GETTING TO ZERO

GOOD PRACTICES ON

Ending preventable maternal deaths

Ending unmet need for family planning

Ending gender-based violence and all harmful practices

VOLUME 1

A SYNTHESIS OF

UNFPA country programme evaluations

UNFPA

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Foreword

The year 2019 marks the 50th anniversary of UNFPA and the 25th anniversary of the International Conference on Population and Development (ICPD). This is a unique opportunity for UNFPA and partners to reflect on how to accelerate the implementation of the internationally agreed development goals, including those embodied within the ICPD Programme of Action and the 2030 Agenda for Sustainable Development.

As UNFPA looks back on its achievements and ahead at the work to be done, evaluation plays a central role in supporting the organization, and its partners, to strengthen accountability for results, ensure evidence-based decision-making, and identify key lessons learned for improved programming. UNFPA country programme evaluations represent a critical body of evaluative evidence for the organization. To leverage the rich learning from these evaluations, the Evaluation Office periodically undertakes a synthesis of these reports to extract aggregate trends for programming effectiveness and organizational learning. This synthesis exercise draws on 57 UNFPA country programme evaluations conducted from 2012-2018 to identify good practices around the organization's three transformative results – ending preventable maternal deaths, ending unmet need for family planning, and ending gender-based violence and all harmful practices.

The synthesis validates that effort to shift discriminatory social norms, cultural attitudes and beliefs accelerated change across all transformative results. Strategic engagement in diverse partnerships - particularly those at the local level with community leaders, women's movements and youth networks - was confirmed to increase awareness of sexual and reproductive health and rights, and affect positive behaviour change. In addition, the synthesis reaffirmed, as a good practice, the generation and use of quality data to support targeted action and promote accountability across all transformative goals. Lastly, the synthesis captured the importance of systematically undertaking gender analyses to better understand and respond to the multiple and intersecting forms of discrimination (and their impact) in a given context.

Collective learning, knowledge sharing, and mutual accountability are key dimensions to ensuring the goals of UNFPA are achieved. In this view, I would like to acknowledge the collaboration across the organization that made this synthesis possible. Specifically, I would like to thank the internal reference group for this exercise, whose members provided valuable feedback throughout the process, improving the relevance and utility of the report. I am confident that this synthesis will be used as a valuable source of knowledge for the organization and its partners to accelerate progress to the broader development goals of the ICPD and 2030 Agenda.

Marco Segone
Director, UNFPA Evaluation Office

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
EmONC	Emergency Obstetric and Neonatal Care
EQAA	Evaluation Quality Assurance and Assessment
FGM	Female genital mutilation
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ILO	International Labour Organization
LMIS	Logistics Management and Information Systems
MoE	Ministry of Education
MoH	Ministry of Health
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OECD-DAC	Development Assistance Committee of the OECD
PAMI-MINSAP	Maternal and Child Program of the Ministry of Health (Cuba)
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
STI	Sexually Transmitted Infections
UNAIDS	United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
Y-PEER	Youth Peer Education Network

Definitions

The following terms are used in this report:

Codes and tags	Codes are shorthand descriptions signalling a broader change, theme or trend, such as positive or negative shifts within a given context. In the ImpactMapper software platform, codes are called tags and are contained in a tagging hierarchy. These codes/tags are then applied to the text analysed and the frequency of their occurrence is aggregated to give an indication of trends.[1] Codes in this report are grouped around factors of success, limiting factors and results.
Gender analysis	Gender analysis examines the distinct gendered experiences of men and women and includes a systematic review of their unique and diverse needs, status, power, roles and rights—as well as other intersecting identities. A gender analysis is used to examine these differences and to strengthen programming, planning and decision-making such that it addresses gender equality in an intersectional way.
Gender mainstreaming	The UN defines gender mainstreaming as a globally accepted strategy that promotes gender equality, and distinguishes it as an approach rather than an end in itself. Gender mainstreaming applies this approach at different levels of policy and practice, and is a signal of an inclusive process.
Good practices	Good practices are programmatic approaches that have proven (through an analysis of evidence) to reliably lead to a desired result.
Synthesis	A synthesis exercise aims to surface aggregate learning on what works and does not work in programming broadly and across varied contexts with particular consideration to local and contextual realities.

1. Definition follows the framework laid out by Alexandra Pittman for the International Network of Women's Funds and is available here: http://40.86.183.137:8080/xmlui/handle/123456789/45.

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1 INTRODUCTION

Evaluative evidence can play a vital role in supporting the capacity of the United Nations Population Fund (UNFPA) to realize its goals. In particular, it can facilitate a deeper understanding of what is working across the organization, support the optimal use of resources, maximise the organization's value added and allow for a deeper analysis of, and greater attention to the sustainability of its initiatives.

In this view, the UNFPA Evaluation Office commissioned a synthesis of findings from 57 UNFPA country programme evaluation reports that were conducted between 2012 and 2018.[2] This synthesis comes at a timely juncture coinciding with the 50th anniversary of UNFPA and the 25th anniversary of the International Conference on Population and Development (ICPD). It is an opportune moment to for UNFPA to critically reflect on its achievements and ahead at the work to be done.

By aggregating and analysing the results of these evaluations, the exercise identified common good practices that can accelerate UNFPA and partners' efforts to achieve the organization's three transformative results.

1. **End preventable maternal deaths**
2. **End unmet need for family planning**
3. **End gender-based violence and all harmful practices**

The good practices captured in this report highlight the different factors that have contributed to programmatic effectiveness[3] as well as those that have limited or constrained progress.

By surfacing good practices across the organization's three transformative results, the synthesis intends to support efforts towards the:

- Development and implementation of programmes, policies and strategies at country, regional and global levels, including specifically country and regional programmes
- Continued implementation of the UNFPA strategic plan 2018–2021
- Accelerated implementation of the ICPD Programme of Action[4] and the achievement of the SDGs

In addition to supporting organizational learning at UNFPA, the results of the exercise aim to support advocates, practitioners, policymakers and researchers, more broadly, working to advance sexual and reproductive health and rights (SRHR).

2. While the evaluations were produced during this time frame, the data itself covers country programmes with implementation periods from 2008 onwards. For more information, see Annex 2.
3. Effectiveness is considered a measure of how well UNFPA support achieves its objective(s) by comparing the final results with those (results/goals) that were intended.
4. For example, Chapter IV of the ICPD Programme of Action (Gender Equality, Equity and Empowerment of Women), discusses violence against women and Chapter VII (Reproductive Rights and Reproductive Health) captures issues around family planning and sexual and reproductive health and reproductive rights (www.unfpa.org/publications/international-conference-population-and-development-programme-action).

2 METHODOLOGY

2.1. THE DATA

From 2012 to 2018, 83 country programme evaluations were conducted. The quality of the reports, however, varied (see Table 1).

TABLE 1: *Total number of country programme evaluations and accompanying Evaluation Quality Assessments from 2012 to 2018*

EQA Rating	Arab States	Asia and the Pacific	East and Southern Africa	Eastern Europe and Central Asia	Latin America and the Caribbean	West and Central Africa	Grand Total	
Very Good	1	4	2	1	1	1	10	12%
Good	4	4	9	10	13	12	52	63%
Fair	2	3	7	0	1	6	19	23%
Unsatisfactory	1	0	0	0	1	0	2	2%
Grand Total	8	11	18	11	16	17	83	100%
	10%	13%	22%	13%	19%	23%	100%	

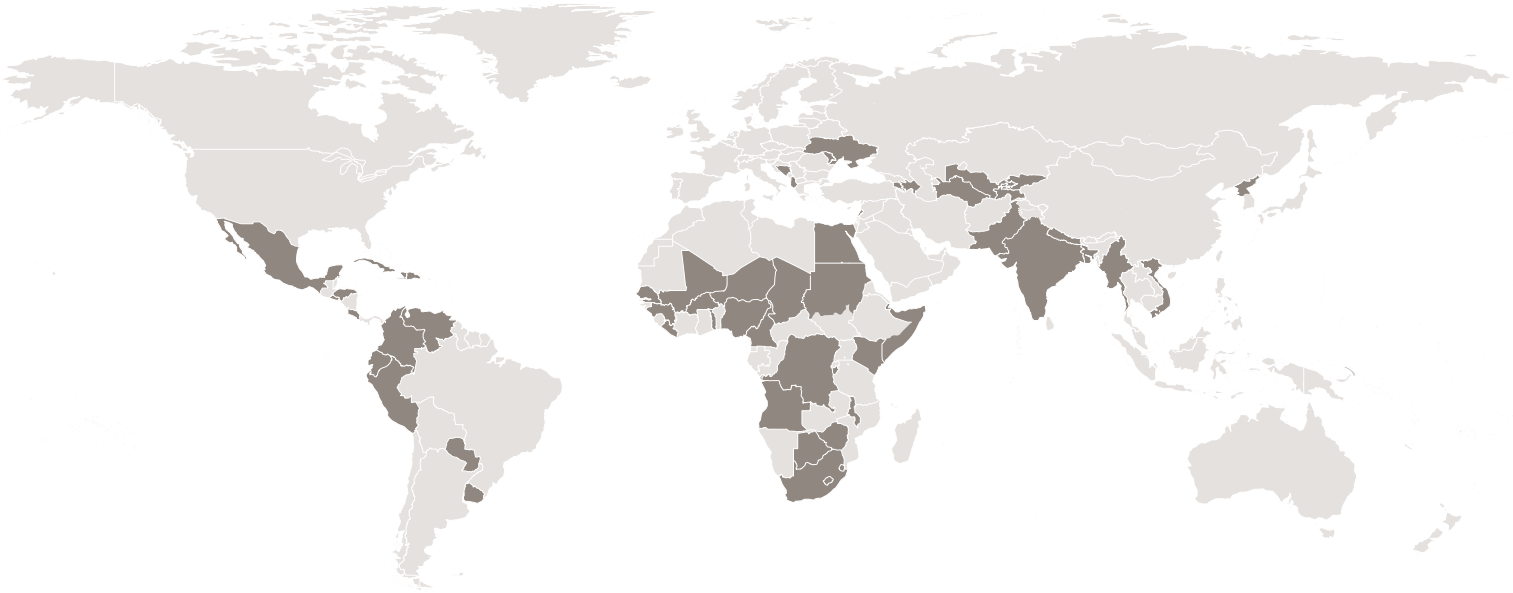
In order to ensure greater integrity of the analysis, this synthesis included only those reports that were assessed as "Good" or "Very Good" in evaluation quality.[5] Out of the 83 country programme evaluations pr oduced from 2012 to 2018, 62 (75 per cent) were scored as "Good" or "Very Good" and 21 (25 per cent) were "Fair" or "Unsatisfactory". In total, 57 country programme evaluations were included in the final sample of analysis. Figure 1 illustrates the geographic coverage of the country programme evaluations included in the synthesis, while Table 2 provides a more detailed view of the regional distribution of reports.

For a full list of evaluations included in the analysis and their respective quality assessment rating, see Annex 2.[6]

5. UNFPA country, regional and corporate evaluation reports are subject to quality assessment. The quality assessments are managed by the UNFPA Evaluation Office and conducted by an external assessor who checks the evaluation reports against the UNFPA Evaluation Quality Assessment grid, which can be found here: https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance.

6. The sample for analysis was 57 country programme evaluations; five reports were inaccessible/unable to be retrieved at the time of the analysis.

FIGURE 1: *Geographic coverage of country programme evaluations included in the synthesis*



Region	Country	Year of Evaluation
Asia and the Pacific	Bangladesh	2015
	Democratic People's Republic of Korea	2014
	India	2017
	Myanmar	2017
	Nepal	2017
	Pakistan	2017
	Vietnam	2015
Arab States	Djibouti	2017
	Egypt	2017
	Lebanon	2014
	Somalia	2015
	Sudan	2015
Eastern Europe and Central Asia	Albania	2015
	Armenia	2014
	Azerbaijan	2014
	Bosnia and Herzegovina	2013
	Kyrgyzstan	2016
	Moldova	2016

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Region	Country	Year of Evaluation
Eastern Europe and Central Asia	Tajikistan	2014
	Turkmenistan	2014
	Ukraine	2017
	Uzbekistan	2014
East and Southern Africa	Angola	2014
	Botswana	2015
	Burundi	2016
	Comoros	2018
	Democratic Republic of the Congo	2017
	Kenya	2017
	Malawi	2018
	South Africa	2012
	Swaziland	2014
	Zimbabwe	2014
Latin America and the Caribbean	Colombia	2013
	Costa Rica	2016
	Cuba	2018
	Dominic Republic	2016
	Ecuador	2013
	Ecuador	2018
	El Savador	2014
	Haiti	2015
	Honduras	2015
	Mexico	2013
	Paraguay	2013
	Peru	2015
	Uruguay	2014
	Venezuela	2013
West and Central Africa	Burkina Faso	2014
	Cameroon	2012
	Chad	2015
	Guinea	2017
	Liberia	2017
	Mali	2018
	Niger	2018
	Nigeria	2012
	Senegal	2015
	Togo	2012
	Togo	2017

TABLE 2: *Synthesis sample of 57 country programme evaluations*

EQA Rating	Arab States	Asia and the Pacific	East and Southern Africa	Eastern Europe and Central Asia	Latin America and the Caribbean	West and Central Africa	Grand Total	
Very Good	1	3	2	0	1	1	8	14%
Good	4	4	8	10	13	10	49	86%
Grand Total	5	7	10	10	14	11	57	100%
	9%	12%	17.5%	17.5%	25%	19%	100%	

2.2. METHODS AND ANALYSIS

The synthesis provides a systematic review and analysis of evidence captured in UNFPA country programme evaluations. To do this, the synthesis employed a mixed methodology, including a qualitative desk review, thematic coding process and the selection of illustrative country-level examples that highlighted a particular good practice. Learning was drawn from understanding the socio-political context, the tagged text and the frequency of codes.

Internal quality assurance mechanisms (peer review and intercoder reliability) supported the relevance of the deductive and inductive code lists and improved the researchers' interpretations and conclusions, contributing to greater validity and reliability of the synthesis results.[7]

In detail, the specific methods used for this synthesis were:

1. Desk review and coding of country programme evaluations

The primary methods employed were qualitative coding and analysis of country programme evaluations using the ImpactMapper software (impactmapper.com). To thematically code country programme evaluations, both deductive and inductive coding lists were developed. Data in the findings and conclusions of country programme evaluations were coded, filtered, categorised and organised based on the goals of the synthesis, namely to surface good practices and constraining factors across the three interconnected transformative results. This approach allowed for an assessment of the frequency of themes and good practices, and captured notable factors influencing and constraining results. The approach to coding, including the coding structure, is discussed in more detail in Annex 4.[8]

Following coding, data was aggregated and basic descriptive statistics were produced.[9] Codes were then ranked according to the frequency with which they appeared across country programme evaluations to draw out and create cross-cutting and result-specific good practices. Higher frequencies were interpreted as a proxy for greater relevance (i.e. issues more commonly seen).

7. To ensure that the synthesis process and final report are in line with organizational, strategic, and programmatic needs, the Evaluation Office established a Reference Group consisting of key internal stakeholders at various levels of the organization, selected purposely for their expertise. More information on the Reference Group can be found in the credits and Annex 3: Phases and steps in the analysis process.

8. Deductive codes were created from a past synthesis conducted for UNDP alongside UNFPA input and interest areas. Inductive codes were developed by the team in the process of analysing the text in the country programme evaluation reports.

9. For example, total occurrence of themes relating to the three transformative results, factors of success and limitations, and the percent of country programme evaluations highlighting each good practice.

2. Selection of country examples

Country examples were selected in order to deepen the insight into, and further illustrate, good practices.

Challenges and limitations

The scope of the synthesis and the nature of its methodology (structured qualitative analysis) faced certain limitations.

First, the synthesis only analysed country programme evaluations with an overall evaluation quality assessment rating of "Good" or higher. While the team considered the assessment rating a helpful threshold in selecting the country programme evaluations to be included in the synthesis, this approach excludes potentially useful data that may have emerged from country programme evaluations that, though assessed as "Poor" or "Unsatisfactory" overall, include specific dimensions assessed as "Good" or "Very Good".

Second, the synthesis exercise is constrained to the secondary data presented in the country programme evaluation reports and is therefore subject to the same methodological limitations and constraints found in the reports themselves. For example, country programme evaluations tend to be more focused on detailing information related to achievements in programming rather than limiting factors. As such, the synthesis results focus more heavily on factors of success rather than limiting factors.

Third, the exercise takes the categorisation of the findings and conclusions in the country programme evaluations at face value. For example, the synthesis does not question whether a finding's categorisation under family planning (as an outcome area of the 2018–2021 Strategic Plan and transformative result) is correct; rather, it directly mirrors the categorisation presented in the country programme evaluation.

Additionally, the evaluation reports often did not provide a level of detail that allowed for an assessment of the contribution of UNFPA to outcomes (contribution to outputs, however, was often captured). As such, not all the coded data in the synthesis had clear and explicit links between UNFPA support and its contribution to the overall outcomes (i.e., in this case, UNFPA contribution to the transformative result areas); footnotes were made when this occurred. In this view, the data, if available, is only able to tell us contributions of UNFPA to these levels (output/outcome/impact) and does not establish attribution or causality.

The synthesis also aims to compare programming across a wide variety of diverse contexts and cultures, and the team exercised caution when making generalised statements. The diversity of settings in which the country programme evaluations were conducted often makes generalising findings or conclusions across different contexts challenging. The focus, therefore, has been to draw out common practices or trends, each related to specific programmatic areas and grounded in several concrete examples.

The coverage of the transformative results (as operationalised in strategic plan outcomes), which differed across country programme evaluations, was another limitation encountered. As such, the synthesis exercise disproportionately draws illustrative examples from country programme evaluations that provided more in-depth information, potentially skewing the geographical coverage of examples, and/or featuring examples from certain country programme evaluations more often than others.

Lastly, UNFPA works in an increasingly changing environment, marked by fiscal austerity, with implications on the range and type of programming able to be implemented. This may shape the degree to which the good practices surfaced in the synthesis are relevant and useful.

These limitations could be mitigated in forthcoming syntheses by integrating more diverse methodologies in country programme evaluations, such as additional interviews or focus groups, to draw out more in-depth and nuanced information on good practices and limitations, as well as to provide additional data for triangulation.

More information on the limitations of this exercise can be found in Annex 5.

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3 GOOD PRACTICES TO SUPPORT TRANSFORMATIVE RESULTS

The following section presents good practices for each transformative result area: ending preventable maternal deaths, ending unmet need for family planning needs, and ending gender-based violence (GBV) and harmful practices (female genital mutilation, child marriage, and son preference).[10] Here, a good practice is defined as a broad programmatic approach that has proven to reliably lead to a desired result. In unpacking the good practice, the synthesis describes why and how a particular programmatic approach successfully contributed to the achievement of the transformative result. Additionally, the synthesis also captures common limitations or weaknesses that constrained progress.

Each good practice or limitation includes a brief overview broadly detailing the illustrative work UNFPA has done and is followed by several country examples that exemplify the factors of success or constraints.

3.1. GOOD PRACTICES SUPPORTING TRANSFORMATIVE RESULT 1: ENDING PREVENTABLE MATERNAL DEATHS

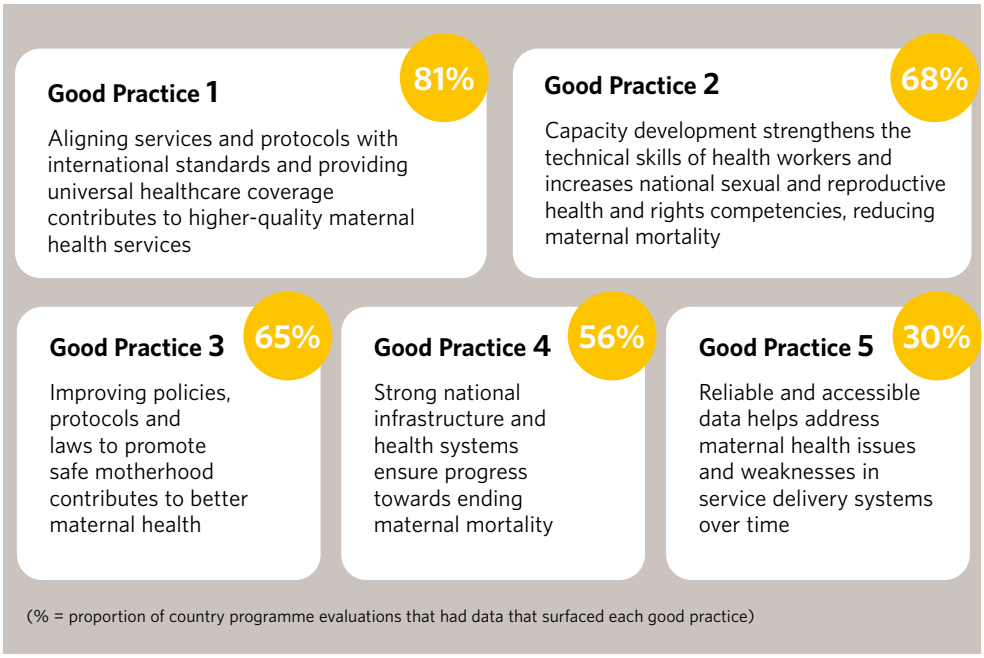
Across the globe, 830 women die daily from complications related to pregnancy and childbirth; this amounts to one woman every two minutes.[11] These deaths are higher in regions with poorer access to health care, service infrastructure and technology, and where women are valued less —although maternal death rates remain unacceptably high among certain populations in some OECD (Organisation for Economic Co-operation and Development) countries, as well. A significant number of women also acquire debilitating injuries, disabilities, infections or other morbidities that affect the quality of their lives. The majority of the deaths and associated maternal health issues are preventable. A core part of UNFPA mandate focuses on ensuring safe motherhood and ending maternal mortality.

Figure 2 shows the most common good practices in, and limitations to, ending preventable maternal deaths from the country programme evaluations in order of descending frequency (i.e. the percent of country programme evaluations that surfaced these good practices). The top learnings centred on the importance of strengthened service delivery and improved national standards (81 per cent), better training and health workers' skills (68 per cent) and stronger legal and policy frameworks to reduce maternal mortality (65 per cent). Nearly one-third of country programme evaluations (30 per cent) referred to the importance of available and reliable data as an important catalyst for improving knowledge and dedicated action in addressing maternal health. Conversely, over half (56 per cent) mentioned how weak national infrastructures and health systems limited progress to decrease maternal mortality.

10. The good practices were derived by identifying the most frequent codes, and analysing the coded text data from the country programme evaluations.

11. Source: World Health Organization Maternal Mortality Factsheet (February 2018): www.who.int/en/news-room/fact-sheets/detail/maternal-mortality.

FIGURE 2: *Key good practices supporting transformative result 1: Ending preventable maternal deaths*



Good Practice 1: Quality services aligned with international standards

Aligning services and protocols with international standards and providing universal health-care coverage contributes to higher-quality maternal health services

In various contexts, UNFPA worked to align healthcare services to international standards – supporting, for example, trainings on new protocols and best international practices – which contributed to improved and increased quality services and diverse positive outcomes supporting maternal health. The following examples highlight some of the efforts by UNFPA to improve services through supporting alignment with international standards that have contributed to long-lasting effects on the health system as well as maternal health outcomes:

- In the Democratic Republic of the Congo, UNFPA advocacy contributed to the inclusion of ICPD objectives in national health strategies between 2008 and 2012. This helped scale midwifery training in childbirth-assisted deliveries and EmONC (Emergency Obstetric and Neonatal Care) in targeted areas. The work contributed to steady increases in the number of midwives trained in line with the World Health Organization's (WHO) International Confederation of Midwives standards, which had an impact on women's health care. In targeted areas, the rate of assisted deliveries rose from 55 to 86 per cent between 2013 and 2014, the management of obstetric complications was improved, and antenatal care increased from 7 to 28 per cent.

- In Turkmenistan, UNFPA, WHO, UNICEF and USAID supported the development of national strategies on maternal and neonatal health, which contributed to the development of a series of guidelines on reproductive health, perinatal and antenatal care, management of complex deliveries and cervical and breast cancer screening services. Specifically, the development of a clinical protocol on antenatal care contributed to quality improvement mechanisms and decreased complications for pregnant women by 23 per cent between 2010 and 2013.

- Following Cuba's adoption of the World Health Organization's "Red Code Strategy" to align with best practices in addressing obstetric emergencies, UNFPA partnered with the Maternal and Child Program of the Ministry of Health (PAMI-MINSAP) to implement the strategy. PAMI-MINSAP served as the local-level expert and prioritised key areas of intervention, while UNFPA staff provided expertise on the necessary technologies, strategies to reduce maternal mortality, and means to improve medical services in line with international standards. Local communities and health workers were trained by both UNFPA and PAMI-MINSAP on how to detect high-risk pregnancies. These efforts contributed to a reduction in deaths in 2017 compared to the previous year, and a reduction in the maternal mortality ratio from 41.0:1000 to 38.3:1000 over the same time period. By identifying emergency obstetric cases in an efficient and timely manner, the main drivers of maternal mortality were addressed before leading to adverse outcomes (e.g., severe haemorrhages, hypertension and septic shock as a result of serious infections).

Good Practice 2: Strengthened technical skills

Capacity development strengthens the technical skills of health workers and increases national sexual and reproductive health and rights competencies, reducing maternal mortality

Across many contexts, targeted training provided by UNFPA to health service providers on safe practices[12] facilitated the improvement of health services including during pre and postnatal periods. UNFPA country offices used various approaches to increase awareness and sensitivity among health workers, strengthen providers' skills in remote areas, and provide training to facility staff in logistics management. Following the improvement of services through capacity strengthening, some countries saw increased use of services and others saw a reduction in maternal mortality rates, as shown in the following examples:

- In Ecuador, UNFPA leveraged its technical expertise to support the implementation of the maternal mortality strategy, including helping train medical personnel on improving quality services. The most significant changes were reported in the Sucumbíos Canton, where a network of community-based Obstetric and Neonatal Care specialists was trained by UNFPA. Following UNFPA support, this community committed to national strategies to improve services in remote areas through midwifery training, the creation of intercultural delivery rooms, and the provision of boat-ambulances to alleviate transport issues and increase access to maternal health services.

- In Swaziland, between 2011 and 2015,[13] health care workers were trained with UNFPA support on Logistics Management and Information System (LMIS) to ensure more effective tracking and availability of supplies data. In the Shiselweni region, for example, all health facilities reported at least one staff member trained, with 98 per cent of national-level staff trained in LMIS. Correlated with the training, 95 per cent of health centres reported zero stock-outs in 2015.

- In El Salvador, UNFPA supported a scale-up of national service quality standards, specifically integrating health services and bringing groups with diverse specializations together

12. Safe practices such as promoting access to services for fit pregnancies, safe deliveries and healthy babies, discipline in following medical protocols especially for obstetric complications, timely management of examination results, providing accurate information about safe, effective, affordable and acceptable contraception methods, empowering people to protect themselves from sexually transmitted infections. www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx; https://www.unfpa.org/human-rights-based-approach. www.unfpa.org/sites/default/files/pub-pdf/GBVIE.Minimum.Standard.Publication.FINAL_.ENG_.pdf.
www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence.

13. The Kingdom of Swaziland END-Term Evaluation of GoS/UNFPA 5th Country Programme (2011–2015) https://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=155.

in maternal health, adolescent and youth care and HIV. The country office worked closely with the Ministry of Health (MoH) to ensure improved service delivery options were provided by skilled providers. This contributed to more women attending prenatal visits (80 per cent) and more deliveries attended by trained professionals (96 per cent), contributing to a decrease in the maternal mortality ratio from 42 in 2012 to 38 in 2013 for every 100,000 live births.[14]

- In Senegal, UNFPA conducted capacity-building activities for health practitioners (midwives and nurses). In the regions UNFPA targeted, there were increases in the use of SRHR services, particularly in obstetrics and neonatal emergency care, suggesting a positive correlation between capacity building on the use of services.

Good Practice 3: Policies promoting safe motherhood

Improving policies, protocols and laws to promote safe motherhood contributes to better maternal health outcomes

While skill building, infrastructure development and referral systems are needed to reduce maternal mortality, support for the development of institutional policies at the national level and the integration of best practices are also required, and improve sustainability over time. These policies support improvements in data collection, service delivery and supply management, among other practices.

Successful efforts by UNFPA in laying the groundwork for effective policies and protocols for quality care occurred in a variety of settings, and are highlighted in the following examples:

- With the support of UNFPA, Venezuela's Ministry of Health designed a Protocol of Emergency Obstetrics Care, which contributed to 750 specialists being trained in its application between 2009 and 2013. The Norms for Sexual and Reproductive Health Care and the protocol for youth care were also updated during this period using a human rights-based approach, important foundational work for continued efforts to advance SRHR.[15]

- Though its collaboration with the Government of India, health centres, communities and other service providers, UNFPA contributed to strengthening national guidelines on health, government funding was sustained, and the national health system infrastructure for service provision was improved. These guidelines were reported as promising steps towards improving maternal care and reducing maternal mortality.

- UNFPA advocacy efforts supported critical legal reforms protecting women's health. The UNFPA country office supported a campaign that contributed to constitutional recognition of sexual and reproductive health issues as fundamental human rights, through the inclusion of human rights language in the Constitution of Nepal 2015. This established the right to safe motherhood and reproductive health as an important pillar of the public health agenda.

- In Togo, UNFPA helped to develop national strategies to address HIV and obstetric fistula. UNFPA also contributed to improvements to national plans of action for reproductive health and commodities management. These interventions were followed by improved access to services in the seven districts targeted by UNFPA support.

14. Source: El Salvador Ministry of Health MINSAL.

15. The country programme evaluation did not include information on the extent to which this directly contributed to improved maternal health outcomes, but progress can be inferred nonetheless.

Good Practice 4: Strong service delivery infrastructure

Strong national infrastructure and health systems ensure progress towards ending maternal mortality

- Strengthening national health systems is an important focus of UNFPA work, as ending maternal mortality is, in part, dependent on the quality of the health system. The most commonly mentioned factors in the evaluation reports that limited progress on maternal health included gaps in health systems, low demand for services due, in part, to low levels of awareness, and inaccessible national health services. Limitations within the health infrastructure affect programmatic progress; therefore UNFPA work to support or improve systems and protocols is critical to keeping efforts on track.

- In several contexts, country programme evaluations cited a need at the national level for additional specialised experts and supervision, service delivery points, commodities, basic amenities and coordination. Achievements in maternal health were limited as a result of these gaps.

Good Practice 5: Better data systems and data use

Reliable and accessible data helps address maternal health issues and weaknesses in service delivery systems over time

While data was found to be vital to progress across all transformative results, this finding stood out within maternal health, and was frequently referred to as a good practice in supporting emergency obstetric and newborn care (EmONC) and ending maternal death. A core role that UNFPA played was in building partnerships with the MoH and other institutions to strengthen data systems, better capture demographic data and track outcomes related to health and maternal mortality. Improvements in the collection, analysis and use of data helped decision-makers and providers better identify and address critical maternal health gaps and needs, and design stronger maternal health policies and programmes. Visualising data in the EmONC area helped to identify appropriate areas for intervention, leading to an increase in both availability and quality of maternal health services.

Some examples are as follows:

- In Liberia, UNFPA supported improvements in EmONC data monitoring, including specifically for maternal and newborn death surveillance. These improvements contributed to the development of quarterly monitoring of important indicators at the county level. This data, in turn, allowed for better targeting of beneficiary needs, improving the quality of the EmONC services delivered.

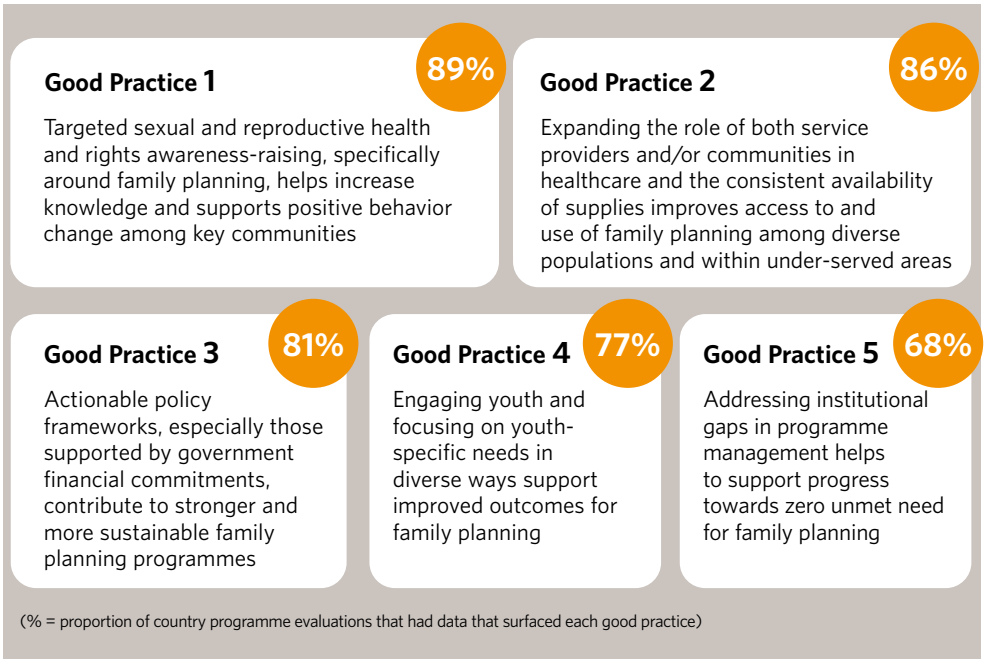
- In Sudan, UNFPA interventions were preceded with baseline national surveys, needs assessments, and an institutional capacity assessment of implementing partners both at the federal and state levels. The national survey findings were then used to rationalise national health service mapping in 2011, the Sudan Health Equity Report 2012, a situational analysis of Ministry of Health midwifery education in Sudan in 2012 and a Sudan health information review in 2007. This approach enabled UNFPA to adequately develop an evidence-based country programme while simultaneously supporting the generation of data for decision-making at the national level.

3.2. GOOD PRACTICES SUPPORTING TRANSFORMATIVE RESULT 2: ENDING UNMET NEED FOR FAMILY PLANNING

Access to family planning is a human right and vital to achieving gender equality. UNFPA supports governments in implementing stronger family planning programmes by: helping design procurement systems for commodities; ensuring a reliable supply of quality contraceptives; improving health systems and information management systems; and increasing access to quality services. UNFPA also supports data collection and evidence building around population dynamics and family planning.

Figure 3 presents an overview of the primary good practices in addressing unmet need for family planning by order of descending frequency (i.e. the percent of country programme evaluations that surfaced these good practices). The most common good practices, which appeared across nearly all country programme evaluations, included increasing SRHR awareness among communities and key stakeholders (89 per cent), improving access by expanding roles of service providers and communities and ensuring consistent supply of family planning commodities (86 per cent), developing actionable policies and frameworks that are adequately resourced (81 per cent), and enhancing youth engagement and leadership (77 per cent). The reports also noted that progress towards addressing the unmet need for family planning was constrained by challenges in UNFPA programme management (68 per cent).

FIGURE 3: *Key good practices supporting transformative result 2: Ending unmet need for family planning*



Good Practice 1: Promoting behaviour change

Targeted sexual and reproductive health and rights awareness-raising, specifically around family planning, helps increase knowledge and supports positive behaviour change among key communities

Increasing SRHR awareness – particularly among youth, marginalized populations, health workers, traditional community leaders and people at higher risk for sexually transmitted infections (STIs) and HIV and AIDS – has shown to contribute to improved family planning outcomes. UNFPA is working with various actors to deepen knowledge on SRHR and family

planning as important health and human rights issues. This has the added benefit of supporting these stakeholders, especially youth, to become advocates and ambassadors for SRHR in their communities, facilitating sustained awareness and commitment over the long term.

A common strategy that country offices used for raising awareness and promoting positive behaviour change in a sustainable way was through mainstreaming SRHR topics in formal and informal education systems, as well as professional schools. In terms of service provision, rights-based sexual and reproductive health curricula (e.g. in universities, hospital and midwifery schools, and health service centres) help to ensure that providers are equipped with the necessary knowledge and skills to provide better-quality health services. UNFPA has supported efforts to increase the availability of, and improve access to, information to lay the groundwork for significant and long-lasting advances in protecting women's rights, addressing challenges to sexual and reproductive health, and ensuring safe and wanted pregnancies.

In some countries, targeted awareness-raising efforts contributed to positive behaviour change, including safer sex practices and an increased demand for health services. For example:

- The UNFPA-supported Youth Peer Education Network (Y-PEER) in Armenia piloted the 'HIV prevention among vulnerable young people' programme to raise awareness among vulnerable groups and youth around the benefits of dual protection. Issues such as drug abuse and HIV and AIDS-related stigma were addressed through interactive theatre performances, and health information was incorporated into peer education trainings. Pre and post-tests of the performances revealed greater knowledge of safer sex practices among participants, suggesting that the use of theatre was an effective outreach tool for youth.

- In Ukraine, UNFPA supported a project that targeted truck drivers with an information campaign to promote health-seeking behaviour. The country office focused on identifying effective strategies to impact SRHR through STI prevention. By adapting the International Labour Organization (ILO) training toolkit and partnering with the Ukrainian Association of International Cargo Transporters, roughly 200,000 long-distance truck drivers received education on SRHR, including safe sex practices. The approach contributed to a decrease in unprotected sex and was adapted for use in Moldova and Georgia.

- In Senegal, the UNFPA country office developed an innovative approach to targeted outreach in rural areas. By combining vocational training and reproductive health awareness – through the use of girls' clubs and peer educators – reproductive health information and services were provided to youth in vocational training centres in rural communities, reaching areas that were previously inaccessible such as Tambacounda. The number of adolescents and young people (aged 15–24 years) in these communities that opted to screen for HIV nearly doubled between 2012 and 2014.

- In Niger, UNFPA supported training for religious and community leaders to engage youth more effectively by adapting SRHR materials to the cultural and social context. The locally-rooted awareness and media campaigns contributed to two-thirds of young people reporting a deeper understanding of puberty, menstrual hygiene, the risks of early pregnancies, the prevention of female genital mutilation (FGM), the role of contraception, and the importance of good family planning. Notably, a sharp increase in married adolescent girls adopting family planning methods (from 13 to 30 per cent) between 2014 and 2017 was witnessed, suggesting a correlation with UNFPA interventions in these communities.

Good Practice 2: Improved access to quality SRHR and family planning services

Expanding the role of both service providers and/or communities in healthcare and the consistent availability of supplies improves access to and use of family planning among diverse populations and within under-served areas

Improved access to quality SRHR and family planning services was found to be a key dimension of successful family planning support and improved family planning outcomes (similar to maternal health). A diverse range of UNFPA interventions help improve access to family planning, most notably, "task shifting" or "task sharing" that allows other categories of SRHR providers (e.g. community health workers and health volunteers) outside of the traditional providers (e.g. gynaecologists) to offer family planning services. UNFPA also supported the meaningful engagement of communities to increase access among rural, indigenous and other underserved populations and worked to strengthen national health systems and commodity procurement chains. Taken together, these approaches contributed to the efficient use of resources in under-served areas where health professionals are scarce, as well as the empowerment of communities to ensure that health services meet the needs of all. The increased availability of quality and inclusive health services, and consistently available contraceptives and other family planning commodities, helped to ensure sustained use of family planning methods across all groups, and in particular, underserved populations.

The following are some examples of UNFPA support to improved access to quality family planning services:

- In order to expand reproductive healthcare and improve access to services among indigenous populations in Peru, UNFPA piloted a health services model to train providers, raise awareness and empower the community to take control of their health. Inclusive community committees, made up of local and national actors, held intercultural dialogues. In addition, UNFPA worked together with local communities to create a toolbox on culturally sensitive health services for indigenous citizens.

- In Moldova, UNFPA supported the development of the National Reproductive Health Strategy (2005–2015) which promoted the increase of family planning access points across the country. Forty-two reproductive health centres were established in family medicine centres across ChiĐinĐu, in which both general practitioners and gynaecologists were allowed to prescribe or provide contraceptives.

- As part of health system strengthening in Myanmar, UNFPA and partners worked with the Ministry of Health and Sports to strengthen procurement planning, forecasting and distribution to ensure consistent availability of reproductive health commodities. Following the intervention, 84 per cent of all primary health facilities were able to provide at least three modern contraceptive method options, increasing and improving access and choice among family planning users.

Good Practice 3: Policy frameworks are essential to family planning

Actionable policy frameworks, especially those supported by government financial commitments, contribute to stronger and more sustainable family planning programmes

Developing actionable family planning policy frameworks sets the groundwork for improved family planning outcomes. At times, national policies and plans have helped to align different agencies and partners around a comprehensive approach to addressing family planning needs, thereby strengthening political and/or financial commitment in the long term.[16]

16. While many country programme evaluations reported important shifts in political will and financial commitment on the part of national leaders, the longer-term impacts of UNFPA contribution to the implementation of national policy or legislative frameworks were not known at the time of the evaluation.

The following examples highlight UNFPA support for the development of policies to improve family planning services:

- In Turkmenistan, UNFPA, in partnership with the Ministry of Health and other UN agencies, supported the development of the National Strategy on HIV for 2012-2016 as well as guidelines on HIV prevention, treatment, care and support. Additionally, UNFPA supported the outreach work among key populations, raising awareness on prevention of sexually transmitted infections and HIV. More specifically, UNFPA supported peer outreach work among sex workers, drop-in centers for improved access to services, and strengthened guidelines for SRHR among sex workers. This support, contributed to improved quality of reproductive health services for sex workers, who are often marginalized by discriminatory policies.

- In El Salvador, United Nations agencies, civil society organizations and the MoH aligned around a comprehensive intersectoral plan for the care of adolescents and youth (2012–2014) that focused on addressing a wide range of issues affecting sexual and reproductive health, including addiction, violence, HIV and AIDS and risks associated with early pregnancy. The creation of a national strategy that specifically focused on adolescents and youth was an important step towards improved and increased family planning programmes in the country.

Policies that are resourced with a dedicated budget often signal strong national political will and commitment. The following are some examples of how UNFPA, through advocacy, has contributed to strengthening the political and financial commitments of governments to improve and increase national family planning programmes:

- UNFPA evidence-based advocacy efforts with national government stakeholders in Chad, Myanmar and Swaziland contributed to the mobilization of domestic resources and national budget allocations for reproductive health and family planning policies and programmes. This contributed to more consistent and accessible family planning services in these countries.

- Commitment to SRHR in emergencies is essential to effective family planning programming.[17] In Kenya, UNFPA provided support to integrate SRHR into emergency preparedness. Twenty three counties included a budget line item for the Minimum Initial Service Package, while others integrated SRHR into their disaster plans.

Good Practice 4: Engaging youth in family planning

Engaging youth and focusing on youth-specific needs in diverse ways support improved outcomes for family planning

Adolescents and youth, particularly those who are marginalized and vulnerable, often face disproportionate SRHR rights violations and are at a higher risk of unwanted pregnancies, STIs and violence. UNFPA engages young people in different ways, including through adapted SRHR education, campaigns, surveys and other participatory initiatives to increase knowledge of SRHR and encourage the use of family planning and sexual health services. By engaging youth directly and empowering them to exercise ownership in interventions that address their family planning and SRHR needs, UNFPA aims to support adolescents and youth as agents of change and SRHR champions in their own right, helping to promote informed decisions about safe sex among their peers.

17. As of the writing of the country programme evaluation, no results were reported on family planning outcomes from SRHR integrated into disaster plans. It is unclear if this is due to weak monitoring systems at outcome level, the evaluators' oversight (i.e. data that captured contribution to outcome, but the evaluators did not use it/reflect it in the analysis) or more time was needed to capture contribution to outcome.

The following programmes, supported by UNFPA, were implemented to ensure that youth have access to reproductive health information and family planning services:

- Many UNFPA country offices supported the development of Y-PEERs, with networks in Armenia, Azerbaijan, Dominican Republic, Egypt, Liberia and Mongolia, among other countries. Created to support the collective empowerment of youth, these networks include a representative sample of youth leaders from across the country who serve as primary advocates for youth-focused issues. Notably, in Armenia, UNFPA worked with youth groups to spread information on existing contraceptive methods, services and commodities. Evaluations of awareness-raising seminars and peer-education training on SRHR showed a significant increase in knowledge among participants. By engaging youth, UNFPA country programmes were able to begin shifting deeply entrenched cultural norms and stigmas that undermine safe sex practices.

- In Mexico, UNFPA trained pharmacy managers to provide guidance specifically to young people on the risks of STIs, as well as the selection of contraceptive methods and their correct use. These youth-friendly pharmacies were implemented in six states, with more planned through follow-up programmes.

- In Moldova, UNFPA support to build capacity within Y-PEER groups helped youth develop as leaders to such an extent that they were able to expand their network and influence in four additional districts, increasing the number of groups to 18 and developing 15 distinct regional action plans promoting SRHR among adolescents. As champions in their communities, young people capitalised on their knowledge and used their leadership skills to disseminate SRHR messages. This greater reach allowed for more presence in rural areas, as well.

Good Practice 5: Address institutional weaknesses

Addressing institutional gaps in programme management helps to further address the unmet need for family planning

While institutional gaps affected programme effectiveness across all three transformative results, they were most often cited as a limiting factor to progress in family planning programming. As such, this is a particularly critical dimension to address in this transformative result.

In several evaluation reports, some implementing partners indicated that the resources UNFPA provided to family planning interventions were insufficient, inappropriately allocated, or prematurely discontinued due to funding gaps at UNFPA. As a result, implementing partners had neither the resources nor the capacity to effectively implement, monitor, or provide follow-up to programmes, impacting the ability to meet family planning objectives.

In other evaluations, while adequate funding was dedicated to commodities, budgets were not allocated to communications and social marketing campaigns to raise awareness about the available commodities. The lack of a holistic approach was found to constrain programme effectiveness.

3.3. GOOD PRACTICES SUPPORTING TRANSFORMATIVE RESULT 3: ENDING GENDER-BASED VIOLENCE AND ALL HARMFUL PRACTICES

Gender-based violence affects over half of the world's population, representing a global health crisis. Those from marginalised and vulnerable communities often face higher rates of GBV.[18] Data also shows that GBV tends to increase after natural disasters or conflict and in post-conflict

18. "Socio-economic and Cultural Processes Associated with Domestic Violence in Rural Nigeria: A Study of Uzo Uwani Local Government Area of Enugu State" Bangladesh e-Journal of Sociology. vol. 10, No. 1 (January 2013). Accessed from: https://pdfs.semanticscholar.org/5dc9/0ab7b213f7081cf87822eb695a9f1c815cfe.pdf.

settings.[19] Patriarchal norms and cultures of impunity make fully eradicating GBV challenging. UNFPA works to end GBV and harmful practices, such as early marriage and female genital mutilation, through a multitude of strategies including advocacy for better laws and policies, improving services, building awareness among communities and duty-bearers, and leveraging networks and partnerships for joint action.

Figure 4 captures the most common good practices around ending GBV and harmful practices in order of descending frequency. The top five learnings centred on the importance of stronger laws and policies to protect women's rights (77 per cent), engaging influential actors to help change attitudes and practices towards GBV and harmful practices (74 per cent), increasing awareness among health workers and other public workers (such as social workers and police officers) (51 per cent), and strengthening access to and the quality of GBV services (49 per cent). The main barrier to progress in this area was the weak implementation of laws (42 per cent).

FIGURE 4: *Key good practices supporting transformative result 3: Ending gender-based violence and all harmful practices*

Good Practice 1: Rights-based laws and policies to end GBV and harmful practices

Strengthened laws and policies, along with legal frameworks that protect women's and girls' rights, contribute to eliminating gender-based violence and harmful practices

Strong legal frameworks that guarantee women's and girls' right to live a life free from violence are vital mechanisms for ending GBV and harmful practices. Legal precedents offer protection and rights-claiming mechanisms for survivors, and can criminalise GBV and harmful practices—ultimately supporting prevention efforts. Many UNFPA country offices provided technical assistance and mobilized relevant stakeholders through policy dialogue and advocacy strategies to help develop and/or strengthen laws on GBV and harmful practices. Some interventions led to the development of landmark laws and policies that serve as a backbone to protect women's rights and inspire communities to work together to end GBV and harmful practices.

19. Gender-based Violence in Humanitarian Settings, UNFPA. Accessed from: www.unfpa.org/resources/gender-based-violence-humanitarian-settings.

Some examples are as follows:

- In Somalia, UNFPA supported the government to draft laws to end gender-based violence and harmful practices, including the anti-FGM bill and policy, which establishes zero tolerance for the practice throughout the country. The adoption of legal frameworks through the multi-stakeholder approach employed by UNFPA created an enabling environment for the abandonment of FGM. These advocacy efforts inspired strong government commitment and the inclusion of relevant stakeholders to fight against gender-based violence, including the local community, youth peer groups, religious and traditional leaders, health associations, women's groups, former FGM practitioners and child protection groups. UNFPA, UNDP and UNHCR also provided technical and financial support to draft the Sexual Offences Bill, which was the first of its kind in Somalia, and enacted in 2016. UNFPA advocacy efforts and close collaboration with the Gender Equality Network, contributed to the development of Myanmar's National Strategic Plan for the Advancement of Women 2013–2022. This plan served as the foundation for creating systems, structures and practices that enable gender equality and the realisation of women's rights in the country, a significant first step to addressing gender discrimination, GBV and harmful practices.

- In Tajikistan, the first Law on Prevention of Violence in the Family was adopted in March 2013. UNFPA, together with international and national organizations, contributed to efforts to pass the law – a significant legislative win – after a decade of collective advocacy and work. UNFPA, UNICEF and WHO also promoted revisions to the 2002 Law on Reproductive Health and Rights to ensure the law was gender-sensitive and effectively addressed gender based violence.[20]

- In Swaziland, UNFPA contributed to strengthening the capacity of lawmakers to better advocate for women and children's rights by drawing on governmental services and resources. These activities helped to facilitate the passing of the Sexual Offences and Domestic Violence Bill through the Parliament, which entered into law in 2018, a significant step towards protecting women's rights.[21]

Good Practice 2: Shift of social and cultural norms

Engaging influential actors as well as men and boys accelerates progress towards changing attitudes and practices related to gender-based violence and harmful practices

Health disparities between men and women are rooted in inequality and patriarchal sociocultural norms and standards, which often prevent progress towards gender equality, reducing women's access to sexual and reproductive health services. While challenging these cultural and social norms is necessary for accelerating progress across all three transformative results, it is especially important for ending GBV and harmful practices. The acceptability of violence is rooted in discriminatory belief and value systems, and changing this requires altering attitudes, behaviours and social norms. Research has shown that engaging influential figures and role models is an effective strategy to stimulate change in norms and behaviour, because people are more willing to shift perspectives based on information gained from people they trust.[22] Therefore, UNFPA employs capacity-building and awareness-raising strategies in programmes to engage men, boys, and influential and religious leaders.

20. No outcome level results were reported on the law's effects on GBV and harmful practices within the country programme evaluation; it is unclear if this was due to weak monitoring systems at outcome level, the evaluators' oversight (i.e. data that captured contribution to outcome was available, but the evaluators did not use it/reflect it in the analysis) or an insufficient amount of time to see change at outcome level had passed.

21. Outcome level data (on the link between the bill/law and levels of GBV) was not included in the country programme evaluation.

22. Thomas Valente and Patchareeya Pumpuang, "Identifying Opinion Leaders to Promote Behaviour Change." Health Education & Behaviour, vol. 34, No. 6 (January 2008) p. 881–96. Accessed from: www.researchgate.net/publication/6235669_Identifying_Opinion_Leaders_to_Promote_Behavior_Change

Some examples of how UNFPA engaged influential actors to shift attitudes and practices related to GBV and harmful practices are highlighted here:

- UNFPA engaged religious leaders in Somalia through a workshop on the long-term negative consequences of FGM. The workshop was conducted in partnership with the Al-Azhar University of Cairo, and was attended by representatives from line ministries, prominent sheikhs, civil society organizations and scholars from Al-Azhar University. The knowledge gained from the workshop on the adverse impacts of FGM prompted the participants to take actions in reducing FGM. For instance, religious leaders who attended the workshop issued formal declarations condemning the practice. In Puntland, religious leaders declared *fatwa,* an Islamic decree, outlawing all forms of FGM. The religious leaders in Puntland also helped form the Regional Religious Network against FGM, which mobilized a convergence of anti-GBV activists, prominent sheikhs and religious leaders from Djibouti, Egypt, Somalia and Sudan to work together to end the harmful practice.

- In Zimbabwe, UNFPA gender equality programme focused on GBV prevention and communicating the value of gender equality through public education and community dialogue with men and boys. UNFPA shared information on policies, laws and mechanisms to end GBV through community dialogues. The results of the dialogue and education campaigns led men to commit to becoming better husbands, partners and community leaders. Some chiefs and other community members also publicly shared that they were intolerant of abuse and violence, and some men noted that they started influencing others to become champions for women's rights.

- UNFPA provided financial support for the Botswana Mencare programme implemented by partners Stepping Stones International and Men & Boys for Gender Equality. This programme aimed to promote men's involvement in SRHR with their partners, from pregnancy to postnatal care. The programme provides training to men about the concept of fatherhood in order to shift norms that prevent men from supporting their partners in prenatal and child care. The evaluation reported that fathers graduating from the programme had improved communication with partners, a greater respect for women, a deeper understanding of the physical demands of pregnancy and childbirth, and an improved bonding and active care for their children.

- UNFPA Kyrgyzstan targeted men as a component of GBV interventions, holding awareness-raising trainings to change the image of men and boys from being a "problem" to becoming a "solution". The training challenged socio-cultural norms that produced and reproduced gender inequalities and discrimination. This approach shifted the perception of GBV as a "women's problem" and positioned men and boys as important agents of change in GBV prevention and in the fight against negative gender stereotypes that underpin GBV and harmful practices. Based on the opinion of stakeholders, involvement of men and boys in GBV prevention is a particularly valued and effective approach undertaken by UNFPA.

Good Practice 3: Awareness-raising for health workers and other public workers

Increased awareness of gender-based violence and effective response mechanisms by both health workers and other public workers contributes to higher-quality services

UNFPA support to strengthen health and other public workers' awareness of, and capacity to address GBV is strategic, due to the critical role these communities/actors play in addressing GBV. Often frontline service providers and public workers, including social workers and police, are the first point of contact for survivors. UNFPA interventions with these stakeholders focused on increased awareness and technical knowledge of GBV and, more broadly, on human rights. Activities targeted health and social workers, law enforcement, and staff in the legal system and the education sector, among others, to improve the quality of services provided to survivors.

Some examples where health workers and other public workers responded more effectively to GBV survivors are as follows:

- UNFPA supported a range of interventions in Sudan to deepen health workers' abilities to respond to GBV in emergency and post-conflict settings. This included the strengthening of institutional processes to address women's needs in South Sudan, refugee camps in the White Nile, and Ethiopian refugees in Khartoum. Specifically, UNFPA provided training on GBV for midwives, doctors and social workers. The training focused on strengthening referral pathways and improved clinical management of rape. UNFPA also engaged host communities in the detection and prevention of GBV cases. Taken together, this support strengthened and diversified the range of services offered in internally displaced peoples' camp in Sudan.

- Across the world, the preference for sons is perpetuated through the practice of prenatal sex selection and female foeticides once the sex is identified in pregnancy. In 1994, the Government of India passed the Pre-Conception and Pre-Natal Diagnostic Techniques Act to stop female foeticides, banning all forms of biased sex selection. In recent years, in order to help strengthen the implementation of the Act, UNFPA facilitated the training of judges, and helped to mobilize medical professionals and civil society. Following the intervention, public awareness was raised, further encouraging the active enforcement of the Act. Notably, as well, UNFPA supported the development of policy guidance to ensure that, in the course of its implementation, access to safe and legal abortions was not jeopardized. The guidelines were subsequently used by the Ministry of Health and Family Welfare and in states implementing the Act. Taken together, UNFPA contributed to a significant number of convictions and the deregistration of doctors that performed sex-selective abortions.

- UNFPA collaborated with UNDP in Somalia to pilot a community policing project. The initiative trained female police volunteers on how to handle GBV cases. As the barriers between the community and police decreased, it became easier for victims of GBV to approach the police. There has been an increase in reported GBV cases, which was attributed to community involvement and confidence in law enforcement. In Puntland, it was reported that there were more than 20 rape cases being handled in the courts for legal redress, including a milestone case where a rape perpetrator was sentenced to 20 years' imprisonment.

Good Practice 4: Accessible and quality GBV services

Increasing access to an integrated set of quality services helps support people affected by violence and decreases silence around gender-based violence

GBV survivors require access to a variety of quality services and resources, including medical, psychological and legal. Services for GBV survivors also need to be sensitive to, and supportive of, survivors' specific situations and needs. Services should be designed and delivered in a way that does not further stigmatise the survivor or cause additional harm. Improvements in access to an integrated set of quality rights-based services were observed across a number of country contexts.

Working to ensure that high-quality service infrastructure that includes women- and girl-friendly services is in place (and accessible) can positively affect the demand for services through an increased trust in the health system, and decrease the silence and stigma associated with experiencing violence. UNFPA was instrumental in supporting the establishment of women's centres and extending legal aid, bringing services closer to GBV victims. This, in turn, made GBV services easier to access, which further encouraged women and girls to seek health or legal help.

Some examples of more accessible quality GBV services, which, in turn, contributed to increased demand and/or diminished stigma, are as follows:

- In Myanmar, the UNFPA country office helped establish fifteen women's and girls' centres across Kachin State, North Shan State and Rakhine, increasing access to safe spaces for GBV survivors. The spaces provided a range of integrated and quality services, including healthcare, counselling, legal referrals and psychosocial support.

- UNFPA supported the launch of one-stop crisis management centres in the Sunsari and Dang Districts of Nepal, where GBV survivors were provided with an integrated service package, including referrals to a variety of resources such as hospitals, safe homes, police and non-governmental organizations (NGOs). Members of mothers' groups and women's cooperatives shared that they were satisfied with the services. The increased knowledge on the availability of services also contributed to an increased number of reported GBV cases, highlighting a change in the mindset of the community and survivors.

- In Liberia, UNFPA provided financial assistance to establish one-stop centres for GBV services for survivors. The evaluation found that the increased public awareness of the availability of services, and its quality (women found it to be a safe space) contributed to the uptick in services.

- In Cameroon, UNFPA provided financial support to local NGOs (such as the Cameroonian Association of Female Lawyers and Afidi Nnam) to provide legal services for women at legal clinics. This work helped increase the knowledge of legal justice issues for both women and men across the country. This also provided an opportunity for women to easily and directly access legal consultation, improving their confidence in speaking out and seeking justice.

Good Practice 5: Consistent anti-GBV law enforcement

Consistent enforcement of gender-based violence laws ensures progress towards ending violence against women and girls

Regardless of improvements in policies and services, or increased awareness, weak enforcement of laws significantly limits progress to end GBV and harmful practices by maintaining patterns of violence and inequality. Multiple country programme evaluations showed that inadequate or insufficient legal enforcement is connected to a range of issues and can be attributed to a diverse range of factors – limited capacity of public institutions, culture of impunity and regressive social norms, need for public awareness about the new law, ineffective monitoring mechanisms, or insufficient funding to support the enforcement and implementation of laws.

In one experience, UNFPA supported the development of a law banning FGM through advocacy and policy dialogue. Despite this milestone, the law is still not enforced at the community level due to multiple socio-cultural barriers, including contradictory religious discourses. In another instance, parliamentarians who did not oppose FGM removed the ban of this harmful practice from the Domestic Violence Law, allowing communities to continue practicing FGM. In another region, UNFPA provided technical support to amend the legal age of marriage in the family code, but this law was not strictly enforced in rural areas where the practice of early marriage was still highly prevalent. As a last example, a UNFPA country office commissioned a study on the gender sensitivity of judges that revealed that they were prejudiced and prone to holding gender-based stereotypes, which could provide one explanatory factor for a weaker implementation of the law.

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4 OVERARCHING THEMES, GOOD PRACTICES AND CHALLENGES

This section reflects on the overarching themes, good practices and constraining factors that emerged across all three transformative result areas.[23]

The section is organized into three subsections:

- Good practices across transformative results
- Challenges to advancing transformative results
- Concluding remarks

FIGURE 5: *Overarching good practices and challenges across all transformative results*

Overarching good practice 1:
Attention to and transformation of discriminatory social and cultural norms, attitudes, behaviours and beliefs accelerates change in all transformative results

Overarching good practice 2:
Strategic use of diverse partnerships with government, United Nations agencies, civil society and influential actors at local, national, regional and global levels helps to accelerate change

Overarching good practice 3:
Planning for and ensuring attention to SRHR in crisis situations leads to more responsive humanitarian interventions that help rebuild communities

Overarching good practice 4:
Supporting the generation and use of quality data promotes targeted action and accountability across all transformative results

Overarching good practice 5:
UNFPA interventions that engage in gender analysis and integrate gender mainstreaming are better positioned to improve the lives of women and girls

Overarching challenge 1:
Institutional weaknesses such as insufficient internal capacity within UNFPA, a need for (additional core) funding and unevenly developed exit strategies limit the progress, effectiveness and sustainability of UNFPA support

Overarching challenge 2:
Contextual challenges or weaknesses in national-level capacities, policies, infrastructure and health systems, compounded by unfavourable socio-cultural norms, continue to be particularly challenging and impact progress in all transformative result areas. UNFPA interventions aim to address these challenges

23. Most common learnings on overarching themes were based on data that surfaced around all three transformative results that appeared in 100 per cent of country programme evaluations reviewed in this synthesis.

4.1 GOOD PRACTICES ACROSS TRANSFORMATIVE RESULTS

The following overarching good practices were most commonly found across all three transformative results, some of which were also the most common good practices towards progress in specific transformative results, providing evidence that cross-cutting interventions are beneficial in addressing women's rights and comprehensive SRHR needs.

Overarching good practice 1: Attention to and transformation of discriminatory social and cultural norms, attitudes, behaviours and beliefs accelerates change in all transformative results

Although this learning was particularly common for GBV programmes, discriminatory behaviours and beliefs affect progress in all transformative results. Stigma and discrimination against women often prevent them from seeking care and services, or from feeling safe and accepted in their communities if they are experiencing reproductive health issues or violence. To address this, UNFPA focuses on social norm, attitude and behaviour changes to improve progress on maternal health and family planning, and reduce gender-based violence and harmful practices.

Some examples of how UNFPA addressed social norms and attitudes and made progress in reducing stigma and discrimination in the three transformative result areas include the following:

- In Bangladesh, UNFPA identified an effective approach to raise awareness and destigmatise obstetric fistula while simultaneously improving prevention efforts. Specifically, UNFPA provided support to organize media campaigns and community rallies focused on preventing obstetric fistula. Information shared included establishing the importance of prenatal and postnatal care, catheterisation during prolonged labour and facility-based delivery. Since Dhaka, Bangladesh's capital, had the country's only obstetric fistula rehabilitation centre at the time of the country programme evaluation, recovering women were trained by UNFPA to become community fistula advocates for a small monetary incentive. The Bangladesh Women's Health Centre of community health workers was a key partner in this work. These community advocates organized awareness groups, referred women for surgery in coordination with local health services, and accompanied them to the centre. Following UNFPA campaigns and outreach, stigma around obstetric fistula was reduced and many women developed birthing plans to help avoid complications during delivery. UNFPA also contributed to an increased number of women who were identified as needing reparative surgery for obstetric fistula.

- Since 2010, UNFPA in Burkina Faso has provided technical support to specific organizations to produce radio programmes and other awareness-raising campaigns on the dangers of early marriage and FGM. The advocacy efforts – supported by UNFPA and targeting influential community leaders, customary leaders, religious leaders, local politicians and ex-circumcisers – along with the presence of a law criminalising FGM, helped catalyse a shift in perspective about a deeply entrenched cultural practice. The programme contributed to formal commitments by leaders denouncing excision and promoting education and social integration of FGM survivors. The programme has contributed to the registration of 128 public declarations to abandon FGM and, notably, the conviction of 201 people, including 40 excisors and 161 accomplices. For this transformative work, the country received the Future Policy Award by the World Future Council in recognition of the progress made in applying the law against FGM.

- In Niger, as in many cultures, dominant forms of masculinity and control can significantly impact women's access to health care.[24] In order to address this issue, UNFPA supported Schools for Husbands to combat negative gender biases and dominating expressions of masculinity, with an aim to influence and ultimately improve women's access to maternal health and family planning services. The most effective aspect of this awareness and behaviour change campaign was the multimedia approach, in which messages about the importance of using reproductive health

24. A 2007 survey conducted by UNFPA/Niger identified men's dominance and attitudes to be one of the major obstacles to women taking advantage of reproductive health care. www.unfpa.org/news/%E2%80%98school-husbands%E2%80%99-encourages-nigerien-men-improve-health-their-families.

services and promoting gender equality were broadcast to seven regions and 33 health districts across the country. The campaign was associated with a 20 per cent increase in reproductive health services, including prenatal and postnatal consultations and assisted deliveries. Moreover, in some localities, there was an increase in people using family planning services compared to districts not targeted by the programme.

Overarching good practice 2: Strategic use of diverse partnerships with government, United Nations agencies, civil society and influential actors at local, national, regional and global levels helps to accelerate change

Multi-stakeholder partnerships between UNFPA, government and civil society helped align different actors around interventions intended to improve reproductive health outcomes. When partners have clearly articulated roles and communication channels it helps to improve coordination, avoid duplication of effort, strengthen advocacy and contribute to effective programmatic outcomes. UNFPA capitalised on long-established partnerships with a number of international donors and national and local NGOs, among others, to strengthen coordination of strategies and advocacy for favourable SRHR policies, including ending GBV.

In addition, collaborating with influential stakeholders and groups helps to generate positive momentum towards achieving the transformative results. Engaging local leaders, women's movements, men and boys, as well as marginalized groups, is an important preventive strategy, by increasing awareness of sexual and reproductive health outcomes, and affecting positive behaviour change. UNFPA approach to working with each of these groups has resulted in improved policies to support family planning, maternal health and GBV, and increased use of maternal health and family planning services.

Some examples of how UNFPA leveraged partnerships to make progress in the three transformative results are as follows:

- Working with implementing partners (including the Pakistan National Forum for Women's Health and the Integrated Reproductive Maternal Newborn and Child Health Programme of Punjab), UNFPA in Pakistan provided gap funding for fistula treatment and supported efforts to improve fistula surveillance through women health workers and community awareness campaigns, and training female medical officers to underscore the challenges of iatrogenic fistula. This work, supported by UNFPA, contributed to improvements in identifying and addressing fistula in project areas. Following UNFPA initiatives, nearly 4,100 fistula cases were surgically repaired and 550 women rehabilitated, and 1,000 healthcare providers trained to treat and manage fistula complications.

- The role of UNFPA often involves aligning advocacy efforts across stakeholder groups and supporting NGOs with resources and skills to implement programmes. In Lebanon, as part of the project, Enhancing the Capacity of the National Commission for Lebanese Women for Promoting Gender Mainstreaming in Sector Plans and Programs, UNFPA supported the creation of the National Women's Strategy (2011–2021), using a multi-disciplinary and participatory approach. Specifically, in partnership with the Council of Ministers, UNFPA led a workshop where the National Women's Strategic Priorities Framework was developed and agreed for mainstreaming into national strategies and plans. The strategy addressed the reproductive rights and the rights of women and girls, and was validated, endorsed and operationalised in 2012.

- In Ukraine, UNFPA initiated and supported the Reproductive Health Partners Group. The multi-sector partnership included United Nations agencies such as WHO, UNAIDS and UNICEF, as well as the World Bank, USAID (and implementing partners John Snow Inc. and PATH), the Swiss Agency for Development and Cooperation, and national NGOs such as the International Planned Parenthood Federation, the Woman Health and Family Planning Foundation and the HIV/AIDS Alliance. The group shared costs and resources, coordinated for a stronger voice in national-level advocacy on SRHR, evaluated the national Reproductive Health of the Nation (2006–2015) programme, and developed a new national programme for the 2016–2020 period.

The new national programme leveraged new approaches, including the Total Market Approach[25] to make contraceptives more readily available and improve the quality of reproductive health and family planning services.

- In Sudan, UNFPA supported the women's movement and promoted activists' agenda around family planning and reproductive health and ending GBV, child marriage and FGM. As part of a broader collaborative platform, the women's movement contributed to securing government support to integrate gender and reproductive health issues in national policies and action plans, such as the National Policy on the Empowerment of Women (2007), the Female Genital Mutilation Abandonment Strategy (2008–2018) and the National Campaign for Combating Violence against Women (2018).

Overarching good practice 3: Planning for and ensuring attention to SRHR in crisis situations leads to more responsive humanitarian interventions that help rebuild communities

Natural disasters, conflicts and other crises are complex situations where sexual and reproductive health needs can be overlooked. UNFPA partners with governments, United Nations agencies and others to address SRHR in humanitarian contexts in two ways: during the preparedness phase to ensure the right policies and capacity are present; and during an acute response, delivering life-saving services, ensuring uninterrupted access to sexual and reproductive health services, including services to respond to GBV, and providing data to guide the response.

Some examples of how UNFPA attended to SRHR in emergency and humanitarian settings are as follows:

- During the Syrian crisis, the UNFPA country office in Lebanon helped to distribute reproductive health kits to the displaced Syrian populations. Reproductive health kits[26] and services were provided at health centres and included oral and injectable contraception, intrauterine devices, STI testing and treatment, and dignity kits[27] to help women maintain proper hygiene. At the time, the health centres did not encounter any shortage of commodities. The support of UNFPA was critical to ensuring that the affected populations continued to have access to reproductive health services and contraception. UNFPA also supported GBV awareness-raising sessions for Syrian women and youth, and by the end of 2012 had reached 23,081 refugees (including 1,595 men), exceeding the initial plan to reach 16,000 refugees.

- The UNFPA country office in Nepal responded to the 2015 earthquake and organized mobile, female-friendly health tents at camps to provide sexual and reproductive health and GBV services, information, contraceptives, dignity kits and psychosocial counselling. The tents served 124,720 women and girls, and 248,427 GBV survivors were referred to various multi-sectoral services. Prior to its direct support to the crisis-affected area, UNFPA worked to integrate GBV response in preparedness planning, supporting the prevention of GBV and aiding overall recovery efforts. For example, UNFPA contributed to the development of the 2013 National Disaster Response Framework and Adolescent Sexual and Reproductive Health in Humanitarian Settings toolkit in collaboration with Epidemiology and Disease Control Division and Family Health Division within the MoH, Save the Children, and the Nepal Red Cross Society. At the local level,

25. The Total Market Approach seeks to maximise market efficiency, equity, and sustainability through the coordination of the public, social marketing, and commercial sectors. See www.unfpa.org/sites/default/files/pub-pdf/psi_Mali_Feb5_2014final.pdf.

26. In support of the MISP, UNFPA Procurement Service Branch maintains stock of 17 different essential reproductive health kits (RH Kits), ready to ship for urgent and emergency requests. The kits are designed to respond to the reproductive health needs of various populations for three months. See www.unfpaprocurement.org/humanitarian-supplies.

27. In 2018, UNFPA delivered dignity kits to 49 countries. The kits help women and girls maintain proper hygiene after being displaced and are a critical component of the UNFPA humanitarian response. The basic kit contains 10 essential supplies and is kept in stock, so they can be delivered within 48 hours. Dignity kits can also be customised with 39 different items. See www.unfpaprocurement.org/humanitarian-supplies.

UNFPA provided technical advice and funding for cluster contingency plans[28] and capacity building among cluster members.

Overarching good practice 4: Supporting the generation and use of quality data promotes targeted action and accountability across all transformative results

While the availability and use of reliable, quality data was found to be particularly relevant to maternal mortality, the availability and use of data is also a major catalyst for policy change and programme development and improvement across all transformative results. Effective data use requires the timely generation of reliable data, and demands that decision-makers have the skills to analyse, disseminate and integrate data into policies and programmes. The financial and technical contributions of UNFPA have helped to ensure that quality data is available at the national level and that researchers, programme implementers, health care service providers and government representatives are prepared to understand and use data effectively to meet SRHR goals. Improvements in the collection, analysis and use of data helped countries more fully understand the problem, identify gaps and needs, and design stronger SRHR policies and programmes. UNFPA played a core role in building partnerships with ministries of health and other institutions to strengthen data systems, better capture demographic data and track SRHR outcomes.

A few examples of how UNFPA support for the availability and use of quality data resulted in greater action and accountability, are as follows:

- In the Kyrgyz Republic, UNFPA made significant contributions to the 2012 Demographic Health Survey and the 2014 Multiple Indicator Cluster Survey, both pivotal resources for monitoring national trends in sexual and reproductive health. In addition, UNFPA collaborated with the National Statistical Committee to prepare and analyse census data; and improved the collection and analysis of gender-disaggregated statistics tracking GBV and domestic violence rates and connected social norms and gender attitudes. Reports produced on this dataset enabled a better understanding of the nature and depth of the GBV problem in the country, supporting the development of appropriate preventive and response policy measures. This work, supported by UNFPA, helped to strengthen the national capacity for production and dissemination of quality disaggregated data on population dynamics, youth, maternal health, sexual and reproductive health and GBV, as well as to improve data availability. The use of that data then resulted in evidence-based decision-making and policy formulation. Notably, the demographic health data contributed to successful advocacy work that contributed to the passage of the 2015 Reproductive Health Law, for which UNFPA has received recognition as a global best practice.[29]

- In partnership with the Ministry of Finance, Economic Planning and Development, UNFPA in Malawi commissioned the African Institute for Development Policy to undertake a demographic dividend study. As a result, one report and six policy briefs were produced and widely disseminated, outlining investment recommendations to enhance responsive programming with respect to population dynamics for sustainable development. With the support of UNFPA, the Ministry of Finance, Economic Planning and Development used the report to engage in advocacy efforts to reach out to civic, political, religious and traditional leaders in various sectors at the national level— bringing issues of population and development into the broader political discourse. These efforts helped influence the incorporation of population and health becoming an area of focus for a revised National Population Policy.

28. The foundations of the current international humanitarian coordination system were set by General Assembly resolution 46/182 in December 1991. Almost 15 years later, in 2005, a major reform of humanitarian coordination, known as the Humanitarian Reform Agenda, introduced a number of new elements to enhance predictability, accountability and partnership. The Cluster Approach was one of these new elements. Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action (e.g. water, health and logistics). They are designated by the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination. See www.humanitarianresponse.info/en/about-clusters/what-is-the-cluster-approach.

29. It was the second runner-up out of 68 entries for advocacy activities to strengthen national capacity for production and dissemination of quality disaggregated data on population dynamics, youth, maternal health, SRHR and GBV.

- In South Africa, UNFPA supported the Department of Social Development in completing a study on the youth demographic dividend by providing technical assistance on the topic of youth sexual and reproductive health. Findings were used by the National Youth Development Agency to develop a comprehensive Status of Youth Report. In parallel, UNFPA provided financial support for capacity building of demography and epidemiology students at the Africa Centre on Health and Population Studies in order to strengthen the knowledge and technical capacity of data analysts in the country and promote the importance and use of data. State of the Population reports were also developed in some provinces and encouraged the use of data to, for example, support teenage pregnancy prevention efforts. Overall, UNFPA support in these areas contributed to strengthening the government's capacity to generate, analyse and disseminate relevant data, and make policy and programming decisions based on evidence.

Overarching good practice 5: UNFPA interventions that engage in gender analysis and integrate gender mainstreaming are better positioned to improve the lives of women and girls

Since violations of SRHR are connected to inequality and power imbalances, engaging in gender analysis is an important strategy for identifying how multiple and intersecting forms of discrimination manifest a particular setting. Gender analysis can be applied in every stage of the programme cycle: from planning, to programme development and implementation, through to monitoring and evaluation. Accordingly, UNFPA interventions that engaged in, or were informed by, a gender analysis appeared to be better positioned to improve the lives of women.[30]

Some examples of how a gender analysis and gender mainstreaming were incorporated by UNFPA interventions are as follows:

- In Turkmenistan, the UNFPA country office integrated gender-sensitive approaches into its reproductive health, SRHR education, and population and development initiatives. For example, through long-standing partnership of UNFPA with the Institute for Democracy and Human Rights, UNFPA and the Institute presented a number of recommendations to the Parliament on how to address systemic gender inequalities, based on an analysis of existing laws from a gender perspective. This stimulated deeper discussions around how to incorporate these learnings into the national legal framework. The initiative contributed to a number of national legal reforms, including an increase in matrimonial age from 16 to 18 years, the introduction of the concept of a marriage contract, and improved regulations to ensure safer correctional facilities for women in the Criminal Corrective Code.

- In Swaziland, UNFPA supported the establishment of a GBV Referral Network, which worked to implement an integrated gender mainstreaming approach in which police officers, traditional leaders, community-based volunteers and youth leaders were trained on how to most effectively assist GBV survivors. This contributed to increased awareness and knowledge among community-based volunteers on how to identify GBV cases, and which reporting channels to follow. Police stations also set up special rooms to aid in service delivery and to create a safe environment in which women could report violence. These efforts contributed to over 900 more GBV survivors using services in targeted regions, as well as traditional courts treating GBV cases more seriously than before. Beyond initial support by UNFPA in the referral network, their role was not clear in the country programme evaluations.

- In Niger, UNFPA led the coordinating bodies on Gender and Population & Development, Women's Advocacy and Child Protection, which included 21 ministries that undertook internal assessments on gender mainstreaming. These assessments, along with UNFPA advocacy of the relevance

30. A gender analysis refers to conducting a systematic and intersectional analysis of the diverse needs, status, power, roles and rights of specific groups.

and importance of the demographic dividend,[31] resulted in the development of gender units at the ministerial level and the development of strategic documents on how to ensure that policies supported gender, population and development perspectives. These commitments at the national level are promising steps towards gender equality.

- In India, UNFPA provided technical input to the curriculum of the National Adolescence Education Programme, which was rolled out in two national school systems: reaching 1,120 schools in Kendriya Vidyalaya Sangathan and 595 schools in Navodaya Vidyalaya Samiti, as well as nine districts in Bihar and residential tribal schools in Odisha. The curriculum focused on life skills and adolescent health, including SRHR and mainstreaming gender-related justice issues. Currently, schools in all but eight states in India are implementing some aspects of the programme, increasing knowledge of SRHR and women's rights among adolescents.

4.2 CHALLENGES TO ADVANCING TRANSFORMATIVE RESULTS

As evidenced by the country programme evaluations and emerging good practices highlighted in this synthesis, there has been significant progress made across the organization's three transformative results, improving the lives of women, adolescents and youth. However, despite this progress, 'getting to zero' requires greater investment of resources through long-term, core support, strengthened international, national and community-level ownership and engagement; and interconnected strategies that ensure coherence and holistically address the three transformative results.

Overarching challenge 1: Institutional weaknesses such as insufficient internal capacity within UNFPA, decreasing long-term core support and unevenly developed exit strategies, limit the progress, effectiveness and sustainability of UNFPA support

Institutional limitations or bottlenecks within UNFPA affect programme implementation and progress towards each of the transformative results. This challenge was particularly relevant for family planning as it was cited most frequently as a limiting factor to progress in the transformative result. More broadly, the institutional gaps that affected all transformative results include financial and human resource constraints; inadequate or limited institutional capacity to effectively manage and evaluate programmes; gaps in programme planning/design, including unevenly developed exit strategies; as well as challenges with transitioning to a new UNFPA business model in 2014, described further ahead.[32] In a number of country programme evaluations, these challenges hindered programme implementation and were identified as key limitations to the effectiveness and sustainability of UNFPA support.

Challenges in programme design

Half of the country programme evaluations mentioned inadequate design and planning of UNFPA programmes. This includes inadequate societal preparation (e.g. awareness-raising) for interventions, limited stakeholder consultations, and a need for systematic needs assessments or gender analysis, all of which affected programme implementation and ultimately overall programme effectiveness.

Another issue that was commonly mentioned across country programme evaluations (85 per cent) was a need for sustainable approaches to programming, including the consistent development of exit strategies. Some country programme evaluations also highlighted that even when

31. Countries with the greatest demographic opportunity for development are those entering a period in which the working-age population has good health, quality education, decent employment and a lower proportion of young dependents. Smaller numbers of children per household generally lead to larger investments per child, more freedom for women to enter the formal workforce, and more household savings for old age. When this happens, the national economic payoff can be substantial. This is a "demographic dividend", for more see: www.unfpa.org/demographic-dividend.

32. UNFPA new business model, introduced in 2014, was developed to help guide the use of modes of engagement based on each country's need and ability to finance its own development. The four modes of engagement in the 2014–2017 Strategic Plan include: 1) Advocacy and policy dialogue/advice, 2) Capacity development, 3) Service delivery, and 4) Knowledge management. The 2018–2021 Strategic Plan introduced a fifth mode of engagement: Coordination and partnerships, including South-South cooperation. See Tables 2 and 3 of the Strategic Plan Annex 4 relating to the Business Model here: www.unfpa.org/strategic-plan-2018-2021.

UNFPA supported programmes had political buy-in and national ownership, there was still a need for sustainable funding to maintain the initiative or service after contributions of UNFPA ended.

Challenges in programme implementation

One of the more commonly mentioned challenges was the capacity and ability to monitor programmes. Close to 90 per cent of country programme evaluations considered in this study mentioned that weak programme monitoring affected the ability of UNFPA to iteratively reflect on and improve programme approaches from one programme cycle to the next. Many country programme evaluations noted that this was due to the difficulty in measuring progress towards achieving the goals of the organization, limited monitoring and evaluation expertise among UNFPA technical officers, and/or weak organizational processes for effective analysis and use of data. A lack of baseline data in certain cases also made it challenging to track changes in, for example, social norms or link them to UNFPA contributions.

Resource limitations

Resource challenges were also commonly mentioned across country programme evaluations, ranging from funding shortfalls within country offices (72 per cent), challenges in timely financial disbursements (68 per cent) and limited staff resources for programme implementation (60 per cent). Funding gaps present key challenges to achieving all transformative result areas. Funding issues were described in country programme evaluations in various ways, including budget cuts on programmes, shrinking availability of public donor funding, and delays in the release of funds, all of which affected progress on programmes and reaching country programme goals.

Relatedly, funding for long-term initiatives and core support was found to be critical to sustaining and advancing women's rights, and particularly, work with civil society groups that work on women's and girls' rights. Budget cuts put UNFPA country offices at risk of losing their relevance and influence to mobilize resources, and support critical partners.

In addition to financial resource challenges, shifts in UNFPA human resources, including staff retention and access to well-qualified staff, were highlighted as challenges to the effectiveness of programmes. Gaps and shifts in human resources affected programme design and execution, including specifically the ability to consistently develop exit strategies.

Transition to a new business model at UNFPA

In addition to these institutional gaps, there was a limited period of transition for country offices to adapt to the new UNFPA business model introduced in 2014, resulting in unintended negative consequences. The shift in the business model was framed around a country's classification (based on a particular country's need and ability to finance its own programming) and accompanying modes of engagement. Challenges in adapting to this shift were mentioned in 40 per cent of country programme evaluations. Reports mentioned that new income classifications (based on the business model) often meant that fewer modes of engagement could be used.

Country offices also experienced decreased core funds (less than expected or planned for) from one strategic period to the next. Less funding often meant fewer opportunities to address result areas. While some country offices were able to refocus their efforts and be more targeted, others experienced challenges that threatened progress on the transformative results. For example, in some countries, the limited amount of core funds allocated to the country office affected the continuity of programming.

Some country programme evaluations noted further that the new business model often did not align with national development strategies or government priorities, making partnerships difficult. For

example, in some countries that shifted from a "yellow quadrant" to an "orange quadrant",[33] many implementing partners felt strongly that an integrated approach to programming that included capacity building (a mode of engagement discouraged in "orange" countries) was necessary to reach the most vulnerable and at-risk populations. This was also particularly challenging in other countries where tensions arose with government partners at the state level; programme expansion was therefore negatively affected by the swift transition to the new business model, given the vast differences of needs across countries (intra-country inequality) and the insufficient time allowed for country and regional offices to adapt.

Overarching challenge 2: Contextual challenges or weaknesses in national-level capacities, policies, infrastructure and health systems, compounded by unfavourable socio-cultural norms, continue to be particularly challenging and limit progress in all transformative result areas

Contextual limitations are defined as barriers to progress towards the transformative results that are attributable to the particular context in which UNFPA works. Challenges in the form of weak government infrastructure and capacity, bureaucracy and limiting or non-existent legal frameworks, ineffective and inadequate health systems, regressive social norms and a need for government commitment can affect programming at every stage and across all transformative results. In the country programme evaluations considered, there were some common external issues UNFPA country offices faced that were identified as challenges to the implementation and success of programmes.

Limitations in national capacity

The most commonly referenced contextual challenge was weak national financial and human resources capacity in governments or implementing partners (mentioned in 79 per cent of country programme evaluations). Programme implementation was hindered by the government's need to strengthen financial resources (fund counter-parting) and human resources (either availability or technical skills, or both). In several contexts, country programme evaluations noted that implementing partners, including governmental partners, had insufficient technical skills, which affected the quality and continuity of programmes that were often dependent on UNFPA presence and support. This leads to gaps in service provision, low demand for services and a diminished accessibility of national health services.

CPEs also reported that UNFPA programmes were hampered by local-level bureaucracy, including slow response, limited coordination and insufficient logistical support due to internal processes/protocols. These delays can exacerbate an already-fragile health system infrastructure, further constraining progress towards improved quality services.

Limitations in national ownership

Continuity of programmes was also threatened due to a (lack of) national ownership. Inadequate national ownership (mentioned in 50 per cent of country programme evaluations) was linked to limited political will to follow through UNFPA programme of work, a lack of government prioritization of UNFPA areas of concern, and insufficient national funding or financial commitments.

33. Countries with the highest needs but lowest ability to self-finance are categorised in the "red quadrant"; these country offices receive between 50 and 60 per cent of UNFPA core resources to implement all four modes of engagement. Countries with the highest ability to self-finance and the lowest needs are categorised in the "pink quadrant", and are encouraged to use one mode of engagement; these country offices receive between 15 and 17 per cent of core funds to implement support focussed only on advocacy and policy dialogue/advice. Country programmes in the pink contexts provide overall policy environment monitoring and connect best practices and experience of what works and what does not. Country offices in the "orange quadrant" countries are encouraged to utilise three modes of engagement with 14 to 18 per cent of core funds. Engagement and interventions in the orange quadrant context focus on providing support across the three levels of capacity development. The orange quadrant contexts focus more on the enabling environment level through cutting- edge sectoral, multi-sectoral and systemic capacity diagnostics and analysis to identify systemic challenges and provide solutions for the achievement and preservation of development gains. Country offices in "yellow quadrant" countries focus on two modes of engagement with 7 to 11 per cent of core funds. The yellow quadrant contexts focus on institutional-level operations, resources and tools in addition to enabling environment levels. See Tables 2 and 3 of the Strategic Plan Annex 4 relating to the Business Model here: www.unfpa.org/strategic-plan-2018-2021.

Legal barriers

Nearly half (45 per cent) of country programme evaluations mentioned that weak legal frameworks constrained the ability to guarantee women's rights. It is especially difficult in these contexts for UNFPA to successfully support passing/reforming gender equality and women's rights laws because efforts are often seen as controversial or politically and culturally insensitive.

Social and cultural barriers

Almost as commonly mentioned as government and partner capacity challenges were programmatic challenges due to cultural norms and gender inequalities that promote discrimination, particularly in family planning programmes (60 per cent of country programme evaluations). Regressive social and cultural norms posed significant challenges in achieving the transformative results despite UNFPA efforts to address them. Specifically, deeply ingrained and long-held practices and beliefs, and patriarchal gender and social norms that affect healthcare decisions hindered the effectiveness of programs. Some socio-cultural barriers to family planning were particularly challenging due to communities' and health workers' beliefs, resistance and stigma.

4.3 CONCLUDING REMARKS

Although interrelated, the transformative results are framed as three discrete goals; while helpful for planning, the lack of an integrated analysis of factors contributing to progress at the country level may hinder more strategic and catalytic action. While country programme evaluations largely reported on activities and achievements for each transformative result, separately, there were often indirect outcomes that affected progress in all three transformative results. SRHR and women's rights are complex, interrelated issues in which progress benefits from holistic, mutually-supportive approaches. Sometimes, these instances were explicitly noted, but often these impacts were overlooked. A deeper, more nuanced analysis of the interconnectedness between the activities and goals – such as how family planning and GBV achievements can affect maternal health outcomes, or how UNFPA country offices can find more strategic ways to address some common social-cultural norms that arise as barriers across all three transformative results – may help to integrate approaches and more effectively address each of the transformative result areas.

The good practices presented in this synthesis provide insights that UNFPA country offices can use to further and deepen progress on the three transformative results. Specifically, the ability of UNFPA to foster UN coordination and partnerships with diverse stakeholders for synergies; support the generation of quality data to inform policy and support advocacy; deploy its technical expertise on SRHR; and strategically align country programmes with national agendas and frameworks stood out as significant to mobilizing progress. The credibility of UNFPA, as a result of the organization's recognized expertise and technical inputs on SRHR, made action and decision-making more accessible and relevant, and advanced advocacy efforts. Finally, a few instances of organizational learning through knowledge management and cataloguing best practices within country offices made a positive difference on programme development and implementation, when capitalised upon.

The limiting factors to progress, whether institutional or contextual, present another opportunity for UNFPA to reflect and adapt its programming and strategies to both address these underlying challenges, and further optimise its resources and efforts to continue making progress in and across all of its transformative results.

The good practices and limiting factors that emerged from this exercise capture the knowledge and experience of the implementation of UNFPA programming across its country offices. In the spirit of further institutionalising a culture of learning, reflection and action, these good practices can serve as valuable insight to support UNFPA in its development of evidence-based programmes and strategies that catalyse the transformative changes that it seeks.

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Capturing lessons to support programming and decision-making
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