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REPORT OF THE EXECUTIVE DIRECTOR FOR 2012: CUMULATIVE ANALYSIS OF PROGRESS IN IMPLEMENTATION OF THE UNFPA STRATEGIC PLAN, 2008-2013

Summary

This report provides an analysis of progress, challenges and lessons learned during the implementation of the UNFPA strategic plan, 2008-2013. The report's structure and analysis stem from the strategic plan's development results framework and the management results framework.

The report focuses on highlights while utilizing annexes, available separately on the UNFPA website, to provide more detailed quantitative and qualitative analysis and information about UNFPA performance and results.

This report should be read in conjunction with the Statistical and financial review 2012, DP/FPA/2013/3 (Part I)/Add.1, which provides details of expenditures.

Elements of a decision

Elements of a decision are contained in section VI of this report.

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Contents

N.B. Annexes 1 to 12 are available separately on the UNFPA website.

I. Introduction

1. The present report provides an analysis of progress, challenges and lessons learned during the implementation of the UNFPA strategic plan, 2008-2013 (see also DP/FPA/2012/6, Part I; DP/FPA/2011/3, Part I; and DP/FPA/2011/11). The report presents the global and organizational context in which the strategic plan was implemented; and the achieved versus planned results. It also presents expenditures by development outcome. Elements of a decision are contained in section VI.

2. The report draws on a range of information sources, including: (a) annual reports from all UNFPA units; (b) programme reviews and evaluations; (c) the good practices database; (d) staff surveys; (e) UNFPA partner surveys; and (f) external reports. Information from these sources is triangulated to provide a balanced perspective.

II. Global context

3. The global context during the strategic plan period, 2008-2013, was marked by major socioeconomic challenges with substantial implications for UNFPA.

4. Three important targets of the Millennium Development Goals (MDGs), including halving extreme poverty, were met three years ahead of the 2015 deadline. However, progress on MDG 5 (A and B) on improving maternal health was slower than required to meet the 2015 goal. Also, while poverty declined inequality, including gender inequality, did not.

5. World population hit the seven billion mark in 2012, reminding the international community not only that the global population had increased by about two billion since the adoption of the Programme of Action of the International Conference on Population and Development (ICPD) in 1994, but also that the demographic landscape had changed significantly. Today, there is unprecedented diversity in demographic situations across and within countries and regions. While an increasing number of countries grapple with the challenge of population ageing, population growth in high-fertility developing countries has "bulged" and the world is seeing the largest-ever cohort of young people, many of whom face significant barriers in fulfilling their potential. Population changes are also feared to contribute globally to the pressure on natural resources, and in combination with consumption patterns, place the issue of sustainability at the centre of international concerns.

6. While the world continued to benefit from an unprecedented technological revolution, especially in the area of communication, the global economic and

fiscal crisis took a toll on many economies and plateaued the resources available for international development. Conflict and insecurity persisted, particularly in countries in crisis and transition. Alongside the fiscal austerity, there was an increased focus on efficiency, effectiveness and accountability in delivering results. This also encouraged greater investment in more innovative development cooperation models, such as South-South cooperation and market-based approaches, and in striking a new balance between development and humanitarian work.

III. UNFPA response to the global context

7. UNFPA responded to the changing global context by focusing on repositioning its mandate to respond more effectively to global, regional, and national priorities and development frameworks.

8. At the global level, UNFPA leads the ICPD beyond 2014 review, which is also an opportunity to contribute to the future of global population and development policies at national, regional and global levels. A global consultation launched by UNFPA aims not only to advance the ICPD agenda but also to ensure its close integration into the post-2015 global development agenda. To maintain and strengthen global commitment to ICPD issues, a global survey and thematic conferences were initiated, engaging the Member States, United Nations organizations, civil society, and academia in discussions on the progress to date and future directions. For the first time, through UNFPA leadership, the United Nations system will jointly review the ICPD agenda at a special session of the General Assembly in 2014.

9. UNFPA has engaged closely in the discussions on the post-2015 development agenda. It has provided substantial evidence to inform the various thematic discussions and advocated to better position the ICPD agenda within the post-2015 development framework. For instance, UNFPA contributed data and analysis for the Secretary-General's annual reports on the MDGs and the countdown to 2015 publications. It also participated in the maternal mortality estimation inter-agency group, which published the 1990-2010 trends, and supported the comparative analysis of urbanization and its links to economic growth and social development in the BRICS**(**Brazil, Russian Federation, India, China and South Africa).Through its advocacy prior to and during the 2012 United Nations Conference on Sustainable Development, UNFPA ensured the inclusion of messages on universal access to sexual and reproductive health (SRH) and family planning, the empowerment of women and youth, and the usage of population data and projections in the Rio+20 outcome document.

10. UNFPA advocacy has helped move the family planning agenda to the forefront of the international stage. In 2012, UNFPA cooperation with the

Government of the United Kingdom of Great Britain and Northern Ireland, the Bill & Melinda Gates Foundation, and other stakeholders resulted in a successful London Family Planning Summit. The summit garnered unprecedented commitment from Member States to advance women's human rights by making affordable, life-saving contraceptives, information, services, and supplies available to an additional 120 million girls and women in the poorest countries by 2020. To translate this commitment into action, UNFPA formulated a new strategy for family planning.

11. UNFPA also contributed to setting international standards on reproductive rights through support to:(a) Human Rights Council resolutions on maternal mortality and morbidity;(b) work with United Nations treaty bodies; and (c) the General Assembly resolution on female genital mutilation (FGM).

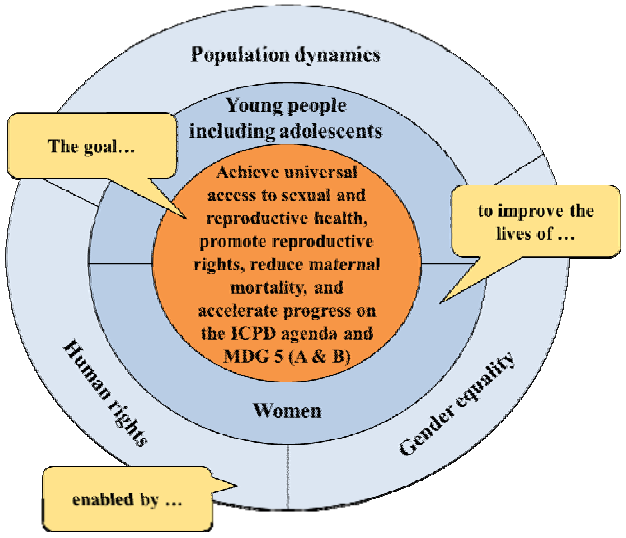
12. UNFPA engaged closely with Member States to support the landmark resolution on adolescents and youth adopted at the forty-fifth session of the Commission on Population and Development, and enhanced its advocacy for the rights of adolescent girls, especially the most marginalized and those at risk of poor SRH, including indigenous girls. On the first-ever International Day of the Girl Child in 2012, the Fund generated global visibility, new evidence, dialogue and action on child marriage, leveraging advocacy for partnership-building, and raising public awareness of the need to reach at-risk and married girls. UNFPA committed to intensify its own efforts in 12 countries with high rates of child marriage, including in Guatemala, India, Niger and Zambia.

13. Within the United Nations, UNFPA proactively participated in, and led in some cases, United Nations reforms initiatives, which were instituted in response to the changing global context.

14. UNFPA itself underwent a change in leadership with a new Executive Director beginning his term of office in 2011, and two new Deputy Executive Directors appointed in 2012.

15. Under its new Executive Director, UNFPA initiated significant organizational change, driven mainly through the midterm review(MTR), in 2011, of its strategic plan, 2008-2013. The MTR was a major turning point for the organization as it transformed the way UNFPA conducted business by refining the Fund's strategic focus and vision and emphasizing operational excellence. As a result, a new strategic direction was introduced, known colloquially as the "bull's eye" for the figure which encapsulates the Fund's new strategic direction and sharpened focus (figure 1).

Figure 1. The Fund's new strategic direction: the "bull's eye"



16. Compared to the strategic plan, 2008-2011, which had three goals and 13 development outcomes, the revised version, 2012-2013, has one goal and seven outcomes. Furthermore, management outputs were reduced from nine to four. To support the revised plan's implementation, UNFPA developed a business plan with seven key action points: (a) focused programming; (b) field support and focus; (c) communication; (d) staff skill-building and empowerment; (e) streamlining of management and operations; (f) breaking organizational silos; and (g) holding senior management accountable. The changes resulting from the MTR and the business plan have strengthened the organization and are referenced throughout this report.

17. Evidence is emerging that UNFPA programmes are now more focused. Country offices refocused the programmes while senior management introduced enabling structures such as the programme review committee (PRC),and detailed strategies for two focus areas, namely, adolescents and youth; and family planning.

18. The PRC, chaired by the Executive Director, reviews all country programme documents (CPDs) prior to their submission to the Executive Board to ensure quality, focus and alignment with the strategic plan. Since the inception of the PRC, the percentage of CPDs that meet results-based management (RBM) and evidence-based programming criteria has increased significantly, from 50 per cent for those submitted to the Board in June 2011 to 92 per cent as of June 2012.

CPDs now focus on an average of four of the seven outcomes of the development results framework (DRF), instead of attempting to address all challenges.

19. Alongside the enhanced focus of programmes, UNFPA addressed the issue of proliferation of implementing partners and annual workplans. Evidence suggests that the enhanced alignment of country programmes to the revised strategic plan reduced the number of implementing partners, in some cases by as much as 50 per cent. A similar trend was observed for annual workplans.

20. To better address field support needs, the Programme Division was reorganized to dedicate more resources and attention to the field; and two work clusters were established on women's reproductive health and on adolescents and youth. These steps helped to break down organizational silos, promote cross-functional work, and accelerate the Fund's programme delivery.

21. The impact of improved support to countries was experienced across UNFPA. According to the global staff survey, the percentage of country office staff who felt that they receive adequate support from headquarters increased from 56 per cent in 2009 to 63 per cent at the end of 2012.

22. The data also suggests that UNFPA communication is improving. The percentage of staff who report that they are satisfied with the information they receive increased from 70 to 75 per cent. Partner surveys corroborated this finding. The percentage of partners agreeing that UNFPA communicates clearly increased from 78 per cent in 2010 to 89 per cent in 2012. With the adoption of the Fund's new communication strategy in 2012, further improvement in internal and external communication is expected. This will be critical for the successful implementation of the new strategies on family planning, adolescents and youth, and on humanitarian response.

23. All these changes aim to make UNFPA a more efficient, effective and agile organization as it fulfils its mandate, and integrates the ICPD agenda into the broader global development agenda.

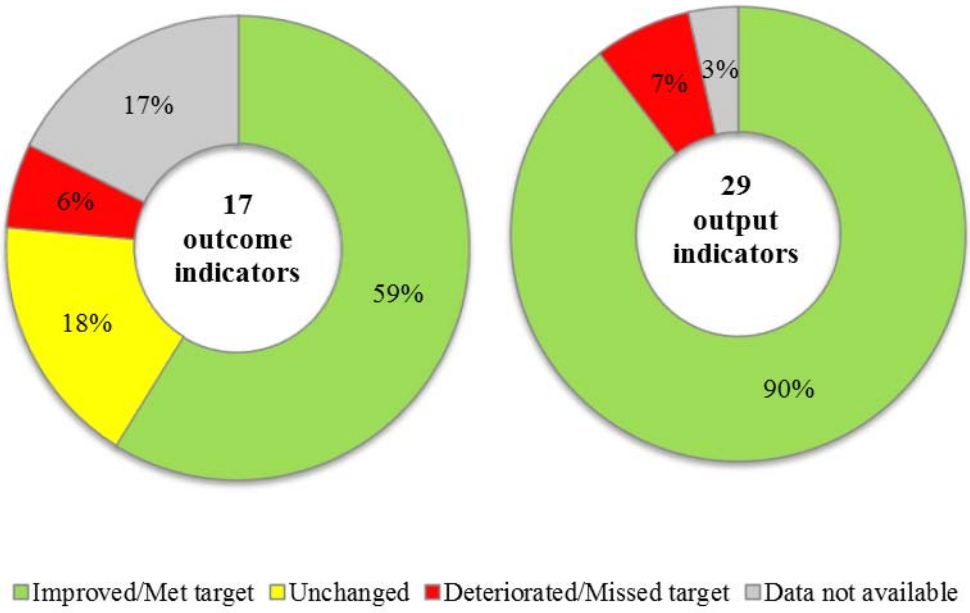
IV. Development results

24. This section focuses on an analysis of the progress during 2012-2013, in achieving the DRF goal, seven outcomes and 18 outputs agreed in the MTR, and the expenditures for these results. To the extent that data is available and can support a trend analysis, the report presents a cumulative picture for 2008-2012, especially at the outcome level.

A. Overall results

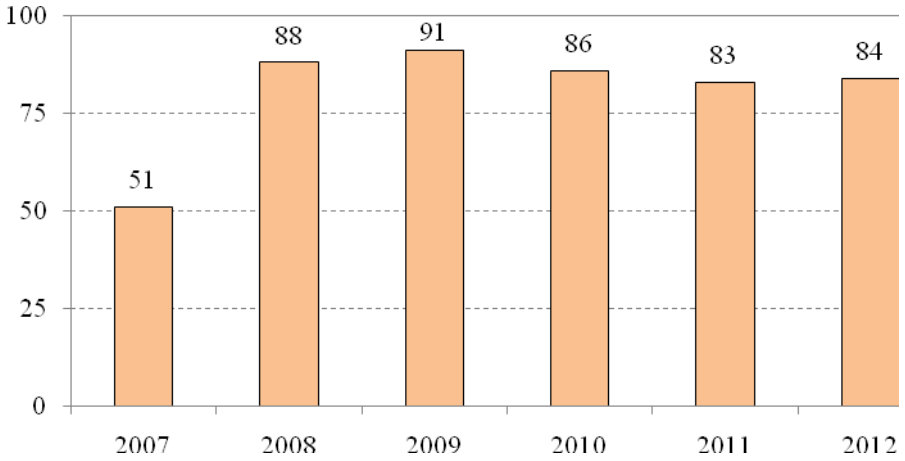
25. Overall, the strategic plan outcome indicators suggest modest achievements over the strategic plan period, as shown in figure 2. This is partly because the reporting reference period, 2010-2012, is rather short for measurable changes to be achieved in such high-level indicators as maternal mortality and contraceptive prevalence. However, results against the output indicators depict a more positive story. The weaknesses in some of the indicators notwithstanding, the results show a strong performance with 26 of the 29 output targets achieved, as shown in figure 2. See annex 8 for case studies on the Fund's achievements and annex 12 for supplementary reports.

Figure 2. Trends in outcome indicators and achievement of targets of output indicators



26. The UNFPA programme "theory of change" is that the organization's annual workplans produce outputs that ultimately contribute to achievement of the specified outcomes which, in turn, results in the achievement of the Fund's goal. Figure 3 shows the extent to which the Fund implemented its annual workplan outputs during 2007-2012. The figures show a consistent performance across 2008-2012: on average, 86 per cent of the country programmes annually achieved indicator targets for at least 75 per cent of their annual workplan outputs. Compared to the 2007 performance, this indicates an improvement.

Figure 3. Percentage of country offices that reported achieving indicator targets for more than 75 per cent of annual workplan outputs, 2007-2012



Source: UNFPA country office annual reports, 2007-2012.

27. Although measurement of the Fund's results has improved subsequent to the MTR, challenges remain, including: (a) weak performance metrics, especially for measuring upstream work;(b) inconsistent programme monitoring; and (c) insufficient programmatic guidance on how UNFPA should operate in different settings. Addressing these challenges is a priority in the development of the next strategic plan, 2014-2017. Some issues, such as programmatic guidance, are already being addressed through the new strategies for family planning and for adolescents and youth. Ongoing efforts to improve performance through portfolio monitoring are also promising.

B. Financial expenditures by development results framework outcomes

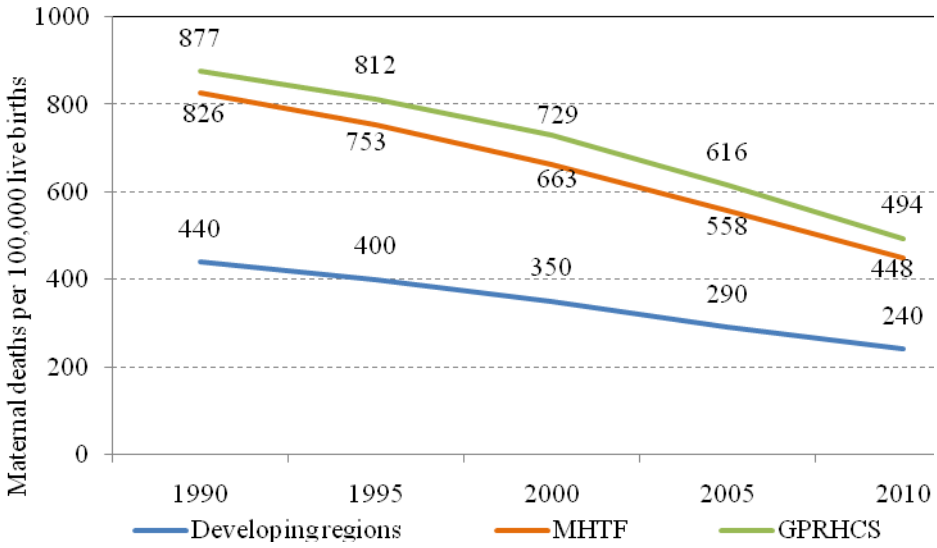
28. The overall resources, both regular and other, that UNFPA expended on the seven development outcomes in 2012, amounted to $603 million. Of this amount, the largest share, $169 million (28 per cent), was spent on the maternal and newborn health outcome, followed by $153.5 million (25.5 per cent) for the family planning outcome. The remaining 46.5 per cent of expenditures was shared by the other five outcomes. Outside of the development outcomes, an additional $72.2 million was spent on programme activities, principally on programme coordination and assistance ($66.6 million). Details are contained in the integrated resources framework in annex 2. All 2012 financial data is provisional.

C. Progress against specific strategic plan results

Goal: To achieve universal access to SRH (including family planning), promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A and B)

29. Trends in two key indicators that measure progress towards this goal are presented below. As figure 4 shows, during the strategic plan period, maternal mortality trends in the developing regions continued to move in the right direction, including in the countries covered by the Maternal Health Thematic Fund (MHTF) and the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS).However, it should be noted that the decline in maternal mortality has been uneven, remaining 15 times higher in developing countries than in developed countries; and sub-Saharan Africa still accounts for about 56 per cent of the estimated worldwide maternal deaths. Overall, the decline in maternal mortality was slower than required to achieve the MDG target 5A.

Figure 4. Trends in maternal mortality



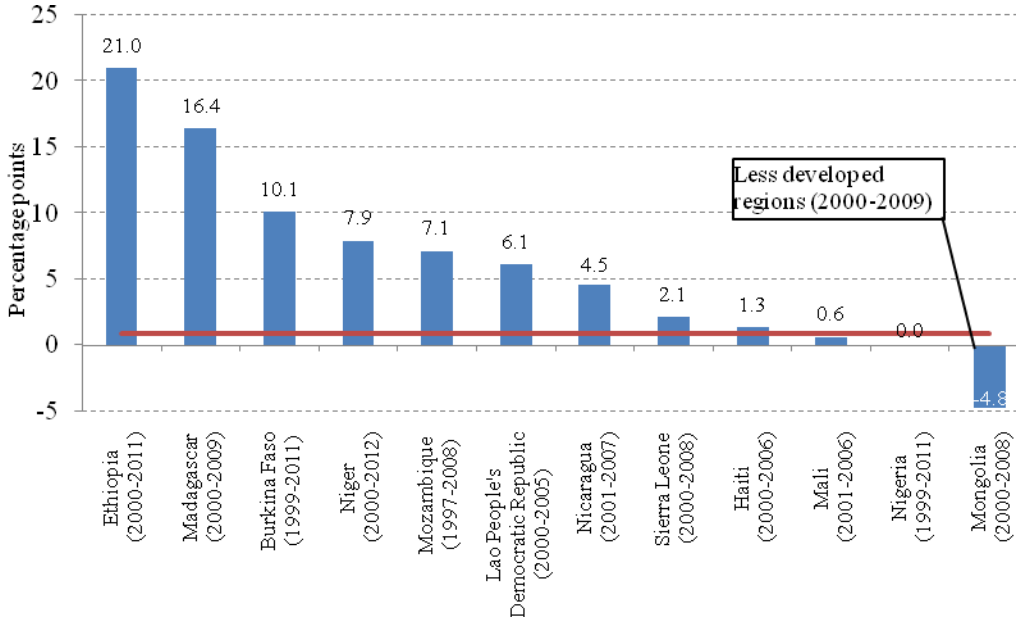
Source: UNFPA MDG5b+Info and trends in maternal mortality: 1990 to 2010, WHO, UNICEF, UNFPA and the World Bank estimates.

30. Trends for MDG target 5B, on utilization of family planning during the MDG period, have also moved in the right direction since 2000, albeit at a slower pace than in the 1990s and with major disparities across countries. For instance, between 2000 and 2012, prevalence of modern contraceptive methods doubled in countries such as Ethiopia, Madagascar and Rwanda. While in other countries,

such as Cameroon, Nigeria and Senegal, contraceptive prevalence hardly changed and remains low.

31. Increases in the utilization of modern contraceptives in the less developed regions and in the 12 countries supported on a multi-year basis by the GPRHCS ('stream one' countries)are shown in figure 5. Although utilization rates have moved in the right direction in the less developed regions since 2000, the increase was very small, namely, less than 1 per cent. In the 12 countries supported by the GPRHCS, the change was mixed. The increase in contraceptive prevalence in nine of these countries was higher and, in some cases, over 10 times that of the less developed regions; but in the remaining three countries it was lower, and in one case there was a decrease in contraceptive prevalence.

Figure 5. Change in modern contraceptive methods prevalence in less developed countries versus GPRHCS 'stream one' countries



Source: UNFPA MDG5b+Info.

Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health(including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies

32. The number of countries whose national development plans (NDPs) took the interlinkages between population dynamics and poverty into consideration increased (see annex 1). Notably, between 2010 and 2012, the number of countries with NDPs that considered emerging population issues, such as ageing,

almost doubled from 23 to 43; and those with NDPs including young people's needs, increased from 49 to 59.

33. UNFPA continued to build country capacity for incorporating population dynamics and SRH into development policies, plans and programmes through generating knowledge, equipping policy makers and planners with the appropriate knowledge and skills, and supporting utilization of evidence. UNFPA prepared critical evidence-based publications such as on *Ageing in the Twenty-First Century*,[1]which informed countries on the speed and implications of ageing and led to the integration of ageing in national policies in 35 countries. UNFPA also supported capacity-development initiatives in 73 countries for the integration of population dynamics into development plans and programmes, and facilitated the use of evidence to integrate SRH in national health plans in 54 countries, exceeding the 2012 target of 18 countries. The successful ICPD global youth forum, held in Bali in 2012, was the first-ever United Nations mandated process, led by global youth, for global youth.

34. Between 2010 and 2012,UNFPA supported 74 countries (the target was 40) to establish mechanisms for enabling participation of youth and adolescents in policy dialogue and programming. This included innovative approaches such as a youth-led movement entitled *10 Days of Activism*,[2]which brought together youth to advocate for young people's human rights in over 50 countries, and led to tangible results. In Uganda and Zambia, for example, knowledge was generated on how to undertake youth-led participatory research and develop advocacy strategies that use demographic and health information; and, in Maldives and Pakistan, data was used to advocate for social investments in young people.

35. Reliable data on young people's SRH, especially for marginalized groups such as indigenous youth, often is unavailable. The Fund's recently developed adolescent and youth strategy will provide technical support to address this limitation. Often national institutions working on adolescents and young people tend to do so in silos instead of using integrated approaches. Joint programming among United Nations agencies will continue to be used to address this and to promote harmonized and integrated approaches, which will also be aided by the recent appointment of UNFPA as co-chair of the inter-agency network on youth development.

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

[1]See https://www.unfpa.org/public/home/publications/pid/11584.
[2]See http://www.10daysofactivism.com/.

36. Women's access to and use of maternal and newborn health services increased during 2008-2012. In developing countries, the proportion of births attended by skilled health personnel increased from 63 per cent to 65 per cent between 2008 and 2010. In the 61 *Countdown to 2015* priority countries, this indicator increased from 49 per cent between 2000 and 2005 to 57 per cent for the period 2006-2011. Additionally, the countries with less than 5 per cent of live births with caesarean section decreased from 46 in 2010 to 33 in 2012, signifying increased use of emergency obstetric and newborn care (EmONC) services.

37. UNFPA supports interventions to reduce maternal and neonatal mortality in most developing countries, and focuses its thematic funds on supporting enhanced national response in countries with high maternal mortality. UNFPA thematic funds and the number of countries they covered include: the fund on fistula (over 50 countries); GHPRHCS (46 countries, see annex 4); and MHTF (43 countries, see annex 3).UNFPA also supports the improved cultural relevance of SRH care for the benefit of indigenous women and young people, and integration of services to protect children from HIV infection in the 22 priority countries of the UNAIDS global plan on eliminating new HIV infections among children by 2015.

38. UNFPA strengthened capacity for comprehensive midwifery systems using two key vehicles. First, a midwifery programme was launched to strengthen midwifery education, workforce policies and national associations. As a result, midwifery enrolment increased and midwifery capacity strengthened in 30 countries, including Burkina Faso, Cambodia, Ethiopia, Guyana and Madagascar. Secondly, in 2012, an interactive training package was developed to transform the way frontline health-care workers are trained. This was the product of an innovative partnership with Intel, WHO and Jhpiego.

39. Subnational capacity-building for EmONC services was also supported by UNFPA in 32 countries, surpassing the 2012 target of 25 countries. This included the development of EmONC needs assessments to help plan the scale-up of high-quality maternity services and upgrade facilities. These were completed in 30 countries, including Benin, Democratic Republic of the Congo, Guyana, Haiti and Madagascar. Maternal death audits and appropriate response systems were strengthened using the Handbook on EmONC that was produced by the Health 4+ (H4+) group. Between 2008 and 2012,UNFPA supported training in the integration of maternal and neonatal health services in humanitarian settings for 6,671 staff of partners at the country, regional and global levels.

40. The UNFPA-led Campaign to End Fistula, launched in 2003, was instrumental in positioning SRH and reproductive rights, and in addressing the needs of many women incapacitated by obstetric fistula. In 2012, UNFPA directly supported surgical treatment for 7,000 women and girls; however, this fell short of the 8,000 target. The Fund also supported over 50 countries in securing

attention, funds and technical assistance for fistula prevention, treatment and social rehabilitation.

41. Evaluations, such as the thematic evaluation on UNFPA support to maternal health, 2000-2011, showed that the UNFPA maternal health programmes are aligned with SRH national priorities and that the strategy of building capacity had contributed to increased utilization of high-quality maternal health services. However, the evaluation also pointed out that, over the decade under review, UNFPA capacity to achieve impact at country level was affected by:(a) inadequate staffing and skill mix;(b) short-term (annual) planning cycles; (c) an inadequate definition of the key concept of "vulnerability"; and (d) poor results monitoring systems and generation of programme-specific evidence. The thematic funds and the revised Policies and Procedures Manual, which allow multi-year workplans and include tools for ensuring knowledge management, have addressed these challenges. In addition, a position paper on "vulnerability' is being produced and staff skills are being enhanced.

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

42. Since 2000, the proportion of married women in developing regions who use modern contraceptives plateaued at 56 per cent. In 2012, in developing countries, out of an estimated 867 million women who wanted to avoid a pregnancy in the next two years, only 645 million had access to modern contraceptive methods. This shows an increase of 42 million compared to 2008, and indicates that 222 million women lack access. However, the percentage of countries with service delivery points that provide at least three modern contraceptive methods has increased from 37 per cent in 2009-2010 to 44 per cent in 2011-2012.

43. Over the past year, UNFPA has engaged and provided leadership among United Nations agencies and other development partners to promote family planning. UNFPA is currently the secretariat of the coordinated assistance for reproductive health supplies group, which resolved supply problems and averted stock-outs in many countries. In 2012, the Fund also led and participated in the establishment of and served as the vice chair and co-secretariat of the United Nations Commission on Life-saving Commodities for Women and Children.

44. UNFPA advocated and supported governments to fund, design and implement programmes for scaling up family planning. As a result, family planning national priorities and new strategies were developed in countries such as Iraq, Sudan and Yemen, while countries such as Burkina Faso, Mali, and Nicaragua increased budget allocations for the procurement of contraceptives. Between 2007 and 2012, through the GPRHCS, close to $600 million was

mobilized in aid for reproductive health commodities and strengthening of health systems (see annex 5).

45. UNFPA support, especially for reproductive health commodity security, was rated as "relevant and effective" by the majority of the country programme evaluations conducted in 2011. However, these reviews also noted that many UNFPA country programmes did not spell out their family planning "theory of change", or include an exit strategy, or adequately use available evidence to inform the strategy. The next strategic plan will deal explicitly with "theories of change" that can be adapted by country programmes; and will emphasize the integration of family planning in reproductive health programming. Knowledge management will also be strengthened to promote and build a culture of evidence-based programming.

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

46. Between 2001 and 2011, HIV prevalence among youth, aged 15-24, reduced from 0.7 per cent to 0.6 per cent for young women; and from 0.4 per cent to 0.3 per cent for young men. Trends in preventive behaviour were mixed. Among countries with a generalized epidemic, condom use increased in many of these countries but reduced in Benin, Burkina Faso, Côte d'Ivoire and Uganda; having multiple partners reduced in Kenya, Malawi, Mozambique, Namibia, Nigeria and Zambia, but increased in Côte d'Ivoire, Guyana and Rwanda. Meanwhile, knowledge about condoms remained low, especially among young women in several of the countries with a generalized epidemic.

47. UNFPA continues to work within the United Nations response framework to reduce new HIV infections in young people, women and other vulnerable population groups (sex workers, men who have sex with men and transgender people). UNFPA focused on 38 countries (see annex 7) and, between 2010 and 2012, supported 25 countries, exceeding the strategic plan target of 20, to conduct assessments of the linkages between SRH and HIV, and the development and regular updating of the online resource pack on HIV and SRH linkages.

48. UNFPA supported procurement and demand creation for condoms. By 2012, as planned, six countries had received support and implemented the comprehensive condom demand-generation framework targeting young people; while 86 countries had implemented the UNFPA 10-step strategic approach to comprehensive condom programming, which includes the development of national condom strategies, policies and plans. In 2011, UNFPA was the largest public-sector procurer of male condoms and the second largest for procuring female condoms.

49. In countries such as Ghana, Namibia and Malawi, UNFPA built the capacity of young people's networks, such as Youth LEAD and the HIV Young Leaders Fund and enabled youth, including indigenous youth, to voice their opinions; engage in advocacy and public policy debate on access to services, comprehensive sexuality education; and participate in SRH/HIV programmes. UNFPA worked to enhance human rights protection and service access for key populations in 80 countries. During 2010-2012, UNFPA supported 27(target was 25) out of the 38 priority countries engaged in programmes addressing the HIV- and SRH-needs of sex workers.

50. Social norms leading to the stigmatization and criminalization of HIV-infected persons represent major obstacles, while reaching out to vulnerable population groups, including sex workers, is a challenge in many countries. The precarious financial environment underscored the need for increased domestic investment and sustained partnership with funding mechanisms such as the President's Emergency Fund for AIDS Relief(PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Strong engagement in HIV inter-agency mechanisms produced better results and improved inter-agency and inter-programmatic work to support countries reach the targets of the 2011 political declaration on HIV/AIDS.

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

51. The proportion of countries, required to submit a national report to the Committee on the Elimination of All Forms of Discrimination against Women, that have mechanisms in place to implement laws and policies for advancing gender equality increased from 45 per cent in 2011 to 48 per cent in 2012. However, the percentage of women aged 20-24 who were married or in union before age 18 remains high, at 35 per cent, and, globally, seven in 10 women report having experienced physical and/or sexual violence in their lifetime.

52. Since 2011, UNFPA supported 119 (target was 115) countries to implement international agreements and national legislation for gender equality and reproductive health rights. The Fund also supported 29 out of the 30 target countries to develop policies and programme responses to prevent gender-based violence (GBV) and supported the training of 2,884 (target was 1,500) personnel in programming for GBV in humanitarian settings. Highlights include the following: Guinea-Bissau and Kenya have enacted new laws to prevent FGM, while national policies, frameworks and laws in support of reproductive health rights were developed, inter alia, in Armenia, Cambodia and Costa Rica.

53. Communities were engaged to increase awareness and take action to promote women's and girls' SRH and reproductive rights. Under the FGM programme jointly implemented with UNICEF in 15 African countries, the number of communities declaring the abandonment of FGM increased from 596 in 2010 to 2,900 in 2012. The training, in the same period, of about 88,000 health providers in the management of FGM; the involvement of religious and traditional leaders; and the integration of FGM issues in SRH policies of four countries contributed to these results.

54. In 32 out of the planned 33 countries, civil society organizations were supported to help create a public environment that is favourable to gender-equality. The support provided ranged from the sensitization of the police in Mongolia, Nepal and South Sudan, to engagement of young men in Nicaragua and South Africa. UNFPA also worked with more than 200 women's NGOs across 11 Arab States to create a regional body that campaigns for women's rights.

55. The translation of policies and laws into action, including the allocation of sufficient budgetary resources, remains a major challenge in most countries. Resistance based on social norms, for instance, to the eradication of child marriage and GBV, needs to be overcome. Sustained efforts by UNFPA have contributed to gender equality and reproductive rights being placed high on policy agendas. However, capacity for accountability to and focus on the needs of marginalized groups, including indigenous people, needs to be strengthened. Within the United Nations system, the approval of the system-wide action plan on gender equality and the empowerment of women, along with the implementation of the gender marker system, will help to strengthen such accountability.

56. The elimination of GBV requires interventions at all levels of society and this necessitates mainstreaming GBV prevention across UNFPA programmes. This is being addressed systematically. For example, training health workers and police officers together enforces information sharing, networking and the development of pathways between the health and law enforcement systems.

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

57. Recent data shows that adolescent birth rates are unacceptably high, at 55 per 1,000 women in the age group. The proportion of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission was 35 per cent for males and 30 per cent for females in the period 2005-2009. Recent surveys in

countries with generalized epidemics still show knowledge levels at less than 50 per cent.[3]

58. In cooperation with UNICEF and the South Asian Association for Regional Cooperation, UNFPA elaborated an initiative to end violence against women and an action plan to end child marriage. Following the Fund's evidence-based advocacy, Kyrgyzstan included the elimination of child marriage in its development strategy for the first time.

59. UNFPA supported 95 (target was 85)countries to strengthen capacities for essential SRH service delivery to young people, including HIV prevention, treatment and care. With this support, Sierra Leone initiated a multisectoral adolescent and youth strategy to tackle the high rates of adolescent pregnancy and child marriage; and India drafted an adolescent health strategy with an equity focus. In Georgia, a model for engaging the private sector to deliver youth-friendly health services free-of-charge was piloted. In Barbados and Kazakhstan, advocacy with policymakers was undertaken to remove legal barriers that prevent adolescents below the age of 18 from accessing SRH services without parental consent.

60. UNFPA supported 95 (target was 80) countries to design, implement and evaluate comprehensive age-appropriate sexuality education programmes. The support included, for example, curricula reviews and training of 200 curriculum developers and civil society partners in 10 countries of east and southern Africa. As a result, Lesotho, Swaziland, Uganda, United Republic of Tanzania and Zambia revised their curricula; and, in 2011, Namibia issued a circular that mandated schools with more than 250 learners to have a life-skills training teacher.

61. However, sexuality education continues to face opposition despite overwhelming evidence of its effectiveness: curricula quality varies and teachers require more training; many adolescent and youth programmes are under-resourced to reach key groups, and sustainability is a challenge for young peoples' programming. Ongoing UNFPA support is needed to consolidate policies and strengthen national and subnational capacities, beyond the country programme cycle.

62. Additionally, UNFPA personnel need upgrading of skills to address adolescent and youth issues, and programming in this area needs to be better grounded in evidence. Operationalization of the adolescent and youth cluster will

[3]The latest country data for this indicator is available in the global UNAIDS 2012 report: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2417_GR%202012_Annexes_en.pdf.

address the knowledge challenge, while the new adolescent and youth strategy will strengthen evidence-based programming.

Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning), and gender equality

63. By 2012, 58 countries had conducted, with UNFPA support, a population and housing census in the 2010 census round. During the past five years, 112 countries conducted a national household survey that supports estimation of the MDG 5B indicators.

64. UNFPA supported the 2010 census round and other data sources to monitor the ICPD and MDG indicators, and strengthened capacity for the production and dissemination of census, survey and other statistical data in 103 (target was 91) countries. Countries with high incidence of HIV, like Botswana, Lesotho, Malawi, Mozambique, Namibia and Swaziland, received assistance in mortality analysis based on census data. In 2010, UNFPA launched MDG5b+Info, a comprehensive, publicly available database that supports the analysis of the MDG5 indicators and basic variables of inequalities.

65. In 2012, UNFPA, in collaboration with the United Nations Statistics Division and UNICEF, supported the implementation of national adaptations of the CensusInfo database technology, including in Cambodia, Ecuador, Guatemala, Guyana, Honduras and Venezuela (Bolivarian Republic of).

66. UNFPA played a leading role in building national capacities in the collection and analysis of advocacy data to support policy development. In 2012, Kenya and Uruguay conducted in-depth population situation analyses based on the guide published by UNFPA. UNFPA collaborated with the Chair of the Association of Southeast Asian Nations Committee on Women on a consultation to strengthen national capacities to collect, analyse and use violence-against-women data in national plans and programmes. UNFPA collaborated with UNICEF to ensure that the multiple indicator cluster surveys include essential advocacy data. Meanwhile, many country programme evaluations commended the UNFPA role in building capacity for data, and the 2011 partner report on support to statistics prepared by the Partnership in Statistics for Development in the 21st Century identified UNFPA as the fourth largest contributor to statistical development.

67. UNFPA will continue to strengthen national capacities to address such key challenges as the timely conduct of censuses; coordination of stakeholders;

assurances of data quality; decrease in response rates; public perceptions; privacy concerns; and the optimal utilization of census data.

D. Cross-cutting issues

68. The midterm review of the strategic plan identified six cross-cutting issues: (a) mainstreaming the needs of young people, including adolescents; (b) human rights and gender equality; (c) inclusive partnerships and national ownership; (d) humanitarian action; (e) United Nations reform; and (f) South-South cooperation. The first two issues are addressed above while this section highlights the remaining four.

69. *Inclusive partnership and national ownership.* The 2012 partner survey confirmed that UNFPA is widely perceived as a valued partner, receiving particularly high marks for working with national governments and civil society. However, the survey showed that the Fund has only limited partnerships with the private sector(see annex 9).

70. *Humanitarian action.* UNFPA has been scaling up its involvement in humanitarian action and preparedness, transition and recovery, in the areas of reproductive health, GBV and data. Its interventions provided support spanning localized floods in Honduras and mega disasters such as the Haiti earthquake, floods in Pakistan and the crises in the Sahel and Syrian Arab Republic. The UNFPA second-generation humanitarian strategy, adopted in 2012, is helping to mainstream humanitarian action across UNFPA, facilitating a transition from headquarters-led action to more regional, subregional and country office-led humanitarian action, while ensuring timely, scalable, and more effective and coordinated interventions. As noted in paragraph 52, UNFPA largely exceeded planned targets and actively supported countries to strengthen capacity, and develop policies and programme responses to prevent GBV.

71. As per annex 6, UNFPA performance in responding to emergency situations shows significant positive changes. Not only have interventions been scaled up, but there is also strong evidence of improved operational efficiency. For instance, the response time to emergency fund requests has declined significantly.

72. *United Nations reform.* The Fund has demonstrated its firm commitment to a more coherent and effective United Nations through its leadership of and active participation in inter-agency initiatives, and through participation in joint global, regional, and country programmes. UNFPA has chaired various United

Nations Development Group (UNDG)and United Nations High-level Committee on Management (HLCM)forums such as the UNDG high-level group on standard operating procedures for "Delivering as one", the UNDG Networks on Programming and the Fiduciary Management Oversight Group, the High-level Committee on Management Procurement Network and the Joint Funding and Business Operations Network. The UNFPA Executive Director co-leads the ongoing Chief Executives Board for Coordination review and preparation of the 2013 high-level dialogue on migration and development.

73. UNFPA works within the framework of the United Nations Secretary-General's global strategy for women's and children's health and partners with UNICEF, WHO, UN-Women, the World Bank and UNAIDS under the H4+ group to accelerate interventions for reducing maternal and neonatal mortality, especially in countries with the highest mortality rates. At the country level, UNFPA participated in numerous joint programmes: 244 in 2010; 224 in 2011; and 196 in 2012.

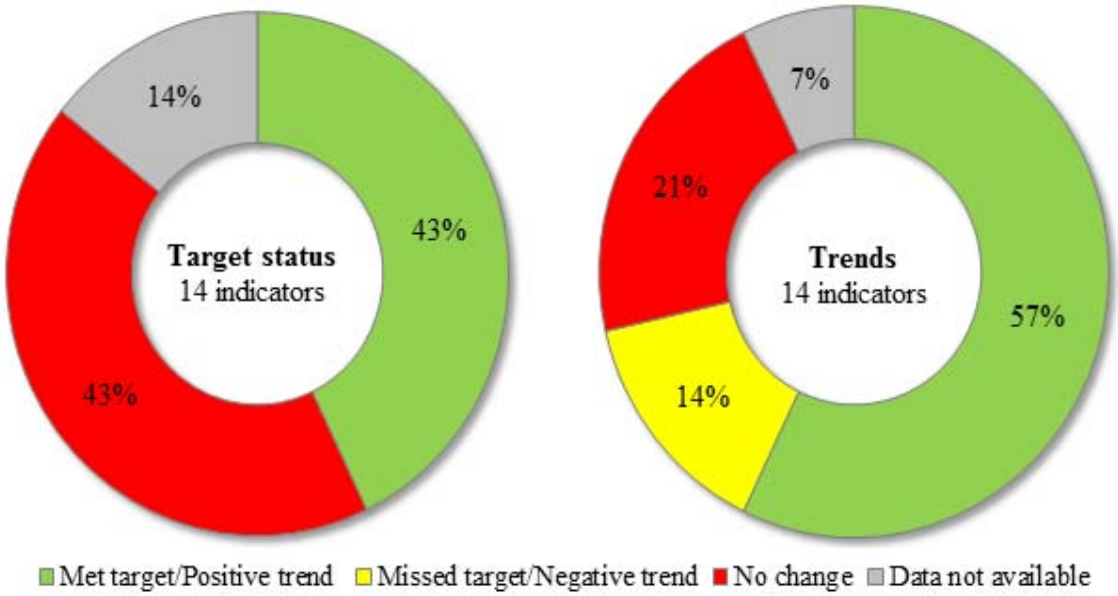
74. UNFPA leadership is being recognized in planning and programming initiatives to fill some of the gaps identified in the "Delivering as one" review. For instance, the informal inter-agency group on strategic planning initiated by UNFPA is making significant progress toward the harmonization of results frameworks and other planning tools. Together with UNDP and UNICEF, considerable advances are being made in results monitoring and strengthening RBM in line with General Assembly resolution 67/226 on the quadrennial comprehensive policy review of the operational activities for development within the United Nations system. Additionally, the concept of "shared results" recently introduced by UNFPA has potential for addressing some of the residual challenges on harmonization and alignment within the United Nations and beyond.

75. *South-South cooperation*. UNFPA has supported South-South cooperation over the decades and updated its strategy in 2010. The new strategy stimulated initiatives at the regional level. For instance, the Latin America and the Caribbean Regional Office developed a South-South cooperation platform to support countries to share and transfer knowledge and experience to enhance cooperation. This platform is being piloted with countries in the region. In 2012, UNFPA facilitated 183 South-South cooperation initiatives, 75 per cent of which focused on exchanges of knowledge, expertise and technologies, and institutional capacity development. The main roles of UNFPA were to: (a) identify partners, experts and/or qualified institutions; (b) provide financial resources; and (c) help prepare the terms of reference for the initiatives.

V. Management results framework[4]

76. This section provides an analysis of the progress on the 14 indicators pertaining to the management results framework (MRF) of the strategic plan, 2012-2013. Figure 6 shows that the 2012 performance regarding the MRF outputs was weak: targets were met for six indicators; missed for six other indicators; and for two indicators data is not available.

Figure 6.MRF indicator target status and trends



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

77. Between 2008 and 2012, UNFPA strengthened RBM and evaluation. Building on the RBM policy issued in 2001, guidance and tools on RBM, evidence-based programming and evaluation were developed and shared, including nine online modules on RBM. In 2010, 2011, and 2012, RBM trainings were attended by 651, 905, and 828 country office staff, respectively. Additionally, as mentioned in section III, the PRC contributed to improving the quality of CPDs, including through increased emphasis on compliance with RBM and evidence-based programming criteria.

[4]See annex 11 for a data supplement on management results.

78. Implementation of the first UNFPA evaluation policy, which was approved by the Executive Board in 2009, strengthened the evaluation function at all levels with significant improvement in the coverage and use of evaluations (see annex 10). Since 2010, UNFPA has conducted 91 end-of-country-programme evaluations (CPEs) and three thematic evaluations. While in 2009, only 35 per cent of ending country programmes had conducted a CPE, by 2012 100 per cent of CPDs submitted to the Executive Board for approval were accompanied by a corresponding CPE. Since its establishment in 2011, the PRC systematically ensures that key recommendations from CPEs are factored into new CPDs before they are submitted to the Executive Board for approval.

79. Regarding the follow-up to recommendations, a management response tracking system was established and the preparation of management responses increased from 20 per cent in 2010 to 78 per cent in 2011. Substantial changes occurred in the demand for and utilization of evidence for programming, following the 2010 guide for evidence-based programming, the first in the United Nations system; and the development of several tools that promote systematic utilization of evidence.

80. To further enhance the UNFPA evaluation function, in 2012, the Executive Director requested the United Nations Office of Internal Oversight Services (OIOS) to undertake an independent review of the UNFPA evaluation policy. The OIOS made a number of recommendations to improve the evaluation policy, including: (a)more explicit links between evaluation activities and the UNFPA mandate and goals; (b) better delineation of the scope of corporate and programme-level evaluation activities; (c) fuller articulation of the independence of evaluation; and (d) a clear and unambiguous description of evaluation roles and responsibilities. The review emphasized the need to effectively address the gaps related to planning and prioritizing evaluations; allocating resources; follow-up procedures; gender and human rights perspectives; capture, storage, sharing and utilizing lessons learned; and better allowance for different country needs and contexts. A revised evaluation policy will be presented to the Executive Board at the annual session 2013.

81. Results monitoring has yet to be fully embedded in UNFPA programming, in part, because this was not fully supported by the programme frameworks approved prior to 2010. UNFPA is ensuring that its new programmes have appropriate frameworks that can support results monitoring and better evaluations.

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

82. UNFPA received a qualified audit from the United Nations Board of Auditors (BOA) for the 2008-2009 biennium, largely as a result of weaknesses in the management of the national execution (NEX)modality. The Executive Director, along with other senior leaders of the organization, made accountability and an effective response to the audit a top priority for UNFPA, including the establishment of the Audit Monitoring Committee, chaired by the Executive Director; and regular follow-up with country offices on financial management issues. The Committee oversees the prompt implementation of the recommendations of the BOA and the Fund's Division for Oversight Services. This resulted in a sharp increase in the closing of internal audit recommendations: over 400 out of 500 pending recommendations were closed in the 14 months leading up to January 2013. This contributed to an unmodified audit opinion by the BOA for the UNFPA financial statements of the biennium 2010-2011.

83. Additionally, a global audit firm was appointed to handle all NEX audits. The corporate approach to NEX audits increased the accountability of each unit's senior management regarding follow-up on audit findings. Follow-up efforts included strengthening implementing partners' operations and financial management capacities through capacity assessments, training and coaching, spot-checking, and joint programme/operations staff field monitoring visits.

84. UNFPA actions and efforts led to a significant improvement in NEX audit results. The proportion of negative audit reports declined from 22 per cent in 2009 to 8 per cent in 2011. The percentage of UNFPA operating fund account (OFA) advances that are overdue has reduced from 9.9 per cent in 2010 to 6.0 per cent in 2011 and 2.9 per cent in 2012.

85. The percentage of total income used for recurrent management costs for 2012-2013 is largely on target at 10.8 per cent, with the costs being effectively managed within the approved appropriations. The new cost classification approved by the Executive Board is applied for 2012-2013; there is no comparable data trend on actual expenditure of the recurrent management cost category for 2008-2011. However, when compared to the restated 2010-2011 budgeted ratio of 14.9 per cent, recurrent management costs as a proportion of income decreased for 2012-2013. UNFPA will continue to closely monitor this ratio to ensure that management activities are performed in a cost-effective manner and that the majority of resources continue to be channelled to programmatic activities.

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

86. During the strategic plan period, and particularly in response to the MTR, UNFPA focused on talent management and succession planning to prepare for anticipated retirements. As a result, the vacancy rate reduced from 17 per cent in 2010 and met the target of 15 per cent in 2012. However, as noted in the MTR, the considerable number of staff who are approaching retirement age is a concern and has yet to be fully addressed: 14 per cent of staff were aged 56 years or above in both 2010 and 2012.

87. The Fund's staff performance appraisal and development system, which addresses issues of performance accountability, including through confidential "360 degree" feedback, remains a gold standard in the United Nations system and has been adopted by other United Nations entities. Increasingly, rating distributions are more realistic, and staff who are found to be performing below expectations are separated from the organization. Despite this, staff perception of whether UNFPA adequately addresses underperformance changed only marginally, from 30 per cent to 33 per cent between 2010 and 2012 and did not meet the 2012 target of 38 per cent. However, 94 per cent of staff perceived that they themselves were held accountable for their performance.

88. A notable achievement during the strategic plan period was the successful implementation of the Fund's restructuring, which started in 2008, to become a more field-focused organization. To navigate through this process efficiently, UNFPA instituted a comprehensive change management plan, which included: (a) management of an early separation programme; and (b) job matching and job fair exercises. This plan stressed regular communication with staff and missions to clarify conditions of separation and provide career counselling. UNFPA also launched a tool on knowledge transfer notes to mitigate the loss of institutional memory and to have a structured approach for handovers. This tool's guidelines are considered a best practice and have been adapted by other United Nations organizations.

89. UNFPA restructuring placed increased demands on available resources in order to provide more individualized support to regional offices. To address this, regular consultations have been instituted with field managers; capacities of operations managers have been broadened to include human resource training; a new certification programme in human resources has been launched; and a recruitment guide for managers has been issued.

90. Increased competition for suitable managers, along with difficult living conditions and increasing security concerns continue to be a recruitment challenge. UNFPA has taken an integrated approach including: (a) recruitment

strategies involving rosters, outreach missions and the use of social networks; (b) leadership development with special emphasis on strengthening the Fund's "bench strength" and the establishment of leadership pools; (c) development of corporate learning programmes; and (d) career "fitness" opportunities.

Output 4: Secured broad-based and stable funding to meet the strategic plan resource requirements

91. UNFPA has continued to surpass its overall strategic plan resource mobilization targets. In 2008-2010, targets for both regular and co-financing contributions revenue were surpassed. However, in 2011 and 2012, the target for regular resources fell short by 4 per cent and 12 per cent, respectively. In 2012, the overall target was surpassed by 16 per cent despite the shortfall in regular resources, as co-financing increased substantially. A total of $963.2 million was mobilized in 2012 ($437.5 million for regular resources and $525.7 million for co-financing).

92. In the past, the proportion of total contributions that are regular resources has remained healthy: 57 per cent in 2008 to 51 per cent in 2011. For the first time, this trend reversed in 2012: 45 per cent for regular resources and 55 per cent for co-financing. The increasingly earmarked funding over regular unearmarked funding is an emerging challenge for United Nations organizations. As reiterated in General Assembly resolution 67/226, other resources are not a substitute for regular resources and should be more flexible and predictable in order to reduce transaction costs and fragmentation.

93. UNFPA has one of the largest donor bases in the United Nations system (148 donors in 2012, including seven that contributed only to co-financing) and has invested in strengthening relationships with emerging donors. Nevertheless, about 97 per cent of regular resources contributions come from only 15 donors. In order to broaden support for UNFPA and in light of the increasing financial austerity of traditional donors and the downturn in development assistance, UNFPA sees developing strategic partnerships with emerging donors and middle-income countries as a priority. However, while aid from non-traditional donors is gradually increasing, it is vulnerable to swings in the global economy and is frequently narrow in scope. Nevertheless, in line with General Assembly resolution 67/226, UNFPA will continue to broaden and diversify its donor base and strengthen its efforts to obtain regular and co-financing resources that are "more predictable, flexible, less earmarked and better aligned with the priorities of programme countries" and the UNFPA strategic plan.

VI. Elements of a decision

94. **The Executive Board may wish to:**

(a) *Take note* of the documents that make up the report of the Executive Director for 2012: DP/FPA/2013/3 (Part I, Part I/Add.1 and Part II);

(b) *Take note* of the progress achieved in implementing the strategic plan development results framework;

(c) *Acknowledge* the efforts undertaken by UNFPA to implement the revised strategic direction and recommendations of the midterm review of the strategic plan, 2008-2013, through the business plan;

(d) *Provide* guidance on elements for the next UNFPA strategic plan, 2014-2017.