

UNFPA in-depth interviews with Country Offices

Introduction: Thank you for agreeing to be interviewed as part of the evaluation of the African Regional Programme. The overall purpose of this evaluation is to produce an independent and useful evaluation report covering the period 2008 – 2012. The aim is to deliver a Final Evaluation Report in a timely manner in order to contribute to the new Africa Regional Programme strategy 2014-2017 to be prepared by the UNFPA's Africa Regional Office (ARO) and stakeholders.

The evaluation methodology is heavily informed by the UNFPA evaluation handbook and involves a range of stakeholders including regional and implementing partners, UNFPA staff in the country offices. In addition, a performance assessment and review of key strategic documents has been undertaken and this has helped us structure the interview framework.

We will be triangulating and analysing the results to include in the report and we may use quotations to illustrate key points. However, we will not include the identity of any respondents and will do all possible to ensure that their identity cannot be established as a result of any quotations used.

Our main areas of focus are on the delivery of the programme and specifically how relevant, effective, efficient and sustainable the interventions have been, and also on the overall strategic position of UNFPA in the regional context.

1. How long have you been with UNFPA? What is your current position in the country office?
2. What are your country programme's greatest needs for capacity building and TA and how well does the regional office respond to these needs?
3. Are the ARO strategies for resource management and partnerships aligned to the needs of your country programme?
4. Do you think AROs efforts in relation to project management, coordination, RBM and M&E are effective? Please explain this response.
5. To what extent are the Communication, Policy and Advocacy activities aligned to regional priorities as outlined in continental policies (ICPD, African Health Strategy, Maputo Plan of Action, and African Union Decade of Youth Action Plan (2009-2018)) and to UNFPA strategies etc?
6. Were the ARO's resources (HR and funds) used efficiently across these programme strategies? Were there any opportunities to improve on the efficiency?
7. In terms of sustainability, has ARO had lasting impact in UNFPA's main work areas? How could the work of the regional office be more sustainable?
8. Have there been any significant changes within the national and regional development context in UNFPA's 3 core areas?
9. How appropriate and timely were the ARO responses to these changes? Were there any missed opportunities? Please explain.

UNFPA in-depth interviews with Regional Offices

Introduction: Thank you for agreeing to be interviewed as part of the evaluation of the African Regional Programme. The overall purpose of this evaluation is to produce an independent and useful evaluation report covering the period 2008 – 2012. The aim is to deliver a Final Evaluation Report in a timely manner in order to contribute to the new Africa Regional Programme strategy 2014-2017 to be prepared by the UNFPA's Africa Regional Office (ARO) and stakeholders.

The evaluation methodology is heavily informed by the UNFPA evaluation handbook and involves a range of stakeholders including regional and implementing partners, UNFPA staff in the country offices. In addition, a performance assessment and review of key strategic documents has been undertaken and this has helped us (to?) structure the interview framework.

We will be triangulating and analysing the results to include in the report and we may use quotations to illustrate key points. However, we will not include the identity of any respondents and will do all possible to ensure that their identity cannot be established as a result of any quotations used.

Our main areas of focus are on the delivery of the programme and specifically how relevant, effective, efficient and sustainable the interventions have been, and also on the overall strategic position of UNFPA in the regional context..

1. How long have you been with UNFPA? What is your current position in the country office?
2. In general, what are the country programme's greatest needs for capacity building and TA?
3. How well does the regional office respond to these needs?
4. Are the ARO strategies for resource management and partnerships aligned to the needs of the region?
5. Do you think ARO's efforts in relation to project management, coordination, RBM and M&E are effective? Please explain this response.
6. To what extent are the Communication, Policy and Advocacy activities aligned to regional priorities as outlined in continental policies (ICPD, African Health Strategy, Maputo Plan of Action, and African Union Decade of Youth Action Plan (2009-2018)) and to UNFPA strategies etc?
7. Across all the key strategies of ARO's work, were the ARO's resources (HR and funds) used efficiently? Were there any opportunities to improve on the efficiency?
8. In terms of sustainability, has ARO had lasting impact in UNFPA's main work areas? How could the work of the regional office be more sustainable?
9. Have there been any significant changes within the national and regional development context in UNFPA's 3 core areas? To what extent did ARO anticipate these?
10. How appropriate and timely were the ARO responses to these changes? Were there any missed opportunities? Please explain.

UNFPA in-depth interviews with Regional Partners

Introduction: Thank you for agreeing to be interviewed as part of the evaluation of the African Regional Programme. The overall purpose of this evaluation is to produce an independent and useful evaluation report covering the period 2008 – 2012. The aim is to deliver a Final Evaluation Report in a timely manner in order to contribute to the new Africa Regional Programme strategy 2014-2017 to be prepared by the UNFPA's Africa Regional Office (ARO) and stakeholders.

The evaluation methodology is heavily informed by the UNFPA evaluation handbook and involves a range of stakeholders including regional and implementing partners, UNFPA staff in the country offices. In addition, a performance assessment and review of key strategic documents has been undertaken and this has helped us (to?) structure the interview framework.

We will be triangulating and analysing the results to include in the report and we may use quotations to illustrate key points. However, we will not include the identity of any respondents and will do all possible to ensure that their identity cannot be established as a result of any quotations used.

Our main areas of focus are on the delivery of the programme and specifically how relevant, effective, efficient and sustainable the interventions have been, and also on the overall strategic position of UNFPA in the regional context.

1. What is the nature of your organisation's relationship or partnership with UNFPA?
2. What are the best aspects of this relationship, and the most challenging?
3. What do you think are the greatest priorities in terms of capacity building and TA in relation to gender, population and demographics and SRHR and how well does the regional office respond to these needs?
4. What do you think are the greatest priorities for ARO in relation to resource mobilisation and partnerships? How well is UNFPA responding to these priorities?
5. What would you say are the main priorities for UNFPA in relation to project management, coordination, RBM and M&E and how well is UNFPA responding to these priorities?
6. What are the main priorities for UNFPA in relation to communication, policy and advocacy and how well is UNFPA responding to these priorities?
7. Across all the key strategies of ARO's work, were ARO's resources (HR and funds) used efficiently? Were there any opportunities to improve on the efficiency?
8. In terms of sustainability, has ARO had a lasting impact in UNFPA's main work areas? How could the work of the regional office be more sustainable?
9. Have there been any significant changes within the national and regional development context in UNFPA's 3 core areas?
10. How appropriate and timely were the ARO responses to these changes? Were there any missed opportunities? Please explain.

UNFPA in-depth interviews with Implementing Partners

Introduction: Thank you for agreeing to be interviewed as part of the evaluation of the African Regional Programme. The overall purpose of this evaluation is to produce an independent and useful evaluation report covering the period 2008 – 2012. The aim is to deliver a Final Evaluation Report in a timely manner in order to contribute to the new Africa Regional Programme strategy 2014-2017 to be prepared by the UNFPA's Africa Regional Office (ARO) and stakeholders.

The evaluation methodology is heavily informed by the UNFPA evaluation handbook and involves a range of stakeholders including regional and implementing partners, UNFPA staff in the country offices. In addition, a performance assessment and review of key strategic documents has been undertaken and this has helped us (to?) structure the interview framework.
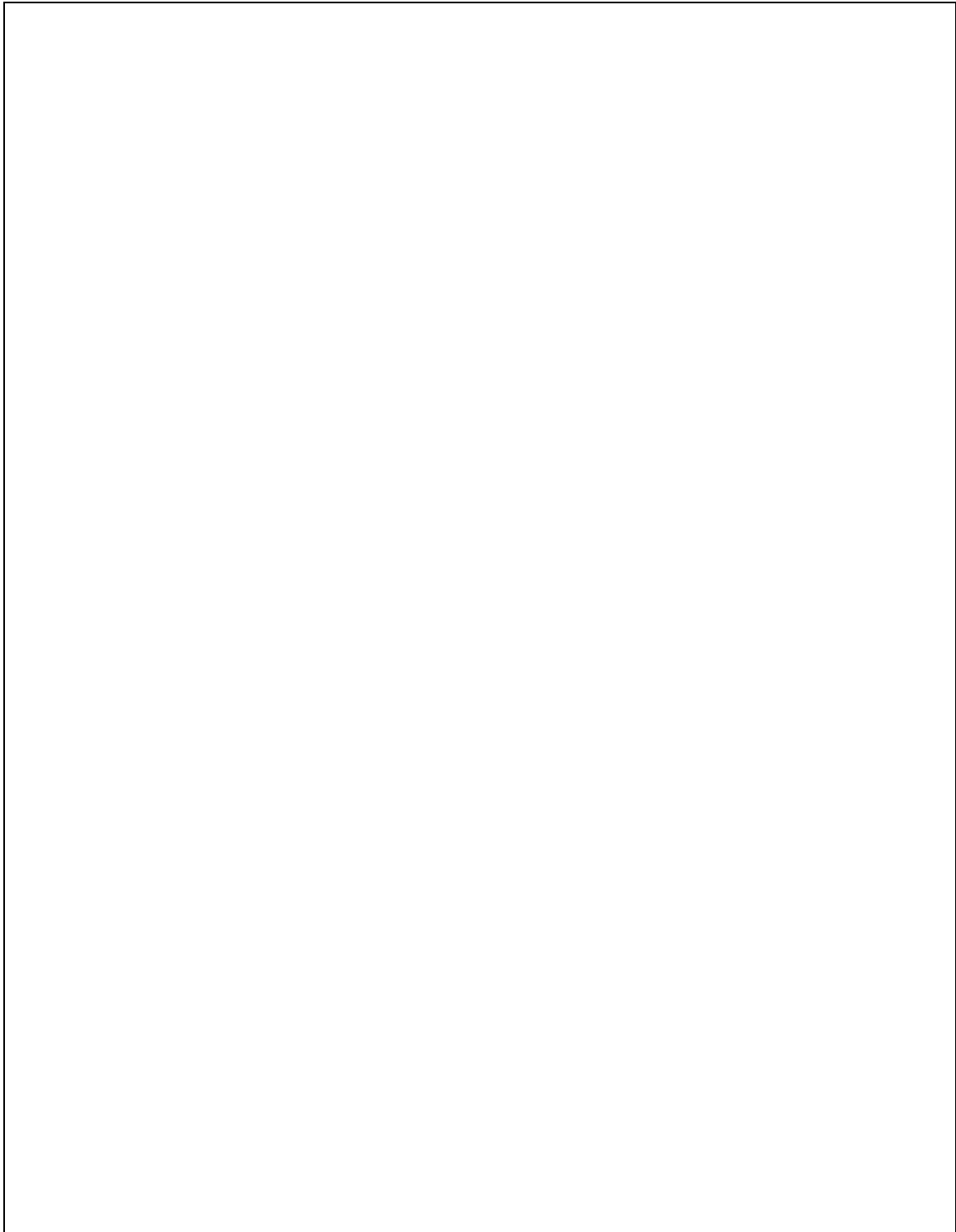
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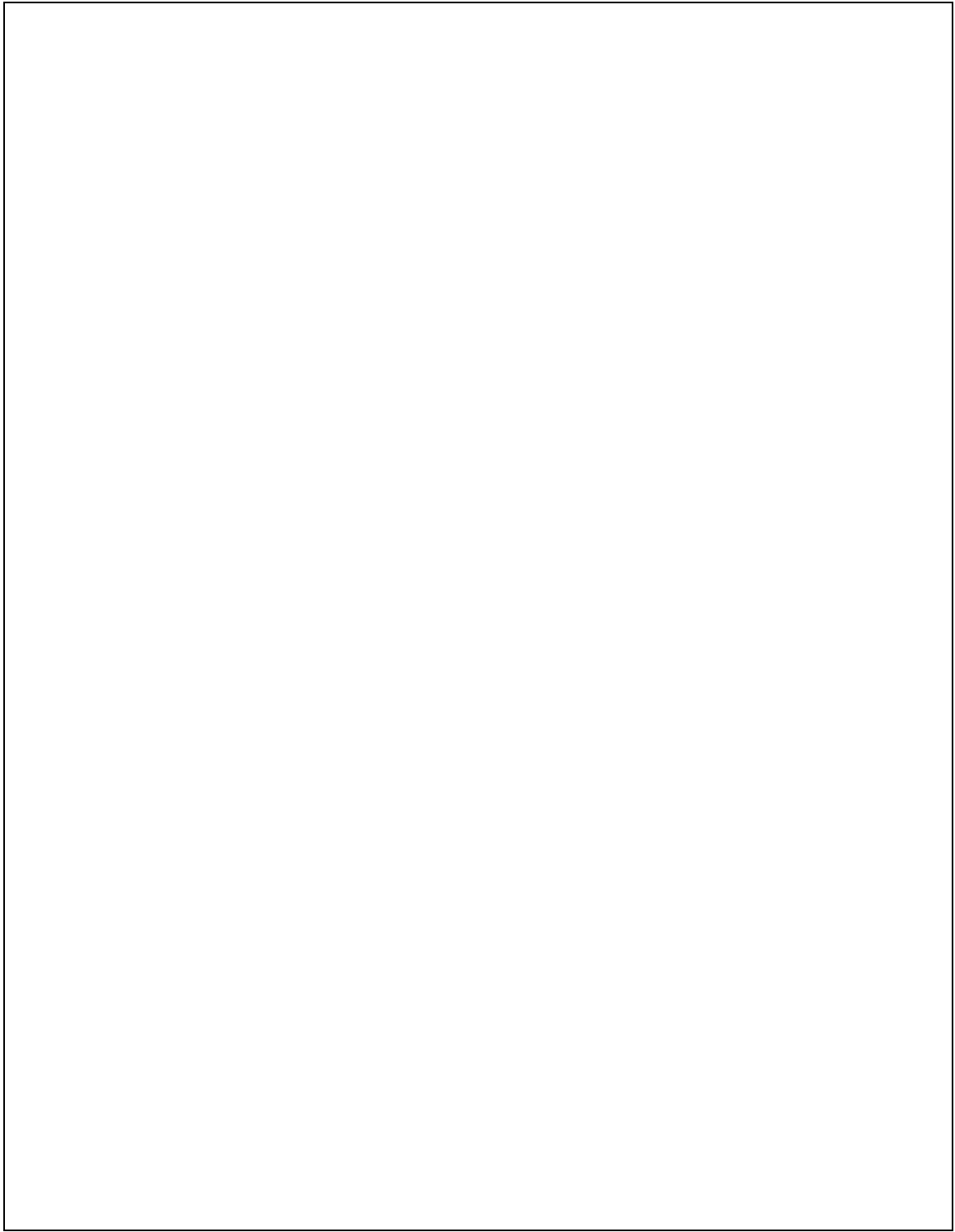
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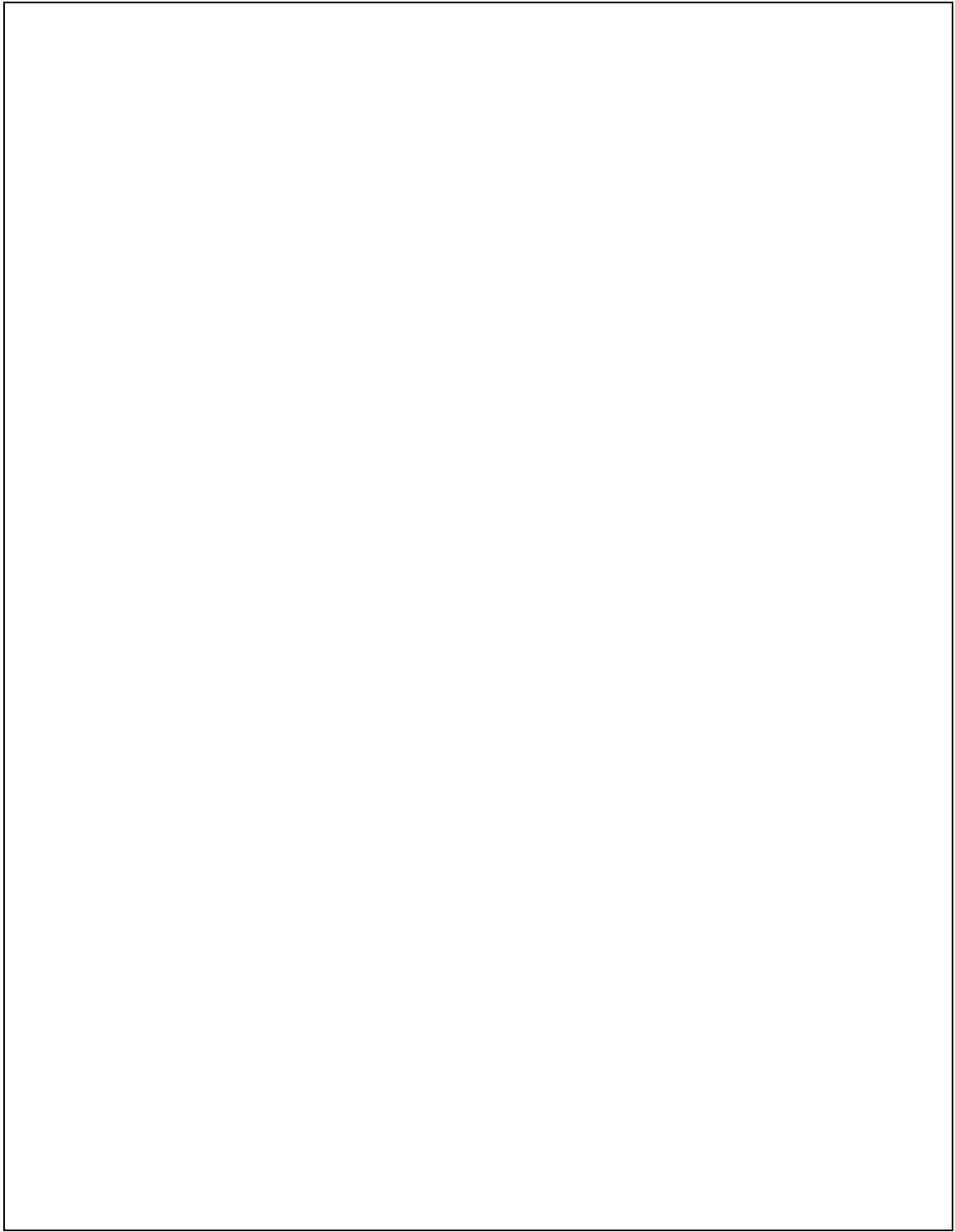
1. What is the nature of your organisation's relationship or partnership with UNFPA?
2. What are the best aspects of this relationship, and the most challenging?
3. What do you think are the greatest priorities in terms of capacity building and TA in relation to gender, population and demographics and SRHR and how well does the regional office respond to these needs?
4. What do you think are the greatest priorities for ARO in relation to resource mobilisation and partnerships? How well is UNFPA responding to these priorities?
5. What would you say are the main priorities for UNFPA in relation to project management, coordination, RBM and M&E and how well is UNFPA responding to these priorities?
6. What are the main priorities for UNFPA in relation to communication, policy and advocacy and how well is UNFPA responding to these priorities?
7. Across all the key strategies of ARO's work, were the ARO's resources (HR and funds) used efficiently? Were there any opportunities to improve on the efficiency?
8. In terms of sustainability, has ARO had a lasting impact in UNFPA's main work areas? How could the work of the regional office be more sustainable?
9. Have there been any significant changes within the national and regional development context in UNFPA's 3 core areas?
10. How appropriate and timely were the ARO responses to these changes? Were there any missed opportunities? Please explain.
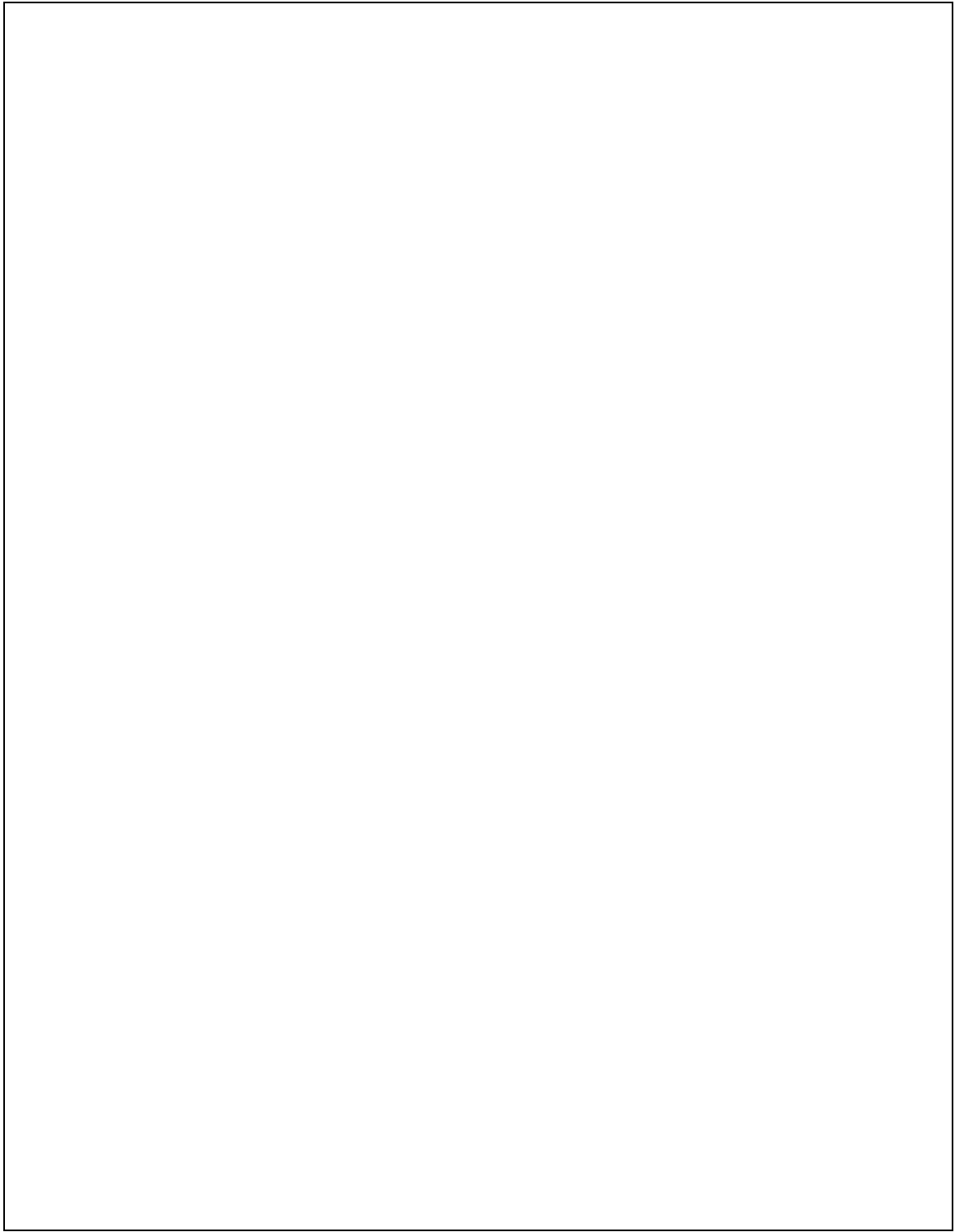
Online Surveys

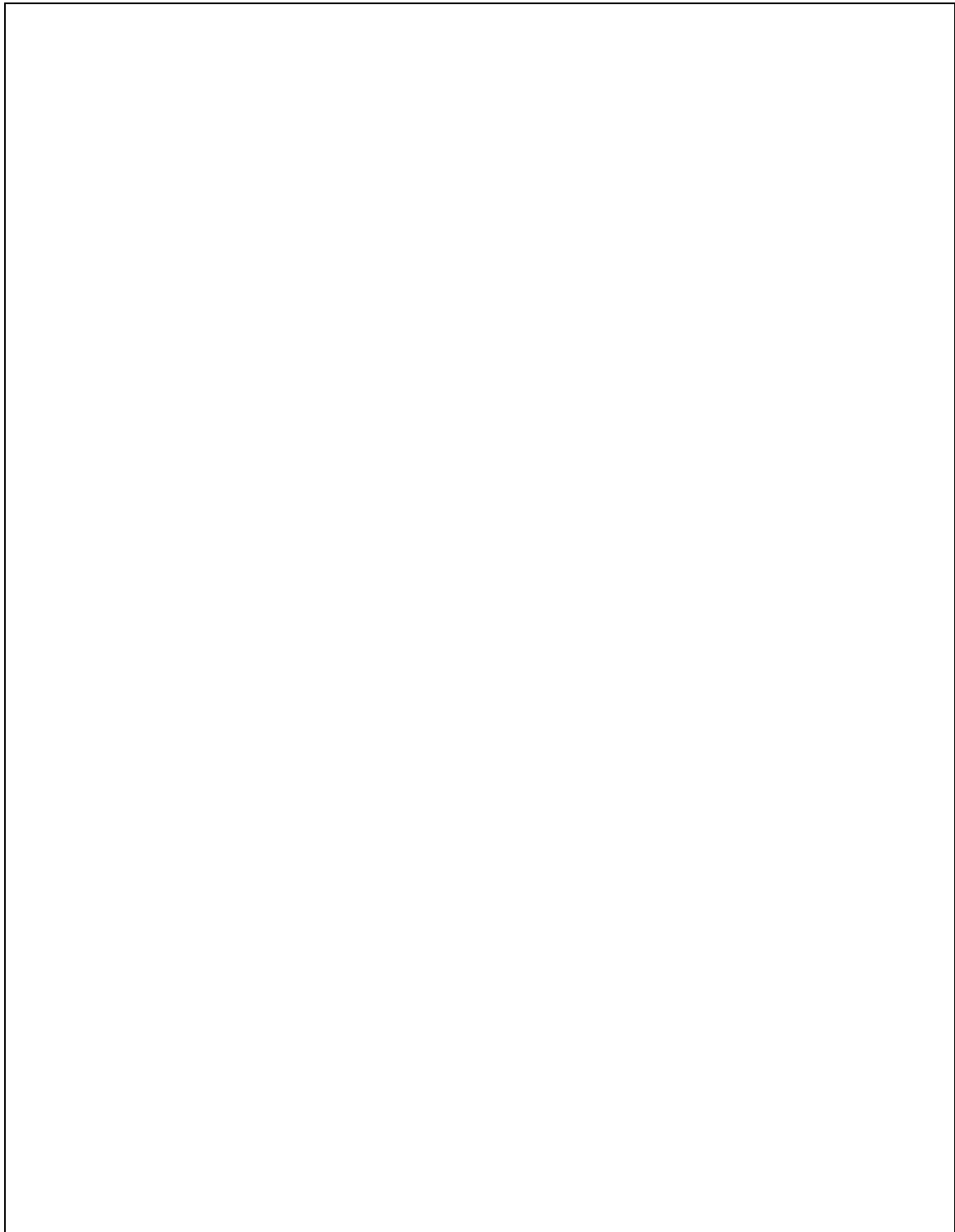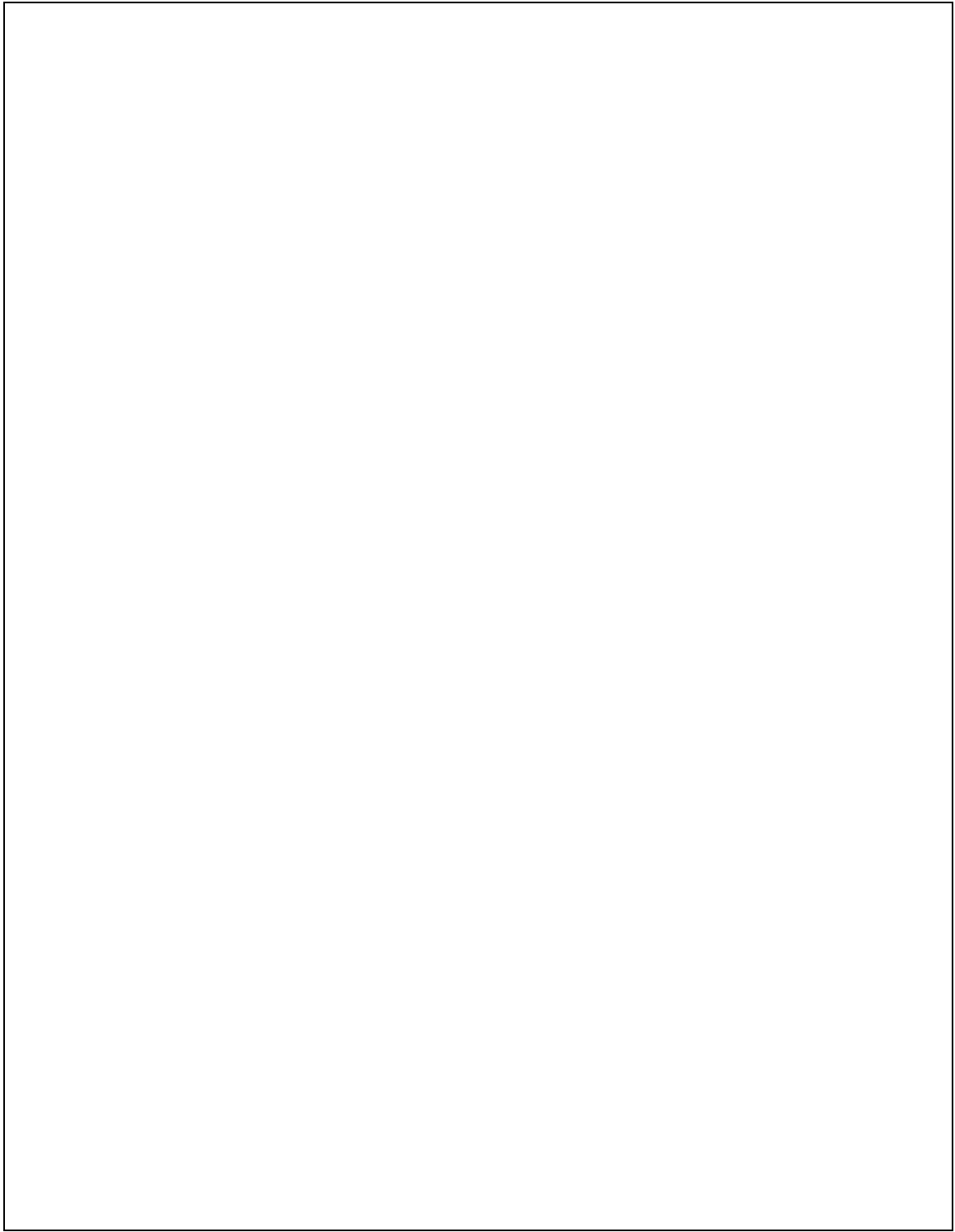## UNFPA Africa Regional Programme Survey for Implementing Partners
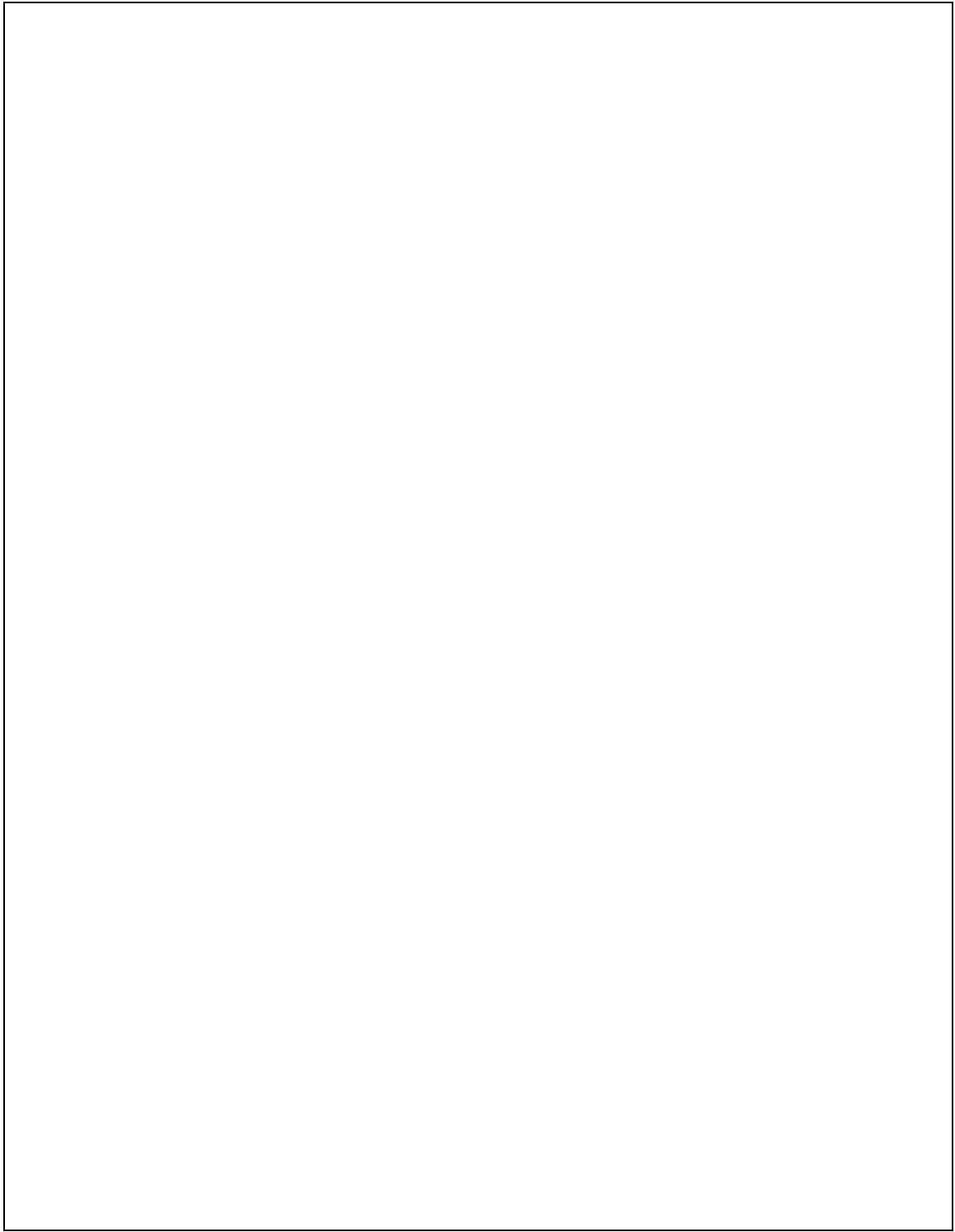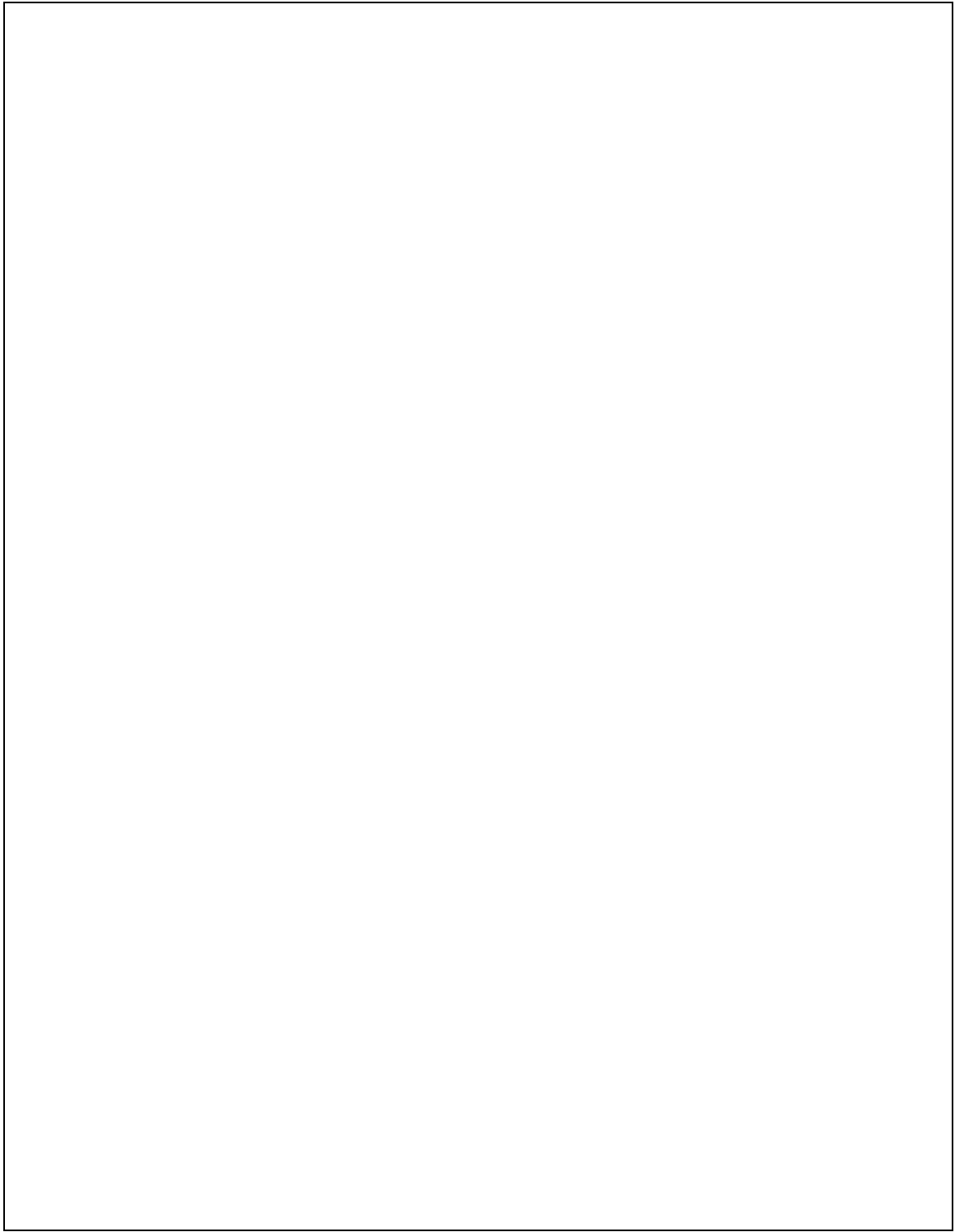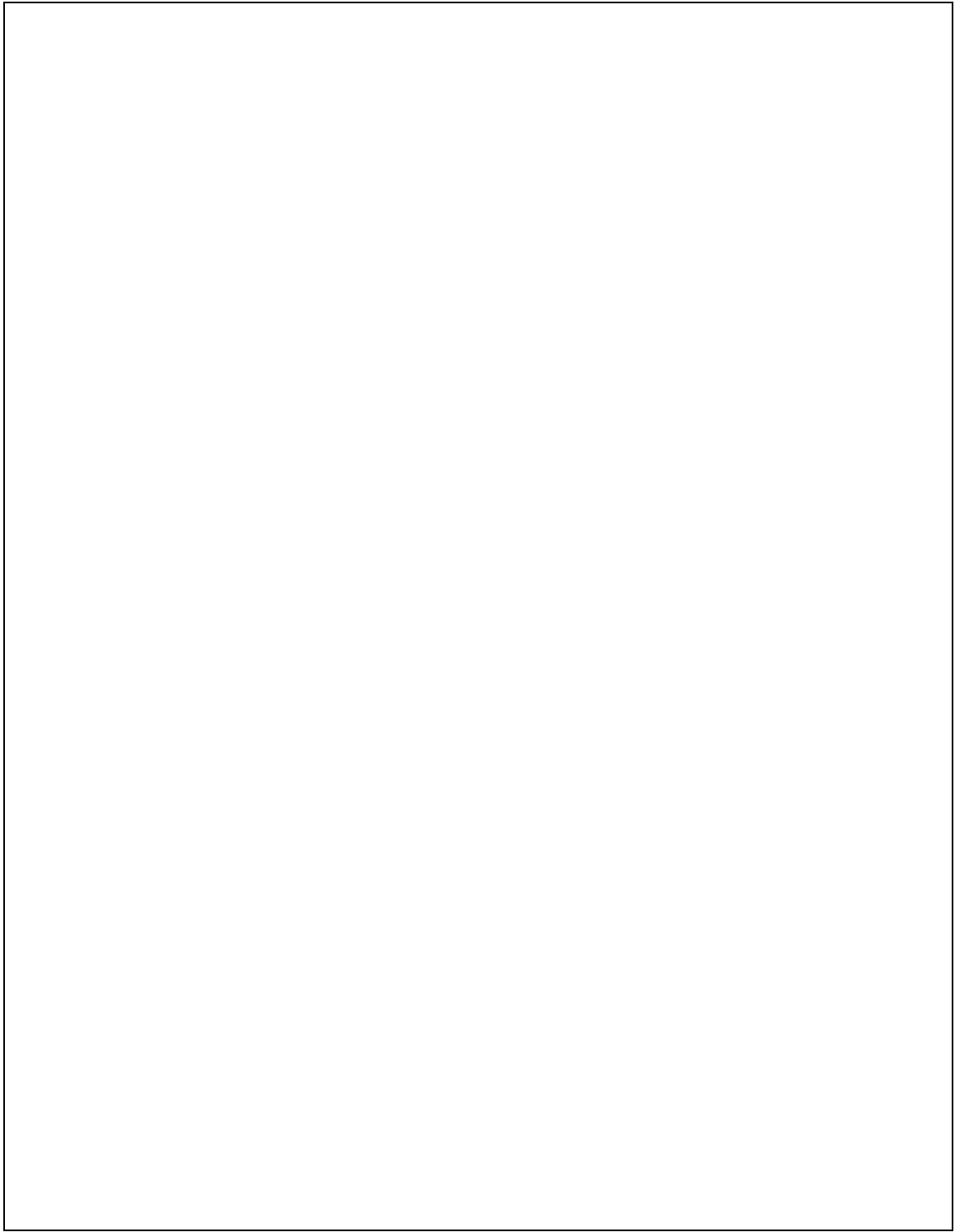
Annex V: Evaluation Framework

The following is the draft evaluation framework which comprises of four main areas:

1. The framework for the evaluation of the programme strategies of technical assistance and capacity strengthening, partnerships, coordination and management, operations and monitoring and evaluation, and resource mobilization. The framework includes *indicative* questions which will be refined during the desk review which will review the strategies and ensure that the questions are specific.
2. Framework for evaluation of the regional programme, again with *indicative* questions which will be refined after the review of baseline data and the programme.
3. Framework for evaluation of the programme's results, against the anticipated outputs, and against the focus points of relevance, effectiveness, efficiency and sustainability, by outcome. These areas of focus will be further refined in consultation with UNFPA and will include cross cutting issues such as gender and rights. The questions and data for collection will be refined accordingly.
4. Framework for evaluation of the UNFPA's strategic position within the region.

Additionally a summary of the sources of data collection is provided. These include the desk review and key stakeholders, the latter will be finalised in consultation with UNFPA and include both internal and a broad range of external stakeholders.

The frameworks also include draft information on the sources of baseline data, on data collection and on data validation all of which will be finalised during the desk review and in consultation with UNFPA. The exact methodologies for data collection (*indicatively* listed as questionnaires and interviews) will be tailored to each stakeholder group and will use a mix of those methods outlined below. Likewise the specific questions and/or areas of focus will be defined and refined as the data collection tools are developed for each stakeholder group.

Framework for the evaluation of the programme strategies

Analyze programme strategies (technical assistance and capacity strengthening, partnerships, coordination and management, operations and monitoring and evaluation, and resource mobilization) adopted to achieve the programme outputs and emerging regional priorities.				
Programme strategies	**Baseline information**	**Information for investigation**	**Information source**	**Analysis methodology**
Technical assistance and capacity strengthening	-Desk review of the documented strategies and predicted outcomes - Clarification of the emerging regional priorities	- Was the output attained? -How effective was the strategy in helping to attain the programme outputs? -In your opinion could the strategy have been improved or better implemented? - Is the strategy relevant to the emerging regional priorities?	- annual reports, - key informant interviews - questionnaires completed by UNFPA Country Offices.	Document review Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and through data review
Partnerships	-Desk review of the documented strategies and predicted outcomes - Clarification of the emerging regional priorities	- Was the output attained? -How effective was the strategy in helping to attain the programme outputs? -In your opinion could the strategy have been improved or better implemented? - Is the strategy relevant to the emerging regional priorities?	- annual reports, - key informant interviews - questionnaires completed by UNFPA Country Offices.	Document review Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and through data review
Coordination and management	-Desk review of the documented strategies and predicted outcomes - Clarification of the emerging regional priorities	- Was the output attained? -How effective was the strategy in helping to attain the programme outputs? -In your opinion could the strategy have been improved or better implemented? - Is the strategy relevant to the emerging regional priorities?	- annual reports, - key informant interviews - questionnaires completed by UNFPA Country Offices.	Document review Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and through data review
Operations	-Desk review of the documented strategies and predicted outcomes - Clarification of the emerging regional priorities	- Was the output attained? -How effective was the strategy in helping to attain the programme outputs? -In your opinion could the strategy have been improved or better implemented? - Is the strategy relevant to the emerging regional priorities?	- annual reports, - key informant interviews - questionnaires completed by UNFPA Country Offices.	Document review Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and through data review
Monitoring and evaluation	-Desk review of the documented strategies and predicted outcomes - Clarification of the emerging regional priorities	- Was the output attained? -How effective was the strategy in helping to attain the programme outputs? -in your opinion could the strategy have been improved or better implemented? - Is the strategy relevant to the emerging regional priorities?	- annual reports, - key informant interviews - questionnaires completed by UNFPA Country Offices.	Document review Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and through data review
Resource mobilisation	-Desk review of the documented strategies and predicted outcomes - Clarification of the emerging regional priorities	- Was the output attained? -How effective was the strategy in helping to attain the programme outputs? -In your opinion could the strategy have been improved or better implemented? - Is the strategy relevant to the emerging regional priorities?	- annual reports, - key informant interviews - questionnaires completed by UNFPA Country Offices.	Document review Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and through data review

Framework for evaluation of the regional programme

Analyze constraining and facilitating factors to achieving regional programme outputs. This includes determining whether original assumptions have materialized and/or new risks have emerged;			
Key areas of information for investigation	**Baseline information**	**Information source**	**Analysis methodology**
What were the key constraints in achieving the regional programme outputs? Could these have been avoided?		- key informant interviews - questionnaires completed by UNFPA Country Offices.	Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and through data review
What were the key facilitating factors in achieving the regional programme outputs?		- key informant interviews - questionnaires completed by UNFPA Country Offices.	Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and through data review
Did the original regional programme assumptions materialise?	Documentation of the original programme assumptions	desk review - key informant interviews - questionnaires completed by UNFPA Country Offices - expert opinion of non-UNFPA stakeholders	Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and in comparison to external expert opinion and through data review
Have any new risks emerged? Which are the most significant?		- key informant interviews - questionnaires completed by UNFPA Country Offices - expert opinion of non-UNFPA stakeholders	Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and in comparison to external expert opinion and through data review

Identify good practices, lessons learned and challenges and provide recommendations in the light of the evidence			
Key areas of information for investigation	**Baseline information**	**Information source**	**Analysis methodology**
What examples of good practice have been identified?		- key informant interviews - questionnaires completed by UNFPA Country Offices. - desk review - expert opinion of non-UNFPA stakeholders	Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and in comparison to external expert opinion and through data review
What have been the main challenges and lessons learned?		- key informant interviews - questionnaires completed by UNFPA Country Offices. - desk review - expert opinion of non-UNFPA stakeholders	Review of responses from stakeholders Validation through assessment of the consistency of response between the stakeholder groups and in comparison to external expert opinion and through data review

Analyze the technical assistance modality and the quality assurance process provided for the implementation of the Regional Programme.			
Key areas of information for investigation	**Baseline information**	**Information source**	**Analysis methodology**
TBD after review of the process: likely to include and assessment of how the processes have been implemented against the documented processes , reports, opinion on their value and effectiveness, challenges etc	Documented technical assistance and quality assurance processes	TBC Include in country observation	TBD - possibly to include validation through in-country observation

Analyze Humanitarian and Emergency Preparedness in the region and make recommendations to improve its efficiency and effectiveness.			
Key areas of information for investigation	**Baseline information**	**Information source**	**Analysis methodology**
TBD after review of key documentation: likely to include assessment of the effectiveness, relevance and efficiency against global best practices and/or UNFPA's stated objectives	Documented expectations for humanitarian and emergency preparedness in the region	TBC	TBD - possibly to include validation through comparison with external expert opinion

Framework for evaluation of the programme's results, against the anticipated outputs, and against the focus points of relevance, effectiveness, efficiency and sustainability

OUTCOME 1: Population dynamics and its inter-linkages with young people's needs, reproductive health, gender equality and sustainable development and poverty reduction addressed in national development plans and poverty reduction strategies.

PERFORMANCE IN RELATION TO EXPECTATIONS	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Attainment of performance measures	Africa Regional Programme Development Results Framework Baseline Data and Target Setting Grid.	Level of attainment of the identified targets at output level	UNFPA M+E unit Annual reports	Comparative analysis

PERFORMANCE IN RELATION TO KEY PROGRAMMING CRITERIA	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Relevance	Given the qualitative nature of this evaluation there is a need to define with UNFPA their baseline expectations for these areas of focus against which the opinion of those interviewed can be benchmarked. Possible scenarios include: using existing UNFPA - supplied definitions, using global examples of best practices (defined within the desk review),	How relevant are UNFPA regional programmes to the priority needs of the region, and countries within the Africa regional office? Could the programme have been more relevant to the priorities at regional and country level? Has UNFPA applied the right strategy within the specific political, economic and social context of the Africa region? What have been the eventual critical gaps in UNFPA regional programme?	#VALUE!	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Effectiveness		Has the UNFPA Africa regional programme accomplished its intended objectives and planned results?	- Data review	Assessment of achievements against targets
		In your opinion has the programme been effective in attaining it's results? Could the programme have been more effectively implemented? How? What are the strengths and weaknesses of the programme? What are the unexpected results it yielded? Should it continue in the same direction or should it maintain similar strategies and actions for the up-coming cycle?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Efficiency		How well did UNFPA use its resources (human and financial) in achieving its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment
Sustainability		Did the UNFPA Africa regional programme incorporate adequate exit strategies and capacity development measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional commissions, institutions and national stakeholders after the interventions in all three mandate areas are completed?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review

OUTCOME 2: Increased access to and utilization of quality maternal and newborn health services.

PERFORMANCE IN RELATION TO EXPECTATIONS	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Attainment of performance measures	Africa Regional Programme Development Results Framework Baseline Data and Target Setting Grid.	Level of attainment of the identified targets at output level	UNFPA M+E unit Annual reports	Comparative analysis

PERFORMANCE IN RELATION TO KEY PROGRAMMING CRITERIA	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Relevance	Given the qualitative nature of this evaluation there is a need to define with UNFPA their baseline expectations for these areas of focus against which the opinion of those interviewed can be benchmarked. Possible scenarios include: using existing UNFPA - supplied definitions, using global examples of best practices (defined within the desk review), UNFPA undertaking a brief exercise to define within the Africa Regional context. The criteria will include an assessment of cross cutting issues such as gender and rights.	How relevant are UNFPA regional programmes to the priority needs of the region, and countries within the Africa regional office? Could the programme have been more relevant to the priorities at regional and country level? Has UNFPA applied the right strategy within the specific political, economic and social context of the Africa region? What have been the eventual critical gaps in UNFPA regional programme?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Effectiveness		Has the UNFPA Africa regional programme accomplished its intended objectives and planned results?	- Data review	Assessment of achievements against targets
		In your opinion has the programme been effective in attaining it's results? Could the programme have been more effectively implemented? How? What are the strengths and weaknesses of the programme? What are the unexpected results it yielded? Should it continue in the same direction or should it maintain similar strategies and actions for the up-coming cycle?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Efficiency		How well did UNFPA use its resources (human and financial) in achieving its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Sustainability		Did the UNFPA Africa regional programme incorporate adequate exit strategies and capacity development measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional commissions, institutions and national stakeholders after the interventions in all three mandate areas are completed?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review

OUTCOME 3: Access to and utilization of quality family planning services for individual and couples increased according to reproductive intentions.

PERFORMANCE IN RELATION TO EXPECTATIONS	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Attainment of performance measures	Africa Regional Programme Development Results Framework Baseline Data and Target Setting Grid.	Level of attainment of the identified targets	UNFPA M+E unit Annual reports	Comparative analysis

PERFORMANCE IN RELATION TO KEY PROGRAMMING CRITERIA	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Relevance	Given the qualitative nature of this evaluation there is a need to define with UNFPA their baseline expectations for these areas of focus against which the opinion of those interviewed can be benchmarked. Possible scenarios include: using existing UNFPA - supplied definitions, using global examples of best practices (defined within the desk review), UNFPA undertaking a brief exercise to define within the Africa Regional context.	How relevant are UNFPA regional programmes to the priority needs of the region, and countries within the Africa regional office? Could the programme have been more relevant to the priorities at regional and country level? Has UNFPA applied the right strategy within the specific political, economic and social context of the Africa region? What have been the eventual critical gaps in UNFPA regional programme?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Effectiveness	The criteria will include an assessment of cross cutting issues such as gender and rights.	Has the UNFPA Africa regional programme accomplished its intended objectives and planned results?	- Data review	Assessment of achievements against targets
		In your opinion has the programme been effective in attaining it's results? Could the programme have been more effectively implemented? How? What are the strengths and weaknesses of the programme? What are the unexpected results it yielded? Should it continue in the same direction or should it maintain similar strategies and actions for the up-coming cycle?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Efficiency		How well did UNFPA use its resources (human and financial) in achieving its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Sustainability		Did the UNFPA Africa regional programme incorporate adequate exit strategies and capacity development measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional commissions, institutions and national stakeholders after the interventions in all three mandate areas are completed?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review

OUTCOME 4: Access and utilization of quality HIV and STI prevention services increased especially for young people and other key populations at risk.

PERFORMANCE IN RELATION TO EXPECTATIONS	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Attainment of performance measures	Africa Regional Programme Development Results Framework Baseline Data and Target Setting Grid.	Level of attainment of the identified targets at output level	UNFPA M+E unit Annual reports	Comparative analysis

PERFORMANCE IN RELATION TO KEY PROGRAMMING CRITERIA	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Relevance	Given the qualitative nature of this evaluation there is a need to define with UNFPA their baseline expectations for these areas of focus against which the opinion of those interviewed can be benchmarked. Possible scenarios include: using existing UNFPA - supplied definitions, using global examples of best practices (defined within the desk review), UNFPA undertaking a brief exercise to define within the Africa Regional context. The criteria will include an assessment of cross cutting issues such as gender and rights.	How relevant are UNFPA regional programmes to the priority needs of the region, and countries within the Africa regional office? Could the programme have been more relevant to the priorities at regional and country level? Has UNFPA applied the right strategy within the specific political, economic and social context of the Africa region? What have been the eventual critical gaps in UNFPA regional programme?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Effectiveness		Has the UNFPA Africa regional programme accomplished its intended objectives and planned results?	- Data review	Assessment of achievements against targets
		In your opinion has the programme been effective in attaining it's results? Could the programme have been more effectively implemented? How? What are the strengths and weaknesses of the programme? What are the unexpected results it yielded? Should it continue in the same direction or should it maintain similar strategies and actions for the up-coming cycle?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Efficiency		How well did UNFPA use its resources (human and financial) in achieving its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Sustainability		Did the UNFPA Africa regional programme incorporate adequate exit strategies and capacity development measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional commissions, institutions and national stakeholders after the interventions in all three mandate areas are completed?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review

OUTCOME 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policies.

PERFORMANCE IN RELATION TO EXPECTATIONS	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Attainment of performance measures	Africa Regional Programme Development Results Framework Baseline Data and Target Setting Grid.	Level of attainment of the identified targets at output level	UNFPA M+E unit Annual reports	Comparative analysis

PERFORMANCE IN RELATION TO KEY PROGRAMMING CRITERIA	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Relevance	Given the qualitative nature of this evaluation there is a need to define with UNFPA their baseline expectations for these areas of focus against which the opinion of those interviewed can be benchmarked. Possible scenarios include: using existing UNFPA - supplied definitions, using global examples of best practices (defined within the desk review), UNFPA undertaking a brief exercise to define within the Africa Regional context. The criteria will include an assessment of cross cutting issues such as gender and rights.	How relevant are UNFPA regional programmes to the priority needs of the region, and countries within the Africa regional office? Could the programme have been more relevant to the priorities at regional and country level? Has UNFPA applied the right strategy within the specific political, economic and social context of the Africa region? What have been the eventual critical gaps in UNFPA regional programme?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Effectiveness		Has the UNFPA Africa regional programme accomplished its intended objectives and planned results?	- Data review	Assessment of achievements against targets
		In your opinion has the programme been effective in attaining it's results? Could the programme have been more effectively implemented? How? What are the strengths and weaknesses of the programme? What are the unexpected results it yielded? Should it continue in the same direction or should it maintain similar strategies and actions for the up-coming cycle?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Efficiency		How well did UNFPA use its resources (human and financial) in achieving its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Sustainability		Did the UNFPA Africa regional programme incorporate adequate exit strategies and capacity development measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional commissions, institutions and national stakeholders after the interventions in all three mandate areas are completed?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review

OUTCOME 6: Young people's access to sexual and reproductive health services and sexuality education improved.

PERFORMANCE IN RELATION TO EXPECTATIONS	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Attainment of performance measures	Africa Regional Programme Development Results Framework Baseline Data and Target Setting Grid.	Level of attainment of the identified targets at output level	UNFPA M+E unit Annual reports	Comparative analysis

PERFORMANCE IN RELATION TO KEY PROGRAMMING CRITERIA	Baseline information	Key areas of information for investigation	Information source	Analysis methodology
Relevance	Given the qualitative nature of this evaluation there is a need to define with UNFPA their baseline expectations for these areas of focus against which the opinion of those interviewed can be benchmarked. Possible scenarios include: using existing UNFPA - supplied definitions, using global examples of best practices (defined within the desk review), UNFPA undertaking a brief exercise to define within the Africa Regional context. The criteria will include an assessment of cross cutting issues such as gender and rights.	How relevant are UNFPA regional programmes to the priority needs of the region, and countries within the Africa regional office? Could the programme have been more relevant to the priorities at regional and country level? Has UNFPA applied the right strategy within the specific political, economic and social context of the Africa region? What have been the eventual critical gaps in UNFPA regional programme?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Effectiveness		Has the UNFPA Africa regional programme accomplished its intended objectives and planned results?	- Data review	Assessment of achievements against targets
		In your opinion has the programme been effective in attaining it's results? Could the programme have been more effectively implemented? How? What are the strengths and weaknesses of the programme? What are the unexpected results it yielded? Should it continue in the same direction or should it maintain similar strategies and actions for the up-coming cycle?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Efficiency			- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
		How well did UNFPA use its resources (human and financial) in achieving its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?		
Sustainability		Did the UNFPA Africa regional programme incorporate adequate exit strategies and capacity development measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional commissions, institutions and national stakeholders after the interventions in all three mandate areas are completed?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review

OUTCOME 7: Improvements in data availability and analysis result in improved decision-making and policy formulation around population dynamics, sexual and reproductive health, and gender equality.				
PERFORMANCE IN RELATION TO EXPECTATIONS	**Baseline information**	**Key areas of information for investigation**	**Information source**	**Analysis methodology**
Attainment of performance measures	Africa Regional Programme Development Results Framework Baseline Data and Target Setting Grid.	Level of attainment of the identified targets at output level	UNFPA M+E unit Annual reports	Comparative analysis
PERFORMANCE IN RELATION TO KEY PROGRAMMING CRITERIA	**Baseline information**	**Key areas of information for investigation**	**Information source**	**Analysis methodology**
Relevance	Given the qualitative nature of this evaluation there is a need to define with UNFPA their baseline expectations for these areas of focus against which the opinion of those interviewed can be benchmarked. Possible scenarios include: using existing UNFPA - supplied definitions, using global examples of best practices (defined within the desk review), UNFPA undertaking a brief exercise to define within the Africa Regional context.	How relevant are UNFPA regional programmes to the priority needs of the region, and countries within the Africa regional office? Could the programme have been more relevant to the priorities at regional and country level? Has UNFPA applied the right strategy within the specific political, economic and social context of the Africa region? What have been the eventual critical gaps in UNFPA regional programme?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Effectiveness	The criteria will include an assessment of cross cutting issues such as gender and rights.	Has the UNFPA Africa regional programme accomplished its intended objectives and planned results?	- Data review	Assessment of achievements against targets
		In your opinion has the programme been effective in attaining it's results? Could the programme have been more effectively implemented? How? What are the strengths and weaknesses of the programme? What are the unexpected results it yielded? Should it continue in the same direction or should it maintain similar strategies and actions for the up-coming cycle?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Efficiency		How well did UNFPA use its resources (human and financial) in achieving its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Sustainability		Did the UNFPA Africa regional programme incorporate adequate exit strategies and capacity development measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional commissions, institutions and national stakeholders after the interventions in all three mandate areas are completed?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review

Framework for evaluation of the UNFPA's strategic position within the region

	Baseline information	Information for investigation	Information source	Analysis methodology
An analysis of the place and niche of UNFPA Africa regional programme within the development and policy space in Africa				
	An overview of the development and policy space in Africa The UNFPA Strategic Plan, framework and accountability frameworks	How is the Africa regional programme aligned with the UNFPA strategic and accountability frameworks? To what extent is the Africa regional programme aligned with UNFPA Strategic Plan?	Programme documents and reports	Comparison of programme details to the plans and frameworks
Alignment	An overview of the development and policy space in Africa The UNFPA Strategic Plan, framework and accountability frameworks	How is the Africa regional programme aligned with the UNFPA strategic and accountability frameworks? To what extent is the Africa regional programme aligned with UNFPA Strategic Plan? How has UNFPA been effectively working together with other UN partners in the region? Is there scope to improve the alignment and collaboration with other UN partners?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Responsiveness	An assessment of the significant changes in the 3 priority areas during the programme period	To what extent did the Africa regional programme anticipate and respond to significant changes in the regional and national development context within its 3 core focus areas? What were the missed opportunities in UNFPA programming?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review
Added value	Clarity on the three priority areas and baseline information at programme starting point.	To what extent did the Africa regional programme add value to regional and continental efforts in the three priority areas of UNFPA's work in the Africa region?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review

An analysis of the strategies used by UNFPA Africa regional office to strengthen the position of UNFPA in the region's development space to create a strategic position for the organization in its core focus areas				
	Baseline information	**Information for investigation**	**Information source**	**Analysis methodology**
	Clarification and documentation of the strategies adopted	-Does UNFPA occupy a strong position in the region? -How effective have the strategies been in strengthening UNFPA's strategic position in the region? - was there a good understanding of the potential position that UNFPA can occupy? - were the strategies for capitalising on a regional strategic position well disseminated and understood? - In your opinion could more progress have been made in this area? -In your opinion could UNFPA have adopted alternative strategies with a greater level of success?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	To be finalised: Review of responses from stakeholders and in comparison with defined expectations (or external expert opinion) Validation through assessment of the consistency of response between the stakeholder groups on and through data review

An analysis of the policy support and advocacy initiatives of UNFPA Africa regional programme vis-à-vis other stakeholders. These are mainly from the perspective of the planned results of the Africa regional program 2008 – 2012.				
	Baseline information	**Information for investigation**	**Information source**	**Analysis methodology**
	Documentation of the policy support and advocacy initiatives of the regional programme	-Is there clarity on the policy support and advocacy initiatives of the regional programme? - How effective do you thing the initiatives have been in meeting their objectives? - in your opinion could the initiatives have been improved?	- key informant interviews - questionnaires completed by UNFPA Country Offices - Non-UNFPA stakeholder interviews/questionnaire/survey	

Desk review	The review will include those documents provided by UNFPA (Programme documents, progress reports, annual work plans, COARs, ROARs, country programme documents etc) and also specifically the following
Programme strategies	Programme strategies - defining baseline and expectations
	Review of attainment of the outputs
Regional programme	Documentation of the original programme assumptions
	Documented technical assistance and quality assurance processes
	Documented expectations for humanitarian and emergency preparedness in the region
	output evaluation (relevance, effectiveness, efficiency and sustainability) and regional interventions (humanitarian and emergency preparedness)
Outcomes level	Level of attainment of the identified targets
	Potentially defining benchmarks for assessing the relevance, effectiveness, efficiency and sustainability of interventions
Strategic position	An overview of the development and policy space in Africa
	The UNFPA Strategic Plan, framework and accountability frameworks
	An assessment of the significant changes in the 3 priority areas during the programme period
	Clarity on the three priority areas and baseline information at programme starting point.
	Clarification and documentation of the strategies adopted to ensure a strong regional position
	Documentation of the policy support and advocacy initiatives of the regional programme
In country - key informant interviews (UNFPA)	
Programme strategies	Assessing the role/impact of the strategies on attainment of the programme outputs and emerging priorities
Regional programme	Identifying and assessing constraints and facilitating factors and checking assumptions and risks
	Identifying and assessing good practice, challenges and lessons learned
	Assessing technical assistance and quality assurance processes (against documented expectations)
	Assessing humanitarian and emergency preparedness (against documented expectations and/or global best practices)
Outcomes level	Assessing the relevance, effectiveness, efficiency and sustainability of interventions
Strategic position	Assessment of place and niche of UNFPA Africa regional programme within the development and policy space in Africa
	Assessment of the strategies used by UNFPA Africa regional office to strengthen the position of UNFPA in the region's development space to create a strategic position for the organization in its core focus areas
	Assessment of the policy support and advocacy initiatives of UNFPA Africa regional programme vis-à-vis other stakeholders.

In country - interviews/discussions (non-UNFPA including women, young people, experts and others)	
Programme strategies	Assessing the role/impact of the strategies on attainment of the programme outputs and emerging priorities
Regional programme	Gathering a broader perspective on UNFPA's assumptions and of risks
	Gathering a broader perspective on good practice, challenges and lessons learned
Outcomes level	Assessing the relevance, effectiveness, efficiency and sustainability of interventions
Strategic position	Assessment of place and niche of UNFPA Africa regional programme within the development and policy space in Africa
	Assessment of the strategies used by UNFPA Africa regional office to strengthen the position of UNFPA in the region's development space to create a strategic position for the organization in its core focus areas
	Assessment of the policy support and advocacy initiatives of UNFPA Africa regional programme vis-à-vis other stakeholders.
UNFPA questionnaire	
Programme strategies	Assessing the role/impact of the strategies on attainment of the programme outputs and emerging priorities
Regional programme	Identifying and assessing constraints and facilitating factors and checking assumptions and risks
	Identifying and assessing good practice, challenges and lessons learned
	Assessing technical assistance and quality assurance processes (against documented expectations)
	Assessing humanitarian and emergency preparedness (against documented expectations and/or global best practices)
Outcomes level	Assessing the relevance, effectiveness, efficiency and sustainability of interventions
Strategic position	Assessment of place and niche of UNFPA Africa regional programme within the development and policy space in Africa
	Assessment of the strategies used by UNFPA Africa regional office to strengthen the position of UNFPA in the region's development space to create a strategic position for the organization in its core focus areas
	Assessment of the policy support and advocacy initiatives of UNFPA Africa regional programme vis-à-vis other stakeholders.
Non UNFPA survey/phone interviews	
Programme strategies	Assessing the role/impact of the strategies on attainment of the programme outputs and emerging priorities
Regional programme	Gathering a broader perspective on UNFPA's assumptions and of risks
	Gathering a broader perspective on good practice, challenges and lessons learned
	Potentially gathering best practice information for humanitarian and emergency preparedness to act as a comparative baseline
Outcomes level	Assessing the relevance, effectiveness, efficiency and sustainability of interventions
Strategic position	Assessment of place and niche of UNFPA Africa regional programme within the development and policy space in Africa
	Assessment of the strategies used by UNFPA Africa regional office to strengthen the position of UNFPA in the region's development space to create a strategic position for the organization in its core focus areas
	Assessment of the policy support and advocacy initiatives of UNFPA Africa regional programme vis-à-vis other stakeholders.