

Evaluation of the UNFPA support to family planning 2008-2013



Evaluation Office, UNFPA

2016

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Foreword

“Family planning is about women's right and their capacity to take decisions about their health and well-being... It is a most significant investment to promote human capital development, combat poverty and harness a demographic dividend...”

Dr. Babatunde Osotimehin

International Conference on Family Planning in
Nusa Dua, Indonesia (2016)

When UNFPA, the leading entity in the United Nations systems for sexual and reproductive health rights, first began its operations in 1969, family planning was at the heart of its mission. It is my pleasure to present to you the thematic evaluation of UNFPA support to family planning, 2008-2013.

This evaluation is one of three thematic evaluations conducted by the Evaluation Office, all of which aim to meet both accountability and learning needs and provide evidence of good practice.

This evaluation was conducted as an independent assessment of the programming and implementation of UNFPA family planning interventions during the period 2008-2013. It was also focused on lesson learning to inform the ongoing programmes and strategies under the UNFPA Strategic Plan (2014-2017) and the Family Planning Strategy “Choices not Chance” (2012-2020).

The evaluation process was highly participative and was marked by fruitful exchanges involving the UNFPA Programme Division, Technical Division, and representatives from regional offices and country offices. It generated valuable insights and identified a number of issues for attention throughout the evaluation process. I am pleased to note the responsiveness of UNFPA management and believe that this illustrates the commitment of UNFPA to be a learning organisation, focused on continual improvement in performance.

Overall, the evaluation acknowledges notable progress and improvement since 2008. In particular, UNFPA, as a leading advocate of the International Conference on Population and Development agenda, is noted as highly effective in raising the profile and priority of family planning at both the global and national level. UNFPA has been an active agent in the campaign for a human rights-based approach to family planning, in particular as a champion for the rights and needs of vulnerable and marginalised groups. UNFPA has provided effective leadership and guidance to the operational integration of family planning into other aspects of sexual and reproductive health and rights. At the country level, the evaluation found that UNFPA has consistently supported national ownership and government leadership in family planning, contributing to improved prospects for sustainability.

The evaluation is the result of an extensive collaboration with individuals across the organisation, as well as with representatives of other United Nations agencies, partner governments, national and development partners, and other key stakeholders and beneficiaries who provided critical insights in relation to the work of UNFPA in family planning. On behalf of the Evaluation Office, I would like to extend our sincerest thanks to all of them. Special thanks are offered to UNFPA country representatives and their staff in **Bolivia, Burkina Faso, Cambodia, Ethiopia** and **Zimbabwe** for strong engagement and support leading to the successful completion of the country case studies. I would also like to express our sincerest appreciation to the members of the Evaluation Reference Group, whose invaluable participation greatly enriched this exercise.

Andrea Cook
Director, UNFPA Evaluation Office

1. Introduction

This evaluation focuses on how UNFPA performed in the area of family planning during the period covered by the *UNFPA Strategic Plan 2008-2013*. It provides valuable insights and learning which can be used to inform the current UNFPA family planning strategy as well as other relevant programmes, including *UNFPA Supplies (2013-2020)*.

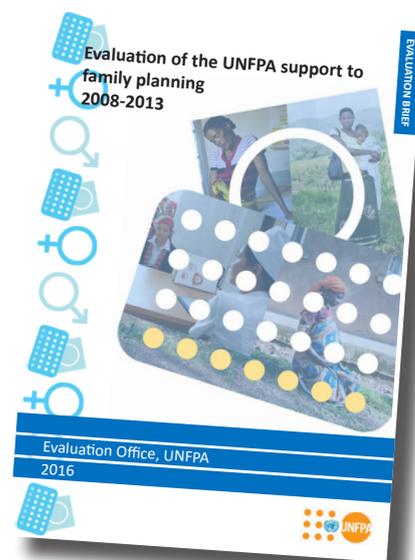
All the countries where UNFPA works in family planning were included, but the evaluation focuses on the 69 priority countries identified in the 2012 London Summit on Family Planning as having low rates of contraceptive use and high unmet needs.

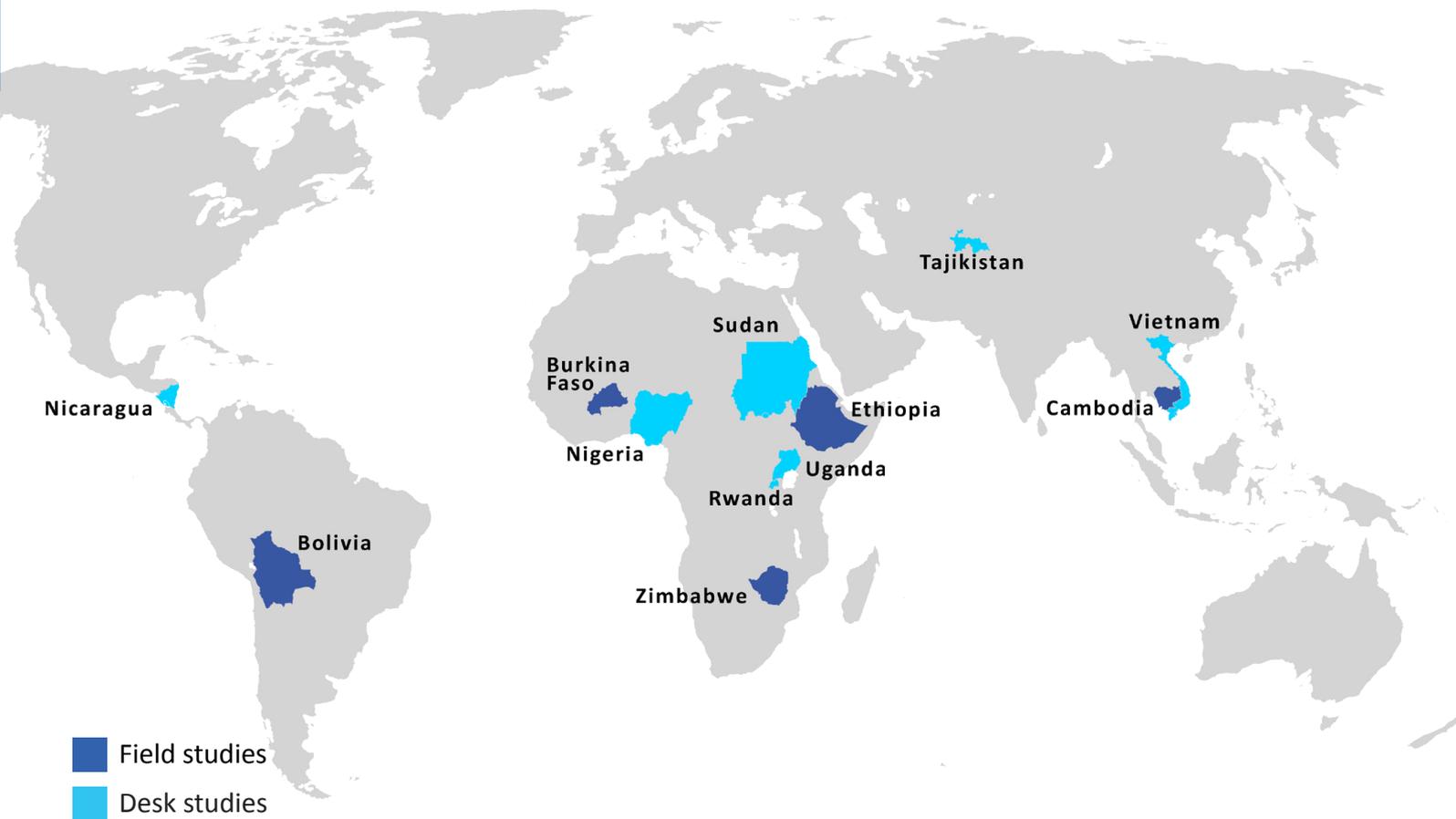
The evaluation took place in 2014-2016 and was conducted by Euro Health Group in collaboration with the Royal Tropical Institute Netherlands. It involved a multidisciplinary team of senior evaluators and family planning and sexual and reproductive health and rights specialists, which was supervised and guided by the Evaluation Office in consultation with the Evaluation Reference Group.

The outputs include a thematic evaluation report, an evaluation brief and country case study notes for **Bolivia, Burkina Faso, Cambodia, Ethiopia and Zimbabwe**.

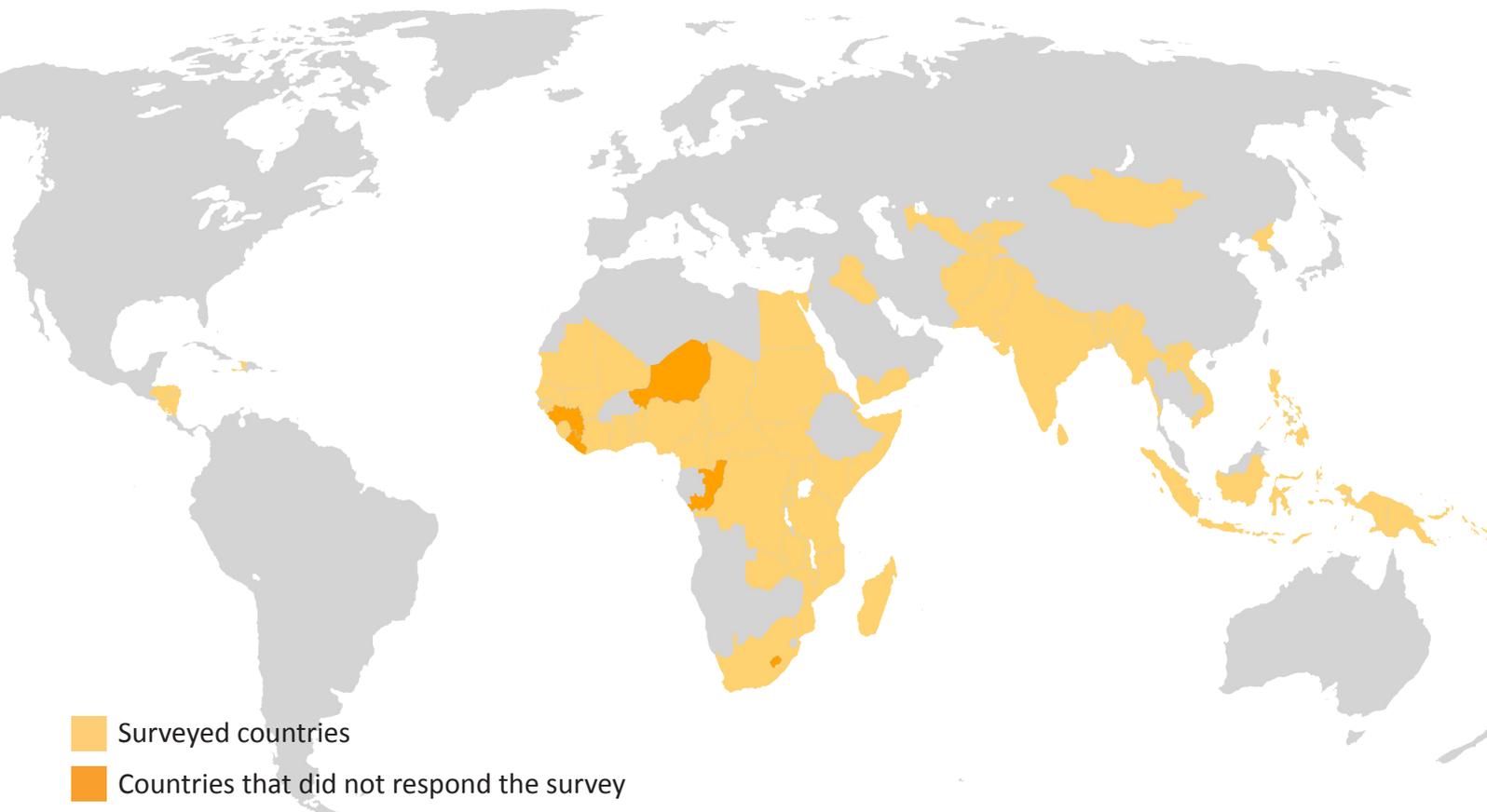
The evaluation had two primary objectives:

- 1 To assess how the framework of the UNFPA Strategic Plan (2008-2013) has guided the programming and implementation of UNFPA family planning interventions.
- 2 To facilitate learning and capture good practices from UNFPA experience in family planning.





Geographic coverage of the 12 country case studies



Geographic coverage of the surveyed countries

2. In the context of family planning...

What is the mandate of UNFPA?

UNFPA was established in 1969 to provide leadership on population issues. Guided by the Programme of Action from the 1994 International Conference on Population and Development, UNFPA works strategically to promote family planning within a sexual and reproductive health and human rights framework. It has also paid particular attention to vulnerable and marginalised groups. Within its mandate of promoting sexual and reproductive health rights, UNFPA works to advance other development goals and to support both regional and national efforts to harness the demographic dividend through its investments in family planning.

What commitments has UNFPA made?

- ▶ In alignment with FP2020, UNFPA has targeted efforts on 69 priority countries and made a commitment in 2012 to increase allocation of its resources for family planning.
- ▶ The estimated expenditure during the period under evaluation is US\$705 million. This equates to approximately 14.5% of UNFPA total expenditure from 2008-2013. This figure rises to an estimated US\$959 million if family planning activities within other sexual and reproductive programmes are taken into account.

What is the role of UNFPA?

UNFPA is the agency within the United Nations system charged with addressing sexual and reproductive health, including family planning. It works in close coordination with United Nations organisations and other development partners.

UNFPA does not provide sexual and reproductive or family planning services directly: its primary role is to facilitate access to improved services within countries and carry out policy and advocacy work. At a country level, UNFPA provides technical support to governments and supports civil society to pursue universal access to sexual and reproductive health information and services, including family planning. At global and regional levels, UNFPA develops frameworks and guidelines, procures and distributes supplies, trains health and other development professionals and advocates for improved policies and programmes, guided by the International Conference on Population and Development and other global development goals.

In 2007, UNFPA established the Global Programme for Reproductive Health Commodity Security, a thematic fund created out of widespread concerns over supply problems for family planning and maternal health commodities. It is now in its second phase of implementation and called UNFPA Supplies.



The global evolution of the family planning response

Family planning emerged as a key public health and development intervention in the 1960s as a result of concerns regarding the impact of rapid population growth and high fertility. Based on a demographic rationale, early programmes focused mainly on supply and some demand generation efforts to increase awareness and acceptability of family planning. In the 1990s, there was a noted shift away from a demographic rationale toward embracing sexual and reproductive health and rights as human rights, made explicit in the International Conference on Population and Development Programme of Action in 1994.

During the 2000s, the global community focused on “repositioning family planning” by providing evidence on the various health, demographic and economic rationales for maintaining or increasing investments.

Established in 2001 to address the challenge of ensuring adequate supplies of contraceptives,

including condoms for HIV prevention, the Reproductive Health Supplies Coalition was a major global initiative focused on family planning during this period.

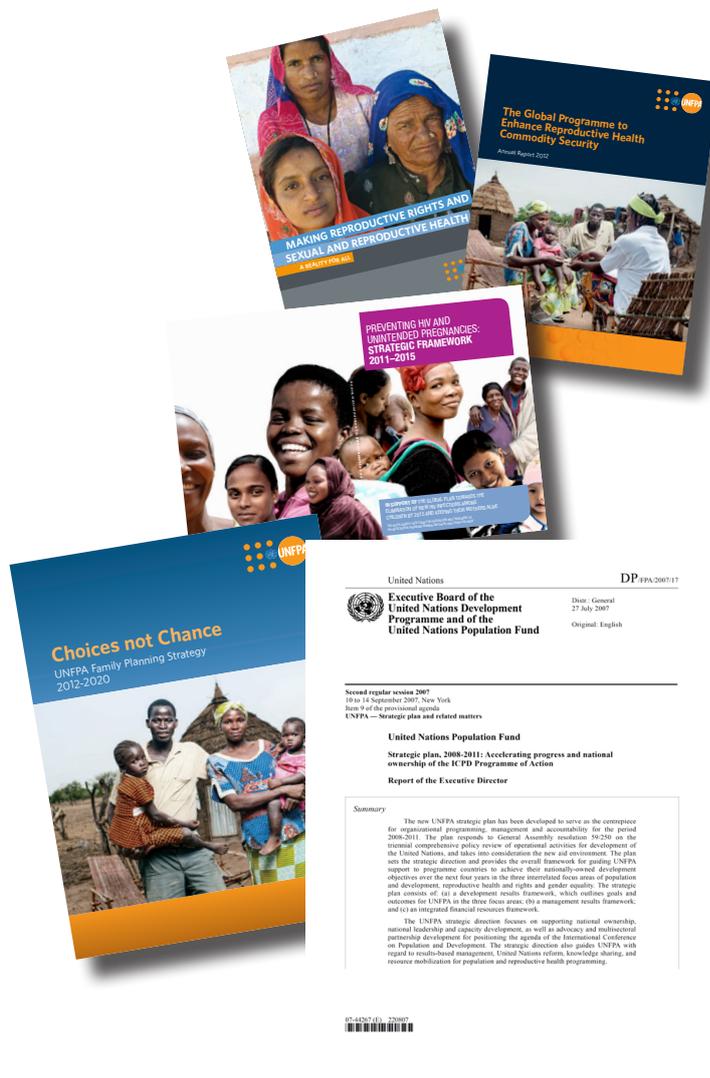
The London Summit on Family Planning in 2012 capped more than a decade of efforts to give family planning a higher profile and priority within the International Conference on Population and Development framework for sexual and reproductive health and rights. It resulted in renewed commitments of resources and attention among donors, developing country governments and civil society organisations to reduce unmet need and to support contraceptive information and services for 120 million women and girls in the 69 priority countries. At the summit, FP2020 was established as a major global partnership to support and track progress towards meeting these commitments.

What frameworks guide UNFPA?

Several UNFPA strategic frameworks guided the work in family planning during the period under evaluation (2008-2013):

- ▶ UNFPA Strategic Plan 2008-2011 and the related Development Results Frameworks (2008-2013)
- ▶ Making Reproductive Rights and Sexual and Reproductive Health a Reality for All (2008-2012)
- ▶ The Global Programme to Enhance Reproductive and Commodity Security (2007-2012)
- ▶ Preventing HIV and Unintended Pregnancies: Strategic Framework (2011-2015)
- ▶ Choices not Chance – UNFPA Family Planning Strategy 2012-2020.

Although each framework has its own focus, family planning has been a component in all, both as a specific area and as an integral part of other key strategies such as maternal health and HIV and AIDS. Nevertheless, differences between the frameworks reflect changing approaches to addressing family planning over time.



3. Evaluation approach

Developed in coordination with the Evaluation Reference Group, the evaluation was shaped around eight areas of investigation. Based on a review of the UNFPA strategic frameworks, the evaluation team reconstructed a theory of change, which in turn guided the development of a set of key assumptions and related evaluation questions for each of the areas of investigation. This information was captured in an evaluation matrix along with sub-questions covering five core evaluation criteria: relevance, efficiency, effectiveness, sustainability and coordination.

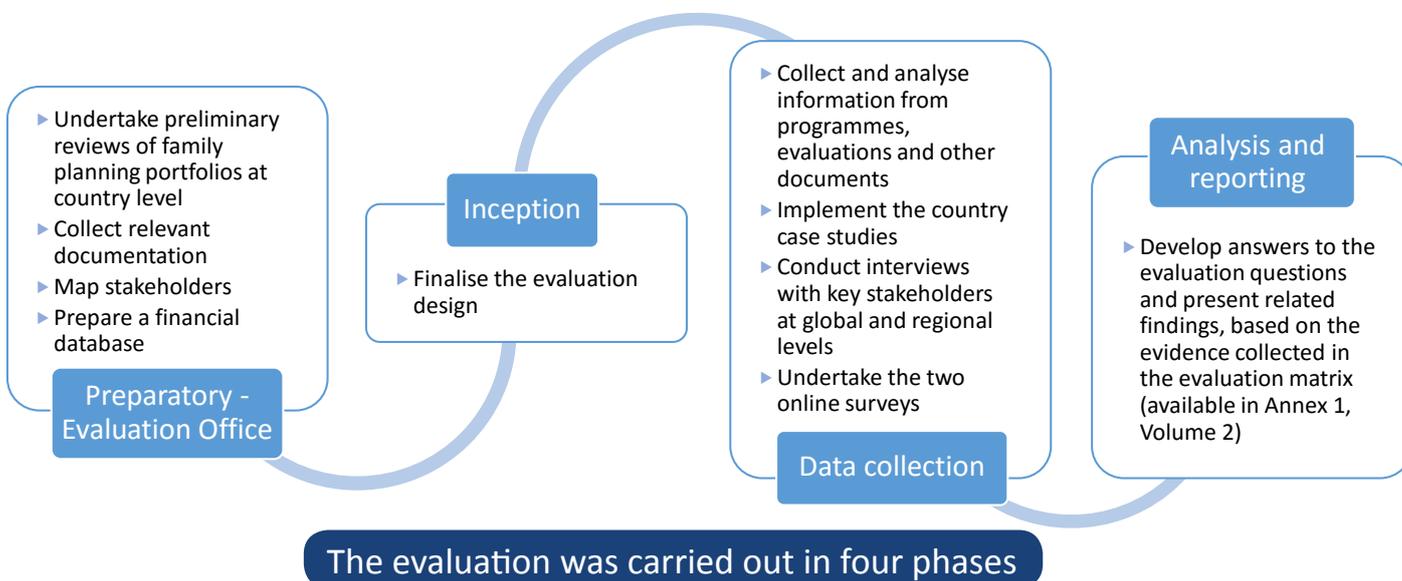
The geographical scope of the evaluation consisted of the 69 UNFPA priority countries for family planning interventions. A detailed assessment was conducted for 12 case study countries comprised of five in-depth country case studies and seven desk country studies.

The five country case studies involved an extensive desk review and in-country work, including briefing interviews with the particular UNFPA country office teams, followed by interviews with key informants at all levels, as well as focus group discussions. The process culminated with an exit briefing.

An additional seven countries were the subject of desk country studies in which the same evaluation matrix as the country case studies was used to gather and analyse information. The process entailed extensive desk reviews, coupled with remote interviews with key informants from all levels.

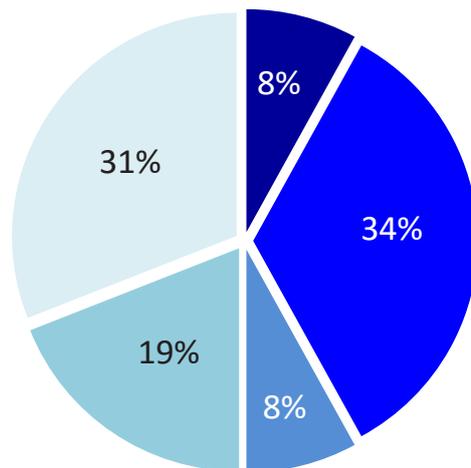
The evaluation questions covered the following topics:

- 1 Integration of family planning with primary health care programmes
- 2 Coordination with other family planning and sexual and reproductive health stakeholders
- 3 Brokerage and partnership to strengthen national leadership of family planning
- 4 Providing an enabling environment to ensure family planning information and rights
- 5 Vulnerable and marginalised groups: their needs, allocating resources to them and promotion of their rights
- 6 A human rights-based approach: access, quality of care and support to country offices
- 7 Modes of engagement adapted to country needs: using evidence and best practice
- 8 Supply-side activities improving access to quality voluntary family planning
- 9 Support to country offices from UNFPA Headquarters and regional offices across all evaluation questions



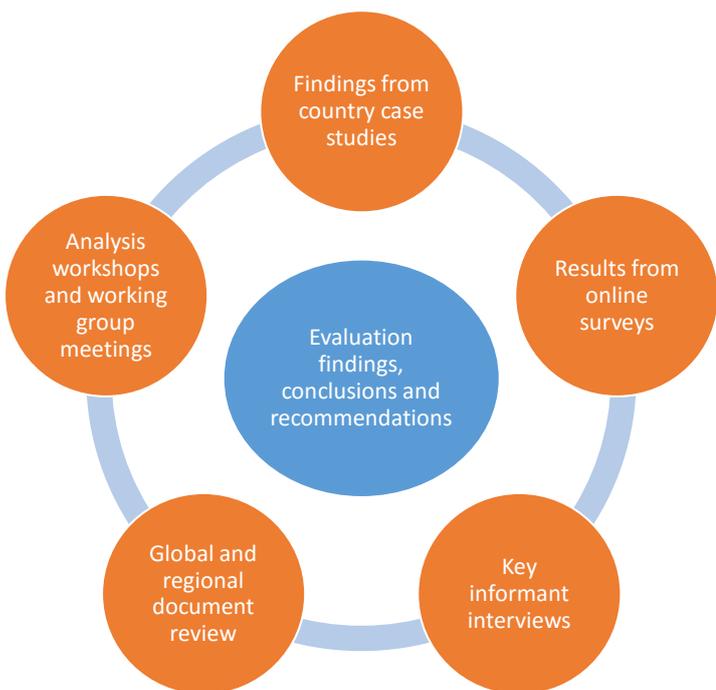
A review and analysis of family planning expenditure data was performed for UNFPA Headquarters and for a number of selected UNFPA country offices. Two online surveys were undertaken that targeted UNFPA country offices and key stakeholders in 64 countries (the five countries assessed in depth were not included in the online surveys).

Using a combination of quantitative and qualitative methods for data collection and multiple-level analysis, the evaluation team was able to strengthen credibility of information by triangulating across methods and sources of information. The evaluation matrix developed by the team served as the structure for information analysis across all areas of investigation developed from the theory of change. Comparative analysis across the country case studies was also conducted, along with descriptive investigations of the contexts in which UNFPA has developed its response to family planning at global and country levels.



- Global
- National
- Provincial/District level
- NGOs, CSOs
- Family planning service users

Distribution of key informants by type of stakeholder



Analytical approach

The evaluation was implemented in a highly interactive and participatory fashion. The team conducted wide ranging stakeholder consultations and interviewed over 500 people, ranging from UNFPA staff to multilateral and bilateral development partners, private foundations, international and national non-governmental organisations, civil society organisations, government representatives, implementing and development partners, community leaders, and service delivery staff. Focus group discussions were also held with family planning service users.

An evaluation reference group, comprised of UNFPA staff at the headquarter, regional and country levels as well as key external partners, supported the Evaluation Office throughout the evaluation process.

4. Overall assessment

UNFPA has achieved significant progress in revitalising its own commitment and attention to advance family planning globally, resulting in important gains in many areas. This progress has required UNFPA to navigate effectively across many complex issues in order to build consensus and partnerships for change. UNFPA has three main strengths:

- ▶ UNFPA effectively leverages its country presence and develops close relationships with national governments. This successfully raises the profile of family planning both globally and at country level and, at the same time, promotes strong national ownership and government leadership

- ▶ UNFPA successfully advocates for renewed national commitments to family planning. This leads to stronger national commitment in terms of resource allocation and to the strengthening and improvement of policy environments for family planning

- ▶ UNFPA effectively supports national governments to increase investments for reproductive health commodity security and supports a strengthened management of supplies for contraceptives chains.

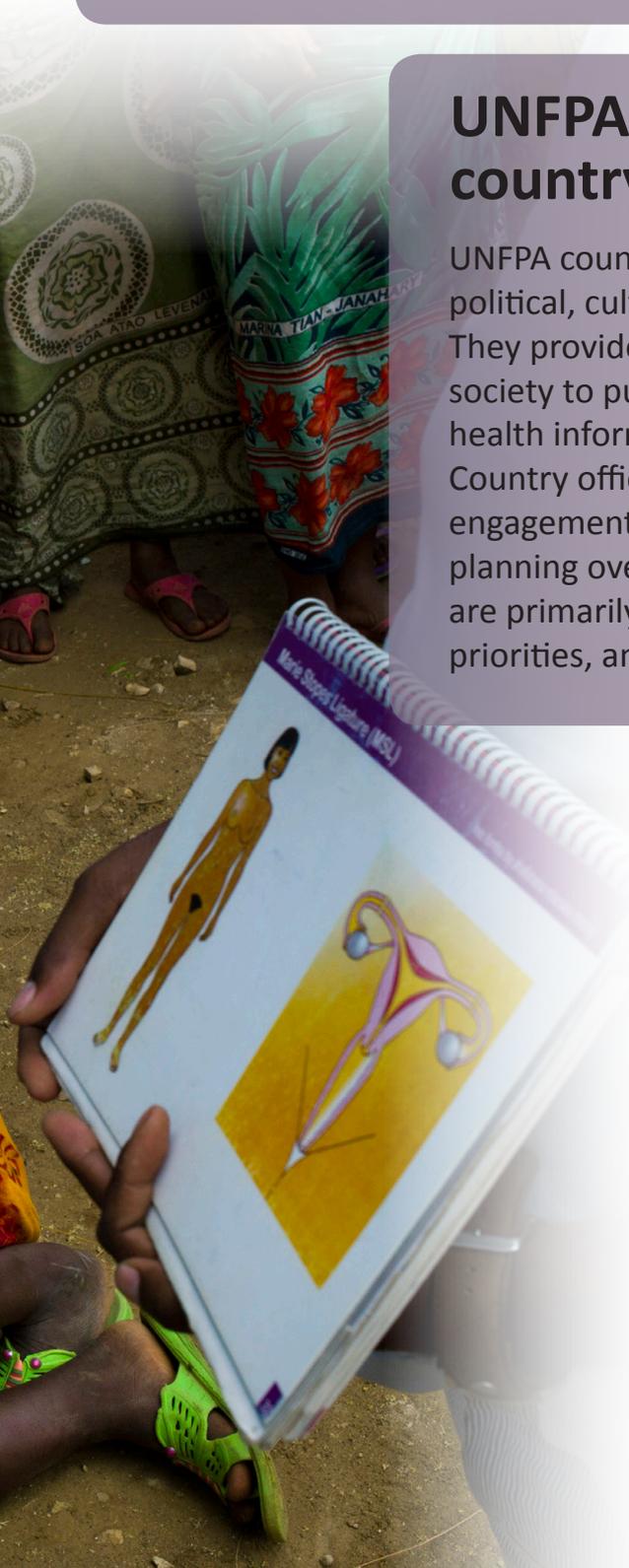


UNFPA is a leading actor at the global level

UNFPA is a highly effective leading advocate for the International Conference on Population and Development agenda, calling for universal access to sexual and reproductive health and rights. It has exercised an important leadership role as an advocate for integrating a human rights-based approach into development programmes and for reaching vulnerable and marginalised groups.

UNFPA is a leading partner at the country level

UNFPA country offices have a solid understanding of the political, cultural and programmatic contexts in which they work. They provide technical support to governments and support civil society to pursue universal access to sexual and reproductive health information and services, including family planning. Country offices also emphasise an evolving mix of modes of engagement depending on the needs and opportunities in family planning over time. Programming priorities in family planning are primarily driven by national needs, UNFPA organisational priorities, and funding availability.



5. Key results

UNFPA has been a key partner in raising the profile of family planning and has contributed to a renewed global consensus

UNFPA has been effectively engaged in global efforts to raise the profile of family planning as a development priority. These efforts have resulted in the explicit inclusion of family planning-related indicators in the Sustainable Development Goals. UNFPA responded to donor and partner advocacy to raise the profile of family planning internally and externally (globally and within partner countries). It has contributed directly through its own programming, and indirectly through advocacy, to securing increased financial resources for family planning. The advent of the Global Programme for Reproductive Health Commodity Security contributed significantly to raising the profile of family planning within UNFPA and with partners.



Family planning poster, Ethiopia ©UNFPA EO/Hermen Ormel

UNFPA has played an important role in the coordination of action in family planning

Both at global and country levels, UNFPA has played important roles while consistently supporting national ownership and government leadership of coordination structures and processes. In doing so, UNFPA has relied on its comparative advantage of a close relationship with national governments and links to a wide range of stakeholders, as well as on leveraging its country presence. UNFPA has also worked effectively to broker joint activities between government agencies, development partners and, to some extent, non-governmental organisations. However, UNFPA has found it difficult in some contexts to achieve a balance between being a privileged partner of government and meeting stakeholder expectations. This is particularly the case when advocating for more space for civil society organisations and non-governmental organisations in family planning and when working to increase transparency and accountability for results.



Family planning promotion in Takeo, Cambodia ©UNFPA EO/Hermen Ormel

In 1994, the International Conference on Population and Development in Cairo reaffirmed the basic human right of *“all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so, and the rights to attain the highest standards of sexual and reproductive health”*. It also included their right to make decisions concerning reproduction free of discrimination, coercion and violence.

UNFPA has played an important leadership role in advocating for a human rights-based approach to programming in family planning

UNFPA has been an effective vocal advocate at the global level for a human rights-based approach by collaborating on the development of operational guidelines for rights-based family planning programming. It has also identified the rights and needs of some vulnerable and marginalised groups and has developed programming frameworks for addressing those needs. However, the evaluation identified a gap between UNFPA-supported policies and guidelines on human rights-based approaches to family planning and efforts to put those guidelines into action, leading to some variability at country level.

UNFPA is a recognised leader for the promotion of integration of family planning with other services, but has had mixed results in implementation

UNFPA has provided effective leadership and guidance in the operational integration of family planning, with notable success in the areas of humanitarian response and in HIV and AIDS prevention and treatment. However, together with its partners, UNFPA has had less success in integrating family planning service delivery into other aspects of sexual and reproductive health. At a programme and operations level, UNFPA staff often operate in “silos”, leading to a lack of alignment and missed opportunities for integration of family planning within other thematic areas.



Family planning counselling in Divo, Côte d'Ivoire
©UNFPA/Viviane Froger Fortaillier

UNFPA has been successful in strengthening the enabling environment and in improving financial sustainability for family planning at national level

At country level, UNFPA has contributed to improved financial sustainability by advocating for stronger government commitments to allocating resources. However, there has been less progress in sustainably strengthening health systems so that they can deliver quality family planning services. In addition, UNFPA and its partners continue to face significant cultural and social barriers to family planning at local and community levels. In light of a continuing knowledge and information gap, it has not been possible for the Evaluation Office to fully assess the effectiveness of UNFPA-supported demand creation activities at community level.

UNFPA has a strong comparative advantage when undertaking policy and advocacy efforts. In the context of broader health system strengthening, other development partners may be better placed to undertake longer-term capacity development and scale up service delivery due to their ability to dedicate resources over a longer time period.



UNFPA has effectively supported national governments to concentrate their efforts on reproductive health commodity security

UNFPA has advocated to increase the emphasis and investment in reproductive health commodity security and has helped to strengthen the management of contraceptive supply chains. UNFPA has also made an effective global contribution to improved procurement and lower contraceptive prices and has contributed to a wider availability of different contraceptive methods.





UNFPA lacks a body of systematically organised evidence which limits effective organisational learning

UNFPA country offices work through an evolving mix of modes of engagement depending on the needs and opportunities in family planning. However, lack of a UNFPA-wide learning strategy weakens the availability of best practices and evidence-based data to help identify opportunities for different modes of engagement. In particular, there is a lack of evidence on the extent of integration of family planning into other aspects of sexual and reproductive health, and limited evidence on the effect of different approaches and interventions on service quality, equity and access. Despite these gaps, UNFPA plays an important role in providing a practical field perspective when reviewing evidence on potential high-impact practices generated by other development partners.

The provision of UNFPA technical support to country offices is variable

UNFPA Headquarters provides technical guidance to country programmes in family planning through the development of global frameworks, strategies and guidance documents, while regional offices have the mandate to broker and implement technical guidance. However, in practice, regional offices have variable capacities and their effectiveness differs across regions and technical areas. This contributes at times to a disconnect between the development of strategies and guidelines at the global level, and their implementation at country level.



Family planning service, Ethiopia
©UNFPA EO/Meg Braddock

6. Summary of conclusions

UNFPA, in common with many national and international partners, has re-emphasised family planning and has contributed to the global consensus which returned family planning to its rightful place among the priorities of the International Conference on Population and Development Programme of Action.

► UNFPA has played an important role in the coordination of action in family planning at both the international and country levels, while consistently supporting national ownership and government leadership of coordination structures and processes.

► At a global level, UNFPA has exercised an important leadership role as an advocate for a human rights-based approach to programming in family planning, and for the rights and needs of vulnerable and marginalised groups.

► UNFPA has had mixed results in promoting and supporting the integration of family planning with other sexual and reproductive health services, achieving more notable results at the level of national policies and plans.

UNFPA has engaged in efforts to improve the long-term prospects for family planning across the key dimensions of national policy and financial, institutional and cultural sustainability. It has been most successful in contributing to renewing national commitment to family planning and to strengthening financial sustainability.

► UNFPA country offices have a strong grasp of the country context and are attuned to the needs and priorities of their government partners. UNFPA is among the best-placed of multilateral organisations to work with national governments and other development partners on policy engagement for family planning.

► UNFPA has been effective in supporting national governments to increase the emphasis and investment assigned to reproductive health commodity security and in helping to strengthen the management of contraceptive supply chains. UNFPA has also made an effective global contribution to improved procurement and lower contraceptive prices.

► UNFPA has contributed to improvements in the availability of different contraceptive methods. This improvement in the available mix of contraceptive methods is, in itself, an important element in a human rights-based approach to supporting family planning.

UNFPA lacks a body of systematically organised evidence on important aspects of effective programming in family planning, especially at national level.

► UNFPA lacks evidence: (i) on the extent of integration of family planning into other segments of sexual and reproductive health, (ii) on the effect of different approaches and interventions on service quality, equity and access and (iii) to validate and communicate good practices in family planning programming. These gaps in the evidence base impede organisational learning based on an understanding of “what works” and “what does not work” in family planning programming.

► UNFPA country offices rely on effective and timely technical support and "backstopping" in family planning from headquarter divisions and from regional offices. There is a substantial body of written guidance, but the availability and quality of technical support varies widely across regions and from different divisions and branches. The implementation of the “regionalisation strategy” has been accompanied by a perceived disconnect between headquarters and country levels and confusion over regional office roles.



7. Key recommendations

I. UNFPA should strengthen alignment of family planning programming with the International Conference on Population and Development commitments to integration and to a human rights-based approach

- ▶ UNFPA should examine previous efforts to strengthen integration and collaboration among technical “silos” in order to adjust their organisational approach to family planning.
- ▶ UNFPA should continue to take a strong stance in the promotion of a human rights-based approach at global, regional and country levels.
- ▶ UNFPA should define the operational implications of the objective to “target the needs of the most vulnerable”, including how to manage trade-offs between allocating resources and contributing to FP2020 goals.



II. UNFPA should further refine and tap into the potential of its comparative advantage as the key partner with national governments

▶ UNFPA should focus on modes of engagement where it has a comparative advantage. In planning, it should specify how its activities in family planning relate to or complement what is being done by other development partners.

▶ UNFPA should optimise comparative advantages of close technical and strategic relationship with government to address important challenges in advancing family planning, including:

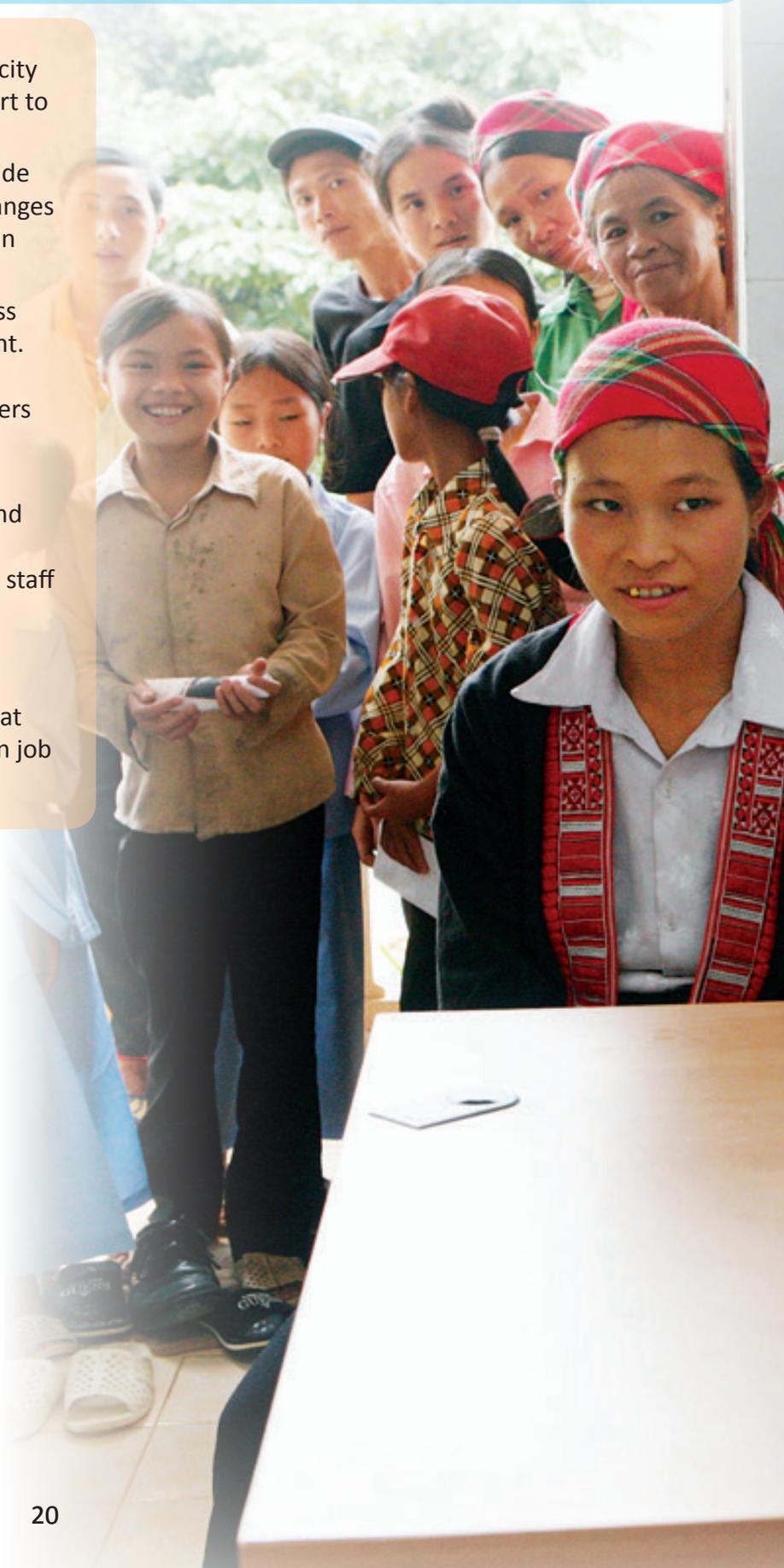
▶ Advocating for greater cooperation between government and civil society, and for a total market approach

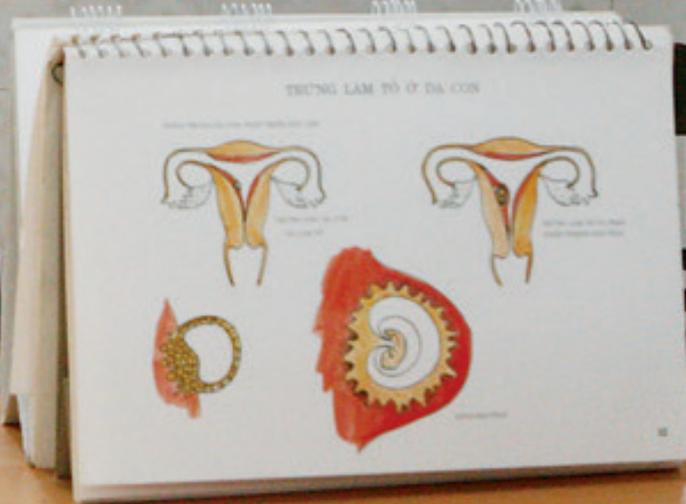
▶ Ensuring UNFPA capacity in high-level advocacy and in partnership management skills.



III. UNFPA should strengthen documentation of, and accountability for, results and organisational learning and clarify roles and responsibilities

- ▶ UNFPA should further strengthen its capacity to document and report on results of support to family planning.
- ▶ UNFPA should develop an organisation-wide learning agenda to support and foster exchanges related to emergent, “promising” practices in family planning.
- ▶ UNFPA should improve coordination across branches and divisions to ensure realignment. It should develop clear accountabilities to address any lack of cohesion and make leaders of branches and divisions responsible for implementation.
- ▶ UNFPA should ensure that headquarter and regional office technical input on support to family planning is available to country office staff early in the programme design process.
- ▶ UNFPA should ensure that knowledge management is a priority component of technical support to country offices by staff at headquarters and regional offices and within job descriptions.





hàng ngày
• Các bạn nữ cần tránh các việc như:
• Thụt rửa âm đạo để tránh lây nhiễm các bệnh
mãn tính và HIV/AIDS
• Sử dụng bao cao su để hạn chế bất nhiễm trong quá
trình quan hệ.



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